One year of Tele-MANAS

Why in news?

India's round-the-clock mental health helpline - Tele-MANAS that was launched in World Mental Health Day, October 10, 2022 has completed one year.

Status of India's Mental Health Infrastructure

• **Psychiatrists-** The Indian Psychiatric Society estimates that there are 9000 psychiatrists in India.
• With 700 psychiatrists graduating every year, translating to about 0.75 psychiatrists for every 1,00,000 inhabitants in India.
  - The advised ratio is a minimum of three psychiatrists per 1,00,000 people.
  - It will take India 171 years to meet this requirement.
• **Clinical psychologists**-India has 898 clinical psychologists compared to a demand of 20,250.
• **Psychiatric nurses-** India has only 1,500 psychiatric nurses compared to a demand of 30,000, per a reply
• **Active therapeutic interventions**- According to the National Mental Health Survey conducted by NIMHANS in 2016, nearly 14% of India's population required active therapeutic interventions.

What is Tele MANAS?

- **About-** Tele Mental Health Assistance and Networking across States (Tele MANAS) is the National Tele Mental Health Programme of India.
- It is conceptualised as the "digital arm of the National Mental Health Programme".
- **Announced in -** Union Budget 2022
- **Nodal agency-** Ministry of Health and Family Welfare (MoHFW)
- **Aim-** To provide universal access to equitable, accessible, affordable and quality mental health care through 24X7 tele-mental health services.
- **Objectives**-
    - To exponentially scale up the reach of mental health services to anybody who reaches out, across India, any time
    - To implement a full-fledged mental health-service network (counselling, integrated medical and psychosocial interventions)
    - To extend services to vulnerable groups of the population and difficult to reach populations.
- **Technology partner**- International Institute of Information Technology, Bengaluru
- **Nodal centre**- NIMHANS, Bengaluru
- **Health system domain-** National Health Systems Resource Centre
- **Helpline numbers**- *14416 and 18008914416*
- **Institutional mechanism**- MoHFW formed a National Technical Advisory Group (NTAG) and 3 technical advisory sub-committees to achieve specific goals and

objectives of Tele MANAS.
- **Two tier system**-
    - **Tier 1**- State Tele MANAS cells, which include trained counsellors and mental health specialists
    - **Tier 2-** District Mental Health Program (DMHP)/Medical college resources
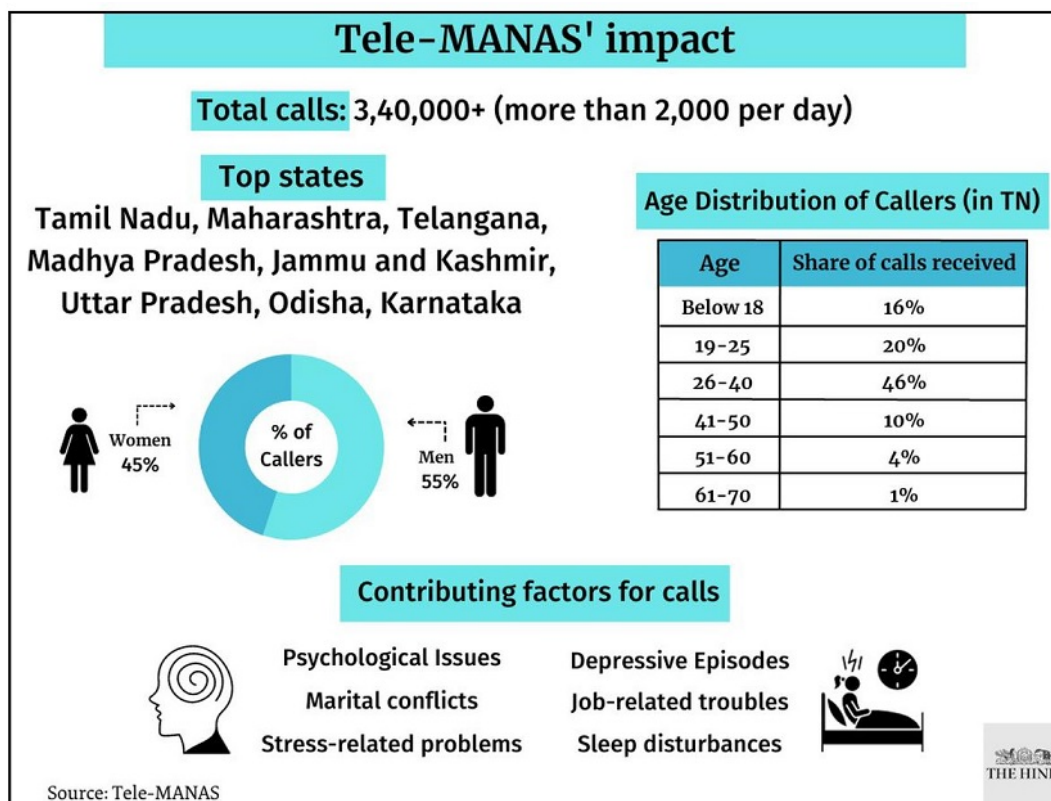
What is the need to launch Tele MANAS?

- **COVID-19 lockdown** - It witnessed a 'mental health pandemic' unfolding burnout, fatigue, anxiety.
    - As per National Crime Record Bureau (NCRB), 1.64 lakh people took their lives in 2021, due to pandemic-induced economic stress.
- **Mental illness**- Even before the pandemic, the World Health Organisation(who) has noted that India has one of the world's largest populations of people with some degree of mental illness.
- **Shortage of fund**- India spends *less than 1% of its entire healthcare budget on mental health* translating into a shortage of professionals, specialised facilities and hospitals, especially in rural areas.

Government Initiatives to tackle Mental Health
• KIRAN toll-free 24/7 helpline
• iGOT platform for online capacity building of health workers by NIMHANS
• MANAS Mitra mobile app
• National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru
• National Mental Health Programme (NMHP), 1982
• Mental Health Act, 2017
• National Mental Health Policy, 2014

How significant is Tele MANAS in the past 1 year?

- **Calls received**- Since its launch in 2022, it received over 3,40,000 calls from 51 cells spread across 32 States and Union Territories.
- **Response to COVID 19-** The helpline acknowledged the mental health crisis in wake of the COVID-19 pandemic and stressed on the urgent need to establish a digital mental health network.
- **Safety**- No calls are recorded and the principles of confidentiality and consent are kept as fundamental.
- **Medical support**- People needing targeted, prolonged care and support are referred to appropriate healthcare facilities and specialists including psychologists, psychiatrists and social workers.
- They may also be linked with e-Sanjeevani, Ayushman Bharat health and wellness centres and emergency psychiatric facilities.
- **Callback-** There is a procedure to schedule callbacks until the crisis is handled or the person says they don't need further help.

Tele-MANAS' impact

Total calls: 3,40,000+ (more than 2,000 per day)

Top states

Tamil Nadu, Maharashtra, Telangana, Madhya Pradesh, Jammu and Kashmir, Uttar Pradesh, Odisha, Karnataka

Women 45% | % of Callers | Men 55%

Age Distribution of Callers (in TN)

Age	Share of calls received
Below 18	16%
19-25	20%
26-40	46%
41-50	10%
51-60	4%
61-70	1%

Contributing factors for calls

Psychological Issues
Marital conflicts
Stress-related problems
Depressive Episodes
Job-related troubles
Sleep disturbances

Source: Tele-MANAS

THE HINDU

What are the concerns of Tele MANAS?

- **Privacy**- NIMHANS revealed in an RTI response that Tele-MANAS does not have a data privacy policy.
- Patient data is stored in cloud services of companies approved by the Centre's Ministry of Electronics and Information Technology.
- The Supreme Court has affirmed in 2017 that data privacy laws apply to all information about a person (including mental health).

In 2023, vaccine portal [CoWIN's data](#) was breached, with a Telegram bot spewing out personal details like name, Aadhaar and passport numbers.

- **Lack of clarity-** It is unclear what data is recorded, how it is used and who has access to it.
- **Lack of transparency**- NIMHANS is working on incorporating data protection rules per the provisions of the new Act, but it "cannot disclose" how this will be implemented.
- **Lack of regulation**- The absence of regulation poses a considerable risk to the protection of mental health data and rights of persons with mental illness.
- **Lack of data**- There is no detailed, disaggregated record of the socio-economic profile of callers, their gender, caste or class status, making it hard to assess the reach of these services among the unreached.
- **Poor accessibility**- Those with mental health issues and most in need of help often experience poor digital literacy and lack access to smartphones and internet connections.
  - A recent pilot study in Andhra Pradesh dominated by STs shows that the poor

internet connectivity and limited infrastructure plagued its impact.

- **Gender disparity**- Less than a third of Indian women own a mobile phone, about 33% fewer women than men have access to the internet to know about government run helplines.
- **Over emphasis**- Experts warn against favouring one solution over tackling other systemic barriers.
  - The budgetary estimate for the Tertiary Care Programme dropped by 42% this year.
- **Telepsychiatry-** Public health scholars have cautioned that telepsychiatry may trade quality care for market efficiency, productivity and cutting costs, redistributing existing psychiatric resources rather than creating and investing in community mental health, rehabilitation, recovery and caregiving.
- **Prank calls-** About 4% of calls so far have been fake, some making offensive and sexual remarks.

What lies ahead?

- The data should be protected under India's Information Technology Act, 2000 and the contentious Digital Personal Data Protection Act, 2023.
- 2024 is crucial not only for raising awareness and reaching out to people, but also overcoming recruitment challenges currently hindering the helpline.
- Every nook and corner of the country must be made aware of the toll free number, they must know that help is just a phone call away.

References

1. The Hindu- One year of Tele MANAS wins and concerns
2. TeleMANAS- About Tele MANAS

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