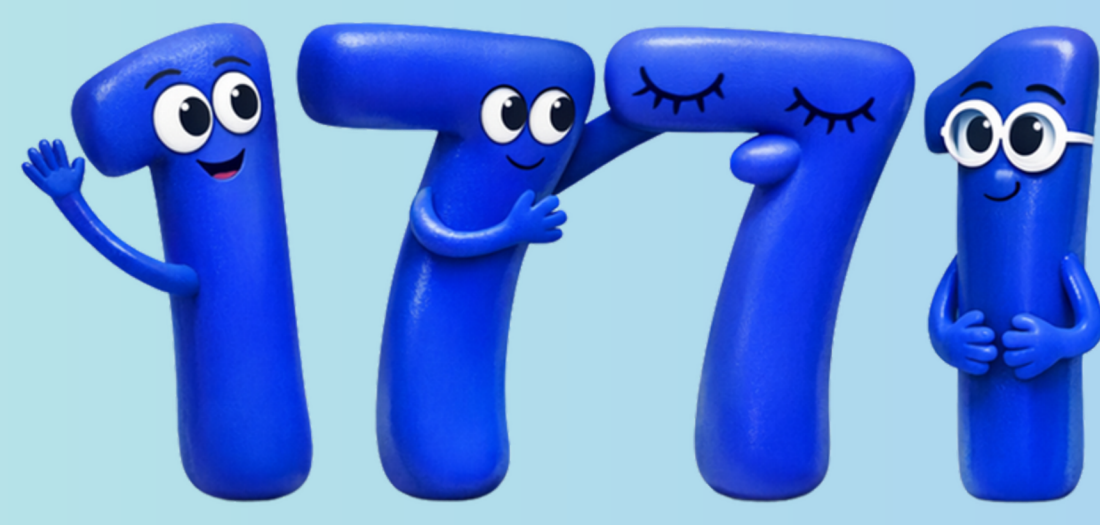




FROM TEXT TO CALL: YOUTH ENGAGEMENT AND CRISIS ESCALATION IN A MULTI MODAL MENTAL HEALTH HELPLINE

Dominic Yao Wen Jie, Jayson Davamoni-Thomas, Chen Tz Ying

Digital Mental Health Office, Institute of Mental Health

Introduction

A common belief is that young people prefer text based over voice communication, attributed to “phone anxiety”, greater control, and asynchronous convenience. Calls are typically reserved for close relationships and urgent issues^{1,2}. Less is known about how channel preference shifts in mental health support when acute risk emerges. This matters as 30.6% of those aged 15-35 in Singapore reported severe or extremely severe symptoms of depression, anxiety and/or stress³, making how youth enter and escalate within systems a pressing service-design question.

Objectives

1. Quantify text/chat versus voice modality distribution across age bands (<19, 19–24, 25–35).
2. Compare modality involvement in normal versus crisis interactions.

Methods

We analysed national helpline interactions. Age band was derived from structured age fields or explicit age references in case text. Contacts were classified by modality (voice vs text/chat) and interaction type (normal vs crisis). Crisis was defined by escalation indicators: emergency department referral, police involvement, specialist crisis handover (“hot handoff”), or inability to ascertain safety.

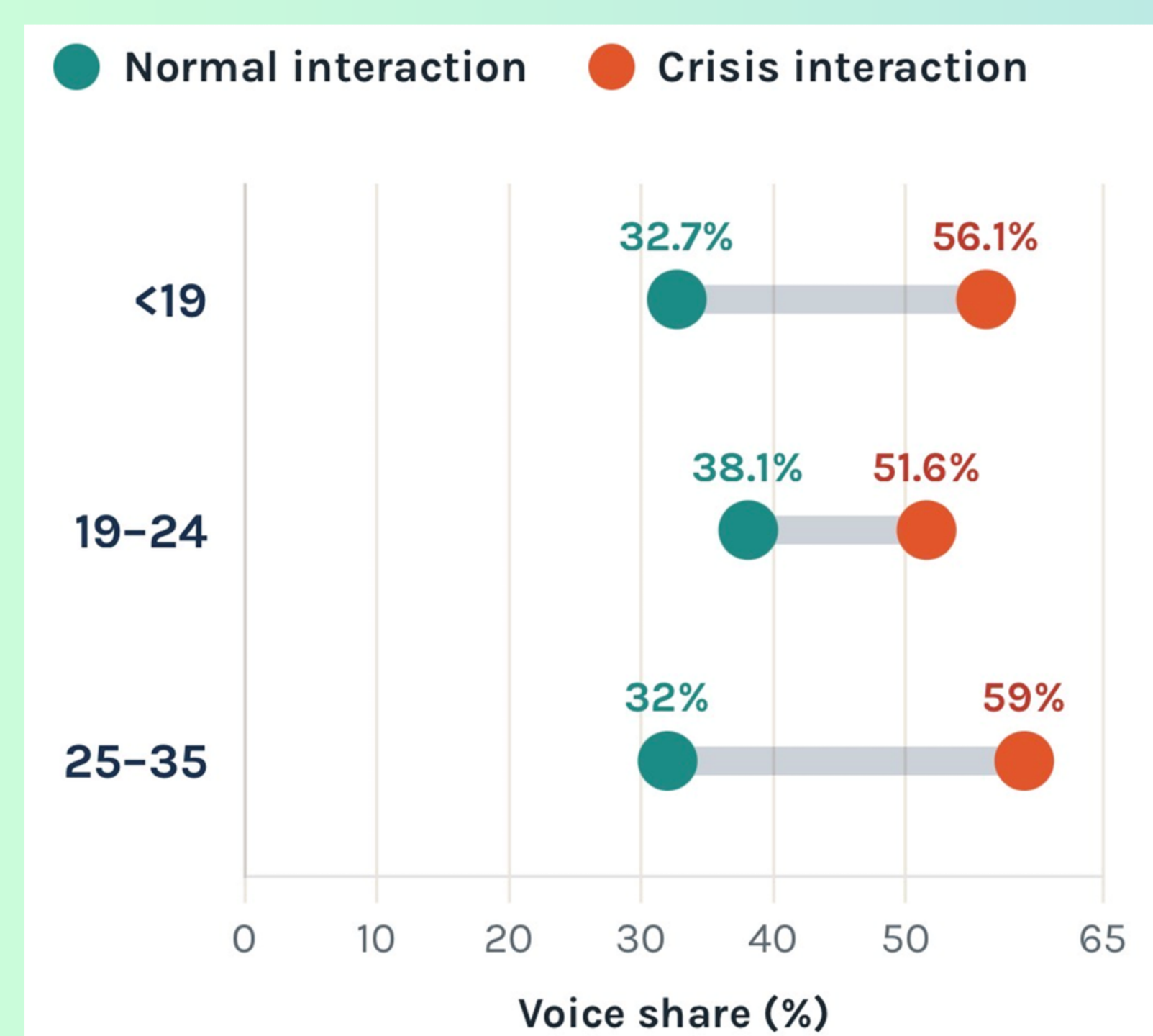


Figure 1: Voice as % of contacts within each interaction type, by age band. Voice involvement rises from normal to crisis across all age bands. 23.4% and 27% increase in voice option during crisis cases for <19 and 25-35 age band respectively.

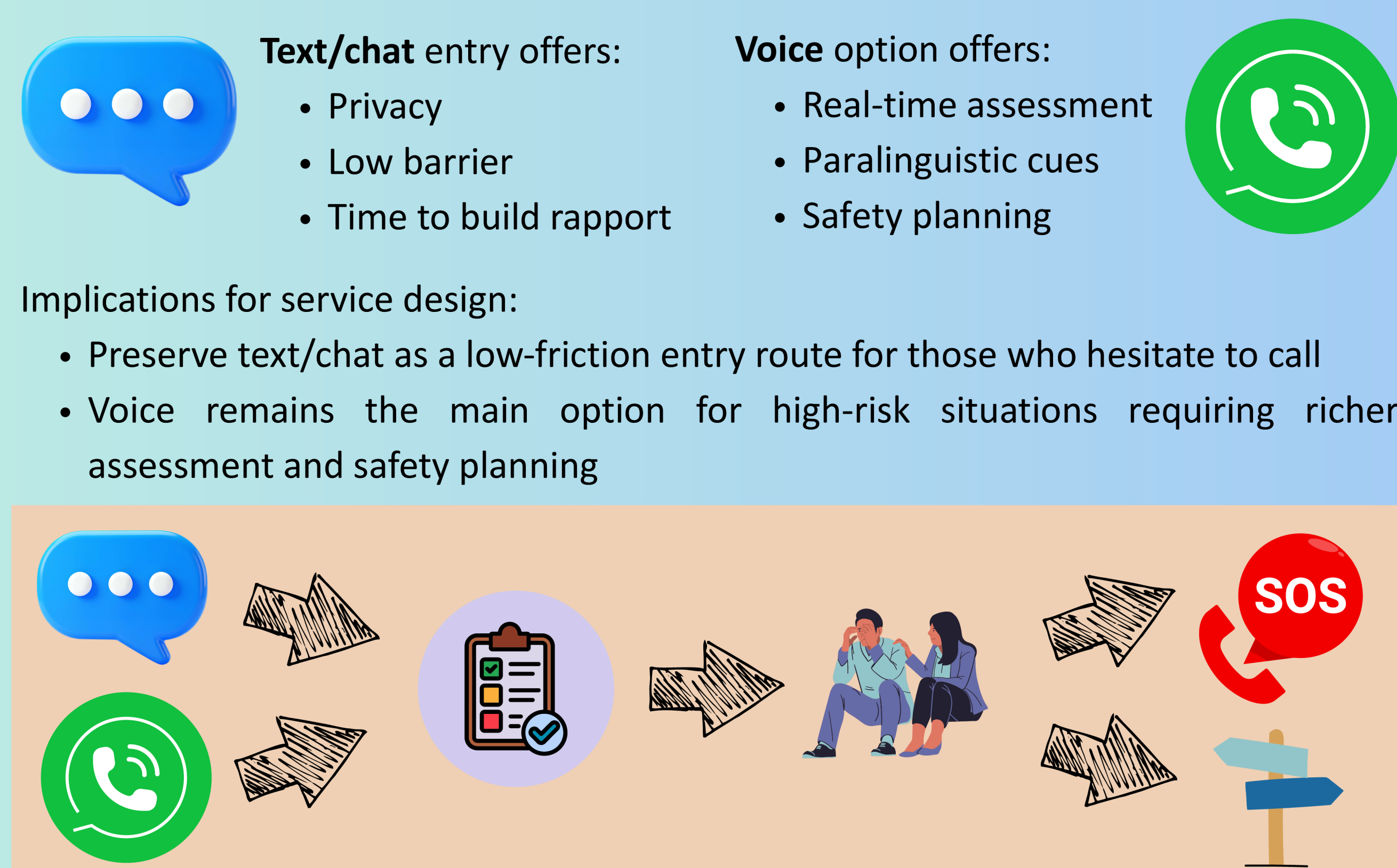


Figure 2: Regardless of entry point, counsellors triage and assess clients, provide emotional support and signposting, and activate crisis escalation where needed

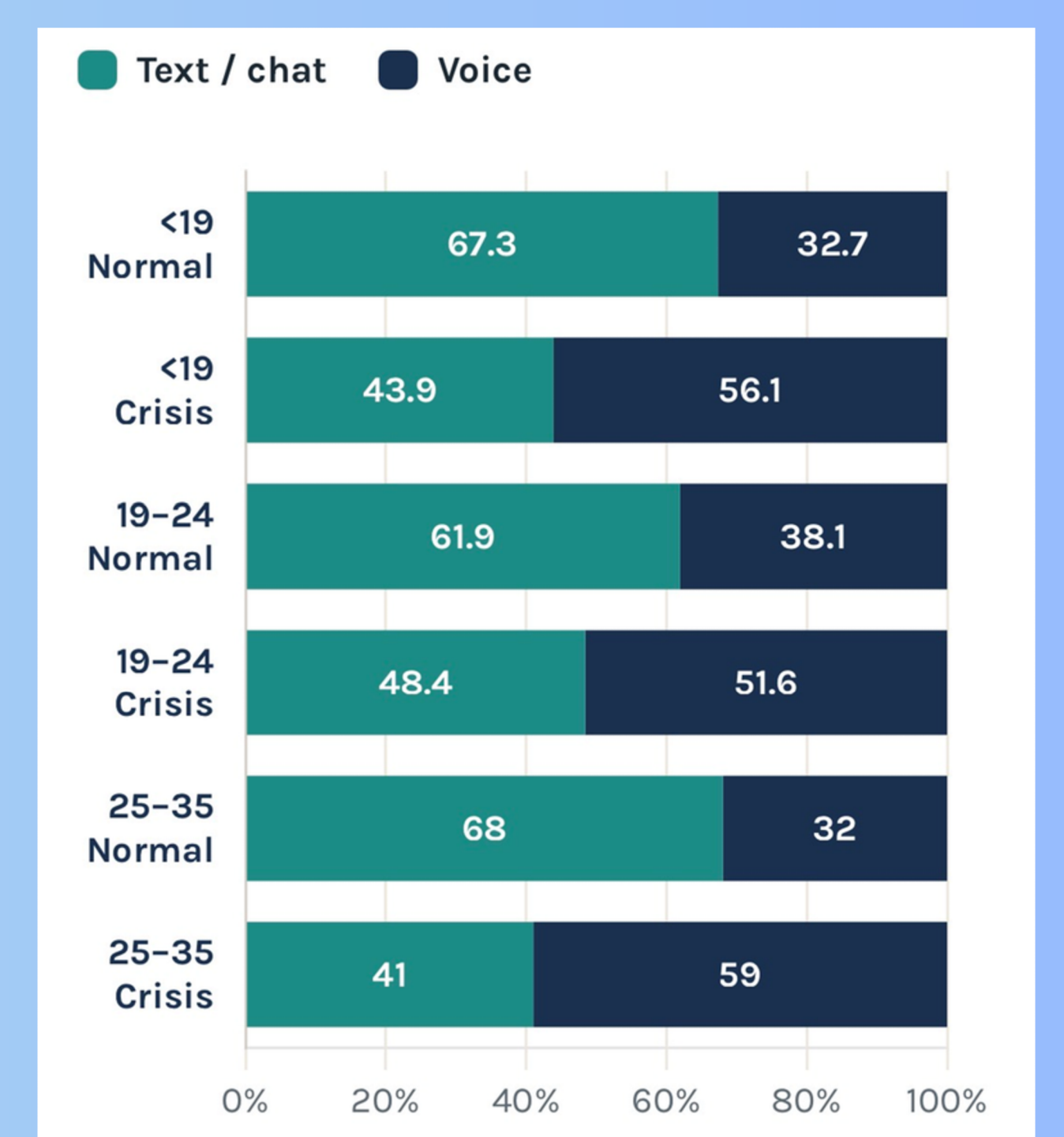


Figure 3: Modality mix within each interaction type (each bar = 100%)

Results

Across all age bands, normal interactions were more often text/chat than voice: 67.3% vs 32.7% among those aged <19, 61.9% vs 38.1% among those aged 19–24, and 68.0% vs 32.0% among those aged 25–35. During crisis interactions, voice became more prominent: 56.1% vs 43.9% among those aged <19, 51.6% vs 48.4% among those aged 19–24, and 59.0% vs 41.0% among those aged 25–35. The largest shift was observed in the 25–35 group.

Discussion

Channel use appears situational rather than a fixed preference. Text/chat may function as a lower-barrier entry point that facilitates early disclosure, whereas voice becomes more prominent when interactions escalate into crisis. This likely reflects the clinical demands of real-time assessment, safety planning and crisis coordination.

Conclusions

Text/chat remains a key low-barrier entry pathway, while voice becomes more crucial during crisis escalation due to real-time assessment needs. Multimodal helplines should preserve digital access while maintaining adequate voice capacity and clear escalation pathways for acute risk.

References:

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2. Lenhart A. Teens, Smartphones & Texting. Pew Research Center; 19 March 2012.
3. Institute of Mental Health. Excessive social media use, body image concerns and being cyberbullied are significantly linked to mental health symptoms among youths. Media release. 19 September 2024.

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