

# Ramaiah Webinar on Mental Health Care During and Post COVID-19 in India

## Introduction

The mental health effects of the COVID-19 pandemic in India has been significant, is ongoing, and will persist for a long time. The scale of the problem is large, its scope wide, and its severity varied. This complex problem must be addressed systemically and systematically. One in every seven Indian suffers from mental illness, and about 45.7 million people have been reported to be prone to depression and anxiety disorders (Sharma, 2019). The social isolation measures to curb the spread of COVID-19 is contributing towards increase in levels of anxiety, stress, and depression especially among the young, i.e.15-35 years, in the Indian context (Kazmi et al., 2020). A spike of 35 to 40 percent in stress and panic attacks was reported during the month of April, 2020 (Money Control, 2020). Around 80 people completed suicide between 19 March to 2 May, 2020 due to loneliness and fear of being tested COVID-19 positive (The Economic Times, 2020).

Several institutional measures and arrangements have emerged to address the emerging mental health needs. In the absence of specific guidelines from the State and Central Governments, the National Human Rights Commission (NHRC) has asked the Ministry of Home Affairs to take necessary measures for the mentally ill people on the streets to ensure social security during the lockdown (The Hindu, 2020). Because of the lockdown, India has witnessed thousands of migrant labourers stranded across the country. In this context, the Ministry of Health has entrusted the Central Institute of Psychiatry, Ranchi, National Institution of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Assam to assist and co-ordinate counselling and psychosocial support for the migrants (Dutta & Chandna, 2020).

In 2017 India was estimated to have 0.29 psychiatrists for 1,00,000 population. The government's outlay of a minimal 1.30% of health expenditure for mental health (WHO, 2017) is very low. Further a treatment gap of 28% to 83% exists in India (Gururaj et al., 2016); it reflects the shortage of trained professionals to address India's mental health needs. Factors like lack of awareness and affordability of care (which vastly vary between rural and urban areas) could critically influence the treatment gap. Experts have articulated the need for specific capacity-building of health care personnel to address the psychosomatic outcomes of the disease during the pandemic (Chen, 2020).

The shortage of trained mental health professionals in India increases the challenge of managing mental health during the pandemic. The planning, dissemination, and communication of information about mental health is inadequate. The Ministry of Health and Family Welfare (MoHFW) has urged the health professionals to practice stress management techniques shared on the official website of the ministry, and also avail the benefits of the helpline for providing psychosocial support (MoHFW, 2020). However, a nationwide survey revealed that only 50% of the respondents were aware of the psychosocial helpline (Gaur et al., n.d.).

The Ramaiah webinar will develop a roadmap to address the challenges of mental health care during and post-COVID-19 in India. It will be based on current research and developed in consultation with academic researchers, government and non-government policy makers, and mental health care practitioners.

## Ontology of Managing the Mental Health Effects of COVID-19 in India

The ontology of Managing the Mental Health Effects of Covid-19 in India (Figure 1) is a cognitive map of the problem. It visualizes the problem in structured natural English. It deconstructs the problem's complexity and encapsulates the combinatorial pathways for its solution. It specifies the boundary of the problem, its constituent dimensions, elements, and their potential combinations. It is a parsimonious, systemic, and systematic formulation of the problem (Quine, 1961; Cimino, 2006; Gruber, 1995; Ramaprasad & Syn, 2017). We explain the ontology in the following.

Measure		Mental Health			Service			
Level	Type	Stage	Unit	Entity	Provider	Outcome		
International	Research	[measure to]	Sensitise	[+]	Individual	[(about) mental health by]	Resilience	
National	Educational		Identify	Family	[+]/or]		Citizen	Self
State	Service		Assess	Group	Transient		Psychologist	Community
Local	Agency		Diagnose	Community	Migrant		Mental health worker	Wellness
	NGOs	Counsel		Student	Social Worker	Normalcy		
		Treat		Health worker	Psychiatric Nurse			
		Rehabilitate		Police	Others			
				Service worker	Parent			
					Family			
					Friend			
					Volunteer			

**Figure 1: Ontology of Managing the Mental Health Effects of Covid-19 in India**

The desired outcomes, listed in the rightmost column, are mental resilience of the self and community, their mental wellness, and their mental normalcy. The providers' (second column from the right) services help achieve these outcomes. The providers are professionals and others (non-professionals). The professionals include doctors, psychologists, mental health workers, social workers, and psychiatric nurses. The others include parents, family, friends, and volunteers. Thus, there are  $9 \times 4 = 36$  types of potential services to manage the mental health effects of COVID-19 in India. They include services by: (a) doctors for mental self-resilience (Fessell & Cherniss, 2020), (b) parents for mental normalcy, and (c) psychologists for mental wellness (Holmes et al., 2020).

The mental health is defined by the middle three columns: (a) the stage of service (defined above), (b) the unit serviced, and (c) the entity serviced. There are seven potential stages of service: (a) sensitization, (b) identification, (c) assessment, (d) diagnosis, (e) counselling, (f) treatment, and (g) rehabilitation. The service may be directed at four units: (a) individuals, (b) families, (c) groups, and (d) communities. These units may consist of entities that are: (a) residents (citizens, transients, migrants)(Zhou et al., 2020), (b) students, (c) health workers, (d) police, and (e) service workers(Hall et al., 2008). Thus, the mental health construct encapsulates  $7 \times 4 \times 7 = 196$  potential combinations that must be serviced by the providers for the desired outcomes. These combinations include: (a) sensitize individual resident, (b) diagnose group of health workers, and (c) rehabilitate family of police.

The measures to provide the above mental health services are defined by the first two columns – level and type. The measures may be based on research, education, service, agencies, and non-government organizations (NGOs). These measures may be at the international, national, state (MoHFW, 2020), and local levels (Roy & Dave, 2020). Thus, there are 20 potential measures ( $4 \times 5 = 20$ ) to provide mental health service to manage the effects of Covid-19 in India. They include: (a) international research, (b) state agency, and (c) local NGOs.

Taken together the ontology encapsulates  $36 \times 196 \times 20 = 141,120$  pathways for managing the mental health effects of COVID-19 in India. Three illustrative pathways are:

- Local NGOs measure to rehabilitate community service workers' mental health by volunteers for mental normalcy.
- International research measure to sensitize individual resident-citizen about mental health by professional-doctor for mental resilience-self.
- National educational measure to diagnose family of police mental health by professional-social worker for mental resilience-community.

The webinar will be a free-flowing, structured brainstorming among academics, policy makers, and practitioners. The ontology will aid in discussing and addressing the need for, the priorities in, and the pathways for achieving mental resilience, wellness and normalcy. The discussion will help formulate a roadmap for research on, policy for, and practice for managing mental health resilience post COVID-19 in India.

## *Issues*

The webinar discussion will focus on the following issues based on the ontology:

1. Service
  - a. What should be the priority of mental resilience, wellness, and normalcy outcomes? How should they be measured?
  - b. What should be the roles, responsibilities, and priorities of the different providers?
  - c. What should be the priority on the different Provider x Outcome combinations?
2. Mental Health
  - a. What should be the priority of the different entities?
  - b. What should be the priority of the different units?
  - c. What should be the priority of the different stages?
  - d. What should be the priority of the different Stage x Unit x Entity combinations?
3. Measures
  - a. What should be the emphasis on the different types of measures?
  - b. What should the priority at different levels?
  - c. What should be the priority of the different Level x Type combinations?
4. Pathways
  - a. What pathways have been effective and should be reinforced?
  - b. What pathways have been ineffective and should be redirected?
  - c. What innovative pathways should be experimented?

## Way Forward

The mental health measures should be continuous and multi-layered. These interventions are critical, especially considering the present disruption. Appropriate timely measures and collaborations integrated through research, education, service are necessary to achieve mental resilience, wellness, and normalcy. Such efforts can help ensure the overall mental well-being of the citizens of the country.

**Date:** 4 September 2020

**Time:** 3:00 pm to 5:00 pm (IST)

**Facilitator:** Dr Arkalgud Ramaprasad, Director, Ramaiah Public Policy Center; Professor Emeritus, University of Illinois at Chicago, USA

**Moderator:** Dr Chetan B Singai, Deputy Director, Ramaiah Public Policy Center

**Coordinator:** Mr. Ajay Chandra, Research Fellow, Ramaiah Public Policy Center

## References:

- Cimino, J. J. (2006). In Défense of the Desiderata, *Journal of Biomedical Informatics*, 39:3, 299-306.
- Chen, T. (2020). Hospitals Brace for Mental-Health Crisis Among Doctors and Nurses—WSJ. *Wall Street Journal*.
- Dutta, A. N., & Chandna, H. (2020). Govt wants institutes like NIMHANS to work on mental health of migrants displaced by Covid-19. *The Print*.
- Fessell, D., & Cherniss, C. (2020). Coronavirus Disease 2019 (COVID-19) and Beyond: Micro practices for Burnout Prevention and Emotional Wellness. *Journal of the American College of Radiology*.
- Gaur, K., Keshri, K., & Sharma, A. (n.d.). *Onslaught of COVID-19 and Psychological Concerns in India*.
- Gruber, T. (1995). Toward principles for the design of ontologies use. *International Journal of Human-Computer Studies*, 43.
- Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L., Mehta, R. Y., Ram, D., Shibukumar, T. M., Kokane, A., & Singh, L. (2016). *National Mental Health Survey, 2015-2016* (Survey Report No. 81-86477-00-X). NIMHANS.
- Hall, R. C. W., Hall, R. C. W., & Chapman, M. J. (2008). The 1995 Kikwit Ebola outbreak: Lessons hospitals and physicians can apply to future viral epidemics. *General Hospital Psychiatry*, 30(5), 446–452.
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*.
- Kazmi, S. S. H., Hasan, K., Talib, S., & Saxena, S. (2020). COVID-19 and Lockdown: A study on the Impact on Mental Health. *Mukt Shabd Journal*, IX(IV), 13.
- MoHFW. (2020). *Measures undertaken to ensure safety of health professionals for COVID-19 services* [Personal communication].
- Money Control. (2020, May 6). India reports 40% increase in mental health issues in April. *Money Control*.
- Ramaprasad, A., & Syn, T. (2017). *Ontological Meta-Analysis and Synthesis for Public Policy*. 3rd International Conference on Public Policy (ICPP3), Singapore.
- Roy, A., & Dave, S. Kohli. (2020). When People and Governments Come Together: Analysing Kerala's Response to the COVID-19 Pandemic. *Economic and Political Weekly*, 55(18).
- Sharma, P. (2019). *Indian Council of Medical Research: One in seven persons in India suffers from mental disorders: ICMR study*, *Health News, ET Health World*.
- The Economic Times. (2020). *Suicides due to lockdown: Suicide leading cause for over 300 lockdown deaths in India, says study—The Economic Times*.
- Quine, W. V. O. 1961. *From a Logical Point of View*, (Second, revised ed.). Boston, MA, USA: Harvard University Press.
- The Hindu. (2020, April 10). NHRC asks govt. About measures for mentally ill. *The Hindu*.
- WHO. (2017). *Mental health ATLAS 2017-member state profile*. World Health Organisation.
- Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A. C. (2020). The Role of Telehealth in Reducing the Mental Health Burden from COVID-19. *Telemedicine and E-Health*, 26(4), 377–379.

## List of Panellists

Sl.No	Name	Affiliation
1	Ms Akshatha Kulkarni	Karnataka State Police, Karnataka
2	Dr AnithaShivanand	Sr. Consultant Psychologist, Ramaiah Hospitals, Karnataka
3	Dr Avantika Bhatia	Assistant Professor, Ashoka University, Haryana
4	Dr Chetan Singai	Deputy Director, Ramaiah Public Policy Center, Bengaluru
5	Dr Gowri Krovi Iyer	Assistant Professor, Indian Institute of Public Health, Telangana
6	Ms Jinna Bordoloi	Student Counsellor, Indian Institute of Technology, Tamil Nadu
7	Ms Karuna Kunwar	Psychologist, Centre for Mental Health and Counselling, Nepal
8	Ms KavithaSaligram	Counsellor, Praijma Neurodiagnostic and Rehabilitation Center, Bengaluru
9	Dr Kirti Gaur	Post-Doctoral Fellow, G. B. Pant Social Science Institute, Uttar Pradesh
10	Dr Kunal Keshri	Assistant Professor, G. B. Pant Social Science Institute, Uttar Pradesh
11	Dr Maithreyi R	Senior Adolescent Research Consultant, Karnataka Health Promotion Trust, Karnataka
12	Dr Rahul Shidhaye	Psychiatrist, Pravara Institute of Medical Sciences, Maharashtra
13	Dr Rajani P	Deputy Director - Mental Health, Directorate of Mental and Family Welfare Services, Govt. of Karnataka
14	Dr Sam Manickam	Director of Research & Training, Mental Health Action Trust (MHAT), Kerala
15	Ms Shikha Soni	Doctoral Student, Indian Institute of Technology, Hyderabad
16	Dr Shubrata Kalmane	Professor & Head of Psychiatry, Subbaiah Institute of Medical Sciences, Shivamogga
17	Ms Sumathi Ravindranath	Directress, Discover Montessori House of Children, Bengaluru
18	Dr Tushar Singh	Assistant Professor, Banaras Hindu University, Uttar Pradesh
19	Dr VinayH R	Assistant Professor, Adichunchanagiri Institute of Medical Sciences, Karnataka
20	Dr Virupaksha H	Assistant Professor, Dept of Psychiatry, Ramaiah Medical College, Bengaluru