

Policy Recommendations from Ten Years of Suicide Prevention Through Bangladesh's Only Telephone-Based Suicide Prevention Helpline

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Background: Suicide is a major global public health issue, causing over 700,000 deaths annually. In Bangladesh, the challenge of addressing suicide is heightened by stigma, underreporting, and limited mental health resources. The Kaan Pete Roi (KPR) helpline, established in 2013, provides emotional support and suicide prevention services as the nation's only helpline of its kind. **Methods:** This study utilized data collected over ten years from KPR's operations. The analysis focused on caller demographics, the nature of calls, and the effectiveness of the helpline in crisis intervention. The aim was to evaluate the helpline's impact and derive policy recommendations for national suicide prevention efforts. **Results:** KPR received approximately 60,000 calls, with a significant number of callers experiencing active suicidal ideation or crisis. The helpline successfully de-escalated all calls, including those at immediate risk. Despite limited outreach, the helpline's operations demonstrated considerable effectiveness in providing critical support. **Conclusion:** Kaan Pete Roi's decade-long experience highlights the importance of accessible helpline services in suicide prevention. The data collected provides valuable insights into suicidal behaviors in Bangladesh, offering a foundation for national policy development. The findings support the expansion of helpline services, integration into national emergency frameworks, and increased public awareness to reduce stigma and encourage help-seeking behaviour.

Keywords: Suicide Prevention, Mental Health, Telephone Based Helpline, Policy Recommendations, Bangladesh

Introduction

Suicide is the act of intentionally causing one's own death. It is often done out of despair or attributed to an underlying mental disorder such as depression or schizophrenia. Suicide is a major public health concern worldwide (World Health Organization, 2021). More than 700 000 people die by suicide every year, which is one person every 40 seconds; making it seventeenth leading cause of suicide worldwide in 2019 (World Health Organization, n.d.). It is suggested that for every individual who dies by suicide, there could be over 20 others who attempt it (World Health Organization, n.d.). Suicide is among the three leading causes of death among those aged 15-44 years old and second leading cause of death among those aged 10-24 years old (World Health Organization, 2021). Additionally, there is an estimation that more than 20 million people engage in suicidal behavior annually (Levi-Belz, Gvion, and Aptek, 2019).

In Bangladesh, suicide is complex to monitor (Arafat, 2023), because deaths by suicide are underreported due to the stigma associated with suicide and mental illness (Mental Health and Substance Abuse, 2006). Issues of poverty, gender discrimination, and lack of mental health resources compound the problem. A handful of studies focusing on smaller regions of the nation have reported wide variation in suicide rates in Bangladesh, ranging from 7.3 to 128.8 per 100,000 (Arafat, 2019). The latest World Health Organization (WHO) report in 2021 on the suicide rate in 2019 estimated that the age-standardized suicide rate was 6.1 per 100,000 (World Health Organization, 2021). Bangladesh's efforts in suicide prevention have not yet met WHO's recommended comprehensive strategy at a national level (Haque, 2023), and mental health professionals remain limited in comparison to the needs of the population: as of 2016, there were 1.17 mental health workers per 100 000

population. In recent years, progress has been made with the development of the National Mental Health Act in 2018, growing resources and awareness, and the presence, for the past decade, of the Kaan Pete Roi Emotional Support and Suicide Prevention Helpline.

Methods

Kaan Pete Roi (KPR) is Bangladesh's first and only emotional support and suicide prevention helpline, which people can call to receive immediate support. KPR is a volunteer run non-government organization, established on April 28, 2013, and has operated uninterrupted since, marking more than a decade of supporting those in distress in 2023. The mission of the helpline is to alleviate feelings of despair, isolation, distress through compassionate, open-minded listening. During and after the COVID-19 pandemic, KPR's operations have been supported by the SAJIDA Foundation, allowing immense growth and an expansion of the helpline to be available to callers for 12 hours every day. Crisis helplines are an established method of suicide prevention globally (Kalafat et al., 2007). Given that such telephone helplines are accessible during multiple points along the path to suicidal behavior (Joiner et al., 2007) and that they can provide an opportunity for people to access help when other resources might be unavailable, they play a prominent role in suicide prevention around the world. Emerging research has demonstrated the effectiveness of these services (Gould et al., 2007), and KPR has received more than fifty thousand calls even with extremely limited outreach.

KPR is the only Bangladeshi member of 'Befrienders Worldwide,' a global authority on suicide prevention. Befrienders Worldwide consists of an international network of suicide prevention centers in about forty-five countries around the world. The core tenet of "befriending" is the idea that open-minded, compassionate, and non-judgmental listening can help those who are isolated, distressed, or suicidal. Most crisis hotlines around the world are staffed by trained volunteers. Because volunteers are not paid for their time and are participating altruistically, the quality of the service is high (Mishara et al., 2016). There is no shortage of volunteers because they are not required to have a specific background or training in any field. KPR is an extremely convenient way to reach help – the only thing necessary to reach the helpline is access to a phone. One of the main barriers to reaching out for mental health services is the stigma associated with doing so. At KPR, a caller is not required to share even their name if they do not want to. Their identity is completely protected; if an individual chooses to call a hotline, nobody will know except the individual his/herself. KPR maintains complete confidentiality of its callers; volunteers do not share details of the callers with anyone outside of the organization.

Results and Discussion

KPR has been receiving calls for more than a decade now and has taken close to sixty thousand calls, with meticulous documentation of the characteristics, including demographics and suicidal risk assessment, for each incoming call. This data, and lessons learned from ten years of experience, have positioned us well to provide national policy recommendations for suicide prevention in Bangladesh.

Phone-based emotional support can successfully support callers in severe distress; incorporate helpline into the national strategy for suicide prevention

The helpline has successfully de-escalated all incoming calls, even those that are at severe risk of harming themselves and taking their own lives. Approximately 25% of callers are actively suicidal when calling us, and between 1-3% of callers are in the process of taking their own lives. That these callers are getting in touch is a vital indication towards the usefulness of such a helpline in preventing immediate harm and guiding individuals toward long-term support and recovery. KPR must be incorporated into a national strategy for suicide prevention, as similar helplines are around the world.

Integrate crisis helpline into National Emergency Service 999 and other services

Collaborating with other services, such as the National Emergency Service 999, is vital for ensuring comprehensive support for individuals in crisis. Strategically, a cross-referral is very necessary; KPR will refer emergency calls to 999, and 999 can divert suicidal calls to KPR, given that KPR has the expertise in place to support people in need. KPR can also serve as a referral to those in need of psychological/psychiatric services.

Extend helpline hours for increased accessibility of mental health services

Extending the helpline's operational hours to a full 24 (from the current 3pm-3am) is essential to ensuring that individuals in crisis have access to support whenever they need it. Many crises occur outside of traditional business hours, making extended hours crucial for providing timely assistance. More than 50% of calls come to the helpline between the hours of 9 pm and 3 am, and this proportion is slightly higher for suicidal callers. Given that the infrastructure and knowledge base on how to expand hours already exist, logistical support and investment, ideally from the government as part of a larger health strategy, are needed to make this possible.

Evidence based policy and strategy: helpline data utilization to understand nationwide suicidal behaviors, means, and circumstances

The data collected by the helpline provides valuable insights into nationwide suicidal behaviors, means, and circumstances. This data has already been published in national and international journals and conferences (e.g., describing characteristics of callers (Iqbal, Jahan & Matin, 2019); identifying experiences of women that lead to distress (Iqbal et al., 2021); identifying potential improvements in services (Bhattacharjee, Iqbal & Ahmed, 2022). This information is crucial for identifying trends, developing targeted interventions, and improving suicide prevention efforts. By analyzing this data, policymakers and mental health professionals can gain a better understanding of the factors contributing to suicide and develop strategies to address them effectively.

Integrate with digital platforms

While KPR is clear in outreach materials that the helpline is a phone-based service, KPR receives numerous online communications (several hundred a month) and requests for text-based services, which is also a steadily growing part of suicide prevention strategy, given recent generations' preference for text or internet-based communication. Explore opportunities to integrate telephone-based crisis services with digital platforms, such as mobile apps or online chat services, to provide multiple access points for individuals in crisis.

Support volunteer frontline workers who fulfill a critical need

In ten years, KPR has trained more than 700 volunteers, of whom 450 have successfully provided support on the helpline; at any given time, there is a pool of 60-70 active volunteers who comprise the personnel handling calls. For the past five years, KPR has received more than 500 applications per year from interested personnel; only a small fraction of this number can actually be trained due to funding restraints. For volunteers on the helpline, KPR proves an extensive volunteer care and supervision infrastructure which ensures their wellbeing and ability to handle difficult calls through call debriefing, group sharing sessions, and both in-house and external supervision sessions. This enables volunteers to create and enjoy a thriving community hub in KPR's office space. Volunteers play the most vital role of all in the helpline's operations: providing compassionate support to individuals in crisis. Their dedication and empathy make a significant impact on the lives of those they help, and their contributions are invaluable to the helpline's success. By investing in volunteers and providing them with the support they need (for instance, supporting their transport during late night shifts, providing meals and refreshments in the office, contributing to community building activities, and making professional development opportunities available), the helpline can continue to fulfill its mission of preventing suicide and supporting mental health.

Focus on public awareness and education

All of KPR's accomplishments to date have occurred with extremely limited outreach. Outreach efforts are crucial for raising awareness about the helpline and reaching individuals who may need support. Through targeted outreach campaigns, the public must be made aware about the services it offers and how to access them. This can help reduce the stigma surrounding mental health issues and encourage individuals to seek help when needed.

Conclusion

In Bangladesh, the absence of a national-level suicide database and surveillance system hampers efforts to understand and address suicide behavior effectively. Stigma surrounding suicide and mental illness contributes to significant underreporting, resulting in widely varied suicide epidemiology. As the sole suicide prevention helpline in Bangladesh, Kaan Pete Roi (KPR) boasts a decade of operational experience and has received over 55,000 calls, making it uniquely positioned to provide invaluable insights into suicide prevention policy. In this paper we have presented seven critical areas which can serve as a cornerstone for evidence-based policy formulation in suicide

prevention. By leveraging insights derived from a decade of operation, this paper aims to contribute to the development of policies and interventions aimed at reducing suicide rates and promoting mental well-being across Bangladesh.

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