

Phone counselling makes an impact

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THIRUVANANTHAPURAM, AUG. 10. A telephone based counselling service in the city is offering a life-line of hope to emotionally distressed people who seriously contemplate suicide as a solution to their problems.

Dial 554295 and help is at hand at "Thrani", the telephone-based crisis intervention cell functioning under the State AIDS Control Society with the primary objective of preventing suicide among vulnerable segments of the urban population, particularly HIV patients, students and women.

Police figures show that on an average 24 persons end their lives every day in Kerala while hundreds of others make unsuccessful suicide attempts. The State also has the highest suicide rate in the country.

At the cell, a team of 20 counsellors led by Dr. Elizabeth handle an average of 700 distress calls a month. Out of the 2,815 calls which were received at the cell between March and June, eight were from persons caught in debt traps who expressed their intention to involve their family members in a suicide pact.

The largest number of calls were received during the time of the SSLC examination results when the cell handled 176 calls from students.

The majority of the calls were from those who suffered acute emotional distress owing to failure to cope with relationship problems (33 calls), sex-related issues (56), family problems (59), marital issues (27), post-retirement (14) stress at workplace (6), teenage problems (38), financial crisis (22) and examination-related tension (40).

In 68 cases, the callers were silent and

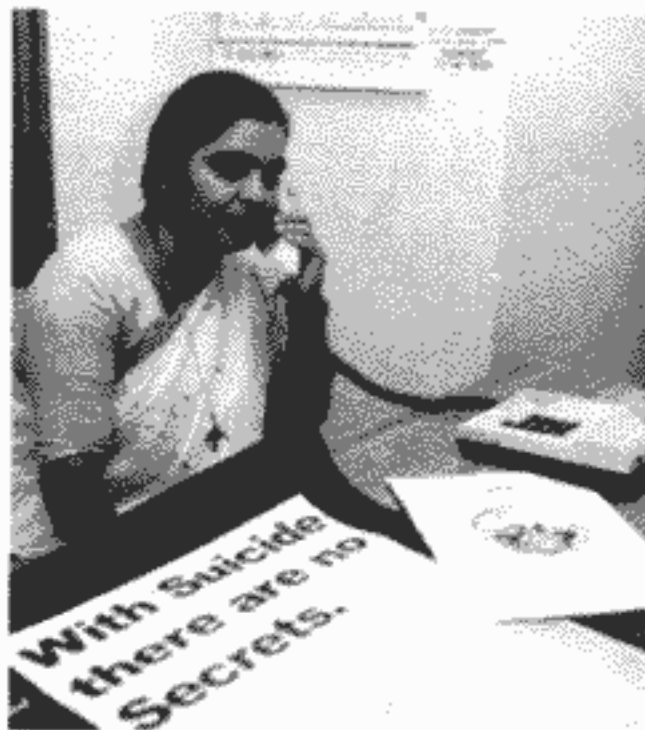


Photo: S. Gopakumar

refused to be engaged by the counsellors. "Silent" and "blank" calls are also reckoned to be made by persons with strong suicidal intent.

Dr. Elizabeth says that a typical call begins with the caller remaining silent for some time and then asking hesitantly whether he or she could open their mind without having to reveal their identity. Some straightaway express their intention to die while most state that suicide was one of the options they were considering.

The counsellors use pseudonyms to engage the caller. The counsellor first expresses genuine concern with the caller's problems and tries to gauge his state of agitation (perturbation). This is done by asking pertinent questions about his state of helplessness and intention to hurt himself.

The counsellors watch out for verbal clues which reveal suicide intent. The common ones are, "There is no reason to live anymore;" "Life is at a dead-end"; "I am a burden", "I am worthless," "There is no hope for me", etc.

If the caller reveals an intention to commit suicide, the counsellor encourages him to go into every minute detail of the plan, including time, place and means.

If the caller is highly agitated and not in a position to think rationally, the counsellor would assess the "lethality factor" or the extent to which the person is likely to carry out his intention to commit suicide.

"We ask whether the caller is alone in order to assess whether he would harm himself before being found out by some person. We also probe whether the caller has a specific suicide plan and whether the means (rope, poison, tablets) are at hand", a counsellor says.

If the caller is alone and determined to carry out the plan, the counsellors immediately inform the police about the matter.

A caller identification system at the cell helps the counsellors to guide the police.

Most callers with suicide on their minds are undecided about actually ending their lives and the counsellors exploit this ambivalence to save them.

"We stall the intent to commit suicide by asking the person to delay the act for a few days. We also give alternate suggestions to tide over the problem the caller is facing", says one.

The cell also gives follow-up counselling and psychiatric care, if needed, to persons who have been turned away from the path of suicide.