



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

University of Wollongong
Research Online

Faculty of Social Sciences - Papers

Faculty of Social Sciences

2013

Help-negation among telephone crisis support workers: Impact on personal wellbeing and worker performance

Taneile Kitchingman

University of Wollongong, tak901@uowmail.edu.au

Coralie J. Wilson

University of Wollongong, cwilson@uow.edu.au

Peter Caputi

University of Wollongong, pcaputi@uow.edu.au

Alan Woodward

Lifeline

Publication Details

T. Kitchingman, C. Wilson, P. Caputi & A. Woodward (2013). Help-negation among telephone crisis support workers: Impact on personal wellbeing and worker performance. Melbourne, Australia, 24-26 July 2013.

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

Help-negation among telephone crisis support workers: Impact on personal wellbeing and worker performance

Abstract

Paper presented at the National Suicide Prevention Conference, 24-26 July 2013, Melbourne, Australia.

Telephone counsellors (TCs) provide front line mental health support to callers in crisis. TCs often support callers with suicidal thoughts, depression and anxiety, and the caller's experience of the call will influence whether they will seek help from a helpline in the future. Despite their important role, little information on TCs' mental health and help-seeking behaviours exists - a structured literature search returned 2 papers. This paper presents the results of a study that answered three research questions: 1. Do telephone counsellors experience symptoms of suicidal ideation, depression and anxiety? 2. Do telephone counsellors intend to seek help for these symptoms? 3. Do service provision intentions vary for telephone counsellors experiencing different levels of symptoms? A representative sample of 124 Lifeline Telephone Crisis Supporters (TCSs) from across Australia took part in the study. Results suggest that help-negation (reluctance to seek help as distress levels increase) occurs among TCSs who are exposed to suicidal, depressed and anxious callers, and impacts both personal wellbeing and TCSs intention to use recommended skills with callers. The impact of exposure to callers in crisis is an occupational hazard for all telephone counsellors in the sector. Implications for TC training, preparation, supervision, and support are discussed.

Keywords

wellbeing, personal, impact, workers, support, performance, crisis, telephone, among, negation, worker, help

Disciplines

Education | Social and Behavioral Sciences

Publication Details

T. Kitchingman, C. Wilson, P. Caputi & A. Woodward (2013). Help-negation among telephone crisis support workers: Impact on personal wellbeing and worker performance. Melbourne, Australia, 24-26 July 2013.

**Help-negation
among telephone
crisis support
workers: Impact on
personal wellbeing
and worker
performance**



Ms Taneile Kitchingman

**Dr Coralie Wilson
AProf Peter Caputi**

Mr Alan Woodward

**UNIVERSITY OF
WOLLONGONG**



Lifeline

National Suicide Prevention Conference, July 2013, Melbourne Australia

Acknowledgements...

Broader research team involved in current overlapping idea development

- **Youth wellbeing, mental health, substance use and help-seeking:**
 - [Mr Alexander Svenson \(Poster\)](#), [Ms Ann Badger](#), [Mr Robert Cox](#), Prof Dan Lubman, Prof Tony Jorm, Prof Nick Alan, Dr Bonnie Berridge, Dr Jenny Priomos, Ms Fiona Blee
- **Men's wellbeing, mental health and help-seeking:**
 - [Ms Anna Cavanagh](#), Prof David Kavanagh, Prof John Bushnell
- **Lifestyle, personality, mental health and help-seeking:**
 - [Ms Simone Mohi](#), [Mr George Turnure](#), Dr Emma Barkus, Prof Vicki Flood
- **Heart health, mental health and help-seeking:**
 - [Ms Gamze Abramov](#), Prof Ian Wilson, Prof Rod McMahon
- **Biology, neurology, mental health and help-seeking:**
 - Dr Susan Thomas, Dr Theresa Larkin, Prof Peter McLennan
- **Workforce mental health and help-seeking:**
 - [Ms Tara Hunt \(Poster\)](#), Prof Ian Wilson, Dr Susan Thomas, Mr Grahame Gould, Prof Rod McMahon

Presentation abstract

Telephone crisis supporters (TCSs) provide front line mental health support to callers in crisis. TCSs often support callers with suicidal thoughts, depression and anxiety, and the caller's experience of the call will influence whether they will seek help from a crisis support service in the future. Despite their important role, little information on TCSs' mental health and help-seeking behaviour exists – a structured literature search returned only 2 studies.

This paper presents the results of the first study in a national research program that is aiming to inform the future training, preparation, supervision, and support of frontline health professionals who are working in telehealth crisis sector, both within Australia and around the world.

This study answered three research questions:

Do TCSs' experience symptoms of suicidal ideation, depression and anxiety?

Do TCSs intend to seek help for these symptoms?

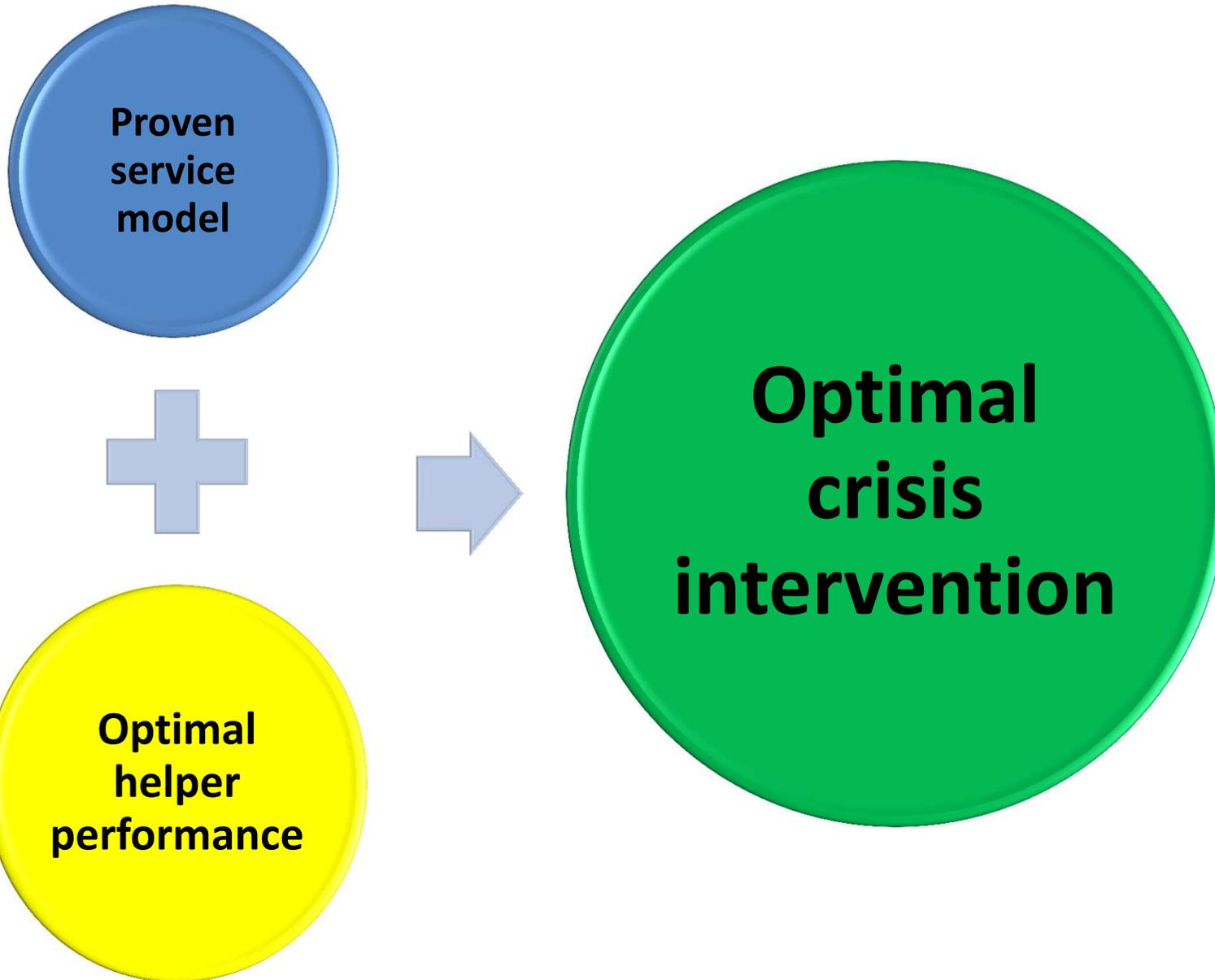
Do service provision intentions vary for TCSs experiencing different levels of symptoms?

Results provide compelling evidence that exposure to callers in crisis is an occupational hazard for all telehealth professionals in the sector, including medical professionals. The first study of the research program suggests that help-negation (reluctance to seek help as distress levels increase) occurs commonly among telehealth professionals who are exposed to suicidal, depressed and anxious callers. The results also suggest that this common occupational hazard significantly impacts both the personal wellbeing and professional use of recommended intervention skills by telehealth professionals with callers.

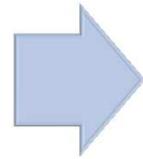
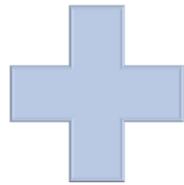
Implications for TCS training, preparation, supervision, and support are discussed.

Premise

Suicide prevention requires **effective risk reduction** *at the same time as* active wellbeing promotion and **optimal crisis intervention**

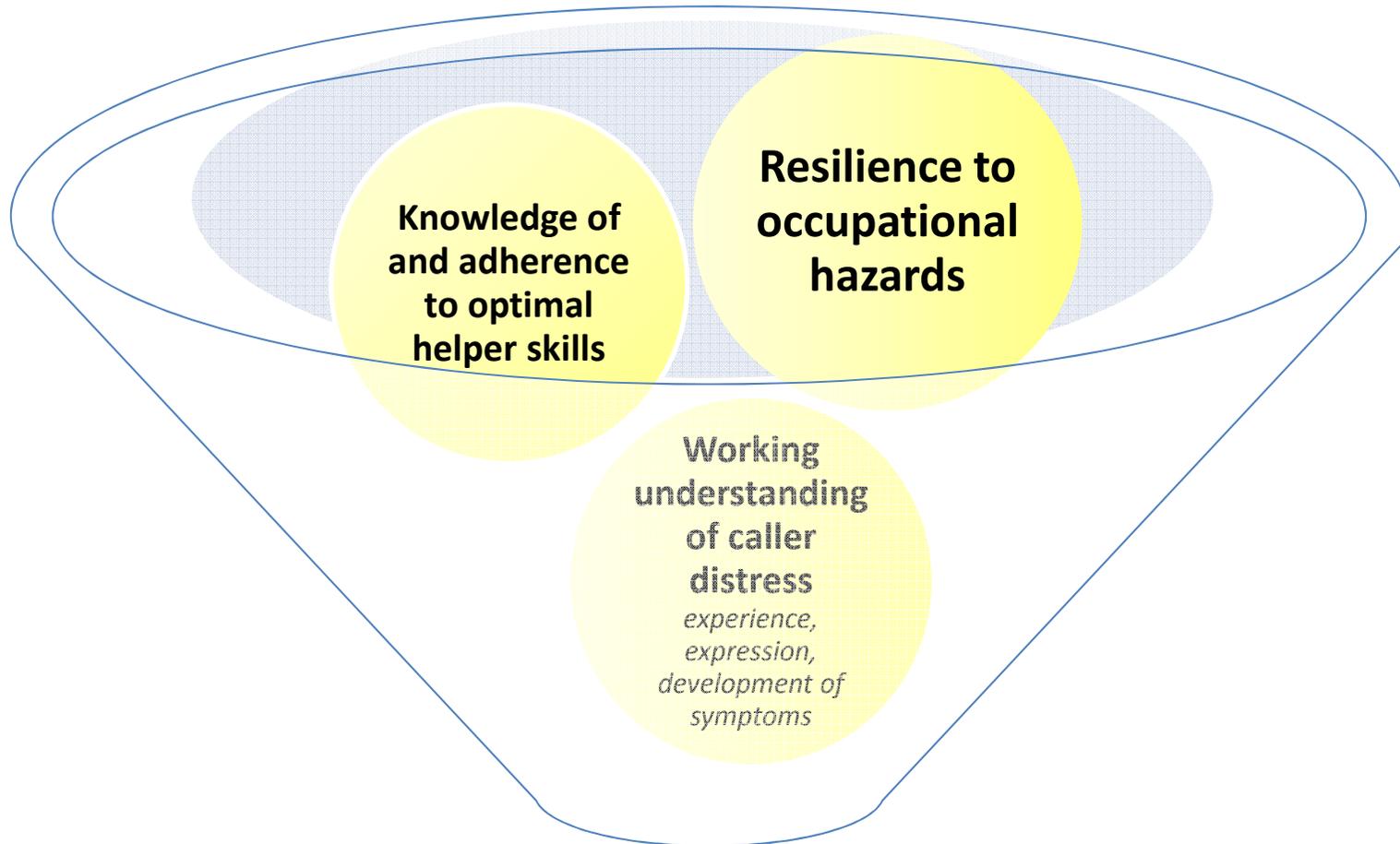


**Proven
service
model**



**Optimal
helper
performance**

**Optimal
crisis
intervention**



Optimal helper performance

Greatest occupational hazard:

Personal impact of the distress of others

- Personal distress is related to **poorer skills performance** among doctors and other health professionals
- Personal distress is related to **lower levels of personal help-seeking and wellbeing (help-negation)** in general community samples

Greatest risk to optimal crisis intervention is **disconnection from professional skills and personal wellbeing**

Question

Is personal distress related to poorer telephone support skills performance and lower levels of personal help-seeking among telephone crisis supporters?

Aim

Answer three research questions:

- 1) Do Telephone Crisis Supporters experience symptoms of suicidal ideation, depression and anxiety?
- 2) Do TCSs intend to seek help for elevated symptoms?
- 3) Do TCSs experiencing different levels of symptoms still intend to follow recommended Lifeline support skills?

Method

- A representative sample of 124 Lifeline TCSs completed an online survey
- TCSs reported their current level of suicidal ideation, depression and anxiety symptoms, plus intention to seek help for these symptoms
- TCSs reported their intention to use recommended telephone crisis support skills: significant suicidal ideation, serious depressive episode, and acute general anxiety

Results

Research Question 1: Do TCSs experience symptoms of suicidal ideation, depression and anxiety?

- Most participants were in the **normal range** on all measures of psychological distress (suicidal ideation, depression, anxiety)
- But, even low level symptoms can **impair** normal function
- As a group, participants were
 - ***unable* to manage their day-to-day activities approximately 1 day during the past month** ($M = 1.13, SD = .81$)
 - had to ***cut down* on day-to-day activities on an additional 3 days during the past month** ($M = 2.93, SD = 5.39$)

Research Question 2: *Do TCSs intend to seek help for symptoms?*

- OVERALL, participating TCSs reported they were
 - **Likely** to seek help from a professional for personal symptoms of suicidal ideation, depression and anxiety
 - **Unlikely** to seek help from telehealth or personal help-sources
 - **Unlikely** to not seek some form of help

HOWEVER...

- When **compared as two groups with different symptom levels:**

Compared to TCSs with low level symptoms, TCSs with ***higher*** levels of suicidal ideation, depression and anxiety symptoms were

- ***Unlikely*** to seek help from professional, telehealth and personal help-sources (ORs = .74 - .99)
- ***Likely*** to not seek help from anyone (ORs = 1.19 - 1.25)

Research Question 3: *Do TCSs experiencing different levels of symptoms still intend to follow recommended Lifeline support skills?*

- OVERALL, TCSs were **likely** to use the **recommended skills with suicidal, depressed and anxious callers**
- However, when **compared as two groups by symptom level**
 - TCSs with
 - **higher** levels of suicidal ideation and anxiety symptoms were
 - **unlikely** to **use recommended skills** with suicidal, depressed or anxious callers (ORs = .78 - .94)

Conclusions

- While TCSs are generally ***Likely*** to seek professional help for symptoms of personal psychological distress, and to use recommended skills with callers, **help-negation (reluctance to seek help as distress levels increase)** occurs among TCSs exposed to suicidal, depressed and anxious callers

Help-negation impacts TCSs' *personal wellbeing* and their *skills with callers*

What is help-negation?

A **common process** that **occurs in the face of distress** – TCSs are **not immune or unusual** when they develop distress and negate help

Help-negation is defined as:

The process of **help withdrawal or avoidance** among those currently experiencing clinical and subclinical levels of different forms of psychological distress

Wilson et al EIP 2011



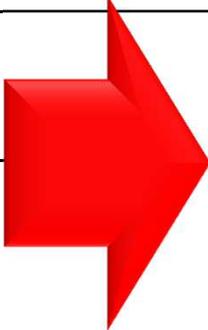
Understanding the **determinants** of the **help-negation** process provides a **potent opportunity** to **target training strategies** that facilitate **TCS wellbeing *and* optimal call outcomes**

**Results case-
controlled
comparison of
help-negation
across the past 10
years among
young adults in
the community**



SUMMARY: Logistic regression using increasing intensity of suicidal ideation to predict intention to seek help for suicidal thoughts

INTENTION	<u>2000</u>	<u>2010</u>
Friends and family	no***	no***
Mental health professional / Telephone crisis line	no*** no**	no** no**
Not seek help from anyone	yes***	yes***



***Odds Ratios (adjusted for age) within 95% Confidence Intervals and significant at p<.001, **p<.01

A similar pattern of reluctance to seek help
has been also found for symptoms of stress,
anxiety, depression

(Wilson Caputi et al 2012b)

Where does this lead us?

Study 2:

Taneile Kitchingman (PhD Clin Psyc research),
Coralie Wilson,
Peter Caputi,
Alan Woodward,
Ian Wilson

Predicting TCSs personal help-seeking and service provision: Is it about problem labelling and TCS confidence?



Aim

Answer two research questions:

- 1) Is TCS personal help-seeking and Lifeline skills application a function of inaccurate problem labeling?
- 1) Is TCS personal help-seeking and Lifeline skills application a function of low confidence?

Method

- Same sample of 124 Lifeline TCSs and same online survey as in Study 1
- Participants reported intentions to use recommended telephone crisis support skills: significant suicidal ideation, serious depressive episode, and acute general anxiety
- TCSs were asked to label each problem-type and report their confidence for working with each problem

Results

Research Question 1: *Is TCS personal help-seeking and Lifeline skills application a function of inaccurate problem labeling?*

- Most TCSs were able to accurately label hypothetical callers' symptoms as suicide (56.1%), depression (76.5%) and anxiety (79.5%)
- A significant minority **opted not to label** the caller's problem, noting that **this was not their role** as a TCS
- TCSs ability to **accurately label** suicidal ideation, depression and anxiety **was not associated significantly with personal help-seeking intentions** for suicidal ideation ($p = .692$), depression ($p = .260$), anxiety ($p = .234$)

However...

- In general, TCSs who could **accurately label depression** were significantly more likely to **use recommended Lifeline skills** ($p = .025$).
- TCSs who **accurately labelled depression** were significantly more likely to **use recommended Lifeline skills for suicide calls** than those who labelled depression inaccurately ($M = 3.87$ vs $M = 3.74$; $p = .007$).
- Ability to **accurately label depression** did not associate significantly with intentions to use recommended skills for **general mental health calls** ($p = .058$).

Research Question 2: Is TCS personal help-seeking and Lifeline skills application a function of low confidence?

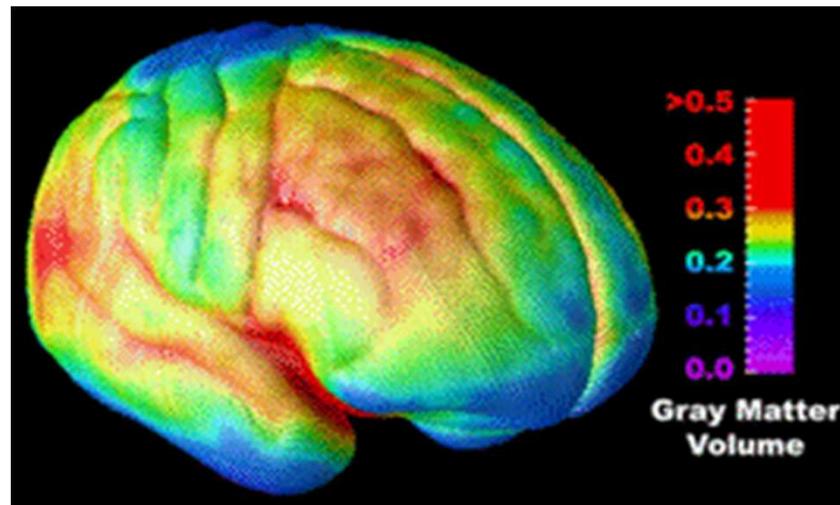
- About **half** of TCSs felt **confident to seek help for personal symptoms** of suicidal ideation (51.6%), depression (56.5%) and anxiety (54.8%)
- TCSs reported greater confidence to seek help for personal symptoms of anxiety ($M = 3.35$) than for depression ($M = 3.30$) or suicidal ideation symptoms ($M = 3.16$)

Adjusting for confidence made no difference to the help-negation or service provision results

Summary: results across studies in community and TCS samples

- **Expanding results: Cognitive, affective and social processes involved in help-negation after critical suicidal thoughts** (Wilson C, Svenson A, Caputi P; Oral Presentation NSPC 2013)
- **Help-negation**
 - Help-negation occurs with **low intensity** symptoms of common mental disorders (stress, anxiety , depression) and suicidal thinking
 - Help-negation process is relatively stable across time
 - Help-negation is stronger for friends and family than mental health professionals
 - Patterns of help-negation are slightly different for arousal symptoms vs depression and suicidal ideation
 - Help-negation and skills application is not a function of purely psychological processes (e.g., knowledge, attitudes, beliefs or confidence)

Biological and neurological underpinnings are implicated (+ *social and psychological factors*)



- **Expanded in NSAC 2013 Poster Presentation: Preventing help-negation for suicidal ideation: Implications for social network size and frequency of social interaction (Svenson A, Wilson C, Caputi P)**

- **TCS performance:**
 - Personal anxiety, depression and suicidality are an occupational hazard of the TCS role
 - Elevated but low level symptoms impair personal function and wellbeing *as well as* recommended Lifeline skill application
 - Accurate problem labeling facilitates recommended skill application
 - Only half of TCSs could or would accurately label anxiety, depression or suicidal ideation

Where does this leave us?

Study 3

Taneile Kitchingman (PhD Clin Psyc research)

Coralie Wilson

Peter Caputi

Alan Woodward

Ian Wilson



Which call types have the greatest risk for evoking TCS distress and help-negation?

(watch this space)

Study 4

Tara Hunt (Hons research)

Coralie Wilson

Peter Caputi

Alan Woodward

Grahame Gould

Taneile Kitchingman

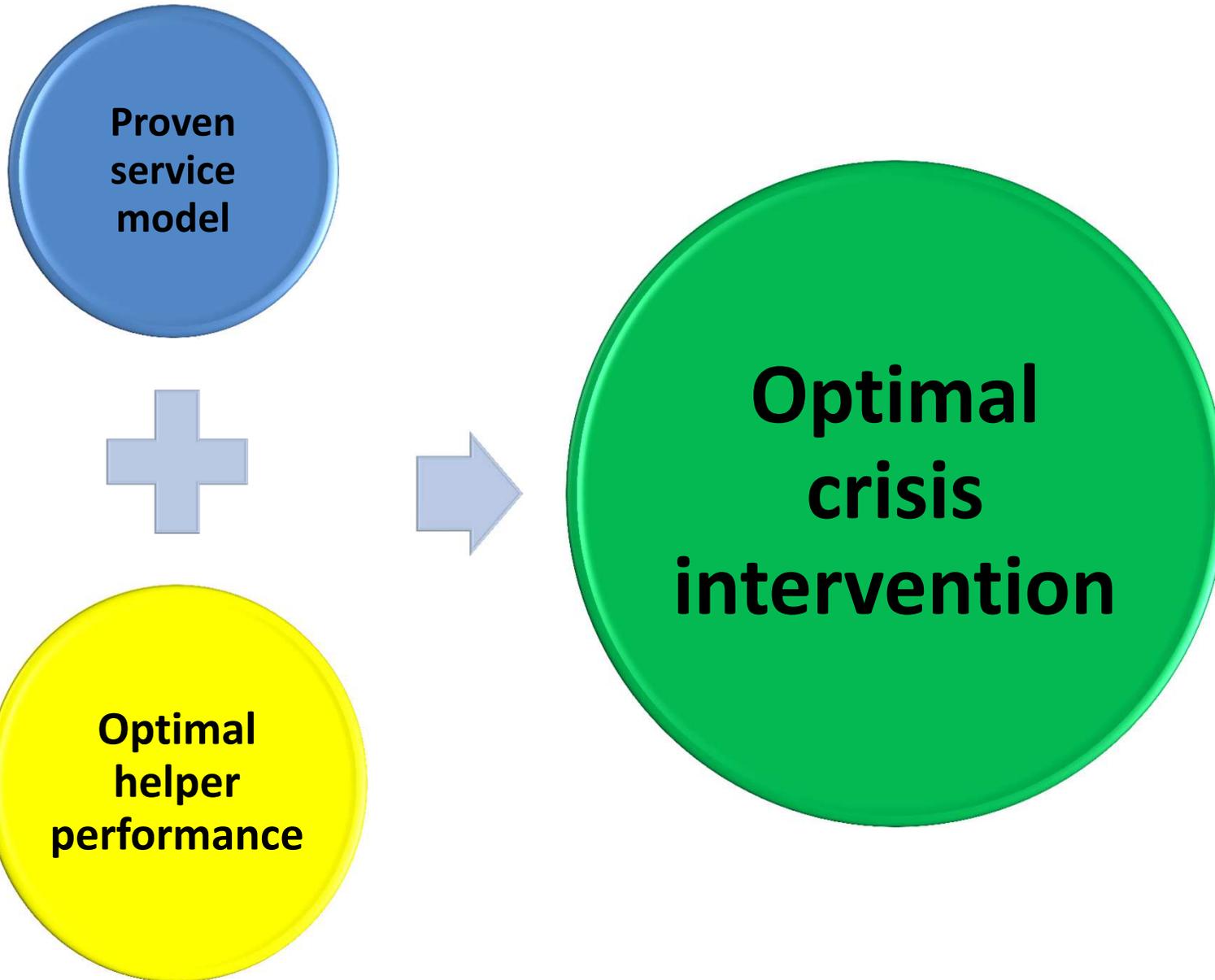


Which skills optimise call outcomes and protect TCSs against developing psychological distress?

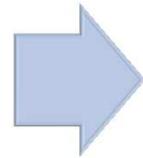
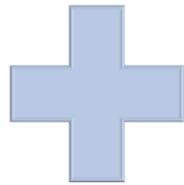
- Expanded in NSPC 2013 Poster Presentation: The role of assertiveness on TCS well-being and service provision
(Hunt T, Wilson C, Caputi P, Woodward A, Gould G, Kitchingman T)

Recap

Suicide prevention requires **effective risk reduction** *at the same time as* active wellbeing promotion and **optimal crisis intervention**

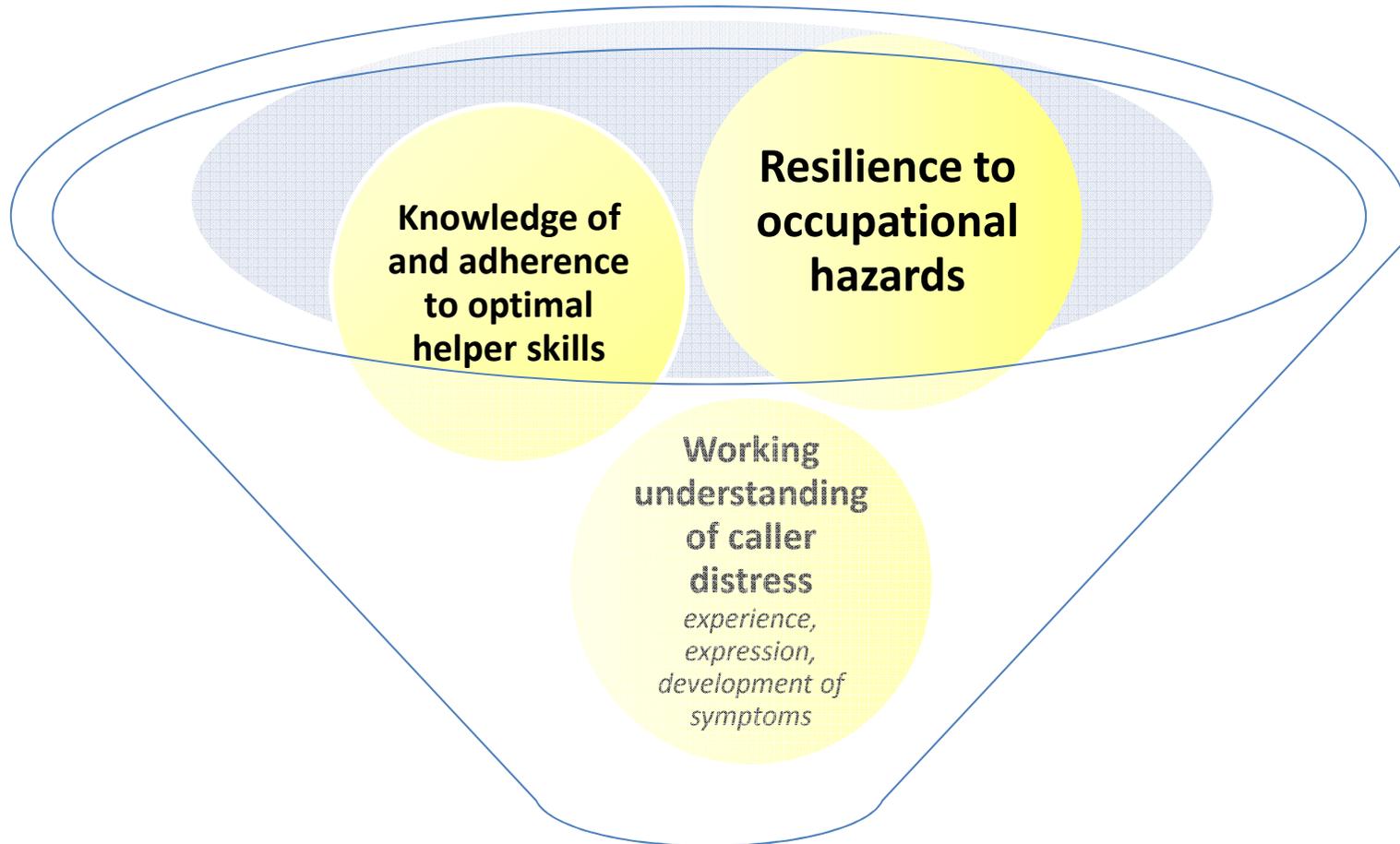


**Proven
service
model**



**Optimal
helper
performance**

**Optimal
crisis
intervention**



Optimal helper performance

Questions?

Thanks for your attention

Contact:

Dr Coralie Wilson

Graduate School of Medicine

University of Wollongong

T + 61 2 4221 5135 | F + 61 4221 4341 | E cwilson@uow.edu.au

W <http://www.uow.edu.au/gsm/staff/UOW028294.html>