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ORIGINAL ARTICLE

Telephone sexual counselling and current technologies: Are helplines still effective in the social media era?☆

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Summary Helplines are common counselling services for men and women seeking advice for health, psychological and sexual problems. With the advent of the social media era, users have now more possibilities to search for information about sexual health than before. Comparing the recent data of a long-standing telephone counselling service on sexual health by the Institute of Clinical Sexology of Rome, we aimed to investigate the range of sexual concerns reported by users, to describe the differences, if any, between male and female callers, and the changes in contents and usage in the last years. The study included selected records of the calls received during the 8-year period between 2010 and 2017 ($n = 1865$). Users were more often men than women (respectively 1253 vs. 612), aged between 26 and 45 years, medium to high education, employed, and who had not sought any previous help for their sexual concerns. The most frequently reported reasons to call were ''male sexual dysfunctions'' and ''relational problems''. Comparing with previous data, a decrease of requests about specific sexual dysfunctions and sexual general information is noted. Moreover, some gender peculiarities are reported, and the counsellor actions to the user request are analysed. Although the service registered a decrease of calls in after the social media spreading, in the last years a new increase of calls and a switch in requests' contents has been showed. Telephone counselling is still an important and effective resource to elicit requests that otherwise might remain hidden; therefore, it can be a useful link between health-care system and callers.

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Introduction

Helplines were born in the USA in the 1950s aiming to increase health prevention interventions (Lopriore et al., 2017). In the following years, health phone services have been spreading out, differentiating the aim (not only prevention but also support and therapy) and on a wide variety of subjects (Peshkin et al., 2016). Phone services have been found to be very effective both for specific problems (e.g., cardiac and genetic diseases, cancer, STDs, spinal cord injury, depression, substance abuse, smoking cessation, gambling) and to increase the Quality of Life (QoL) (Arbour-Nicitopoulous et al., 2014; Berndt et al., 2014; Byrne et al., 2014; Di Clemente et al., 2014; Reese et al., 2014; Sheldon et al., 2014; Woods et al., 2015; Kim et al., 2016; Jiang et al., 2017).

Helplines are common in public and private services focusing on psychological support: usually trained consultants are directly available to people needs in a specific contest (Jiang et al., 2017). In Sexology, telephone counselling is an effective tool to elicit requests that may remain unasked (Fugl-Meyer et al., 2004; Papaharitou et al., 2005, 2006; Berndt et al., 2014; Reese et al., 2014; Graugaard et al., 2017). Privacy is usually guaranteed, and people might feel freer to speak about sexual behaviours and problems without any geographic restriction. Moreover, the trained counsellor can inform, support, and address to the right specialist. As a counterpart, sometimes sexual counselling lines are abused by crank callers and may be not effective due to the reduced amount of time and the absence of *vis-à-vis* interaction with the counsellor (Sheldon et al., 2014; Weatherall et al., 2016; Jiang et al., 2017, Lopriore et al., 2017).

In the last 10 years we faced the wide spreading of Internet and the birth of new social media. These revolutions in communication have been also modified the use of health services such as helplines and booths. Website, mail, and chat services dispensed by health-care providers has been increased. videocall Internet-based interventions have been discussed in psychotherapy and are widely used, with some controversial issues for both clinicians and patients (Badr et al., 2015; Stommel and Te Molder, 2015; Lustgarten and Colbow, 2017). Social medias are sharing information and are linking directly with different health care professionals (Graugaard et al., 2017). Helplines have been significantly reduced (Badr et al., 2015), but are they totally replaceable by these other forms of services?

Main aim of this study it is to analyse data belonging to a telephone-based service in the age of social media domination, focusing on sexual concerns as reported by users and discussing the differences with the data from the same service 10 years ago (Simonelli et al., 2010). Since 1993, the Institute of Clinical Sexology in Rome has been managing an anonymous and free of charge sexual health helpline, open from 3 pm to 7 pm, from Monday to Friday. The service is advertised in newspapers, magazines, websites, social networks (Facebook, Instagram, Linkedin, Youtube, etc.), and sometimes on radio and TV.

Materials and methods

The study shows the requests of women and men to the helpline service of the Institute of Clinical Sexology of Rome between 2010 and 2017. Callers were asked to give telephonically their consent to participate at the current study. Out of the total 2498 calls, only 1865 completed the report schedules (74.30%) collected by a team of counsellors. The excluding criteria were:

- aborted calls (because of line problems or interrupted by user) (12.72%);
- crank calls (7.84%);
- calls from other professional figures (e.g., health professionals, journalists, etc.) (1.78%);
- callers who refused to participate (3.36%).

Information collected were recorded after the call on anonymous forms (see Appendix) including: sociodemographic data, how they got to know about the service, kind of request, counselling contents, organic problems with a direct effect on sexuality, drug-use, risky behaviours, previous ''help-seeking'', counsellor response or intervention, referrals, and call length. As for our previous study (Simonelli et al., 2010), counsellor interventions can have up to five main objectives:

- information about sexuality, reproductive health, health services, etc.;
- ''request analysis'' with the reformulation of the problem presented (e.g., man calls for an erectile dysfunction and during the consultation it comes out that it is secondary to a hypoactive desire disorder);
- referral to professionals (e.g., psychologist, andrologist, gynaecologist, urologist, psychiatrist, etc.);
- reassurance/normalisation, and;
- support.

Some information reported on the form were missing because data were collected retrospectively (after the end of the consult) to let the counsellor freely operate during the call.

Counsellors had an appropriate professional curriculum: they had a master's degree in Psychology, they were licensed psychologists by the Italian National Professional Order, they had a certificated training in Clinical Sexology (at least 2 years) and a specific internship on sexual telephone counselling (at least 6 months). Counsellors took part to monthly group supervision sessions during the internship and the counselling service. All statistical analyses were performed using SPSS v. 22.0 (SPSS Inc., Chicago, IL, USA).

Results

The sample covers 8 years of service (from 2010 to 2017 with 1253 calls from men and 612 from women), during which it was observed an increase of calls in the last years in both genders (Fig. 1). The mean time of the call was 16.40 ± 8.31 minutes. Most of callers learned about the service on the Internet (75.84%), or on newspapers and

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