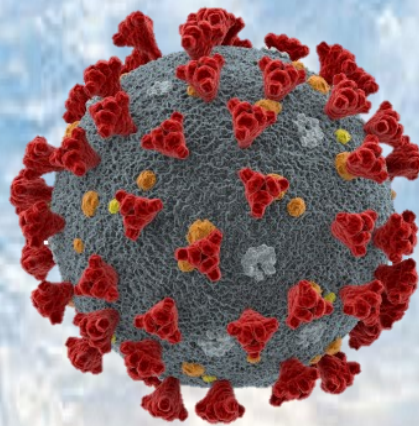


JOURNEY OF SWASTI

**Free Tele counselling for
Psychological Issues
during COVID-19**

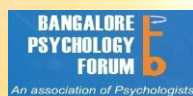


BREAK THE STIGMA

IT'S OK
TO BE NOT OK



IT'S OK TO
ASK FOR HELP



JOURNEY OF SWASTI

**FREE TELE COUNSELLING FOR
PSYCHOLOGICAL ISSUES DURING
COVID-19**

(DOCUMENTATION OF SWASTI PROJECT)

Dr. MANIKA GHOSH

Dr. VIJAYASHRI RAVI



Message

Greetings!

The Covid 19 pandemic has brought untold hardships and misery to millions of people worldwide deeply affecting their lives, livelihoods, normal social activities and everyday routines. All these changes have given rise to increased experiences of fear, anxiety, depression, uncertainty and loneliness, impacting the mental health of people severely. In such times I am very happy to see a group of psychologist's volunteers to offer psycho-social counselling through a free helpline. They have joined hands with UNICEF to set up **Swasti**, a toll-free tele-counselling service in Karnataka.

I am grateful to the government of Karnataka for facilitating this service. I must also thank Dr. Manika Ghosh and Dr. Vijayashri Ravi, Directors of Eudaimonic Centre who have meticulously documented every step, process and procedure followed in making Swasti functional and effective. I am sure this book will help many other organizations and governments to learn from and emulate the Swasti experience. This will in turn serve many who need timely psychological interventions.

With regards,

Meital Rusdia

Chief Field Office

UNICEF Field Office for Andhra Pradesh, Karnataka and Telangana

United Nations Children's Fund

317/A MLA Colony, Road No.12, Banjara Hills, Hyderabad, Telangana, India – 500034

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Acknowledgment

This book traces the journey of Swasti, documenting the entire course of its progression. Swasti, the toll free tele counselling service set up in Karnataka has come to fruition due to the concerted collaborative efforts of several experts. The commitment of these experts in ensuring that systems are put in place for effective tele counselling in addressing the mental health issues during COVID-19 pandemic is laudable. At every step they have provided the collaborative partners, UNICEF and counsellors with professional advice, timely suggestions and sound reviews.

I thank Dr. Ashok H.S. former Chairman PG Dept. of Psychology, Bangalore University & Visiting Professor Centre for Education & Social science, Bangalore and Dr. Elizabeth Jasmine, Professor & Principal, Indian Institute Psychological Research (IIPR) for their unstinted support. With extreme appreciation I acknowledge the steadfast contributions from Mr. Mahendra Rajaram, Disaster Risk Reduction Officer at UNICEF, Mr. Sonykutty George, Child rights expert UNICEF, Dr. Vijayashri Ravi, Dean, PG Dept of Psychology, Bishop Cotton Women's Christian College, Bangalore and Director Eudaimonic Centre. My gratitude is due to Sri. Sulralkar Vikas Kishor, the Deputy Commissioner, Koppal district, Government of Karnataka for the support given

I thank Mr. Likhith Raju, for technology support for Swasti, the cover page design and graphic illustration in the book. Our thanks are also due to Ms. Rachel for helping in installing and managing the Exotel portal for the tele call.

With earnest gratitude.....



Dr. Manika Ghosh,

Director Eudaimonic Centre
& Secretary AHP, President BPF.



Prime movers

2



MEITAL RUSDIA
Chief Field Office
UNICEF



MAHENDRA RAJARAM
Disaster Risk Reduction Officer
UNICEF



SONYKUTTY GEORGE
Child rights expert
UNICEF



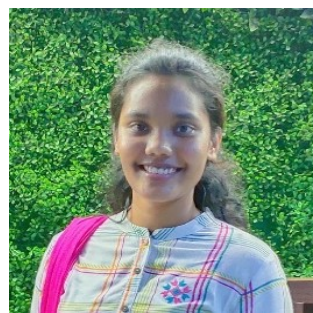
Dr. MANIKA GHOSH
Coordinator of Swasti



Dr. VIJAYASHRI RAVI
Core Committee member



LIKITH RAJU P
Tech Support



RACHEL
Tech Support



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Background:

The coronavirus disease 2019 (COVID-19) epidemic that has spread rapidly since January 2020 has cost millions of lives and is continuing to adversely affect million others across the world. It has caused wide ranging distress in all sectors -economic, social, educational, political and cultural impacting human lives severely. In addition, medical science, state and national administrations, religious faith, financial institutions, small, medium and large enterprises are facing several unprecedented challenges to deal with the crisis in equal measure. Covid 19 has been as destructive to the world superpowers as to the poorest of the countries, proving to be an inadvertent equalizer. With mounting human tragedy, with no immediate solution in sight, with even experts being clueless, there is an all-pervasive helplessness and despair among people.

In order to check the transmission of covid-19 virus, the Government of India invoked Disaster Management Act -2005 and issued order for lockdown of the country. This was a measure to slow down the transmission of the infection and enable the health system to meet the emergency health needs, without putting pressure on health facilities. Though the measure was welcomed by all, it caused a lot of hardships to around 6 crores migrant laborer's, a large number of economically vulnerable, those with health challenges, school and college going children, youth who lost their jobs and to many others. The pandemic also necessitated certain safety measure - physical and social distance, restricted travel, quarantine, repeated sanitizing, heightened need for hygienic actions, use of masks etc. all of which calls for drastic behavioral changes, jeopardized normal life. Following these safety measures on a long-term basis is in itself a huge challenge. While large sections of society live in fear, anxiety, depression, hopelessness, loneliness but at the same time adhere to the new norms, there are others who are indifferent and defy the safety measures, posing a challenge to the administrators and a threat to the vulnerable.

Therefore, Covid 19 contagion is not merely a medical concern; it has immense psycho-social ramifications. Mental health professionals across the world have warned against a huge mental health crisis looming large as a result of the pandemic and have issued guidelines for psychological crisis intervention for people affected by COVID-19 and their families. In such trying times mental health of a large number of people is bound to be compromised with



anxiety, depression, fears and hopelessness becoming commonplace. Families who have lost their loved ones, patients who are hospitalized or home quarantined, families and caretakers of patients, hospital staff and frontline workers who are clocking long hours away from their families, people who have lost their jobs or livelihood, children who are missing school and attending online classes, women who are facing increased domestic abuse, elderly who find themselves isolated at home - the lists of people in psychological distress requiring a helping hand are endless. . It is also feared that a large number may experience prolonged psychological distress and PTSD (Post Traumatic Stress Syndrome), needing professional psychological interventions.

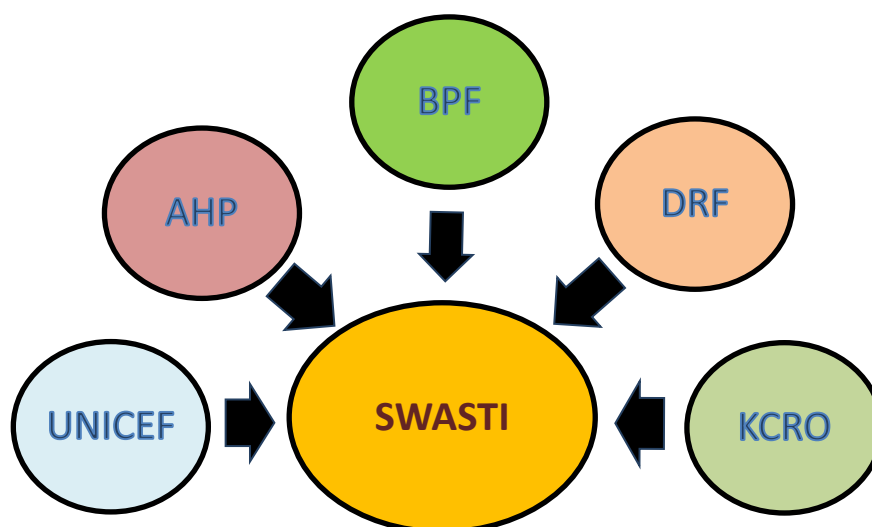


Swasti - A collaborative initiative

A counselling service that could help tackle the psycho-social problems faced by multitude of people during the pandemic was certainly the need of the hour. With the inevitable physical distance and lockdown, the feasible option was to offer this service on a distance mode wherein counselors could only be a call away. Thus, organizations with experience in providing psycho-social assistance began a collaborative initiative to provide succor to the needy through tele counselling. Association of Health Psychologists (AHP), Bangalore Psychology Forum (BPF), Karnataka Child Rights Organization (KCRO), Dr. Reddy's Laboratory joined hands with UNICEF to set up a free tele-counselling helpline in Karnataka. Initial discussions and deliberations went in putting certain processes in place.

The tele counselling initiative required a catchy name which could easily be understood and pronounced by all. With suggestions sought from all the stakeholders, the helpline was aptly named *Swasti*, which in Sanskrit implies wellbeing, comfort or bliss.

Figure 1: -Showing Collaborative partners



UNICEF: - United Nations Children's Fund, popularly known as UNICEF is a United Nations agency responsible for providing humanitarian and developmental aid to children worldwide. The agency is among the most widespread and recognizable social welfare organizations in the world, with a presence in 192 countries and territories.

AHP: - Association of Health Psychologists is a pan India body of professional Psychologists has used its expertise and experience in undertaking similar initiatives in other states like Telangana, Andhra Pradesh, Orissa and West Bengal. AHP has developed Covid Mental Health assessment test and norms, a very useful tool to identify mental health issues at the earliest. AHP has also developed an awareness kit which is approved by WHO.

BPF: - Bangalore Psychology Forum is a Bangalore based organization of Psychologists that has been working towards promoting mental health from past two decades. The focus point of this organization is youth empowerment through life skills training and counselling. All the counsellors who volunteered for Swasti service had been drawn from this organization.

DRF: - Dr. Reddy's Foundation is a leading multinational pharmaceutical company based in India and overseas, committed to providing affordable and innovative medicines for healthier lives

KCRO: - Karnataka Child Rights Organization is a non-governmental organization (NGO) working in the field of child welfare in the state.



Main focus issues for Swasti:

- a) With continuous escalation in Covid-19 cases, front line workers are experiencing immense physical and psychological stress while managing the pandemic situation.
- b) Psychological and emotional issues of Covid patients and their families are being addressed by medical professionals and health workers for which they are not equipped.
- c) According to various reports, migrant workers and the homeless have been hit severely by economic slowdown caused by Covid-19. They have lost their means of livelihood and are in constant search for food. This has impacted their psychological wellbeing which needs to be addressed.
- d) Children are unable to attend school, are engaged in online classes, and for many, crucial exams have been postponed almost indefinitely and are staring at an uncertain future. Stress, depression and anxiety are very high among them needing timely help.

Objectives and possible action plan:

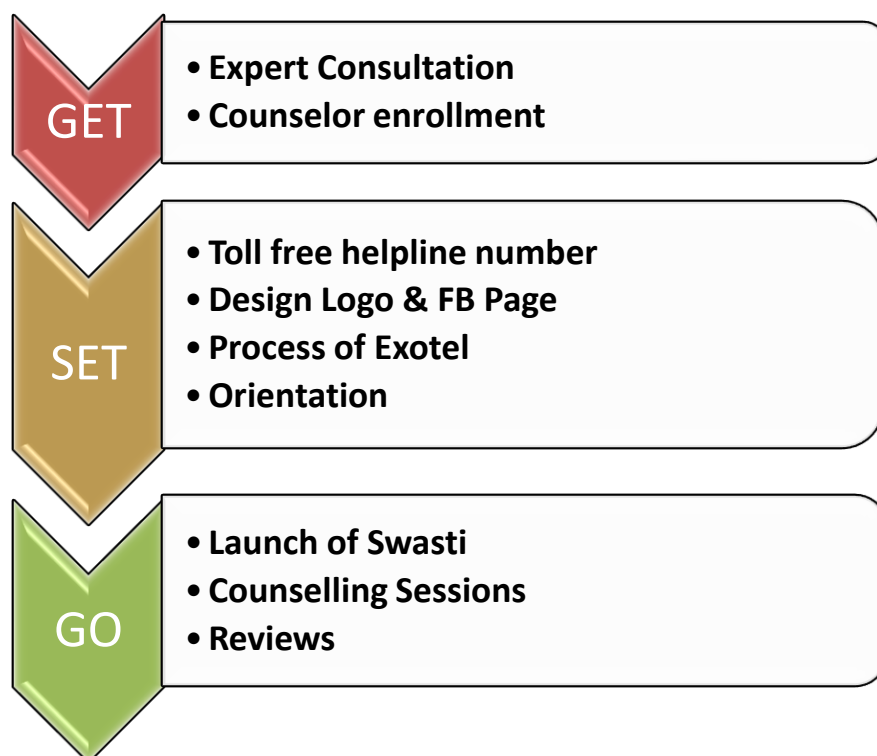
- a) The psycho-social counsellors to support the affected persons and those in need for support, through online or tele-counselling.
- b) The tele-counselling to be person centered with predefined roles and objectives of psycho-social counsellors,
- c) Prepare or compile information and materials required for psycho-social intervention and hold a brief orientation for the counsellors.
- d) Reach out to health workers, frontline workers, school and college children, women, youth and all who require emotional support during the pandemic.
- e) Create a toll-free number, web site and Face Book page with dedicated technical personnel to ensure its smooth functioning.
- f) Each of the collaborative organizations to take responsibility in creating awareness about Swasti and giving wide publicity through various media channels – print, radio, web news, TV, and also personal networks.
- g) Association of Psychologists to lead the actual counselling process.
- h) Possibly collaborate with Government departments and other Networks.



Operational procedure for Swasti

An initiative of this magnitude and nature requires knowledge, expertise, meticulous planning, and certain robust processes in place. Counsellors are required to deal with mental health issues of very vulnerable people, which calls for sensitivity, alacrity, empathy and efficiency. Swasti initiative was no different. Every step and processes put in place came after long deliberations and forethought from experts

Figure 2: - Showing the operative process of Swasti



Expert Consultations for Swasti:

At the outset an expert committee comprising senior Psychologists and officers from UNICEF to oversee Swasti tele counselling service. was constituted (see box). The members brought their expertise and experience in providing inputs in the selection of counsellors, their orientation and the counselling process. They also provided timely guidance in handling difficult cases and reviewed the project periodically. In the beginning review meetings were held fortnightly and with stabilizing of the counselling process meetings were organized only monthly.

Figure 3: - Expert committee members

1. Dr Ashok H. S.

Former Chairman PG Dept. of Psychology, Bangalore University & Visiting Professor Centre for Education & Social science, Bangalore

2. Mr. Mahendra Rajaram

Disaster Risk Reduction Officer at UNICEF, Hyderabad Field Office for Telangana, Andhra Pradesh and Karnataka

3. Dr. Manika Ghosh,

Former Professor & Special Officer, Dept. of Collegiate Education, Govt. of Karnataka. Director Eudaimonic Centre & Secretary AHP, President BPF

4. Dr. Vijayashri Ravi,

Dean, PG Dept of Psychology, Bishop Cotton Women's Christian College, Bangalore. Director Eudaimonic Centre & Secretary BPF

5. Mr. Sony Kutty,

Child rights expert UNICEF

6. Dr. Elizabeth Jasmine,

Professor & Principal, Indian Institute Psychological Research (IIPR)



Counsellor Enrollment

Enrollment of counsellors as volunteers was one of the most crucial steps, since project Swasti to a large extent depended on their counsellor competence and dedication. Enrollment followed the following diligent steps:

- a) AHP coordinated with BPF to mobilize volunteers for tele counselling.
- b) Mails and messages were sent out to counselling psychologists in different colleges, universities and corporate offices.
- c) Only persons with Post Graduate degree in Psychology with sufficient experience in counselling were asked to register.
- d) Preference was given to those who spoke different languages other than English.
- e) Almost 75 persons including professors of Psychology, practicing psychologists, corporate counsellors and a few final MSc students of counselling Psychology responded. Some were not selected and others dropped out.
- f) Volunteers were screened to ensure sound mental health and Stability. Only 43 volunteers who were found to have good mental health were selected while 8 volunteers were kept on a standby mode.
- g) Volunteers who were kept on standby mode were provided orientation and basic intervention to improve their mental health. It was decided to enroll them in case of increased caseload.



Table showing the list of Counsellors

1. Lakshmi Acharya	2. Prof. Nalini Dwarakanath	3. Prof. Paul Raj
4. Vidya Sadanand	5. Prof. Monisha Muliyl	6. Dr. Prathibha M V
7. Dr. Suman K Murthy	8. Divya M	9. Arya K Nair
10. Irien Johnson	11. Renie Anthony	12. Sushmita Sircar
13. Guntaas Lotay	14. Vagisha Sureka	15. Prachi Agarwal
16. Malhar Choksi	17. Sreya Nadimpalli	18. Aaliya Sultana R
19. Vaidehi Kulkarni	20. Ritu Chugh	21. Reshma Mani
22. Akshita Kaushik	23. Arlene Fernandes	24. Smriti Khurana
25. Sharanya Nambiar	26. Sheeba Simran	27. Manasvita Mohan
28. Shruthi R	29. Nisarga K	30. Bhavya M
31. Madhura Sampath	32. Vinosha S	33. Huda Fathima
34. Anitha S	35. Sonia G	36. Asha Mol C N
37. Pragati	38. Aamina Hiba	39. Lubna Riaz
40. Rashi Surana	41. Brunda S	42. Madhuvanathi BM
43. Sandhya NC		

Stand by:

1. Roshini Sneha S
2. Pratiksha Bhagya
3. Zainab Bushra A
4. Geetha S Patel
5. Pooja G
6. Shruti Kumar
7. Asha mol C. N
8. Priyanka.R



Setting up toll free helpline

After the initial telephonic discussions among the collaborators, UNICEF took the initiative to set up a toll-free telephone number. Following were the crucial steps followed:

- a) Ms. Rachel from Dr. Reddy's laboratory was designated to follow up with Exotel to initiate the helpline.
- b) Mr. Likith Raju, created a unique identification digit (UID) and automated form to monitor their Mental health status for each counselor during registration.
- c) Ms. Monisha Muliya (counselor) recorded the caller response in different languages.
- d) Dr. Manika Ghosh gave her inputs for assigning counsellors for the three shifts. The permutations and combinations of counsellors had to be worked out based on experience, languages spoken and timings opted.
- e) An orientation and trial run were conducted to help counsellors register in the Exotel platform.
- f) Ms. Rachel and Mr. Likith Raju also explained the process of returning a missed call from callers through the Exotel platform. The detailed process chart was also mailed in the group mail

Designing logo and FB & Instagram page

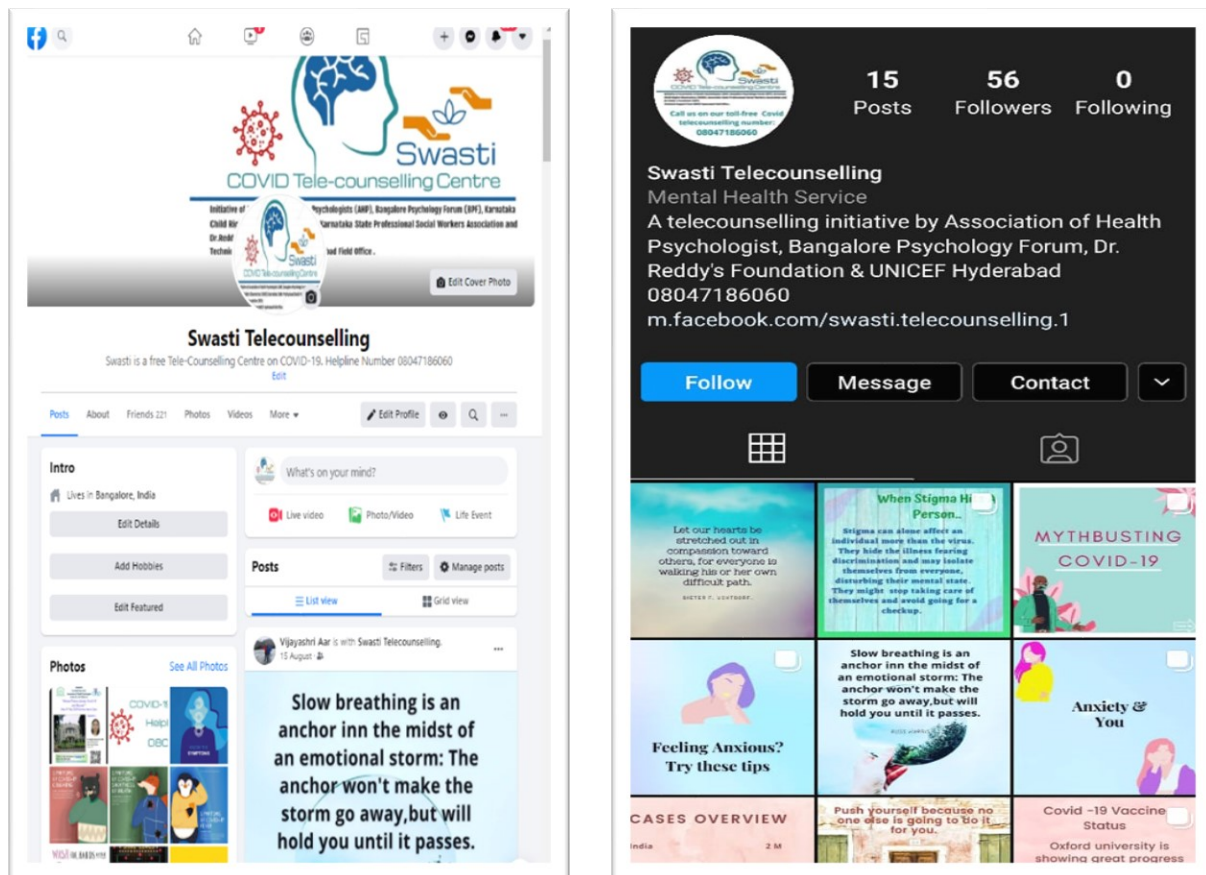
After the initial naming of the counselling helpline as *Swasti*, a logo was developed by Mr. Murali with inputs from Dr. Manika Ghosh and Dr. Vijayashri Ravi.

Figure 4: Swasti Logo



Simultaneously a Facebook and Instagram pages were also created for wider visibility and reach. It was populated by the a few senior counsellors from time to time with write up on mental health, mental hygiene and importance of counselling.

Figure 5: Swasti Fb and Instagram page

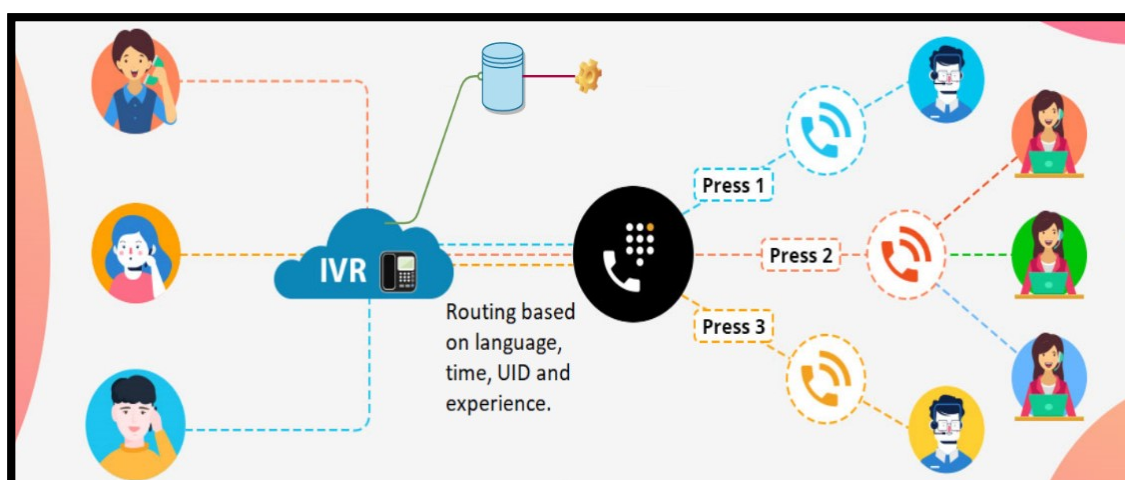


Process of tele counselling with Exotel

All the selected counsellors were required to furnish basic details like email, phone number, extent of experience, languages known and timings preferred.

- a) Call schedules were prepared by the technical support team based on the counsellor experience, languages known and preferred timings.
- b) Counsellors were divided into three shifts of 5 hours each between 8 am to 11 pm.
- c) It was ensured that every shift had a mix of senior and junior counsellors and also counselor's with different languages skills of English, Hindi, Kannada, Tamil, Telegu, Malayalam and Urdu.
- d) Counsellors were also required to sign a consent letter as per UNICEF guidelines.
- e) A Unique Identification number (UID) was generated for each counsellor and their personal phone numbers were kept confidential.
- f) The mental health assessment test was digitized which helped in quick generation of results. Counsellors were required to take this test while registering.
- g) A reporting format for counselling was created by Eudaimonic Centre which all counselors were required to enter after every counselling session.
- h) In order to ensure quick and smooth communication, a WhatsApp group and mailing group of counselors, coordinating partners and expert committee members was created.

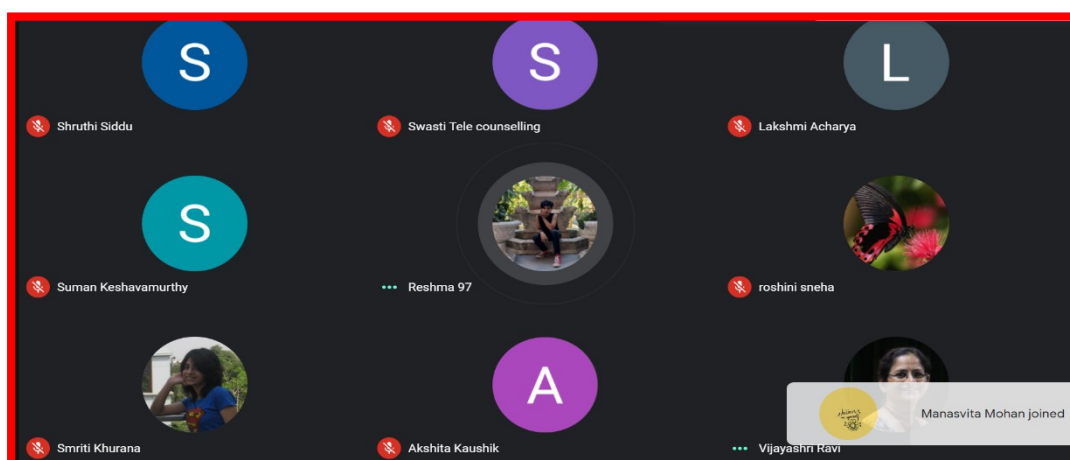
Figure 6: Swasti Exotel call routing wireframe



Orientation & support to counsellors

- a) Online orientation sessions were organized for all the selected counsellors. During the session, members from expert committee explained the objectives and nature of Swasti tele-counselling service, the kind of callers expected, method of handling each case, filling up case report formats and referrals to be given when necessary.
- b) Materials depicting Covid appropriate behaviour that developed by AHP and UNICEF were shared with all the counsellors through mail.
- c) In order to ensure that the counseling process is followed well and counsellors receive guidance in handling difficult cases from experts, case sheets were discussed during review meetings. However, confidentiality of the callers was strictly maintained.
- d) In addition, a team of senior counselors served as mentors who regularly monitored, guided and reviewed the work of the other counsellors.
- e) Facebook page of Swasti was regularly populated with articles and tips on mental health for better visibility and awareness regarding this counselling service

Figure 7: Showing an ongoing orientation session



Launch of Swasti

Swasti, free counselling service was formally launched by Ms. Uma Mahadevan, IAS, Principal Secretary, Rural Development & Panchayat Raj, Government of Karnataka on -10th June 2020. To create public awareness regarding this service a press note was shared with both print, online media and radio in English & Kannada. It was also widely shared in social media – FB and Instagram pages and WhatsApp groups and in webinars.

Figure 9: Photo showing Ms. Uma Mahadevan dialing the Swasti number, Mr. Vasu from KCRO is also seen



Details from counselling sessions

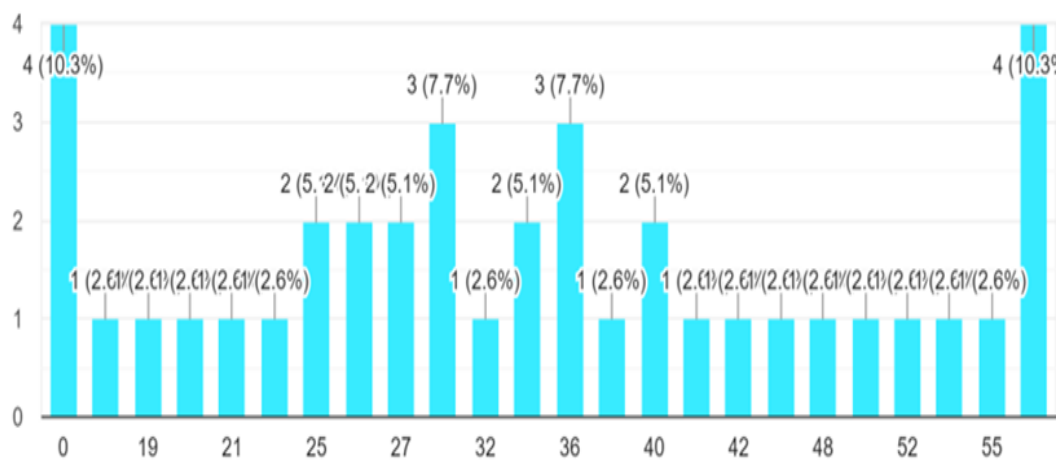
Swasti service received calls from a wide range of callers, including children, youth and elderly, women as well as men, city dwellers and rural people. Problems that each caller faced also differed. Typically, the calls were more immediately after an event like FB live, appearance of print or online article, radio chat, or a webinar which would tapered off to only a few later. The call analysis provided below gives a clearer picture of the type of callers and their mental health issues that was handled by Swasti counsellors.

Figure 10: Pictures Showing our counsellors on call



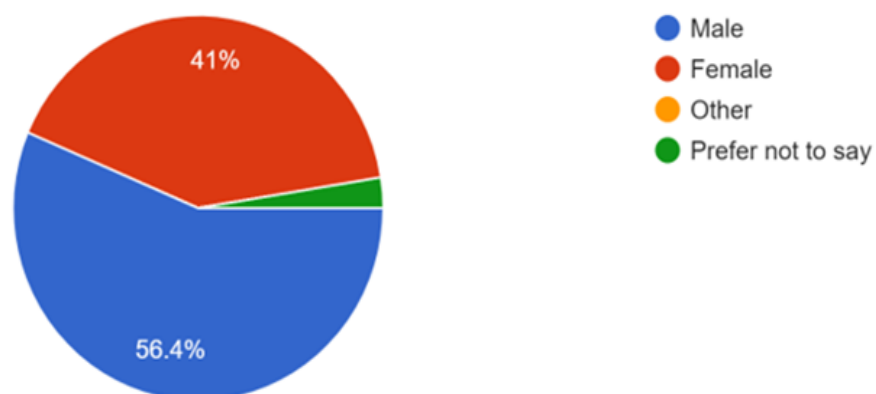
Graphical Representation of Callers: -

- a) **Age:** Although callers belonged to different age groups, maximum numbers of callers were either below 19 years, who are mostly students or above 55 years, feel helpless and lonely.



Graph 1 Callers age where zero indicates age not disclosed.

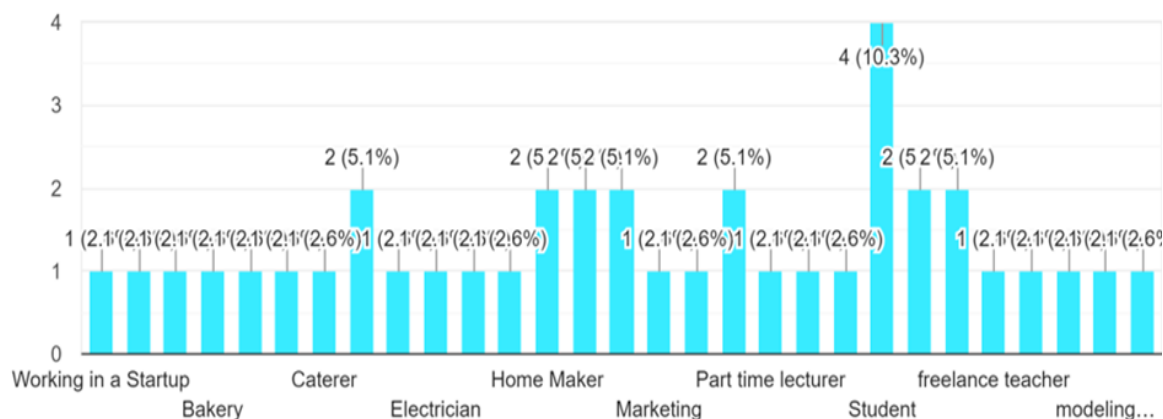
- b) **Gender:** More number of men called than women, perhaps because men have better accessibility and liberty to approach. A small percentage did not want their gender to be recorded



Graph 2 Callers Gender

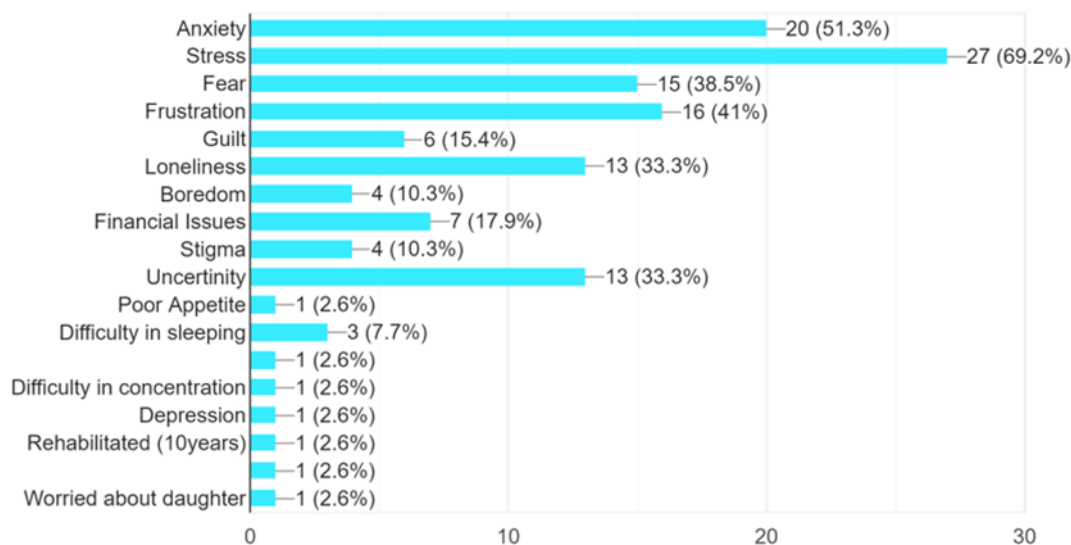


c) **Occupation of callers:** As is evident from the graph below, callers were from different occupations but students topped the list followed by homemakers and freelance teachers.



Graph 3 Callers Occupation

d) **Type of mental health issues:** Some of the callers had preexisting mental health issues, which understandably and as feared got aggravated during the pandemic. Maximum existing issues were found to be stress followed by anxiety, frustration and fear.



Graph 4 Callers Mental Health Issues Upon Analysis.



Snippets from case reports

New opportunity to become a better version of yourself every day you wake up



Case 1

Counsellor UID-8491

Caller details:

Age - 56-years

Gender - Male

Occupation - Freelance theatre teacher

Number of Sessions- 3

Each call lasting – approximately 40 minutes

Chief Complaints- Anxiety related to COVID-19, Fear of contracting the infection, OCD, Loneliness.

Outcome – caller expressed satisfaction

Directions offered by the counsellor-

1st session – caller was advised to accept his problems, express his concerns, fears and issues. He was asked to take some time off, mentally hibernate and list out all the things that helped him relax by practicing relaxing breathing patterns.

2nd session – caller was advised to use the SALT technique of Stop, Ask, Listen and Think to help the Client understand his thoughts and feelings better.

3rd session - the caller was given a general idea on how he could externalize the OCD.

Overall, the sessions were effective and the client mentioned that they helped him and he felt much better.

Case 2

Counselor UID-6067

Caller details:

Age - 24-years

Gender - Female

Occupation – Final year student of Law

Number of Sessions- 2

Each call lasting – approximately 30 minutes

Chief Complaints- Depression, COVID related anxiety and uncertainty regarding future prospects

Outcome – caller expressed hopefulness and satisfaction

Directions offered by the counsellor-

1st session – caller was firstly shown empathy and understanding. She was asked to keep in touch with her friends and family on a regular basis in order to share her problems and feel light.

Secondly, she was also asked to help ease the financial condition by spending less on certain things. Thirdly, she was taught imagery technique and Jacobson's relaxation method, which she was asked to practice every day at the same time, same place.

2nd session –she was given the following suggestions:

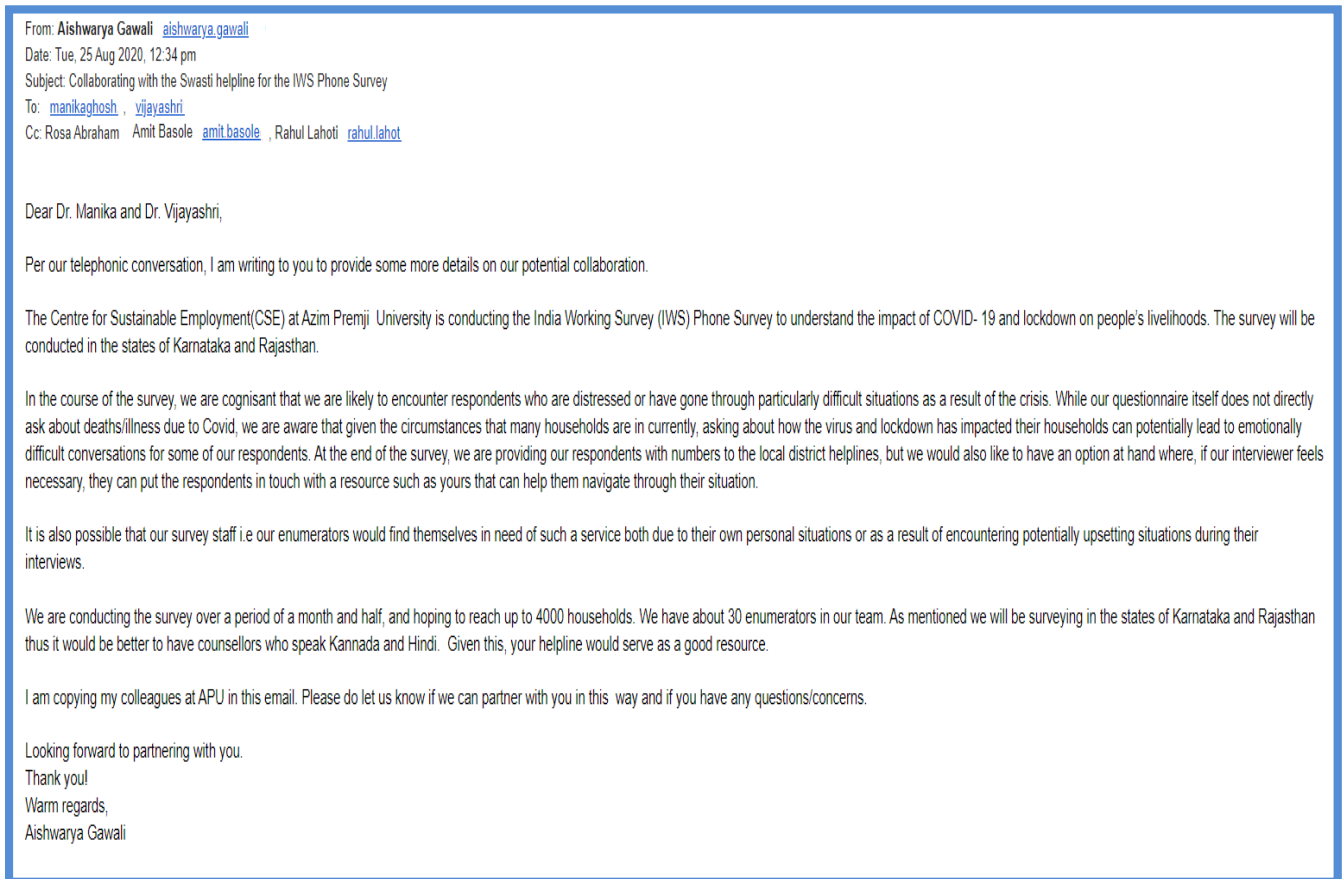
- Have a calm discussion with her parents.
- Write her thoughts and feelings without blaming, judging or disrespecting them and give it to them.
- Share household responsibilities and express her appreciation and fondness for them more often.
- It was explained that changes in relationships will occur slowly, so she should remain patient and continue to work towards it.



Out Reach Activity of Swasti:

Swasti was approached by the Centre for Sustainable Employment (CSE) at Azim Premji University for consultations and orientation of their counsellors. The Centre was conducting the India Working Survey (IWS) Phone Survey to understand the impact of COVID- 19 and lockdown on people's livelihoods. They were conducting the survey in the states of Karnataka and Rajasthan. The Centre requested for sharing the Swasti toll free number among the ones surveyed in case of need. Dr. Elizabeth Jasmine and Dr. Manika Ghosh conducted the orientation training for all the surveyors enrolled by the CSE.

Figure 11: - Showing the email request for consultation service



Suggestions to improve the Swasti Tele counseling Initiative:

Any initial project leaves room for betterment. In case of Swasti too several suggestions for it improved affectivity came from core committee members as well as counsellors themselves.

Suggestions are listed below:

- a) It would be good for each caller to be able to reach out to the same counselor on repeat calls, so they could continue the session & seek some kind of a closure by getting a solution or more clarity about their problem. Though Exotel provides return call facility, there were some glitches in terms of connectivity, matching time schedules of the counselors and the languages spoken. This could be improved and made more robust.
- b) It is necessary to set up collaborative networks with different agencies that provide support in various areas like legal, economic, domestic abuse, Child abuse/neglect, shelter homes etc. This will equip the counselors to provide appropriate referrals to those who needed.
- c) Tele counseling is a new medium for many counselors, wherein only the voice is used to establish rapport, make an impact and inspire confidence in the client. Counselors can be trained on this mode so that tele-counselling can be made more effective, going forward.
- d) Collaboration with Departments like Women & Child Welfare and Social Welfare and also with NGOs working in this area can be initiated in order to provide a wider reach.
- e) Swasti experience has been a very enriching and altruistic experience for all the counselors who chose to volunteer during this pandemic crisis. During the last review meeting of the year 2020 on 21st December, it is heartening to note that most of them are open to continuing their association with this initiative and hope they can serve a larger community.



Glimpse of media coverage and awareness initiatives

Concerted efforts have been put by the Swasti team to publicize this free tele-counselling service through the following means.

- 1) Facebook live
- 2) Webinars
- 3) Newspaper & online news media coverage
- 4) Community radio
 - a. [UNICEF Mahendra Rajaram with Radioactive \(Click to listen\)](#)
 - b. [All India Radio with Dr. Ashok \(Click to listen\)](#)

1) **Facebook live:** [In the unfortunate event of a death by suicide by Sushant Singh Rajput, a famous actor, Dr. Manika Ghosh was interviewed in Facebook live by Vasanthi Hari Prakash, an award winning and well-known journalist. Following are the excerpts \(Click to Watch\)](#)

2) **Webinar:** Several webinars and panel discussions were held to promote mental health during the pandemic.

- [Mental Fitness during Covid 19 and Beyond on 8th July 2020 4 PM IST with Zoom Platform \(Click to Watch\)](#)
- [Psychological Challenges before Youth During Covid-19 on 25th July 2020 4 PM IST with Zoom Platform \(Click to Watch\)](#)
- **Break the stress trap on 30th July 2020 4 PM IST with Zoom Platform**
- [Mental Health for all: Greater Investment - Greater Access on 10th October 2020 10 AM IST with Teams Platform \(Click to Watch\)](#)
- [Nurturing Mental Health During the Pandemic on 10th October 2020 5:30 PM IST with Zoom Platform \(Click to Watch\)](#)



What we need from India's mental healthcare infrastructure in 2021

2020 has exposed glaring gaps in India's mental healthcare system, and plugging them is key to dealing with the fallouts of the pandemic and making mental healthcare accessible.



HEALTH MENTAL HEALTH | THURSDAY, DECEMBER 24, 2020 - 11:56

 Geetika Mantri  [Follow @geetikamantri](#)



As 2020 comes to a close, many of us are heaving a sigh of relief. The year has been a testing one, thanks to the pandemic throwing our lives out of order. It has also brought focus on health and healthcare infrastructure overall, including on mental health. In fact, experts have warned that even as we grow nearer to getting vaccines for COVID-19, the mental health fallout will persist in the time to come.

Several studies have documented increases in mental health issues. According to a [publication](#) in the Indian Journal of Psychiatry, psychological distress (34%), stress (34%), and poor sleep quality (40%) are commonly reported issues faced by the general population, health workers and COVID-19 patients across studies. An [online survey](#) of 1,871 respondents showed that 40.5% of them said they experienced anxiety or depressive symptoms. Suicide rates may also [increase](#) as a result of the [pandemic](#), and a [survey](#) by the International Labour Organisation found that 50% of the 12,000 respondents were prone to anxiety and depression. There is plenty of anecdotal evidence from [mental health practitioners](#) (MHP) that shows [increase](#) and/or exacerbation in mental illness symptoms too.

It is not as though India's mental healthcare system was adequate prior to the pandemic – however, this fraught time has made painfully clear the gaps that exist and must be plugged. So, as we look at 2021, here is what mental health practitioners are suggesting India needs to do to ensure that its people's mental healthcare needs are met better.



Annexures

1) Mental Health questionnaire AHP

Experience over the past one week (1 means not at all part of your experience and 4 means very much a part of your experience). For each of the following statements, please tick (V) in only one box that describes you the best. Please answer honestly and then go for scoring and interpretation that follows the scale. **In case your score suggests that you need help, please feel free to call our helpline 9985010680**

S.no	Statements	Always	Someti mes	Rarely	Never
1. P	I patiently listen to my family members	4	3	2	1
2. P	I discuss with my family and friends on the facts about COVID-19	4	3	2	1
3. P	I get enough time to relax	4	3	2	1
4. P	I enjoy involving in many new activities	4	3	2	1
5. R	I find it difficult to focus on work	4	3	2	1
6. R	I am unable to get good sleep	4	3	2	1
7. R	I worry about health and safety of my family members and relatives in places far away from me	4	3	2	1
8. R	I am losing temper for minor provocations which is very unusual of me	4	3	2	1



9. P	I am hopeful about this crisis ending very soon	4	3	2	1
10. R	I am worried about my health	4	3	2	1
11. P	I am optimistic about my future	4	3	2	1
12. P	I maintain positive emotion	4	3	2	1
13. R	I feel insecure	4	3	2	1
14. P	I receive support from people around me	4	3	2	1
15. R	I feel lonely	4	3	2	1
16. P	I feel my country is doing everything to protect me in this crisis period	4	3	2	1
17. R	I feel anxious that I and my family may get the COVID infection	4	3	2	1
18. R	I feel overburdened with work	4	3	2	1
19. P	I am able to spend productive time with family	4	3	2	1
20. R	I feel concerned about not having my usual physical exercise	4	3	2	1

Scoring: For items marked as P the scores should be 4,3,2,1. For items marked as R the scoring should be reversed (1,2,3,4).

Total score: Add scores of all items to get the total score

My score: _____

People scoring less than 50 may contact us on SERV helpline 9985010680



2) Consent letter

Informed Consent Form For Volunteers in Support for Emotional Rehabilitation of Virus Victims (SERV)

I have been informed about the main objectives of SERV to protect, the psychological wellbeing of the citizens of India during the trying time of the pandemic called COVID-19. I have volunteered to be a part of SERV that is attempting the emotional rehabilitation of the victims of COVID-19, their families and all those who experience anxiety, fear, panic and apprehension.

I hereby consent to follow the basic principles of emotional rehabilitation process. I shall answer all phone calls assigned to me and interact with the clients professionally following the values of counseling. I also consent to refer those cases with clinical signs to professionals for further consultation through the coordinators of SERV.

My preferred time slots are as follows (Please fill minimum two slots)

1. am to.....am
2. am to.....am
3. ----- pm to ----- pm

I hereby consent to commit myself to abide by the principles outlined/explained to me by SERVE.

Signature

Name:

Phone Number:


WhatsApp Number:

Email ID:

Language can speak:



3) Counselor registration



Registration

Counselor for Telecounseling

* Required

Email address *

Name *

Phone number *

Organization *

[Next](#)

Details

Education Qualification *
UG and PG Degree

Experience *
years

Mother Tongue *

Language Proficiency *
Comfortable to communicate

Preferred Time Slot for Counseling *
XXXXM AM/PM to XXXXM AM/PM

Days *

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Never submit passwords through Google Forms.

A copy of your responses will be emailed to the address you provided.


[Back](#) [Submit](#)

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4) Case report format



Case Registration

* Required

Caller Details

Caller Name
Your answer _____

Caller Gender *
Choose ▾

Caller Age *
Your answer _____

Occupation *
Your answer _____

Covid status *
Choose ▾

In Case of +Ve Contact mode
Choose ▾

Residence Locality / ward *
Your answer _____

Type of Problem *
Your answer _____

Symptoms *
Anxiety, Worry & Fear

- Anxiety
- Stress
- Fear
- Frustration
- Guilt
- Loneliness
- Boredom
- Financial Issues
- Stigma
- Uncertainty
- Poor Appetite
- Difficulty in sleeping
- Other: _____

Type of help sought *
Your answer _____

Counselling Provided *
Your answer _____

Any significant information *
Your answer _____

Send me a copy of my responses.

