Mental Health Crisis and the Digital Solution: An Empirical Study on Tele-Therapy at the Time of Covid-19

Dr. Manjula T
Associate Professor and Head
Department of Sociology
Government First Grade College, Shikaripura
Shivamogga (dist.) Karnataka (state)

Abstract*: Covid-19 has brought a treasure of un-imaginary things for this age of people. Very much annoying thing was that people couldn't meet each other as they used to do. That condition made many to feel lonely and helpless. People lost their dear and near, but no shoulder to lean and cry.*

At the time of the crisis, as physical hazards, mental health also got disturbed. Psychiatrists and social workers started searching for the solution to treat mental health and finally found the technique of teletherapy. Online therapy or teletherapy took a major role in reaching those who were suffering from mental illness. This has acquired the place of in-person therapy. At the time of pandemic, online therapy has become an amazing and worthwhile support system for those who were finding for the solution for the condition of self-isolating.

This study is to highlight the pros and cons of teletherapy and also put the practical experiences with the examples of cases. With that it focuses on therapists' and clients' (patients') struggling to be in-sync.

The study finds that the online therapy, which was inevitable at the time of pandemic, took a huge shift from in-face treatment to online treatment and Indian therapists as well as clients adopted the new pattern of treating mental health in a tremendous manner.

Key words: Tele-therapy, Psychiatrist

"Make mental health and wellbeing for all a global priority" is the slogan which highlights the importance of mental health in this era. Since 1990 mental health getting more burden. World Health Organization published its report of the year 2022, which says that global prevalence of anxiety and depressive disorder rose more than 25% during the first year of the Covid-19 pandemic

Mental health in Asian nations:

Covid-19 pandemic affected the whole world and many Asian countries have experienced worst condition of mental health. For example:

A national survey by the ministry of health found that one of 3 Malaysian aged 16 years and above have a mental health problem and the problem rose in triple of 11.2% of 2006. According to 2018 National Survey of Singapore shows that one in 7 people of Singapore have experience bad mental health condition in the life time. According to the Department of Health, 3.3 million Philippines suffer from depressive disorders. The WHO reports that 2000 cases of suicide from 2002 to 2012 in between the age of 15 to 21 years. World Population review reports that around 9 million Indonesians or 3.7% of the population suffer from depression.

Mental health epidemic in India shows that 10% of its 1.3 billion youths suffering from one or the other mental health issues. India's National Mental Health survey reported that about 10% of adults suffering from anxiety disorder. The Global Burden of Disease Study says that about 200 million people experienced a mental health disorder, depressive and anxiety disorders at the time of Covid-19.

All these statistics can only give the percentage of the mental illness but not about the availability of the treatment. No country could manage the mental health of the people at the time of Covid-19 satisfactorily. Throughout Malaysia, only 4 psychiatric hospitals working on mental health services and only 410 psychiatrists from both public and private sectors on duty. This shows that 100,000 residents of Malaysia get 1.27 psychiatrists. Singapore has one of the lowest rates of psychiatrists that mean 100,000 Singaporeans get only 2.8% psychiatrists. Philippines also suffering from same conditions that mean 100,000 Philippines get 0.52 psychiatrists and accessibility of the health services also not equally distributed. Due to depression, every hour, someone in Indonesia committed suicide. Being a fourth most populous country in the world, Indonesia facing the scarcity of psychiatrists. Around 270 million people have only around 800 psychiatrists.

India is not exemption and having only 5000 psychiatrists or only 0.3 for 100,000 persons. The worst condition is that the accessibility of mental health services is very low and only 40% of patients have to travel nearly 10kms to reach the service.

Effects of Covid-19 on mental health in India:-

The Global Burden of Disease Study shows that around 200 million people in India suffer from mental, depressive or anxiety disorders. At the time of Covid-19 India witnessed more suicide cases and also had experienced more cases of Domestic violence. People couldn't reach to routine health services and also the medical supplies due to the shortage.

The pandemic affected different groups without any discrimination. Studies say that women suffered from anxiety and depression due to the stroke of increased household responsibilities and domestic during the lockdown. More than 50% of the children had experienced agitation, anxiety, fear about the virus, stress about accessing online classes and many children had experienced violence and became the victims of cyber harassment. A survey which conducted on youths reported that 65% of age group 18 to 32 felt lonely during the lockdown and 37% felt that their mental health got disturbed. Millions of youth who have lost their jobs suffered with the feeling of low-down. Millions of migrant workers and daily wage laborers also have had went under anxious about their work and finances. 152 doctors studied by a survey which examined the impact of the pandemic, found that more than one third of them are experienced depression and anxiety. And also the front line workers felt the burden by over-work. A study of 282 sexual minority people says that these marginalized group experienced higher anxiety and lack of medical care for their regular health problems. Even mental health sufferers were also struggled for medication.

At the time of crisis India had to focus on 3 things to rebuilt the mental health which destroyed by Covid-19. They are-

De-stigmatization: India had to take a step towards creating awareness on how Covid-19 attacks the human. The concept of social distancing had to reframe as physical distance and help to rebuild the positivity in the mind of the people.

- Restoring confidence amongst youths: Around 253 million adolescents in India were struck with families with unsure about their future. They were exposed widespread fear and also the fear of disease.
- Community infrastructure for support: The pandemic has created a need of community based capacity to support. For that the social workers, NGOs, Semi-government. Organizations started finding ways to reach mental health sufferers and to respond to the crises.

Initiatives taken to deal with mental health crises:

To handle raising mental health problems at the time of lockdown few initiatives have taken to resolve the burden of mental health crises.

- ❖ Tele-medication Channels: These include the helpline like Brihan-Mumbai, Municipal Corporation and Empower Helpline used to receive about 750 calls a day. And a total of 45000 call in just 2 months. E-platforms such as Lybate and Practo have reported an increase in Tele-psychiatry consultation over 180 persons.
- ❖ Initiations by Central Government: These initiatives included a telemedicine system. Here, for mental illness, people can be provided with electronic medical prescriptions and also to use in primary and specialized health settings. Government has issued a resource package.
- ❖ Initiations by State Government : For example ; Kerala Government has constituted psychological support team. Madhyapradesh has created a 'Happiness Department' in the hospitals. And de-addiction centre launched by Punjab Government.
- ❖ The role of several Non-profit private hospitals and universities: These have started a setup of helpline and e-counseling. The Neptune Foundation, Mastermind Foundation, Jamia Milia Islama etc., and also non-profitable organizations like, CRY, The Banian, Sangath and other such organizations have hosted webinars on mental health and provided free telephonic-counseling services or online counseling or telephonic-therapy.

Meaning of Tele-therapy: teletherapy is the mental health counseling that is done not in person but remotely.

The mechanism: During teletherapy, the therapist or counselor conducts therapy session/s for the needy via phone, videoconferencing, or through a designated telehealth platform. That's why this is also called as online counseling. This is non-public and also encrypted therapy. According to the Department of

Health and Human Services, during the crisis of covid-19, teletherapists allowed to use nonpublic facing platforms like Zoom and many other Google Hangouts. Health Insurance Portability and Accountability Act ensures the privacy of the conversation. There are many other private forums dealt video or online chats by using passwords etc.,

This platform proceeds therapy by listening the client and understanding that what may be bothering the person. Of course, it was not easy to adjust for the feeling of awkwardness in the beginning talking over a screen or phone for both, therapist as well as the client. But there also we found solutions to feel comfort.

- By choosing a place where nobody can hear the conversation
- The place must be avoided distractions to help to focus on the conversation.
- Headphones help to avoid other noise and help to listen carefully.
- Keeping a notebook and taking points helps for both, therapist and also the client.

- If needed, therapy can be taken in sessions.
- Therapist must a good listener because at the time of lockdown people needed a listener.

Advantages of teletherapy:
Teletherapy can be used for many conditions as used as in-person therapy. According to a research survey took in the year of 2013, teletherapy can be used to treat for depression, anxiety, stress-disorder and many more as same as in-person treatment.
- It helps to the people with chronic health condition or recovering from diseases and more susceptible to infection
- For those people who are staying in remote area can get this virtual support
- It may be cheaper than in-person therapy
- No worries about traveling to meet the therapist that too in lockdown period no ways to get out from home
- It helps to maintain more privacy

Limitations of teletherapy:
- Some people who are used to in-person therapy may feel uncomfortable.
- It takes a bit more time to build a rapport with the client which is necessary in counseling
- Distractions and network issues are the hurdles to lengthy talks

Tips to access teletherapy more comfortably are:
- Find out a safe and convenient time to have therapy
- Have to wait for in-sync with the therapist and vice-versa
- Therapist must be flexible in altering the way of therapy as per the client's condition
- Talk and listen process should go smoothly not in hurry
- Client must explain what is happening and must express openly, even it seems like silly
- Client must not hesitate to discuss and should be open for accepting the things

Teletherapy or online therapy is a powerful tool which handled the mental disturbances at the time of isolating and stressful time of covid-19. Here I share my experiences as an online counselor for two NGOs.

The role of SAMUNNATI and MYOPERATOR

At the time of coved lockdown, I have served as a volunteer for two NGOs which started online counseling for the needy people. One was Samunnati and another one was Myoperator. These two were having qualified psychologists as volunteers to deal with mental illness from the distance. In the volunteering world, this online counseling or teletherapy is called as virtual volunteering in which technology can be used to reach the needy people. At the time of quarantine, people not much suffered from fever or pain but from anxiety, fear and loneliness. At the time these two NGOs served from Bangalore, Karnataka

SAMUNNATI:
Samunnati, association with Manasa Foundation, Bangalore, served as online solution for the mentally ill people. Due to lockdown everyone strucked at home or wherever they were and that situation made the people helpless and hopeless. Many were searching to talk or share their feeling, pain or emotions with others. But all were in the same condition means to with whom can they share? At that time Samunnati started a group of volunteers and also doctors. I was one of the volunteers.
In the beginning, Samunnati trained us by giving Do's and Don'ts. That are-
Do's
- Listen, Empathize, validate the anxiety and difficult emotions
- Be positive in reflecting thoughts and experiences
- Support with reliable information
- Encourage for healthy diet, breathing techniques and lot of rest
- Encourage support system through virtual medium

Don'ts
- Do not question the source of coved infection
- Do not minimize the fear or dismiss their struggle
- Do not put yourself in spot rather give the person complete attention
- Do not force or advice to immediately be okay. Rather validate the fear

Counselors used to get calls from the clients (using the word patient is not acceptable) and we can make out who is calling with the help of truecaller. Samunnati served in Karnataka so all the clients knew kannada. Very few

clients though Bengalorians, not knowing kannada. Counselors can talk with them till they get convinced or satisfied by the couselling. Here the clients will be having the chance of asking for the same cousellor if they wanted to talk to the same. Every day I used to receive 3 to 4 calls in the evening. Many a times some calls goes till one hour and most of the counselors were new for this teletherapy and even for the counselors it was new at that time.

Samunnati had not only counselors and also doctors. If any client/clients needed medical support, then volunteers used to inform doctors by texting with name and phone number and within few minute, doctors used to attend the client. Every counselor used to get average of 2 patients every day. This volunteers group even helping for oxygen related issues.

MYOPERATOR

Best Practices Foundation from Bangalore has created an app which is called Myoperator. Through that any victim of covid-19 can take the help of telecounseling. This NGO has selected qualified counselors from all over Karnataka. The foundation created a group and called for virtual meeting. I was one of the members in the group and I joined for the virtual meeting. This foundation took all the information from the counselors like known languages and the convenient timings. Here in this group no doctors for medical treatment. They are purely for mental health. The foundation has created Myoperator app and it was working as a customer care connect. We never knew that who is calling and from where is calling. this is a national level NGO and advertised about the facility of providing teletherapy. I used to get calls from all over India, like, Chennai, Kolkata, Mumbai, Delhi, Andra and Bangalore. Conversation either in Hindi or in English. The cases of anxiety, low-feeling, guilt, hopelessness, fear, loneliness and also of lost feeling called and spoke. It was not actually restricted time for conversation but sometimes for any reason if call got cut means not sure about the same counselor they get to talk. Because it used to work as customer care and call can be connected to any counselor.

I used some techniques to counsel or convince or console the victims of covid-19. If they have added god in their conversation, I used to add spirituality in my treatment. One elder sister called from Kolkata telling that she made her younger brother come from Mumbai to stay with him but lost due to covid-19. It took around one hour to bring to calm with the help of spirituality. If they are students then I used to make them to dream about their future. One girl called from Kerala who is doing MBBS in Manipal, Karnataka, telling that she is suffering with the anxiety towards her future. Almost one hour the conversation went on to convince her to become normal.

At the time of lockdown, people were having more negative thoughts and those were not allowing having good health. Many were suffering not with coved effects but with negativity. We tried to come down the negativity and made the life a bit light. One person from Andhra, called and telling that he is suffering with low feeling. With the conversation, I came to know that, recently he left his abroad job settled down in his natal place where his mother, father, his younger brother with his wife who is planning for the share of the land. He is worried about his age old parents and also thinking how this problem can be solved. That worry and the time of lockdown made him to suffer from helpless and hopelessness. Talked to him about one hour and convinced for not for over thinking of future.

Conclusion:

These and many were the examples who got solutions or temporary solutions with the help of teletherapy. it was the only way people were having to share their emotions, sorrowfulness, anxiety, fear, frustration, pain, unhappiness and stress.

References:
[1].   The National Mental Health Survey of India, 2015–16, Insights, 31, December. 2016 [Google Scholar]
[2].   Health survey reports released, Deccan Herald, December 28. 2016 [Google Scholar]
[3].   Sagar R, Pattanayak RD, Chandrasekaran R, Chaudhury PK, Deswal BS, Singh RK, et al. Twelve-month prevalence and treatment gap for common mental disorders: Findings from a large-scale epidemiological survey in India. Indian J Psychiatry.(2017) 59:46–55. [Google Scholar]