

TELEMEDICINE-THE MOST CONVENIENT METHOD TO DEAL WITH MENTAL HEALTH DURING THE PANDEMIC-APOLLO TELEHEALTH'S QUALITATIVE DESCRIPTIVE STUDY

ABSTRACT

Aims: This descriptive study aims to understand the positive impact created by tele counselling services on patients' mental health during the COVID pandemic.

Study design: Qualitative Descriptive study.

Place and Duration of Study: Medical Response Center, Apollo Telehealth.

Methodology: The sample consisted of 496 patients (194 Female, 301 male) who called the helpline number to seek psychological counselling over the period of 1 year 7 months (January 2020 to July 2021). The inclusion criteria included clients who had completed the counselling session successfully, Clients between 10 years and above, and Clients who availed the psychological counselling sessions. Clients below 9 years of age and Clients who are not enrolled as corporate beneficiaries of Apollo Telehealth were excluded from the research study.

Results: The majority of utilization was observed in the 18 states captured are Maharashtra (32%) followed by Karnataka (14%), Punjab (9%), Telangana (8%), Delhi (5%). It was also observed that 4% of our clients were slightly cautious about disclosing the state they were calling from however completed the session with us. The majority of clients (61%) were men aged between 30-39 years, married (65%).

86% sought help for their self-issues, and 14% called for support and guidance for their family and friends. Clients approached primarily for (37%) emotional issues followed by Interpersonal issues (22%).

Conclusion: The study findings support the continued use of telehealth services offered by mental health providers and organizations, as respondents indicated a desire to use these services as it was found to be more useful and helpful in dealing with their mental health issues and conditions during the pandemic. In summary, the results demonstrate a large shift in telehealth use and provide an encouraging outlook for the use of tele counselling and tele mental health services after the COVID-19 pandemic.

Keywords: telemedicine, mental health, apollo telehealth, tele counselling

1. INTRODUCTION

Coronavirus, lockdown, social distancing, and economic slowdown words that are part of our daily chatter now have not only reoriented our day-to-day routines but also silently uprooted our mental peace. But the pandemic has unleashed uncertainty for most of us regarding health, jobs, and food gushing in anxiety, panic, sleeplessness, depression, loneliness, and boredom. Early evidence from national surveys from China, Iran, and the USA have also confirmed widespread psychological distress during COVID-19(7). These symptoms are exacerbated in those who already had mental health problems before the pandemic. It has aggravated the situation and wrecked India's fragile mental health care infrastructure. More than ten percent of India's 1.3 billion people suffer from mental illnesses (19). In this situation, telemedicine has resurfaced as a cost-effective yet geographically distant method of providing care (3). Telemedicine is the use of information and communication technologies such as text, voice, video, and pictures to provide healthcare. India has landed on the Moon and Mars, but healthcare is yet to reach the most rural regions. While telemedicine has been around for a while, doctors have been hesitant to employ it due to legal concerns. The Medical Council of India has lately accelerated the modification of Telemedicine Practice Guidelines in light of the coronavirus epidemic (8). This redesign offers several advantages in terms of patient-friendliness, simplicity, and comprehensiveness. Many doctors have reservations about prescribing some medications online. Clonazepam, an anti-anxiety medication, for example, was not authorized to be prescribed through telemedicine until April 2020 under the NDPS (Narcotics drugs and psychiatric substances) Act (4). While this has now been allowed by the Medical Council of India.

Psychological counselling and its utilization by patients are limited due to lack of awareness, sociocultural scarcity, and fear of stigma which limits the patients to utilize mental health services. The COVID 19 pandemic has posed serious dangers to people's lives and physical health all across the world, in addition to a variety of psychological issues such as anxiety and depression disorders, phobias, and other psychiatric illnesses, although isolation aids in the reduction of infections, limited communication to kin, acquaintances, increasing influence of negative news in the form of covid cases/mortality and other support networks has led to an increase in mental health difficulties such as anxiety and sadness, suicide, and drug withdrawal. Insufficient access to adequate mental care treatments is a common hurdle. In addition to a lack of readily available emotional support, the situation has become frightening due to stress, inadequate self-care, and the ongoing Covid-19 situation. At a time, an estimated 2.6 billion people i.e., one-third of the world's population were living under lockdown or quarantine. This was arguably the largest psychological experiment ever conducted (2)(6).

According to a recent published National mental health survey report, India has 0.75 psychiatrists and psychologists per 100,000 people, when the ideal number is three psychiatrists per 100,000 people. The countrywide prevalence rates for "all mental disorders" are 70.5 (rural) and 73 (rural + urban) per 1,000 people, respectively (20).

Telemedicine for mental health can still be helpful for tele counselling and teleconsultations in video/audio mode. For persons suffering from mental diseases, telemedicine for mental health is a more convenient and accessible choice. This has brought the healthcare system to them; they can now express their concerns and the necessary treatment or counselling without fear of being judged/stigmatized. Not only will it reduce the transportation burden in these times of COVID-19, and ensure the safety of patients from the infections, but it will also let people get their concerns addressed from the comfort of their homes.

From January 2020 to July 2021, telehealth counsellors of ATH interacted with these patients' using telecommunications software and accessed their medical information. In this study, 496 patients were seen from 18 different Indian states.

2. MATERIAL AND METHODS

The Study undertaken here at Apollo Telehealth (ATH) was a qualitative-descriptive study. The sample consisted of 496 patients who called the helpline number to seek psychological counselling over the period of 1 year 7 months (January 2020 to July 2021). The inclusion criteria included clients who had completed the counselling session successfully, Clients between 10 years and above, and Clients who availed the psychological counselling sessions during the period of Jan 2020 to July 2021. Clients below 9 years of age and Clients who are not enrolled as corporate beneficiaries of Apollo Telehealth were excluded from the research study. Subjective interpretation of descriptive research data was the limitation of the study.

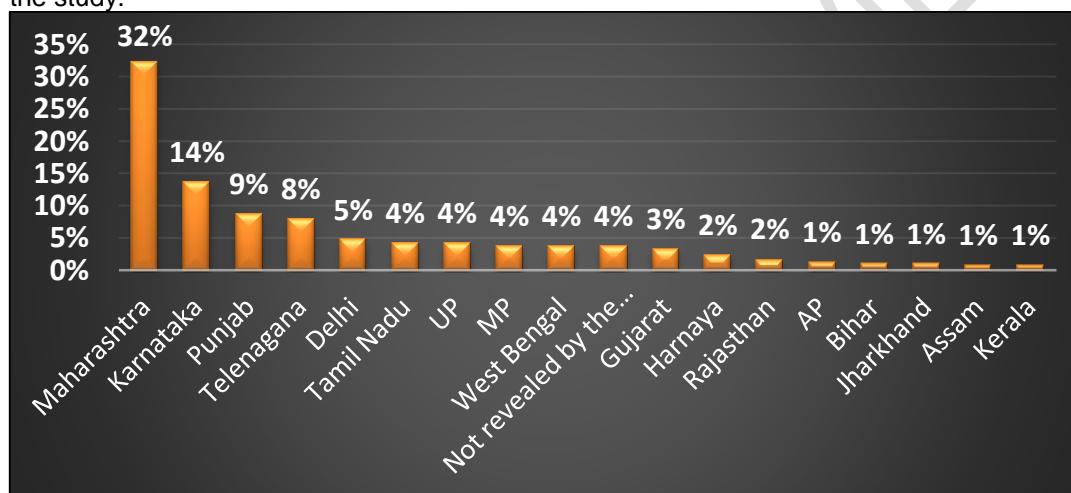


Figure 1: Geographical location of the patients

Fulltime expert team of psychologists are available at ATH for the clients seeking mental health services. Questionnaires are used and administered to the clients during the sessions to understand their emotional state and establish the next step of the session. The first tele counselling session deals with a detailed introduction, confidence-building, and setting up mental health goals. Further sessions are follow-ups, goals trackers and guidance. These Questionnaires are administered only after the client's consent. The most frequently used ones during ATH's tele counselling sessions are the Patient health questionnaire 9(PHQ 9) (10), the Generalized anxiety disorder questionnaire (GAD 7) (11), and the workplace stress scale inventory (12). Other questionnaires and scales used apart from the above include the Subjective happiness scale (13), Rosenberg's Self-Esteem Scale (14), and Brief grief scale inventory (15).

The tele counselling sessions were used by 496 patients, 194 (39%) of whom were females and 301 (61%) were men. Tele counselling was most common in the age categories of 30 to 39 years, followed by 20 to 29 years (20%), and 6% were teenagers and adolescents aged 10 to 19 years. 238 young adults (56%) contacted ATH with emotional worries and conflicts, and we conducted extensively and integrated tele counselling sessions with a strong

emphasis on a holistic approach to treating their difficulties without the use of pharmacological therapies and medications.

The counselling services provided at ATH were in compliant of Telepsychiatry operational guidelines (17) & guidelines for tele-psychotherapy services (18) which were developed by NIMHANS (National Institute of Mental Health and Neurosciences)

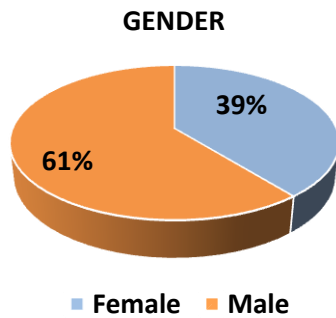


Figure 2: Gender distribution of the patients

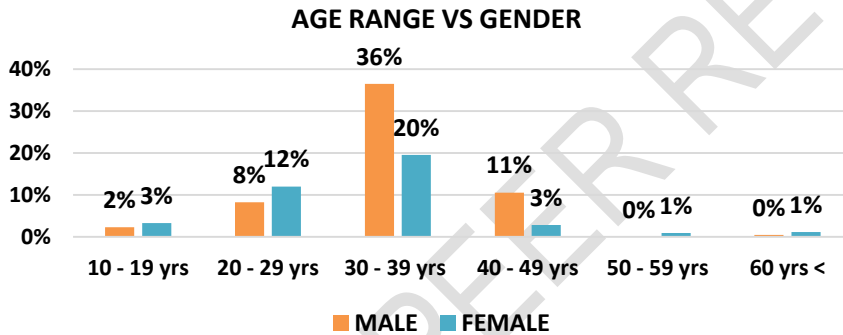


Figure 3: Age range and gender distribution of patients

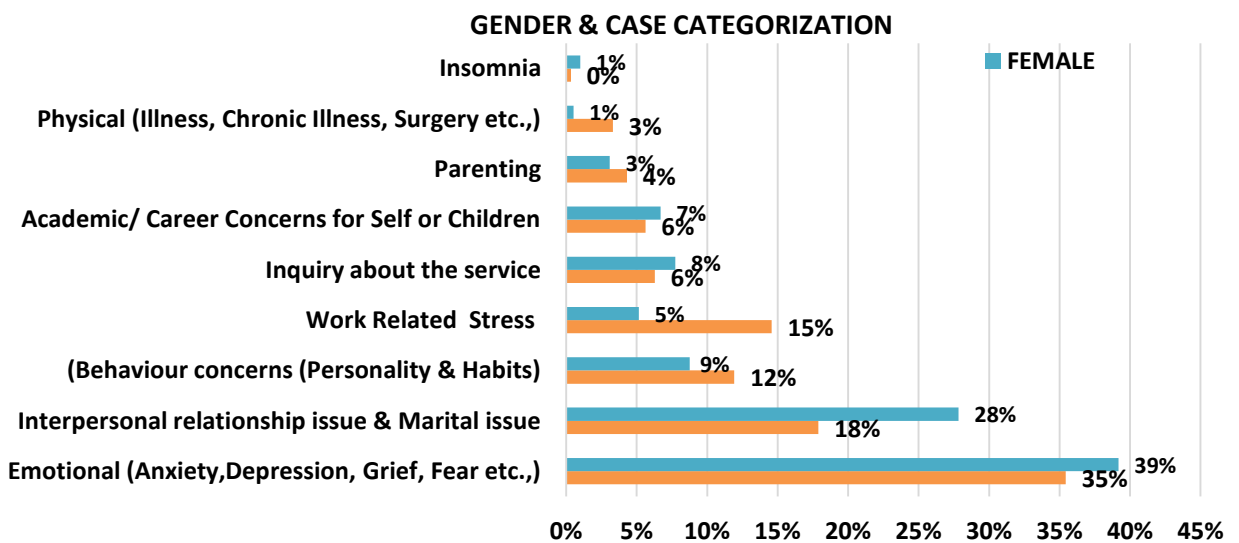


Figure 4: Gender and case categorization of the patients

3. RESULTS AND DISCUSSION

The entire tele counselling process is a sophisticated and systematic process of step wise history taking and evaluation of the clients by the psychologists. Client is connected through tele communication and is made to understand the entire process. The data privacy and confidentiality are maintained and the same is also explained to the client as a trust building process. Counselling starts initially by understanding and establishing the clients' needs. After initial clinical assessment, client is assigned some relevant tasks and goals and a detailed mapping is done for follow ups after a stipulated period so that the progress of the client can be tracked. A formal communication in the form of an e- mail is sent comprising of the goals discussed during the call. Depending on the progress during tele counselling sessions, an external referral for any specific concern such as suicidal tendencies,addictions,family mental health is taken or internal referral for psychiatrist is done with respect to client needs. As per the follow up scheduled call date, the psychologist calls the client, understands current emotional status, and takes the session further accordingly advising necessary health interventions. At each and every step of these sessions it is made sure from the psychologist's and at the backend team's end to maintain strict data keeping and privacy policies to ensure better constructive interactions and highest-quality health sessions.

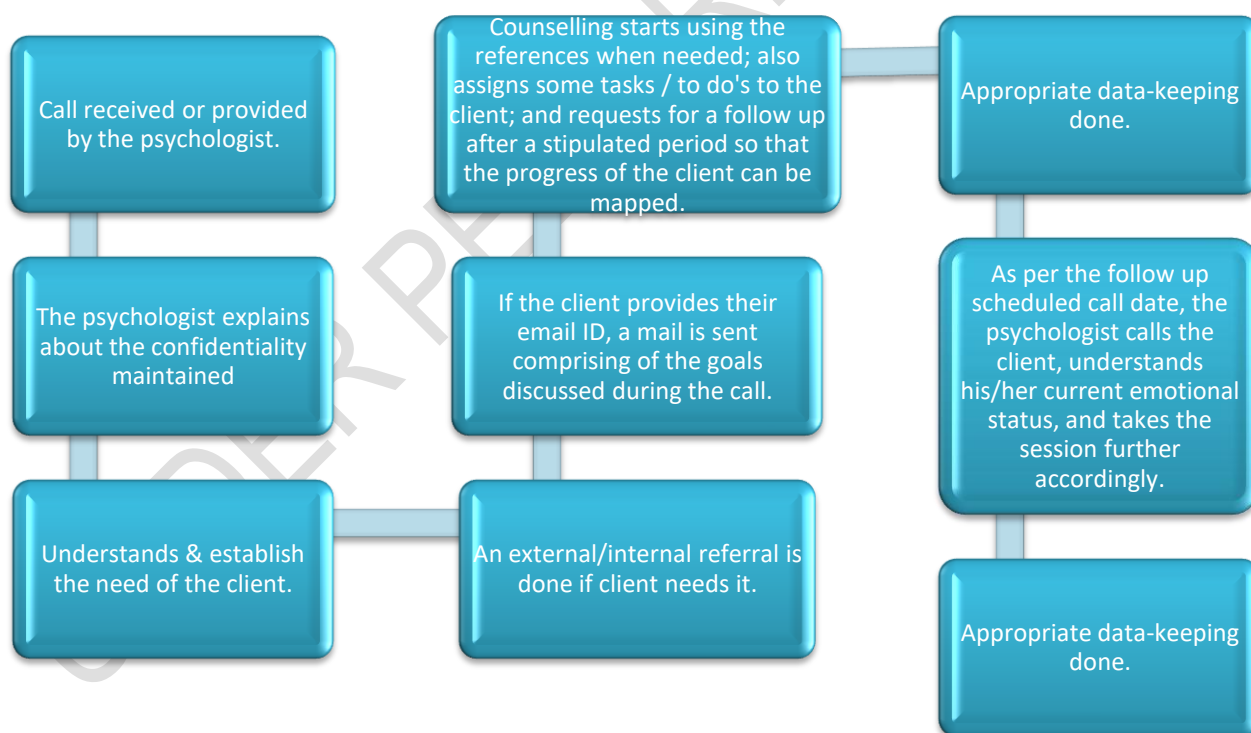


Figure 5: Process flow chart of Tele counselling session

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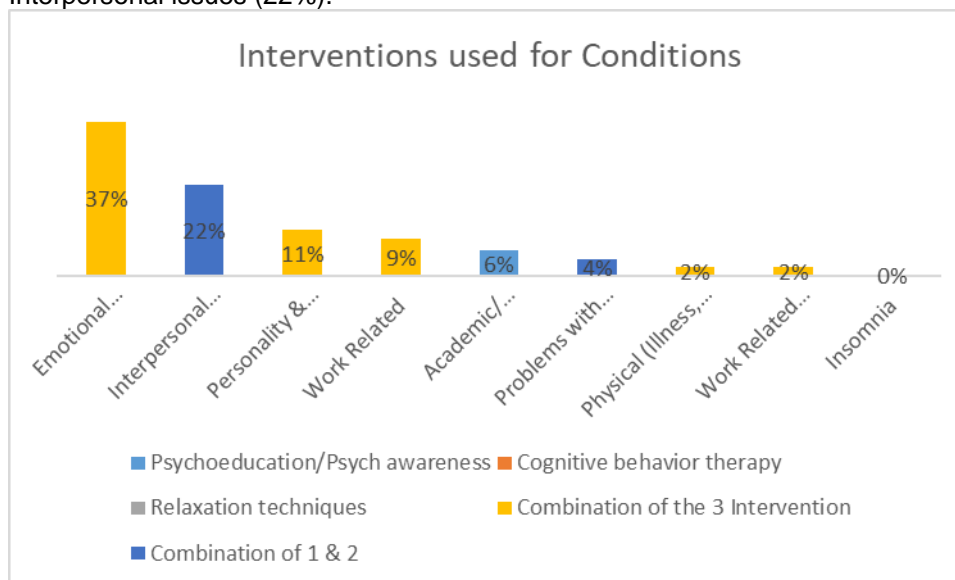


Figure 6: Interventions used for the conditions

Conditions which were prominent in the pre-covid times such as Anxiety, Interpersonal Issues and workstress got highlighted and reduced the barriers for counselling. The interventions used for the client's included psychoeducation, cognitive behavior therapy & relaxation techniques. The clients were provided combination of these interventions. Overall, the patients appreciated and were satisfied with the tele counselling services.

The current post-pandemic/pandemic scenario we live in comes with extreme stress, burnout, anxiousness, isolation & day to day uncertainty. Humans are metaphorically said to be social animals. The current pandemic has replaced our idea of living & coping, with the growing uncertainty anxiousness, stress, isolation & depression is the most common concerns that people are facing. There is a dire need to take step towards seeking a mental health professional's help who can listen, understand & direct you to become the best version of yourself without any judgement. Effective counselling is a step closer to making better decisions every day, re-structuring negative belief systems, modifying challenging habits & behaviour & navigating effectively towards a meaningful life.

Apollo Telehealth (ATH) a division of Apollo hospitals, the world leader in telemedicine with an expertise of more than 20 years is probably the oldest and largest network of multi-disciplinary telemedicine infrastructure in South Asia, benefitting both urban and rural populations by facilitating uninterrupted access to high-quality healthcare (9).

At ATH the focus is on cultivating & supporting the patients to overcome challenges, understand and recognize areas of growth & focus on a greater sense of well-being and healthy living without depending on drugs and pharmacological therapy which have their own adverse effects. ATH has been able to create a positive perception of the service among the clients to improve their psychological health, with (43%) of the participants approaching for review sessions and follow-ups.

ATH has launched "Tele-Counselling" services to help people deal with their mental stress, and psychological issues. ATH provides this service in a completely discreet and pleasant environment, and patients can use it from the comfort of their own homes or workplace. Tele counselling services are primarily designed to make high-quality services more accessible to everyone and to improve mental health.

The utilization of holistic mental health care techniques may be extremely beneficial to mentally ill patients and their illness management. And this unconventional approach along with telemedicine is proving to be a boon in disguise for the patient's seeking advice for their mental health. ATH tele Counsellors guide the patients at every step and in every approach considering patients' mental comfort as a top priority. Some of these approaches adapted in ATH are Mind-body exercises, yoga, meditation, coping therapy, physical activity, and talk therapies. These measures clubbed with expert tele psychological counselling sessions have proven to be revolutionary in tele mental health. Patients availing these tele mental health services were found to have inculcated newfound perseverance, tolerance, and patience accompanied by self-belief and confidence in their thought process leading to a stress-free robust health growth.

4. CONCLUSION

"Being Aware that help is here is as important as taking the leap of faith for our own wellbeing".

We often realize, understand, and accept the scenario we are in today as is instead of choosing our better mental Health. We all will agree that the mind & body are not separate. A healthy mind leads to a healthy body!

While tele mental health has been in use for several decades, there has not been widespread, nationwide reliance on telehealth services within the mental health system until the recent changes prompted by the COVID-19 pandemic (5). In a very brief time span, most mental health services that could be provided remotely began to be delivered via tele mental health. In a UNICEF poll of 21 nations, just 41% of the young population in India felt it is a smart option to get psychological support when compared to an average of 83% across the 21 countries. (16).

The study findings imply that tele counselling services of ATH had a positive impact on patients' mental health during the COVID pandemic, thus encouraging them for seeking active follow-ups for more such helpful tele counselling sessions and also seek required higher mental health care if necessary. The study findings support the continued use of telehealth services offered by mental health providers and organizations, as respondents indicated a desire to use these services as it was found to be more useful and helpful in dealing with their mental health issues and conditions during the pandemic. In summary, the results demonstrate a large shift in telehealth use and provide an encouraging outlook for the use of tele counselling and tele mental health services after the COVID-19 pandemic. Future studies should continue to review the acceptance of these convenient and patient-friendly service delivery approaches and their impact on care outcomes. Government and private health enterprises should work together in establishing a comprehensive patient-centered integrated into person, telephone, and video-based mental health services and the counselling should be efficiently enabled and be made accessible to as many patients as possible.

Tele mental health and tele counselling not only will reduce the transportation burden in these uncertain times of COVID-19, and ensure the safety of patients from the virus, but it

will also let people get their concerns addressed from the comfort of their homes, which otherwise might escalate into a serious medical condition leading to unnecessary and avoidable sequelae. Indeed, Covid crisis has paved way for catalyzing change and infusing delivery of tele mental health services.

REFERENCES

1. Khetrapal, Sonalini, Bhatia, Rajesh, Impact of COVID-19 pandemic on health system & Sustainable Development Goal 3, Indian Journal of Medical Research: May 2020 - Volume 151 - Issue 5 - p 395-399 doi: 10.4103/ijmr.IJMR_1920_20
2. Anand V, Verma L, Aggarwal A, Nanjundappa P, Rai H (2021) COVID-19 and psychological distress: Lessons for India. PLOS ONE 16(8): e0255683. <https://doi.org/10.1371/journal.pone.0255683>
3. Chugh, P. (2020, July 15). Does Telemedicine for Mental Health Actually Help? NIMHANS Director Clarifies. The Better India. <https://www.thebetterindia.com/232577/telemedicine-helplines-safe-works-mental-health-act-depression-anxiety-medication-coronavirus-covid-19-india/>
4. Malhotra N, Goel R, Goel S. The Narcotic Drugs and Psychotropic Substances Act, 1985. Man Dr Law. 2013;282–282.
5. Molfenter, T., Heitkamp, T., Murphy, A.A. et al. Use of Telehealth in Mental Health (MH) Services During and After COVID-19. Community Ment Health J 57, 1244–1251 (2021). <https://doi.org/10.1007/s10597-021-00861-2>
6. Swain, S. P. (n.d.). Mental Health Issues following COVID-19.
7. Javed, B., Sarwer, A., Soto, E. B., & Mashwani, Z. U. (2020). The coronavirus (COVID-19) pandemic's impact on mental health. The International journal of health planning and management, 35(5), 993–996. <https://doi.org/10.1002/hpm.3008>
8. Telemedicine Practice Guidelines Enabling Registered Medical Practitioners to Provide Healthcare Using Telemedicine. (2020). Ministry of Health and Family Welfare. Retrieved May 20, 2022, from <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>
9. Telehealth, A. (2019, November 7). Apollo Telehealth | Telehealth Services in India | Telemedicine | TeleConsultation Services. Apollotelehealth. <https://www.apollotelehealth.com/>
10. Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. Journal of general internal medicine, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
11. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. Arch Intern Med. 2006;166(10):1092–1097. doi:10.1001/archinte.166.10.1092
12. Frantz, A., & Holmgren, K. (2019). The Work Stress Questionnaire (WSQ) – reliability and face validity among male workers. BMC Public Health, 19(1). <https://doi.org/10.1186/s12889-019-7940-5>
13. Lyubomirsky, S., Lepper, H.S. A Measure of Subjective Happiness: Preliminary Reliability and Construct Validation. Social Indicators Research 46, 137–155 (1999). <https://doi.org/10.1023/A:1006824100041>
14. University of Maryland. (n.d.). Rosenberg self esteem scale | SOCY L sociology department L University of Maryland. SOCY SOCY I Sociology Department I University of Maryland. <https://socy.umd.edu/about-us/rosenberg-self-esteem-scale>
15. Ito M, Nakajima S, Fujisawa D, Miyashita M, Kim Y, et al. (2012) Brief Measure for Screening Complicated Grief: Reliability and Discriminant Validity. PLOS ONE 7(2): e31209. <https://doi.org/10.1371/journal.pone.0031209>

16. UNICEF. (2022, May 7). UNICEF report spotlights on the mental health impact of COVID-19 in children and young people. UNICEF Report Spotlights on the Mental Health Impact of COVID-19 in Children and Young People; [www.unicef.org. https://www.unicef.org/india/press-releases/unicef-report-spotlights-mental-health-impact-covid-19-children-and-young-people](https://www.unicef.org/india/press-releases/unicef-report-spotlights-mental-health-impact-covid-19-children-and-young-people)
17. Suresh Bada Math, Narayana Manjunatha, C Naveen Kumar, Chethan Basavarajappa, BN Gangadhar (2020). Telepsychiatry Operational Guidelines-2020. Pub; NIMHANS, Bengaluru-560 029. ISBN No: 978-81-945815-2-9
18. Department of clinical psychology, National Institute of Mental Health and Neuro Sciences (2020). Guidelines for Tele-psychotherapy services-2020. Pub; NIMHANS
19. Anuraj Singh Kochhar, Ritasha Bhasin, Gulsheen Kaur Kochhar, Himanshu Dadlani, Viral Vijay Mehta, Roseleen Kaur, Charanpreet Kaur Bhasin, Lockdown of 1.3 billion people in India during Covid-19 pandemic: A survey of its impact on mental health, Asian Journal of Psychiatry, Volume 54, 2020, 102213, ISSN 1876-2018, <https://doi.org/10.1016/j.ajp.2020.102213>.
20. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, Mehta RY, Ram D, Shibukumar TM, Kokane A, Lenin Singh RK, Chavan BS, Sharma P, Ramasubramanian C, Dalal PK, Saha PK, Deuri SP, Giri AK, Kavishvar AB, Sinha VK, Thavody J, Chatterji R, Akoijam BS, Das S, Kashyap A, Ragavan VS, Singh SK, Misra R and NMHS collaborators group. National Mental Health Survey of India, 2015-16: Prevalence, patterns and outcomes. Bengaluru, National Institute of Mental Health and Neuro Sciences, NIMHANS Publication No. 129, 2016.