



National Disaster Management Authority
Government of India



Economic Advisory Council to the Prime Minister
Government of India



Webinar on Psychosocial Care and Mental Health in Industry “Post Lockdown”

June 05, 2020



Presentation by :

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Lockdown is the world's biggest psychological experiment - and we will pay the price



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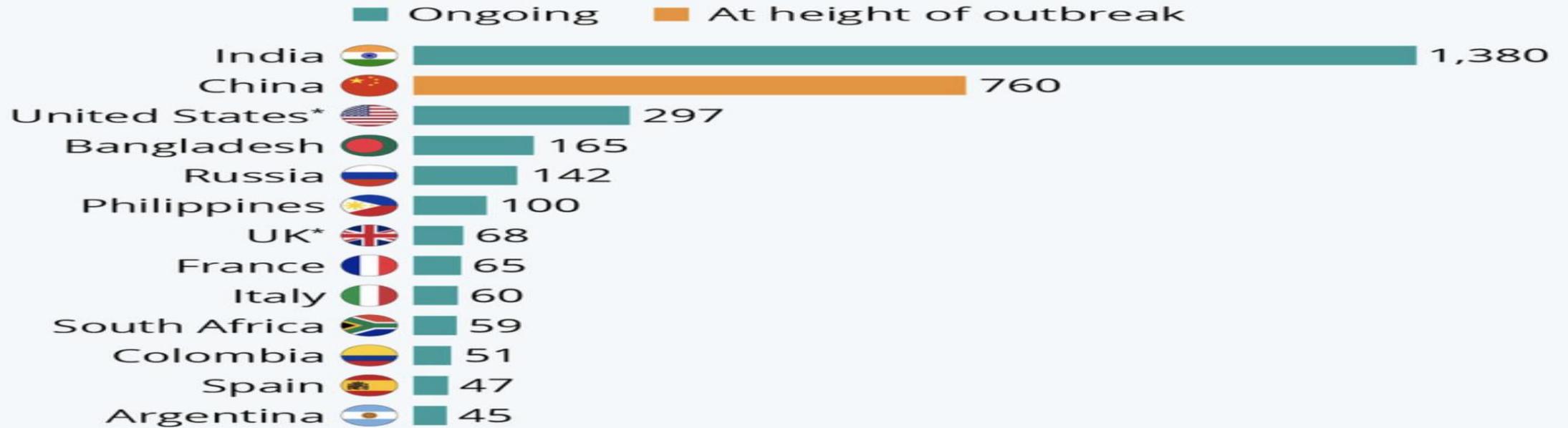


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The Size of Coronavirus Lockdowns

Number of people placed on enforced lockdown due to the coronavirus pandemic, per country (in million people)



* At least partly enforced
Source: Media reports



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- About 2.5 billion people in lockdown throughout the world
- About a third of human kind
- In addition to the mental health pandemic, there is likely to be a secondary pandemic post lockdown due to multiple reasons
 - Finances: No work and consequent absenteeism
 - None or inadequate financial assistance from agencies
 - Stigma of quarantine and infection
 - Fear of contacting COVID 19 in workplace post lockdown

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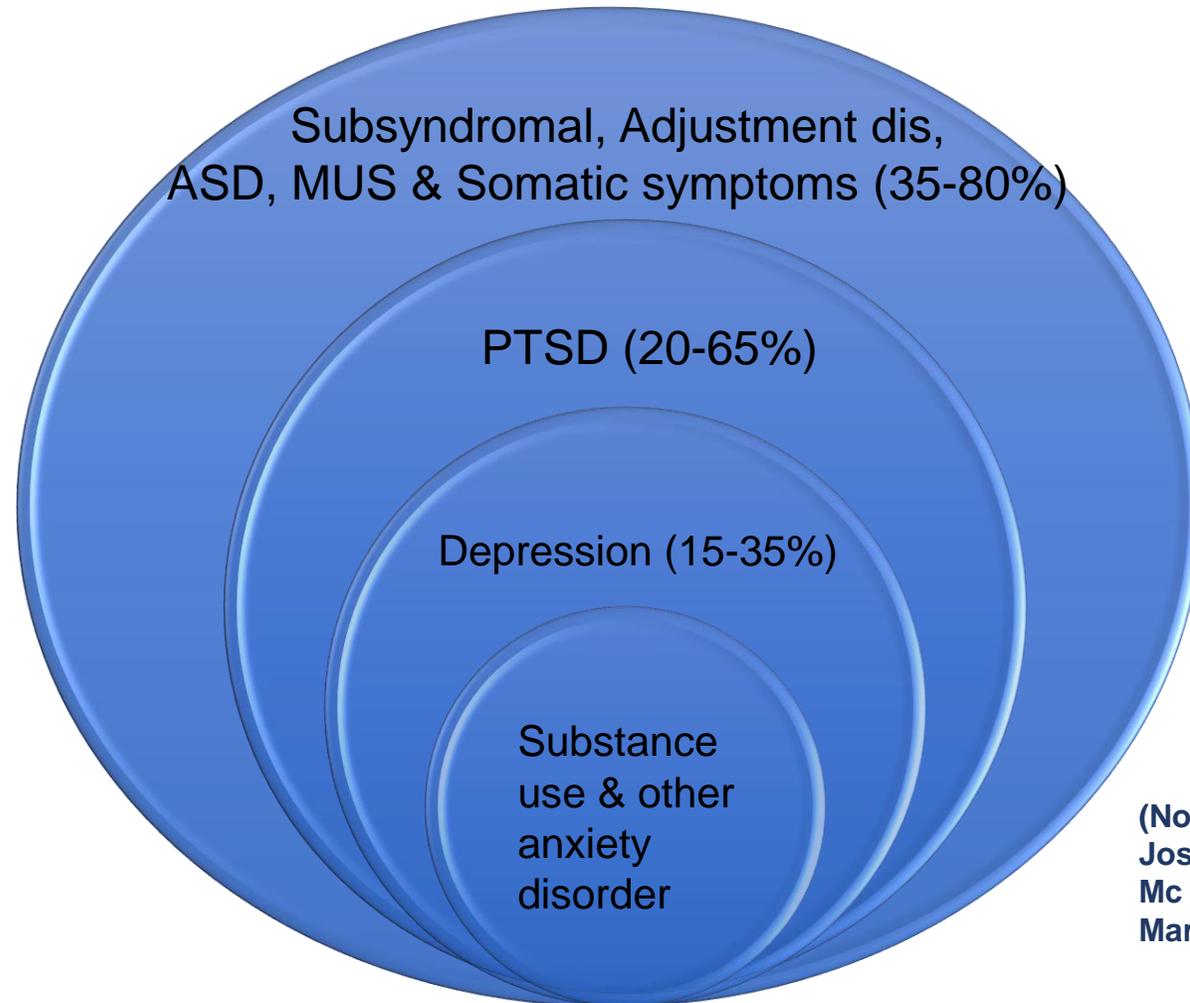


- Post lockdown, we can expect an increase in the number of cases
- So, at a time, when people need to be on their toes to work and to improve economy, we can expect a reduction in attendance and burnout
- A perfect recipe for psychosocial and mental health consequences
- Low mood, insomnia, feelings of stress, anger, uncertainty, anger, exhaustion, fatigue, syndromic anxiety and depression, worsening of previously existing psychiatric disorders, symptoms of post traumatic stress disorder, grief reactions etc
- Feelings of emptiness, hopelessness about future

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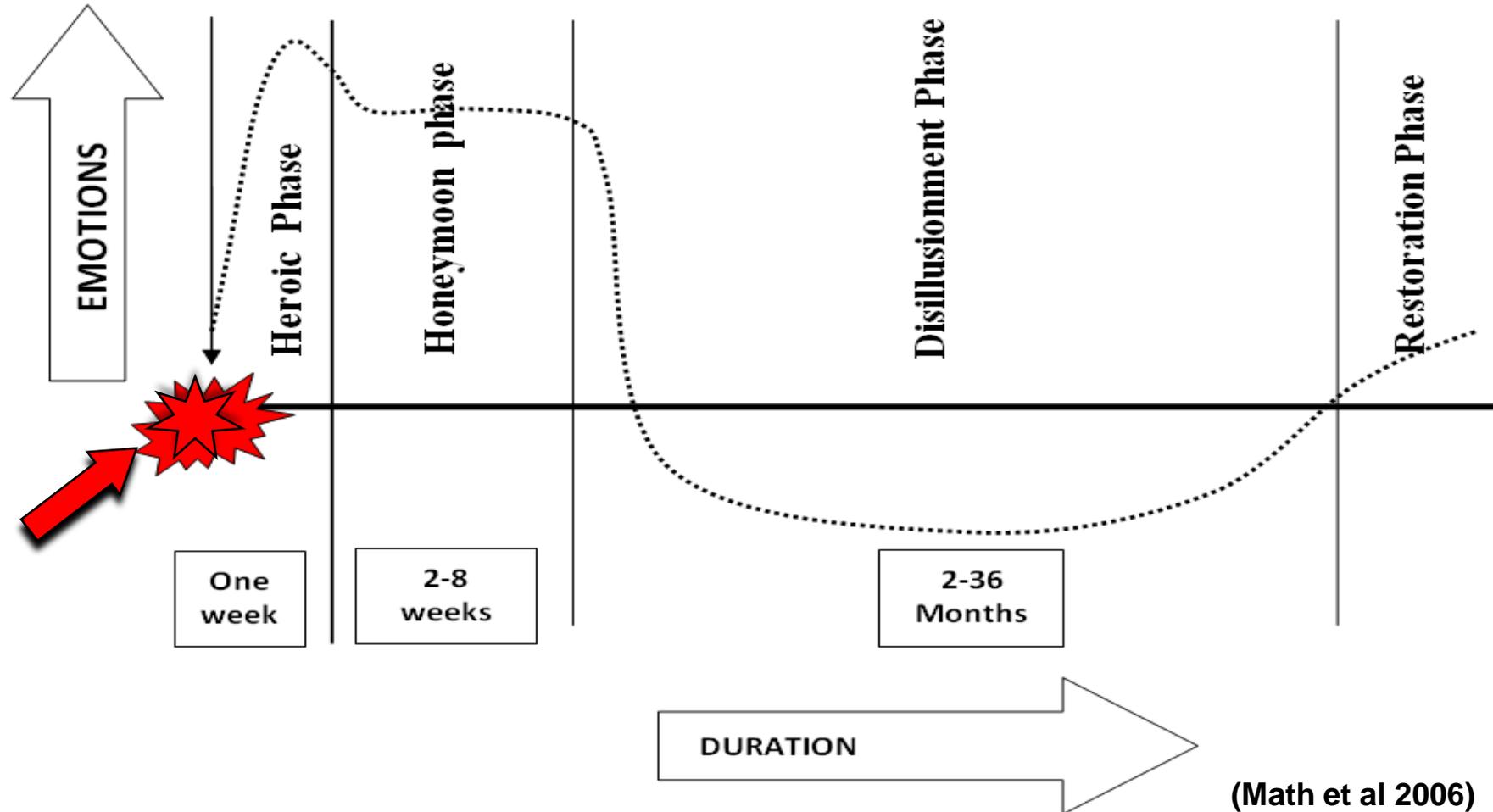


Common mental health/psychosocial problems



(North *et al*, 1989, 1994, & 1999,
Joseph *et al* 1993, Green *et al* 1992,
Mc Millen *et al* 2002, Breslau 1998,
Marcus 2001, David *et al* 1996)

Phases of disaster



Predictors of psychiatric morbidity

- Severity of the disaster, threat to life, loss of life, loss of family members and duration of exposure to the disaster are at high risk of developing mental health morbidity (Frankenberg *et al*, 2008).
- Female gender, children, elderly, physically disabled, single, ethnic minority, displaced population, poverty, substance use like smoking, loss of economic livelihood, poor social support and family support

(Bhugra & van Ommeren, 2006; Norris *et al*, 2002; Norris, *et al*, 2002,

Lubit and Spencer 2003)

- People with pre-existing mental disorders could relapse during extreme stressful situations like disaster (Norris, *et al*, 2002).



- Mental Health and Psychosocial Issues: **Community Care**
 - Widespread prevalence
 - Indian Population
 - Acute shortage of Mental Health Professionals
 - For 130 billion
 - 9000 Psychiatrists
 - 2000 clinical psychologists
 - 1500 PSWs
 - 1500 psychiatric nurses
- Will not be able to fill the gap of human resources for the next 20 years

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- Avenues for Community care in India
 - 43 mental hospitals (Government run)
 - Medical Colleges with Departments of Psychiatry (about 500)
 - Private psychiatrists and mental health professionals (majority of them practicing in urban conglomerates)
 - The National Mental Health Program of India
 - Through the District Mental Health Program (DMHP): 655/725
 - District hospital
 - Taluk (tehsils)
 - Community Health Centres
 - Primary Health Centres
 - Sub-centres (Health and Wellness Centres)

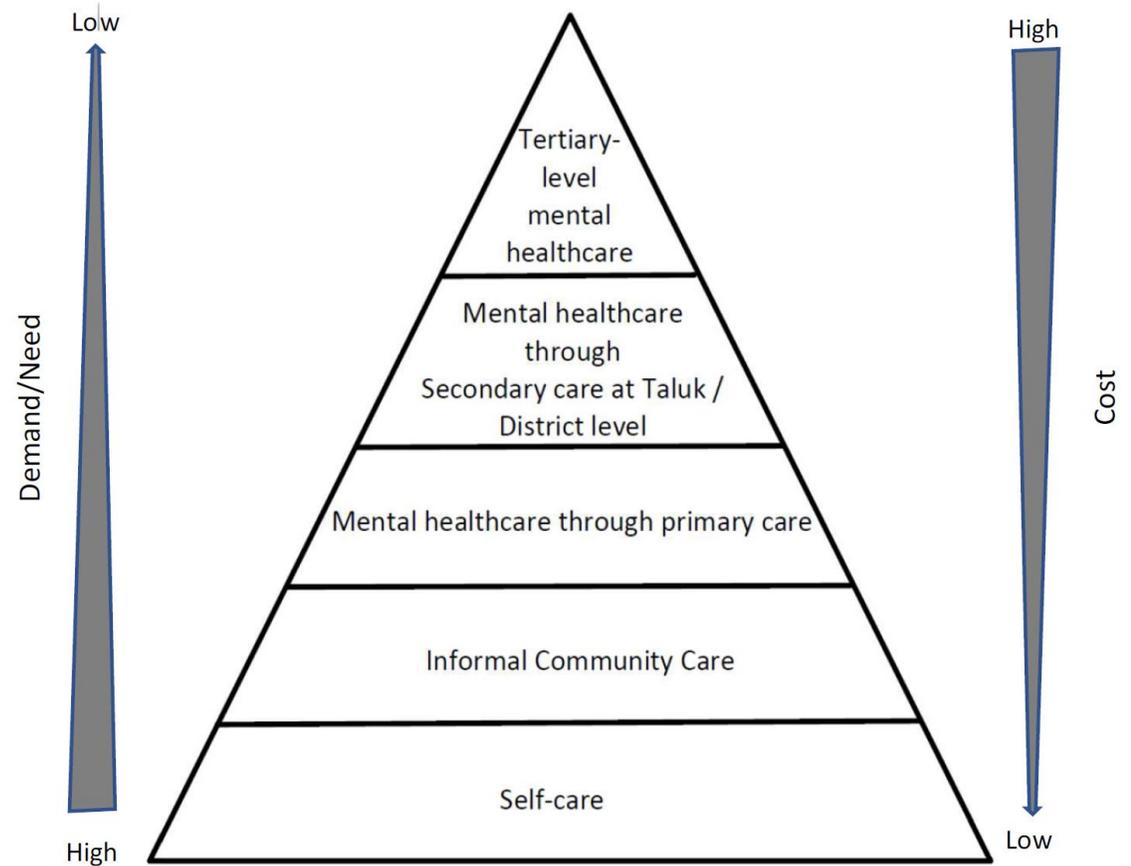
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- DMHP: Provision of basic clinical services at the District Level is present
 - Medication management and provision of basic counselling and psychosocial management
 - Training all stake holders in mental health
 - All doctors, para medical professionals and grassroot health-workers (ASHAs, ANMs etc)
 - IEC activities
 - Outreach activities throughout the district

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- WHO's Pyramid Framework for Optimal Mix of Services for Mental Health





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<p>General public</p>	<p>Almost all adults ~80 crores</p>	<p>Anxiety about self or loved ones acquiring infection, overload of unhealthy information about the pandemic; stress of maintaining hygiene, use of masks, difficulty in getting essential items; loss of / low income, uncertainty about job prospects; significant change in lifestyle - restriction of movement, boredom, lack of physical exercise and socialization</p>	<p>Promotion of mental health and prevention of psychological impact of pandemic: Structuring of the day, avoiding unhealthy information; promotion of self-care through pamphlets, posters, short messages, audio and video clips; toll-free helplines; intervention to promote resilience (physical exercises, yoga, hobbies, etc.)</p>
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<p>Elderly and adults with chronic illnesses</p>	<p>~15 crores</p>	<p>Awareness about being at higher risk for complications and mortality; greater difficulties in accessing essential services including medical care and using technology to socialize</p>	<p>Active outreach through community resources to map and ensure essential and medical care; providing accurate information and reassurance; screening for psychiatric symptoms including suicidal risk and intervention for psychiatric illness</p>
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Children & adolescents	~35 crores	Closure of schools and play areas; uncertainty about examinations and results; restriction of movement; concerns about infection of self or parents; unhealthy use of technology	Facilitation of sharing of concerns; providing age-appropriate information; explaining reason for need to stay indoors; structuring of the day (indoor games, art, stories, hobbies); healthy use of technology
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Persons with
disabilities

~ 4-5
crores

Persons with different
impairments have unique
challenges regarding the
infection and effects of
the lockdown

Active outreach
through community
resources to map and
ensure essential and
medical care; providing
accurate information
and reassurance

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Migrant
workers

~14 crores

Additional challenges of loss of wage and shelter, stigma, uncertainty about future of self and loved ones, difficulty in transportation, and overcrowding and poor amenities in make-shift shelters

Provision of hygienic, safe and dignified shelter and food; facilitating communication with loved ones; provision of reliable information and clarification of doubts; Addressing stigma and facilitating ventilation; screening for psychiatric symptoms including suicidal risk and intervention for psychiatric illness

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<p>Frontline Healthcare Professionals</p>	<p>~30 lakhs</p>	<p>Higher risk of being infected and anxiety and worry about self and loved ones; stigma and discrimination; burnout due to physical (wearing PPE in hot conditions) and emotional (seeing bad outcomes; making tough decisions) stress; having to show bold face despite poor support; frequently changing guidelines with lack of resources to implement.</p>	<p>Administrations to keep the communication channels open, with periodic visits to ground zero; provision of PPEs, nutritious food, and periodic break from work; training in COVID-19 management; care of family, including childcare and facilitating communication with them during work-hours; dedicated helplines to address distress</p>
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Persons with
pre-existing
psychiatric
conditions

~ 10 crores

Persons with anxiety disorders may experience exacerbation symptoms; individuals with other psychiatric disorders may experience reactions varied in nature and severity; disruption in continuity of care including psychiatric consultations and psychosocial interventions could lead to exacerbation of illness

Ensuring continuity of care using telepsychiatry and emergency care; linking patients to nearby health centres

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Homeless
persons with
mental
illness

~ few lakhs

Noticed due to violation of
lockdown rules and
brought for psychiatric
consultations

Networking with
governmental and NGO
related to long-stay
homes

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Resilient India - Disaster Free India



• Initiatives by NIMHANS

- National nodal center to formulate and co-ordinate psychosocial and mental health response to COVID 19 pandemic: National Action Plan
- National helpline for psychosocial and mental health issues
- IEC materials
- Collaboration with various State Govts. For capacity building and service provision
- Capacity building in telemedicine through out the country
- Continuity of care for NIMHANS patients
- Linking with peripheral services

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Inauguration of NIMHANS Digital Academy

By:

Sh. Jagat Prakash Nadda
Minister for Health and Family Welfare

In the august presence of:

Sh. Ashwini Kumar Choubey

#slidecaption1

Minister of State

Ministry of Health and Family Welfare

Smt. Anupriya Patel

Minister of State

Ministry of Health and Family Welfare



Greeting from
NIMHANS Digital





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Thank You !!
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