



'You've got to take them seriously': meeting information needs in mental healthcare

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In this article we explore the practical aspects of providing mental health information over the telephone, and discuss how this may be used to inform the creation of a website. We draw from an ethnographic study of an 'information and listening helpline'. By paying close attention to how the helpline operators 'take seriously' their callers' problems and requests – indeed, by taking the work of the phone operators seriously – we show that the operators artfully talk, categorize and translate to help the individual caller and to satisfy organizational demands. A website is seen by the helpline in question as a logical move to providing accessible information to a wider audience. Whilst a web-based and phone-based service might both appear to function along similar lines for providing information, we question how a web-based system might afford or complement the kinds of services that can be done over the telephone.

Keywords

information giving, helpline, mental healthcare

Introduction

Provision of health information via telephone and via the web can both be said to be the communication of information, but we argue it is essential to tease apart similarities and differences therein. As Cameron [1] claims, 'better communication' is in itself meaningless. Better communication is surely a valuable goal for health services and yet attention needs to be paid to what is communicated and how that is communicated. We cannot expect that making information more widely available somehow produces better informed (and cheaper to care for) citizens [2]. In effect we need to unpack ideas of 'communication' and of 'information' to consider the everyday phenomena (such as talking, reading and

technology use) that those ideas tend to gloss over. It is already known that information provision is in itself expert work (see [3]). Through ethnographic fieldwork we have researched what it is for providers of mental health services to communicate information, and in this article we discuss the differences between doing this by telephone and doing this by the web. Whilst analysis of telephone work might lead to some basis for provision of web-based data (for example see Martin et al.'s [4] work on telephone banking), our findings emphasize some of the fundamental problems in moving from one medium to another. The literature on telecare (e.g. [5]) often points to the organizational problems of moving from face-to-face to mediated communication. We argue that similar problems are true for switching between one communication technology and another. Our contribution is a demonstration that communicating information is not just a case of 'putting information out there', but is a practical activity that requires a balancing of social, organizational and technological issues.

A study of a mental health helpline

This article discusses results drawn from an ethnographic study of a mental health helpline. This helpline is run by trained volunteers and managed by two full-time staff who administer the workings of the service and update information. The helpline provides a freephone number and holds details of statutory and voluntary services on its database, and a large quantity of printed literature that can be forwarded to callers on request. The role of the helpline is ostensibly to identify the appropriate support services for each caller; for legal reasons the organization is allowed to provide only an information-giving service without any counselling or advice role. Unlike NHS Direct, the helpline does not pre-screen calls or require operators to follow set protocols (see [8] for a discussion of this). There are similarities between the helpline and NHS Direct, but as Cameron [1] points out, helplines are more akin to sexlines than call centres. The helpline is a public facing service, but providers such as GPs (family doctors) increasingly have to provide their patients with choices about services, and the managers of the helpline hope that information held by their organization will be useful for that purpose. The helpline logs call information that is used to provide detailed reports of mental health issues in the area.

The sociologist Harold Garfinkel has been highly influential in a move to the study of how people engage with each other and with and through technology. In helpline related literature, such influence can be seen in Sacks's [6, 7] work on suicide prevention, and Greatbach et al.'s [8] study of NHS Direct. The wider implications of Garfinkel's work aside, his focus upon the ordinary and mundane things people do in their work has enabled technology designers to better understand and support that work. As Lash [9] claims, such a focus is essential so as not to falsely separate information from the technologies and work of information. To achieve an understanding of information technology and work at the helpline we sat alongside operators during their shifts, listened to what they said and observed what they did. Our approach was not to be a fly on the wall or somehow 'disappear', but to act appropriately as technology researchers who wanted to find out more. We were not allowed to use any sound or image recording equipment, but made notes about what the operators were saying to callers and what else the operators were doing during and after calls. We were able to ask questions to the operators when they were not busy. As technology researchers we also took an interest in the technology

problems and issues the helpline faced, and sought to make our data 'ready to hand' [10] in addressing these. This service did not have a website, but its managers thought the service might benefit from having one. We did present some prototype web technologies to the helpline, but unfortunately as a result of organizational politics it became impossible for us to work with those with responsibility for networks and web technologies at the field-site (who work for the wider organization that the helpline is a part of). The helpline still does not have a website. Our work therefore highlights some of the potential problems of introducing web-based information giving and is not, as we might have preferred, also a tale of how these difficulties were overcome.

The practices of taking and categorizing a call

In this section we present two example calls, typical of many received at the helpline, and discuss the category work operators do during and after calls. These examples have been chosen because they are short, but in most other respects they are very representative. They come from people who call the helpline more for the purpose of having a conversation than for gaining information. They are from what the operators refer to as 'regulars'. There are constraints on how data from our fieldwork can be presented, and we recount only what the operator has said. The majority of talk is from the callers. We do not report this talk, but where the caller talks for a significantly long time we use the term 'operator listens'; where the caller talks only for a short time, for example to answer a question, we use '...'.

Call One

Hello, helpline ... Yes ... that's right

[Operator listens and jots notes]

Was it me ... yes ... maybe ... Mmmm ... It could have been me you spoke to before ... yes ... oh yes ... are you twenty? ... Mmmm ... Oh yeah ... the hostel ... how is it? Is it in XXXX? ... Oh good

[Operator listens quietly and starts computer but does not make any entries]

So you think you're pregnant? hmm ... hmm ... have you done a test?

[Operator listens for a couple of minutes]

Well, no ... A&E probably wouldn't see it as an emergency ... yes, yes it upset you... I understand ...

[Operator listens]

Why not go to your GP? ... If you say so then they ... Mmmm ... He won't believe you?

[Operator listens]

And when did you last see him ... mmmm ... three years ago? Mmmm ... And you've not had a relationship with anyone else since? ... Mmmm ... No, OK Well I really don't think you could be pregnant.

[Operator listens; remembers to start the computer software that records the length of call]

OK ... but ... yes you should see your GP ... Mmmm ... Promise me you'll go in the morning. Will you? ... Good ... Mmmm ... any company tonight? ... No? ... Well phone them first thing OK?

[Operator listens for a couple of minutes]

That's fine ... yes, no, we're here til 11, yes ... OK caller ... good night.

Call Two

Good evening, helpline ... Hello caller ... yes ... Oh yes ... I think I've spoken to you before ... Mmmm you don't need to worry ... we can talk about anything that's bothering you.

[Operator listens for a couple of minutes and makes some notes]

Well that's good if a friend is coming round... a new friend ... Mmmm nervous ... yes ... so what are you going to do?

[Operator listens ... no entries have been made on computer screen]

Just don't do too much I mean ... yes a meal is a good idea... Mmmm ... So what time are they coming ... in an hour ... ok.

[Operator listens and makes notes]

Well if I can ... a pork chop? ... yes you can grill them ... Well it depends how thick they are ... Oh probably five minutes ... No ... each side ... yes.

[Operator listens]

No of course ... yes ... of course you do ... no don't worry ... And if there's anything else call us back ... oh yes ...

[Operator starts to log in call details whilst listening]

No honestly that's fine ... hope it goes well ... ok then goodbye.

After Call One, the operator replaced the phone, turned to the researcher and said: 'She needs help! But you've got to take them seriously.' The operator took the phone off the hook and completed the call record on computer. With Call Two, the operator completed the required summary on computer at the end of the call. When writing these summaries the operators have to choose categories for the call from a set list, and then write a free text comment. The calls are thus categorized with the key terms from the set list, e.g. 'anxiety', 'loneliness', or 'accommodation'. The keywords help to highlight the differences and translations between the work of taking a call and the work of managing and providing mental health information. Indeed, what is done here in terms of categorizing the call can be seen as 'translation work'.

Particularly at the start of the call the operator actively seeks categories to which the call can be assigned. However, what we have also observed is that the extent to which an operator will seek clinical and/or symptom-based categories with which to classify the call depends on whether or not the caller is a first-time caller or one of their 'regulars'. Calls from first-time callers will be assigned a range of categories and the operator will collect relevant leaflets, addresses of support groups etc. from a stock supply available in the office

or elsewhere. Calls from 'regulars' are routinely categorized as 'listening' calls and no further action in the form of sending leaflets or other printed information is usually taken.

Callers reflect the idea in Sacks's work on suicide prevention [6, 7] in that they are examples of the 'who can I turn to' type. For example, although callers are generally registered with their GP and local hospital for mental health services of one sort or another, the reasons for their call are manifestations of their particular condition and are not necessarily things they would discuss with their GP or a family member, or things which need particular forms of 'information' in the sense often used in healthcare. In the calls detailed above, the operators are noticeably finding someone else for the caller to turn to; the operator will keep the caller on the line for as long as it takes for the operator to satisfy themselves that the caller has someone else (suitable) to see. For example the operator in Call Two says that it is good that the caller has a friend coming to visit, and in encouraging this is led to give information on how to cook a pork chop. In Call One the operator discourages the caller from going to A&E (Accident and Emergency) but makes the caller promise that they will see their GP in the morning.

For the organizational records the calls have to be categorized as what Sacks called 'tellable items' [6]. The record needs to show that a caller needed information about, say, local support groups, and not about how to cook a pork chop, or pregnancy advice. Thus the record and the information system support the work of the organization and not the actual work of the volunteers taking the calls. However, whereas Sacks's work was in relation to a suicide prevention centre where there is a much clearer need for a caller to 'announce the trouble', the calls to the mental health helpline are overwhelmingly about supporting everyday living. Calls that have no immediate clinical or medical information need to them are translated into calls with an acceptable 'reason' in the record. First-time calls to the helpline and the ways in which those calls are handled also have some resonance with Sacks's [7] idea that it is recognized that 'something is going on here' in the way that the callers are not turning to family members, their GP or another 'insider'. Regular callers to the helpline have, though, found 'someone to turn to' – the helpline staff. Despite operators' best efforts to find someone else for the caller to turn to, the helpline is often a last resort. When this 'portal' fails to put the caller on to some other organization, the user remains with the portal rather than giving up on it; they become a regular.

In the section that follows, we draw on some of the very practical issues of 'taking a call' described above and discuss the ways in which a web service would not and could not work in the same way as the helpline service. We also suggest how a transition to a web service might impact on the work, role and routines of the helpline itself.

Could helpline work be done using the Internet?

At the time of the fieldwork, the helpline operators used very old computers that ran a basic database through which the operators could access information about services through a hierarchy of menus. The helpline had purchased bespoke software to run a new database and a new operator interface on modern PCs, and during our fieldwork was waiting for new PCs to be delivered and for them to be attached to the network. With this modernization of the helpline infrastructure, provision of a website beyond a basic page advertising a phone number became possible. Primarily, the database which is accessed by the operators could be accessed via the web. Users could be given some way of searching and accessing

all or part of the information that is held on the helpline's database. The printed literature could, copyright permitting, be scanned and distributed electronically. In addition to presenting information in this way it would be possible to offer some sort of text chat, SMS, noticeboard or e-mail service. This might involve a fair amount of work to set up, but would largely involve implementing and extending existing and widely available software. None of this is technologically problematic, but organizationally a number of issues are raised. A website would put users into direct contact with the system, radically altering its position. Similarly, introducing new means of contact (e.g. e-mail) could potentially change operator–user dynamics. Through our ethnography we unpack some of these issues.

Operators often enquire about from where the caller is calling; in the first example the operator picks up on the topic of the caller's hostel and questions her about it. Many callers do not have their own home (but rather live in a hostel, a refuge or a friend's house); some callers do not own a telephone; for others and for a variety of reasons, calling a mental health service from home is not an option. From this evidence, the number of callers who would benefit from a website seems minimal. However we are also aware that the service is hitting a particular socio-economic population and therefore suggest that the website might be designed for those other than the callers they have at present. We do not abandon our data because it is on handling calls from 'the wrong sorts of people'. It is not the callers' specific 'problems' that are at issue here, but the workers' specific methods. We believe these methods, and associated features of work, remain relevant no matter who the user. In any case our first conclusion about a website can be this: a website would not lighten the call load (cutting calls being something the helpline organizers were hoping for), but instead would hit a largely different audience. It is also probable that people using the website would have occasion to call the helpline in order to get clarifications or further details. Therefore a website would much more likely increase the call load to operators.

Another finding relevant to furnishing an information website relates to the work involved in identifying the caller's 'problem'. Between them, the caller and the volunteer collaboratively formulate the 'problem' addressed by the call. Most if not all callers do not ask a straightforward question; most if not all do not know what it is they need to ask. Frequently, callers just talk until the operator finds information that is relevant to something they are talking about. In call one 'pregnancy' is offered as a topic, but questions relevant to this topic lead to its rejection. The problem becomes 'you need help' and the answer is to see a GP. Callers may also not wish to be labelled (e.g. one caller wanted information on hearing voices but would not accept the label schizophrenia: the category under which information on hearing voices was kept). On a website users may choose not to navigate to certain categories for various reasons. Callers may not have a way of labelling what is wrong, and need the helpline to find the right category. Users of an information website might get around this by formulating different queries or searching different avenues until they are satisfied, but there is little evidence they will do this effectively (e.g. see Nettleton [2]).

The helpline has limited hours, which are advertised with the access number. Callers cannot access the helpline outside these hours and know that they cannot. Furthermore, operators manage the input of calls at a finer scale by the simple expedient of leaving their phone off the hook. This is principally used during the short period after taking a call when recording the data. Unlike commercial call centres, there is no call queue and no indication of calls missed. For the caller this means there is a clear understanding of when

operators are available (time and busy tone) and for the operators it means they are not under the full-time pressure of a commercial call centre: they see the calls answered, not the calls missed. These simple points are important as technologies, particularly asynchronous communication (e.g. e-mail), potentially change these dynamics, making it harder for callers to know availability and for operators to control it.

Our data suggest the record-keeping work gets done to suit the work done at the management levels of the healthcare organization the helpline is a part of. Much of this 'higher' work is for justifying the services provided in a way that fits with government priorities and national service frameworks. For the volunteers and staff who manage the helpline on a day-to-day basis, doing this work is a necessary overhead in continuing what they see as a highly valuable service. It is necessary to balance the in-call work with information work. For the operator to not provide information would jeopardize the helpline (although, as Grudin [11] points out, the disparity between who does the work and who gets the benefit must remain limited or the system will fail). If the operators were banned from doing anything but 'give information', handling the calls would become difficult and both volunteers and callers would likely give up on the helpline. Harper, in his work on the International Monetary Fund (IMF) [12], explores the notion of the 'raw and the cooked' (borrowed from Lévi-Strauss) in terms of how 'raw' numbers are 'cooked' into usable and useful information – usable by the IMF. In a similar way here, the 'raw' detail from the calls is 'cooked' into usable categories that can then be used to justify the continuance of a service; the computer-based record, whilst not necessarily a true reflection of the service provided, becomes information that counts. For a website, the types of documents visited or downloaded could be quantified, but new ways of cooking these figures into usable data would need to be formulated and justified. For example, how might we satisfy ourselves that people have read and found helpful the information they visit?

Discussion

'Taking calls seriously' does not tell us how to design a website, but it does tell us about the organization and its real work in addressing the everyday support and needs of service users. Adding a website to the helpline is not adding another channel of communication, another method of information giving to sit alongside the existing method. The helpline is not an information service that happens to do this by means of telephone, but is an information-by-telephone service. Making the information resources available to the operators more directly available to users is not technologically difficult, but it is clear that the issues are not simply of technology but are of a more complex socio-technical configuration.

None of this is to deny any utility in a web-based information service for mental health service users and their families or carers. Certain types of caller would benefit from such a website, even if they are the minority of callers. This would include first-time callers. One of the primary tasks of the helpline is to link callers to other organizations able to give specialized advice or support, and so callers who are looking for information often call once and once only. It is these people who are looking for information – perhaps a list of services, a number or an explanation of an issue – that one imagines would most benefit from a website presenting the information held by the helpline. We witnessed a small

number of calls of this type, for example from a mother who had recently moved to the area and wanted the number of her nearest support group for parents of children with autism. We would therefore not deny the usefulness of some kind of web-based information service *per se*. What we are saying is that it would be mistaken to attempt to replicate the kind of service offered by the helpline by simply placing the information online.

Conclusion

In this article we have found that adding an information website to a telephone helpline would likely increase the numbers of calls to that helpline; that service users would not necessarily formulate their problems in a way to get or understand information that is useful to them; that the visibility of when the service is and is not available may be lost unless taken into consideration in design work; that difficulties in handling new forms of communication might arise; and that the record keeping essential to the continuance of the organization would need to be reorganized. Whilst some analogies might be made between information giving over the telephone and information giving over the web, the two should not be seen as equivalent. The shift from one to both should be seen not as a technology problem but as a problem of reconfiguring the balance of social, organizational and technical features that have facilitated the operation of the helpline.

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