



Literature Review on Frequent Callers

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Introduction

Research Purpose

The purpose of this literature review is to identify evidence-based models or strategies to manage frequent callers.

Research Objectives

- To understand the various definitions of frequent callers.
 - To explore types of frequent callers.
 - To investigate how to manage the frequent callers (best practice).
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Research Methods

- By conducting a systematic review, we analysed 16 research papers and six crisis helpline organisations.
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Definition of frequent callers

Highlights

- Frequent callers have either not been defined or have been defined in different ways (e.g., classified as those who have made more than one call to a crisis helpline, made a specific number of calls over a single defined time period, and/or made extensive numbers of calls about the same issue or need).
 - There is no standard or common definition, but organisations need to define 'frequent callers' themselves.
 - A clear definition lays the foundation for crafting an organisational strategy to manage frequent callers.
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Concepts from research papers

Various definitions exist for frequent callers, and different terms are used to describe individuals who make numerous calls to crisis helplines, including 'frequent callers', 'chronic callers', and 'repeat callers'. In this literature review, we adopt the term 'frequent callers'.

Three studies (Bassilios et al., 2015; Apsler & Hoople, 1976; Brockopp et al., 2002) considered individuals who called more than once during the entire period as frequent callers.

Six studies (e.g., Brunet et al., 1994; Burgess et al., 2008; Middleton et al., 2017) defined frequent callers as those making eight or more calls per month.

Concepts from other organisations

The Frequent Caller National Network (FreCaNN) defines a frequent caller as “an individual who contacts the service five or more times, relating to individual episodes of care, in a month, or 12 times relating to individual episodes of care, in three months.”

Lifeline Australia, the largest telephone helpline in the country, offers crisis support, suicide prevention, and mental health services. The organisation uses a general guideline of 20 calls per month but adjusts this threshold based on call frequency. Any individual who makes 0.667 calls per day over a period longer than a week (e.g., 4.7 calls in seven days, 20 calls in 30 days, or 40 calls in 60 days) is considered a frequent caller.

New South Wales Lifeline centres define frequent callers as those who contact the centre 20 or more times.

Considerations

Defining frequent callers is crucial for effectively managing them. To achieve this, we need:

- A clear definition of frequent callers.
- A clear definition of non-frequent callers or one-off callers.
- Some organisations such as Lifeline Australia define frequent callers by analysing data (e.g., call volume and patterns).
- A clear definition serves as the foundation for understanding and categorising different types of frequent callers.

Types of frequent callers

Highlights

- There are three main types of frequent callers: addicted callers, who call out of habit and struggle to resist the urge to call; support-seeking callers, who reach out for emotional support due to difficulty coping with ongoing life stressors; and reactive callers, who contact the helpline when triggered by external events.
- Frequent callers are more likely to present with significant mental health issues and high levels of risk (e.g., suicide). They are also more likely to experience issues associated with child protection and family violence.
- Frequent callers should not be ignored or dismissed, as their issues are complex and multifaceted.

Types of frequent callers from research papers

Boness, Helle and Logan (2021) analysed call patterns from a United States crisis helpline service center over a 12-month period. The most common call type during this period involved domestic violence, followed by child abuse, alcohol/drug concerns, and bullying. Suicide-related calls were relatively infrequent. Regarding call volume and patterns over time, the authors found that the number of calls received per month ranged from 354 to 473, with the highest volume occurring in the spring and summer months. The median call duration was 15 minutes, ranging from less than one minute to 300 minutes. Finally, the authors noted that the observed patterns aligned with broader literature on mental health issues among different caller profiles. They emphasised the importance of equipping crisis helpline centers with the necessary information to support callers from diverse backgrounds.

Spittal, Fedyszyn, Middleton, Bassilios, Gunn, Woodward and Pirkis (2014) examined frequent callers to Lifeline Australia and compared them with non-frequent callers. The authors used Lifeline's definition of frequent callers: "individuals who make 20 or more calls per month". They analysed 411,725 calls made by 98,174 individuals. Of these, 2.6% (2,594) met the definition of frequent callers and accounted for 60.1% (247,547) of all calls during the study period. Among frequent callers, the average number of calls per person was 95.4, ranging from 5 to 3,259. Frequent callers were predominantly female (61%). The age profile of frequent callers closely mirrored that of all callers, with the majority (70.8%) aged between 25 and 54 years. The remaining frequent callers were aged 15 to 24 years (7%), 55 to 64 years (14.5%), or 65 and older (7.5%).

Suicide was identified as a safety issue by telephone crisis supporters for 75.4% of frequent callers, while self-harm was noted for 9.9%. Mental health issues were identified for 88.5% of frequent callers, and crime was reported for 22%. Family violence was identified for 29.1% of frequent callers, and child protection concerns were noted for 9.2%. The average call duration for frequent callers exceeded 20 minutes.

The authors found that frequent callers represented approximately 3% of all callers but accounted for 60% of calls. They suggested that viewing frequent callers as lonely individuals seeking general support, such as through Lifeline, underestimates their needs. Evidence indicates that frequent callers may have fewer social supports than non-frequent callers. They are more likely to experience significant mental health issues and high-risk factors, including suicide risk. Moreover, they are more likely to experience issues related to child protection and family violence. The authors concluded that frequent callers should not be ignored or dismissed, as their issues are often complex and multifaceted. Given the resource constraints of crisis lines, careful management is needed to address their needs effectively. Notably, while frequent callers consume considerable time, they are less likely than non-frequent callers to make exceptionally long calls.

Pirkis et al. (2015) identified three types of frequent callers: addicted callers, who call out of habit and struggle to resist the urge to call; support-seeking callers, who reach out for emotional support because they struggle to cope with ongoing life stressors; and reactive callers, who contact crisis lines in response to external triggers that distress them. The study also found that frequent calling was associated with being male or transgender, older, unmarried, and having mental health issues. Suicide and self-harm were more common among this group.

Burgess et al. (2008) found that frequent callers appeared to be older and were more likely to have never been married and to report concerns with loneliness, physical illness, and anxiety. They exhibited higher anxiety scores, experienced more panic attacks, and had a higher prevalence of social and simple phobias. Frequent callers were also more likely to have consulted psychiatrists in the past month, but were less likely to have seen other mental health professionals.

Middleton et al. (2016) indicated that frequent callers may be more anxious, use more mental health services, and have often experienced traumatic events. They generally call to talk about current mental health issues, loneliness, and other personal difficulties. Frequent callers may also have double the risk of suicidal behaviours compared to less frequent callers.

The Australian Bureau of Statistics conducted the National Survey of Mental Health and Wellbeing, collecting data from a representative sample of 8,841 adults. Respondents were asked “did you ever use a telephone counselling service such as Lifeline for problems with your mental health?” Those who answered “yes” were then asked “in the past 12 months, how many times did you use a telephone counselling service?” A total of 90 respondents reported using telephone counselling services in the past 12 months. Of these, 47% were one-off callers who used the service only once, while 53% were repeat callers. Among repeat callers, 24% used the service twice, 17% three to six times, and 12% seven or more times. The data revealed that repeat callers were more likely to have an anxiety disorder, consult general practitioners and allied health professionals for mental health problems, and be unemployed.

Types of frequent callers from other organisations

Lifeline Australia provides crisis support and suicide prevention services, including a 24/7 telephone helpline, online chat, and resources for those in emotional distress. According to Lifeline’s website and research by Pirkis et al. (2015), a significant proportion of frequent callers are male or transgender. Frequent callers were more likely to experience suicidality, self-harm, mental health challenges, family violence, child protection concerns, and crime.

Coveney, Pollock, Armstrong and Moore (2012) analysed callers’ experiences of contacting Samaritans, a national suicide prevention helpline. This research presents findings from an online survey, which was one component of a two-year independent mixed-method evaluation of Samaritans telephone helplines. More than half (54%) of respondents had called Samaritans multiple times. Respondents were asked to identify their main reasons for making multiple contacts with Samaritans. A large proportion of frequent callers reported that their primary reasons for contact were related to mental health issues (e.g., feeling anxious or worried all the time, feeling lonely and isolated, etc.), self-harm, sexual abuse, and family problems.

Considerations

Crisis helpline organisations could conduct data analysis to better understand frequent callers by examining factors such as call volumes, patterns over time (duration, time of day, month, etc.), and reasons for repeated contact (e.g., mental health issues, loneliness/isolation, sexual abuse, etc.). This analysis could also include the types of support received. Analysing frequent caller data is essential for optimising resource allocation, enhancing support strategies, and improving service quality, more specifically:

- Resource allocation: identifying peak call periods and the specific needs of frequent callers ensures efficient resource distribution, adequate staffing, and targeted support during high-demand times.
 - Identifying trends and patterns: analysing frequent caller data reveals common issues, helping to develop targeted interventions and tailored support strategies.
 - Quality improvement: understanding the reasons behind frequent calls enables Lifeline to assess the effectiveness of its services and make improvements where needed. This may include refining staff training, updating resource materials, and enhancing service delivery process.
 - Risk assessment: data analysis could assist in identifying callers who may be at higher risk of self-harm or suicide based on call patterns and content. This allows staff to prioritise these callers for immediate intervention and support.
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Models for managing frequent callers

Highlights

- Managing frequent callers is crucial for ensuring the effective use of resources and providing adequate support to those in need.
- The management of frequent callers may vary across organisations, depending on available resources, client needs, and organisational policies.
- Based on research and insights from other organisations, there are some common ways for managing frequent callers: 1) assessment and understanding; 2) personalised support plans; 3) empowerment and self-management; 4) follow-up and monitoring; 5) referrals and collaboration; 6) helpline staff training.

The importance of managing frequent callers

Crisis helplines play a vital role in suicide prevention and mental health care (Pisani, Ertefaie & Weller, 2022). By analysing survey results, Coveney et al. (2012) found that respondents felt more positive than negative after their last contact with the UK-based Samaritans Crisis Helpline. Respondents indicated that they felt less suicidal, alone, afraid, and anxious, and instead felt more hopeful, supported, and motivated to live following the interaction.

Frequent callers are relatively few in number but they account for a substantial proportion of calls. Their heavy reliance on helplines stems from isolation and a lack of social support networks. By no means are they just 'time wasters', they have high levels of need, as evidenced by the fact that they have major mental health issues (e.g., anxiety, depression, and suicidality) and are often in crisis (Pirkis et al., 2016). Therefore, it is important to have an approach or a model in place to manage frequent callers, not only to meet their needs better, but also to achieve the best outcome for all callers with finite resources.

Challenges in supporting frequent callers

Publications have raised concerns about managing frequent callers. These callers often occupy significant amounts of time, which prevent other callers from accessing the service. Additionally, helpers have experienced a lack of competence in dealing with these callers, feeling manipulated, frustrated and resentful, and sometimes burnt out. Furthermore, while repeat callers often seek human connection, they are not actually in suicidal crisis.

Frequent callers present a challenge for telephone helplines, which aim to achieve the best outcomes for all callers while operating with limited resources. Addressing the needs of a frequent caller may prevent others from accessing the service. Moreover, it can foster a dependency on the service among frequent callers, which may not be in their best interests. Telephone helplines have been struggling with this issue for over 50 years and have not yet solved it (Pirkis et al., 2016).

Models of service delivery for frequent callers (research papers)

- **Dedicated and specially trained telephone crisis supporters.** Crisis helplines should employ highly skilled staff with expertise in managing frequent callers. Training and support for these staff members should focus on equipping them to deal with mental health issues such as anxiety and suicidality, as well as social issues like loneliness and isolation. It would also prepare these staff to navigate the complexities underlying frequent callers' behaviour, including attachment issues.
- **An integrated, tailored service.** Frequent callers should be assigned to a specialised staff member who works to build rapport and develop a tailored plan with them. This plan would include setting clear rules regarding the timing and duration of their calls and helping the caller work toward specific, achievable goals. Together, the caller and the staff member would reach an agreement about how often the caller could use the service, the type of care the caller could expect to receive, and what to do in the case of an emergency.
- **Linkages to external services.** Effective management of frequent callers requires strong connections between crisis helplines and other support services.
- **A seamless triage system.** A seamless triage system would need to be implemented to manage frequent callers effectively. Identification could be achieved through various methods, such as phone number recognition, names, or cues they provide during introductions. Once identified, frequent callers would be offered the opportunity to connect with a dedicated staff member who is specially trained to address their needs.
- **Rules of engagement.** The ongoing relationship between frequent callers and specific staff members would require callers to provide their names and contact details, while staff would also need to share their names. This mutual exchange fosters rapport and trust, contributing to more natural and personal conversations.

By conducting systematic literature reviews, Mishara, Cote and Dargis (2022) summarised 10 recommendations for managing frequent callers:

- **Limiting calls** – encouraging frequent callers to stop or severely limit their use of the helpline. However, this recommendation has been criticised, as frequent callers often face serious physical and mental health challenges, have experienced traumatic events, and may be at risk of suicide.
- **Limiting the duration of calls.** However, this recommendation has also faced criticism for similar reasons, as frequent callers may require more extended support due to their complex needs.
- **Assigning a specific helper** to respond to all calls from each frequent caller.
- Creating **case management plans** for frequent callers. Given the different types of frequent callers, management plans may be tailored to accommodate their specific needs and preferences.
- **Initiating regular contact** rather than waiting for callers to contact the service.
- Involving members of the **caller's social support network** in the interventions.
- **Providing brief structured interventions** to reduce anxiety and depression, including coping with chronic stressors, utilising a trauma-informed care model.
- **Continuing to accept calls from frequent callers** whenever personnel are available, without modifying practices.
- **Providing regular clinical supervision and support for helpers or staff** in their interventions with frequent callers, in order to address helpers' negative feelings and may assist them in meeting callers' needs better.
- **Having paid staff** respond to calls from frequent callers, rather than relying on volunteers.

Strategies used by other organisations

We reviewed the websites of six organisations and summarised key information regarding their management of all callers. As the strategies and information on these websites pertain to all callers, we assume that this includes frequent callers.

Samaritans

This is an UK-registered charity providing emotional support to individuals in distress and working to prevent suicide. The organisation aims to offer compassionate and consistent support to frequent callers, while also ensuring that resources remain available for all individuals in crisis who reach out for help. Therefore, Samaritans adopts various strategies to support frequent callers, including:

- **Active listening:** volunteers provide non-judgemental, empathetic listening to callers, allowing them to express their feelings and concerns without fear of being judged.
- **Encouraging coping strategies:** volunteers help callers develop coping mechanisms and explore alternative ways of managing their emotions and situations.
- **Referral to other services:** Samaritans may suggest other resources or services that could provide additional support or assistance tailored to the caller's needs.
- **Regular check-ins:** Samaritans may proactively reach out to callers to check on their wellbeing and offer ongoing support.
- **Establishing boundaries:** while maintaining empathy, Samaritans also ensure boundaries are set to manage the frequency and intensity of calls, ensuring that resources are available for all callers in need.
- **Training and supervision:** volunteers undergo comprehensive training and receive ongoing supervision to ensure they are equipped to handle frequent callers effectively and maintain their own wellbeing.

In addition to these strategies, Samaritans worked with David McDaid, Associate Professional Research Fellow at the London School of Economics, to assess the societal cost of suicide. The data revealed that 6,588 deaths by suicide were recorded in the UK in 2022, with suicide resulting in an overall cost of at least £9.58 billion. Each death by suicide was found to cost, on average, £1.46 million. Both Samaritans and McDaid indicated that governments play a specific and crucial role in preventing suicide and addressing the widespread societal costs associated with it. They stressed the importance of allocating financial resources, human resources, and initiatives dedicated to suicide prevention.

Source: <https://www.samaritans.org/>

National Suicide Prevention Lifeline

National Suicide Prevention Lifeline (USA) provides free and confidential support 24/7 to individuals in distress or crisis, including those experiencing suicidal thoughts or feelings. The organisation employs several strategies to support callers:

- **Assessment and triage:** volunteers and staff assess the needs of callers to determine their level of risk and ensure they receive appropriate support.
- **Safety planning:** volunteers work with callers to develop safety plans tailored to their individual needs, helping them identify coping strategies and sources of support during times of crisis.
- **Referral to local resources:** the organisation provides referral to local mental health services, crisis centres, support groups, and other resources that may offer ongoing assistance to frequent callers.
- **Follow-up support:** the organisation offers follow-up calls or messages to callers to check on their wellbeing and offer continued support after the initial crisis has passed.
- **Education and coping skills:** volunteers provide education on mental health and suicide prevention, as well as coping skills and strategies for managing distressing emotions.
- **Quality assurance and training:** the organisation provides rigorous training, along with ongoing supervision and support, to ensure volunteers and staff are equipped to handle frequent callers effectively.

Source: <https://988lifeline.org/>

Beyond Blue

Beyond Blue (Australia) offers support and information on mental health issues, including depression, anxiety, and suicide prevention, through telephone, online chat, and other resources. It provides support to callers through various ways, including:

- **Structured support programmes:** Beyond Blue offers structured support programmes tailored to specific mental health concerns that callers can access for ongoing assistance.
- **Telephone and online support:** callers can access telephone and online support services, where trained mental health professionals provide confidential assistance and guidance.
- **Referral to additional services:** the organisation may refer callers to additional mental health services, including face-to-face counselling, support groups, or other community resources.
- **Self-help resources:** the organisation offers a range of self-help resources, including information sheets (e.g., Understand anxiety and depression, look after your wellbeing, etc.), online forums, and mobile apps, which callers can access to help manage their mental health.
- **Crisis support:** the organisation provides crisis support for callers experiencing acute distress or needing immediate assistance, ensuring they receive timely and appropriate support.
- **Follow-up and check-ins:** the organisation may follow up with callers to check on their wellbeing and offer continued support and assistance as needed.

Source: <https://www.beyondblue.org.au/>

Befrienders Worldwide

Befrienders Worldwide is a network of emotional support helplines operating in over 30 countries, offering confidential support to individuals in distress or at risk of suicide. While the website does not provide specific information on how the organisation manages its callers, it does highlight some key considerations for providing emotional support to those who are distressed or suicidal:

- **Identify the needs:**
 - Who are the potential users of the service?
 - What are the local needs within the area?
 - What is the suicide rate in your catchment area?
 - Which other agencies have contact with callers?
 - What facilities already exist for people in distress? How adequate are they?
- **Involving the local community:**
 - Are there other non-governmental or voluntary organisations with which you could collaborate?
 - Is there potential to raise money to set up and maintain a service?
- **What types of service?**
 - Telephone helplines
 - Emotional support service by email
 - Emotional support service by text (SMS)
 - Outreach programmes in the community
 - Combination of the above
- **Others:**
 - Form a group to explore the idea
 - Identify financial resources
 - Select, recruit and train volunteers

Source: <https://befrienders.org/>

The Trevor Project

The Trevor Project, a leading organisation providing crisis intervention and suicide prevention services to LGBTQ+ youth in the USA, offers specialised support for callers through several approaches:

- **Training:** volunteers receive virtual training, including weekly learning modules that cover counselling skills, LGBTQ identity, the framework for all conversations on the crisis services platform, and relevant policies, procedures, and protocols to prepare prospective volunteers to speak with youth in crisis. Trainees also complete a number of scheduled role-plays to apply this training material and prepare for interaction with youth who reach out to the organisation. During training, there are two evaluation points: adhering to the Support Model and completing a full and accurate risk assessment in role-plays. These are required to graduate training. Trainees who complete the counsellor training programme and adhere to Trevor's Support Model are moved forward to become active counsellors. During the training volunteers have support from a training co-

ordinator who support volunteers through role-plays, provide feedback, and answer questions. During new counsellor shifts, volunteers are monitored by a digital or lifeline supervisor for their first conversation with youth.

- **Crisis intervention:** trained counsellors offer immediate crisis intervention and emotional support to callers, providing a safe and affirming space for LGBTQ+ youth to discuss their feelings and experiences.
- **Provide additional resources:** in addition to crisis intervention, the organisation offers several resources for clients, members and allies of the LGBTQ community, including articles about understanding LGBTQ identities and guides for coming out and supporting young people attracted to more than one gender.
- **Visit TrevorSpace:** TrevorSpace is an online social platform/community for LGBTQ young people between the ages of 13-24 years old, then they can explore their identity, get advice, find support groups, and make friends.

Source: <https://www.thetrevorproject.org/>

Kids Help Phone

Kids Help Phone provides counselling, information, and referrals to young people in Canada through phone, text, and online chat services. The integrated ecosystem of services and programmes is overseen and delivered by mental health professionals and trained volunteers. Kids Help Phone supports callers through several strategies:

- **Understanding the needs of callers:** mental health professionals and trained volunteers offer personalised support to callers by recognising their needs and circumstances.
- **Connecting with other services:** professional counsellors and trained volunteers provide referrals to local services and other information designed to help young people find a more hopeful path forward. That is, counsellors refer callers to local resources and support services to provide additional assistance beyond their helpline.
- **Training:** the organisation provides training for volunteers. Over 6000 volunteers have been trained to date.
- **Support staff and volunteers:** in addition to providing volunteer training, the organisation provides direct support to frontline teams to help them manage the impacts of traumatic exposure.

Source: <https://kidshelpphone.ca/>

Six common ways for managing frequent callers

- **Assessment and understanding:** conduct an assessment to understand why callers are frequently reaching out. This could involve identifying underlying mental health issues, loneliness, lack of support networks, or other factors contributing to their need for constant contact.
- **Personalised support plans:** develop personalised support plans for frequent callers tailored to their specific needs and circumstances. This may involve connecting them with ongoing therapy, support groups, or other resources in their community.
- **Empowerment and self-management:** empower frequent callers to develop coping strategies and self-management techniques to reduce their reliance on the helplines. This could include teaching them relaxation exercises, mindfulness techniques, or problem-solving skills.
- **Follow-up and monitoring:** regularly follow up with frequent callers to track their progress and provide ongoing support. Monitoring their call frequency and identifying any patterns or triggers can help in adjusting their support plan accordingly.
- **Referrals and collaboration:** collaborate with other mental health professionals and organisations to provide comprehensive support to frequent callers. This may involve referring them to specialised services, such as psychiatric services, or substance abuse treatment programmes.
- **Training for helpline staff/volunteers:** provide training for helpline staff/volunteers on managing frequent callers, including de-escalation techniques, active listening skills, and boundary-setting strategies. Ensuring that staff members are equipped to handle frequent callers with empathy and professionalism is essential.

The relationship between qualified staff and the management of frequent callers

There is no empirical data demonstrating a positive relationship between qualified staff and the effective management of frequent callers, but some scholars (e.g., Predmore et al., 2017; Boness et al., 2021) indicated that having qualified and trained staff is indeed essential for managing frequent callers on crisis helplines. For example, crisis helplines often serve as the first point of contact for many individuals seeking mental health support, making them a vital community and public health intervention. As such, it is essential to train both volunteers and staff in crisis intervention, which includes skills such as active listening, call management, suicide and risk assessment and management, referrals, and follow-up care. Some crisis lines also provide specialised training for staff on specific mental health issues, such as substance use and mood disorders.

- **Professional expertise:** qualified staff, such as trained counsellors or mental health professionals, possess the necessary skills and knowledge to provide appropriate support to callers experiencing crisis situations. They can effectively assess the needs of frequent callers and provide appropriate interventions and referrals.
- **Empathy and understanding:** qualified staff are trained to listen empathetically and offer non-judgemental support to callers, which can help build rapport and trust, particularly with frequent callers who may be struggling with complex issues or recurring crises.
- **Crisis intervention skills:** trained professionals have expertise in crisis intervention techniques, including de-escalation, active listening, and risk assessment. This enables them to effectively manage difficult situations and help stabilise callers in crisis.
- **Boundary setting and self-care:** qualified staff are trained in setting boundaries with callers while still providing compassionate support. They also receive training in self-care practices to prevent burnout and maintain their own wellbeing while working with frequent callers who may present challenging or emotionally demanding situations.
- **Resource referral and collaboration:** qualified staff can connect frequent callers with appropriate resources and services, such as mental health treatment, support groups, or community organisations. They may also collaborate with other professionals and agencies to ensure comprehensive support for callers with ongoing needs.

While having qualified staff is crucial, it's also important to complement their expertise with supportive organisational policies, ongoing training and supervision, and access to resources and referral networks to effectively manage frequent callers on crisis helplines.

Considerations

- Crisis helpline management teams could discuss strategies proposed by scholars and employed by various organisations. This collaborative approach may help uncover useful insights and identify effective strategies for managing frequent callers.
 - While anonymity and confidentiality are essential features of crisis helplines, there is no empirical data to demonstrate the positive relationship between qualified staff or trained volunteers and the management of frequent callers. However, many scholars emphasise the importance of training staff and volunteers to effectively handle these callers.
 - Feedback from frequent callers through online surveys could be valuable in understanding their experiences and improving service delivery.
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Conclusion

Highlights

- **Objectives:** Helplines worldwide face challenges presented by the number of frequent callers, who may occupy a large proportion of call volume. The therapeutic benefit of frequent calling has been questioned, and the management of frequent callers remains an ongoing challenge for crisis helplines. Accordingly, we conducted this review to understand definitions of frequent callers, identify the types of frequent callers, and investigate practices for managing and supporting them.
- **Methods:** In conducting systematic reviews, we searched academic papers on Google Scholar and analysed the information available on the websites of six organisations.
- **Key results:**
 - There are various criteria for identifying frequent callers, and different definitions of what constitutes a frequent caller. It is important to note that some organisations, such as Lifeline Australia, define frequent callers based on data analysis.
 - Frequent callers are relatively few in number but account for a substantial proportion of calls. However, they are by no means just “time wasters”, as they often have high levels of need. Some scholars found that they experience major mental health issues (e.g., anxiety and suicidality) and are often in crisis.
 - Based on the research papers and website information from six organisations, we identified six common approaches to supporting and managing frequent callers: 1) assessment and understanding; 2) personalised support plans; 3) empowerment and self-management; 4) follow-up and monitoring; 5) referrals and collaboration; 6) training for helpline staff and volunteers.

Limitations/ Suggestions

Limitations:

- Empirical research on this topic is scarce, particularly due to the limitations of the service itself (e.g., anonymity, privacy, and confidentiality). As a result, there is a lack of extensive empirical studies examining issues such as the relationship between qualified staff and the management of frequent callers, as well as how organisations can effectively manage frequent callers.
- As six organisations disclose information on the websites about how they support all callers, we didn't have time to contact staff to find out if they have specific strategies for managing frequent callers.

Suggestions:

Some scholars stated that organisations should design their own strategies for managing frequent callers, as each organisation has its own unique resources, capabilities, and mission. Tailoring strategies enables organisations to effectively address the specific needs and challenges of their callers while maximising the efficiency and effectiveness of their helpline operations.

- Review if any of the information or strategies for frequent callers could be adopted.
 - Conduct calls data analysis. There are several reasons for doing so:
 - some organisations, such as Australia Lifeline, define frequent callers based on data analysis;
 - data analysis helps allocate resources effectively and efficiently by identifying patterns (e.g., peak periods of call volume, needs of frequent callers, types of frequent callers, etc.);
 - it can inform the development of tailored interventions and support strategies;
 - the analysis may provide valuable insights into how to manage frequent callers more effectively.
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References

- Apsler, R., & Hoople, H. (1976). Evaluation of crisis intervention services with anonymous clients. *American Journal of Community Psychology*, 4(3), 293.
- Bassilios, B., Harris, M., Middleton, A., Gunn, J., & Pirkis, J. (2015). Characteristics of people who use telephone counseling: Findings from secondary analysis of a population-based study. *Administration and Policy in Mental Health and Mental Health Services Research*, 42, 621-632.
- Bloch, S., & Leydon, G. (2019). Conversation analysis and telephone helplines for health and illness: A narrative review. *Research on Language and Social Interaction*, 52(3), 193-211.
- Burgess, N., Christensen, H., Leach, L. S., Farrer, L., & Griffiths, K.M. (2008). Mental health profile of callers to a telephone counselling service. *Journal of Telemedicine Telecare*, 14(1), 42-47.
- Boness, C. L., Helle, A. C., & Logan, S. (2021). Crisis line services: A 12-month descriptive analysis of callers, call content, and referrals. *Health & social care in the community*, 29(3), 738-745.
- Brockopp, G. W., Lester, D., & Blum, D. (2002). The chronic caller. In D. Lester (Ed.), *Crisis intervention and counselling by telephone* (2nd ed., pp. 154-170). Charles C Thomas Publisher
- Brunet, A. F., Lemay, L., & Belliveau, G. (1994). Correspondence as adjunct to crisis line intervention in a suicide prevention center. *Crisis*, 15(2), 65-68, 76.
- Coveney C., Pollock K., Armstrong S. & Moore J. (2012). Callers' experiences of contacting a national suicide prevention helpline: report of an online survey. *Crisis*, 33 (6), 313-324.
- Mishara, B. L., Côté, L. P., & Dargis, L. (2022). Systematic review of research and interventions with frequent callers to suicide prevention helplines and crisis centers. *Crisis*.
- Middleton, A., Woodward, A., Gunn, J., Bassilios, B., & Pirkis, J. (2017). How do frequent users of crisis helplines differ from other users regarding their reasons for calling? Results from a survey with callers to Lifeline, Australia's national crisis helpline service. *Health & Social Care in the Community*, 25(3), 1041-1049.
- Middleton, A., Gunn, J., Bassilios, B., & Pirkis, J. (2016). The experiences of frequent users of crisis helplines: A qualitative interview study. *Patient Education and Counseling*, 99(11), 1901-1906.
- Middleton, A., Gunn, J., Bassilios, B., & Pirkis, J. (2014). Systematic review of research into frequent callers to crisis helplines. *Journal of Telemedicine and Telecare*, 20(2), 89-98.
- Gould, M. S., Kalafat, J., HarrisMunfakh, J. L., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 2: Suicidal callers. *Suicide and Life-Threatening Behavior*, 37(3), 338-352.
- Kandula, S., Higgins, J., Goldstein, A., Gould, M. S., Olfson, M., Keyes, K. M., & Shaman, J. (2023). Trends in crisis hotline call rates and suicide mortality in the United States. *Psychiatric services*, 74(9), 978-981.
- Pirkis, J., Middleton, A., Bassilios, B., Harris, M., Spittal, M., Fedyszyn, I., & Gunn, J. (2015). *Frequent callers to Lifeline*. Melbourne, Australia: University of Melbourne.
- Spittal, M. J., Fedyszyn, I., Middleton, A., Bassilios, B., Gunn, J., Woodward, A., & Pirkis, J. (2015). Frequent callers to crisis helplines: Who are they and why do they call?. *Australian & New Zealand Journal of Psychiatry*, 49(1), 54-64.
- Pirkis, J., Middleton, A., Bassilios, B., Harris, M., Spittal, M. J., Fedyszyn, I., Chondros, P. & Gunn, J. (2016). Frequent callers to telephone helplines: New evidence and a new service model. *International Journal of Mental Health Systems*, 10, 1-9.