

Mental Health Awareness – a case for Human Centered Design (The Rickshawala Project)

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"To my mind, empathy is in itself a healing agent. It is one of the most potent aspects of therapy, because it releases, it confirms, it brings even the most frightened client into the human race. If a person is understood, he or she belongs."

Carl Rogers, Humanistic Psychologist.

Psychology, over the years, has evolved with our society and its needs. In the mid twentieth century, Humanistic Psychology was born out of a yearning to define humans beyond a set of unconscious impulses and observable behaviours. What emerged was a research and practice methodology immersed in empathy and focused on the client's needs.

Almost in parallel (1940's-1960's) a similar transformation took place in the field of design. Having its roots in 'participatory design' or 'cooperative design', the design of products and services saw the rise of a more 'human' centred approach with an unwavering focus on empathy. A modern example of such a process would be the running shoe. Initially only focused on functional aspects like grip and comfort, now the running shoe fits not only on the foot but also into the lifestyle of the user. Nike+ creates an entire ecosystem for the runner by rewarding regular runs, comparing run times with friends and promoting a healthy lifestyle. While these features add no value to the primary function of the shoe, they have been developed by empathizing with the runner and understanding her aspirations.

Our rapid transformation from the Industrial Age to the IT Era and now to a future filled with AI/Automation has necessitated a change in the way we think and the way we design. However, this basic need for a designer to make her client feel understood and for a psychologist to make her client feel like she belongs, has laid a foundation for compatibility between these seemingly diverse branches.

Designers are being taught to integrate basic concepts of psychology in the design process towards building more intuitive and holistic products. One of design's thought leaders, Don Norman, talks extensively about the importance of Cognitive Design and Emotional design in his book 'Design for Everyday Things'.

Unfortunately, however, not much has been written or researched on the integration of design practices in psychology towards treatment or psycho-education.

In this article, we will showcase our experiment of meshing design practices like Human Centred Design with basic psycho-education towards a goal of initiating conversation on mental health among the rickshaw drivers of Mumbai.

"Rajkumar Yadav hai humara naam, 2003 se rickshaw chala rahe hai sir."

The Rickshawala Project was conceived out a desire to understand the irony behind our love-hate relationship with the people behind one of Mumbai's quintessential modes of transport – the auto rickshaw.

We all seem to love rickshaws! They have the alluring charm of affordability and simpler times, while offering a hint of open air romance. That is, before the Rickshawala manages to cut into your lane in an

almost perfect and astonishing instance of daredevilry, leaving you in the middle of a slur of perfectly pronounced Hindi abuses.

Looking to curb habits like excessive honking, reckless driving or breaking traffic rules, we got together a diverse team of volunteers to help brainstorm on our approach.

Initially we had a dual focus – psychology to influence behaviour and design to help communicate this change. For our first prototype, psychology looked to reinforce positive behaviour by means of incentives and design looked to involve passengers as an active part of this change via a visible pledge signed by the rickshaw driver. The passenger was expected to monitor behaviour during their ride and had an option to pay INR 5-10 as an incentive to that behaviour.

The prototype failed because it:

1. Aggravated an existing inferiority complex between passenger and driver by introducing a monetary angle.
2. Assumed that every passenger cared enough to incentivize this behaviour.

Essentially, the context within which our solution functioned was ignored.

Our second attempt to reinforce positive behavior revolved around creating healthy competition among rickshaw drivers by means of a ride rating system similar to Uber but controlled by the Regional Transport Office. Once again, with the behavioral aspects and design aspects of the solutions isolated, our second prototype failed to see the light of day.

The prototype failed because it did not consider:

1. Preferences of all the stakeholders of the solution, in this case the RTO.
2. Previous attempts of the RTO to incentivize good behavior – which the rickshaw drivers thought to be passenger centric. This had created a negative perception towards these programs in the minds of the rickshaw drivers.

Convinced the answer lay at the intersection of psychology and effective communication via good design, we looked to adopt a new way of approaching the problem.

“Hum sirf rickshawale hai sahib, humko kaun poochta hai?”

The above line sums up the failure of our prototypes and one of the main principles of Human Centered Design and Humanistic Psychology - Empathy and an in-depth understanding of the context of the problem is of utmost importance when designing a solution or an intervention for a client.

Adopting a Humanistic approach within the frameworks of Human Centered Design, we set out to understand the Rickshawalas of Mumbai.

Multiple conversations and interviews later, we started understanding the ‘human’ on the other side of the meter:

8-12 hours of driving in Mumbai’s traffic, yielding a little more than INR 300/day to sustain yourself, pay rent and send money back to your family. Couple that with systemic classism and low literacy levels; remove the calming influence of a family (most rickshaw drivers are migrants) and add in a sprinkle of addictions like *gutka* and cheap alcohol. What do you get? A toxic recipe for an individual who is tackling extreme stress levels on a daily basis while working in one of the most stress inducing environments on the planet, traffic infested roads.

This is the daily life of a rickshaw driver in Mumbai.

The ability of the Human Centered Design research frameworks to weed out strong insights helped us empathize with the rickshaw driver and understand that the root cause of these behaviors lay in their invisible battle with basic mental health concerns.

Some other interesting insights that came through during our research:

1. Passengers elicit stress and should be kept out of interventions.
2. The drivers are eager to learn about issues concerning their own health and wealth.

3. The drivers do not understand the correlation between mental health and physical health. Eg stress is known to aggravate existing illnesses.
4. The drivers were unable to link certain behaviors to symptoms; e.g. excessive honking leads to increase in stress levels and can also cause hearing loss and headaches.
5. The drivers were uncomfortable to converse with women.
6. Authority figures like doctors are respected and their advice is heeded without question.

Armed with these insights, we looked to develop a non-contact psycho-education module for rickshaw drivers. An important principle that helped us develop a holistic module was rapid and iterative prototyping. Human Centered Design, at its heart, pushes you to learn from small experiments and repeated failure. Instead of looking at the module as a whole, we split it into 3 parts and assigned a psychologist and a designer to each. The three parts were refined with groups of 5 -10 rickshaw drivers at least 3-4 times.

“Hum sikhne ke liye tayaar hai sir. Pyaar se samjhao toh koi bhi samaj jayega.”

Over a collective span of 3 years and multiple iterations, we developed a simple 3 step module that would:

- Empower rickshaw drivers to make healthy life decisions with access to awareness on mental illnesses like stress, anxiety and depression.
- Help them effectively tackle the inevitable stresses of daily life, with a focus on easy and effective interventions.
- Pave the way for calmer and relaxed rickshaw drivers, safer roads and better rides.

We partnered up with Maniben Nanavati Women’s College (Psychology Department) and The Yoga Institute, Santacruz (oldest institute for yoga in the world) to design our solution:

Step 1: Explain to them the basics of Mental Health and its importance in THEIR OWN LIFE.

How?

- Dramatized and filmed a 10 min video in Hindi featuring real rickshaw drivers, an element of humor and relatable examples.
- The didactic parts were covered by doctors to ensure attentiveness.

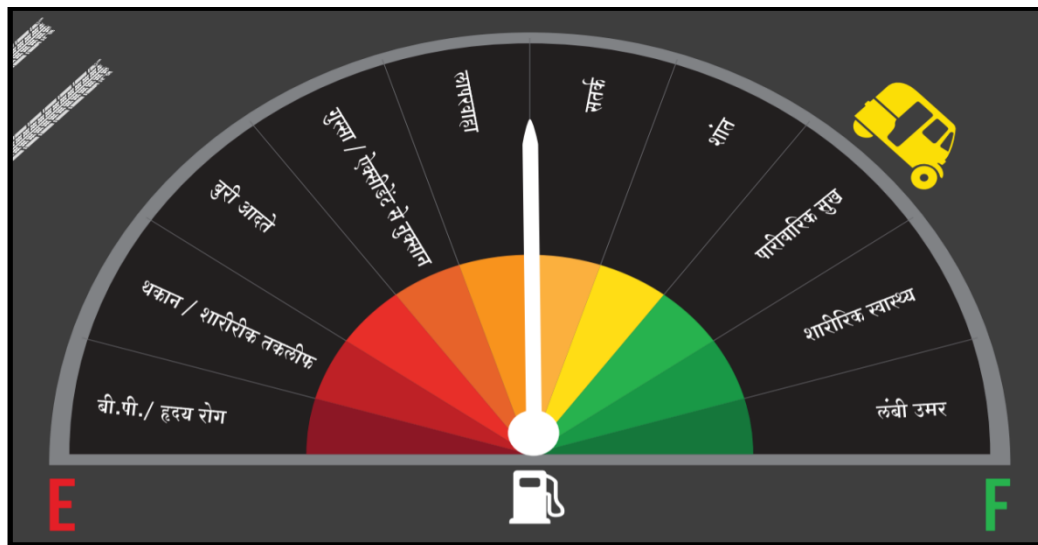


Figure 1 – Step 1 conducted using laptop and didactic discussion

Step 2: Cement the co-relation between their habits and their health.

How?

- We compared their mental health to the fuel in their rickshaw and the level of mental health was mapped on a fuel gauge.
- Against the level of mental health, we tracked the physical symptoms associated with them.
- Stress inducing habits decrease mental fuel and lead to increasingly worse health problems (amber to red region)
- Stress relieving activities increase mental fuel to give you a smooth care free ride (yellow to green region)
- Since they were aware that poor physical health is a drain on wealth (medical expenses), we were able to correlate their mental health to their physical health and wealth.



Step 2 – The Mental Health Fuel Gauge

Step 3: Provide them with easy and effective interventions to help them tackle daily stress.

How?

- Yoga was used as a method of intervention as it is proven effective for both mind and body. Also, *Rickshawalas* could relate to Yoga as a form of exercise, “*Yeh toh humare shastro mein likha hai.*”
- The Yoga Institute designed a set of *asanas* specifically for rickshaw drivers which can be done in the comfort of their own rickshaw within 8-10 min.
- The *asanas* focus on the main physical pain points for rickshaw drivers (wrist, neck and back) and incorporates stress relieving relaxation techniques.



Figure 3 – Handouts given to the Rickshaw drivers

Step 1 is available on YouTube; Step 2 and 3 are incorporated into a single printable handout and available on our website.

The complete solution was successfully piloted as a part of RTO's passing process as well. The module can be delivered without a mental health professional in a span of 10-12 minutes and can be easily shared online. Till date, we have reached out to more than 750 rickshaw drivers through this module with excellent feedback from all stakeholders, especially the rickshaw drivers.

This project is being executed by an NGO founded by us called The Change Entrepreneurs. We are a small but diverse group of individuals who look to combine design thinking and psychology to create powerful communication mediums to deliver socially relevant messages. If you would like to initiate a Change by educating *Rickshawalas* in your vicinity, we can help you organize an event. Help us spread the word and combat mental stress among these Mumbaikars we call Rickshawalas.

A free to download "Field Guide to Human Centered Design" is available by IDEO.org. It details out the mindsets, methodologies and frameworks anyone can use to implement a Human Centered Approach to their project/intervention.

<http://www.designkit.org/resources/1>

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