Suicide Prevention Helpline: Social Networking

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I. The Social Issue

A social issue (a social problem or a social illness) refers to an issue that influences and is opposed by a considerable number of individuals within a society. It is usually the effect of factors going beyond an individual's control and local geographical environment.

Here, the social issue under consideration is suicides. The significance of the issue can understood from following WHO statistics: An estimated 804,000 suicide deaths occurred worldwide in 2012, showing a per annum global age-standardized suicide rate of 11.4 per 100,000 population (15.0 for males and 8.0 for females). Globally suicide is the second leading cause of death in 15–29-year-olds.

In India, National Crime Record Bureau (NCRB), published in Times of India, titled 'Crime in India, 2013'says that the number of suicides increased from 110,851 in 2003 to 134,799 in 2013.

The number of suicides in the past decade has recorded an increase of 21.6 per cent.						
	Magnitude of the social issue over the decade	2013	2003	Increase		
	Suicidal deaths registered in India	1,34,799	1,10,851	21.6%		
As many as 15 suicidas tools place avery hour during 2012 in India						

As many as 15 suicides took place every hour during 2013 in India.

According to NCRB data, from Maharashtra, highest incidents of 16,622 suicides were reported in 2013. Suicidal deaths registered in Maharashtra have gone up by 3.2 % in comparison to 2012, when 16,112 cases were registered.

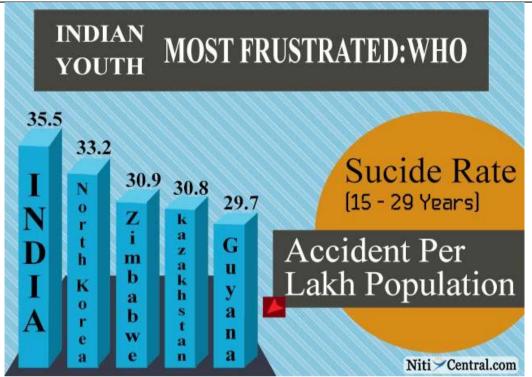
Magnitude of the social issue year-on-year	2013	2012	Increase
Suicidal deaths registered in Maharashtra	16,622	16,112	3.2%

In India, in 2013, a total of 23,544 farmers' suicides were recorded, and Maharashtra is one of the states with the highest number of farmer suicides, if police sources are to be believed.

Meanwhile, Mumbai reported the fourth highest number of suicides (1,322) in 2013, though it is often referred to as the city of dreams. Similarly, in Mumbai, as compared to 2012, when 1,296 suicides were reported, the number of suicides registered in 2013 has gone up by 2 per cent.

Magnitude of the social issue year-on-year20132012IncreaseSuicidal deaths registered in Mumbai1,3221,2962%	8 8 1 7			
Suicidal deaths registered in Mumbai 1,322 1,296 2%	Magnitude of the social issue year-on-year	2013	2012	Increase
	Suicidal deaths registered in Mumbai	13//	1,296	

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Info-graphic (by Deepak Watts) based on WHO report depicting suicide cases in India and other countries

II. Causes of Suicides

The persons committing suicides are in distress / depression / despair. Further, there exists reversible cause and effect relationship between distress and depression. This complicates the the situation. The professionals (Psychiatrist and/or Psychologist) can be of help to such persons who are in distress / depression / despair. However, social stigma attached to mental health issues is a barrier to such persons to approach to the Psychiatrist and/or Psychologist. Further, the stigma includes social consideration of suicide as a cowardly act. So, the importance of help from commoners to these persons. The help can be in the form of listening, befriending, and emotional support. Such help can prepare the person to go to the next level of help from a psychiatrist or psychologist. As depression is considered as common cold of mental illness, availability of this first line of help shall be every place and every time. However, commoners lack skills of listening, befriending, and emotional support as the traditional thinking and behaviors are contrary to the same. Further, they may not be able to recognize signs and symptoms of distress / depression / despair.

III. Suicide Prevention

A three pronged attack to combat suicide suggested in a 2003 monograph was (1) reducing social isolation, (2) prevention of social disintegration, and (3) treating mental disorders. (4) Banning of pesticides & ropes.

It has also suggested at-least three important thrust areas in suicide prevention that will help implement the plan to prevent social disintegration, reduce social isolation, and treat mental disorders:

- (i) Sensitize family physicians to early signs of Major Depression and other psychiatric disorders with serious suicidal risk ;
- (ii) Carefully assess the claims of Samaritans, Befriending programs, Help-lines etc. in reduction of suiciderates and encourage their efforts if so found; and
- (iii) Effective psychiatric treatment in hospitals/clinics and efficient care following discharge by mental health professionals using well proven methods.

IV. The Social Organization

Volunteers working on the solutions on the social issues, many a times, do so through a nongovernmental organization (NGO). NGO is an organization that is neither a part of a government nor a conventional business for-profit. It is usually set up by ordinary citizens. NGOs may be funded by foundations, governments, private persons, businesses, or volunteers.

Though strong passion for giving back to society, taking social responsibility, and making difference motivate volunteers to join the social work, something more is required especially with reference to the management knowledge and skills to make the NGO perform effectively.

This case study is about an NGO, The Balanced Way, in Mumbai running on suicide prevention helpline offering listening service and emotional support over phone to the callers who are in distress / depression / despair. The helpline has been started in 1990s.

The helpline is open from 3 p.m. to 9 p.m. 7 days a week. The callers can walk in the office/center of The Balanced Way for face to face interaction during the same timings. The helpline is run by the trained volunteers. The volunteers are selected, trained, mentored and supported by other experienced/senior volunteers and any necessary relevant professional experts. Each volunteer attend callers for a time slot per week. A time slot is of 3 hours from 3 to 6 p.m. or from 4.30 to 7.30 p.m. or from 6 to 9 p.m. So, generally 21 volunteers are required to run the helpline every week for the scheduled timings.

The volunteers of The Balanced Way interact with the callers with

- Confidentiality (Information disclosed by the callers remain within the center)
- Anonymity (The callers need not disclose their identity)
- Attentiveness
- Understanding and Empathy (rather than sympathy)
- No judgment and No criticism
- Patience and Care
- No advice
- Exploring feeling
- No Prejudice
- Building Trust
- Being Sensitive to what is not said

The center also offers professional (psychologist / psychiatrist) help in morning hours say from 10 a.m. to 1 p.m. All the services of The Balanced Way are without any charges to be paid by the callers.

The Balanced Wayis a member of the worldwide network of the NGOs, Being Buddy, working for suicide prevention based on the common principles & practices through Indian society of such members. Volunteer trainings are also carried out as per these principles and practices.

V. The Problem

In the year 2012, The Balanced Way's main problem was to get adequate number of volunteers for staffing the helpline. On getting the volunteer, retaining him/her was also an issue. High turnover of the volunteers was observed. Further, any volunteer on leave/vacation was leaving the time slot unattended. The callers during such unattended time slots might be getting doubtful about the reliability of the helpline in taking their calls. Such callers might neither be calling again nor recommending others to call on the helpline.

Further as there was no benefits (in cash or kind) associated with volunteering, it was purely based on dedication of the volunteers for the social cause. Further, as the center being in Mumbai, commuting from workplace/residence to the center and return was a big challenging factor for volunteers.

In comparison to the extent of the spread of the social issue, as discussed in the earlier portions of this case study, number of calls on the helpline were quite less. So, many volunteers were getting discouraged during their respective time slots and were feeling that their efforts in coming to the center for taking calls were futile. Also, their time was felt to be spent without any use. This was also major cause of low retention periods of the volunteers.

VI. Towards Solution

This was being observed by a volunteer, Sandeep, joined in January 2012, with decades of experience in corporate world. He felt that the various principles and practices of business management could be applied to the NGO/social enterprise also. He completed the training in March 2012 and few months of befriending on the helpline to gain experience on the operational aspects. He started discussions on various problems with the office bearers and other volunteers. He opted to be an outreach volunteer rather than just a befriending volunteer.

An important point came out of these discussion/s that marketing the methodology of communicating the value of a product or service to customers, for the purpose of transferring or rendering product or service, was absent. This might due to the thinking that the marketing is not required if the product or service is offered free (without any price). Also, adequate funds were not available for marketing efforts.

As carrying out any event for marketing would be expensive due to rent of space, audio-visual facilities, cost of inviting audience, etc., it was decided to seek invitations from various organization/s or social group/s to conduct awareness programs about the social issue in their premises for their stakeholders.

In this direction to seek invitations, several emails were sent; calls were made and visits were paid to various organization/s or group/s. News in media were scanned to identify which organization/s or group/s might need the awareness program/s.

Meanwhile, a nice power point presentation was drafted explaining what distress, depression, and despair are, what their causes are, what their signs / attitudes / behaviour are, how suicides are related to them, what preventive actions are, what is to be avoided, what corrective actions are, what services The Balanced Way offers; important of various features of the services; how these services help; how The Balanced Way is connected to the worldwide network; etc.

Several invitations were received and awareness programs were conducted. These included public sector organizations, educational institutes, speakers' forums, women's circles, professional associations, conferences, other helplines, women's society, aspiring social workers, hospital staff, housing societies, religious places, etc. This has created a very good social connect resulting in further invitation to conduct awareness programs as an outcome of previous programs.

Another methodology adopted was taking piggy back ride i.e. distribute pamphlets giving information about The Balanced Way and its services when and where some other event is happening and audience and organizers were allowing the same. Such activities were done at various fairs, exhibitions, marathons, walkathon, prior to the relevant speeches from popular speakers, etc.

Meanwhile, a lady volunteer, Kamal, tried to connect these efforts with the media and due to her efforts the outreach volunteer, Sandeep, was interviewed on TVSahyadri Channel DD10 in May 2013. This has given Maharashtra state wide publicity to The Balanced Way and its services which was quite important considering highest rate of suicides in Maharashtra amongst all the states of India. Further, as the interview was in Marathi, it helped in spreading awareness in rural parts of Maharashtra where suicide rate of farmers is double the average suicide rate of Maharashtra.

With the efforts of these volunteers, many news and articles in print media covered The Balanced Way and its various services.

During this time, updating of the web-site of The Balanced Way was taken up and the new simplified and viewer friendly web-site came into existence. This has triggered several enquiries for volunteering opportunities. Also, many calls were received from those in distress / depression / despair.

The outreach volunteer, Sandeep, along with other volunteers pursued with the office bearers for social media marketing initiative. Though office bearers were receptive to the idea, it was difficult for them as they were being introduced to this technology quite late in their life. Many volunteers connected themselves with each other on Facebook. Also, The Balanced Way's Facebook page administration responsibilities were given to those volunteer/s who could devote time and have flair in propagating information about The Balanced Way and its services with frequent appeals to avail the services and to seek volunteering opportunities. The Balanced Way's volunteers invited their contacts to like The Balanced Way's Facebook page and soon the number of likes for the Facebook page has crossed one thousand likes. After crossing the 1000 likes, further likes are flowing without much efforts and many enquiries for volunteering and distress calls on helpline are going up.

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Considering the gains from these marketing efforts, the office bearer/s of The Balanced Way decided to include outreach as a part of the volunteers training. Two such sessions were conducted by the outreach volunteer till December 2014. These sessions have encouraged the volunteers for finding new opportunities.

Regarding the volunteers' leaves and vacations, it was observed that it was due to high proportion of students in the volunteering. So, they need breaks at the time of exam as well when they go to their native places during vacation. Hence, consciously it was tried to attract people from other sections of the society for volunteering. Further, students used to leave volunteering when they complete studies and go for jobs or for higher studies to different location. It was observed during the get together of all sister organizations in November/December 2013 at Kolkata that most of the sister NGOs were run by middle aged ladies and self-employed persons. As The Balanced Way is adopting the volunteer base from this section of the society, the retention is improving.

One more important endeavor was connecting with the other NGOs. The connections were with NGOs for children's of sex workers, NGOs for LGBT (lesbian, gay, bisexual, and transgender), NGOs for farmers' suicide prevention, NGOs running night schools, NGOs for women in slums, etc. to cover the social sections where the services are needed the most. The Balanced Way'svolunteers also attended the exhibition in NGO India 2014 to connect with more than 100 NGOs.

All these efforts are showing very positive effects and the problems faced by The Balanced Wayhave been resolved to the large extent. The Balanced Way increased number of helplines from one to three.

Meanwhile the outreach volunteer, Sandeep, thought that this management knowledge and skill can be transferred to other persons, groups, organizations, and communities to enable them to solve their problems. He launched a social initiative, DEEP-ARCHAN, having meaning 'Being the source of light (knowledge) is worship' under which he is helping several entities through Coaching / Educating / Facilitating / Guiding / Lectures / Mentoring / Training.

References

- [1]. http://www.who.int/mental_health/suicide-prevention/exe_summary_english.pdf?ua=1
- [2]. http://www.niticentral.com/2014/09/07/who-report-claims-india-is-worlds-suicide-capital-237412.html
- [3]. http://timesofindia.indiatimes.com/india/2013-records-15-suicides-every-hour-in-India/articleshow/37549333.cms
- [4]. http://timesofindia.indiatimes.com/india/Over-one-lakh-suicides-in-India-every-year-report-says/articleshow/37696861.cms
- [5]. http://www.dnaindia.com/mumbai/report-maharashtra-recorded-most-number-of-suicides-in-2013-mumbai-fourth-highest-amongcities-1999433
- [6]. http://www.msmonographs.org/article.asp?issn=0973-1229; year=2003; volume=1; issue=2; spage=3; epage=16; aulast=Singhammatrixerses and the state of the st