Appendix S1

Questions to the callers

1. Was it useful to have a helpline number? 1. Yes 2. No
2. What were the reasons for which you used the helpline?
3. How helpful was it to have this mobile phone number? Rate on a scale of 0–10 (0 as least helpful and 10 and most helpful)
4. Did you get a satisfactory response when you called? 1. Yes 2. No
5. Will you recommend this emergency helpline to other patients? 1. Yes 2. No

Questions to the noncallers

1. Do you know that there is a helpline mobile phone number available for you to contact the MBU team? 1. Yes 2. No
2. Were there any reasons for you not to call?
3. Did you have any problem related to your mental health condition but were not able to contact us? 1. Yes 2. No
4. Do you think having a helpline number like this is useful? 1. Yes 2. No
5. Will you use it later, if needed? 1. Yes 2. No

To assess feasibility of holding the phone helpline, the psychiatric social worker from the team was asked a set of open ended questions.

These included the following

1. How comfortable were you to handle the calls using the algorithm?
2. How satisfied were you with the support you received from other team members?
3. What were the difficult situations?
4. How stressful was it to handle a helpline for 24 hours?
Mother baby dyad/pregnant women in MBU at discharge offered predischarge counselling that covered instructions for using the helpline, and consent for this study

Discharged from hospital

Helpline phone held by psychiatric social worker from the perinatal mental health team

When a call is received from the mother or a family member, the reasons are recorded

SOPs for support and referral

Psychiatric and medical issues

- Recurrence of symptoms: Coordinating referral to nearby psychiatrist or primary care physician or signposting them to emergency services.
- Breastfeeding concerns/sleep problems/doubts regarding medication side effects: Discuss with psychiatrist in perinatal team and provide inputs.
- Self-harm/suicidal ideation or attempts: Referred to emergency services near home or asked to come to the hospital emergency.

Psychosocial issues

- Domestic violence: Providing support using the WHO LIVES approach and helping them to contact a women’s helpline or shelter.
- Interpersonal issues/substance use in partner/child custody issues: Psychiatric social worker handles the crisis or suggests early follow-up.
- Financial problems: Referral to nongovernmental organizations for support.

Figure S1. Algorithm Used to Handle the Helpline
MBU: mother baby unit, SOP: standard operating procedure, WHO: World Health Organization, LIVES: Listen, Inquire about needs and concerns, Validate, Enhance safety, Support.