

NATIONAL TELE MENTAL HEALTH PROGRAMME OF INDIA

**Tele Mental Health Assistance and Networking Across States
(Tele MANAS)**

Digital Arm of District Mental Health Programme (DMHP)

Tele-MANAS – Experience so far (Challenges, Actions and Way Forward)



OUTLINE

**COVID 19 Pandemic
& Mental Health**

**Overview of Tele
MANAS**

**Tele MANAS
Functionality**

Challenges

Actions

Way Forward



During COVID 19

Mental Health issues

35%

Anxiety &
Depression
(symptoms &
disorder)

COVID-19



Mental Health Issues in Covid Survivors

Anxiety Disorder

Depressive Disorder

Covid Survivors

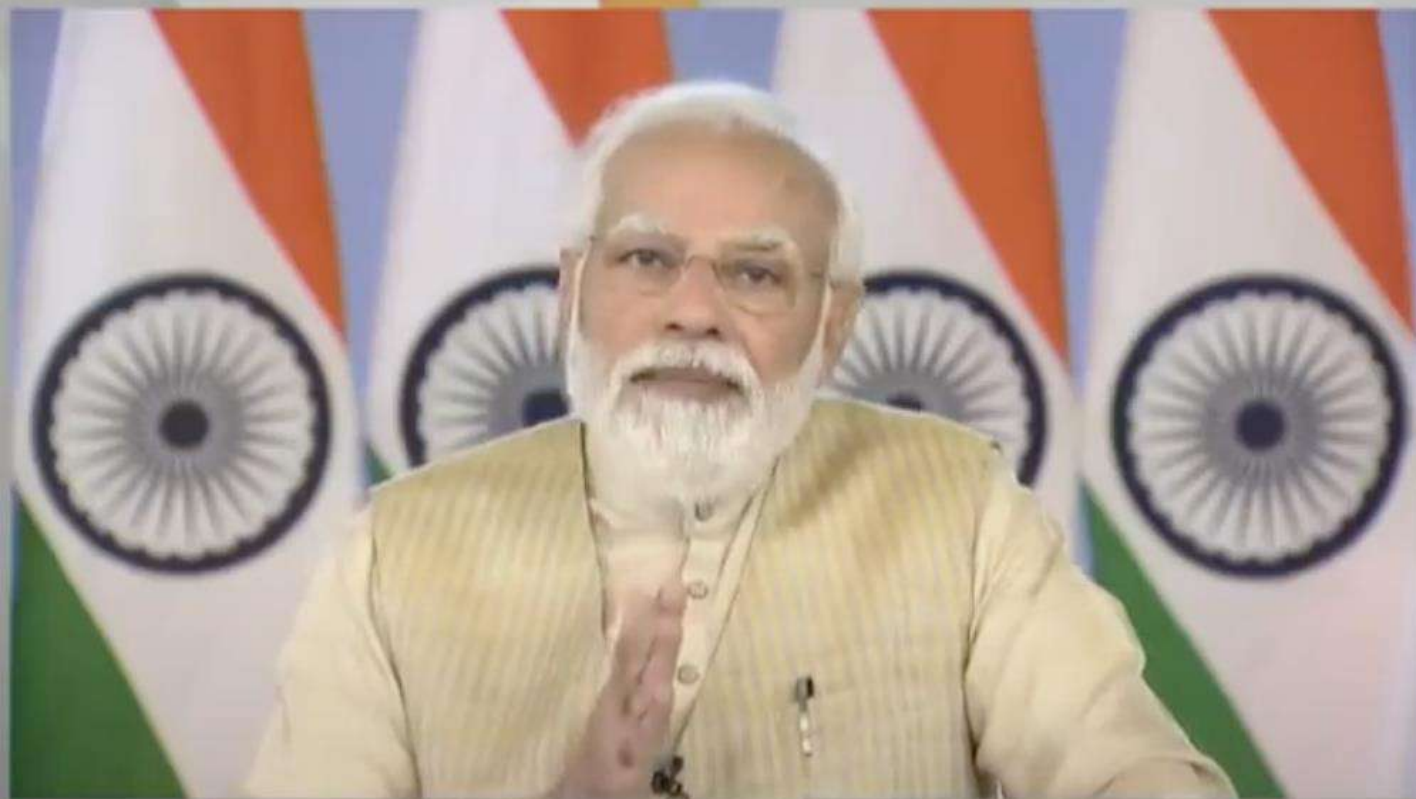
**Stress & Adjustment
Disorder**

Substance Use



Inception of Tele MANAS

- **National Helpline for Psychosocial support and MH services**
 - During the pandemic; received over 6 lakhs.
- Several such initiatives demonstrated the feasibility of technology-driven mental health care
- The **Tele MANAS** proposal was submitted to NITI Aayog by NIMHANS in December 2022
- Processing in NITI; Submission to the Govt.
- Approval of the scheme



PM Shri Narendra Modi emphasized the importance of mental health and widening of Tele Mental Health Care services across the country



Mental health was given special attention in Union Budget (2022-23)

**National Tele Mental Health Programme
Launched on 10 October 2022**





Aim

To provide universal access to equitable, accessible, affordable and quality mental health care through 24X7 tele-mental health services as a digital component of the National Mental Health Programme (NMHP) across all Indian States and UTs with assured linkages.



Objectives

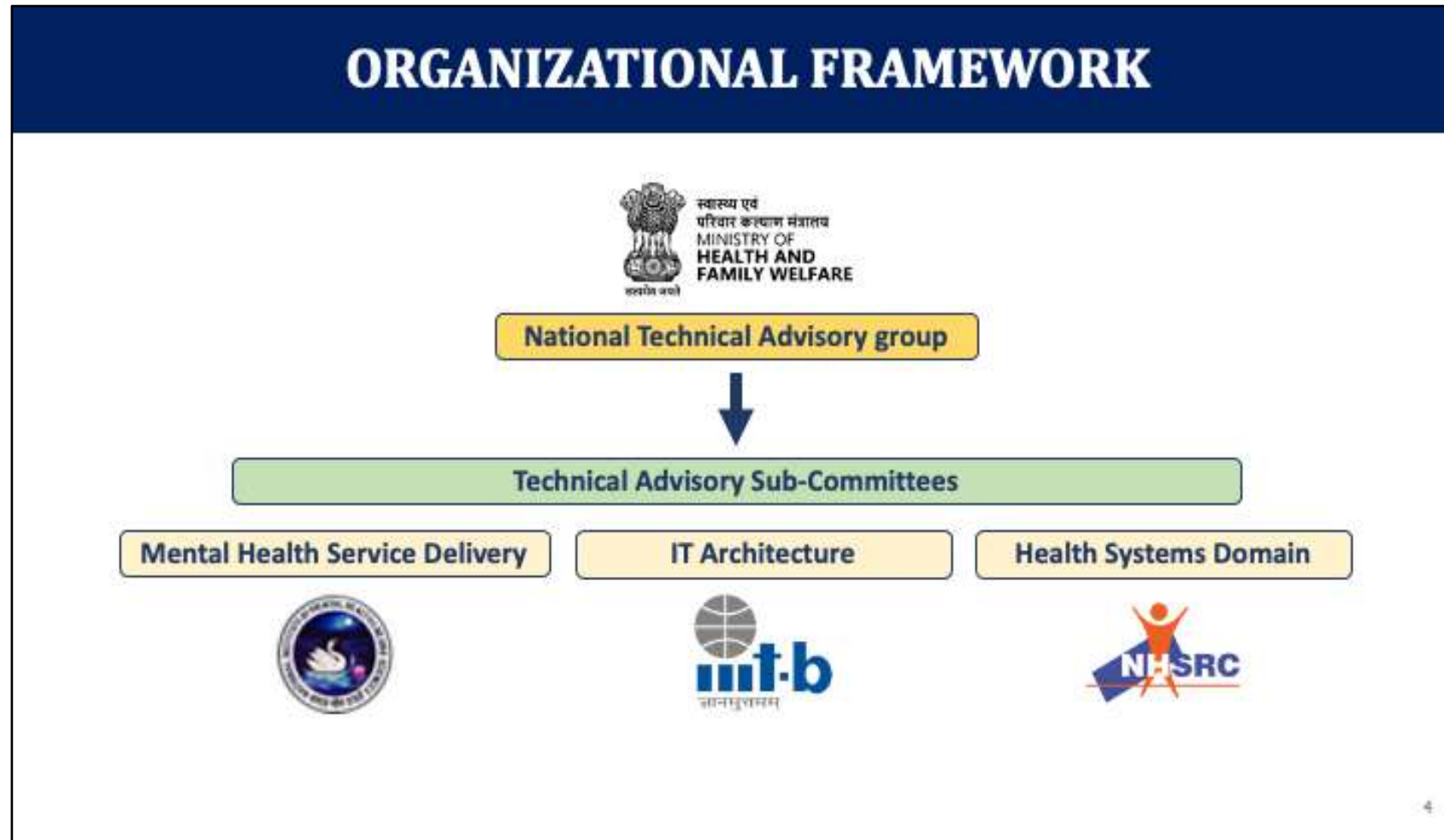
To exponentially scale up the reach of mental health services to anybody who reaches out, across India, any time, by setting up a 24x7 tele-mental health facility in each of the States and UTs of the country.

To implement a full-fledged mental health-service network that, in addition to counselling, provides integrated medical and psychosocial interventions including video consultations with mental health specialists, e-prescriptions, follow-up services and linkages to in-person services.

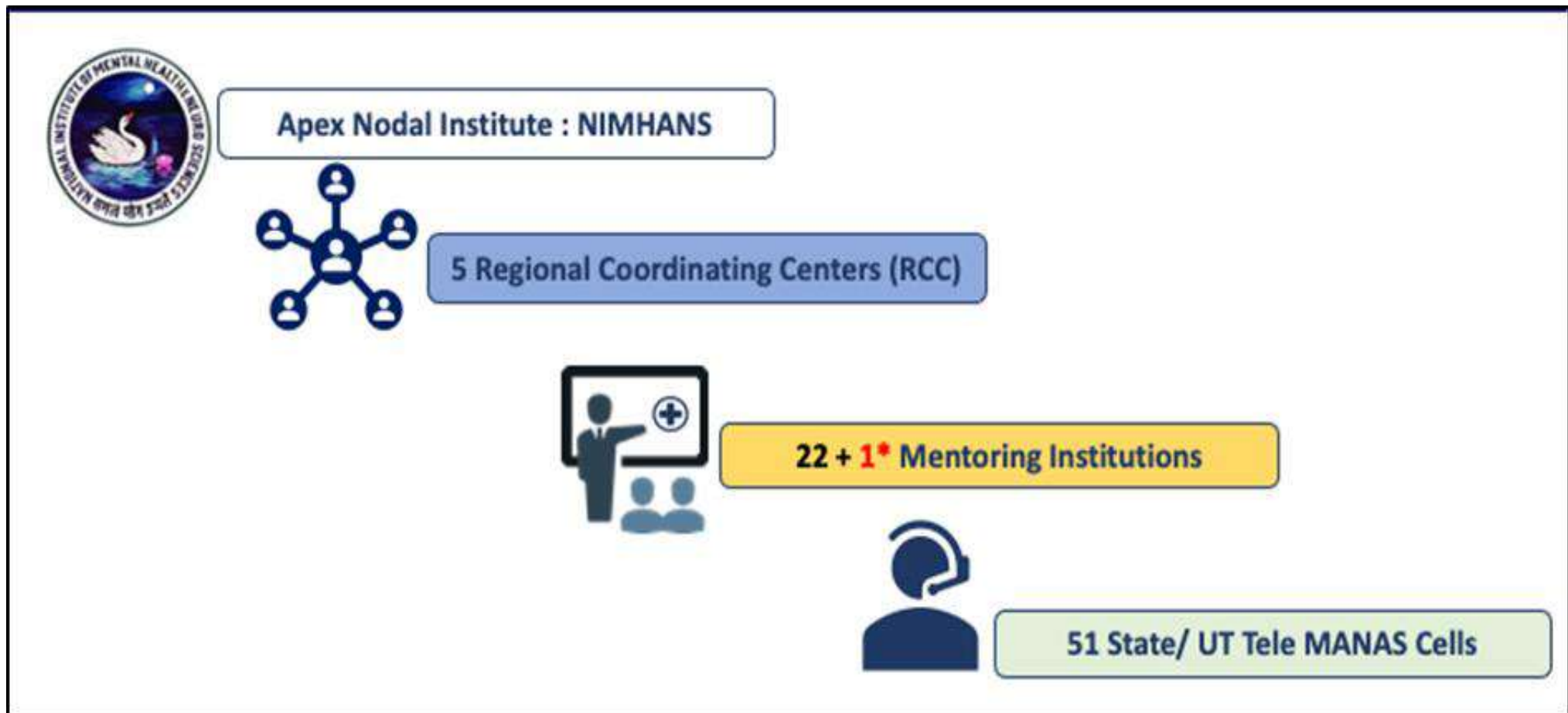
To extend services to vulnerable groups of the population and difficult to reach populations



Organizational Framework



Operational Framework





Two Tier System

Tier – 1 STATE TELE MANAS CELL

Tier 1A

IVRS based audio Calls

Counsellors

(Trained & Accredited)

Tier 1B

Specialists (MHPs)
of state Tele MANAS cell

Audio call escalations
& Video Consultations (upcoming)

Tier – 2 IN - PERSON SERVICES

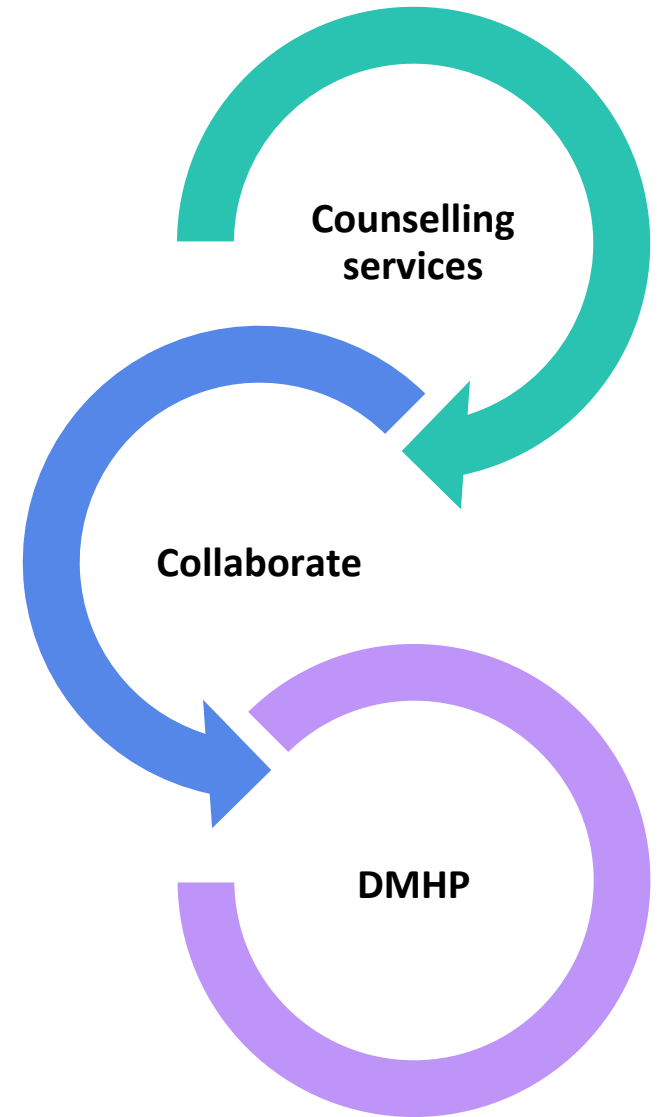
1. MHPs at DMHP, Mentoring Institutes, Medical Colleges
2. E Sanjeevani Consultations (upcoming)



Linking with DMHP

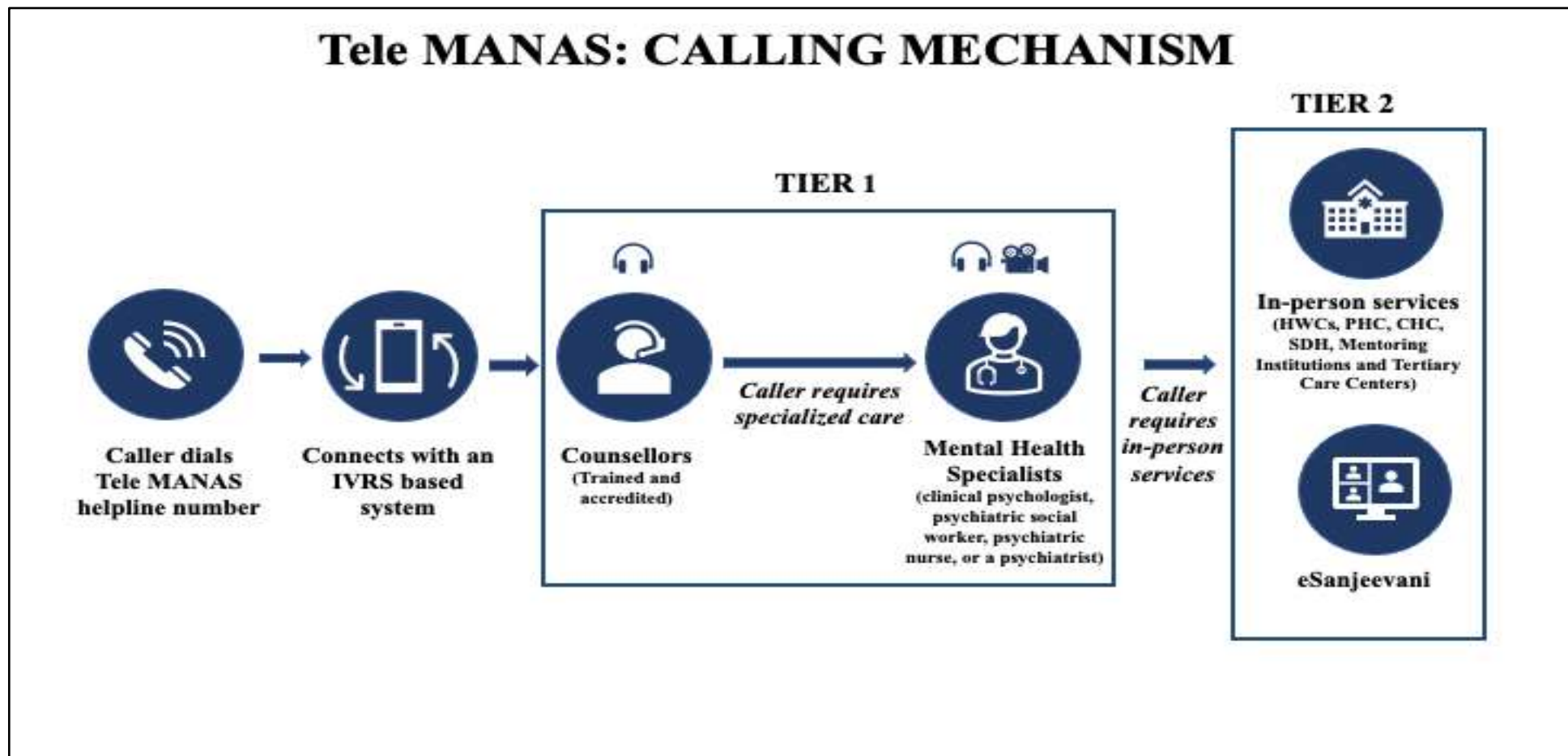
Tele MANAS is the '**Digital arm**' of the DMHP

Provide Tele MANAS services at **Tier 1 & 2** level





Tele MANAS Calling mechanism



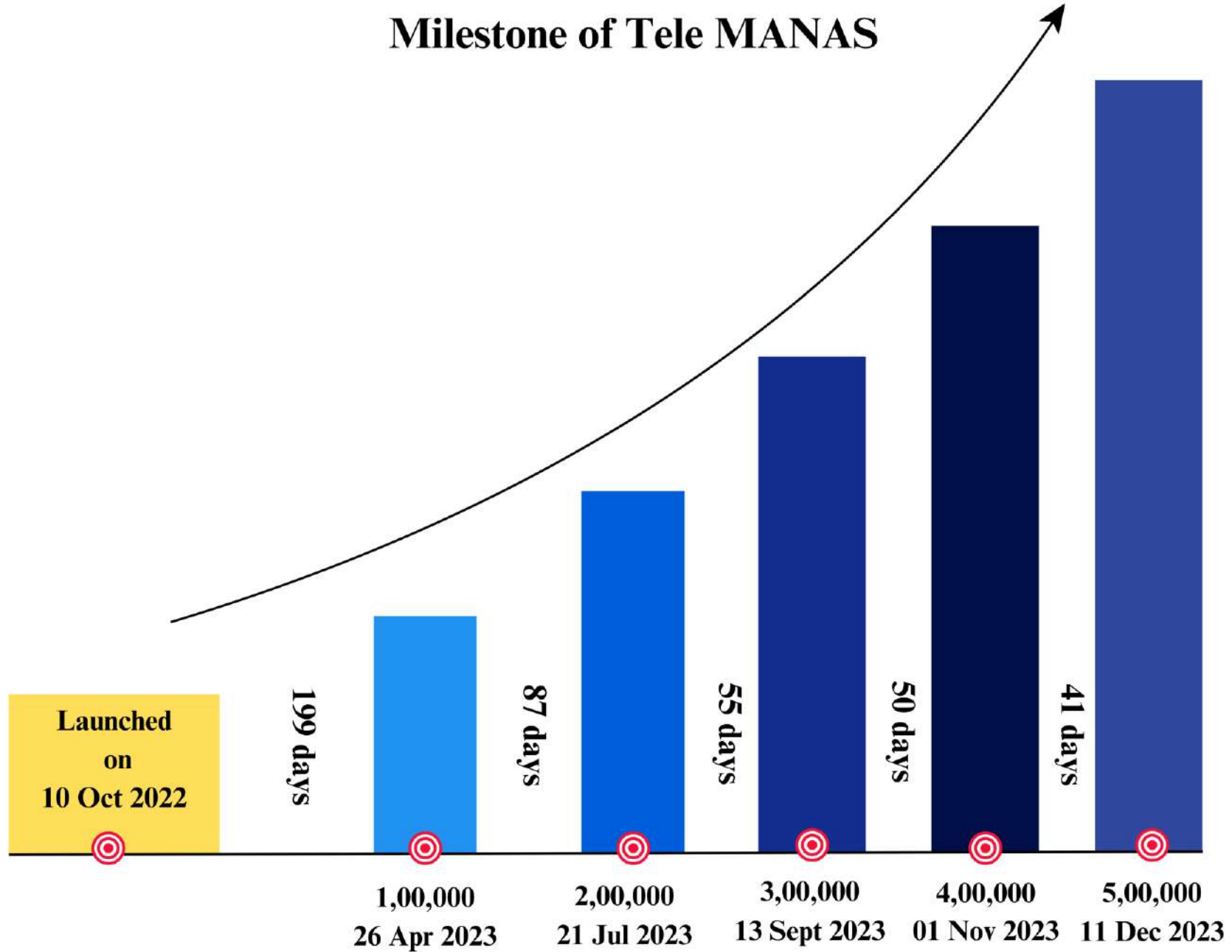


Journey Thus Far! (as on 08.01.2024)

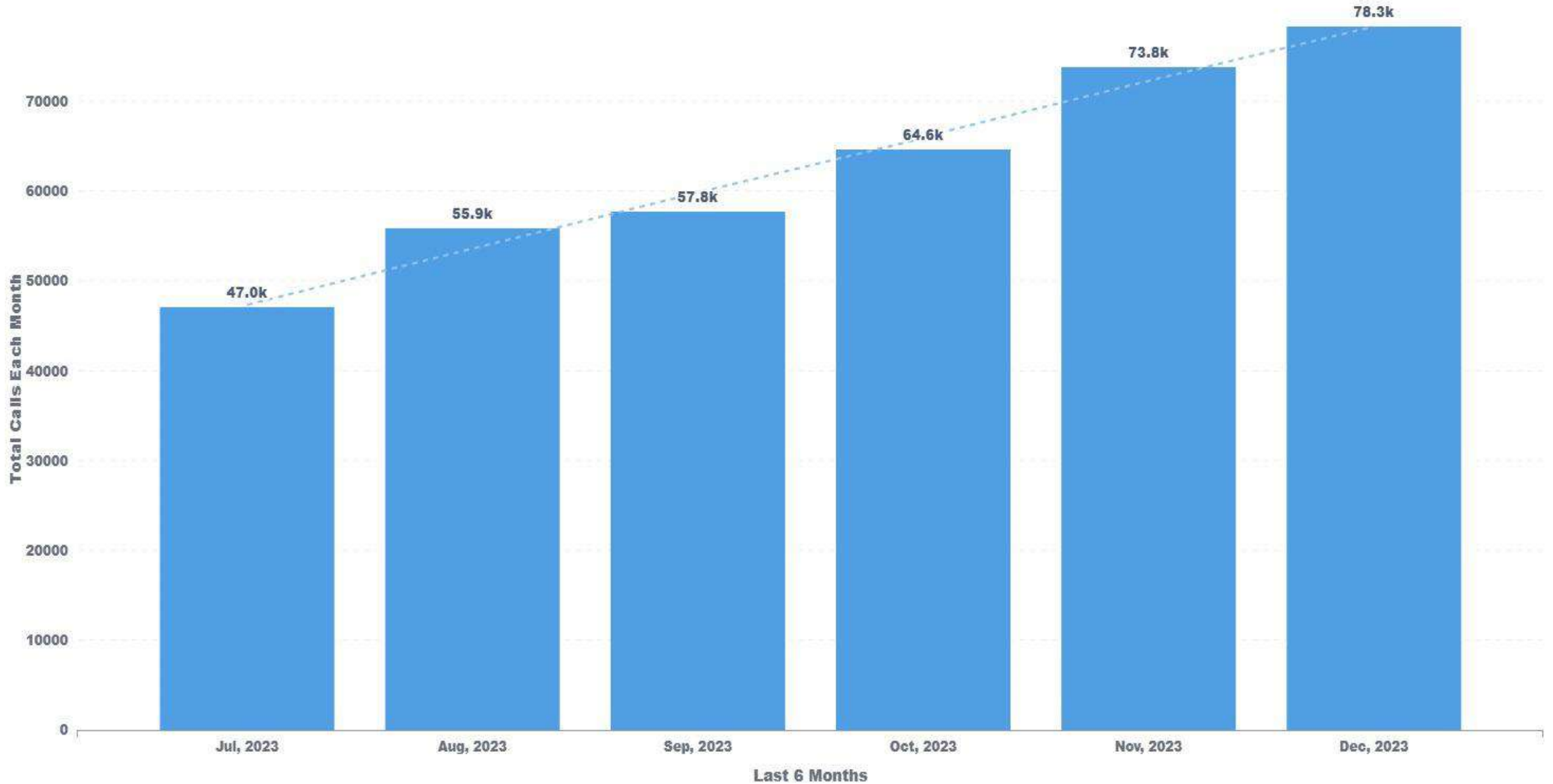
- Total Number of trained personnel: 2046 (online training)
- Onsite Training: 189 (13 TMC, 10 States)
- V3 training done for 34 states/ UTs
- Orientation programme for AFMS Tele MANAS
- Tele MANAS was represented in G20 summits across India
- 46 functional Tele MANAS Cells
- 34 states & UTs are having at least one Tele MANAS Cell
- Total Calls handled: **570,003**



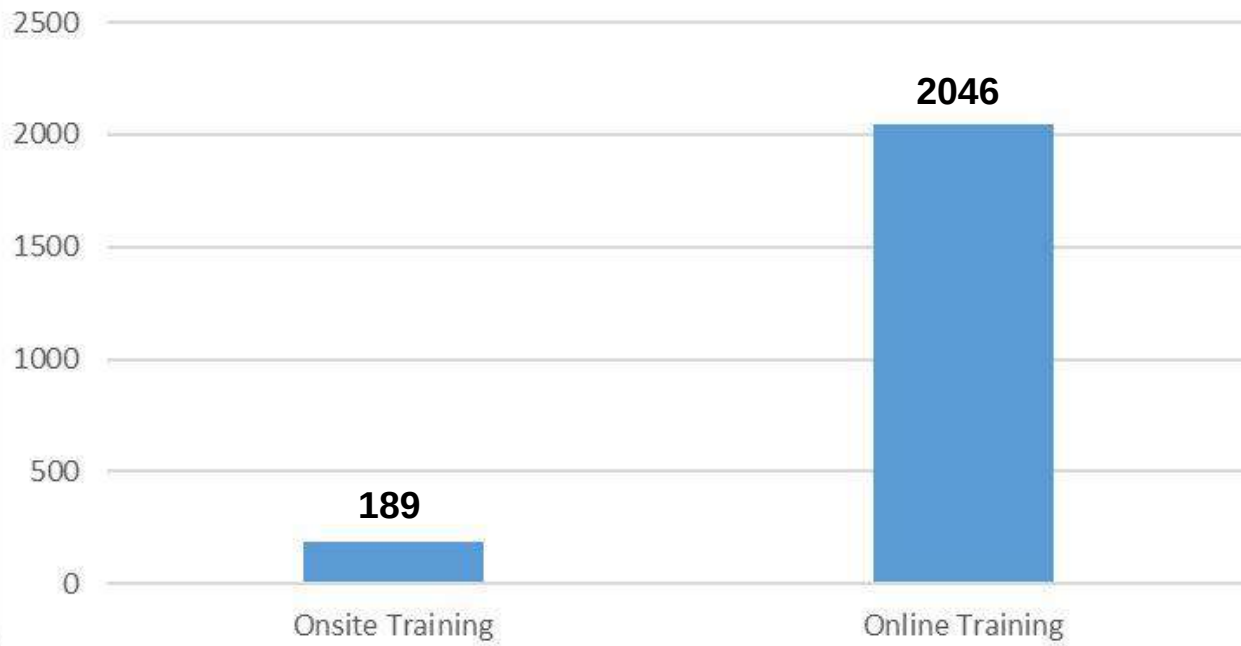
Milestone of Tele MANAS



Total Call Trends over the last 6 months



Distribution of Onsite and Online Training

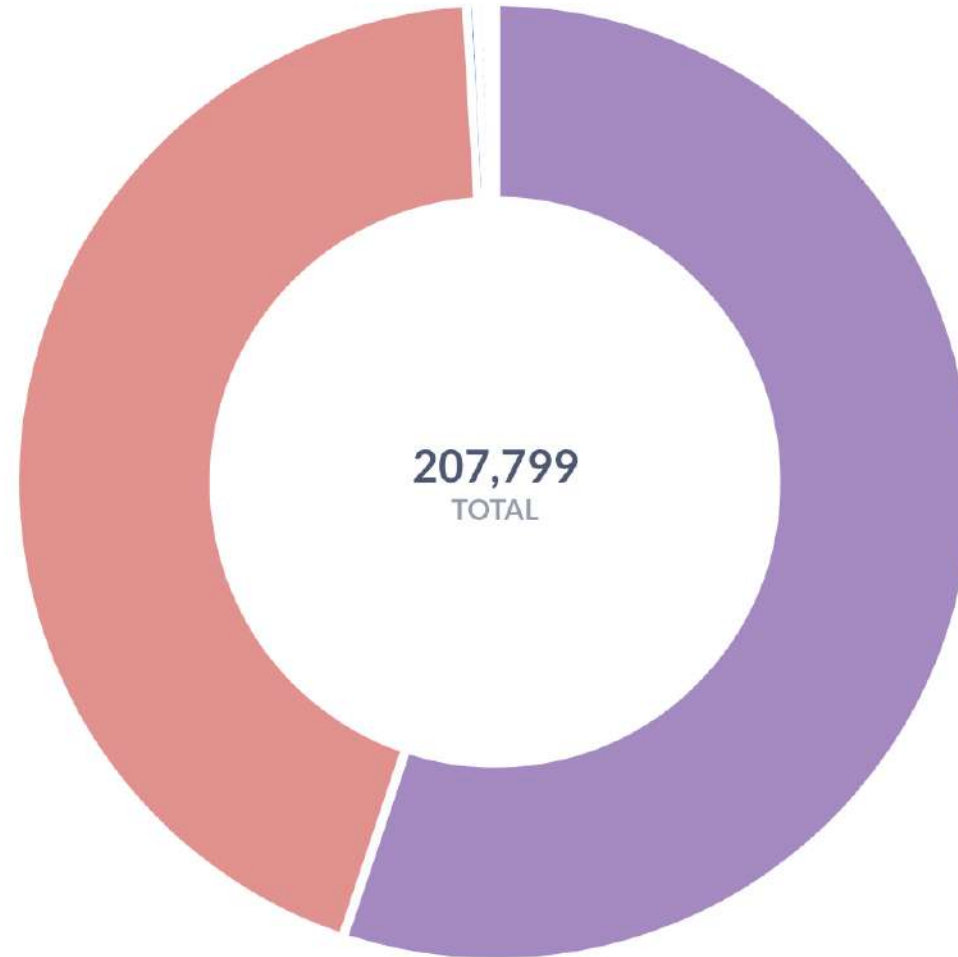


Tele-Mental Health Assistance and Networking Across States (Tele MANAS) Cell at AFMC, Pune – New baby in the block



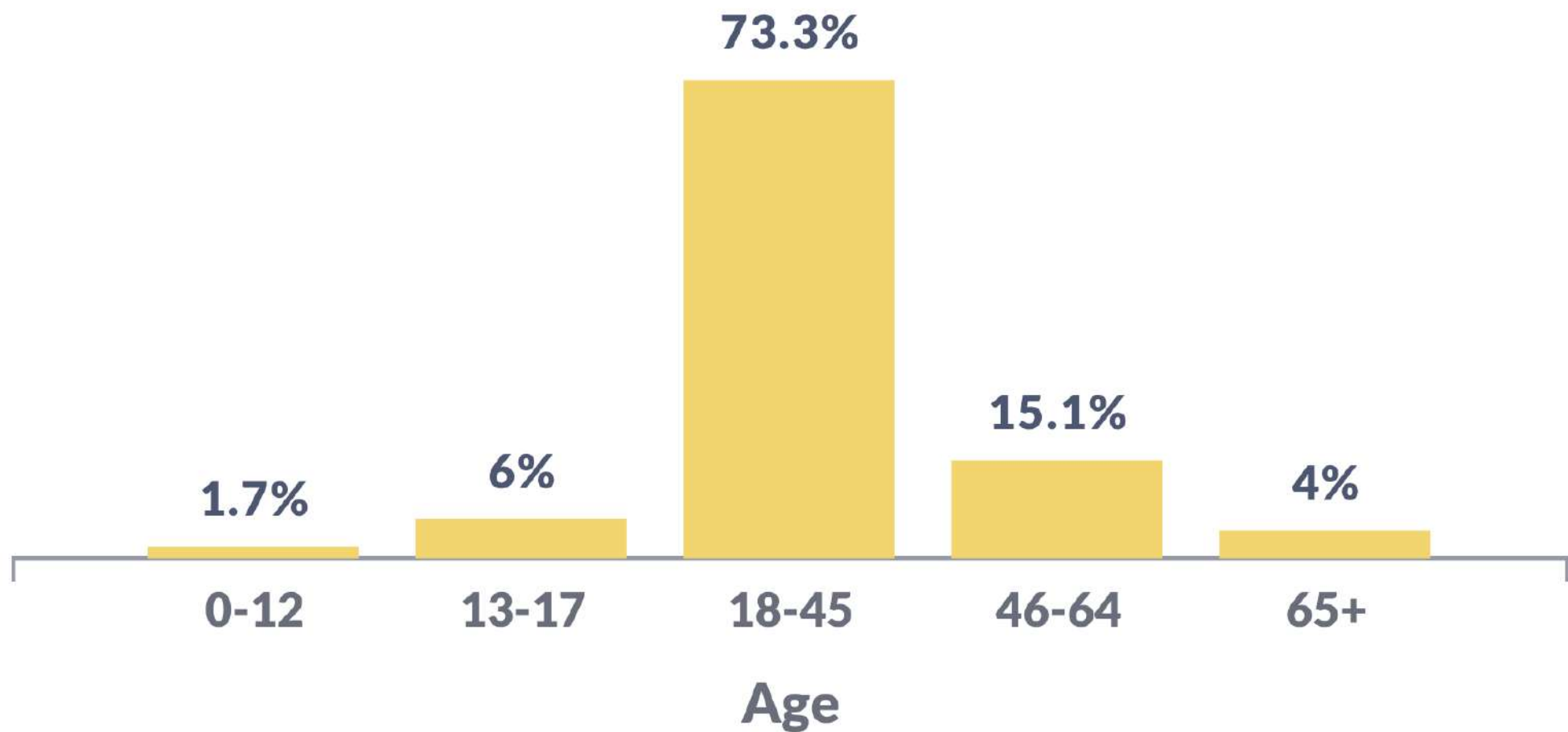
Gender Analysis

Male	55.63405%
Female	44.24708%
Other	0.06208%
Prefer Not To Say	0.05197%
Transgender	0.00481%





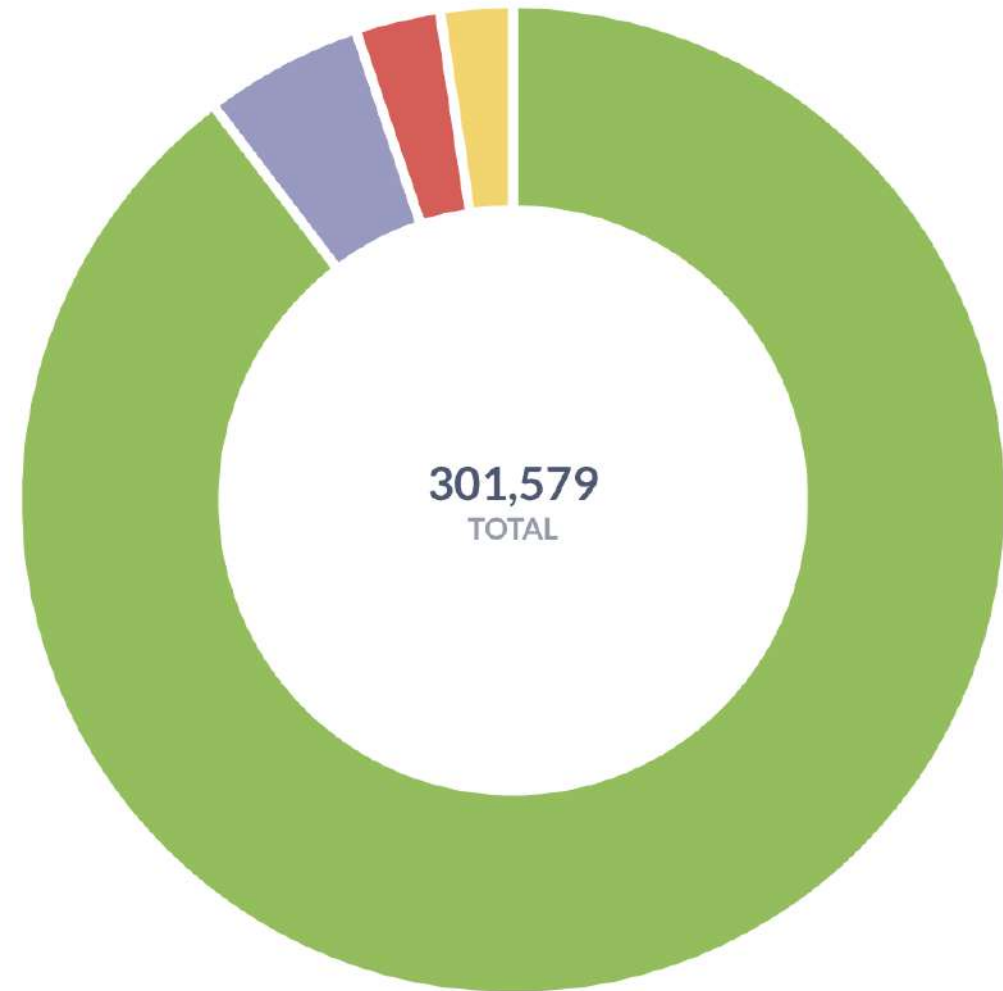
Age Groups





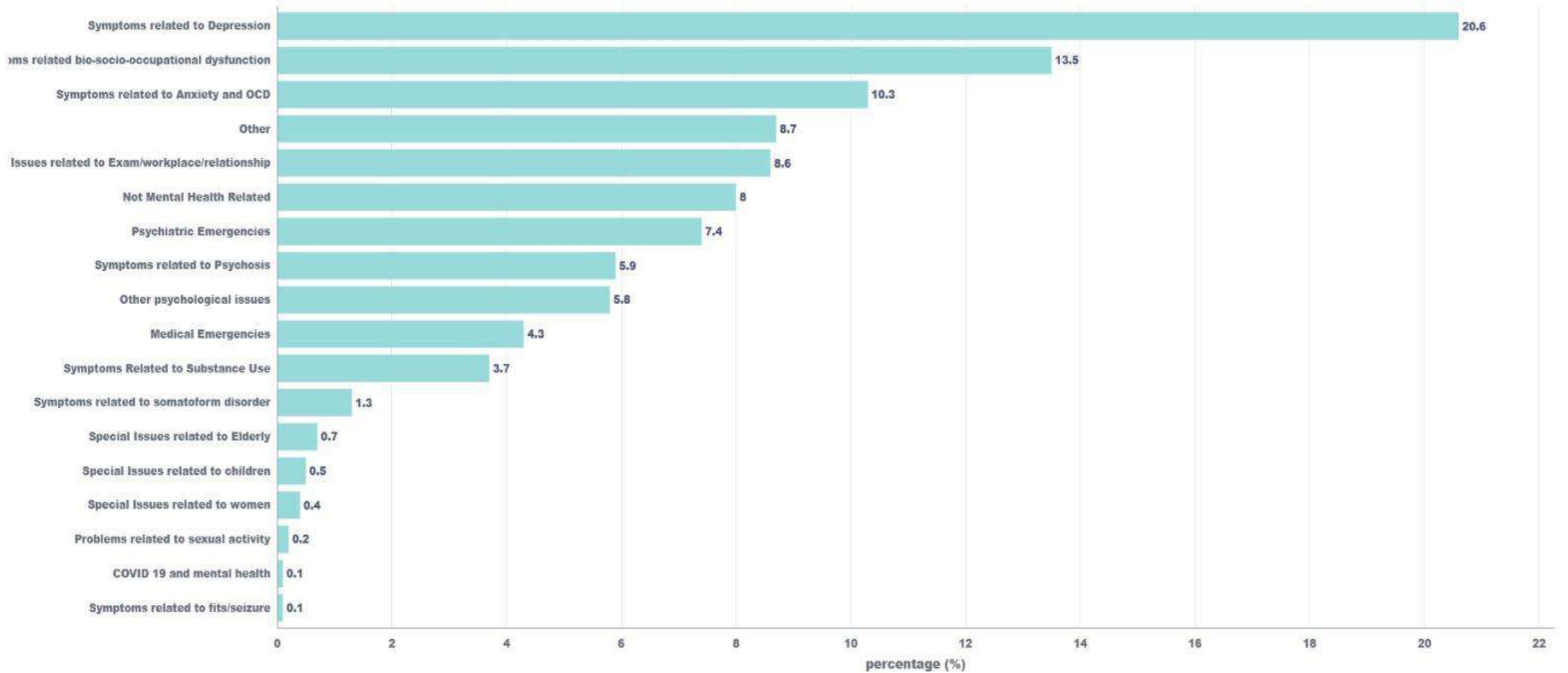
Call Triage

● Routine	90.38%
● Information	4.97%
● Emergency	2.53%
● Prank	2.11%



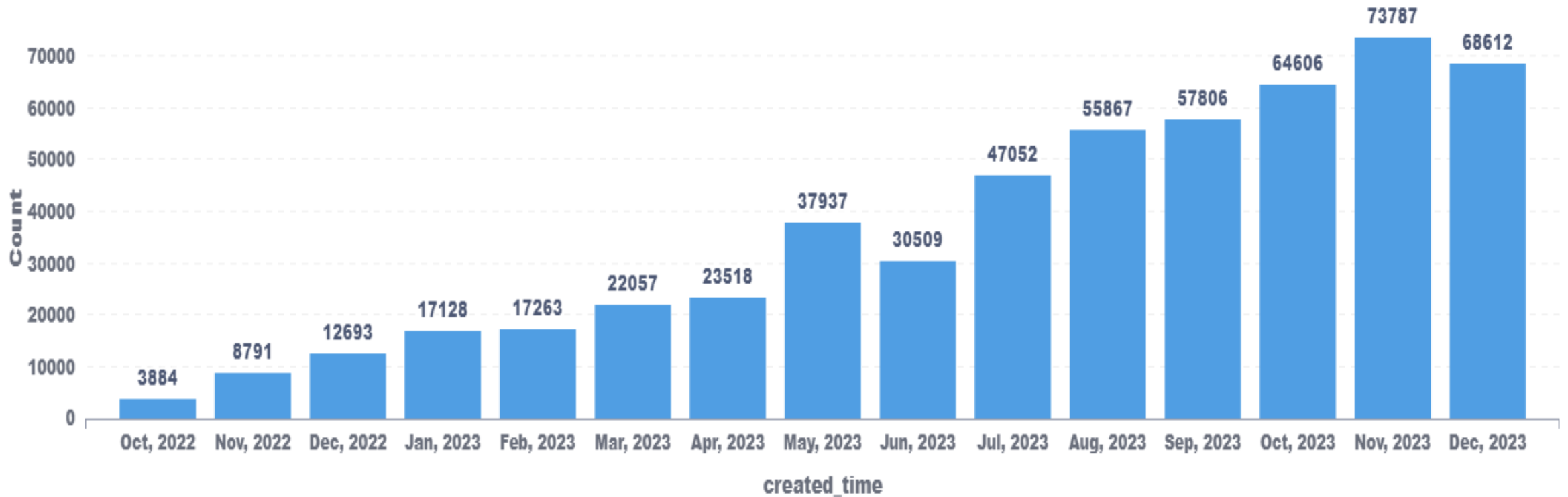


Complaints





Monthly Call Analysis (till 27.12.2023)



Success story-1

- *A young 17-year-old girl, previously diagnosed with a mental health problem, had been undergoing therapy for a year. On this day, she reached out to the Tele MANAS helpline in distress and despair due to an upcoming class 10th board exam, scheduled for the following day. She also disclosed having a cutter or blade within reach and that she was alone at home. History revealed that she was also grappling with childhood trauma stemming from parental relationship issues and sexual abuse. There had also been previous attempt at self-harm. The guilt, and anger, together threatened to spiral out of control. The counsellor attempted to de-escalate the heightened situation and divert her attention from the blade. The counsellors' persistent effort paid off when she was successful in convincing the young girl to throw the blade.*

Success story-2

- A 46-year-old woman, homemaker, belonging to low socioeconomic status, residing in a village in Manipur, contacted Tele MANAS with complaints of depressive symptoms for the past 7-8 months. She came to know about Tele MANAS services through local Radio ads a few days ago. On further assessment she revealed that she didn't possess any smartphone, had physical ailments and lived alone, making it difficult for her to avail in-person services from the nearest psychiatric hospital. The Tele MANAS team contacted the local DMHP team members, who visited her house and she was provided psychosocial support and antidepressants from the NMHP free drug supply for a month with advice to follow up after 1 month or earlier if required. On subsequent consultation by the DMHP, she reported around 40-50% improvement in overall symptoms. She was willing to continue the same medications until advised to stop.

Success story-3

- *The first call from a 20-year-old young woman student to Tele MANAS helpline was characterized by crying spells and prolonged silence. Consistent efforts by the Tele MANAS counsellor paid off, unveiling the layers of her struggle - a two-month ordeal marked by panic attacks, sleepless nights, an overwhelming sense of loneliness, and the weight of traumatic childhood experiences. Relationship hurdles, lack of focus, and low self-esteem added to her burden.*
- *The young woman's situation was evaluated by a TMC psychiatrist, leading to a referral for a face-to-face consultation at a Tier-2 facility in Bhopal. But the path to treatment was not smooth. Stigma loomed large, causing her to hesitate in seeking treatment. The counsellor and the psychiatrist worked together, addressing her concerns. And eventually after around 7-8 sessions, the treatment began. From a flurry of daily 8-10 calls seeking validation, her communication gradually reduced to 1-2 calls per month.*

.....Contd

Success story-3

- *The young woman was educated and equipped with healthy coping strategies, stress management techniques and problem-solving skills. Daily routines were restructured, incorporating exercise, balanced nutrition, and healthy sleep patterns. Every step was orchestrated under the watchful eye of psychiatrists and counsellors, who not only worked as one team, but the counsellors also went beyond their duty hours to empower the young woman. As a result of their collective efforts, she is now leading a happy healthy and a confident life which she always wanted.*
- *In her own words....*
- *"I didn't like myself in the beginning and now it is safe to say that I love myself. I have gotten a new and better perspective towards life and relationships in general. There are lot of statements that I could say were life transforming... I have become a new better version of myself."*

TeleMANAS Rapid Assessment by WHO

- The WHO team conducted an external review of Tele MANAS from the 7th – 9th of September 2023.
- To evaluate;
 - The service across the country
 - Critically its strengths and weaknesses
 - The scope for improving access of persons, particularly from underserved parts of the country, and
- The team visited TMCs and DMHPs in Jammu & Kashmir, Odisha, Madhya Pradesh and Karnataka.



- Challenges Actions and Way Forward

Service Delivery

1. Call Numbers:

Concerns	Action points
• Call numbers are on a slow rise • We are currently operational at about 25% of the total daily potential • Poor awareness • Wide inter-state variability • Few states don't have dedicated teams yet	• Mount an extensive IEC. • Multimodal campaigning • Currently, from the Apex Centre, we are engaging AIR, DD in addition to print and social media • State level campaigning in addition

Service Delivery

2. Handling Challenging Situations in Tele counselling:

Concerns	Action Points
- Managing calls dealing with - Psychiatric emergencies - Legal ethical issues - Prank calls	- Strict adherence to guidelines and SOPs - Continuing specialized training/mentoring for counsellors from Mentoring Institutes/RCCs to enhance their skills in handling challenging situations. - Robust support network for counsellors - Resource mapping across India which can help link TeleMANAS with the existing mental health ecosystem.

Human Resources related

- To ensure gender balance among existing workforce, especially counsellors
to meet needs of diverse callers
- Introduce a rotational or incentive-based schedule for counsellor and
consultants, especially during holidays to ensure fair distribution of work

System/IT related

1. Connectivity Challenges:

Concerns	Action points
Disruptions in counselling due to poor internet connectivity, Network problems causing routing difficulties, call drops, and difficulties in establishing connections.	- Upgrading internet infrastructure to ensure more reliable connectivity for counsellors. - Better communication of technical coordinators with IIITB team. - Consider backup options like redundant internet connections or mobile hotspots to mitigate disruptions.

Administerial Issues

Concerns	Action point
• Pending procurement of equipment affecting service • Inadequate privacy and quiet spaces impacting counselling sessions.	• Urgent upgrades for better equipment and infrastructure • Having dedicated workspace for Tele MANAS

System/IT related

Audio Quality Problems:

Concerns	Action Points
• Low-quality audio affecting the effectiveness of counselling during some calls.	• Conduct regular checks on equipment and software to ensure optimal audio quality. • Provide counselors with standardized hardware or headsets that enhance audio clarity. • Consider using software that can adjust for varying audio quality or provide guidance to counselors on techniques to mitigate low-quality audio issues during calls.

Counsellor's Well-being

Concerns	Action Points
• Burnout leading to attrition	• Counsellors' wellbeing programs started with Odisha and Karnataka. Will expand the same to other states as well

Capacity Building, Training

Action Points

- Accreditation of the training program; awaiting approval
- Continued professional development in regional languages to be taken up by Mentoring Institutes
- Training DMHP staff by the Mentoring Institutes
- including standard and regularly scheduled individual and group-based supervision of counsellors, as well as within-cell case conferences
- Develop a training calendar based on a needs assessment

Future directions

- Accreditation of Tele MANAS counsellors
- Linking with e Sanjeevani
 - Patient to doctor module
 - Ayushman Arogya Mandir module
- Mainstreaming Tele MANAS by linking with DMHP, medical colleges
- Developing Apps for easy use on phones
- Implementation Research
- Using Artificial Intelligence (AI) to enhance service provision

Future directions

- Map local resources beyond the health sector (e.g., social welfare programs, employment and livelihood supports), and enhance referral to holistically support the client populations' needs
- Linkages with other helplines (108, Farmers helplines, helplines related to other health programs)

Thank You