

RESPONSE TO

COVID-19

SERIES – 4, Vol 1

**MENTAL HEALTH IN THE WAKE OF COVID-19:
EXISTING INITIATIVES & RECOMMENDATIONS**

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About the Series:

The School of Public Policy & Governance, TISS Hyderabad, is collaborating with the **alumnus** to document the response of Union and State Governments to address the Health (including Mental Health), Livelihood and other Welfare concerns posed by COVID-19. This initiative documents the response from the Union and State Governments, Civil Society, and Business Houses/Leaders.

This document is the first volume of the fourth in the series and covers the mental health dimensions of the situation. Keeping in mind the diversified needs of the heterogenous nature of the Indian society, this series includes a set of recommendations specific to the identified vulnerable groups. The document also complies the existing initiatives in India. A set resources are also presented for easy references.

Note: As we understand, this documentation is a dynamic exercise and will require constant upgradation. We will attempt to add the new initiatives regularly and disseminate it widely.

Sources : All information compiled has been taken from the websites of the Ministries of the Government of India, State Governments, nodal agencies such as NIMHANS, international organizations (such as World Health Organisation (WHO)). In addition, advisories from international practice based organisations such as the British Psychological Society have been also included.

The authors have taken due diligence to ensure the accuracy of the information presented in this document. Any inadvertent omissions/lapses are deeply regretted. Please inform of any such omissions at sppg.secretariat@tiss.edu. Immediate measures will be

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**All views expressed in this document are personal and has no relation to affiliated institutions*

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Mental Health in the wake of COVID-19: Initiatives and Advisory

The outbreak and global spread of COVID-19 has created an unprecedented crisis. The central government of India and several state governments have taken up a range of preventive and curative measures to deal with the pandemic including creating physical infrastructure for health services, restricting public movement through a country-wide lockdown and raising awareness about personal hygiene and social distancing.

However, the deeply diverse and unequal social structure of India implies that the impact of the diseases itself and that of the implications of the measures taken are experienced differently by different sections of the Indian society.

The state response, however, is largely centered on physical health consequences and implications of COVID-19. While there is some literature of mental health consequences of SARS and H1N1, Knowledge about the mental health issues associated with the CODID 19 epidemic is still scarce. This is more critical because of the rapid community spread, social distancing protocols and the state of country-wide lockdown. Also, the focus on transmission of the infection does not allow much public attention to psychosocial consequences of the outbreak in the affected individuals and well as in the general population, particularly in a country like India where resources for mental health care are grossly inadequate.

Furthermore, the deeply diverse and unequal social structure of India implies that the impact of the disease itself and that of the implications of the measures taken are experienced differentially by different sections of the Indian society. Given that the resources at the disposal of poor and vulnerable sections are often limited, the crisis unleashes enormous misery, straining the already deficit state of resources. This exacerbates existing mental health issues and creates newer ones. The overwhelming material deprivation also means that distress is directly associated with meeting immediate practical needs or ability to access relevant information in a timely manner. Thus, given the wide reach of the pandemic, it is of critical importance to understand the mental health impacts across heterogeneous groups so that adequate and timely measures are taken to address the same.

BOX 1: WHAT DOES THIS ADVISORY AIM TO DO?

The purpose of this advisory is to

- Outline the major mental health issues experienced by different groups, especially the vulnerable
- Present a set of immediate action points that can be undertaken by the central and state governments and the civil society organizations.
- Put together a list of resources available, both in terms of initiatives undertaken by government and civil society organizations, and a compilation of mental health advisories issued by national and international organizations working with mental health ramification of COVID 19.

Although the impact of COVID-19 on global mental health is yet to be registered and assessed, our knowledge of people's emotional responses to disasters-related trauma provides us with a key to understanding the associated mental health concerns. Although the impact of COVID-19 on global

mental health is yet to be registered and assessed, our knowledge of people's emotional responses to disasters-related trauma provides us with a key to understanding the associated mental health concerns. While the reactions/symptoms mentioned in Box 2 below are normal reactions to stressful situations, it is their prolonged duration and intensity that becomes a cause for concern, necessitating seeking professional help. It is also very important to keep in mind that the mentioned mental health concerns/symptoms do not automatically affect all individuals in risk conditions. Human beings commonly have inherent systems of resilience and external systems of social support to deal with different kinds of adversities.

BOX 2: MENTAL HEALTH CONCERNS

- Extreme fear and uncertainty
- Worry about own health and/or health of loved ones
- Changes in sleep and eating patterns
- Difficulty in sleeping
- Worsening of chronic health problems
- Anger, denial, feelings of confusion and helplessness
- Increased use of alcohol/drugs/tobacco

Very broadly, it is possible to classify the different sections of the Indian population who are likely to be impacted by the mental health concerns caused by COVID 19 (Box3).

BOX 3: VULNERABLE GROUPS AT RISK

This advisory specifically engages with the following (not in any order of priority):

- Health service professionals especially those front-ending COVID 19 response;
- Individuals with pre-existing mental health conditions (including persons who abuse alcohol and drugs.)
- Socially vulnerable groups such as women experiencing Gender Based Violence (GBV), members of the LGBTQ community - and minorities who often experience heightened social discrimination
- Elderly who experience difficulties in accessing support services
- Persons with Disabilities (PwDs), who have heightened support needs during any crisis
- Economically vulnerable groups such as migrants (including those living in shelters), daily wage earners, self-employed, and others who experience livelihood uncertainties and a sudden drop in household cash flows;
- Destitute and homeless dependent on begging and on roadside small hotels;
- Frontline law enforcement agencies such as the Police personnel deployed to implement lockdown;
- COVID 19 patients and their family members anxious about their health conditions as well as to social stigma that they have to encounter;
- Children in family and care home settings who might not be able to express their concerns and might also face abuse at home; and
- General population experiencing stress and anxiety over the pandemic.

While the advisory mentions the above-mentioned groups, it recognizes considerable overlaps / intersections between these. For example, women with disabilities from economically poor settings are likely to have greater problems in accessing services including mental health support services than other women.

Various global organizations as well as those from India have responded to the pandemic by issuing mental health directives. For instance, the World Health Organization (WHO) and the United Nations (UN) have developed mental health directives. Similarly, UNICEF has extended the Mental Health and Psychological Support Services (MHPSS) during emergencies to include specific directives for COVID 19. For the Government of India, NIMHANS has also developed detailed guidelines. Several civil society and citizens level activists have also come up to support those experiencing mental health issues associated with the pandemic. The advisory brings together and builds on these directives. The directive has been further contextualized by inputs from professionals / civil society organizations working in the field of mental health and social work with special focus on vulnerable populations. A set of such resources - both national and international- has been compiled as a part of this advisory that may be used by both individuals and agencies.

The following four key points can be gleaned from the directives:

1. It needs to be noted that a certain degree of anxiety and stress is understandable- it is the **normal reaction to abnormal times**. However, it is important to differentiate between this and enhanced mental anxiety or an exaggerated/ heightened response that is often experienced by certain individuals that leads to such consequences as inability to sleep, distress, inability to perform daily tasks.
2. It is also important to look at the **practical material needs** and concerns that may lead to high levels of psychological stress. So, while mental health support is crucial, these have to be substantiated by addressing material/physical needs to alleviate suffering. For example, timely provision of food and groceries for the poor as done in by several state governments or opening of free community kitchens contributes towards reducing stress directly. Similarly, an assurance about provision of MGNREGA work in areas declared safe or wage transfers in containment zones (in similar principle as paid leaves) can help assuage several, including the returning migrants of livelihood security back home. This when complemented by opening a steady flow of information (about the services being arranged/ organized with specific time) that is accessible to many people, can significantly contribute towards reducing stress. Conversely, talking about mental health without addressing these immediate and pressing worries might be of little help. The note, therefore, covers two inter-related aspects: **short term welfare entitlements** essential to address the immediate heightened economic hardships and the **mental health support** required. Both need to be read in conjunction for the measures to be meaningful and effective.
3. In this context, it is important to focus on **heterogeneity of groups and their experiences** as the impact on different groups varies based on their socio-economic locations and pre-existing physical-mental health conditions. This heterogeneity is difficult to capture except through a contextual engagement that can be accessed through collaboration with local self-government and civil society organizations who work with such groups.

4. Related to the above is the **need for collaboration** with the local government, civil society organizations, religious institutions such as temples, mosques, churches, Gurudwaras and others. Partnership needs to be also forged with corporate organizations to make them proactive collaborators to address the mental health issues created by the pandemic across the different sections of the society. The advisory also tries to outline some of the key areas of possible collaboration. However, in most cases, these linkages have to be locally and contextually evolved depending on the specific need.

MENTAL HEALTH CONCERNS &
SUGGESTED POLICY RESPONSES

TABLE 1: HEALTH SERVICE PROFESSIONALS

Mental Health Concerns	Proposed Policy Response*
<p>Anxiety and Exhaustion due to:</p> <ul style="list-style-type: none"> ▪ Lack of Personal Protective Equipment (PPE) resulting in high numbers of health professionals contracting the diseases exacerbating stress. ▪ Stress and burn-out caused by long working hours, inadequate rest and compromised diet. ▪ Moral Injury caused by having to make difficult choices in terms of treating patients, making tough allocation decisions about scarce, lifesaving resources like mechanical ventilators ▪ Anxiety caused by not being able to stay connected with family and having to observe rigid physical distancing rules especially with young children at home. ▪ Experience of stigma and stigmatization from neighbors 	<p>Measure for short term Material/ Utility Service</p> <ul style="list-style-type: none"> ▪ Immediate provision of PPE, gloves, sanitizers. Include PPE as Essential Goods and ensure immediate supply. Insurances cover for all Health service professionals. ▪ Create provision for good diet and rest. ▪ Utilize the services of final year medical and nursing students. Utilize hotels, guest houses and other functional premises (marriage halls) to ensure comfortable accommodation. <p>Measures for Mental Health Support:</p> <ul style="list-style-type: none"> ▪ Keep the staff prepared for the moral dilemmas they are likely to face. They should not be given false reassurance but a full and frank assessment of what they might face and the course of action. ▪ Support towards staying connected with family and loved ones. Create and deliver peer support programmes. Pay attention to staff with pre-existing mental health issues or concurrent pressures and loss. ▪ Provide authentic information, address anxiety, stress and depression by creating and accessing helplines and messages/videos to acknowledge them as normal and advise them to seek counselling support through Helplines or personal counselors. Make these contacts available readily for use. Ensure that any psychological support has robust training and clinical supervision. ▪ Rotate workers from higher-stress to lower-stress functions. Partner inexperienced workers with experienced colleagues. Such ‘buddy’ systems help to provide support, monitor stress and reinforce safety procedures. Implement flexible schedules for workers. ▪ Directives for setting up grievance redress cell at the facility chaired by senior administrators/ doctors to address grievances concerning stigma/ denial of services and/ violence. Issue directives against violence and ostracization of frontline health professionals. ▪ Healthcare professionals should be allowed an encouraged to follow ethical practice guidelines as the pandemic is NOT the time to overcharge or fleece service users.

TABLE 2: COVID-19 PATIENTS AND THEIR FAMILY/CAREGIVERS	
Mental Health Concerns	Proposed Policy Response
<p>Anxieties and Stress due to:</p> <ul style="list-style-type: none"> ▪ Self-isolation and quarantine for both patient and family members ▪ Fear or contracting the disease to others- family and loved ones ▪ Fear of death/bereavement/ experience of bereavement ▪ Inability to perform usual work, parenting & household duties during quarantine ▪ Experience of stigma from the society ▪ Likelihood to have post-intensive care syndrome or other set of physical, cognitive and mental health problems post COVID treatment and recovery 	<p>Measures for Mental Health Support:</p> <ul style="list-style-type: none"> ▪ Directive for providing regular counselling and psychosocial support for people in isolation and quarantine through dedicated high priority helplines. ▪ Compile and make available to the patients and their families all the helplines available – government, non-government, other civil society initiated and association initiated helplines. Make them available under the resources of MoHFW ▪ Directives for providing pre and post discharge counselling to the patient and family members. ▪ Educational videos to ensure stigma reduction around COVID 19 patients and family members ▪ Capture and broadcast stories of resilience from those who have recovered and their care givers

TABLE 3: DESTITUTE AND UNHOUSED	
Mental Health Concerns	Proposed Policy Response
<p>Distress/ Trauma due to:</p> <ul style="list-style-type: none"> ▪ Loss of sources of sustenance such as local eateries and other sources of support are cut off ▪ Eviction from regular places of stay ▪ Difficulty in maintain self-isolation and quarantine because of cramped housing or shelter home living ▪ Difficulty in implementing quarantine and social distancing it in situations where individuals do not have proper houses or shelter. 	<p>Measure for short term Material/ Utility Service</p> <ul style="list-style-type: none"> ▪ Directives to convert available public spaces into temporary shelter homes for the unhoused and destitute, with established norms for social/physical distancing. ▪ Directive to ensure food and essential commodities supplies to the shelter while maintain social distancing protocols. ▪ Ensure regular supply of ration and other essential commodities by local authorities. ▪ Collaboration with civil society organizations, citizens groups and Faith Based Organizations / local institutions (like AkshayPatra, Mosques, Gurdwaras) to ensure food and shelter. <p>Measures for Mental Health Support:</p> <ul style="list-style-type: none"> ▪ Engaging Psychiatric social work professionals and students to reach out and provide guidance to such groups in sensitive and appropriate manner to reduce trauma. ▪ Engaging the functionaries and staff of the NGOs operating care homes and shelters to introduce and maintain prevention and precaution activities

TABLE 4: SOCIALLY VULNERABLE GROUPS (Including women, minorities and LGBTQ)

Mental Health Concerns	Proposed Policy Response
<p>Anxieties and distress due to:</p> <ul style="list-style-type: none"> ▪ Increased Gender Based Violence (GBV) especially in family spaces and greater problem in reporting such cases and seeking help during lockdown ▪ Increased exclusion and ostracization of marginalized communities from services as a result of stigma and discrimination ▪ Fake videos targeting certain communities that make them vulnerable to violence 	<p>Measure for short term Material/ Utility Service</p> <ul style="list-style-type: none"> ▪ Incorporating sanitary napkins and family planning measures as essential goods <p>Measures for Mental Health Support:</p> <ul style="list-style-type: none"> ▪ Collaborate with civil society organizations to reach out with mental health support to the survivors of Gender Based Violence (GBV). Sensitize police patrolling to reach out to with messaging around domestic violence. ▪ Utilize Domestic Violence Act 2005 to reach out to the community. Directive to promote Help lines for Domestic Violence (DV). ▪ Directive to penalize on any kind of ostracization based on person’s social identity ▪ SHE teams and Police team to be sensitized to identify and act on reports of violence and abuse ▪ Directive to activate and promote helpline for LGBTQ facing abuse or violence ▪ Making the helpline for domestic violence more robust to deal with mental health concerns of women and children, through proper training and supervision, especially in times of the pandemic ▪ Strict directives on fake information through social media, especially targeting minority groups

TABLE 5: ECONOMICALLY VULNERABLE GROUPS (Daily Wage Earners/ Migrants/ Small Entrepreneurs/ Self-Employed)

Mental Health Concerns	Proposed Policy Response
<p>Distress due to:</p> <ul style="list-style-type: none"> ▪ Sudden loss of livelihood and inability to pay for services. ▪ Loss of job/ source of earning for an uncertain period of time ▪ For migrants, separation from family and emotional support system during the crisis. Inability to go back to villages/ native place to connect with close family members and having to live in congested shelters where they are robbed of dignity and self-respect 	<p>Measure for short term Material/ Utility Service Support to Address Heightened Economic Distress</p> <ul style="list-style-type: none"> ▪ Directive for Minimum Basic Pa/ ex-gratia with effective implementation architecture. ▪ Directive for ensuring availability of soft loans to the self-employed/ small entrepreneurs ▪ Directive for the provision of dry rations ▪ Effective implementation architecture of directive to waive off rent, electricity and water charges.

<ul style="list-style-type: none"> ▪ Lack of economic opportunities at place of origin ▪ Inability to procure food and dry ration as the PDS cards are usually of places of origin ▪ Inability to maintain social or physical distancing due to cramped housing and community living. ▪ Lack of access to authentic sources of information as most of these are not in local languages and not in accessible format/language. Excess consumption of negative and/ or fake news. ▪ No clarity over future course of action 	<ul style="list-style-type: none"> ▪ Directive to the employers for providing paid leave. Relief packages for the employers (depending on their size / capacity) ▪ Directives on creating safety nets like PDS. Increase the coverage /outreach of MGNREGA ▪ Directives to develop relief package keeping in mind the differentiated needs of the migrants. <p>Measures to Support Mental Health</p> <ul style="list-style-type: none"> ▪ Engaging Psychiatric social work professionals /students to reach out and support such groups in sensitive and appropriate manner to reduce trauma ▪ Reduce anticipation anxieties by providing information about support services ▪ Develop short videos and share over social media with authentic information and emotional support messages in all languages - utilize CSR of Advertising agencies plus agencies like NIMHANS. ▪ Set up Task Force Network with civil society organizations and corporate organizations for supporting economically vulnerable groups. ▪ Train front line CSO/NGO workers to identify signs of distress and make referrals
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TABLE 6: ELDERLY	
Mental Health Concerns	Proposed Policy Response
<p>Depression and Anxiety due to:</p> <ul style="list-style-type: none"> ▪ Deepening of loneliness in quarantine situation ▪ Fear of easily contracting virus as a high risk group ▪ Anxieties over inability of going to market for essential goods (if living alone) ▪ Anxieties over the inability to access support services such as pension ▪ Anxieties over the inability to address ageing associated and other chronic health needs due to mobility restrictions in lockdown 	<p>Measure for short term Material/ Utility Service Support</p> <ul style="list-style-type: none"> ▪ Support by local authorities and community workers in identifying household with high risk group and provide adequate support. ▪ Ensuring door step delivery of essential service like, pension, ration, medicines. <p>Measures to Support Mental Health</p> <ul style="list-style-type: none"> ▪ Address loneliness through frequent social connections using technology ▪ Encourage practice of physical distancing but ensure social connection through messaging and calls for increased connections with family, friends and relatives on a daily basis ▪ Reduce stress through communication-based strategies to inform about the risk factors and prevention mechanism.

<ul style="list-style-type: none"> ▪ Inability to access services that have switched to online payments (such as groceries, telephone bills) ▪ Difficulties while having to manage their own household tasks without support from others, including domestic help ▪ Inability to access technology with ease, thus causing distress and loneliness; and not keeping in touch with their children who live away from them 	<ul style="list-style-type: none"> ▪ Reduce stress through providing adequate information about social security initiatives/ insurance for COVID 19. ▪ Directive to the insurance companies to reach out to the elderly to explain insurance provisions and changes therein in the context of COVID19. ▪ Given that non-essential doctor appointments are discouraged, create opportunities for easy to access tele-health consultations. ▪ Ensure Volunteer support for helping with online transactions ▪ Collaboration with specialized NGOs like HelpAge India for support to the elderly through their network. ▪ Encourage older adults to keep essential telephone numbers (children, family, neighbors, personal assistants, if any, etc.) readily accessible.
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TABLE 7: PERSONS WITH DISABILITES

Mental Health Concerns	Proposed Policy Response
<p>Distress and Anxiety due to:</p> <ul style="list-style-type: none"> ▪ Inability to access social support pension ▪ Loss of livelihoods for PwDs engaged in work in the informal sector ▪ Inability to access food and ration that involve standing in queues or having to go to another place to collect them ▪ Impaired access to authentic sources of information in accessible formats ▪ Lack of support in maintaining COVID prevention protocols of self-isolation and quarantine due to high dependency on caregiver ▪ Caregivers preoccupied with other work as all members are at home ▪ Inability to take regular physical or speech therapy or counselling. 	<p>Measure for short term Material/ Utility Service Support</p> <ul style="list-style-type: none"> ▪ Additional financial support to people with disabilities. ▪ Identify people with disability without a disability certificate and pension certificate and providing equal financial support to them. The UDID data may be used to track persons with disability for this. ▪ Organize door step delivery of ration/food. Specific food requirements may need to be considered, while distributing relief. Provision for the same must be made, so that their dietary requirements are taken care of ▪ Provide increased supplies of material for personal hygiene in order to keep the assistive devices sanitized ▪ Caregivers of persons with disabilities maybe exempted from restrictions during the lockdown period or by providing them with passes in a simplified manner on priority. ▪ The Resident Welfare Associations should be sensitized about the needs of persons with disabilities so as to allow entry of caregivers

<ul style="list-style-type: none"> ▪ Inability to access personal assistance of caregivers and support staff for everyday needs ▪ Increase in violence from partners and personal attendant as stress levels within the household increases. There is also no community watch, and children and women with disabilities choose to keep quiet as they fear abandonment by family. 	<p>and other support staff to their residences after following due sanitizing procedure</p> <ul style="list-style-type: none"> ▪ Supplies of sanitizers for the Caregivers <p>Measures to Support Mental Health</p> <ul style="list-style-type: none"> ▪ Accessible information regarding COVID19 for all kinds of disabilities (TV announcements in sign language, Audio version of awareness posters and announcements). ▪ Normalize routines for persons with disabilities to the extent possible ▪ Tele-counseling services to the families to ensure that the PwDs get continued time and support of the caregivers ▪ Collaboration of the local self-government with the with key government agencies such as agencies (AYJNISHD, RCI, NILD etc.) and civil society organizations to map out specific outreach strategies including in the rural areas. This can include: <ul style="list-style-type: none"> o Tele-counselling and support regarding therapy at home with families of PwDs o Counselling families of PwDs to ensure social distancing and hygiene necessary to staying protected. o Counselling for parents and caregivers of children and people with disability for home-based therapy sessions o Planning for continued home based learning for children with disabilities ▪ Guidance to family to be alert and sensitive to the possibilities of violence/ abuse towards the PwDs ▪ All first responders must be trained on working with PwD and learn about specific requirements related to the type of disability. ▪ Disability specific mental health and psychosocial support must be made be available and hence training for the same needs to be offered.
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TABLE 8: PEOPLE WITH MENTAL HEALTH DISORDER* AND PERSONS USING ALCOHOL AND DRUGS

Mental Health Concerns	Proposed Policy Response
<p>Trauma and Anxieties due to:</p> <ul style="list-style-type: none"> ▪ Change and sudden disruption in routine like, going to therapy, counselling, doing outdoor activities or other psycho-social intervention which cannot happen in state of isolation or quarantine ▪ Increase in withdrawal symptoms due to lack of availability of alcohol or drugs ▪ Increase in domestic violence and abuse ▪ Inability to get necessary medicines ▪ Inability to seek medication to deal with withdrawal symptoms arising because of abrupt withdrawal of liquor/ drugs. ▪ Increased risk to develop severe symptoms and suicidal tendencies ▪ Increased anxiety due to consumption of negative or fake news ▪ Discomfort due to sudden over-crowding in the living space as all members are at home ▪ Ill-treatment and abuse in home and care homes ▪ Inability to maintain social distancing in care homes ▪ Exacerbation of existing symptoms in persons living with mental illness and having to cope with changed routines and contexts. 	<p>Short-term Material / Utility Support Services</p> <ul style="list-style-type: none"> ▪ Prioritize availability of necessary drugs in the pharmacy and use telemedicine provided by Centre for Addiction, NIMHANS for free consultation ▪ Enforcement of directive for doorstep delivery of medicines an essential resources especially to those unable to go out because of extreme concern regarding contamination ▪ Psychiatric O.P.D.s should be considered essential service and providers should be equipped with PPE. ▪ Prescription based availability of drugs to control withdrawal syndrome ▪ Advisory for alcohol use and withdrawal symptoms ▪ Advisory for de-addiction programs / initiatives. <p>Measures to Support Mental Health</p> <ul style="list-style-type: none"> ▪ Special task force with the help of mental health organizations to identify and do regular tele-counselling with the person with psycho-social disorder ▪ Tele-Counseling of families to engage with those with mental illnesses ▪ Facilitate Alcoholics Anonymous groups using telecommunication methods, especially mobile phones ▪ Proper guidelines to care providers at home or care homes to ensuring hygienic practices in care homes or group homes. ▪ Ensuring people with mental health have necessary access to information regarding COVID19 ▪ Ensuring the care homes are equipped to deal with emergencies

**The note acknowledges that there are several types of mental health issues and not all groups are likely to experience the lockdown in a similar fashion.*

TABLE 9: CHILDREN IN CARE HOME AND HOME	
Mental Health Concerns	Proposed Policy Response
<p>Suppressed stress and anxieties among children due to:</p> <ul style="list-style-type: none"> ▪ Change in routine like, going to school, playing outdoor and with other children ▪ Dealing with boredom and excess use of internet to deal with it. ▪ ▪ Lack of access to information in simple, age appropriate formats ▪ Fear of ill-treatment and abuse including sexual abuse at home/ care homes ▪ Difficulty in maintaining social distancing in home and care homes ▪ Inability to express their concerns and uneasiness while quarantine ▪ Parent and adults might find it difficult to make children understand the hygiene and other COVID prevention protocols ▪ ▪ Fear and uncertainty for children whose board exams have been postponed, especially fear of the future in this complex situation amongst those who face pressure from families to perform well 	<p>Measures to Support Mental Health</p> <ul style="list-style-type: none"> ▪ Managing child’s anxiety by recognizing their worries and communicating clearly with them ▪ Provide clear information in a reassuring, honest and age-appropriate way. ▪ Make guidelines for children and parents in simple language including use of animation. ▪ ▪ Engage children in routine household tasks in a fun manner so that they feel they have contributed to the household chores ▪ Support adults/caregivers with activities for children during home isolation/ quarantine. ▪ Promote 1098 for children in distress. Ensure that action is taken on the complaints received. ▪ Provide care home staff with authentic information and encourage them to communicate COVID 19 related information to children in a positive manner. ▪ Collaborate with civil society organizations working with children to engage them in child friendly communication in care homes. Have open discussions with staff and children (separately) on abuse in care home settings.

TABLE 10: FRONTLINE WORKER – POLICE	
Mental Health Concerns	Proposed Policy Response
<p>Stress and Anxiety due to:</p> <ul style="list-style-type: none"> ▪ Excessive workload and long hours of work in critical situation ▪ Increased risk of contraction of virus <p>Problems in enforcement because of increased community resistance</p> <ul style="list-style-type: none"> ▪ Negative reporting by the media 	<p>Measures for Short term Material Support</p> <ul style="list-style-type: none"> ▪ Providing protective gears like mask, gloves, proper transportation & communication means. ▪ Ensuring supply of food and water, tea etc. as regular sources of supply are shut down, <p>Measures towards Mental Health Support</p> <ul style="list-style-type: none"> ▪ Training of police on being sensitive towards the resistant nature of community and not impose but use behavioural techniques Directive to initiate counselling support for Police along with other frontline workers Allocating time for relaxation at the workplace.

TABLE 11: GENERAL POPULATION EXPERIENCING ANXIETY

Mental Health Concerns	Proposed Policy Response
<p>Stress and Anxiety due to:</p> <ul style="list-style-type: none"> ▪ Reduced access to daily utilities and health services ▪ Daily consumption of negative news resulting in fear and helplessness ▪ Multitasking with household responsibilities and work from home situation ▪ Feel stigmatized if asked to self- quarantine by officials and have medical professionals going in and out of their houses in case of a suspected case ▪ Daily consumption of fake news and other information overload ▪ For those with medical conditions, delay in seeking help and fear of being turned away by service providers and hospitals 	<p>Measure for short term Material/ Utility Service Support</p> <ul style="list-style-type: none"> ▪ Facilitate door-step delivery of essential items such as groceries and medicines <p>Measures towards Mental Health Support</p> <ul style="list-style-type: none"> ▪ Resource material in all the major spoken languages for ease of information flow. ▪ Develop short videos involving the Ministry of Information and Broadcasting and CSR of advertising agencies providing positive news and concrete steps that people may take to help them and others. ▪ Create channels of authentic information flow on outbreak, the progression, treatment, and effective strategies to prevent an infection in accessible manner. ▪ Enforce National Disaster Management Act 2005 (NDMA) to curb the spread of fake news

EXISTING INITIATIVES

INITIATIVES FOR PSYCHO-SOCIAL SUPPORT
Government of India

Agency	Initiatives
Government of India (GoI)	<ul style="list-style-type: none"> • Central helpline number for COVID19 • National Health Portal • Helpline set for 28 states and 8 Union territories (All kinds of help including support for ration)
Ministry of Health and Family Welfare National, (MoHFW), GoI Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore	<ul style="list-style-type: none"> • Psycho social toll free helpline toll-free helpline number – 08046110007 – to address mental health issues that may arise during the COVID-19 lockdown. • Directive for Taking care of mental health of different sections during COVID 19: Children, elderly, migrant workers, those in isolation wards, general population

Field Based Initiatives

Field Based Initiatives	
States	Initiatives
Kerala	<ul style="list-style-type: none"> • Psychological Support Team, District Mental Health Programme (DMHP), DISHA (24×7 tele-health helpline under Arogyakeralam) under Department of Health and Family welfare are brought together • Advisory for alcohol use and withdrawal symptoms • Advisory for de-addiction programmes / initiatives • GoK Direct app, a mobile application launched by the Kerala Start up Mission and Information and Public Relations Department to send SMS alerts to basic phones. • The Kerala Online Health Training YouTube portal, a digital platform which uploads educational videos related to COVID-19.
Rajasthan	<ul style="list-style-type: none"> • NHM Rajasthan set up State Mental Health Authority (SMHA)

STATE SPECIFIC HELPLINES

Central Helpline Number for corona-virus: - +91-11-23978046

Helpline Numbers of States & Union Territories (UTs)

S. No	Name of the State/UT	Helpline Nos.
1	Andhra Pradesh	0866-2410978
2	Arunachal Pradesh	9436055743
3	Assam	6913347770
4	Bihar	104
5	Chhattisgarh	104
6	Goa	104
7	Gujarat	104
8	Haryana	8558893911
9	Himachal Pradesh	104
10	Jharkhand	104
11	Karnataka	104
12	Kerala	0471-2552056
13	Madhya Pradesh	104
14	Maharashtra	020-26127394
15	Manipur	3852411668
16	Meghalaya	108
17	Mizoram	102
18	Nagaland	7005539653
19	Odisha	9439994859
20	Punjab	104
21	Rajasthan	0141-2225624
22	Sikkim	104
23	Tamil Nadu	044-29510500
24	Telangana	104
25	Tripura	0381-2315879
26	Uttarakhand	104
27	Uttar Pradesh	18001805145
28	West Bengal	1800313444222, 03323412600,
29	Andaman and Nicobar Islands	03192-232102
30	Chandigarh	9779558282
31	Dadra and Nagar Haveli and Daman & Diu	104
32	Delhi	011-22307145
33	Jammu & Kashmir	01912520982, 0194-2440283
34	Ladakh	01982256462
35	Lakshadweep	104
36	Puducherry	104

CIVIL SOCIETY INITIATIVES		
Initiatives	Description	Contact
Project Mumbai	Free Counsellors on Call facility for people of Mumbai with a team of close to 50 trained Counsellors being at their service from 8 am to 8 pm across multiple languages including Marathi Hindi English Gujarati Malayalam Punjabi and Kannada	+91 9992999929 +91 9653330712 www.shishirjoshi.com
Samvaad, Government of Maharashtra	Tribal Development Department's tele counselling	18001024040
Trijog	Nationwide initiative free online counselling sessions	+91 9833983406, +91 7506228450
Master Mind Foundation	Pan-India free counselling- available in Tamil, English, Hindi, Malayalam, Punjabi, Himachali, Marathi, Kannada, Gujarati, Telugu, Sanskrit, www.mastermindfoundation.com	+91 9445670257 +91 8072469596 Talk2mmf@gmail.com
i-call, TISS	Free professional counselling on COVID 19 in different languages	022 25521111, icall@tiss.edu http://icallhelpline.org
Association of Psychiatric Social Work Professionals	List of 61 mental Health professionals volunteering to provide counselling to those effected by COVID 19	www.apswp.org
Jamia Millia Islamia	Tele- counselling services for students, teaching and non- teaching staff of the university to facilitate the well-being and extend emotional support	+91 11-26981717 +91-11-26984617
Mpower in collaboration with BMC, Mumbai	Helpline to speak with a mental health professionals	1800120820050
Fortis, Delhi	Helpline for stress management	+918376804102
Samaritans, Mumbai	Helpline for emotional support	+918422984528/29/30
Wow, Goa	Free counselling support	+91 8408072035/ +91 8788473468/ +91 9226590072
Khudol Initiative by Yawl, Manipur	For LGBTQ/ QEER individuals in Manipur and part of NE and students stuck in rented houses in Imphal getting no support, facing food & ration shortage due to COVIgD-19	+91 6009032883

AddressHealth	Helpline to help with stress and anxiety because of COVID19	+91 7259568888 (English, Hindi), 8073141434 (English, Kannada), 9739049414 (English, Kannada & Hindi), +91 96886017559 (English, Kannada & Hindi)
Praan	Pan India Helpline	+91 9595280280
Trained psychologist & psychology students	Free counselling	covid19helpline@gmail.com
SAATA	Counselling	www.saata.org

APPS		
Service Provider	Initiative	Contact
Headspace- for meditation	Free premium service during lockdown	www.headspace.com
Wysa- stress, sleep & mindfulness therapy chatbot	Free premium service during lockdown	www.wysa.io
Youper	AI-chat bots for different mental health issues	www.youper.ai
Inner Hour	Guided exercise based on positive psychology (99 Rs/ month premium service)	www.innerhour.com

WEBINAR & LIVES	
Institution	Initiative
Sangath, Goa	Anxiety and stress management with psychologist & young people via Instalive
The Lancet Psychiatry, Mental Health Innovation Network and United for Global Mental Health	Series of weekly 45-min webinars designed to provide policy makers and the wider health community with the latest evidence on the impact of COVID-19 on mental health and how to address it.
Care Bihar With the support of Ministry of women and child development	Care Bihar YouTube session on psycho-social impact of COVID-19 on women & children- repeated sessions
iCall, Tata Institute of Social Sciences	Works as the COVID-19 helpline to deal with multiple social and mental health issues in all their interconnectedness.

DOMESTIC VIOLENCE HELPLINE	
National Commission for women	0721
Women Police Helpline	1091/1291
Women Powerline (UP)	1090
Swayam	+919830772814
Women in governance (Assam)	+916003214180
Shakti Shalini	10920
Jagori	011-26692700
Nirmal Niketan	011-27859158
Action India	011-24374785
Sneha	+919167535765
Saheli	011-24616485 (Saturday only)
Saarthak	011-26853846
Nari Shakti Samiti	011-23973949
Joint Women's program (Banglore, Kolkata, Chennai)	011-24619821
Sakshi	0124-2562336
All India women's conference	10921

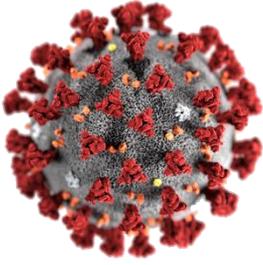
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