ASSESSMENT OF EFFECTIVE UPTAKE OF TeleMANAS SERVICE IN INDIA

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ABSTRACT

To provide universal access to equitable, accessible, affordable and quality mental health care through 24X7 and extending the mental health services to vulnerable groups of the population and difficult to reach populations. Government of India (GoI) in its Union Budget 2022, announced the National Tele Mental Health Programme of India, Tele Mental Health Assistance and Networking Across States (Tele MANAS) and entrusted the Ministry of Health and Family Welfare (MoHFW) to guide its overall implementation. Consequently, the MoHFW formed a National Technical Advisory Group (NTAG) and three technical advisory sub-committees (Mental Health Service Delivery, Information Technology Architecture and Health Systems) to achieve specific goals and objectives of Tele MANAS.

This study aims at assessing awareness and determining the effective uptake of the service among the community. It was a cross-sectional study conducted among individuals aged 18 and above in Chandigarh, India with the sample size of 332 participants, and data was collected using a structured questionnaire. The results show the urgency of mental health care. Also, showed a drastic change in the perception and knowledge of individuals regarding the TeleMANAS service. The ethical clearance was taken from the competent authority for the conduct of the research along with individual participation consent.

KEY WORDS: *TeleMANAS, Mental health, uptake, awareness, implementation.*

INTRODUCTION

The World Health Organization (WHO) defines mental health as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (Barbosa, n.d.).

Within India, mental health has been discussed in some capacity since ancient times. Various mental health issues find mentions in vedic texts, specifically the atharva- veda which attributes these illnesses to devine curses. The vedic text vividly mentions mental illnesses such as schizophrenia and bipolar disorder. Other traditional medical systems such as Siddha, also recognize mental disorders, ancient epics such as the mahabharata and the ramayana also make mentions of mental illnesses and the means of coping with them (Mitchell, 1986,). Policies regarding mental health had their genesis during the colonial period with the Lunacy Act (also called Act No. 36) in the year 1858 followed by the Indian Lunacy Act of 1912.Additionally, during this time period, numerous mental health facilities were established in important cities across the nation, including Patna, Dacca, Calcutta, Berhampur, Waltair, Trichinapally, Colaba, Poona,

Dharwar, Ahmedabad, Ratnagiri, Hyderabad (Sind), Jabalpur, Banaras, Agra, Bareilly, Tezpur, and Lahore with The first mental hospital in India established at Bombay in 1745, which was made to accommodate around 30 mentally ill patients. Post independence, the Mid-1950 witnessed rapid development in the spread to general hospital psychiatric units (GHPUs) in India.. The Bhore Committee's recommendations led to the establishment of the All India Institute of Mental Health in 1954, which later changed its name to the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore. During the 1980s, there was a resurgence of activity resulting in the passage of the Mental Health Act in 1987 and the District Mental Health Program (DMHP,1996). In the past decade, India launched her national mental health policy (NMHPolicy) in 2014. (//, n.d.) The policy was in line with WHO's mental health policy (2005), and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007 Mental Healthcare Act (MHCA, 2017), etc. (Gupta & Sagar, 2022, 510-515)

Between 1990 and 2019, the global number of DALYs due to mental disorders increased from 80·8 million (95% uncertainty interval [UI] 59·5–105·9) to 125·3 million (93·0–163·2), and the proportion of global DALYs attributed to mental disorders

increased from 3·1% (95% UI 2·4–3·9) to 4·9% (3·9–6·1). According to GBD 2019, there has been no global evidence of a burden reduction since 1990, and mental diseases continue to rank among the top 10 leading sources of burden globally. The predicted YLLs for mental illnesses were incredibly low, and did not account for early mortality in those with mental illnesses. ("Global, Regional, and National Burden of 12 Mental Disorders in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019," 2022,)

Mental health disorders pose a significant global public health challenge, affecting individuals across all age groups, socio-economic backgrounds and cultures. In recent years, there has been growing recognition of the magnitude and impact of mental health issues in india. According to the national mental health survey 2015-2016,the overall weighted prevalence for any mental morbidity was 13.7% lifetime and 10.6% current mental morbidity.(R, n.d., #).

The availability and accessibility of mental health services in India remain limited, particularly in rural and underserved areas, in this context. Treatment gap for mental disorders ranged between 70% and 92% for different disorders: common mental disorder - 85.0%; severe mental disorder - 73.6%; psychosis - 75.5%; BPAD - 70.4%; alcohol use disorder - 86.3%; and tobacco use - 91.8%. The median duration for seeking care from the time of the onset of symptoms varied from 2.5 months for depressive disorder. (R, n.d.,)There are many factors that lead to gaps in treatment, inadequate healthcare infrastructure, distance, levels of stigma attached to mental health disorders, lack of knowledge of public mental health services, high economic cost of accessing private mental healthcare.

With the onset of the COVID-19 pandemic, the burden of mental health disorders worsened.The WHO has also expressed its concern over the pandemic's mental health and psycho-social consequences.According to WHO, new policies like self-isolation and quarantine have changed how individuals go about their daily lives, routines, and activities, which could result in a rise in loneliness, anxiety, depression, insomnia, harmful alcohol, drug use, and self-harm or suicidal behaviour . (World Health Organization, n.d.,)

In this context, the Government of India, acknowledging the mental health crisis and an urgent need to establish a digital mental health network, announced the National Tele Mental Health Programme (NTMHP) in the Union Budget 2022-23. and the corresponding Tele MANAS service was started on World Mental Health day October 10th 2022.("Press Information Bureau," 2022).
Under the Tele- MANAS service a toll-free, 24/7 helpline number -14416 has been set up across the country allowing callers to avail mental health services in their own regional language.(PIB Delhi, n.d.)

Specialised care is being envisioned through the programme by linking Tele-MANAS with other services like National tele-consultation service, e-Sanjeevani, Ayushman Bharat Digital Mission, mental health professionals, Ayushman Bharat health and wellness centres and emergency psychiatric facilities.

LITERATURE REVIEW
A literature search was conducted of social science and medical journals in India and abroad. The authors conducted an on-line search of Pubmed using MeSH terms 'psychiatry AND India', 'mental disorders AND india' 'mental health services AND India', 'mental health AND India', 'Covid-19 AND mental health' 'tele- mental health AND India', in addition, grey literature from newspaper articles, government manuals, websites such as WHO, and PIB were also referenced. references from selected papers were also included in the review.

Ninety-one articles published between 2013 and 2023 were identified of which 31 were included in this research.
Studies talked about this being an opportune time to explore existing innovative mental health initiatives in the country and integrate viable interventions to primary healthcare facilities to strengthen public mental healthcare delivery. Stating that the new innovations would not only boost the accessibility and affordability of the services but also possibly aid in early detection of cases, thus preventing worsening of disorders and appropriate treatment delivered in a convenient way. (Pandya & Shah, 2020)

In a study assessing the profile of destress callers and service utilisation of tele concelling in assam during covid showed that males formed an overwhelming majority of over 79% between the age group of 19-35 Two-thirds of the callers wanted advice for their own problems, while one-third wanted it for their loved ones or acquaintances. Suicidal thoughts (5.44%), anxiety (46%), depression (8.3%), and depressive symptoms not consistent with depression (14%) were all present in the callers. Supportive interventions were used the most frequently with callers (77.8%), then psychoeducation (30.5%), cognitive behaviour therapy (24.7%), relaxation (23.6%), and behaviour therapy (13.4%). The majority of the callers used many types of therapy. Overall, the majority of callers expressed satisfaction and gratitude for the tele-counselling services. (Hazarika & Das, n.d)

A feasibility study done in goa on telemental health integration in primary health care yielded positive results showing significant decrease in both General Health Questionnaire-12 (GHQ-12) and World Health Organisation Disability Adjustment Schedule (WHODAS) 2.0 score. Concluding that Treatment of mental illness through a tele-psychiatry platform appears to be received favourably and corresponds to better clinical results. A new model of aided tele-psychiatry incorporated into primary care can be a significant approach to improve access to mental healthcare in low-resource settings because of its potential for scaling.(Garg & Agrawal, 2022)

Another study discussed that due to uneven service delivery, a shortage of qualified mental health practitioners, and inefficient central monitoring and assessment, the National Mental Health Programme (NMHP) and District Mental Health Programme (DMHP) in India confront difficulties in their successful implementation. These problems can be effectively resolved with the help of tele-mental health services, which deliver high-quality therapy in a convenient, cost-effective, and discrete setting.

However, For the NTMHP to be implemented successfully in India, there are obstacles to be overcome. Uncertainty about the organisation, scope of services, and cultural background are a few of these. Care must be taken to customize these services for various geographic areas, combining local therapeutic modalities and providing psychoeducation on the bio-psycho-social paradigm. (Sagar & Singh, 2022) (Jayarajan & Sivakumar, 2020)

METHODOLOGY
Study design and study area
A cross-sectional study was done to determine effective uptake and gaps in the tele-MANAS services among the population of Chandigarh aged 18 and above.

Sample size
Sample size of 322 participants was selected for the study. Initially, A pilot study on 10 participants was undertaken among the randomly selected population of age group of 18 and above in order to determine the feasibility of conduct of the study and establishing validity and reliability of the study instrument and ensuring that the instrument was easily comprehended by the respondents.

Data collection tool
Following the pilot study, and ensuring the reliability and validity of the tool the quantitative measuring tool employed in the form of Structured Questionnaire with close ended questions was used for the collection of the data.

Exclusion criteria
- Those who were not residents of chandigarh;
- Those who were less than 18 years of age;
- Those who were unwilling to give informed consent;
- Those deemed medically unsound.

Data compilation and analysis
Data was compiled and analyzed using SPSS and some parameters were compiled using the Microsoft excel.

Ethical clearance
Ethical clearance to conduct the study in Chandigarh was obtained from competent authority.

RESULTS
Need for Mental Health Services Access: Among the total respondents, 72% expressed the need to access mental health services.
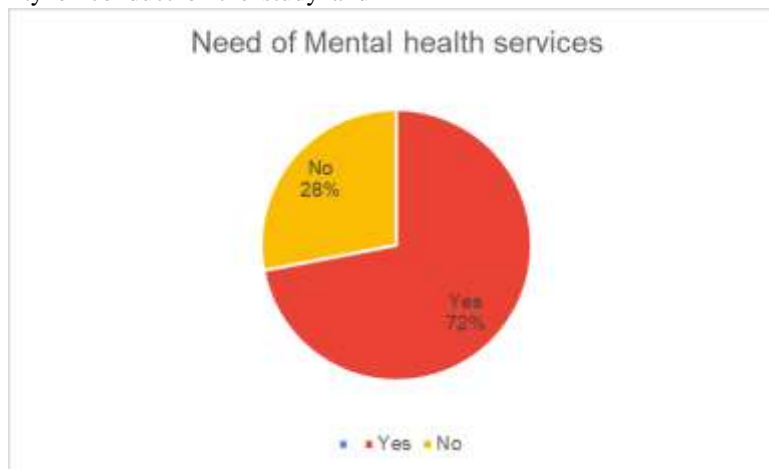

Figure1: Percentage of respondents who feel the Need to access Mental health services

Actual Utilization of Mental Health Services: Among those in need, only 37% of respondents had ever accessed mental health services, indicating a significant gap in services utilization.
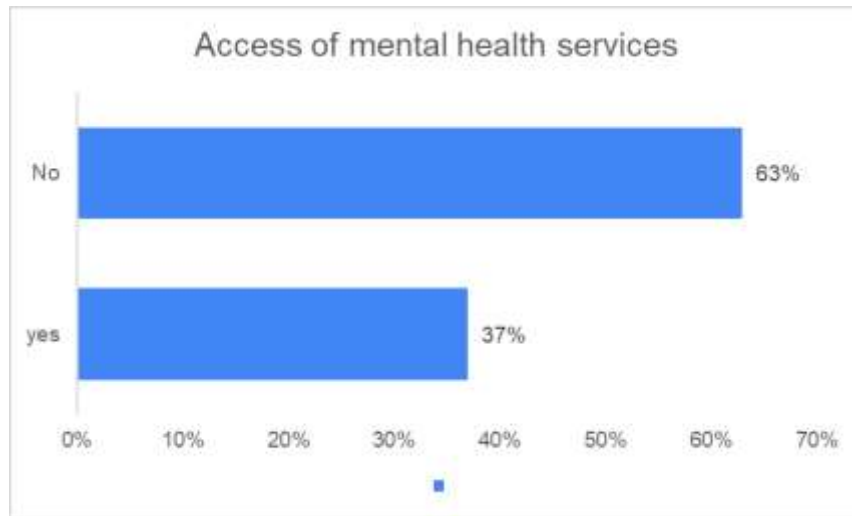
Figure 2: Percentage of respondents who have accessed Mental health services

Stigma and Discrimination: Approximately 26.5% of respondents agreed that there is a stigma and discrimination associated with mental health conditions. In contrast, 36% of respondents felt that there is no stigma or discrimination. Interestingly, 37.5% of individuals had mixed opinions on the matter.
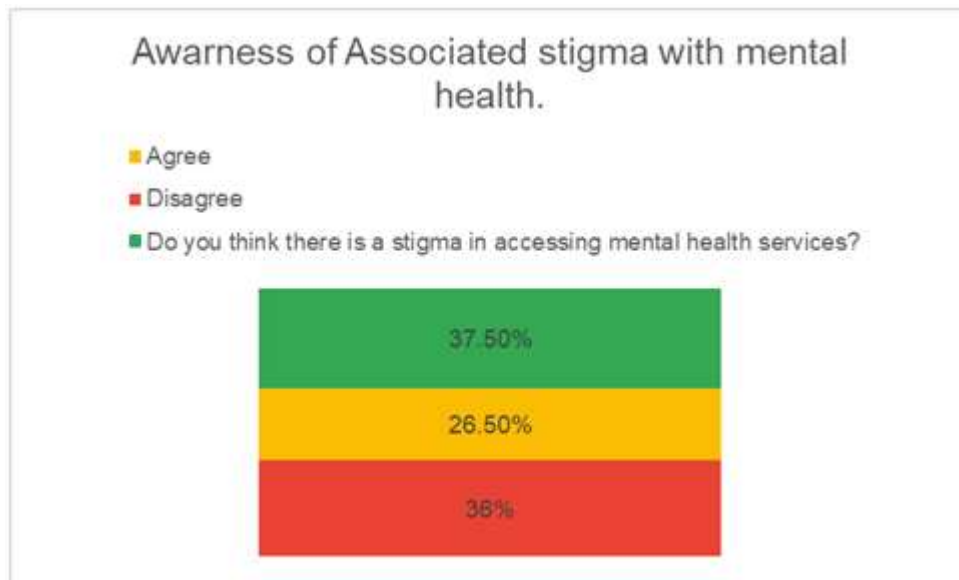

Figure 3: Percentage of respondents having Awareness of Associated stigma with mental health

Awareness of TeleMANAS: Only 33% of respondents were aware of the TeleMANAS initiative, while the majority, 67% had no knowledge of it.
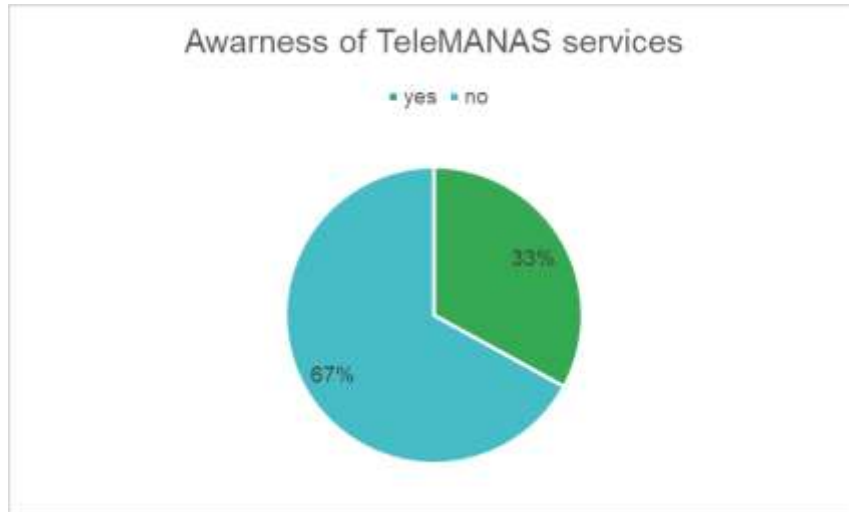
Figure 4: Percentage of respondents that are aware of TeleMANAS service

Source of Awareness: Among those who knew about TeleMANAS, Various Communication mediums played a role in disseminating information. The sources included newspaper (12.5%), social media (37.5%), TV news (26%), friends and family (13.5%) and internet search engines (10.5%).
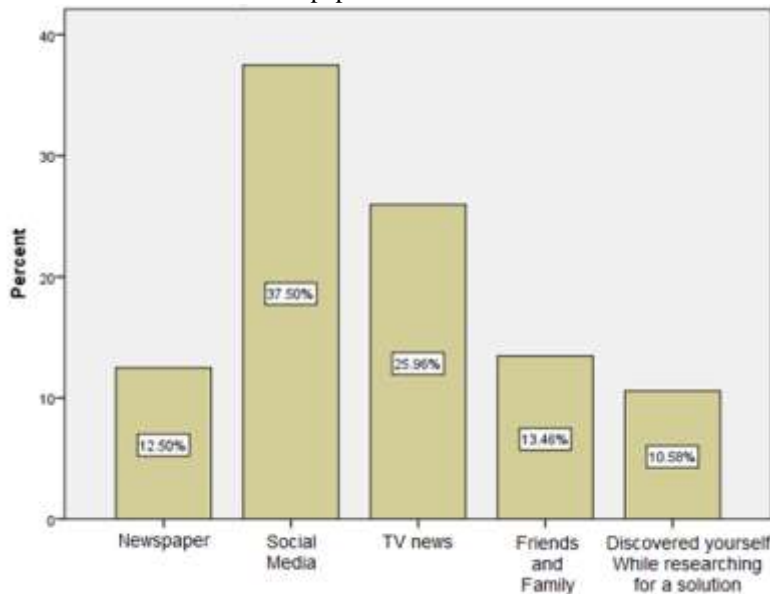

Figure5: Source of information about TeleMANAS

Uptake of TeleMANAS: Among the respondents who were aware of TeleMANAS, only 15% reported using the TeleMANAS services, while the remaining 85% did not take it up.
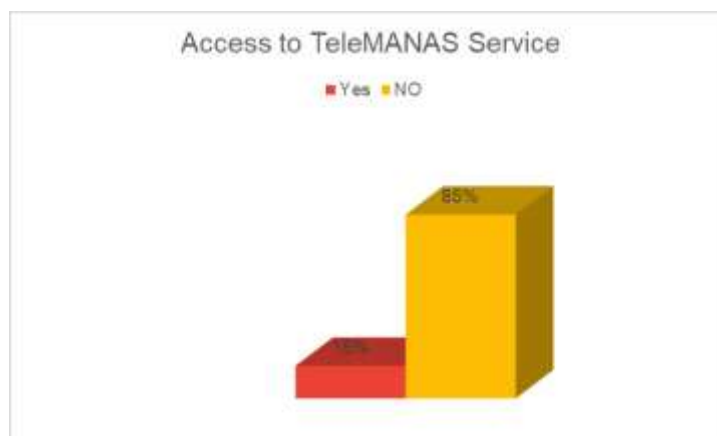
Figure 6: Uptake of TeleMANAS service

CONCLUSION

On obtaining the results from the collected data, it may be concluded that the TeleMANAS service is one of the progressive and advantageous program launched by the ministry of health and family welfare, the achievements made under this program till date are remarkable and it is considered as one of the most convenient mental health initiative with no stigma and discrimination. However, it is worth note that the uptake of the TeleMANAS service is still facing some kind of the challenges which are generally the awareness based and hence it should be given focused to rollout the program across whole nation remarkably.

SUGGESTIONS

There is need for the increasing the mass awareness of the program via various modes for the robust success of the program. It would be much more advantageous if the suicide prevention helpline number could also be merged with the single number of TeleMANAS.

DISCUSSION

The accessibility, quality, and cost-control of eHealth initiatives determine whether they are successful or unsuccessful. The fundamental goal of eHealth services is to increase people's access to primary health care that is of high quality and is affordable. With one in seven Indians suffering from mental health issues, (India State-Level Disease Burden Initiative Mental Disorders Collaborators, 2020,) it is of urgent importance that more robust mental health infrastructure be put in place. Launching a digital platform dedicated to psychiatric concerns would require considerable governmental commitment to attract, develop, and keep a sufficient pool of human resources for high-quality services. There may also be consideration given to the option of delivery of drugs and lab facilities for supplementary medical attention to the patient.

The tip of the iceberg is represented by the patients that arrive at a hospital's door. The treatment of mental illness is still hampered by a lack of understanding, stigma, neglect, and expense. It has been discovered that telepsychiatry can be somewhat useful in resolving these problems. However, in order to meet the needs of particular groups, accessibility to telepsychiatry services will need to be strongly encouraged. Although it may seem that digital platforms are easily accessible, it should be remembered that not all platforms or websites are visited equally. The decision to use a specific agency for telepsychiatric care or counselling would be heavily influenced by the platform's popularity and patient-centricity, which in turn depends on the design, waiting period, 24/7 accessibility, online and offline, etc. (Samudyatha et al., 2022)

If the goal The Government's objective includes expanding free, top-notch If a government wants to use telepsychiatry, it needs spend money on marketing and awareness generation for the services to ensure adequate uptake to fulfill the gap in delivery of services
The findings of the study on the effective uptake of the TeleMANAS service in India provide important insights into the current state of mental health service utilization and awareness. The discussion of these findings can shed light on the challenges and opportunities for improving access to mental health services in the country.

Firstly, the study reveals a significant need for mental health service access, with 72% of respondents expressing the need to access such services. This highlights the growing recognition of mental health issues and the increasing demand for appropriate care and support. However, the actual utilization of mental health services remains low, with only 37% of those in need having accessed them. This suggests that there are barriers preventing individuals from seeking and receiving the mental health services they require.

One possible barrier identified in the study is the presence of stigma and discrimination associated with mental health conditions. Approximately 26.5% of respondents acknowledged the existence of such stigma, indicating that negative societal attitudes may discourage individuals from seeking help. Efforts to address and reduce stigma are crucial to promote open discussions about mental health and encourage individuals to seek the necessary support without fear of judgment or discrimination.

Another key finding is the relatively low awareness of the TeleMANAS initiative, with only 33% of respondents being aware of it. This lack of awareness highlights the need for enhanced dissemination strategies and outreach efforts to ensure that individuals are informed about the availability of TeleMANAS as a viable mental health service option. The study reveals various communication mediums through which individuals became aware of TeleMANAS, including newspapers, social media, television, and word-of-mouth. Leveraging these channels effectively can help increase awareness and reach a wider audience.

However, despite the awareness of TeleMANAS, the uptake of the service remains low, with only 15% of those who were aware actually utilizing it. This suggests that there may be additional factors contributing to the underutilization of the service, such as perceived barriers, lack of accessibility, or preference for other forms of mental health support. Understanding these factors and addressing them appropriately can help increase the uptake of TeleMANAS and ensure that individuals receive the mental health care they need.

Overall, the study highlights the challenges and opportunities for improving access to mental health services in India. It emphasizes the need to combat stigma, enhance awareness, and address barriers that prevent individuals from seeking and utilizing mental health services effectively. Collaborative efforts involving healthcare providers, policymakers, community organizations, and the general public are crucial for creating a supportive environment that promotes mental well-being and encourages individuals to access available services, including TeleMANAS.

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