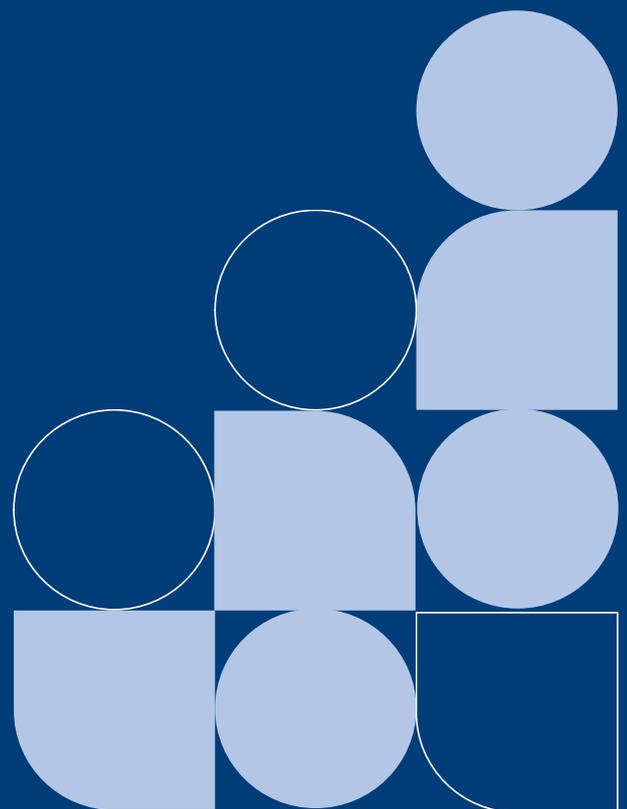# LifeLine International Practice Guide

Frequent Caller Management

How to Manage and Support People Who Call/Contact Crisis Support Services Frequently.

20 February 2026

Things To Know

Almost from the commencement of telephone crisis helplines and through to more recent development of online crisis chat and crisis text/message services, the phenomenon of people calling frequently has been recognised. Those operating digital crisis support services in the contemporary environment should assume that a proportion of callers/contacts will use the service frequently.

The volume of calls/contacts from people using a crisis support service can be high and disproportionately so compared to the volumes of one-off or occasional service use. In an Australian study, people calling frequently accounted for 60.1% of the total volume of calls/contacts.[1] Such demands on service capacity create a major operational challenge and raise important service access and equity considerations. [2-4]

There is no commonly accepted definition of a 'frequent' user of a crisis support service. Some research uses a measure of 20 calls/contacts a month or more.[1, 2] Other research has drawn a distinction has between frequent use (ongoing, or continual) and episodic use (varies depending on a person's needs and circumstances). Qualitative research has identified different calling behaviours: reactive (contact is after an incident triggers anxiety or stress or depression); support-seeking (contact is when emotional support is sought and not otherwise available) and dependent (when contacting the service has become a part of a person's routine, like an addiction/habit).[5]

Things To Consider

It is appropriate and important to view the frequent use of a crisis support services as a behavioural phenomenon. Doing so focuses on the issue to be addressed, the nature and patterns of the contacts/calls, rather than formulating judgements about people's motives, intentions or characteristics.

The research evidence, drawn from the operating experiences of crisis support services in many countries over many years, demonstrates that the presenting and underlying needs of people who call/contact services frequently are likely to be complicated and multi-faceted. Complex and continuing mental health conditions are likely to apply.[6] Crisis support services are, however, unlikely to be able to meet many of these needs and they are often one of many services that a person uses regularly, including primary health and specialist mental health services.[2, 7, 8]

Crucially, the research evidence also demonstrates that people using crisis support services frequently are more likely to be suicidal than others using the service. Attention must be given to the safety and crisis intervention functions in a call or contact from someone using the service frequently.

It is also important to recognise that those who call frequently differ from those who call for the purpose of harassing, abusing or manipulating the crisis worker for sexual gratification. While these calls/contacts may also occur regularly, or in intense bursts of repeated contact, the motives and needs are different, and the service response should also be different. Services are encouraged to prevent people making calls/contacts that are intended to cause harm to crisis workers.

Crisis workers can find interactions with those who call/contact the service frequently to be difficult, emotionally draining and stressful. Supervision and training for crisis workers must equip them with knowledge, skills and support to maintain a quality service while upholding their own wellbeing and safety with frequent service users.[9]

Key Principles

In addressing the needs of people who contact a service frequently, and planning an operational response, a range of principles must be addressed. The approach determined must be suited to the service and its operating resources but must also reinforce the underlying values of crisis support services worldwide, to provide non-judgemental and personal responses to people in crisis, in ways that are safe and private, while encouraging and empowering people to make positive steps in their lives.

Any service response should uphold the following design features:

- Ensures that the approach is about addressing behaviours (frequent contacts/calling) not about assessing individuals.
- Reinforces a non-judgemental attitude and compassion, recognising that people calling/contact a service frequently have high and multiple needs for support.
- Is flexible to individual presentations and circumstances, not prescriptive.
- Articulates the limits or boundaries of supports and responsibilities for people who are calling/contacting the service frequently callers, and for crisis workers.
- Acknowledges and capitalises on the likelihood that people calling/contacting frequently are also accessing a range of other health and non-health services, or may have effective social supports around them that can be better harnessed.

Punitive denial of service, or discretionary limits on access to service, are not effective or appropriate responses towards people who call/contact frequently. Such responses could be harmful. Rather, a considered management approach is required to address the needs of people who call/contact frequently, while concurrently minimising the inequities in access to service that can occur when service capacity is dominated by frequent calls/contacts.[10]

Openness with and egalitarian support for people who call/contact crisis support services frequently should guide all interactions. Forthright communication with a person about their calling patterns in an honest and exploratory manner is best practice. Empowerment will assist people control their calling patterns.[10, 11]

Those who call/contact a crisis support services multiple times, or frequently, should never be regarded as time wasters or a nuisance – a judgemental attitude that hinders the use of sound policy, informed practice and training/supervision of crisis workers.

Crisis support services offer immediate psychosocial support in a non-judgemental, compassionate, and open (universally accessible) environment.[12] They help a person engage in problem-solving techniques and develop their coping capabilities.[13] These outcomes are relevant to those who call/contact a service frequently.

Crisis support outcomes can be achieved while actively managing a call/contact with a person using the service frequently by prioritising emotional support, focusing on a single or problem and containing the interaction to a crisis intervention boundary.

Crisis support services are equipped to check a person's safety and to identify and explore when a person is suicidal, vulnerable to self-harm or facing other threats to their safety.[14] This must be performed with those who call/contact frequently because they have higher likelihoods of being suicidal or at risk of harm/injury than other users.

Crisis support services do not provide continuous counselling or psychological care. The service response to those who call/contact frequently must be contained within the crisis support service's scope. People who contact/call a crisis support service frequently will often A person using a service frequently can be encouraged to utilise other services that can address those needs not met by a crisis support service.[15]
Those who call/contact a crisis support services multiple times, or frequently, should never be regarded as time wasters or a nuisance – a judgemental attitude that hinders the use of sound policy, informed practice and training/supervision of crisis workers.

Tips for Service Managers

Establish an operational policy on people who call/contact the service frequently, so all personnel are aware of this phenomenon and the service's direction on responses.

Determine an operational definition for 'frequent calling/contacting behaviour' that reflects the service environment and can be used for data and monitoring purposes.

Clearly distinguish unwelcome or abusive callers/contacts and have a separate policy and procedure for those – do not conflate these with those who call/contact frequently.

Set objectives for reductions in frequent service use that are realistic and appropriate for the service's user profile and circumstances. Consider the access equity considerations for non-frequent use of the service, and the potential that unbridled-unmanaged frequent calling/contact behaviours can be harmful to the person involved.

Decide on the range of service responses that the service can provide within the resources and personnel it has available to those who call frequently. These can range from a basic general response to a more specialised response that is tailored response to individuals who call/contact frequently, such as having more highly trained and experienced crisis workers take their calls/contacts. A proposed model is available from Australian research studies.[16] Details are outlined in the box, below.

Resource – A Proposed Service Model

A service model for crisis support services to consider in their response to people who call/contact frequently has been proposed as an outcome of a suite of research undertaken by researchers at the University of Melbourne, Australia, and sponsored by the Lifeline Research Foundation.

The model involves offering frequent callers an integrated, tailored service in which they are allocated a dedicated and specially trained crisis workers and given set calling times. It also involves promoting better linkages between telephone helplines and other services that provide mental health care, particularly general practitioners (GPs) and other primary care providers.

Principles for the design and implementation of the service model are also provided. Service managers may wish to consider this model, or components, for adoption in their services, subject to resources and capabilities.

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Data Collection, Analysis and Referrals

Determine what personal information will be stored on those who call/contact frequently, if it all. For instance, demographic information and details about presenting and underlying needs may be recorded to assist crisis workers, along with tips on useful crisis support techniques. A person's consent should generally be obtained for this personal information to be collected, and in keeping with a country's privacy laws.

Collect data and examine trends over time on frequent calling/contacting behaviour to inform the service requirements and response, tailored to the service environment.

Ensure that details of secondary and alternative services are available for all crisis workers to provide to people who call/contact frequently. Provide crisis workers with training on how to engage with people who are reluctant or resistant to using other services in an understanding and exploratory way, to avoid simply offering referrals.

Develop practice guides and related skills requirements for all crisis workers to respond appropriately and effectively with people who call/contact frequently, especially containment skills. Integrate these with training and supervision programs.[17]

Undertake risk assessments for the psychological wellbeing of crisis workers on the impact of responding to complicated and difficult calls/contacts from people using the service frequently. Incorporate monitoring the impact in crisis worker supervision plans. Identify risk mitigation and wellbeing promotion actions to be taken for crisis workers.

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