RESEARCH ARTICLE

Psychiatry Helpline Service at a multidisciplinary hospital in Karachi, Pakistan: Preliminary findings and challenges

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Abstract

Objective: To describe the pattern of calls received at a psychiatry helpline service of a tertiary care centre.

Method: The retrospective, descriptive chart review was conducted at the Aga Khan University Hospital, Karachi, and comprised data of all calls and messages received by the Psychiatry Helpline Service from October 2019 to September 2022. Before the commencement of the service in 2019, a minimum level of specific training was a mandatory requirement for the nursing staff who were to act as the front end of the service. The helpline number was provided to all the patients who were discharged or left against medical advice, those attending outpatient clinics or were being followed up through consultation-liaison psychiatric services. The helpline was active from 8 am to 4 pm on weekdays only. Any messages received outside the specific time period were addressed on the next working day. On receiving a call or message, basic socio-demographic details and queries were recorded online. Data collected by the nursing staff was later recorded in a database.

Results: Of the 4,547 calls received, 315(7%) related to 2019, while 1,825(40.13%) were received in 2022. Overall, 2,316(50.9%) callers were females. Most people used the helpline for dose adjustment 1,390(30.56%), followed by psychoeducation 828(18.2%). Of the 38(0.83%) calls related to suicidal ideation, 31(81.6%)) were made by females compared to 7(18.4%) by males.

Conclusion: The psychiatry helpline service experienced a significant increase in patient contacts, indicating its growing utilisation, and underscoring the potential for expanding its scope within the organisation to further cater to patient needs.

Key Words: Psychiatry helpline, Mental health services, Helpline utilisation.

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Introduction

Pakistan is a multi-ethnic country in South Asia. It is the world's fifth-most populous country, home to over 220 million people.[1] The World Bank estimated that the poverty rate in Pakistan was 39.3% in 2020-21. As per the World Bank.[2] statistics, 220 million people fall below the poverty line. The literacy rate in Pakistan is 58% with fewer literate females.[3] The political situation in Pakistan has been persistently unstable.[4] These factors have resulted in poor psychosocial determinants for the masses and increased risk of mental health struggles.

The prevalence of common mental disorders (CMDs) in South Asia is 14.2% (range: 12.9-15.7%), with Pakistan reporting the highest prevalence.[5] The prevalence is high both in rural[6] and urban[7] areas of Pakistan, and psychiatric morbidity is more common among women. Despite these statistics, the government invests only 0.4% of the overall health budget for mental health purposes. Additionally, there are less than 500 qualified psychiatrists in the country.[8] Therefore, most people in Pakistan do not have access to approachable, cost-effective, and evidence-based care. People end up seeking help for psychological issues from spiritual or faith healers. This has become a common practice in Pakistani culture which further delays utilisation of the limited professional help available.[9] Additionally, inadequate resources have led to limited effectiveness of health systems in low- and middle-income countries (LMICs), leading to a treatment gap of almost 90%[10] for CMDs.

The Aga Khan University Hospital (AKUH) in Karachi is a tertiary care private hospital offering a comprehensive range of medical services. Its Department of Psychiatry provides inpatient and outpatient care, catering to the diverse mental health needs of the community. A 24-hour consultation liaison service is also offered throughout the hospital. Patient feedback and observational evidence indicate that many patients seen by psychiatric services, whether as outpatients, inpatients discharged, those leaving against medical advice (LAMA), or through consultation-liaison psychiatry, struggle to secure initial and follow-up appointments due to various reasons.

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These challenges are often compounded by issues, such as uncertainty about medication or treatment plans and the development of side effects, which are commonly reported in the literature,[11] and can lead to discontinuation of treatment or loss to follow-up.

To address these gaps, the need for a Psychiatry Helpline Service (PHS) was identified, providing a responsive mental health service where physician contact could be maintained between appointments.

Among the various strategies to engage people in seeking professional mental health services and remaining connected for regular follow-ups, one of the recommended measures is setting up a telephonic helpline.[12] Throughout the world, such helplines exist for mental health issues and other surgical specialties. Some mental health helplines are very specific about their target audience and the services provided. As part of the suicide prevention programme, the telephonic crisis lifelines have also been widely recognised.[13]

The current study was planned to analyse the pattern of calls received at the AKUH PHS.

Materials and Methods

The retrospective, descriptive chart review was conducted at the AKUH, Karachi, and comprised data of all calls and messages received by the PHS from October 2019 to September 2022. After obtaining an exemption from the institutional ethics review board, data was retrieved from the relevant Excel datasheet.

The PHS was established in 2019 after a series of intradepartmental meetings involving departmental hierarchy, consultant psychiatrists, psychiatry postgraduate trainees/fellows, and the nursing staff to discuss and address the need for a helpline. The PHS was dedicated solely to psychiatric concerns. Therefore, patients with non-psychiatric issues were excluded from the service. Through mutual consensus, it was decided that the registered psychiatry nursing staff would be the focal front-line professional to receive all the calls and messages. Before the commencement of the service, the nursing staff received tailored training specifically designed to meet the needs of the PHS. The helpline number was provided to all patients discharged or LAMA cases from inpatient psychiatric services, those attending outpatient clinics, or on follow-up through consultation-liaison psychiatric services. The helpline number was provided to the patients known to the AKUH psychiatric services and was not advertised separately. The helpline was available from Monday to Friday from 8 am to 4 pm. Any call/message received in the after-hours was addressed on the next working day. It was decided that upon receiving a call or message, the nurse would first record basic socio-demographic details and the query in an Excel sheet. They would then consult with the treating physician or their respective teams to discuss the issue and communicate the recommendations back to the patient or the caregiver (Table 1, Figure 1). This service was provided at no charge to the patients. However, standard charges for calls and messages were applicable.

Table-1: Type of data recorded

1. The date on which help is sought from the helpline.
2. Medical record number & name of patient.
3. Respective faculty name to whom the patient had consulted previously at Aga Khan University, Hospital.
4. The contact number of the patient or caregiver.
5. Reason for consultation (clinical details).
6. Categorisation of the issue into predefined categories.
7. Interventions suggested (pharmacological and psychosocial)

Figure-1: The operational process of the Psychiatry Helpline Service (PHS).

The AKUH caters to patients from across Pakistan, with Urdu being the primary language spoken. However, messages were also received in English and Roman Urdu (an informal form of writing the Urdu language using the English alphabet). In cases where communication was challenging, staff members proficient in Farsi and Sindhi were involved to ensure effective service provision tailored according to the needs of each patient.

Data was subjected to descriptive statistics.

Results

Of the 4,547 calls received, 315(7%) related to 2019, while 1,825(40.13%) were received in 2022. Most people used the PHS for dose adjustment 1,390(30.56%), followed by appointment-related guidance 1,123(24.7%), psychoeducation 828(18.2%), and informational care regarding non-pharmacological interventions, such as sleep hygiene measures, relaxation techniques, deep breathing exercises and physical exercise 528(11.6%). Relevant videos were also shared with the patients. Laboratory reports were shared by the patients in 241(5.3%) cases, and these were also discussed with the relevant faculty and updated in the patient's medical records. Requests categorised as 'other' included those for medical certificates, reprints of discharge summaries, or scanned prescriptions not received after tele-clinics 140(3.1%). Feedback calls concerning the patient's condition following discharge were also received 47(1%) (Table 2, Figure 2).

Although the PHS did not provide crisis intervention, calls and messages regarding self-

Table-3: Gender-wise distribution of the calls/messages received.

	2019 (October)	2020	2021	2022(September)	Total calls
Female	154 (48.8 %)	399 (48.8 %)	830 (52.2 %)	933 (51.1 %)	2316 (50.9 %)
Male	161 (51.1 %)	418 (51.1 %)	760 (47.7 %)	892 (48.8 %)	2231 (49.0 %)
Total	315	817	1590	1825	4547

Table-2: Reasons for approaching the Psychiatry Helpline Service.

Variable	2019	2020	2021	2022	Total
Psychotropic Dose Adjustment	62 (19.7%)	276 (33.7 %)	585 (36.8 %)	467 (25.6 %)	1390 (30.6 %)
Appointment-Related Guidance	65 (20.6%)	154 (18.8 %)	432 (27.2 %)	472 (25.9 %)	1123 (24.7%)
Psychotropic Psychoeducation	81 (25.7%)	232 (28.3 %)	163 (10.3 %)	352 (19.3 %)	828 (18.2%)
*Informational Care	42 (13.3%)	65 (7.9 %)	150 (9.4 %)	271 (14.8 %)	528 (11.6%)
Laboratory Report Interpretation	1 (0.3%)	7 (0.8 %)	120 (7.5 %)	113 (6.2 %)	241(5.3%)
Admission-Related Help	42 (13.3%)	42 (5.1 %)	46 (2.9 %)	64 (3.5 %)	194(4.3 %)
**Others	6 (1.9%)	28 (3.4 %)	65 (4.1 %)	41 (2.2 %)	140(3.1%)
***Feedback Call After Discharge	-	-	18 (1.1 %)	29 (1.6 %)	47(1%)
Suicidal/Self-Harm Risk	8 (2.5%)	3 (0.3 %)	11 (0.7 %)	16 (0.9 %)	38(0.8%)
****Screening	8 (2.5%)	10 (1.2 %)	-	-	18(0.4%)
Total	315	817	1590	1825	4547

*Details on sleep hygiene measures and lifestyle modifications, such as exercise.
**Requests for a medical certificate, reprint of the discharge summary or a scanned prescription not received after tele-clinic.
*** Follow-up calls to patients who require further contact before their next scheduled appointment after discharge.
**** Assessing patients' symptoms to guide them on whether to visit the clinic or emergency department, tailored according to individual needs.

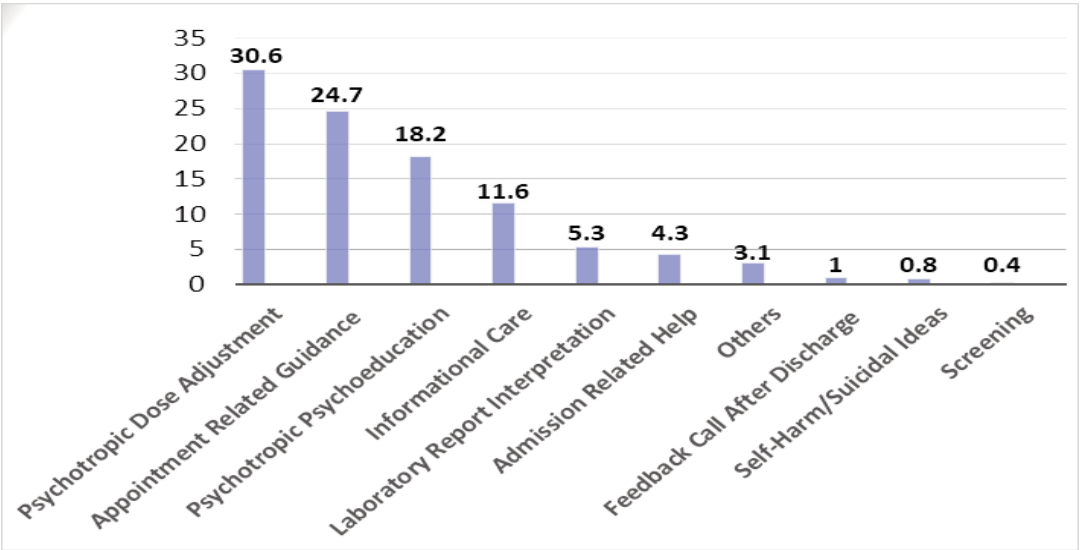

Figure-2: Reasons for approaching the Psychiatry Helpline Service (PHS).

Table-4: Type of patients contacting the Psychiatry Helpline Service (PHS).

Year	No. Of Calls/ Messages Received	Known To Psychiatric Services At AKUH	Not Known To Psychiatric Services At AKUH
2019 (October)	315	283 (89.84%)	32 (10.16%)
2019 (October)	315	283 (89.84%)	32 (10.16%)
2020	817	717 (87.65%)	100 (12.35%)
2021	1590	1227 (77.16%)	363 (22.84%)
2022 (September)	1825	1535 (84.10%)	290 (15.90%)
Total	4547	3768 (82.86%)	779(17.13%)

harm and suicidal ideation were received 38(0.8%); 31(81.6%) females compared to 7(18.4%) males.

Overall, 2,316(50.9%) callers were females (Table 3). Of the total, 3,768(82.86%) callers were already known to the AKUH psychiatric services, while 779(17.13%) were new to the services (Table 4).

Discussion

The PHS was started at AKUH in October 2019. Most users contacted the service seeking clarification regarding their medications or management plans. One common reason for discontinuing psychotropic medications is the emergence of side effects. A study in Islamabad found that 28.5% of patients reported physical side effects as a factor in their non-compliance.[11] The helpline addressed psychotropic concerns promptly, allowing the patients to discuss problems and seek solutions instead of discontinuing their medications. Patients reporting side effects were called back by a psychiatry helpline nurse, who thoroughly explored the issues and discussed them with the relevant faculty member. In cases of serious adverse effects, patients were urgently referred to the emergency department.

The second most common reason for contacting the helpline in the current study was appointment-related guidance. A few patients reported a deterioration in their psychological condition which, while not severe enough to warrant an emergency department referral, necessitated expedited follow-up appointments. In these cases, appointments were prioritised to address their needs promptly. Additionally, for some patients facing challenges, such as financial constraints, travel difficulties, or a lack of insight hindering follow-up, teleconsultations were arranged to provide timely guidance without the need for in-person visits.

In the current study, the distribution of calls/messages by gender is balanced, with females accounting for 50.9% and males for 49.1% of the total contacts. This indicates an even engagement across the genders with the helpline. This is in contrast to a study in India in which most callers were males (57.2%).[14]

Most contacts in the current study were made by known patients of AKUH's psychiatric services, highlighting the helpline's role in providing ongoing support. The presence of new callers (17.13%) suggests the helpline also serves as a critical entry point for individuals seeking psychiatric care for the first time.

Although the PHS is not a crisis helpline, 38(0.8%) calls were received by people reporting suicidal ideation. These contacts underscore the need for immediate mobilisation of help for patients. In such cases, patients were either urgently referred to the emergency department or had an outpatient appointment arranged with the primary psychiatrist the following day. Additionally, a suicide safety plan was thoroughly discussed with the patient or their immediate family member.

Pakistan is an LMIC[15] where people have limited financial resources, and seeking psychiatric services is surrounded by structural and attitudinal barriers. Additionally, people travel from far and wide to seek these services in urban cities[16] due to the dearth of mental health professionals in rural communities. This leads to them either delaying their follow-up appointment for months or not continuing under psychiatric care. The PHS supported patients already engaged with psychiatric services at AKUH by providing a platform to discuss concerns about their treatment plans between appointments with their primary physician.

The current study has limitations owing to its retrospective design. Also, there was missing data regarding the age and the place of residence of the callers.

Future research should assess stakeholders' perspectives, including patient and caregiver satisfaction, and involved healthcare professionals' views on the PHS to gain valuable insights into the effectiveness and areas for improvement within the service, ensuring it meets the needs of both users and providers and contributes to its sustainability.

Conclusion

The PHS experienced a significant increase in patient contacts, indicating its growing utilisation. Many calls were related to psychotropic dose adjustment, appointment-related guidance, and psychotropic psychoeducation. This pattern highlights the effectiveness of helplines integrated within a multidisciplinary healthcare system in countries like

Pakistan. The PHS sustainability underscores the potential for expanding its scope within the organisation to further cater to patient needs. Insights from this helpline service can help other tertiary care hospitals with psychiatric facilities in Pakistan to develop similar helpline services.

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TN: Design, revision, final approval and agreement to be accountable for all aspects of the work.

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