

## Tele MANAS: India's First 24X7 Tele Mental Health Helpline Brings New Hope for Millions

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### ABSTRACT

India comprises around 18% of the world's population and contributes a major proportion to the global burden of mental disorders. In recognition, the Hon'ble Union Finance Minister of India in the Union Budget 2022 announced India's first National Tele Mental Health Programme, i.e. Tele Mental Health Assistance and Networking Across States (Tele MANAS). Tele MANAS envisions to work as a comprehensive, integrated, and inclusive 24X7 tele-mental health facility in each State and Union Territory (UT) in India with the aim to provide universal access to equitable, accessible, affordable, and quality mental health care through 24X7 tele-mental health counselling services as a digital component of the National Mental Health Programme (NMHP) with assured linkages. Launched on October 10, 2022, on World Mental Health Day, the Government of India (GoI) is unquestionably making a remarkable contribution towards raising awareness of mental health disorders worldwide and mobilizing efforts in support of mental health to advance global mental health.

**Key words:** Mental Health; Tele MANAS; Tele-Mental Health Counselling.

### INTRODUCTION

Mental health disorders are among the top ten leading causes of disease burden universally [1]. Between 1990 and 2019, the global number of disability-adjusted life years (DALYs) due to mental health disorders increased from 80.8 million to 125.3 million, and the proportion of global DALYs attributed to them increased from 3.1% to 4.9%.[2]. With 85% of the world's population in the low- and middle-income countries (LMICs), they contribute disproportionately to the global disease burden [3] with more than 80% of Persons With Mental Illness (PWMI) residing in these countries [4]. Among other mental health disorders, depression and anxiety continue to be the leading causes of disease burden globally (ranked 13th and 24th leading causes of DALYs, respectively) and LMICs are expected to have depression as the third leading cause of disease burden by 2030 [5].

India comprises around 18% of the world's population and contributes a major proportion to the global burden of mental disorders. For instance, in Bihar, India, the number of people diagnosed with schizophrenia is greater than the entire population of North America [6]. In 2019, mental disorders were the second leading cause of years lived with disability (YLDs), and self-harm was the tenth leading cause of death in India [7]. Furthermore, suicide deaths increased by 40% from 1990 to 2016 making it the third leading cause of death in several Indian states [8]. Recent national level estimates show that the proportion of adult population in India having mental disorders and requiring intervention is 15% coupled with a wide

treatment gap (70-92%). As such, a large segment of the population requires assistance for mental health and well-being.

During the COVID-19 pandemic, new measures introduced towards its prevention and management urged the global population to adapt to huge lifestyle modifications. Although challenging for everyone, this was particularly difficult for PWMI who were among the vulnerable and warranted extra support and care. As such, the impact of the COVID-19 pandemic on mental health widened the existing gaps and inconsistencies in the delivery of mental health care services and represented mental health as an increasingly complex and multi-layered issue of global magnitude. In the Indian population, the status of mental health was adversely affected among the healthy, as well as people with pre-existing mental health issues [9]. The implications accounted for more investment in mental health services as a component of universal health coverage (UHC), through better integration of mental health services into the existing health system.

To reduce the burden of mental disorders, the Government of India's (GoI) recent mental health initiatives include the National Mental Health Policy, 2014, that envisages the provision of universal access to mental health care and the National Health Policy, 2017, that recognises mental health as one of the policy thrust areas. The new Mental Healthcare Act, 2017, enshrines access to mental health as a statutory right and an entitlement, including its provision through primary healthcare. Not to mention, India was also one of the first few LMICs to develop a National Mental Health Programme (NMHP) addressing the mental health needs of the population in 1982 [10]. The District Mental Health Program (DMHP) was appended to the NMHP in 1996 to overcome the challenges of NMHP wherein the districts function as administrative and implementation units for NMHP [10]. Currently, DMHP has been expanded to more than 90% of the districts of the country and continuous efforts are being made to bolster the initiative.

Even though healthcare initiatives influencing the process of decentralization of health services in India were witnessed as early as the mid-1990s, this has increasingly gained momentum under the National Health Mission (NHM) in the recent years through initiatives targeted towards improving accessibility, affordability, availability, efficiency and quality of health care services at the grassroot level. Under NHM, the GoI has now coordinated the effective delivery of mental health services as a part of the expanded package of services being incrementally rolled out under Comprehensive Primary Health Care (CPHC) across Ayushman Bharat Health and Wellness Centres (AB-HWCs). The AB-HWCs have enabled the delivery of primary health care closer to the communities overcoming challenges impacting patient access to healthcare and reducing financial hardship.

Regardless of the launch of the AB-HWCs in 2018, a countrywide lockdown of roughly twelve weeks reduced access to regular healthcare services. As a policy response, the MoHFW issued new guidelines for use of telemedicine as the need of the hour. Soon after, telemedicine emerged as an indispensable solution to the adversities presented by the pandemic. Innovative advancements in the development and deployment of digital technologies due to the pressing times further invigorated the use of telemedicine and established it as an effective and sustainable solution for the delivery of health care services. The GoI's national telemedicine service known as eSanjeevani, has ensured easy access of quality health care services for all through the provision of general and specialized telemedicine services to the entire population of the country including isolated communities in hard-to-reach areas by favorably transgressing geographical and resource constraints with access from their homes. Additionally, eSanjeevani enables beneficiaries visiting the AB-HWCs to virtually connect with doctors in the hubs (a secondary/tertiary healthcare facility, a hospital, or a medical college) and connects registered patients to doctors with a facilitator at AB-HWC. In March 2022, of the 3 crore beneficiaries enrolled, approximately 2.2 crore have been served through eSanjeevani AB-HWC portal while around 73 lakh have availed the benefits through eSanjeevani OPD.(12) Although the significance of telemedicine was realized long before the COVID-19 pandemic, its utilization rapidly increased to improve access and quality of health care, particularly mental health care services during the difficult times.

This realisation soon transformed into an imperative acknowledged by the Hon'ble Union Finance Minister of India in the Union Budget 2022 by announcing India's first National Tele Mental Health Programme, i.e. Tele Mental Health Assistance and Networking Across States (Tele MANAS). Tele MANAS envisions to work as a comprehensive, integrated, and inclusive 24X7 tele-mental health facility in each State and Union Territory (UT) in India with the aim to provide universal access to equitable, accessible, affordable,

and quality mental health care through 24X7 tele-mental health counselling services as a digital component of the NMHP with assured linkages.

The GoI has entrusted the Ministry of Health and Family Welfare (MoHFW) to guide the overall implementation of Tele MANAS. Correspondingly, the MoHFW has formed a National Technical Advisory Group (NTAG) and three technical advisory sub-committees (Mental Health Service Delivery, Information Technology (IT) Architecture and Health Systems) constituting a range of stakeholders, including policymakers, public health experts, mental health specialists, health care service providers, service users, and representatives from relevant communities to share ideas in order to devise affordable, effective, and feasible strategies for the successful implementation of Tele MANAS. Essentially, the organizational framework of Tele MANAS is supported by three collaborators: NIMHANS as the apex coordinating centre; International Institute of Information Technology, Bangalore (IIIT-B); and the National Health Systems Resource Centre (NHSRC). Besides, five regional coordinating centers (RCCs) and 23 mentoring Institutions will provide implementation support to Tele MANAS.

In terms of service delivery, Tele MANAS is based on the premise that majority of users will have mental health concerns/mental distress (not mental illnesses), most of which can be effectively handled by trained non-specialists (counsellors). Consequently, a two-tier system is currently being established where Tier 1 will comprise the State Tele MANAS cells, which includes trained counsellors and mental health specialists, and Tier 2 will incorporate specialists at District Mental Health Programme (DMHP)/Medical College resources for physical consultation and/or eSanjeevani for audio visual consultation. The Tele MANAS State/UT cells will operate as functional units of the intervention and a total of 51 cells are planned to be established based on the population of the State/UT, following a norm of 1 state cell for every 5-crore population nationally. Similarly, all other resources for the Tele MANAS State/UT cells will be furnished by the State, with support from relevant stakeholders. Through this initiative, the GoI aims to further strengthen its decentralization approach by providing the States with adequate autonomy which promotes accountability and local governance for increased efficiency.

To ensure viability, it is positioned in a manner that derives strength from two well-established and effective health programmes: the NHMP and eSanjeevani. Since its inception, the NMHP has experienced immense growth in terms of policy and programme development [10]. Currently, there are 755 DMHP units running efficiently across the country that will be integrated with Tele MANAS. The core principle of eSanjeevani is to maintain continuum of care while establishing strong linkages across all levels of care to establish a strong Clinical Decision Support System. As such, it is now integrated with the Ayushman Bharat Digital Mission (ABDM) that enables the creation of Ayushman Bharat Health Account (ABHA), that facilitates access and shareability of health data with consent of the beneficiary, with participating healthcare providers and beneficiaries as per ABDM guidelines [11-12]. Therefore, it will be integrated with ABDM to utilize an already existing public digital health infrastructure to provide end-to-end services to its beneficiaries. To facilitate this association, strong linkages will be assured with eSanjeevani, as well as ABDM to provide specialist consultations as necessitated.

Given Tele MANAS is conceptualized for beneficiaries of all ages, genders, and geographies with a focus on the vulnerable and difficult-to-reach populations, its integration with existing national health programs is imperative for quality and effective service delivery attributing to superior performance for sustainability. During the course of its implementation, Tele MANAS will be integrated with several national level health programs in the domains of Education, Information Technology, AYUSH, Women and Child Health, Social Justice and Empowerment, and Human Resource Development to enhance service delivery and increase patient satisfaction as necessary.

Not only will the Tele MANAS hotline be set forth as a new lifeline to improve prioritisation of mental health services by providing beneficiaries timely and reliable care through a fully-fledged mental health service network that counsels individuals experiencing mental distress and crises, but it will also provide integrated medical and psychosocial interventions including video consultations with mental health specialists, e-prescriptions, follow-up services and linkages to in-person services. Additionally, effective strategies will be developed and implemented to close the follow-up loop and maintain continuum of care. Although there is no such thing as a perfect decision in public health decision making, India's first National Tele Mental Health Programme, Tele MANAS is a step in the right direction with all the essential elements

to potentially reduce the mental health disease and disability burden in the country. It also aims to reduce out-of-pocket expenditure related to consultation and treatment as well as improve cost effectiveness for health system efficiency. Launched on October 10, 2022, on World Mental Health Day, the GoI is unquestionably making a remarkable contribution towards raising awareness of mental health disorders worldwide and mobilizing efforts in support of mental health to advance global mental health. A promising initiative like Tele MANAS if implemented successfully, will certainly make forward movement towards UHC easier to accomplish.

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Acknowledgements – Nil

Conflict of Interest – Nil

Funding – Nil