Avoidable Deaths Network

doers

COVID-19 Helpline Services in India

By:
Nibedita S. Ray-Bennett, Anuradha,
Shaiza Khawaja, Hideyuki Shiroshita,
Srashta Chowdhury and Elisabeth Nelson

With contribution from:
Nidhi Kalta, Meharaj Bano,
Bimal Kanta Nayak, Niharika Gupta,
Manpreet Kaur, Jithin Shelly, Satyajit Barik,
Kingston Pradhan, Rupashree Mishra,
Priyanka Mishra, Kumari Anjali,
Nitin Rathi, Aiswaraya K.K.
and Muneera K.

Publisher: Avoidable Deaths Network

Design: Matt Merry

Suggested citation: Ray-Bennett, N.S., A., Khawaja, S., Shiroshita, H., Chowdhury, S., Nelson, E., Kalta, N., Bano, M., Nayak, B.M., Gupta, N., Kaur, M., Shelly, J., Barik, S., Pradhan, K., Mishra, R., Mishra P., Anjali, K. Rathi, N., K.K.A., K, M. (2020) *COVID-19 Helpline Services in India.* Leicester, Osaka: Avoidable Deaths Network.

TABLE OF CONTENTS

BACKGROUND AND PROJECT OBJECTIVES

On the 11th of March 2020, the World Health Organisation (WHO) declared COVID-19 a pandemic due to the alarming levels of viral spread and severity witnessed. On the 30th of January 2020, WHO declared COVID-19 a Public Health Emergency of International Concern (PHEIC). COVID-19 is caused by the novel SARS-CoV-19 virus, which spreads via respiratory transmission. It was originally detected in early December 2019 in Wuhan, China. Due to its ability to transmit during asymptomatic infection, the virus quickly spread globally. It is thought that the virus originated in bats and mutated to be able to infect humans (Boni et al. 2020).

According to the COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University, as of the 29th of September 2020, there have been 33,469,217 cases of infection across 188 countries (CSSE 2020). Furthermore, there have been 1,003,571 reported deaths, which is likely an underestimate due to limited testing and the challenges of cause of death attribution in several countries (Roser et al. 2020).

According to the CSSE, India currently reports the second highest number of confirmed COVID-19 cases in the world and third highest death rate. As of the 29th of September 2020, there have been 6,145,921 confirmed cases and 96,318 reported deaths (CSSE 2020). Five states contribute around 60% of the country's reported cases: Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, and Uttar Pradesh (WHO Country Office for India 2020).

Globally, the COVID-19 pandemic has led to a substantial deterioration of mental health across age groups. In India, there is growing evidence that the pandemic is posing an unprecedented mental health risk to millions of Indian citizens (Mitra 2020). The number of suicide cases has experienced an almost two-fold increase as the COVID-19 pandemic has continued (Lohumi 2020). Of the 446 suicides reported between January and July 2020, 302 were between May and July (Lohumi 2020). This rise in suicide rates may not be entirely attributable to the pandemic, however the complexities of interrelated issues, such as loss of livelihoods and a sense of financial insecurity associated with the pandemic, trigger mental and psychological distress among people, which may ultimately lead to suicidal tendencies (Lohumi 2020).

Concurrently, limited access to recreational outdoor activities, due to lockdowns, is worsening mental health in general. The public healthcare system in India, which has never been able to adequately address the mental health needs of the ever-growing population, has become overwhelmed during the COVID-19 pandemic.

To respond to the crisis of mental health and wellbeing during COVID-19 the Government of India, non-governmental organisations (NGOs), and others have initiated helpline services to offer psychosocial support (Helpline Services). However, these Helpline Services are often either unknown to the public or are not widely disseminated to the public. As such, Avoidable Deaths Network (ADN), Doers (Himachal Pradesh) and NIIS Institution of Information Science & Management (Odisha) have come together to produce a comprehensive report on Helpline Services in India, in anticipation that they will be helpful to the public.

In the context of this project, Helpline Services include counselling services on mental health and wellbeing, stress management, and non-counselling services such as providing information on rations, hygiene kits, COVID-19-related rules, and regulations – to mention a few. The term 'public' refers to all citizens residing in the 28 Indian States and 8 Union Territories. They are eligible to call the Helpline Services.

To develop a comprehensive report, the project has three Objectives:

Objective 1:

Identify Helpline Services available to the public during the COVID-19 lockdown in India.

Objective 2:

Develop a comprehensive report on the existing Helpline Services in India.

Objective 3:

Disseminate the comprehensive report on Helpline Services to the public of India.

METHODOLOGY

Data was collected from the websites of the Government of India's Ministry of Health and Family Welfare, National Disaster Management Authority, State Disaster Management Authorities, and Health and Educational institutions. Data was also collected through national and state-level electronic newspapers, NGO portals, Google search engines and social media sites (only Facebook was used for the NGOs). A team of 16 volunteer content analysts from ADN, Doers and NIIS were formed to collect data on the Helpline Services from the above-mentioned sources. The data was collected over two months (July-August 2020) and the quality of data accuracy was cross-checked in September 2020.

To gather data, 36 Indian States and Union Territories were divided into five zones: Northern, Eastern, Central, Western and Southern. A team of 3-4 content analysts were assigned to each zone. Most content analysts were allocated a specific zone based on their place of residence. For instance, team members residing in the eastern states of India were allocated to the Eastern Zone. The collected data was inserted in a customised excel sheet (please see **Annex 1**).

Limitations: Although the Google search engine generated a considerable number of Helpline Services, only the Helpline Services from the above-mentioned sources are provided in the customised excel sheet. The numbers for the Helpline Services in the customised excel sheet are not validated. The content analyst team was unable to validate the authenticity of the Helpline Services numbers as calling each number to validate was beyond the remit of the study design. Furthermore, we are conscious that Helpline Services provided by the grassroots NGOs in small towns and villages, with no website presence, are not included in this project. Also, this project did not include Helpline Services that charge their clients. Only Helpline Services which are free of cost to the public are included in the excel sheet.

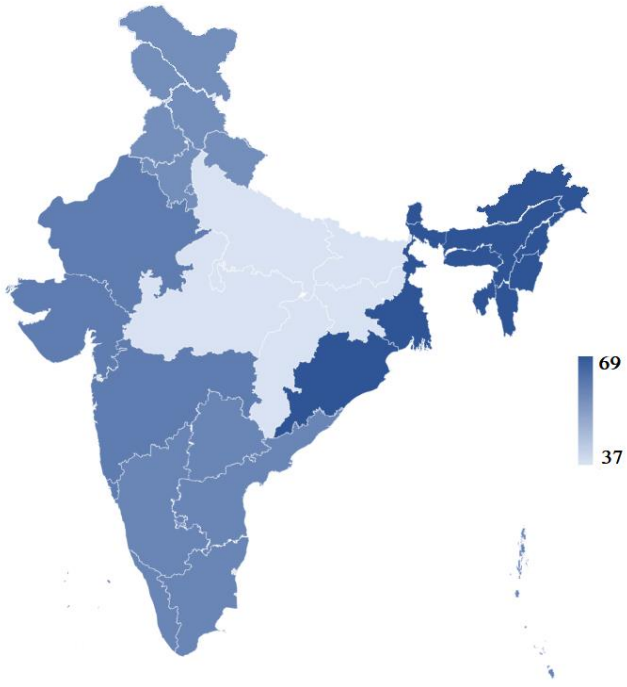
FINDINGS AND ANALYSIS

Helpline Identification (Objective 1): The findings revealed disparities in the distribution of Helpline Services available for mental health and psychosocial counselling, according to area in km^2. Larger states did not necessarily have more Helpline Services available for their people. Within 28 Indian States and 8 Union Territories, a total of 303 Helpline Services were identified (see **Table 1** below).

Table 1: Number of Helplines per Zone

Zones	Number of Helplines
Northern Zone	56
Eastern Zone	69
Central Zone	37
Western Zone	60
Southern Zone	58
National Level	23

Please see **Map 1** below, highlighting the maximum numbers of Helpline Services in the Eastern Zone (69) and lowest numbers of Helpline Services in the Central Zone (37).



Map 1: Number of Helpline Services in Each Zone (Except for National Level)

In the **Northern Zone**, 56 Helpline Services were identified. Out of these, 10 are located in Haryana, 3 in Himachal Pradesh, 8 in Punjab, 15 in Uttarakhand, 1 in Chandigarh, 8 in the Union Territory of Jammu & Kashmir, 5 in the Union Territory of Ladakh, and 6 in the National Capital Territory (NCT) of Delhi.

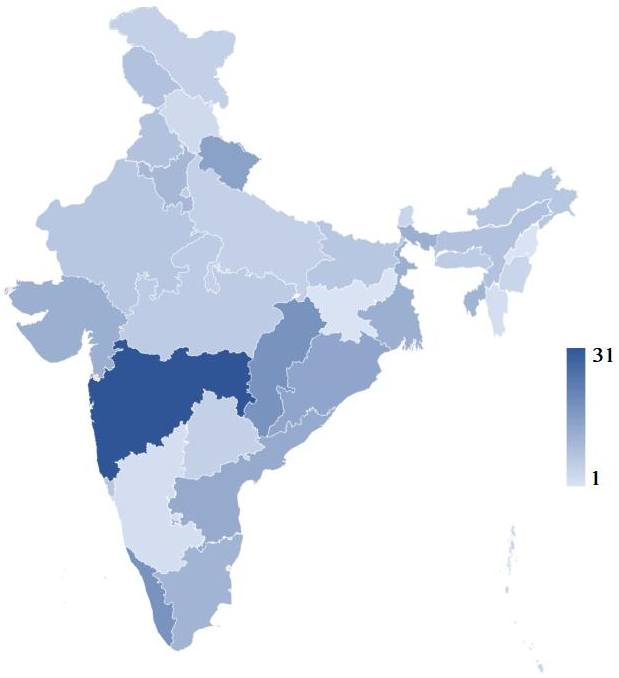
In the **Eastern Zone**, 69 Helpline Services were identified: 7 in Arunachal Pradesh, 8 in Assam, 4 in Manipur, 6 in Meghalaya, 2 in Mizoram, 1 in Nagaland, 14 in Odisha, 4 in Sikkim, 11 in Tripura, and 12 in West Bengal.

In the **Central Zone**, 37 Helpline Services were identified: 7 in Bihar, 18 are in Chhattisgarh, 1 in Jharkhand, 6 in Madhya Pradesh, and 5 in Uttar Pradesh.

In the **Western Zone**, 60 Helpline Services were identified: 7 in Goa, 12 in Gujarat, 31 in Maharashtra, 7 in Rajasthan, 3 in the Union Territory of Dadra and Nagar Haveli and Daman and Diu (DNHDD).

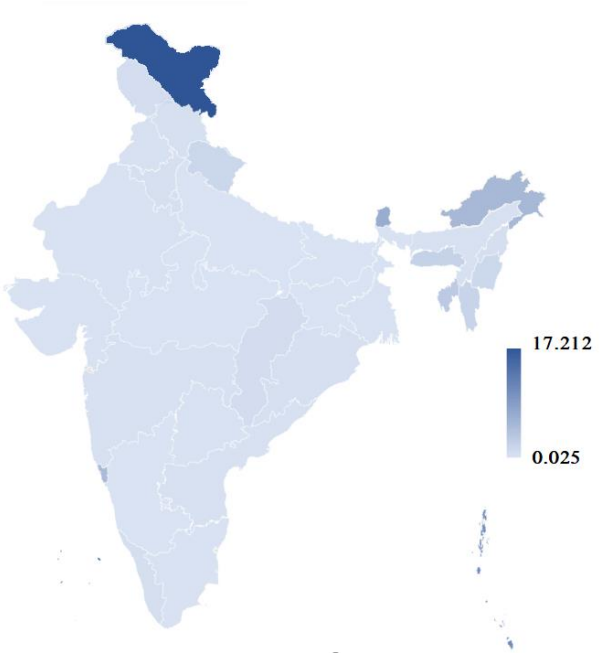
In the **Southern Zone**, 58 Helpline Services were identified: 13 in Andhra Pradesh, 2 in Karnataka, 18 in Kerala, 11 in Tamil Nadu, 5 in Telangana, 4 in the Union Territory of Andaman and Nicobar Islands, 1 in the Union Territory of Lakshadweep, and 4 in the Union Territory of Puducherry.

At a **National level**, 21 Helpline Services and 2 applications through online Chatbots were identified. **Map 2** shows the number of Helpline Services in each State and Union Territory (31 being the maximum and 1 being the minimum number of Helpline Services).



Map 2: Number of National Level Helpline Services in each State and Union Territory

Because the population of each Indian State and Union Territory differs, from 64,473 in Lakshadweep to 19,9812,341 in Uttar Pradesh, the population difference should be considered when evaluating the number of Helpline Services. **Map 3** shows the number of Helpline Services per million population i.e. service density (service density = number of Helplines / (population/1000000)). Although several Indian States and Union Territories have more dense Helpline Services, it can be said the difference of the service density is smaller than the difference of the number of Helplines on the whole.



Map 3: Number of Helpline Services per One Million People

Report Development (Objective 2): The information gathered on Helpline Services was inserted in a customised excel sheet, which included the following categories: Zone, Name of Department/Agency, Helpline Services Numbers, Target Group, Source of Information, Address of the Agency, and Description of the Service Provider (please see **Annex 1**). An additional category called 'India' was developed to include the national-level data – applicable to the entire public (please see **Annex 2**).

Report Dissemination (Objective 3): To reach out to the public, we identified several outlets for disseminating this project's findings. These include: **i)** ADN's outlets (Facebook, LinkedIn, Twitter) and Doers' and NIIS's websites and network in the Eastern and Northern Zones; **ii)** State-level Inter-Agency Groups (IAGs) formed by the State Disaster Management Authorities in all the Indian states; **iii)** District level Inter-Agency Groups (IAGs) formed by the District Disaster Management Authorities; **iv)** Voluntary Action Network India (VANI) (which has a network of 10,000 Civil Society Organisations across India); and **v)** Udyama Odisha, which coordinates the Global Network of Civil Society Organisations for Disaster Reduction (GNDR) in India. GNDR is the largest international network of organisations committed to working together to improve the lives of people affected by disasters world-wide. These outlets were selected after consulting with the stakeholders of Doers in Himachal Pradesh, NIIS in Odisha and 16 volunteer content analysts from all over India.

RECOMMENDATIONS

It is recommended that the Ministry of Health and Family Welfare increases efforts to spread awareness of the need and importance of mental health and psychosocial support (MHPS) among local communities and in schools, colleges, universities and workplaces. Without governmental and non-governmental interventions, mental health challenges can lead to serious public health concerns, which in turn will exacerbate the impact of COVID-19 pandemic.

It is recommended that the Ministry of Health and Family Welfare, in collaboration with the National Disaster Management Authority and State Disaster Management Authorities, set up additional Helpline Services, particularly in the states (Central and Northern Zones) with fewer available MHPS. The State and District Disaster Management Authorities need to prioritise this action, as mental health concerns are continuing to increase during the ongoing pandemic.

It is recommended that the Ministry of Health and Family Welfare in collaboration with the National Disaster Management Authority, State Disaster Management Authorities, and Health and Educational institutions galvanises efforts in popularising Helpline Services among the local communities. Compared to other Helpline Services such as 100, 101, 102, etc., awareness about MHPS Helpline Services is extremely limited. The lengthy and complex numbers limit the public's use of the hotlines.

It is recommended that the Ministry of Health and Family Welfare, National Disaster Management Authority, and State Disaster Management Authorities earmark special funding to train volunteers with an understanding

of the specific conditions of vulnerable groups, as well as hire and utilise them to cater to related needs of the public through telephone contact during the ongoing pandemic.

It is recommended that the Ministry of Health and Family Welfare in collaboration with the National Disaster Management Authority, State Disaster Management Authorities, and Health and Educational institutions increases the utilisation of currently available WhatsApp Chatbots and online Psychosocial Support counselling sites, as well as develop new counselling platforms. These are available through some Helpline Services and have been shown to be highly effective for virtual sessions, particularly with people who have access to smartphones and/or computers with internet connections. Such virtual one-on-one sessions can help support a more 'real life' feeling of communication between seeker and provider.

It is recommended that the Ministry of Health and Family Welfare in collaboration with the National Disaster Management Authority, State and District Disaster Management Authorities, and Health and Educational institutions engages with grassroots-level organisations which can play an important role in helping local communities, due to their knowledge on the contextual dynamics of local society. These organisations can create a taskforce of counsellors providing psychosocial support, who would volunteer at such Helpline Services.

It is recommended that future research focus on sampling some of the Helpline Services found, in order to inform best practices for mental health service delivery, as well as to develop standardised training for counsellors surrounding telephone services and social media usages.

It is recommended that the Ministry of Health and Family Welfare in collaboration with the National Disaster Management Authority, State and District Disaster Management Authorities, and Health and Educational institutions run training programmes to empower community counsellors on mental health issues, and provide guidance on how to handle conversations related to domestic violence, sexual assault etc., and identify pathways for referral services for matters that are beyond the remit of the community counsellors.

ACKNOWLEDGEMENTS

We would like to thank the reviewers Professor Michael G Petterson and Mr. Steve Glovinsky for reviewing this report and for providing constructive comments.

REFERENCES

Boni, Maciej F., Philippe Lemey, Xiaowei Jiang, Tommy Tsan-Yuk Lam, Blair W. Perry, Todd A. Castoe, Andrew Rambaut, and David L. Robertson. 2020. "Evolutionary Origins of the SARS-CoV-2 Sarbecovirus Lineage Responsible for the COVID-19 Pandemic." *Nature Microbiology*, July. https://doi.org/10.1038/s41564-020-0771-4

Lohumi, Bhanu P. 2020. "Covid Stress Leads to Spike in Suicide Cases." *The Tribune*, August 9, 2020. https://www.tribuneindia.com/news/himachal/covid-stress-leads-to-spike-in-suicide-cases-124336

Mitra, Eshra. 2020. "India Didn't Prioritize Mental Health before Covid-19. Now It's Paying the Price." *CNN*, September 7, 2020. https://www.cnn.com/2020/09/06/india/india-mental-health-dst-intl-hnk/index.html

Roser, Max, Hannah Ritchie, Esteban Ortiz-Ospina, and Joe Hasell. 2020. "Mortality Risk of COVID-19." OurWorldInData.Org. 2020. https://ourworldindata.org/coronavirus

The Center for Systems Science and Engineering (CSSE). 2020. *COVID-19 Dashboard*. Johns Hopkins University (JHU). https://www.arcgis.com/apps/opsdashboard/index.html?utm_source=Global+Health+NOW+Main+List&utm_campaign=d0edd9f903-EMAIL_CAMPAIGN_2020_03_09_12_41&utm_medium=email&utm_term=0_8d0d062dbd-d0edd9f903-2872377&utm_source=Global+Health+NOW+Main+List&utm_campaign=1199a241d6-EMAIL_CAMPAIGN_2020_07_20_03_11&utm_medium=email&utm_term=0_8d0d062dbd-1199a241d6-884823#/bda7594740fd40299423467b48e9ecf6

WHO Country Office for India. 2020. "Novel Coronavirus Disease (COVID-19)." Situation Report 34. World Health Organization. https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-34.pdf?sfvrsn=6cbd0c18_2