Handbook of Guidelines for

Chat Room-Based Psychological Interventions

in a Crisis Context Due to COVID-19

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Resources for Research Projects about Coronavirus (COVID-19; code COVID1006)

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Our gratitude goes particularly to the volunteers of the Programa Hora Segura (Safe Hour Program) who donate their time, professionalism and empathy every week, as well as to all those who make the operation of this project possible with their dedication. Thanks to you, this safe space is an existing place.

We also extend our recognition to all LGBTIQA+ children, adolescents and youth who have trusted Programa Hora Segura since 2014 and sought answers to their problems. This handbook is for you in the hope that our work has a positive impact on your lives.

Lastly, we cannot fail to thank those who have worked in the development of helplines as key interventions within the child and youth protection system.

The recommendations contained in this document were prepared mainly based on the expert knowledge of volunteers from the Programa Hora Segura of Fundación Todo Mejora Chile, as well as technical documents of the Child Helpline International network (1, 2) and the World Health Organization (3).

01

PRESEN-TATION

The purpose of this handbook is to bring together the main recommendations and components of the mental health intervention offered by chat helplines for adolescents. This is in accordance with the most recent developments and international research, as well as the findings of the ANID research project entitled "Identifying the Effects of the COVID-19 Pandemic on the Mental Health of Chile's Adolescent Population".

Both the aforementioned research and the contents of this handbook are based on the Safe Hour Program (PHS, Programa Hora Segura) in Chile, a chat helpline created in 2014 with the central aim of providing online emotional support and guidance by chat to LGBTIQA+ children, adolescents and youth under the age of 30 from a culturally competent perspective in topics related to sexual affective orientations, identities, gender expressions and sex characteristics (SOGIESC).

The ANID research was conducted in January-December 2021 through an interdisciplinary process that combined social sciences, linguistics and data science in order to propose an automatic analysis strategy for a pilot sample of conversations from the Hora Segura Program in Chile held in 2018, 2019 and 2020. Based on the analysis of these conversations, inferences were made about adolescent mental health -as an alternative to expensive studies with self-report surveys- and also about the work of the chat helpline's counselors in terms of the mental health of its users.

This handbook is aimed at an audience specializing in chat helplines, as well as professionals working in the field of remote mental health interventions in Latin America and/or Spanish-speaking countries, mental health professionals in general, students in related programs and people interested in academy and research in topics associated with the use of technologies for adolescent mental health work with an operational focus.

02

INTRO-DUCTION

The COVID-19 pandemic is a very relevant risk factor both for the physical and mental health of people, the latter being a priority that must also be addressed urgently (4, 5).

During the ensuing social-health crisis, an increase in emotional support needs was confirmed among the population. At the same time, there was a reduction in existing in-person mental health services as a result of the restrictive measures applied to limit the spread of coronavirus (6).

In this context, it becomes relevant and evident that **people in trouble are increasingly resorting to the digital domain to ask for or seek help (7), which positions technologies as an important developing field for the provision of mental health services**, with an already fundamental role in the help-seeking intentions and behaviors of the youth population (7).

This was particularly relevant during 2020, and this handbook of recommendations presents key aspects and findings of the Hora Segura Program based on more than six years of experience -to date- in remote chat room-based care with adolescents.

As background **remote services** constitute one of the most common community-based crisis intervention methods, and they are especially helpful when the community as a whole is experiencing a widespread crisis, war, natural disaster or any other comparable situation (8). This is reflected by the proliferation, within the context of the COVID-19 pandemic, of virtual interventions. About this point, and to learn about the availability of remote care services during 2020 in Chile, we suggest checking Chapter 8, Recommended Resources: Catastros Líneas Ayuda Remota SMAPS, Boletines N° 1 y N° 2 (9, 10).

These types of mental health and psychosocial support (MHPSS) interventions are fundamental, and the Pan American Health Organization (2020) recommends implementing them in a cross-sectoral manner in countries and communities as a non-specialized targeted support (4, 11).

According to the World Health Organization (WHO) and the Pan American Health Organization (PAHO), the mental health and psychosocial support (MHPSS) response for COVID-19 has the purpose of reducing the suffering and improving the mental health and psychosocial wellbeing of people directly or indirectly affected by the disease (4). In this context, this document seeks to join the efforts to:

ANTICIPATION

Anticipate a greater demand due to mental health problems.

SUPPORT

Incorporate mental health support into CO-VID-19 response plans.

ELIMINATE BARRIERS

Eliminate the barriers that hinder access to mental healthcare.

TRAINING

Train health workers.

EXPAND OFFER OF MENTAL HEALTH CARE

Guarantee a wide offer of mental health benefits that includes specialist and non-specialist doctors organized according to complexity that allows covering initial cross-cutting psychological care, in-person benefits for mental health emergencies and remote benefits, especially for the most vulnerable population and/or to ensure continuous care for people with prior mental health problems (4, 5, 12).

03

CHAT ROOM-BASED PSYCHOLOGICAL INTERVENTIONS: HELPLINES

3.1 CHAT ROOM-BASED PSYCHOLOGICAL INTERVENTIONS: HELPLINES

In the context of the provision of psychological counseling over the Internet, the most comprehensive taxonomy is the one offered by Barak, Klein and Proudfoot (13):

1

Web-based interventions.

They consist of intervention programs, mainly self-guided, that are executed through a website and used by people seeking assistance related to physical and mental health. These operations include education, self-guided therapeutic interventions and psychological counseling based on human support.

2

Online counseling and therapy.

They refer to an interpersonal communication for therapeutical purposes established over the Internet either with an individual or a group, which can be conducted in a synchronous or asynchronous manner. Counseling, cybertherapy or electronic/online therapy may contemplate assessments of the patient's personality traits, attitudes, skills and interests. Therapeutic interventions may be addressed from various theoretical approaches, e.g., cognitive-behavioral, psychodynamic or client-centered.

3

Therapeutical software.

Corresponde a intervenciones terapéuticas efectuadas It pertains to therapeutic interventions conducted through a software that uses advanced computer technology, for instance, the application of artificial intelligence principles for robotic therapy simulation; expert systems based on rules for assessment, treatment selection and monitoring of treatment progress; and virtual games and settings in three dimensions. Virtual reality programs are also included here.

4

Other online activities.

They include variants such as personal blogging, participation in support groups through communication channels such as chat, audio and videoconference, the use of online assessments, and access to mental health information through particular websites and wikis (the latter are virtual communities in which the users create, modify, correct or eliminate content they commonly share with each other, such as Wikipedia). All these online activities can happen spontaneously or be recommended by specialists as a supplement to the main therapeutical process, whether it is in person or via the Internet.

A differentiating factor generated by these various definitions is the presence or absence of a bond with **a specialist professional.** Figuratively, this difference is equal to transferring in-person care to a virtual environment (i.e., understood within a telemedicine model) versus thinking the virtual space as a place where people can self-serve help resources.

As a helpline, Programa Hora Segura falls under the first group (web-based interventions), as even though it is a direct chat counseling device where a user and a person that provides support come together in a sustained dialogue, it is a help device different to the one described in the second group (online counseling and therapy). This difference has to do with the type of bond between the user and the person talking with them, as well as with the intervention's setting and medium. The **setting** refers to the objectives of a helpline, whereas the **medium** relates to the means and infrastructure that enable the intervention's operation. These components will be explored in depth throughout this handbook.

3.2 CHAT HELPLINES FOR CHILDREN AND YOUTH

Current helplines originate from the crisis lines initiated with the spread of the telephone in the homes of high-income countries during the 1950s. Since then and until today, the purpose of these types of crisis services is to prevent suicide, and broadly speaking, their objectives are to assess, escalate, establish a safety plan, provide support and offer references (8).

The aim of these specialized emergency interventions is for the contacting person to return to their pre-crisis functioning, leveraging their own strengths and helping to improve the person's overall functioning (14, 16). Over time, crisis lines as a remote service transformed based on the evolution of their users' needs, thus favoring the emergence of current helplines.

Helplines account for a type of direct short-term service for the benefit of their users that mainly provides counseling, active listening and referral.

The difference between these two types of remote interventions is the severity of the situation of the person consulting. Distinguishing between crisis lines on one hand and helplines on the other is highly relevant, with the understanding that the difference is still ambiguous, even for many of the people for whom these services are intended.

Indeed, the lack of clarity among potential users and people who require these services, along with the fact that many times there are no crisis lines available or they are unknown, make it usual for a helpline to operate as a crisis line. This must be considered from multiple perspectives, starting with the fact that a service of this nature cannot deny assistance to a person in a life-threatening situation who has already tried to contact someone.

In turn, the fundamental principle of a helpline for children is their protection, and it can be conceived as a help service for healthy decision-making at challenging times or in different situations of daily life (16).

Most child helplines set out to reach people until the age of 18, and in some cases, until the age of 25 or 29. Nonetheless, these services are often contacted by adults who are part of the protection network of the person affected or in need of support. In this case, after guiding the adult, they can be advised to invite the child or youth to personally contact the helpline (2).

A relevant principle of these interventions is that the children who contact these services do so willingly, as agents who try to change their lives for the better with their own resources (1, 17). Consequently, in helplines for children and adolescents, there is currently a clear and increasingly widespread connection with the Declaration of the Rights of the Child and the universal rights approach that sustains it, in which the relationship between children and adolescents and their adult environment radically changes (18).

The UN recognizes that child helplines are essential to the protection of their right to be heard:

"States should establish safe, well-publicised, confidential and accessible mechanisms for children, their representatives and others to report violence against children. All children, including those in care and justice institutions, should be aware of the existence of mechanisms of complaint. Mechanisms such as telephone helplines - through which children can report abuse, speak to a trained counsellor in confidence and ask for support and advice - should be established and the creation of other ways of reporting violence through new technologies should be considered." (Promotion and Protection of the Rights of Children, UN General Assembly, 61st session)

(Promotion and Protection of the Rights of Children, UN General Assembly, 61st session A/61/299, 2006; p. 27).

A HELPLINE FOR CHILDREN:

1. Provides immediate and direct assistance with the potential to connect the user with long-term services.

2. Is preferably accessible to children and youth 24 hours a day and is free, which allows contacting someone in any situation, whether or not an emergency.

3. Offers children and youth the possibility to express their concerns and talk about the problems that directly affect them.

4. Is based on the acknowledgement that children and youth are subjects of rights and can best identify their problems by themselves if they receive proper tools (1).

At present, instant messaging is one of the most commonly used means to hold conversations with children and adolescents, which is directly related to the work previously conducted through telephone helplines (20). **The ability to interact with young people is an advantage of chat services, as telephone lines today are very scarcely used by new generations** (1, 20, 21, 22).

A **chat helpline** is mainly defined as a simultaneous real-time information, advice and support service for psychosocial problems that uses Internet-based instant messaging platforms (1).

Chat counseling has many features in common with other forms of remote assistance, such as by telephone, letter and email. However, chat also has differences with other traditional means of counseling, among which is the fact that chat counseling is silent and contributes to anonymity and to the feeling of intimacy that the user establishes through this help-seeking channel (1).

Children and youth who use chat helplines have individual reasons for choosing this form of counseling above others. Among the findings cited by Sindahl (2013), it is worth highlighting that the users of the Australian chat helpline Kids Helpline remarked that they chose this counseling mode mainly because:

They experienced it as more private, as nobody can hear the conversation (because it is in writing, the person can refer to their problems without fear of being heard).

They experienced less emotional exposure, for example, to the counselor being able to hear them if they cried.

They could edit a response before sending it.

They couldn't hear or see whether the person they were talking to was skeptic, distracted or bored regarding what they were saying (1).

In general, they stated they felt safer, more anonymous and even more in control of their emotions, and that sensible, difficult or deeply personal topics were easier to write than say (1).

In her handbook about chat counseling for children and youth, Trine Natasja Sindahl (1) points out that it can cover all sorts of personal problems but is especially used for topics related to shame and guilt, such as sexuality, abandonment, self-harm and abuse. In this field, recent research on youth-specific mental health services have shown that not feeling judged is one of the most relevant aspects of the service for the users (23) and something particularly valued in interventions held in an online setting (24).

In the words of Mary Drexler, when accessing chat support services, children and adolescents do an exercise of "testing the water to see if there is someone who really cares and is willing to listen" (14). Stated in another way, they need to know they are not alone and that someone outside their closest environment cares about them.

Conversely, the child or youth who calls a helpline expresses their right to participate and aspires to find someone who can hear their needs there. Additionally, younger people currently expect to find answers for their health in the digital world, including help for their mental health, which is why helplines are a particularly privileged way of coordinating the users with specialized services to reduce the serious existing care gaps (17).

Some fundamental aspects of chat helplines for young people are that the person who makes contact has a greater feeling of control and can decide, for instance, how long they want help or abandon a session if they want to. It is an anonymous communication, so it reduces the fear of stigmatization that is sometimes associated with mental health issues, or victimization. It is also silent and therefore favors a feeling of intimacy, preventing, as previously stated, the risk of other people hearing what is being said.

The conversation is also written, so it can be saved, printed or reread. It is highly accessible and includes people with hearing or vocal impairments. Care is free and independent from the location of

the people who resort to it. It is synchronous, so the help is in real time and with the possibility to include other resources (for example, videos, guides, etc.). Finally, it is noteworthy that it is based on technology, and this favors its coverage, a greater participation of adolescents and young people, the ability to maximize resources, real-time monitoring and gathering of information for its analysis, just to mention some of the benefits its implementation entails (1).

On the other hand, the limitations of chat helplines for young people have to do, among other things, with the fact that a chat-based intervention usually takes more time than a phone conversation. Additionally, instant messaging has an increased possibility of misunderstandings and the risk of overlapping topics if support tools that enable the feature to respond to or answer specific messages are not available, even when the written conversation has moved on to other topics.

Given that these are Internet-supported interventions and promote the users' control, there is a higher risk of losing contact or abandoning the conversation and greater chances of interference due to technical issues. The inexistence of visible or audible signals (in the beginning, both people

are unaware of the mood, gender or age of the person they are talking to) entails a challenge in verifying the person's identity and therefore in furthering care, following up and even considering the number of different people who contact the service by time range in statistics.

Finally, there is a difficulty for referral in places with a limited offer of in-person protection or specialized assistance services (for instance, in rural contexts). However, in many cases, the chat conversation even facilitates a potential referral, as counselors can search for information and resources to better advise, guide or refer those who are writing (1).

Most of these limitations become manageable provided that there is adequate technological support to make the service experience, and specifically the chat experience, fluid, enable information gathering at deferred times of various nature, and connect with other resources and services in real time or provide other tools that favor the care team's work and contribute to the operation of the delivered service.

04

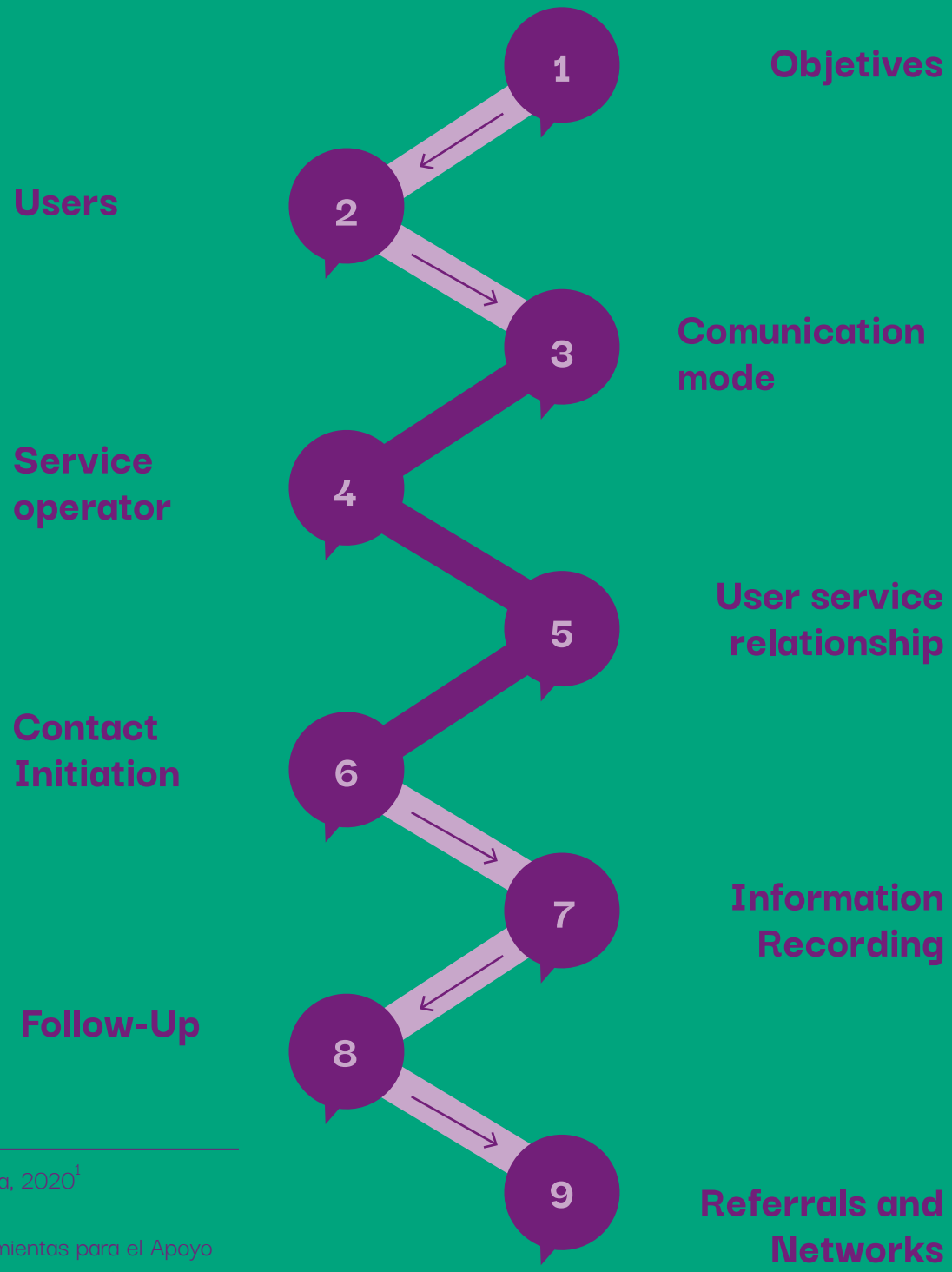
RECOMMENDATIONS FOR THE DESIGN OF A SERVICE DELIVERY MODEL

This chapter presents nine aspects that we recommend considering as basic components for designing a helpline intended for children and youth to be implemented via chat. Figure N° 1 includes those that will help profile the basic setting needed for a chat intervention, which will be detailed below.

This is not meant to provide a full account of all the components of a chat youth helpline. Recommendations for funding and fundraising, the intervention's medium (understood as the software or digital platform used for talking) and its assessment have been intentionally left out of this compendium because this handbook is addressed to those who operate the services, and these components are usually associated with other organizational factors outside its scope.

Various excluded topics are also a crucial part of a helpline's work, so checking the final section Recommended Resources to find documents that explore these other aspects is suggested.

Figure N°1.
Considerations for the Design of a Helpline's Delivery Model



Source: Fundación Todo Mejora, 2020[1]

1. See the presentation "Herramientas para el Apoyo Remoto de Niños, Niñas y Adolescentes" (Tools for Remote Support of Children and Adolescents) based on the experience of Fundación Todo Mejora Chile's Programa Hora Segura. Available online.

4.1 OBJECTIVES

It is recommended that when establishing itself as a helpline each service outline its own conception about children and youth as a basic guideline for the intervention and from a perspective that explicitly recognizes the child and youth as a subject of right.

There is no formula for setting a helpline's objectives. However, when it is aimed at children and youth, they are usually developed in accordance with the existing child protection infrastructure and their needs (25).

Some key objectives of a helpline of this sort can be extrapolated from the main objectives of the organization Child Helpline International[2] , an international network of helplines aimed at children and youth. They include:

2. Its website is available in multiple languages, including Spanish.

To operate in the spirit of the Convention of the Rights of the Child, with special focus on protection and every child's right to be heard.

To reach all children in need of care and protection, answering the received calls or contacts and emergencies.

To ensure access to help services both in urban and rural areas.-

To advocate services for children where they are currently inaccessible, inadequate or non-existent.

To strive to provide quality services for children who need special care and protection, guaranteeing their best interest.

To provide an online working platform among organizations and offer links with support systems that facilitate the care and protection of children who need it.

To foster the link between non-profit organizations and government organizations that work within the framework of a national vision and policy for children.

To incorporate experiences from other helplines and the generated data, and jointly define strategies to reach the children more effective-

To provide a platform or opportunities for virtual interaction among users of the service, offering the conditions for the development of a network of youth who can advocate issues that concern them and placing young people at the center of the promotion and development of policies in their regard (2).

Ideally, helpline objectives should integrate the idea that the service is not a strange body imposed on a local system, but that, on the contrary, it exists to help and guide its users toward their own safety and protection by creating links and partnerships at a local level. For this reason, it is advisable to conduct a **needs assessment study** in the involved target groups or those meant to be assisted, as well as a complete mapping or cadaster of the existing protection system (2).

Notwithstanding the foregoing, **in countries where the child and youth protection system is less developed, a helpline can become one of the main drivers for the creation of a network of collaborating entities aimed at caring for children and adolescents,** as it concentrates valuable information about their needs and geographic location.

4.2 USERS

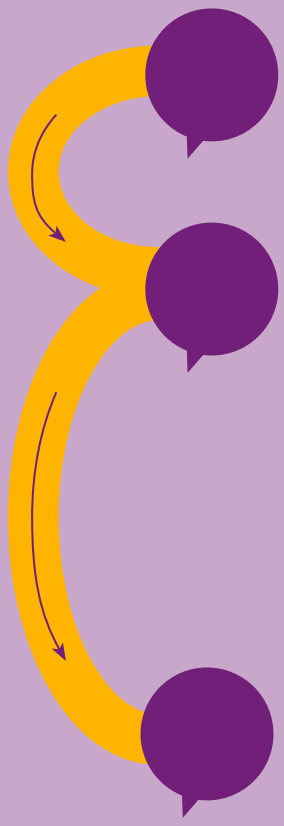
First of all, it is important to define for whom the service and intervention is intended, and what type of relationship will be established with the user. In this sense, defining whether the service will be aimed at a specific captive population (for example, a helpline for patients of a particular medical service) or whether it has the potential to serve people of all backgrounds is key.

The observed tendency is that remote services have defined specialties whose care is usually focused on people who are largely denied their rights and are more frequently excluded from the benefits of belonging to society (26).

Some of these target groups are homeless people; people with food issues; those with a problematic substance use; people who have been victims of abuse or a crime, including bullying or cyberbullying; people with a particular diagnosis; those with suicidal behavior; those belonging to a historically victimized group, such as LGBTIQA+, migrants, people with HIV, sex workers, etc.

In accordance with this, **it is highly recommended that the different remote services can be articulated based on the targeted protection of the population, generating specialized support.**

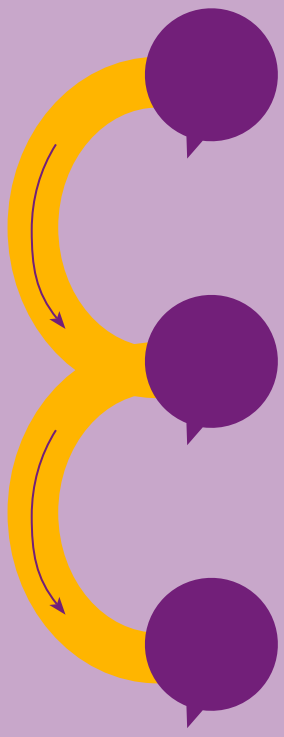
Given that these types of services are normally contacted voluntarily by people in need of help for a number of unlimited needs, keeping the following considerations in mind is usually relevant:



Develop outreach strategies aimed at the defined target audience and strategic massification alliances.

Based on the helpline's objectives, establish inclusion and exclusion criteria to limit the target population. Additionally, for those who do not meet such criteria, define mechanisms geared toward referral to a space where they can find answers to their problems.

In accordance with this, it is worth mentioning that helplines have low access costs and many of them only require an Internet or phone connection. Therefore, establishing deferred servicing times is recommended so the response team's capacity is not saturated while also attempting to minimize requests not pertaining to the service.



Envision a response protocol for service contacts made by adults concerned about the protection of people in their environment.

Create action protocols for life-threatening cases, as contact by people in need of urgent help is highly likely.

Flexibility to adapt the helpline's objectives and help strategies according to the needs of the person contacting it.

4.3 COMMUNICATION MODE

Second, it is necessary to determine the media that will be available for communicating with the users of the service. There are multimodal helplines, i.e., that use more than one channel for their users' communication, such as chat and phone. There are also others that only have one single form of communication. The most used media are instant messaging, telephone and email.

The decision about what media to use not only has to do with the service's ability to support various open communication channels (phone lines, for example, may ideally require special cabins to speak confidentially and safely, and for their operators to have a physical space to offer care) but also with the objective of stimulating contact among the target population.

Based on the latter, youth helplines usually opt for instant messaging as their main form of contact.

In accordance with the defined mode of communication, actions for training the personnel who will operate the service must be taken, which facilitates the development of the intervention according to the set objectives. This is particularly true for chat interventions, which go without visual signals such as voice tones, attitude, etc. and fully take place by written text.

How to make clear to the user that they are being read attentively? How to promote trust in a virtual space? These types of questions will be addressed later in this handbook, as they are relevant issues for the work of a chat room-based helpline with adolescents and young people.

The conversation mode modifies the intervention, as it allows a synchronous dialogue as opposed to an asynchronous one. The time lag of a response being delivered, for example, in an exchange of emails transforms the provided help compared to a synchronous conversational exchange (17).

Chat helplines must pay particular attention to what is said and how, as **gassumptions are generated both in the user and the counselor in a bidirectional manner. Therefore, certain relevant points that in a face-to-face context would normally not be said must be made explicit,** for example, communicating the fact that the conversation being held is confidential; telling the child or adolescent what they can expect from this space; or expressing concern for their wellbeing and that each of their words are being carefully read, etc.

The relevant point is to recognize that mutual understanding needs to be explicitly ensured in a chat conversation. This need is an attitude that favors the care provided, and it is included in the strategies for helpline counselors in the form of questions to clarify or deepen what the person seeking help is saying.

Questions need to be asked in a chat conversation that wouldn't be asked face to face or even over the phone, which can modify the phases of an intervention. An example of this is the time devoted to establishing a first contact, obtaining basic identification information, asking feedback questions, an initial diagnosis of the situation, etc.

On the other hand, the chat conversation mode allows for the same person to tend to more than one conversation at the same time (27). This requires evaluating a series of aspects, such as the number of conversations a counselor can take, which requires establishing mechanisms to ensure an optimal distribution of their assistance capacity; the estimated duration of a conversation; and the medium through which the user's relationship with the service will be established (for example, text message, personalized chat boxes, mobile apps, or other platforms or applications such as Facebook Messenger, Instagram, WhatsApp, etc.).

It should be noted that in order to determine how many conversations a single counselor can carry out simultaneously, other factors are also considered that shape the task's load, such as the severity or

risk of the user, the number of available counselors, the flow of demand and inactive conversations, etc. The ideal is to have flexible technical support that allows assigning conversations in an adjustable manner to different contexts and considering the load faced at a given time.

The mode of communication also determines a key factor for these types of interventions, related to the medium used to carry out the intervention. The development of helplines in the northern hemisphere shows the benefits associated with a chat helpline having a messaging system that can, among other things, allow the intervention to be multimodal; include team management aspects such as in-service training and compliance indicators; reporting and help resources for the users, etc. Although this handbook does not explore this issue, its relevance for the operation of the service should not be dismissed.

4.4 RELATIONSHIP BETWEEN USER AND SERVICE

Defining the type of relationship established between the user and the service has repercussions on the definition of the number of desired or desirable conversations (or chat sessions) for each person, their frequency and duration.

Regarding the number of desirable conversations, there are services that propose a minimum or maximum of times in which the same person can make contact, which can be supplemented by a notion about the time passed between these communications.

In general, helplines are fully available to their target population, with a particular focus on people that can become recurring users of the service. This type of user profile can wear the team out, as they often may be people whose intervention needs exceed the possibilities of the remote channel.

Consequently, helplines are advised to establish mechanisms for screening and identifying factors associated with such recurrence that may be related to the number of service contacts in a period of time, as well as to qualitative aspects such as the type of relationship or the expectations that the person places on the space.

In regard to the type of relationship established between the user and the service, there are other relevant definitions, mainly the one linked to the **existence of a continuous bond between the service and its users.** Many remote services have mechanisms for recording the information of those

who resort to them, just like there are other helplines that always receive their users “as if it were the first time” they contact the service. This second service modality places an emphasis on the immediacy of the help without aspiring to relate a current conversation to other potential ones that may take place in the future. Recording the users information favors the feeling of personalized care in young people who write to the helpline more than once.

4.5 WHO INITIATES CONTACT

One of the main characteristics of helplines is that they depend completely on their potential users prompting the intervention by contacting the service.

Whether it is due to the conversation medium, the number of service operators, increases in the support needs of the target groups (as was the case of the COVID-19 pandemic) or other reasons, there are helplines that operate by receiving service requests that are then evaluated based on their pertinence and addressed in a second instance, which ideally should not take more than a few minutes or a couple of hours at the most. In these cases, the person usually fills out a form or request, and then the service contacts them back if they meet the inclusion criteria.

This type of definition is especially useful when a **triage** is needed (classification according to a priority system), either because the resources are limited and targeted care must be ensured, because the demand surpasses the line's response capacity, or because the service requires operators specialized in the user's problem.

As part of the helplines' development, follow-up protocols have also been implemented in particular cases, another relevant aspect that needs to be defined. By way of example, Programa Hora Segura only receives conversation requests without making other types of direct contact with its users.

It is up to each helpline to consider in which situations and under which conditions it could contact or initiate a conversation. This decision has to do with the helpline's objectives, considering aspects such as the severity of the situation of the person contacting the line or, for example, whether the organization that sustains the helpline has other help projects or services and the person is connected through medium or long-term personalized care.

4.6 SERVICE OPERATORS

Since the dawn of telephone crisis lines, the care teams of these services were composed of volunteers that provided the required help. At present, helpline teams are usually mixed, i.e., they have volunteers and remunerated persons.

Due to its nature, this type of service normally incorporates the figure of a supervisor or a similar position whose role generally relates to being available to counselors who might need support in their care, as well as other administrative duties. Supervisors are usually not in charge of responding to contacts, but they have monitoring and reinforcement tasks (1).

There is no standard structure for child and youth helplines that can be globally used. Each helpline must develop its own structure based on its resources and the needs of its users, the state of the child protection system of the country where it is based, the cultural context and other similar factors (1).

To determine a helpline's work team, it is important to consider the key functions required for the service to operate achieving its objectives, and the main issue is having competent people available to be contacted by those in need of help.

The main tasks can be summarized as responding accordingly to contacts and dealing with cases when appropriate, as well as recruiting and training people with sufficient competencies to offer, as

a minimum, emotional support and collaborative problem resolution strategies. . It should be noted that counselor training should ideally be constant, as the user's needs might change and because chat assistance is a skill that develops with practice.

A helpline's tasks also include maintaining a shift and rotation system that guarantees the team's care and sustainability; monitoring and supervising consultations; supplying and analyzing information records; organizing meetings and promoting team bonding; coordinating with relevant institutions of the public and/or private system for online work and referrals; and lastly, preparing and implementing a monthly communication plan (1).

The team may be composed of psychologists, social workers, health or education professionals, and legal experts.

Based on the experience of several helplines that are part of the Child Helpline International network around the world, a list of desirable characteristics for a helpline's personnel was created. This experience shows that the team of a child helpline must be preferably young, dynamic, committed and have some experience with the realities of the communities it serves (26).

Regarding the knowledge, qualifications or competencies required by those who operate the helpline, it is important to point out that they will depend on the tasks that must be carried out based on the service's objectives and that they must have the necessary relevant knowledge to provide counseling in the area covered by the helpline (2).

An advantage of chat assistance is that support materials can be developed for the intervention that the counselors themselves can use and share with the users.

A person providing counseling must be capable of asking precise and effective questions, promoting reflection and summarizing. They need to be knowledgeable and be able to apply different strategies for emotional support and empathic listening, as well as conduct risk assessments and manage users who may be experiencing difficult situations (2). Their training is directly related to the helpline's objectives, and specialized contents are prioritized over other training areas.

Most of the skills for chat counseling can be acquired through experience. However, it is advisable to have the following basic competencies from the start:

1

COMUNICATION SKILLS

Writing and communication skills with children and youth.

2

EMPATHIC CONNECTION

Ability to establish good contact and promote the user's trust through a chat conversation.

3

BEST PRACTICES

Understanding of and compliance with the helpline's protocols and best practices.

4

SKILLS FOR SENSITIVE SITUATIONS

Ability to identify and assess the risks to which the person contacting the line may be exposed. These may be associated with suicidal behavior or a situation in which their rights are being violated, such as victimization, crimes, etc. This ability is connected with understanding the impact of inequality on the lives of children from an intersectionality perspective.

5 SELF-REFLEXIVE CAPACITY

Sufficient self-reflection capability, meaning an understanding of their own attitudes, values, emotional responses, and how all of this may influence the fulfilment of their task.

6 MANAGEMENT

Awareness of the range of issues faced by the children and adolescents, which may change over time.

7 EXPERT KNOWLEDGE

Knowledge about each country's child and youth protection system, as well as the helpline's external networks, especially for making appropriate referrals or offering guidance to find specific help.

DISCERNMENT

8

Discerning when it is appropriate to work independently or as part of a team and when to use support systems properly, as well as providing and receiving feedback about the aspects of their work in the service..

REGISTRATION

9

Keeping precise records that reflect the work conducted and facilitate data gathering (2, 3).

Chapter 5 offers some recommendations for training the chat helpline personnel.

4.7 INFORMATION RECORDING

An essential part of a helpline's daily operations is recording information from contacts or calls.

Records are the foundation of these types of interventions, both because they allow giving continuity to people who contact the service again and because it is a way to manage the assessment of the process and conduct thorough monitoring of what is being done. This information will be the basis for designing an impact assessment of the service's work, which provides meaning to the intervention.

Information flows provide material for proving the value of this intervention modality, for example, based on the magnitude of the demand. Likewise, they contribute to the advancement of children and adolescents, as an analysis of the reasons why people contact the helpline provides significant information about the real problems of children and adolescents, which is particularly relevant to those in charge of decision-making or formulating public policies (2).

The collected information is also an input for identifying the in-service training needs of the service's counselors that can allow them to develop skills to address emerging problems among those who contact the line.

Finally, the records contribute to fundraising strategies, as they allow publicly accounting for the relevance of a helpline's work (2).

When designing a data collection system, it is extremely important to consider the type of useful information based on the helpline's objective, which determines what is relevant and how it is operationalized. Recording information without a clear purpose tends to discourage the completion of forms, generating information gaps. Therefore, reducing information recording to the minimum sufficient for sustaining the intervention is recommended, considering that many times, the users of these services come to them due to the possibility of remaining anonymous.

The offered care must never be subject to the delivery of personal data or information, with the understanding that the main purpose is to deliver help to those who contact the service. This is particularly relevant for information recording protocols by counselors, in which it must be specified that data gathering is secondary to the listening and guidance objectives.

How will the information be compiled? What will be done with it once it is collected? These questions are of fundamental importance and, in general, it is understood that there are two major types of data that helplines must collect:

A DATA FOR IDENTIFYING USERS AND THEIR PROBLEMS

Some of the identification data usually collected by remote services is the name, age, gender, city, municipality or region, and the reason why the service is contacted. The purpose of recording this information is generally facilitating the identification of the user to the counselors in the future and improving or leveraging the offered support.

Some services, like Programa Hora Segura, distinguish between identification data and the reasons for contact or other information that may vary over time (for instance, symptomatology, whether there is suicidal behavior, etc.). This is because the same person may contact the hel-

pline at different times and for various reasons or situations, which means that the information collection times as well as the way in which this data is gathered is exclusive to the type of information about the user that wishes to be known.

B

CARE DATA FOR INTERVENTION MONITORING

This second type of data may include, for example, the number of conversation requests by time range, the duration of a call or conversation, times of day in which contacts are established with the helpline, the number of messages per conversation, the number of counselors who spoke with the person and other similar details relevant for the global monitoring of the intervention.

This information can help highlight tendencies and be used to optimize the service's operations. For example, a service could decide to increase the number of counselors present during hours of higher contact demand, manage to make the response time for each contact more expeditious, or other determinations pertaining to resource management.
The ideal scenario for recording this type of information is having a medium or software with similar characteristics to those used by contact or call centers.

4.8 FOLLOW-UP

The question about user follow-up constitutes a frequent one for these types of interventions. The main focus to answer it is that a helpline is a synchronous and therefore immediate intervention designed to contain the provided help in itself.

The previous point is important, as it directly affects the design of the care model, which must be structured so that the service's objectives are achieved within the framework of a single conversational structure.

This can be a factor that increases the complexity of a helpline's work from the perspective of its counselors, as in most cases they do not know the effects of the conversation or the subsequent condition of the people with whom they talked. The low return of the effects of their effort may consequently exacerbate a feeling of exhaustion in them.

Following up is recommended in case the user has been referred to another organization to guarantee their safety and verify that they were properly served or helped (2).

It should be noted that the WHO (2018) indicates that follow-up in cases with suicidal behavior is an important element of many suicide prevention strategies. Although most crisis lines have not historically made follow-up calls to the people contacting them, recent initiatives suggest that these follow-up calls are feasible and successful in preventing new suicidal behaviors (3).

4.9 REFERRALS AND NETWORKS

When a user consults about specific problems or needs that the helpline is not qualified to address, they are usually referred to an appropriate service within the child and youth protection system. Then the existing child protection services have the responsibility to conduct follow-up and tend to the specific needs of each person consulting (25).

Referral is understood as providing the user with information about other potential help sources or favoring that person's connection with these sources.

Referral is an important part of these services, and it is crucial to insist on the idea that no helpline for children can work by itself, but that it must do so in close collaboration with the existing social services, both public and private (2).

A referral will depend on the availability of specialized care services and the child and youth protection system accessible in each locality from where contacts with the helpline are generated. A referral to other assistance spaces can be carried out through a direct connection among services, which may be other helplines.

In countries where child protection systems are not particularly developed, the helpline, in response to the contact of a child in danger or in an emergency situation, must carefully assess how it will intervene. In some services, a person from the helpline's team will go and meet the child and help them get to safety when necessary. In these situations, the

helpline takes immediate measures to remove the child from the emergency or dangerous situation they are facing and then follows the usual procedure in order to ensure their connection with proper services for their long-term care (2).

It is impossible for the children who make contact to know the offer of available services, especially in an emergency situation. Therefore, helplines can be seen as a concentric point for child protection that helps connect them with relevant services when required.

The ideal scenario is having an institutional development that includes working with the police, state officials, the education sector and the health sector, among others. The final result is not only a better understanding of children's needs by all the organizations involved, but also that appropriate measures are taken and proper follow-up is conducted to improve the situation of children and youth (2).

05

RECOMMENDATIONS FOR A CHAT HELPLINE FOR ADOLESCENTS

5.1 MANAGEMENT AND FORMATION OF THE COUNSELING TEAM

The management of the care team has the purpose of arranging the people who will operate the helpline to respond to contacts. To this end, the first step is determining the care availability and turning these hours into shifts.

As a minimum, it is advisable that two people are always on duty at the same time, in addition to having a supervisor available to help and support them in their work. Having a care team helps to maintain the intervention's standards and promotes a safe work environment (2).

The duration of the shifts generally depends on the service's demand, the resources and the type of relationship between the counselor and the organization (volunteer or remunerated). **It is very important to consider that working at a helpline can be particularly exhausting, so there are recommendations in the sense that shifts should not exceed 3 or 4 consecutive hours because the quality of the counseling may be affected (2).** Rotating shift systems emerge as a strategy for distributing higher demand hours among the counseling team. However, they also require a greater supervision and management capacity when working with volunteers.

Helplines must be organized either by rotation or fixed schedule to ensure having adequate personnel. This is an especially relevant task when the team is formed by volunteers, as it requires permanent monitoring of substitutions, cancellations and new team entries.

An important part of the team's management is related to promoting the team's care and self-care by means of a connection among those who hold the interventions. The emotional toll that these actions entail both for counselors and supervisors must not be minimized, so maintaining regular instances to talk about what they are facing and turning the team itself into a support network is recommended for the sustainability of these types of interventions over time.

Counselors need a high level of training and support to be able to perform their task effectively and safely. It can be especially challenging to listen to a person in distress and feel that nothing can be done to help them (which is not the same as saying that nothing can be done, but that may be what the situation makes the counselor feel) or worrying that the consulting person may close the chat (2), or avoiding

saying something that may be misinterpreted, counterproductive or not suit the help that the person needs or is seeking at the time.

The formation of the counseling team usually includes a first training and induction moment, and then an adjustment stage, as well as in-service training plans and plans to strengthen skills and knowledge necessary for serving and referring users. With a certain frequency, different remote help services organize themselves to train other remote teams in their areas of expertise, as mutual reference mechanisms start to emerge based on the people who resort to each service.

A comprehensive training should cover the different components of the intervention, including organizational integration, team, intervention model, procedures and protocols, documentation, recording and dissemination/communication.

It is suggested that the following competencies be included in the training contents for counselors of a chat helpline:

Psychological first aid.

Screening and assessment of suicidal behavior and mental health conditions.

Interventions with victims of bullying and cyberbullying, abuse and harassment, experiences of violence, gender and/or partner violence, etc.

Literacy in gender issues and sexual affective orientations, gender identities and expressions, and sex characteristics (SOGIESC).

Helpline learnings in chat assistance in a reduced signal context.

Self-care, such as anxiety or frustration management exercises and the assimilation of mechanisms or protocols for asking for help if necessary.

Others, such as management of eating disorders, problematic substance use, grief, addictions, etc.

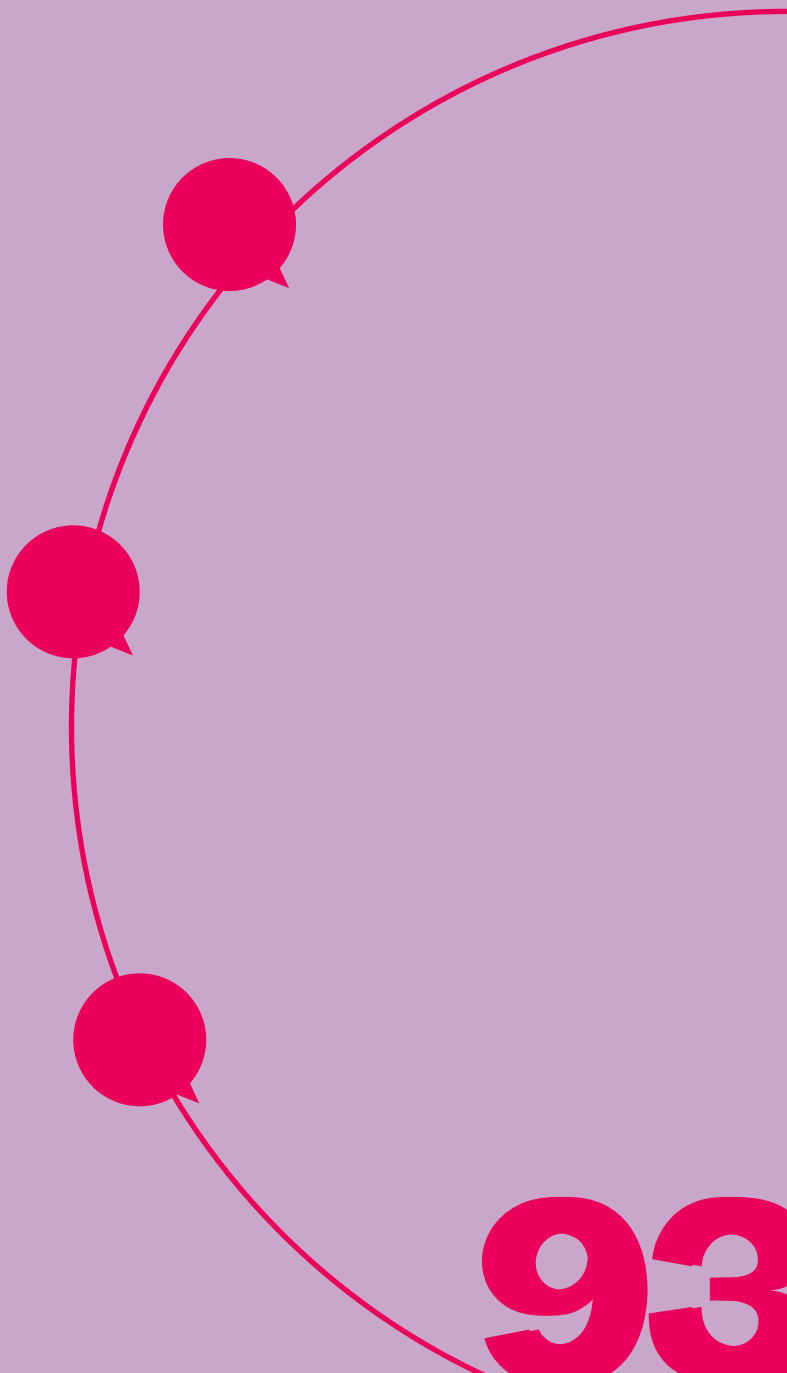
5.2 CARE

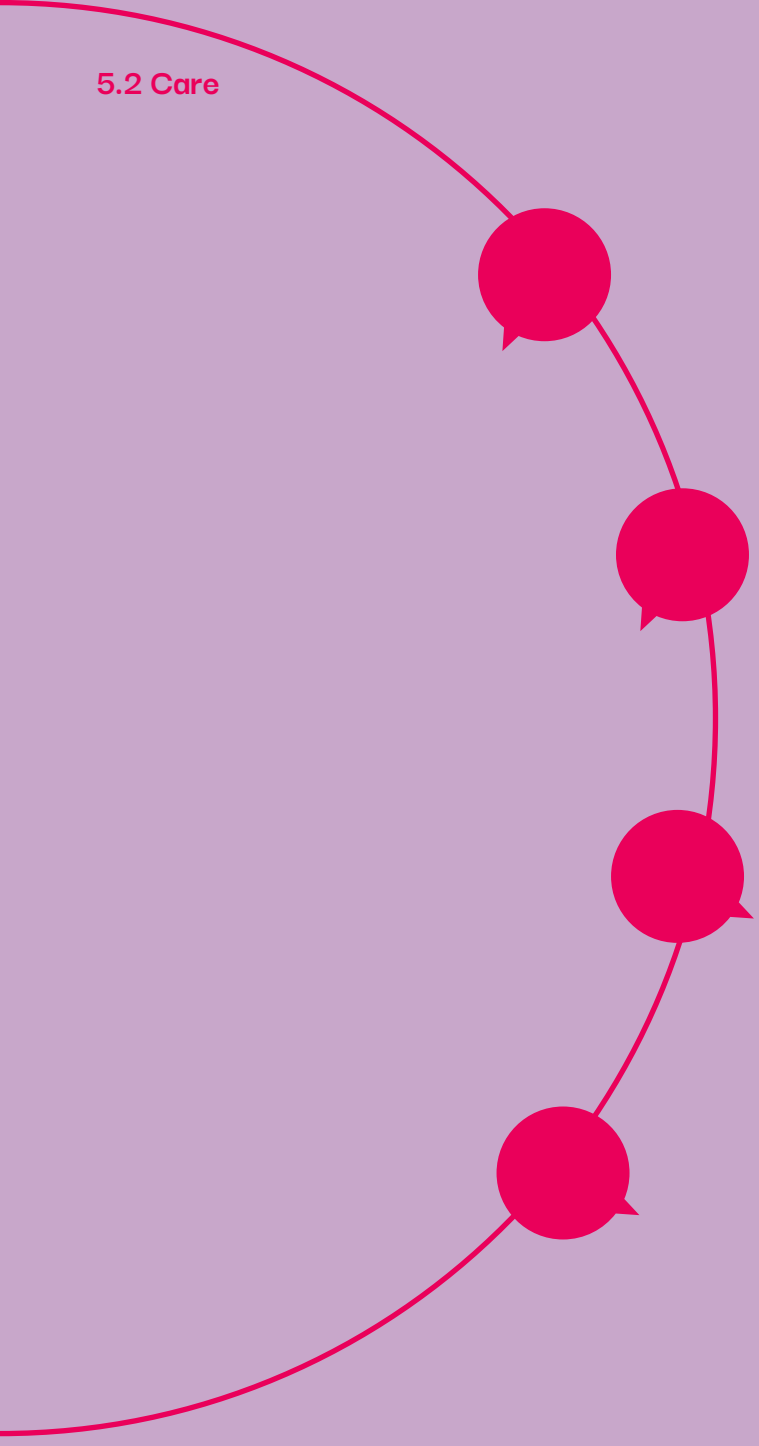
Although counseling is a term that can lead to confusion, it can be understood as a structured way of actively listening and responding to the user, which facilitates informed and healthy decisions.

The setting of helplines positions them as services that provide, confidentially and for free, active listening, emotional support, information, guidance and referral.

In this context, consultations focused on children must include, among other aspects:

- **Listening and respecting what they have to say.**
- **Talking with them and facilitating information, when necessary, in a way that is appropriate for their development and considering their capabilities.**
- **Focusing on their needs and rights.**





- **Trying to see the world from their perspective.**
- **Recognizing their rights as users of a help service.**
- **Seeing them as individual entities as well as part of different systems or groups.**
- **Working in order to keep encouraging their participation -based on their strengths and resources- and their preparation for decision-making (1).**

Within the framework of a helpline, chat sessions or conversations generally have the following dynamic and structure, contemplating at least 3 phases and helping to manage time and adjust expectations to the helpline's work:

1

Initial contact, trust-building and minimum information gathering.

2

Work based on the conversation's objective.

3

Summary and goodbye.

These phases can be easily sub-divided into more actions, especially considering that in order to work based on the session's objective, having a clearer and deeper vision of the child's history, perspective, networks and competencies is good (1).

Similarly, it can be considered that offering supportive listening is a phase of the consultation in itself, in addition to being a cross-cutting attitude in the conversation. It is fundamental not to overlook the emotional support needs of the users who make contact to ask for help. Those who feel their emotions recognized are usually more open to the work offered by the helpline.

Based on the analysis of conversations with volunteers from Programa Hora Segura (PHS), the issues exhibited by child and youth users of the line may be classified under the following thematic families:

- Relationship issues: Associated with relationships, family, friends, partners. The experience of loneliness often appears in connection with this topic.

- Self-image issues: Personal devaluation, excessive demands, questions about one's own identity.

- Sexual diversity issues: Gender identity and expression, sexual affective orientation, sex characteristics, doubts and questions in this regard, etc.

- Performance issues: Academic, school, work, financial, etc.

- Emotion management issues: Emotional control, anger, lability, crisis.

- Issues due to lack of meaning: Existential crisis, hopelessness with the world and the future, environmental anxiety, anti-establishment.

- **Violence issues: Physical, emotional or sexual abuse; partner violence, economic violence, infidelity; bullying or cyberbullying; family rejection; neglect; etc.**

For a quantitative and qualitative analysis of the content of PHS conversations, we recommend checking the Intervention Reports for the years 2017, 2018 and 2019-2020 (available online).

Additionally, the main care strategies used by the counseling team of Programa Hora Segura are the following:

Inquiry into the issue. It intends to learn about the situation of the child or youth, generally through questions and for the purpose of identifying symptoms, frequency, temporality, intensification and reiteration of the situation or problem. Clarifying and elaborating on what the person who is writing says gives them signals that there is someone who cares about what is happening. It is important for the clarification to have a purpose, as asking too many questions together entails the risk of turning the conversation into an interrogation.

Emotional support. It is based on active and empathic listening so that the child or adolescent feels accompanied in their emotion through its acknowledgement. Attitudes that may judge the person's behaviors or remarks based on external parameters that can overshadow their experience, instructional advice about what to do and stereotyped lessons or messages ("everything happens for a reason", "every cloud has a silver lining", "you're young and that's why you feel that way", etc.) are contrary to this type of support.

Identification of resources or networks. This strategy entails helping the user to recognize their available support network in order to initiate the path to the resolution of the issue or the improvement of their situation through a plan that includes steps or potential courses of action for their wellbeing. It is considered that the interests of the person consulting are an important part of this type of available resources, especially when the person who is writing has difficulties to recognize their protective environment or it seems to be failing in its defense role.

Psychoeducation. The background information provided by those who resort to this type of service often includes a history of experiences with a protection system that has not been effective in helping them. As a result, the person may lack references to evaluate their situation, which may trigger emotional reactions that foster confusion, loneliness and discomfort. Psychoeducation in itself is the exercise of providing safe and reliable information so that the child or adolescent can consider their situation, reality, context, reaction, etc. This strategy is particularly used by PHS counselors when talking to people exhibiting anxious symptomatology.

Fostering reflection. This has to do with promoting the person's self-criticism ability, and it seeks to enhance their ability to think autonomously as a way to imagine and head to a future they desire for themselves.

Validation of the experience. This strategy is particularly relevant in working with the LGBTIQA+ population, as many times there is a discomfort associated with an internalization of victimization for SOGIESC reasons that leads people to self-pathologize or invalidate their experiences as a result of suffered violence. Generally speaking, this strategy is fundamental in an adult-centric context when users describe conflicts with their self-image or exhibit depressive symptomatology.

Referral. Analyzed in section 4.9.

These interventions are based on the counseling's ability to transmit an "online presence", which means that a counselor and a user mutually experience each other as present in and attentive to the dialogue happening through the chat. This concept is frequently used by those who work in therapy and counseling through Internet-based media (1).

A relevant learning within the chat intervention process of Programa Hora Segura has been the need to give explicit signals to the user that they are being read attentively. This includes, for instance, the use of interjections such as **“mmmh”**, or formulas such as, **“we are reading you”, “I’m attentive to what you’re saying”, “I am thinking about how what you’re telling me relates to what you said earlier about...”.**

Likewise, another important learning has been avoiding the practice of asking questions on top of questions to the person. This means being careful not to focus solely on seeking information, preventing the conversation from acquiring a questionnaire dynamic, as this attitude usually neglects the delivery of explicit signals of emotional support.

Finally, it is important to clarify what the person means when they talk about themselves: for example, if they say they feel frustrated, it might be useful to ask what frustration means for them.

INTERVENTION EXAMPLES

Reflective constructions have to do with adopting a perspective in interrogative mode, and conditional questions may be a method:

- **How would you feel if...?**
- **What would happen if...?**

Interventions usually use hypothetical/probabilistic resources or others to promote reflection in the person consulting, modulating the counselors' level of certainty and preventing what is said from being understood as a prescription of a course of action to be followed, in the sense that the relevance or suitability of the action is weighed by the user (28) based on what the counseling proposes:

- **Maybe it happened that...**
- **It could be that...**
- **What do you think about the possibility that...?**

Empathy interventions that use forms of generalization or normative ones:

- **It is understandable that...**
- **Many people...**

Emotional support (reinforcing the validation of emotions):

- **That sounds difficult...**
- **What you're saying is easy to understand and seems to be a very logical reaction.**
- **Many times, we can feel...**
- **Paraphrasing.**
- **Reflecting the emotion ("I can see that this makes you very angry"; "I read that you're confused about what you're feeling").**

Referral or guidance toward help seeking (through a generalization):

- **Many people benefit from...**
- **It often happens that...**

Networks and resources (questions):

- **Have you told this to anyone?**
- **Have you thought about...?**
- **Is there anyone you trust with whom you can talk about this?**
- **What things have helped you in the past to get through this...?**

5.3 CONFIDENTIALITY

Given that the nature of intervention conversations usually includes personal and sensitive contents, confidentiality is a serious matter for helplines, most notably in those aimed at children and adolescents.

Confidentiality implies that under no circumstances can personal data acquired through the intervention be revealed, and it is one of the main reasons that people feel they can trust these services. This is why every necessary effort must be made to safeguard it.

A data processing in accordance with current regulations on personal data protection is suggested, understanding this as any information relative to an identified or identifiable living person according to the European General Data Protection Regulation (GDPR)[3]. As basic principles, this regulation has legality, loyalty, transparency, purpose limitation, data minimization, precision (quality), storage limitation, security, confidentiality and accountability.

A correct way to approach the processing of sensitive information -referring to a person's personal data- in the context of an intervention is considering that the only reason justifying access to it is the fact that this activity will benefit the child or adolescent.

3. The General Data Protection Regulation (GDPR) is the European regulation relative to the protection of physical persons in terms of the processing of their personal data and the free circulation of this data.

The level of confidentiality is usually associated with the possibility of providing the users with anonymity. In cases in which helplines are the child protection system, knowing who is calling and from where is usually required; however, absolute confidentiality is usually desirable as a key component for most helplines.

The basic principle of a helpline must always be to safeguard the wellbeing of the person making contact, above all. Considering this, many helplines resort to mechanisms that allow breaking this confidentiality in case the immediate safety of a person is threatened.

Based on the foregoing, it is understood that confidentiality is usually subject to the risk to which the person making contact is exposed, or another person related to the reason for contacting the helpline. **Helplines for children and youth must establish information management mechanisms in specific cases, setting severity criteria, acting in the best interest of the child and declaring this in the Terms and Conditions of the service.**

Finally, it is recommended that the storage of the information be managed using encryption systems and incorporating the practice of eliminating the records once a certain period has passed since their collection (for example, eliminating databases containing information of people who contacted the service over 2 years ago).

5.4 COMUNICATION

A helpline is not just about responding to contacts. First of all, for the target audience to communicate with the line, they must know the service and understand what can be expected from it.

Potential users need to know **how, where** and **when** the helpline can be accessed. The purpose of the communication is to disseminate and raise awareness about the services rendered by the line, promote trust in it and encourage people to communicate with it if they need help with their problems. From this perspective, the communication must be appropriate and aimed at the helpline's target population.

Communication and awareness activities are a key element to guarantee the accessibility of those who would otherwise have no way of knowing about the service. This is particularly true in contexts where these types of remote services are still relatively scarce and unknown, so there must be a general literacy about their benefits, what can be expected from these interventions and in which types of situations the person can make contact.

5.5 LGBTIQA+ USERS

The acronym LGBTIQA+ refers to the lesbian, gay, bisexual, trans, intersexual, queer (or questioning), and asexual or aromantic population, and the + sign is added to allude to identities that fall outside the aforementioned, for example, people with non-binary or bigender identities.

For this group of users, there is a diversity of potential affirmative interventions, and all of them have a shared foundation: the need to proactively depathologize sexual and gender diversities and assert them as a positive dimension of people's identity (29).

Generating affirmative spaces in a clinical setting entails:

1

Being self-critical. Nobody is free from the gender stereotypes of the heterocisnormative society in which we live. Recognizing this is the first step toward a critical reflection of how these stereotypes can be present in practice.

2

Creating an affirmative space. Providing information, literature and visual materials that incorporate diversities as a way of being.

3

Using affirmative language. For example, using the pronoun chosen by the person and not assuming it; using and respecting the social name of the contacting person; using words and terms free from heterocisnormativity (e.g., partner instead of boyfriend/husband or girlfriend/wife).

4

Openly showing one's own affirmative position. To this end, drafting a "declaration of principles" as an affirmative service is useful.

5

Offering visual material in common spaces. Both to facilitate access to and understanding of the information and to show counseling as an ally in images, the use of visual material communicates an affirmative position.

6

Ensuring that all personnel is trained for a non-discriminatory treatment of sexual diversity. Teaching fundamental elements to all those who work in the line's operation, including administrative personnel, in order to ensure that the organization is effectively a safe space as a whole and that an LGBTIQA+ person will not be subject to discrimination or violence under any circumstance.

7

Knowing and being in contact with the LGBTIQA+ network of one's community. Having a referral network available, ensuring that the professionals who make it up adhere to an affirmative practice; also, being aware of community centers and groups, as well as the LGBTIQA+ community's gathering spaces and instances such as events, demonstrations, etc. (29).

2

Finally, for working with adolescents in general and LGBTIQA+ adolescents in particular, it is advisable to ensure flexibility and continuously update. Going more deeply, having a critical attitude and recognizing that there are constant sociocultural transformations that are part of the identity process of the communities facing the challenges of existing in a heterocisnormative system is very relevant.

For more information about culturally competent contents for working with the LGBTIQA+ child and youth population, visit the website of **Fundación Todo Mejora**.

06

RECOM-MENDA-TIONS FOR CHAT CRI-SIS INTER-VENTIONS

This chapter proposes a method for identifying suicidal risk and the minimum components to proceed in a timely and effective manner in case of the remote contact of people at suicidal risk as guidance for organizing a conversation with these characteristics.

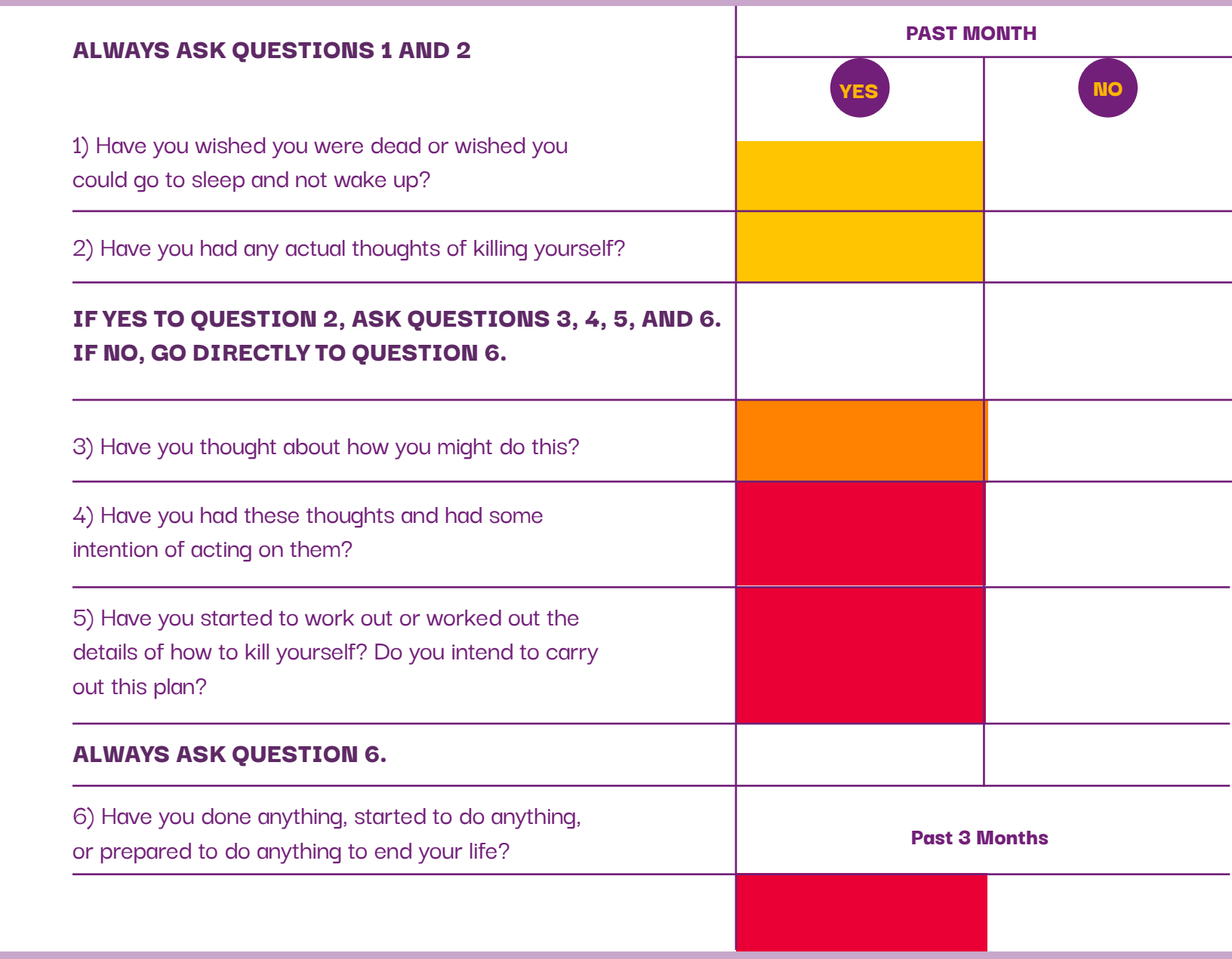
In the PHS's dealing with users at risk of suicide, continuously working on the subject, team reflection, sharing experiences and collecting learnings has been fundamental. What this chapter presents is an initial proposal in order to subsequently explore a way of helping people in crisis situations that adjusts to the style and possibilities of each helpline.

COLUMBIA SCALE

The Columbia Scale is an instrument that is easily and briefly administered and allows assessing suicide severity in community contexts (work, school, family) and health teams. It only includes the essentials that must be asked about suicidality in accordance with the evidence. To complete it, it is possible to use information from other sources such as written records, family records, partner records, etc.

As part of the collaborative work of remote care services in Chile held both by the civil society and the public system, this instrument has been adopted for assessing suicidal risk as a homogenous tool that seeks to advance toward a coordinated work that allows, among other goals, internal referral according to severity and the comparability of the associated data.

GUIDELINE FOR ASSESSING AND MANAGING SUICIDAL RISK[4]



According to the assessment results, considering the following criteria and actions is recommended.

4. Guideline created based on COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS). Version for Chile – Screener with triage points. Kelly Posner, Ph.D © 2008. Reviewed for Chile by Dr. Vania Martínez, 2017. More information available online (English).

If the answer was YES to any of these questions:

Questions 1 and/or 2

1) Have you wished you were dead or wished you could go to sleep and not wake up?
2) Have you had any actual thoughts of killing yourself?

Person at Risk

EMERGENCY WITHOUT VITAL COMPROMISE

RECOMMENDATIONS FOR CARE OR INQUIRY

- **Provide crisis care.**
- **Identify potential triggers for the suicidal behavior that may be addressed.**
- **Activate protocols for other critical situations if necessary.**
- **Identify a support network (in-person or remote) and promote its connection.**
- **Explore whether the person is under mental health control and tell them to contact their usual care center.**
- **Family history of suicide.**

*** To adjust care expectations in Chile:**
In emergency services of the public system, most consultations for psychiatric reasons are tried to be resolved through general medicine, and psychology or social work can be added depending on the conditions. People may receive pharmaceuticals according to the center's availability. Medical offices offer psychotherapeutic processes, but they are brief as they are thought as a crisis intervention and not as a structural psychotherapeutic process. Only some cases are finally referred to secondary or tertiary care levels, according to various factors that vary according to the contexts.

If the answer was YES to the question 1 and/or 2 (continuation)

Questions 1 and/or 2

1) Have you wished you were dead or wished you could go to sleep and not wake up?
2) Have you had any actual thoughts of killing yourself?

Person at Risk

EMERGENCY WITHOUT VITAL COMPROMISE

- Prior suicide attempts.
- Presence of a psychiatric disorder. Recommend remote care channels (see Recommended Resources section, “Catastro Líneas Ayuda Remota SMAPS Boletín N° 1 y 2”).
- Recommend safety measures so that they are accompanied and have limited access to lethal means during that week.
- Provide guidance on outpatient and emergency health services.
- Support the referral process to the health center if necesary.*

Question 3

3) Have you thought about how you might do this?

Person at Medium Risk

EMERGENCY WITH MODERATE VITAL COMPROMISE

- Emergency with moderate vital compromise
- Provide crisis care or activate protocols for other critical situations if necessary.
- Identify support networks and try to get the person to contact someone from their protective environment.
- Carry out Safety Plan.
- If the person is under mental health control, tell them to contact their usual care center.
- In coordination with that person, encourage them to communicate with the Saludablemente Program of Salud Responde (600 360 7777) so they can talk to a psychology professional and continue to be supported.

Question 4, 5 and/or 6

4) Have you had these thoughts and had some intention of acting on them?
5) Have you started to work out or worked out the details of how to kill yourself?
Do you intend to carry out this plan?
6) Have you done anything, started to do anything, or prepared to do anything to end your life?

Person at High Risk

EMERGENCY WITH MODERATE VITAL COMPROMISE

- **Stabilize the person using care strategies and guide them to seek mental healthcare as soon as possible during that day or immediately with someone that belongs to their protective environment.**

- **Manage immediate safety precautions for suicidal risk: eliminate lethal means from the environment, and in coordination with that person, communicate with the Central Dispatch of Carabineros de Chile (139), SAMU (131) or the Salud Responde Service (600 360 7777) according to the level of vital compromise.**

In cases of moderate and high suicidal risk, prioritize the stabilization of the person and do not delve into what triggered that state, the associated feelings and the reasons why they believe the need to hurt themselves or end their life occurred.

Prepare for a crisis intervention based on a notion that assumes that the person with suicidal behavior needs above all to stop suffering and end their life and are visualizing it that way to achieve it.

Do not minimize or unrecognize the suffering the person is enduring without thinking about the severity of the situation experienced or lived by them. Prioritize warm and receptive attitudes, avoiding trying to understand for the moment and offering reasons not to kill themselves.

More than requesting things or asking many questions, it is advisable to pave the way to approach them. This can be done in conjunction with breathing exercises, focusing on the here and now, thinking about things that induce calm or have calmed the person before, etc. Once it is perceived that the person is calm enough, then another type of help that can be delivered to them can be thought of.

Finally, for these types of cases, remember that suicide is an extreme measure to end pain, and in most cases, it is an idea that starts to set after unsuccessfully trying other solutions. Showing the person this may soothe them, as they might be questioning or judging themselves in a context in which the “failure” of their attempted solutions could be because they have sought inappropriate solutions

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RECOM-MENDED RESOURC-ES

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