



Policy Brief on

Ten Years of

SUICIDE PREVENTION Through Kaan Pete Roi

THE PROBLEM OF SUICIDE

Suicide is the act of intentionally causing one's own death. It is often done out of despair or attributed to an underlying mental disorder such as depression or schizophrenia.

Suicide is a major public health concern worldwide.¹



It is the thirteenth leading cause of death worldwide, with about one million people dying from suicide annually. This amounts to an average of one death every 40 seconds and an attempt every three seconds.



It is among the three leading causes of death among those aged 15-44 years old.



It is the second leading cause of death among those aged 10-24 years old.



There are an estimated 10-20 million non-fatal suicide attempts per year worldwide.

In Bangladesh, suicide is complex to monitor² because deaths by suicide are underreported due to the stigma associated with suicide and mental illness.³ Issues of poverty, gender discrimination, and lack of mental health resources compound the problem. A handful of studies focusing on smaller regions of the nation have reported wide variation in suicide rates in Bangladesh, ranging from 7.3 to 128.8 per 100,000.^{4,5,6,7,8} The latest World Health Organization (WHO) report in 2021

on the suicide rate in 2019 estimated that the age-standardized suicide rate was 6.1 per 100,0009. Bangladesh's efforts in suicide prevention have not yet met WHO's recommended comprehensive strategy at a level10, national and mental health professionals remain limited in comparison to the needs of the population: as of 2016, there were 1.17 mental health workers per 100000 population. In recent years, progress has been made with the development of the National Mental Health Act in 2018, growing resources and awareness, and the presence, for the past decade, of the Kaan Pete Roi Emotional Support and Suicide Prevention Helpline.

WHAT IS KAAN PETE ROI?

Kaan Pete Roi (KPR) is Bangladesh's first and only emotional support and suicide prevention helpline, staffed by trained volunteers, which people can call to receive immediate support. The mission of the helpline is to alleviate feelings of despair, isolation, distress through compassionate, open-minded listening. KPR opened its lines on April 28, 2013 and has operated uninterrupted since, celebrating more than a decade of supporting those in distress in 2023. During and after the COVID-19 pandemic, KPR's operations have been supported by the SAJIDA Foundation. allowing immense growth and an expansion of the helpline to be available to callers for 12 hours every day.

WHY IS KAAN PETE ROI **NECESSARY?**

Crisis helplines are an established method of suicide prevention globally¹¹. Given that such telephone helplines are accessible during multiple points along the path to suicidal behavior¹² and that they can provide an opportunity for people to access help when other resources might be unavailable, they play a prominent role in suicide prevention around the world. Emerging research has demonstrated the effectiveness of these services¹³, and KPR has received more than fifty thousand calls even with extremely limited outreach.

FEATURES OF KAAN PETE ROI

Befriending

KPR is the only Bangladeshi member of 'Befrienders Worldwide,' a global authority on suicide prevention. Befrienders Worldwide consists of an international network of suicide prevention centers in about forty-five countries around the world.. The core tenet of "befriending" is the idea that open-minded, compassionate, and non-judgmental listening can help those who are isolated, distressed, or suicidal.

Volunteer-staffed

Most crisis hotlines around the world are staffed by trained volunteers. Because volunteers are not paid for their time and are participating altruistically, the quality of the service is high¹⁴. There is no shortage of volunteers because they are not required to have a specific background or training in any field.

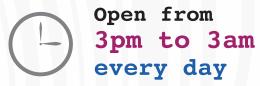
Accessibility

KPR is an extremely convenient way to reach help – the only thing necessary to reach the helpline is access to a phone.

Confidentiality

One of the main barriers to reaching out for mental health services is the stigma associated with doing so. At KPR, a caller is not required to share even his/her name if he/she does not want to. Their identity is completely protected; if an individual chooses to call a hotline, nobody will know except the individual his/herself.

KEY NUMBERS





of which 25% are after midnight

25% of callers are suicidal

100% of completed calls successfully de-escalated



More than 50 batches of volunteers, trained more than 700



Online outreach to more than 10 million

LESSONS FROM A DECADE OF SUICIDE PREVENTION IN BANGLADESH: INFORMING POLICY

KPR has been receiving calls for more than a decade now, with meticulous documentation of each incoming call. This data, and lessons learned from ten years of experience, have positioned us exceptionally well to provide national policy recommendations for suicide prevention in Bangladesh.

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

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

Connect to other services, especially the national emergency line

Collaborating with other services, such as the National Emergency Line (999), is vital for ensuring comprehensive support for individuals in crisis. Strategically, a cross-referral is very necessary; KPR will refer emergency calls to 999, and 999 can divert suicidal calls to KPR, given that KPR

has the expertise in place to support people in need. KPR can also serve as a referral to those in need of psychological/psychiatric services.

Extend operational hours for comprehensive support

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

■ Focus on research: data from the helpline can provide valuable information on nationwide suicidal behaviors, means, and circumstances

The data collected by the helpline provides valuable insights into nationwide suicidal behaviors, means, and circumstances. This data has already been published in national and international journals and conferences (e.g., describing characteristics of callers¹⁵; identifying experiences of women that lead to distress¹⁶; identifying potential improvements

in services¹⁷). This information is crucial for identifying trends, developing targeted interventions. and improving suicide prevention efforts. By analyzing this data, policymakers and mental health professionals can gain better understanding of the factors contributing to suicide and develop strategies to address them effectively.

Support volunteer frontline workers, who fulfill a critical need

- In ten years, KPR has trained more than 700 volunteers, of whom 450 have successfully provided support on the helpline; at any given time, there is a pool of 60-70 active volunteers who comprise the personnel handling calls. For the past five years, KPR has received more than 500 applications per year from interested personnel; only a small fraction of this number can actually be trained due to funding restraints.
- For volunteers on the helpline, KPR proves an extensive volunteer care and supervision infrastructure which ensures their wellbeing and ability to handle difficult calls through call debriefing, group sharing sessions, and both in-house and external supervision sessions.
- Volunteers play the most vital role of all in the helpline's operations: providing compassionate support to individuals in crisis. Their dedication and empathy make a significant impact on the lives of those they help, and their contributions are invaluable to the helpline's success. By recognizing the importance of volunteers and providing them with the support they

need (for instance, supporting their transport during late night shifts, providing meals and refreshments in the office, contributing to community building activities, and making professional development opportunities available), the helpline can continue to fulfill its mission of preventing suicide and supporting mental health.

■ Focus on Public Awareness and Education

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

■ Integrate with Digital Platforms

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

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