



NATIONAL TELE MENTAL HEALTH PROGRAMME OF INDIA

Tele Mental Health Assistance and
Networking Across States
(Tele MANAS)

POINT OF CARE GUIDE
FOR
TELE MANAS COUNSELLORS

Edition-1



Point of Care Guide for Tele MANAS Counsellors

Point of Care Guide for Tele MANAS Counsellors

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Contents

Sl.No.	Flowcharts	Module to refer to in Counsellor Manual	Pg. No.
	How to use this manual		4
	Sample Flowcharts		5
1	Basic Call Structure	Module 2	6
2	Counselling Interventional Framework: Manasvita	Module 4	7
3	Continuously worried without reason	Module 5	9
4	Fearfulness In Meeting People / Going Outside/ Specific Situations	Module 6	11
5	Worries due to continuous Repeated Irrelevant Thoughts/ Actions	Module 6	13
6	Sadness Of Mood, Not Continuous	Module 6	15
7	Sudden Episodes of Intense Fearfulness	Module 6	17
8	Excessive Use of Mobile Phones & Internet	Module 8	19
9	Exam Related Stress	Module 8	21
10	Issues Related to Stress from Household Responsibilities in Women	Module 8	23
11	Issues Related to Couple Conflicts	Module 10	25
12	Polysubstance Abuse	Module 11	27
13	Behavioural Issues Related to Intoxication with Alcohol or Other Substances	Module 11	30
14	Mental Health Emergencies in Women	Module 12	32
15	A)Pregnant Women	Module 12	38
16	B)Lactating Women	Module 12	41
17	Gender Based Violence	Module 13	44
18	Intellectual/ Developmental Issues Related	Module 13	46

19	Issues Related to Memory Disturbances	Module 13	48
20	Psychiatric Emergencies in Elderly and Elderly Abuse	Module 13	50
21	LGBTQA Issues	Module 13	54
22	Issues Related to Child Sexual Abuse	Module 14	56
23	Homeless/Wandering Mentally Ill	Module 14	58
24	Logistical Difficulties in Communicating with The Caller	Module 15	60
25	No Clarity on The Nature of The Issue	Module 15	62
26	Caller Refuses Referral	Module 15	64
27	Sadness Of Mood with Suicidal Ideation	Module 16	66
28	Individual With Active Suicidal Ideas	Module 16	69

How to Use this Manual

This manual has been created as a guide to help counsellors address calls and deal with challenges on a day-to-day basis in the Tele MANAS Cells. This manual is to be used along with the “Course Content for Tele MANAS Counsellors” Manual which is the main manual for training delivery and covers the basic topics that Tele MANAS Counsellors need to be aware of, while providing services to individuals in distress in detail. The Point of Care Manual is to be used as an accompaniment to the Course Content Manual.

The Point of Care Manual has been organised as flowcharts which are relevant to specific modules in the Course Content Manual.

The Flowcharts are organised in a sequential format to help the counsellor with addressing the common presentations a distressed individual may call with, with details on clarifications to be sought and the flow of intervention to be provided in a case-specific format.



The flowcharts also discuss a case-vignette to better explain each scenario. Each case-vignette is followed by sequential steps to be followed by the counsellor during the course of the call.

All interventions have a basic framework described in the ‘Basic Call Structure’ described at the very beginning of this manual. That framework needs to be kept in mind by the counsellor while attending a call through Tele MANAS.

The flowcharts in the Point of Care Manual also mention the corresponding module in “Course Content for Counsellors” Manual if the counsellor wishes to refer to the theoretical aspects of the said case.

The flowcharts described in this manual are by no means exhaustive and would need further modifications depending upon the nature of calls that the counsellors receive while working in Tele MANAS. The modifications, if any would be made to later editions of the manual.

The counsellor also needs to remember that these flowcharts are in no way exclusive, and an individual may present with a combination of many of these concerns at once. It is thus advised, that the counsellor try to familiarise themselves with the nature of concerns and focus on helping the caller with a combination of the skills they have learnt in training programs and those given in these manuals.

In case the counsellor faces challenging scenarios, that are not described in this manual or that the counsellor feels they are unable to handle at their level, it is important to seek assistance/guidance from the mental health professionals at the State Tele MANAS Cells.

SAMPLE FLOWCHART

CONCERN	CLARIFICATION	INTERVENTION
Main Symptoms	What is the time duration that the caller has been suffering from these complaints?	Rarely/only sometimes during the day/< 2 weeks: Most of the day/Continuous/> 2 weeks
Are there any associated Symptoms?	Any there any specific triggers that worsen this complaint?	When to consider referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any danger signs?	How frequently through the day does this concern bother them?	If the individual is having associated symptoms + any danger signs such as the risk of harm to self: When to consider immediate in-person Referral
SCENARIO FOR LEARNING (Case Vignette)		
Q.How would you handle this call as a Tele-MANAS Counsellor? A. List of steps to be followed during a call is described in detail relevant to this particular case scenario		

MODULE 2

Basic Call Structure

Introduction

- Identify self by name and designation
- Thank the caller for reaching out to the helpline
- Provide an overview of the issues that are likely to be discussed
- Inform the caller about confidentiality statements

Primary Intake

- Collect basic socio-demographic details - Name, age, and relationship with the distressed person (if the caller is a caregiver)
- Past treatment details (if any)
- Support available
- The reason for which caller has called the helpline

Assessment

- Caller's response required to fill the helpline database
- Identify the issues faced by the caller (in order to make a provisional impression)

Transition to agenda-setting

- Collaboratively decide the agenda

1 Action planning

- Discuss with the caller about the provisional impression
- Prepare a collaborative plan of action
- Adhere to the SMART model (refer to Module 2 for details)

1 Intervention

- Provide information and counselling
- Refer to next tier (if required)
- Refer to nearby hospital (if required)

1 Closing

- Summarise the steps of the intervention
- Inform the caller they may reach out for support again as and when required
- When a follow-up is required, inform the when and who is likely to reach out to the caller again

MODULE 4

Counselling Interventional Framework 'Manasvita'

Potential situations presenting to Tele MANAS	Callers to whom this may apply
A. Providing basic information about mental health issue for which the individual has called Includes resolving myths and misconceptions with facts and knowledge about mental health issues, sharing available information related to the mental health services, and social security services.	Applicable to all callers
B. Healthy ways of handling stress Includes all principles of interventions ● Lifestyle Changes: Maintaining a routine of healthy ways of living including yoga & exercise, healthy diet, minimum use of screens, and involvement in social activities ● Educating about mental health problems: Providing information about the cause and effect of events on mind and body. ● Enable to solve problems: Helping clients to identify problems, locate the root cause, develop alternative solutions and implement them efficiently. ● Empowering in regulating emotions: Helping the individual understand their emotions in the context of the situations in their life.	Callers reporting sadness, grief, anxiety, and stress of everyday life
C. Mental Health First Aid ● Look- Listen and Link ● Listen without judgment ● Assessing risk of harm to self and other ● Reassurance and information ● Refer to the Tier 1 MHP	A caller who is in severe distress and needs immediate attention
D. Dealing with suicidal behaviours ● Listen to the caller with patience and stay calm ● Express concern towards the problems of the caller ● Reassure and encourage them to express ● Paraphrase and summarise the concerns ● Refer to the Tier 1 MHP	Callers who have expressed self-harm ideas

E. Sleep hygiene	Caller with sleep disturbance
F. Deep Breathing Exercises Teach callers to do deep breathing exercises to calm and relax. Steps: • Inform about benefits • Take consent before starting • If agreed: Start deep breathing • If disagree: Repeat the benefits and inform services are available at any time • Clarify doubts related to deep breathing • Ask to sit comfortably • Ask to keep right or left palm on stomach or chest • Ask them to focus on inhaling over 3 seconds and exhaling over the next 3 seconds • Tell them to take deep breath and sense the feel of air filling in chest or stomach (e.g., Imagine a balloon they are blowing into) • Ask them to do the same exercise for 5 - 10 times • If the caller is very distressed, encourage them to practice this with you over the call • Take feedback about the exercise • In case the caller is too anxious to be able to follow these step-by-step instructions, reassure them that it is only natural to be unable to do this when one is very anxious → to tell them to attempt only exhaling first over 3 seconds → before asking them to attempt again once they are feeling a bit better • Ask them to practice everyday <i>Note: Deep breathing exercise is not advised for callers who suffer from severe respiratory problems and sadness (cardiac or asthma problems)</i>	A caller who is in severe distress and needs immediate attention

MODULE 6

Introduction to Mental Health Disorders

Continuously Worried Without Reason

We will briefly discuss the protocol to be followed in case an individual calls with anxiety due to the following concerns:

CONCERN	CLARIFICATION	INTERVENTION
- Is the individual worrying about doing their daily activities? - Do they keep worrying unnecessarily for trivial/small reasons that previously did not worry them?	Duration of complaints - Less than 2 weeks - More than 2 weeks	Rarely/only sometimes during the day/< 2 weeks: Counselling interventional framework (Manasvita)
Are there any associated Symptoms? feeling breathless, feeling your heart beat loudly, sweating, difficulty	Any specific situations that trigger the worry? How frequently is it present? - Present throughout the day or episodes - Effect on work and relationships - Associated bodily symptoms Concentration/ performance at work	Most of the day/Continuous/> 2 weeks: Counselling interventional framework (Manasvita) + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger signs? Risk of harm to self/others/suicidal attempts?		If having associated symptoms + any danger signs: Referral to Tier 2 Hospital immediately
SCENARIO FOR LEARNING “Ms S,32-year-old, calls Tele-MANAS with complaints of being constantly worried without any specific reason for the last 3 months. The worries are associated with an increase in her heartbeat,		

sweating, and occasional breathlessness. She is also having difficulty falling asleep, doesn't feel like eating anything on most days, and is unable to keep up with her work. She hardly goes out with her friends and spends most of her time at home and working from home. She has no recent stressors and has never been on medications till now.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the 7 steps listed in Module 2 during the call.

- 1 Let Ms S talk about her concerns freely.
- 2 Expressing empathy with phrases like “I understand how difficult this must be for you” will put the caller at ease and help her be more open.
- 3 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 4 Use the steps mentioned above as a guide.
- 5 In the above case, Ms S has had these symptoms for the last 3 months without any recent stressors or specific triggers. Also, the complaints are affecting her work, her sleep, and her appetite, suggesting that it could be at a disordered level.
- 6 Encourage Ms S to try and follow some basic breathing exercises that would help calm her mind.
- 7 Ask her about the available support- friends, family
- 8 Reassure that her concerns have been understood and that they will need a referral to a mental health professional.
- 9 Close the call

MODULE 6

Overview of Mental Disorders

Fearfulness in Meeting People/going Outside/specific Situations

We will briefly discuss the protocol to be followed in case an individual calls with complaints of fearfulness in meeting people or going outside or fear in specific situations

CONCERN	CLARIFICATION	INTERVENTION
- Worried about people's reaction - Avoids social gatherings where the person would be expected to talk to others: marriages, workplace gatherings - Anxiety restricted to particular social situations: Such as fear of crowds, getting on to buses, crowded places	Duration of complaints: Less than 2 weeks More than 2 weeks	Rarely/only sometimes during the day/< 2 weeks: 'Counselling intervention framework' (Manasvita)
Are there any Associated symptoms? - Low self-esteem and fear of criticism - Sweating, tremors of hands (trembling of hands), feeling breathless, choking sensation, feeling of being unable to control one's emotions	How frequently is it present? Rarely/sometimes during the day/most of the time, through the day/ continuously present	Most of the day/Continuous/> 2 weeks: - Counselling interventional framework (Manasvita) + - Explain the problem will require assessment by a mental health professional + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? Risk of harming self / suicidal thoughts / attempts Risk of harming others Refusing to eat food, not drinking water for many days	How has it affected daily life? - Unable to make friends - Avoiding situations which were important such as avoiding job interviews, avoiding going out to far places due to fear of closed places - Feeling of loss, guilt, embarrassment	If having associated symptoms + any danger signs such as the risk of harm to self: Referral to Tier 2 hospital immediately
	Family being upset with the person	

SCENARIO FOR LEARNING

Mr. A, a 19-year-old engineering student, has called Tele-MANAS services with complaints of excessive fear of scrutiny by other people in social situations for the past 5 years but increased since 6 months. Initially, he was avoiding any social gatherings during college/family functions. After a seminar presentation where he could not perform well because of excessive anxiety, he is avoiding going to college altogether. He reported that during the seminar he had tremors, choking sensation, blushing, and increased heart rate. He has lost his seminar term because of the same. Now he is worried about losing out on studies and career because of these excessive worries. Even his parents are concerned because of the same. He is not sure about the further plan of action. Someone suggested taking help from the Tele-MANAS team.

Follow the steps listed in Module 2 during the call.

- 1 As a tele-counsellor, try to understand the severity of the problem at hand.
- 2 Let Mr Anil talk about his concerns freely.
- 3 Use the steps mentioned above as a guide.
- 4 In the above case, Mr Anil has had these symptoms for 5 years but increased over 6 months.
- 5 Try to visualise the problem by putting yourself in Mr Anil's situation. (Expressing empathy.)
- 6 Phrases like "that must have been difficult", and "I understand", give adequate pause and listen actively, put the caller at ease, it helps in building a professional rapport with the caller.
- 7 Reassure Mr Anil regarding the help available. Say he has taken a good decision to reach out for help to address these situations.
- 8 These symptoms are bothering his day-to-day activities and he also has expressed a lot of distress. Mr Anil also has lost a seminar because of this which is causing him even further worries. This is better handled by a specialist. Inform him regarding the availability of specialists (Mental Health Professionals) and offer to connect the call to them for further help.
- 9 Mr Anil can also be given information regarding the nearby DMHP/Medical College/Any Hospital where psychiatry care is available for in-person consultation and ask him to seek care at the earliest.
- 10 Ask if you can speak to family members/ friends/any person whom he likes. If agrees, give the above-mentioned information to them as well.
- 11 Ask him if he had anything else in mind that he would like to discuss.
- 12 Thank him for calling Tele-MANAS services. Ask him to call anytime for any issues related to mental health. Then transfer the call to specialists in the State Tele-MANAS cell (Mental Health Professional).

Close the call.

Worries Due to Continuous Repeated Irrelevant Thoughts/ Actions

We will briefly discuss the protocol to be followed in case an individual calls with complaints of worries due to continuous negative thoughts/ actions

CONCERN	CLARIFICATION	INTERVENTION
• Fear of getting dirty • Doubts if locked the door or not • Repeated handwashing • Checking locks, gas knobs	Duration of complaints • More than 2weeks • Less than 2weeks	Rarely/only sometimes during the day/< 2 weeks: • Counsel as per Counselling intervention framework'(Manasvita) and advise monitoring of progression of the complaints
Are there other associated Symptoms? • Negative unwanted thoughts about gods and goddesses • Thoughts of harming or killing others or oneself. • Recurring thoughts or images of sexual nature. • Fear of developing a - threatening illness. • Ordering or rearranging things in a particular manner • Repeatedly putting clothes/other things on and taking them off.	How frequently is it present? 1. Present most of the time 2. Some part of the day or while doing a particular work 3. Rarely	Most of the day/Continuous/> 2 weeks: Counselling intervention framework'(Manasvita) + Explain that the problem requires more evaluation and Refer to Tier 1 MHP at State Cell (Ensure transfer of call)
Are there any danger signs? Risk of harming self/suicidal thoughts/attempts/Risk of harming others	Are the complaints affecting work and relationships with others?	If having associated symptoms + any danger signs such as the risk of harm to self: Referral to Tier 2 Hospital immediately
Are there any danger signs? Risk of harming self/suicidal thoughts/attempts/Risk of harming others	Are the complaints affecting work and relationships with others?	If having associated symptoms + any danger signs such as the risk of harm to self: Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Mr.R called Tele-MANAS services with complaints of getting thoughts like his hands being dirty, being contaminated as he used public transport, and doubts if the door is properly locked or not. He describes these thoughts as unwanted, repetitive, senseless, irrational, excessive, and unable to suppress/ignore them. He reports getting distressed and irritated whenever such a thought comes to his mind. He also reports washing his hands excessively, and repeatedly even while his hands are clean. He spends long hours taking a bath and follows the specific ritual to bathe. When his family members objected/stopped him from doing these, he gets agitated and starts again from the beginning. Also, he complained of checking the lock, and gas knobs repeatedly even though they are closed. Because of these issues, he is not able to reach the workplace in time and he has received warnings from higher authorities. Though he tried to resist these, it wasn't possible. Upon clarifying, he reports having these symptoms for 2-3 years but increased since 4 months. He is not sure about the further plan of action and someone suggested to take help from the Tele-MANAS team.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Let Mr Arun talk about his concerns freely.
- 2 Attempt to assess how the complaints impacted his life negatively.
- 3 Use the steps mentioned above as a guide.
- 4 In the above case, Mr Arun has had these symptoms for 2-3 years but increased for 4 months. (Expressing empathy) phrases like “that must have been difficult”, and “I understand”, give adequate pause and listen actively, put the caller at ease, and help in building a professional rapport with the caller.
- 5 Reassure Mr Arun regarding the help available, says that he has taken a good decision to reach out for help to address these situations.
- 6 These symptoms are bothering his day-to-day activities and he also has expressed a lot of distress. Therefore requires detailed evaluation by a mental health professional. Counsel regarding the need for assessment by an MHP. Inform him regarding the availability of Specialists (Mental Health Professionals) and offer to connect the call to them for further help.
- 7 Provide information regarding the nearby DMHP/ Medical College/ Any Hospital where Psychiatry care is available and ask him to seek care at the earliest
- 8 Ask if you can speak to family members/ friends/ any person whom he likes. If you agree, give the above-mentioned information to them as well.
- 9 Ask her if she had anything else in mind that she would like to discuss.
- 10 Thank him for calling Tele MANAS Services, ask him to call anytime for any issues related to mental health, and then transfer the call to Specialists in the State Tele MANAS cell (Mental Health Professional).
- 11 Close the Call.

Sadness of Mood, Not Continuous

We will briefly discuss the protocol to be followed in case of an individual calls with a panic attack due to the following concerns:

CONCERN	CLARIFICATION	INTERVENTION
Sadness of mood, not continuous The sad mood is present occasionally such as 2-3 hours per day or once in a few days	Duration of complaints • Less than 2weeks • More than 2weeks	Rarely/only sometimes during the day/symptoms for <2weeks: • Use Counselling intervention framework'(Manasvita) helping callers to share arefully listening to the caller's concerns, acknowledging their concerns by expressing empathy
Are there any associated symptoms? Fatigue, difficulty concentrating, disturbed sleep, hopelessness, worthlessness	How frequently it occurs? • Rarely • sometimes during the day • most of the time, throughout the day/continuously present	Most of the day/Continuous/ symptoms for >2weeks • Educating about the cause and effect of low mood • Enabling the need for activities • Enabling efficient ways of solving problems as mentioned in the intervention package + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? Risk of harming self/suicidal thoughts/attempts	How long is the feeling of sadness? In minutes / few hours/ days/ weeks What causesthe low or sad mood? Events/actions/thoughts/ memories	If having associated symptoms+ any danger signs such as the risk of harm to self: Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Mr Ryan, 28 years old, single male, calls Tele-MANAS with complaints of feeling sad and disinterest in the last 2-3 months. He reports after losing his job he feels sad and feels a burden on his family. He reports whenever he gets messages from his colleagues regarding his job, he gets concerned and feels sad. Further, he does not respond to them and avoids meeting them. He also reports he was helped by a few close friends and family to search for a new job and he is willing to begin new career paths. But during the online job search, if his eligibility for a job profile is not suitable he feels low and sad.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the 7 steps listed in Module 2 during the call.

- 1 Let Mr R talk about his experiences, thoughts, and emotions freely.
- 2 As a tele-counsellor, listen carefully and pay attention to the details given by the caller.
- 3 Use the steps mentioned above as a guide.
- 4 Ask and collect information about the duration, frequency, associated symptoms, and causes for such episodes to decide whether the caller needs a referral for T1 interventions.
- 5 In the above case, as Mr R had these symptoms within 1 week and he shows interest to search job, he has support from his friends and family.
- 6 Express empathy by acknowledging the concerns of the caller, e.g., “I see you are feeling sad when you find you’re not eligible for the job, but I see that you are trying your best to find a job”, “I realise it’s been a hard time after losing my job.” These statements help to build professional rapport with the caller and also caller feels that his concerns are understood.
- 7 Educate the caller regarding normal reactions of life events. Example: It is normal and natural to be stressed and feel sad, anxious, and disgusted at times.
- 8 Encourage him to discuss it with family, and friends.
- 9 Inform about planning activities of the day, taking help from friends and family to engage in search of a job.
- 10 Enabling efficient ways of solving problems as mentioned for stress management - in such situations problem-solving approach of stress management is helpful
- 11 Reiterate the need for physical activity to keep herself fresh and focus better.
- 12 Reassure her, that if she is distressed, she can reach out to Tele-MANAS at any time.
- 13 Close the Call.

Sudden Episodes of Intense Fearfulness

We will briefly discuss the protocol to be followed in case an individual calls with a sudden episode of fearfulness without any specific reason:

CONCERN	CLARIFICATION	INTERVENTION
• Sudden episodes of intense fearfulness without reason • Sudden Episodes of intense fearfulness with cues– memories, images, or traumatic events	Duration of complaints: • More than 2weeks • Less than 2weeks How long does one episode last? • In minutes/ hours What causes these episodes? Events/actions/thoughts/memories (specific triggers)/Without reason	Rarely/only 1-2 episodes during the day/symptoms for <2weeks: • Counselling intervention framework'(Manasvita) • Rule out if there are any other medical complaints
Are there any associated symptoms? feeling breathless, feeling your heart beat loudly, sweating, difficulty concentrating	How frequently do you experience these complaints? Rarely/sometimes during the day/ most of the times, thethrough day/continuously present	Mostof the day/Continuous/ symptoms for >2weeks: Educating about the problems and deep breathing exercises Referral to Tier 1 MHP at State Cell (ensure transfer of call) for a plan for further treatment
Are there any Danger Signs? Risk of harming self/suicidal thoughts/attempts	Are there any pre existing medical problems Check for Hypertension (High BP), Diabetes/any regular medication the caller is taking (This is important to see if the complaints are due to any other physical illness)	If having associated symptoms+ any danger signs such as risk of harm to self: Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Ms. L, 30-year-old married woman, calls Tele-MANAS with complaints of feeling intense fear for the last 2 weeks. While at home she suddenly developed heart beating fast, feeling restless, unable to breathe, and also felt like she was dying, she was then rushed to a local nursing home by her husband. She reports the doctors did some tests and said they were all normal and she felt better after 45 minutes and was sent home. She reports this sudden and intense fearfulness has occurred twice without any reason. She also reports that she is unable to stay alone at home or go out alone, but along with her husband, she is fine. She is constantly worried she might get another similar episode.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the 7 steps listed in Module 2 during the call.

- 1 Let Ms Lila talk about her experiences, thoughts, and emotions freely. As a tele-counsellor, listen carefully and pay attention to the details given by the caller.
- 2 Use the steps mentioned above as a guide.
- 3 Ask and collect information about the duration, frequency, associated symptoms, and causes for such episodes to decide whether the caller needs a referral for T1 interventions.
- 4 In the above case, Ms Lila had these symptoms only in the past 1 week and these experiences do not have any reasons. She reports feeling better in presence of another person
- 5 Express empathy by acknowledging the concerns of Ms Lila by saying, e.g., “It looks very challenging for you”, “It’s been a tough time”, or “I see that you are trying to manage with the support of others.” These statements help to build professional rapport with the caller and also caller feels that her concerns are understood.
- 6 Empower the caller to understand for intense fear by asking her to timeline of such episodes. E.g. before the episodes what she was doing? Where she was? What thoughts and feelings she was having?
- 7 Encourage her to discuss it with family, and friends.
- 8 Inform about deep breathing exercises to be relaxed and calm.
- 9 Reiterate the need for physical activity to keep herself fresh and focus better.
- 10 Educate her if despite these efforts if the episodes recur then to reach to Tele-MANAS again
- 11 Reassure her, that if she is distressed, she can reach out to Tele-MANAS at any time.
- 12 Close the Call.

MODULE 8

Stress Management: Dealing with Common Mental Health Concerns

Excessive Use of Mobile Phones & Internet

We will briefly discuss the protocol to be followed in case an individual calls with complaints of excessive use of mobile phone and internet

CONCERN	CLARIFICATION	INTERVENTION
- Excessive use of mobile phone - Excessive use of the internet - Excessive use of television	Duration of complaints: - Less than 2weeks - More than 2weeks	Rarely/only sometimes during the day/< 2 weeks: Counselling intervention framework'(Manasvita)
Are there other Associated Symptoms? - Poor academic performance - Poor self-care - Neglecting other important things in life	How frequently are these complaints present? - Rarely - Sometimes during the day/most of the time, throughout the day - Continuously present	Most of the day/Continuous/> 2 weeks: Counselling intervention framework'(Manasvita) + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any danger signs? - Risk of harming self/suicidal thoughts/attempts - Risk of harming others - Refusing to eat food, not drinking water for many days		If having associated symptoms+ or any danger signs such as the risk of harm to self Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Mrs. A is a 40-year-old homemaker. She called Tele-MANAS services with complaints about her 12-year-old son, Master Varun is using his mobile phone excessively. She reported that for many years he was using his father's mobile phone. For 2 years, he is using the phone for almost 4-5 hours continuously after coming back from school. When the phone was taken away from him, he started to use the laptop. He sometimes plays games and browses random things. The mother reported that her son is not performing well in his studies, and got many complaints from the school regarding his performance, missing tests, and reaching late to school. She tried to stop mobile use by scolding and beating him but he becomes angrier and threatened to run away from home if his demands are't met. The mother is worried about him and she doesn't know how to handle the situation.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Let Mrs A. talk about her concerns freely.
- 2 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 3 Use the steps mentioned above as a guide.
- 4 In the above case, Mr Varun has had a problem since childhood but increased since 2 years.
- 5 To express empathy use phrases like “that must have been difficult”, and “I understand”, give adequate pause and listen actively, put the caller at ease, and help in building a professional rapport with the caller.
- 6 Reassure Mrs Latha regarding the help available, saying that she has taken a good decision to reach out for help to address these situations.
- 7 As per the mother's report, Varun mobile usage has caused a negative impact on his education and also his relationships, therefore, acknowledging his mother's concern
- 8 Also, his mother has tried to make him disciplined by scolding and beating him. The counsellor should duly validate the mother's concerns, but educate her that scolding and beating aren't always helpful and can cause more harm than good. Explain the need to gain the child's trust and try other ways to handle the current problem.
- 9 Close the Call.

Exam Related Stress

We will briefly discuss the protocol to be followed in case an individual calls with anxiety due to the following concerns:

Anxiety/Worry/Stress due to exams

CONCERN	CLARIFICATION	INTERVENTION
Exam related Stress	Duration of complaints: • Less than 2weeks • More than <2weeks	Only sometimes during the day/<2weeks: 'Counselling intervention framework'(Manasvita)
Are there any Associated Symptoms? feeling breathless, feeling your heart beat loudly, sweating, difficulty concentrating	How frequently do you feel stressed? • Sometimes during the day • Most of the time, throughout the day • Continuously present	Most of the day/Continuous/ Symptoms for >2weeks: Counselling intervention framework'(Manasvita) + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? Risk of harming self/suicidal thoughts/attempts	When are the exams? • In few hours • In some days • In few weeks	If having associated symptoms + any danger signs such as the risk of harm to self: Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Ms.K, 18-year-old, calls Tele-MANAS with complaints of being increasingly stressed out due to upcoming exams and having sleeping difficulties for 1 week. She also reports difficulty finishing her target study plan on time and reports “not having enough time” for it repeatedly on the call. On clarification, she also reported not being able to concentrate on anything, having sweaty palms, and constantly fearing that she will fail the exams. She reports having all these symptoms only in the last 1 week, especially when she sits to revise. She reports feeling quite relaxed when she discusses with her friends.

azaMs.K, 18-year-old, calls Tele-MANAS with complaints of being increasingly stressed out due to upcoming exams and having sleeping difficulties for 1 week. She also reports difficulty finishing her target study plan on time and reports “not having enough time” for it repeatedly on the call. On clarification, she also reported not being able to concentrate on anything, having sweaty palms, and constantly fearing that she will fail the exams. She reports having all these symptoms only in the last 1 week, especially when she sits to revise. She reports feeling quite relaxed when she discusses with her friends.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Let Ms Krisha talk about her concerns freely.
- 2 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 3 Krisha has had these symptoms only in the past 1 week and experiences these issues due to upcoming exams she also reports feeling better discussing with friends. Use the principles in counselling discussed in Module 3.
- 4 Try to visualise the problem by putting yourself in Ms K’s situation. (Expressing empathy) Phrases like “I understand how difficult this must be for you, that it is a difficult thing to finish in such a short period” put the caller at ease and helps in building a professional rapport with the caller.
- 5 Ask her if she can structure her day in a way that allows her to take short breaks with reachable goals.
- 6 Encourage her to discuss with friends and do group revisions.
- 7 Educate her regarding the need for good sleep to improve performance in exams
- 8 Enquire regarding mobile usage and advice to limit the use of the internet for non-academic purposes especially use of social media for effective use of time.
- 9 Reiterate the need for physical activity to keep herself fresh and focus better.
- 10 Encourage Ms K to try and follow some basic breathing exercises (Deep Breathing exercises) that would help calm her mind.
- 11 After making a plan in collaboration with MsK, ask her if she had anything else in mind that she would like to discuss.
- 12 Reassure her, that if she is distressed, she can reach out to Tele-MANAS at any time.
- 13 Close the Call.

Issues Related to Stress from Household Responsibilities in Women

We will briefly discuss the protocol to be followed in case a woman calls and reports having severe stress due to excessive household responsibilities:

CONCERN	CLARIFICATION	INTERVENTION
● The excessive workload at home ● Feeling tired/exhausted/not being able to discuss these issues with anyone at home. ● Feeling burdened/taken for granted/not having a support system.	Duration of Complaint Since when is the woman feeling stressed because of excessive household work?	Conflicts only present over few days/infrequent: ‘Counselling intervention framework’(Manasvita)
	How frequently does she experience these issues? ● Only sometimes/ Few days a month ● Few days a week ● Everyday/continuously	Feeling excessively tensed and alone at home due to excessive work/anger outbursts/ repeated altercations with family members : Counselling intervention framework’(Manasvita) + Referral to Tier 1 MHP at State Cell (ensure transfer of call) Address maladaptive coping strategies, educate regarding alternative healthy coping strategies
Are there any danger signs? Are these symptoms associated with persistent sadness or mood/suicidal ideas/wishes to harm family/not wanting to take care of children?	What are the specific things related to her daily work which give her maximum stress? Who does she speak to regarding these problems (Does she have a functional support system)? What do you usually do to feel better?	If having associated symptoms+ or any danger signs such as the risk of harm to self Referral to Tier 2 Hospital immediatel

SCENARIO FOR LEARNING

“Mrs Z, 49-year-old, calls Tele-MANAS with complaints that she feels very stressed because of the excessive workload at her home since her in-laws came to stay with her for the past few days. She says that all the members of her husband’s family take her for granted and her in-laws consider her like their house help. They blame and criticise her daily for not cooking properly and not working adequately and accuse her of not taking proper care of the family. She has tried to discuss this issue with her husband but he too has been ignorant and instead advised her to adjust. She says she cannot take this anymore and wants an ‘escape’ by leaving the house and preferably going to her parent’s house. She reports that this only happens when her in-laws visit and the rest of the time, she has no difficulty in finishing her chores and is treated well by her husband and children.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Let Mrs Z talk regarding her concerns freely.
- 2 Use the steps mentioned above as a guide.
- 3 In the above case, as MrsZ has had these problems for past few days and experiences these issues almost daily now, use the principles in counselling discussed in Module 3
- 4 Try to visualise the problem by putting yourself in Mrs Z’s situation. (expressing empathy) Phrases like “I understand how difficult this must be for you. This is a difficult situation to deal with for anyone” put the caller at ease and helps in building a professional rapport with the caller.
- 5 Ask Mrs Z if there is anyone in her family/friends with whom she could discuss these concerns with.
- 6 Ask her if she can sit down with her in-laws and try to solve this problem. Is this something she has considered doing in the past? Can she take her husband’s help to do this?
- 7 After making a plan in collaboration with Mrs Z, ask her if she had anything else in mind that she would like to discuss.
- 8 Let Mrs Z know that you would want to speak to her in a few days, to see if the things you discussed with her were helpful or not.
- 9 Reassure her, that if she is distressed, she can reach out to Tele-MANAS at any time.
- 10 Close the Call.

MODULE 10

Handling Couple and Family Conflicts Issues Related to Couple Conflicts

We will briefly discuss the protocol to be followed in case a spouse calls and reports having repeated conflicts with his/her spouse/partner:

CONCERN	CLARIFICATION	INTERVENTION
- Repeated fights/altercations with one's spouse - Anger outbursts by one/both spouses	Enquire regarding the duration of these complaints	Conflict as recent as few days: 'Counselling interventional framework to be applied in helping the caller with coping with the stress that has happened over the last few days.
	How frequently is it present? - Only sometimes/ Few days a month - Few days a week - Everyday/continuously	History of repeated conflicts/anger outbursts/ severe risk of future conflicts: Counselling interventional framework(Manasvita) + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
☐	Any specific reasons/triggers for these conflicts? Any acts of physical violence by spouse/partner? What is the individual's current social support? Has he/she tried to reach out to any of his/her family/friends?	If having any stress due to conflict/ physical violence (as discussed elsewhere) any danger signs such as the risk of present/ future harm to self or partner: Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

“Mrs Y, 29-year-old, calls Tele-MANAS with complaints that she and her husband fight almost daily for last few days. She says that she has got a job offer in an MNC in a Tier 1 city and requested her husband to move along with her, but her husband blatantly refused and started becoming angry. She says that they have been fighting daily for the last few days and she feels much stressed because of this. She says that she had made it clear before marriage that if she gets a better job offer, she would want to take it and her husband had agreed at that time, but now he is refusing to support her.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Let Mrs Y talk about her concerns freely.
- 2 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 3 Use the steps mentioned above as a guide.
- 4 In the above case, as Mrs Y has had these problems for past few days and experiences these issues almost daily now, use the principles in counselling discussed in Module 3
- 5 Try to visualize the problem by putting yourself in Mrs Y’s situation. (expressing empathy) Phrases like “I understand how difficult this must be for you. This is a difficult situation to deal with for anyone” put the caller at ease and helps in building a professional rapport with the caller.
- 6 Ask Mrs Y if there is anyone in her family/friends with whom she could discuss these concerns with.
- 7 Ask Mrs Y if she can sit down with her husband and try to solve this problem.
- 8 Reiterate the need for not replying with a negative statement when her husband passes one and avoid being angry as it may worsen the situation(problem-solving strategy).
- 9 Encourage Mrs Y to try and follow some basic breathing exercises that would help calm her mind.
- 10 After making a plan in collaboration with Mrs Y, ask her if she had anything else in mind that she would like to discuss.
- 11 Ask her if she would like to have a follow-up, where the counsellor can check on how she is doing with the coping strategies discussed.
- 12 Reassure her, that if she is distressed, she can reach out to Tele-MANAS at any time.
- 13 Close the Call.

MODULE 11

Handling Problems Related to Addiction Polysubstance Abuse

We will briefly discuss the protocol to be followed when a person calls for help to cut down his polysubstance abuse

CONCERN	CLARIFICATION	INTERVENTION
The person is taking multiple substances of addiction cannabis, alcohol, opioids, nicotine and inhalants Experiencing problems at work, school and, home	What is duration of consumption of these substances? What are the different substances the person is taking? • Alcohol • Cannabis: Ganja, Bhang, hashish • Inhalants: Thinner, whitener • Nicotine: Smoking, chewing tobacco • Opioids: Smack, injections Is he/she taking substances regularly now or has stopped using? <u>If the person has stopped - check if the person is experiencing any symptoms of withdrawal such: as tremors, sleep problems, confusion, aggression, fits</u>	Rarely/only sometimes during the week Counselling intervention framework (Manasvita)
Are there any associated symptoms? • Does he take injectables? • Is there a threat of harm to self? • Is there a threat of harm to others?	How frequently he is taking the substance? • Occasionally: Once a month • Frequently: more than 2 3 times in a month • Regularly: daily use	Present most of the days in a week/continuous Counselling intervention framework (Manasvita) + Referral to Tier 1 MHP at State Cell - transfer of call
Are there any Danger Signs? • Fits • Aggression • Confusion: Not able to recognise family, memory disturbance • Risk of harm to self/others under intoxication as a result of not taking the substance (craving the substance /experiencing unpleasant symptoms due to withdrawal from the substance)	Who is the caller? The person is consuming the substances Or A friend, family member on behalf of the individual	Having associated symptoms + any danger signs such as the risk of harm to self or others: Immediate in-person Referral to Tier 2 Hospital, discuss the same with Tier 1 MHP at State Cell

SCENARIO FOR LEARNING

Mr S, 22-year-old, calls Tele-MANAS services with complaints of having difficulty with his increased substance use. Mr S reported of taking alcohol, cannabis, nicotine and, smack. He asks for help to stop taking these substances. He reports having difficulties in his relationships, losing jobs, having frequent fights at home, and having no money now. He started to take alcohol with his friends to socialise around 6 years back, who later introduced him to cannabis and inhalants. He reports feeling high when he takes these substances and having difficulties when he is unable to procure these substances. In the last year, he has been taking cannabis daily, and on days he is unable to procure cannabis, he takes alcohol. He has been taking them at a higher amount recently and is concerned about it. He has started to take heroin with his friends although not regularly. He has tried to abstain from these substances but has never been able to do it for longer than a few weeks. He is unsure about what he can do to remain to abstain from these substances and is seeking help through Tele-MANAS based on his friend's suggestion.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Ask MrS to talk about his concerns freely.
- 2 As a tele-counsellor, you must try to understand the severity of the problems at hand
- 3 Use the steps mentioned above as a guide.
- 4 In the above case, as he is using more than two substances, start with the principle used in counselling discussed in module 3.
- 5 Try to be non-judgmental and empathetic about his concerns
- 6 Ask Mr S about the available support - friends, and family
- 7 Reassure Mr. S that his concerns have been understood and they will need a referral to a mental health professional.
- 8 Inform him about the option of transferring the call to Tier-1 MHPs, take consent for the transfer
- 9 Ask if he has anything else in mind that he would like to discuss and if not, transfer the call to tier-1 MHP
- 10 Reassure him that he can reach out to Tele MANAS at any time.
- 11 Close the call

Behavioural Issues Related to Intoxication with Alcohol or Other Substances

We will briefly discuss the protocol to be followed in case an individual's family members call with concerns regarding behavioural disturbance after intoxication with alcohol or other substances. Most often a family member or a bystander or friend may call with such concerns.

CONCERN	CLARIFICATION	INTERVENTION
Aggression Verbal aggression: Scolding, using bad words, talking inappropriately Physical aggression: beating, getting into physical fights, violence against spouse	What is the duration of these complaints? Since how long has the individual been behaving this way?	No significant nuisance ☐ Try to take the person away from public places (preferably to his/her home) ☐ Assure that you are trying to help him/her ☐ Gently ask him/her to stop the concerned behaviour Inform safety measures to prevent harm to others and the person- stay away, call for help, take away sharp objects from around the person
Disinhibited behaviour • Inappropriate Sexual advances • Undressing in public Demanding behaviour	Is the person's behaviour causing inconvenience/nuisance to others? Does this occur frequently?	History of previous such behavior, frequent episodes in the past under intoxication, individual is currently calm but likely to get aggressive Ensure continuous supervision Remove any potentially harmful objects/medications from the surroundings Refer to a nearby hospital with a psychiatric facility, immediately

Are there any additional /immediate danger signs? Attempts or threats to harm self or commit suicide	☐ Has the person tried to physically harm anyone? ☐ Has the person threatened to harm anyone? ☐ Does he/she have any potentially harmful object or a weapon? ☐ Does he/she have any medications or poisons Is there a legal problem involved (such as getting arrested or in police custody)	If the person is trying to physically harm others / has any potentially harmful object or weapon or causing significantnuisance/inconvenience to others/legal concerns ☐ Advise the caller to ensure the safety of self and others first. ☐ Call other family members/neighbours for help ☐ Avoid provoking or challenging the intoxicated person. ☐ Try to understand the caller's concerns and demands ☐ Do not argue with the intoxicated person. Advice the caller to take the person to a nearby hospital with a psychiatric facility. (If it is not possible to take the person to the hospital due to aggression, help from the police can be taken)
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SCENARIO FOR LEARNING

Mrs V, calls Tele-MANAS with concerns regarding her 45year-old son's behaviour. Her son has consumed alcohol along with his friends at a marriage ceremony. After returning home, he was verbally abusive towards his parents and started throwing utensils in the house. As a result, there was a verbal altercation between him and his father, which further intensified his aggression.

How would you handle this call as a Tele-MANAS Counsellor?

- 1 Listen attentively to the details provided by the caller.
- 2 Assess whether there is any history of physical aggression or threats towards anybody.
- 3 Advise the client to use the above steps to calm her son.
- 4 Reiterate the need for ensuring her physical safety first.
- 5 If these interventions fail, or if there is any history of physical aggression or threats, ask the client to take her son to the nearby hospital with a psychiatric facility
- 6 They make take the help of the police, if they are unable to take him to the hospital by themselves
- 7 Assure her that, if there are any issues, she can reach to Tele-MANAS anytime.
- 8 Ask if she needs any further assistance; provide the required assistance.
Close the call.

MODULE 12

Handling Women's Mental Health Issues and Gender-Based Violence

Mental Health Emergencies In Women

We will briefly discuss the protocol to be followed in case an individual calls with mental health issues in pregnant or lactating women.

I.PREGNANT WOMEN

CONCERN	CLARIFICATION	INTERVENTION
Behavioral changes like anxiety/stress	What is the duration of these complaints? ☐ Less than 2weeks ☐ More than <2weeks	Rarely/only sometimes during the day/<2weeks: Counselling intervention framework (Manasvita)
Are there any associated Symptoms? feeling breathless, feeling your heart beat loudly, sweating, difficulty concentrating	How frequently is it present? ☐ Rarely/ sometimes during the day ☐ most of the times through the day/continuously present	Most of the day/Continuous: Counselling Interventional Framework(Manasvita) + Referral to Tier 1 MHP at State Cell
Are there any additional /immediate danger signs? Attempts or threats to harm self or commit suicide		If having associated symptoms+ any danger signs such as risk of harm to self: Referral to Tier 2 Hospital immediately

CONCERN	CLARIFICATION	INTERVENTION
Sadness of mood, Crying spells, Not eating food	Duration of complaints: ☐ Less than 2 weeks ☐ More than 2 weeks	Rarely/only sometimes during the day/< 2 weeks: Counselling intervention framework (Manasvita)
Are there any associated symptoms? Disinterest in activities, feeling tired easily, reduced concentration, reduced confidence, sleep disturbances, reduced appetite, feeling hopeless,	How frequently is it present? Rarely/sometimes during the day/most of the time, through the day/continuously present	Most of the day/Continuous/> 2 weeks: ☐ Counselling interventional framework (Manasvita) + ☐ Explain the problem will require assessment by a mental health professional + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? Risk of harming self / suicidal thoughts / attempts Risk of harming others Refusing to eat food, not drinking water for many days		If having associated symptoms + any danger signs such as the risk of harm to self: Referral to Tier 2 hospital immediately

CONCERN	CLARIFICATION	INTERVENTION
Irritability of mood	Duration of complaints: ☐ Less than 1 week ☐ More than 1 week	Rarely/only sometimes during the day/< 2 weeks: Counselling intervention framework (Manasvita)
Are there any associated symptoms? Doing extra activities, not tired, increased confidence, sleep reduced, reduced appetite, excessively Or cheerful, singing or dancing unnecessarily, spending too much money, praying excessively, not taking bath regularly, wandering away from home	How frequently is it present? Rarely/sometimes during the day/most of the time, through the day/continuously present	Most of the day/Continuous/> 2 weeks: ☐ Counselling interventional framework (Manasvita) + ☐ Explain the problem will require assessment by a mental health professional + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? Risk of harming self / suicidal thoughts / attempts Risk of harming others Refusing to eat food, not drinking water for many days		If having associated symptoms + any danger signs such as the risk of harm to self: Referral to Tier 2 hospital immediately

li. Lactating Women

CONCERN	CLARIFICATION	INTERVENTION
Irritability of mood	Duration of complaints: ☐ Less than 1 week ☐ More than 1 week	Rarely/only sometimes during the day/< 2 weeks: Counselling intervention framework (Manasvita)
Are there any associated symptoms? Doing extra activities, not tired, increased confidence, sleep reduced, reduced appetite, excessively Or cheerful, singing or dancing unnecessarily, spending too much money, praying excessively, not taking bath, regularly, wandering away from home	How frequently is it present? Rarely/sometimes during the day/most of the time, through the day/continuously present	Most of the day/Continuous/> 2 weeks: ☐ Counselling interventional framework (Manasvita) + ☐ Explain the problem will require assessment by a mental health professional + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? Risk of harming self/suicidal thoughts/attempts/ risk of harming baby/neglecting baby/ not feeding baby	Is there any suspiciousness on others? Does she allow others near the baby? Does she talk to herself/ smile to herself when alone?	If having associated symptoms + any danger signs such as the risk of harm to self: Referral to Tier 2 hospital immediately

CONCERN	CLARIFICATION	INTERVENTION
Sadness of mood, Crying spells, Not eating food	Duration of complaints: ☐ Less than 2 weeks ☐ More than 2 weeks	Rarely/only sometimes during the day/< 2 weeks: Counselling intervention framework (Manasvita)
Are there any associated symptoms? Disinterest in activities, feeling tired easily, reduced concentration, reduced confidence, sleep disturbances, reduced appetite, feeling hopeless,	How frequently is it present? Rarely/sometimes during the day/most of the time, through the day/continuously present	Most of the day/Continuous/> 2 weeks: ☐ Counselling interventional framework (Manasvita) + ☐ Explain the problem will require assessment by a mental health professional + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? Risk of harming self/suicidal thoughts/attempts/ risk of harming baby/neglecting baby/ not feeding baby	Is there any suspiciousness on others? Does she allow others near the baby? Does she talk to herself/ smile to herself when alone?	If having associated symptoms + any danger signs such as the risk of harm to self: Referral to Tier 2 hospital immediately

SCENARIO FOR LEARNING

Mrs P, calls Tele-MANAS cell and tells that her 25-year-old daughter, Mrs K, who delivered a healthy male baby a month back, is unable to sleep for the last 1 week. On clarifying you get to know that she is mostly irritated during the day. At night, she cries, walks around the house, and once went out of the house and came back. Sometimes she throws away objects at others, she has to be forced to feed the baby. One day back, she even tried to slap the baby as the baby was crying. Mrs P is worried that her daughter is irresponsible and does not like the baby.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the 7 steps listed in Module 2 during the call. Let Mrs P talk about her concerns freely.

- 1 Use the steps mentioned above as a guide.
- 2 In the above case, Mrs K has had these symptoms only in the past 1 week and experiences these issues due to the recent birth of the child.
- 3 Try to visualise the problem by putting yourself in Mrs. P situation. (expressing empathy) Phrases like “I understand how difficult this must be for you” put the caller at ease and helps in building a professional rapport with the caller.
- 4 Ask Mrs P to first ensure the safety of the baby and her daughter.
- 5 Explain to her that it is probably a mental health disorder seen in Mrs K due to the stress of the birth of the child.
- 6 Explain to her that mental health disorders can occur during child birth and it is treatable.
- 7 Explain to her that since there is a risk of harm to Mrs Kshama as well as the newborn, it is necessary to take them to the nearest Tier 2 hospital to ensure proper treatment.
- 8 Explain to her that during the process, breastfeeding should not be stopped until and unless it is not possible to convince Mrs K to feed the baby.
- 9 Reassure the mother Mrs P that she can reach out to Tele-MANAS at any time if in doubt.
- 10 Close the Call.

Gender-Based Violence

We will briefly discuss the protocol to be followed in case a woman calls with mental health issues as a result of domestic violence.

CONCERN	CLARIFICATION	INTERVENTION
History of physical abuse by husband/partner	Duration of complaints: ☐ Less than 2weeks ☐ More than <2weeks Is she currently safe?	In case the episodes are infrequent/the victim is not in immediate risk of harm/not wanting to take legal action/not wanting to approach authorities ☐ Express Empathy ☐ Actively listen to the victim ☐ Allow ventilation ☐ Explain the importance of finding a source of support in either friends/family ☐ Educate regarding available resources such as 'One Stop Centres' established by Govt of India ☐ Provide a contact of 'One Stop Centre' helpline no 181 ☐ It is important to respect her autonomy. Provide counselling as per Counselling intervention framework(Manasvita)
Are there any Associated Symptoms? crying spells, feeling tired, not interested in activities, feeling on the edge, worrying all the time, reduced concentration, not eating well, disturbed sleep	How frequently do these s occur? ☐ Sometimes during the day ☐ Most of the time, throughout the day ☐ Continuously present	If the episodes of violence are frequent/ the victim has sustained physical injuries in the past and is at continued risk/you suspect that she also has symptoms of an underlying psychiatric disorder but is still unwilling/unable to go to a hospital/legal services Follow above-mentioned steps + Ensure Call transfer and Referral to Tier 1 MHP at State Cell (ensure transfer of call)

Are there any Danger Signs? Risk of harming self/suicidal thoughts/attempts/ physical injury	Type of abuse? Has she disclosed this to anyone with her friends/family? Has she taken help from anyone? Has she taken treatment for injuries? Are children getting affected? Does she have other symptoms of mental health issues mentioned below? Are there legal issues present?	If having any danger signs such as the risk of harm to self/legal issues are present/suspected: Referral to Tier 2 Hospital immediately for in-person consultation + Transfer call to Tier 1 MHP at State Cell
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SCENARIO FOR LEARNING

Mrs B, calls Tele-MANAS cell and tells the counsellor that her husband is behaving ill towards her, he often quarrels with her, blames her for all the misfortunes in his life, and repeatedly asks her to leave the house and go to her parent's house. Sometimes he even hits her when he is unable to control his anger. On further clarifying, you get to know that this has been happening for several years and Mrs B's family is aware of the situation but unable to help her. Mrs B is now worried about her 8-year-old son who also gets beaten up by her husband in their fight. She is mostly not able to sleep at night fearing what her husband will do. She is worried about it most of the time day and she cries most of the time the day for several months now. She has never visited a hospital for all these concerns so far.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Let Mrs B talk about her concerns freely.
- 2 Use the steps mentioned above as a guide.
- 3 In the above case, as Mrs B is experiencing intimate partner violence, it is important to provide a safe place to discuss her problems.
- 4 Empathise with the caller at the same time don't make any accusing comments towards the partner. Be as non-judgmental as possible
- 5 Explain to Mrs B that it is important to ensure her and her child's safety must be the priority
- 6 Explain to Mrs B that it is important to get support from a close group of friends/family and people she trusts in her family, in confidence, regarding these issues.
- 7 Empower the caller by providing details of various available schemes for victims of intimate partner violence by the government and the legal aid available
- 8 Provide details of "One Stop Centre" and its helpline number "181" to the caller Screen the caller for other mental health problems
- 9 Once screened for mental health problems, connect the caller to the psychiatrist (MHP of Tier 1) and ensure that call is transferred properly
- 10 If any of the danger signs are elicited, urge the caller to visit the nearest hospital for further help.
- 11 Reassure Mrs B that she can reach out to Tele-MANAS at any time if in doubt.
- 12 Close the Call.

Handling Calls from Parents of Children

We will briefly discuss the protocol to be followed in case guardians/parents contact in a case of intellectual disability

CONCERN	CLARIFICATION	INTERVENTION
Developmental delay (not achieving milestones as per age) Behavioural problems in children with developmental delay	Does the child have any medical problems such as ☐ Fits ☐ Low vision ☐ Hearing problem ☐ Any deformity or limbs ☐ Difficulty in walking/sitting etc.	No acute medical problems • Do not repeatedly pester the child • Do not accuse the child of not being able to do certain activities • Do not hit the child • Restrain only when there is harm to self or others • Educate the family that the child may not be able to reach their expectations due to the developmental disorder
Are there any associated symptoms? Problems in school/at home? • Is the child mocked by friends? • Is the child asked to do activities beyond his/her capabilities?	Identify who is the caregiver ☐ Mother ☐ Father ☐ Grandparents ☐ Care home/Orphanage ☐ Others	If medical problems are present, but no emergencies Then counsel as above and advise follow-up at local hospital + Ensure transfer of call to State Cell MHP
Are there any Danger Signs? Aggression/Immediate risk of harm to self/others	Are there any legal issues?	If aggression is significant/The child has risk of harm to self or others/legal issues present or suspected Advise immediate referral to a nearby hospital + Ensure transfer of call to State Cell MHP

CONCERN	CLARIFICATION	INTERVENTION
Academic Problems	Is the child attending children for special needs or regular school If regular School ☐ What is the caller understanding about the child's ability – “is your child able to catch up with the syllabus in school” ☐ “Have teachers advised the child needs extra help or requires counselling”	If caregiver/caller is aware of the child's developmental disorder ☐ Counsel them about the child's abilities ☐ Educate them about the need to identify areas where the child may be trained ☐ Discuss the benefits the child may receive ☐ Refer to Tier1 MHP for further counselling if required
	Support of family Present or absent Understanding the child's abilities Present Absent: Unaware that the child has a developmental disorder	If the family has no understanding of the developmental disorder ☐ Educate them that there is a possibility of a child having learning or intelligence issues ☐ Do not repeatedly pester the child ☐ Do not accuse the child of not being able to do certain activities ☐ Do not hit the child ☐ To support the child and attempt to identify the strengths and focus on skills building rather than
		academics alone ☐ Educate them on the need for detailed assessments of child IQ and learning ability and refer them to a mental health establishment
		If parents disagree or become upset on educating them about it, remain calm, listen to their concerns and express empathy with them. You can use statements like: “I understand it is difficult for you that your child is not able to perform”. Inform them that you will now be transferring the call to the State Cell MHP for further interventions

SCENARIO FOR LEARNING

“Ms D, guardian of a 16-year-old boy diagnosed with intellectual disability, calls Tele-MANAS to inform that the boy has started hitting parents. Parents are also irritated that child would not brush and bathe regularly on his own and needs help for all his daily routine. Today morning when the child was forced to go to school child started hitting his parents and throwing away objects at them.

How would you handle this call as a Tele-MANAS Counsellor?

- 1 Listen to the mother’s concerns and express empathy
- 2 Check what Ms. D’s understanding of the child’s condition
- 3 Ask her about what help she has to take care of the child
- 4 Do not accuse the mother/parents of they are wrong directly but educate them that using force or scolding the child is not helpful
- 5 Advise “not to accuse the child”
- 6 Advise “not to use force”
- 7 Advise “to hear out the child”
- 8 If the parents are also present talk to them and educate them
- 9 Advise them to take the child to a mental health establishment to get an understanding of the child’s abilities and also enable them to plan his future in terms of training, vocation, etc.

Once the guardian has no more queries close the call by informing her that they may receive a call back from Tele-MANAS team in a few days

MODULE 13

Handling Concerns of Vulnerable Populations Behavioural Disturbances in Elderly

We will briefly discuss the protocol to be followed in case of an elderly with behavioral disturbance:

CONCERN	CLARIFICATION	INTERVENTION
Getting angry and using abusive words	Duration of complaints ☐ Ask if these symptoms started all of a sudden/gradually. ☐ Are they present throughout the day or only sometimes	If the symptoms are occasional and mainly after any IPR issue and no psychiatric disorder is present: Counselling intervention framework(Manasvita)
Are there other associated Symptoms? ☐ Negative unwanted thoughts about gods and goddesses ☐ Thoughts of harming or killing others or oneself. ☐ Recurring thoughts or images of sexual nature. ☐ Fear of developing a life-threatening illness. ☐ Ordering or rearranging things in a particular manner ☐ Repeatedly putting clothes/other things on and taking them off.	☐ How frequently and for how long is it present? ☐ Look for any history of conflict in the family ☐ Ask for any history of past psychiatric illness/patient being on psychiatric medication.	If there is a history of previous psychiatric illness or history of taking psychiatric medication Counselling intervention framework'(Manasvita) + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any danger signs? Risk of harming self/suicidal thoughts/attempts/Risk of harming others	Look for substance use-regular or occasional, Ask for the presence of any medical illness	If the person is having these symptoms abruptly, without any provocation, the individual is showing bizarre disorganised behavior, or if there is a risk of harm o self or others Referral to Tier 2 Hospital mmediately

SCENARIO FOR LEARNING

Ms S, daughter of a 65-year-old, calls Tele-MANAS counsellor regarding a behavioural disturbance in her mother. Her mother is having symptoms of unprovoked anger, irritability, and using abusive words for the past 1 month. On further exploration, she was found to have symptoms of muttering to self and poor self-care. She reported that these symptoms had started all of a sudden. It was not present throughout the day and her mother was sometimes not aware of where she was or who she was conversing with, even though she only interacts with her family members who she has been living with for many years. She did not have any psychiatric illness in the past but was a known hypertensive and diabetic on medication

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Let Ms S talk about her concerns about her mother freely.
- 2 Use the steps mentioned above as a guide to making appropriate clarifications.
- 3 As Ms S reports that these symptoms in her mother have started suddenly, are not
- 4 present throughout the day, and she had medical illnesses in the past, it would be appropriate to refer her for an in-person consultation to a Tier 2 Hospital with psychiatric services immediately for further evaluation and treatment.
- 5 Educate Ms S on the urgency for evaluation as these symptoms may be due to an underlying medical/psychiatric illness and should improve with treatment.
- 6 Give Ms S details about the nearest hospitals.
- 7 Ask her if she has any further clarifications.

Close the call with the reassurance that she can call back at any point if she faces any difficulties

Substance Use in Elderly

We will briefly discuss the protocol to be followed in case of an elderly with substance use.

CONCERN	CLARIFICATION	INTERVENTION
Substance use in the elderly	What substance and how long are you using? Alcohol/Tobacco/Prescription drugs/any other substance Duration of complaints For how long have you been taking the substance?	Occasionally and no withdrawal symptoms on stopping: 'Counselling intervention framework'(Manasvita)
Are there other associated Symptoms? Physical Symptoms related to craving or withdrawal of the substance	How frequently are you using it? Occasionally/Most of the days/Daily Ask for withdrawal symptoms (physical symptoms) on stopping Tremor/Sleep disturbance/headache/vomiting etc.	Most of the day/daily using and withdrawal symptoms on stopping : 'Counselling intervention framework'(Manasvita) + Referral to Tier 1 MHP at State Cell to enable referral for in-person evaluation at Tier 2 hospital
Are there any danger signs? Risk of harming self/suicidal thoughts/attempts/Risk of harming others	If the patient is using it regularly check for symptoms of difficulty in identifying family members, not being aware of time or place, abnormal two and fro movement of the limbs with loss of consciousness. Also, look for any medical illness/ psychiatric disorders including dementia	If symptoms like difficulty in identifying family members, not being aware of time or place, and abnormal to and fro movements of the limbs with loss of consciousness or urgent medical care is needed due to physical illness. Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Mr A, 70-year-old, calls Tele-MANAS with complaints of alcohol use for the past 5 years. He was taking 360 ml of Indian-made foreign liquor regularly in a dependent pattern. Because of a family function 2 days before he stopped using alcohol. Today morning he had an episode of seizure and was not able to sleep yesterday

How would you handle this call as a Tele-MANAS Counsellor?

How would you handle this call as a Tele-MANAS Counsellor?

- 1 Follow the 7 steps listed in Module 2 during the call.
- 2 Let family members talk about their concerns freely.
- 3 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 4 Use the steps mentioned above as a guide.
- 5 In the above case, Mr. A has symptoms suggestive of alcohol dependence as he is regularly using alcohol for the past 5 years. Upon stopping he had sleep disturbance. The counsellor can also ask for other withdrawal symptoms of alcohol like shaking of hands/body, nausea/vomiting. They can ask for symptoms he developed after he stopped consuming alcohol in the past.
- 6 As Mr. A has seizure today morning he needs an urgent referral and also ask for symptoms of delirium (confusion and memory loss)
- 7 Before referring educate Mr. A about the urgent need to contact a psychiatrist and if possible get in touch with a family member of the patient.
- 8 Refer the person to an in-person consultation with a psychiatrist.

Substance Use in Elderly

We will briefly discuss the protocol to be followed in case of an elderly with substance use.

CONCERN	CLARIFICATION	INTERVENTION
Substance use in the elderly	What substance and how long are you using? Alcohol/Tobacco/Prescription drugs/any other substance Duration of complaints For how long have you been taking the substance?	Occasionally and no withdrawal symptoms on stopping: ‘Counselling intervention framework’(Manasvita)
Are there other associated Symptoms? Physical Symptoms related to craving or withdrawal of the substance	How frequently are you using it? Occasionally/Most of the days/Daily Ask for withdrawal symptoms (physical symptoms) on stopping Tremor/Sleep disturbance/headache/vomiting etc.	Most of the day/daily using and withdrawal symptoms on stopping : ‘Counselling intervention framework’(Manasvita) + Referral to Tier 1 MHP at State Cell to enable referral for in-person evaluation at Tier 2 hospital
Are there any danger signs? Risk of harming self/suicidal thoughts/attempts/Risk of harming others	If the patient is using it regularly check for symptoms of difficulty in identifying family members, not being aware of time or place, abnormal two and fro movement of the limbs with loss of consciousness. Also, look for any medical illness/ psychiatric disorders including dementia	If symptoms like difficulty in identifying family members, not being aware of time or place, and abnormal to and fro movements of the limbs with loss of consciousness or urgent medical care is needed due to physical illness. Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Mr A, 70-year-old, calls Tele-MANAS with complaints of alcohol use for the past 5 years. He was taking 360 ml of Indian-made foreign liquor regularly in a dependent pattern. Because of a family function 2 days before he stopped using alcohol. Today morning he had an episode of seizure and was not able to sleep yesterday

How would you handle this call as a Tele-MANAS Counsellor?

How would you handle this call as a Tele-MANAS Counsellor?

- 1 Follow the 7 steps listed in Module 2 during the call.
- 2 Let family members talk about their concerns freely.
- 3 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 4 Use the steps mentioned above as a guide.
- 5 In the above case, Mr. A has symptoms suggestive of alcohol dependence as he is regularly using alcohol for the past 5 years. Upon stopping he had sleep disturbance. The counsellor can also ask for other withdrawal symptoms of alcohol like shaking of hands/body, nausea/vomiting. They can ask for symptoms he developed after he stopped consuming alcohol in the past.
- 6 As Mr. A has seizure today morning he needs an urgent referral and also ask for symptoms of delirium (confusion and memory loss)
- 7 Before referring educate Mr. A about the urgent need to contact a psychiatrist and if possible get in touch with a family member of the patient.
- 8 Refer the person to an in-person consultation with a psychiatrist.

Issues Related to Memory Disturbances

We will briefly discuss the protocol to be followed in case an individual calls with complaints of memory disturbance.

CONCERN	CLARIFICATION	INTERVENTION
Memory disturbances	Duration of Complaints: How long have they been experiencing these complaints Whether the patient has only occasional trouble recalling people or places can be explained by normal aging	Counselling intervention (Manasvita) + advice the individual/family to seek an in-person consultation soon for the above complaints to evaluate the memory difficulties further.
Are there other associated Symptoms? Passing urine/stool in inappropriate places Wandering away from home Repeatedly losing things Suspecting that someone has taken their belongings	Do they have great difficulty in remembering things recalling the conversation, or difficulty in finding words. Also ask if the person needs help in managing money, medicines, or transport Ask whether the person can identify family members, able to tell the time or place where he is currently?	Counsellingintervention framework(Manasvita) + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any danger signs? Risk of harming self/suicidal thoughts/attempts/Risk of harming others		if danger signs are present then the person requires urgent evaluation: Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Ms A, daughter of a 70-year-old, calls Tele-MANAS about her mother who is having complaints of memory disturbance for the past 5 years which is increasing gradually. She has problems mainly in recalling recent events and names of people whom she has met recently. There were two instances where she had difficulty finding her way back home when she went to a nearby shop and after that family members stopped sending her alone. Many times she won't remember that she had taken medications and would take them multiple times.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the 7 steps listed in Module 2 during the call.

- 1 Let Ms A talk about her concerns freely.
- 2 Use the steps mentioned above as a guide.
- 3 In the above case, the mother of Ms A has had these symptoms for the past 5 years and has a problem related to recalling things and also has difficulty in remembering the way home, and is progressive.
- 4 Refer the patient to a psychiatrist under Tier 1 State cell as these problems have slowly progressed over a long time and there is no sudden change in the problems.
- 5 Reassure Ms A regarding this not being an emergency.
- 6 Urge Ms A to consult with her mother at a psychiatric hospital soon for a thorough evaluation and initiation of treatment

Psychiatric Emergencies in Elderly and Elderly Abuse

We will briefly discuss the protocol to be followed in case of Psychiatric emergencies in the elderly and elderly abuse.

CONCERN	CLARIFICATION	INTERVENTION
Self-harm ideas or attempts	● Enquire regarding who is calling: elderly person/family/concerned friends/neighbors (in case of the latter, please note the details) ● Ask for associated symptoms -Is there any history of persistent low mood, decreased interest in activities, or weakness? -Is there any recent stressful event? -Is there any history of suicidal attempts in past? - Has the patient communicated suicidal ideas?	● Speak with the elderly individual, have a calm and empathetic tone, and provide support and reassurance about his/her concerns. ● In case the elderly person wants to speak about his problems, allow him to do so with minimal interruptions. ● (Remember that having someone to just listen to one's problems may be life-saving at times!) ● In case it is a concerned family member calling, advise them to ensure 24-hour supervision and keep potentially harmful things (e.g., Knives, sharp objects, tablet strips) away. ● Advise family members to supervise all medications. ● Immediately refer the client to a nearby hospital with a Psychiatric facility for in-person. ● Consultation. ● If a referral is not possible (due to any reason), transfer the call to Tier 1 MHP at State cell immediately (ensure transfer of call)

Confusion Irrelevant talk Muttering to self Fearfulness Sleep disturbance	Is the person able to correctly identify where he is, what time it is, and who he is with? How did these problems start? Sudden or gradual? Is the patient either drowsy and dull or very excited? Is there any history of recent substance use, trauma, or medical illness?	● These symptoms are suggestive of a medical/psychiatric emergency ● Refer patient urgently to a nearby hospital with medical and psychiatric facilities. ● In case of a proxy caller, inform them regarding this being an emergency and to ensure taking the elderly individual to the hospital.
Aggression	● Rule out any history of recent substance use, head injury, or recent medical problems ● Any previous history of memory disturbance? ● Any history of confusion? ● Any history of inability to identify time, place, or person?	Advise family members to listen empathetically Behave in a calm manner Speak slowly, clearly, and repeat if needed Show concern and support Speak respectfully and avoid argumentation Try to understand their needs Refer to a nearby hospital with a Psychiatric facility
Elderly abuse	● Find out who is calling. The elderly individual themselves or proxy caller ● To ask regarding the current safety of the individual ● Type of abuse – physical, psychological, financial, or sexual? ● Any physical injuries or psychological/emotional problems?	Note down the phone number and address of the caller. Report all cases of suspected elder abuse to Tier 1 MHP immediately for further evaluation.

SCENARIO FOR LEARNING

The wife of a 76-year-old, retired army officer, calls Tele-MANAS with complaints of sudden behavioural disturbances in her husband. She reports that her husband is a known case of diabetes, hypertension, and cardiac illness. He was on regular treatment from a physician. Since, the last 2 days, he suddenly started speaking irrelevantly. In addition, he appeared confused and was unable to identify his family members. His sleep cycle was also disturbed.

How would you handle this call as a Tele-MANAS Counsellor?

- 1 Listen attentively to all the details provided.
- 2 Explore any history of head injury, substance use, and recent medical problems.
- 3 Explore any history of aggressive or self-injurious behaviour.
- 4 Explain to patient's caregivers that these symptoms might be due to a chemical imbalance in the brain that needs urgent medical attention.
- 5 Refer to a nearby hospital with a medical and psychiatric facility, immediately.
- 6 Provide family with details on nearest hospital available (details of nearest MI/govt medical college).
- 7 Reassure family members, that if they are distressed, they can reach Tele-MANAS anytime.

Lgbtqa Issues

We will briefly discuss the protocol to be followed in case an individual belonging to the LGBTQA community with the following concerns.

CONCERN	CLARIFICATION	INTERVENTION
Bullying by peers Discrimination at school/workplace Anxiety & stress due to sexual orientation Stigma from family/friends Low mood due to societal attitudes	Ask their preferred pronoun How are they being bullied? In what ways are they being discriminated against? Isolated/harassment/not given equal opportunities/differential treatment/others Duration of complaints • Less than 2weeks • More than 2weeks	Rarely/only sometimes during the day/symptoms for <2weeks: ñ Use Counselling intervention framework'(Manasvita) helping callers to share arefully listening to the caller's concerns, acknowledging their concerns by expressing empathy Use gender-inclusive language Guarantee privacy In case the individual is facing bullying or discrimination, make them aware of the constitutional rights to protection against discrimination. Offer local
		resources or relevant material.
Are there any associated symptoms? feeling breathless, feeling your heart beat loudly, sweating, difficulty concentrating	How frequently it occurs? • Rarely • sometimes during the day • most of the time, throughout the day/continuously present	Most of the day/Continuous/symptoms for >2weeks Follow above-mentioned steps + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? Risk of harming self/suicidal thoughts/attempts	Any history of traumatic experience? Any history of traumatic flashbacks? How frequent is low mood present? Is there any history of substance use? Is their physical/sexual abuse involved?	If there are significant stress/suicidal ideas/attempts/history of any sexual/physical violence against the individual Extend support, provide a safe space for the individual to speak regarding their concerns Refer immediately for an in-person consultation to Tier 2 hospital.

SCENARIO FOR LEARNING

Mr R, 22-year-old, calls Tele-MANAS with complaints of being anxious about going to his college. He reports that one week ago everybody in his college found out that he was gay and have been verbally mocking & teasing him. He also reports that nobody would sit next to him in class & even the professors would not let him enter the college laboratories to do his practical work. As a result, he has been tense every morning before going to college. On clarification, he also reported feeling low throughout the day and also not being able to concentrate on anything, having sweaty palms, and having fast heartbeat before going to college for the past 1 week. He, however, denies having any suicidal thoughts or using any substances.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the 7 steps listed in Module 2 during the call.

- 1 Use gender-inclusive language
- 2 Guarantee privacy
- 3 A compassionate, empathetic approach and an all-inclusive attitude from the tele-counsellor will form the primary basis for the call
- 4 Follow the 7 steps listed in Module 2 during the call.
- 5 Let Mr A talk regarding her concerns freely.
- 6 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 7 Use the steps mentioned above as a guide.
- 8 In the above case, as he has been having mild symptoms of sadness and worries for the past one week, use the principles in counselling discussed in Module 3
- 9 Try to put the caller at ease by being non-judgmental and using supportive communication techniques
- 10 You must make the patient aware of his rights which protect him from discrimination that he is facing. You can empower the patient by offering information on local resources and relevant material.
- 11 Ask Mr A if there is anyone at his college or home, who he could discuss these concerns with.
- 12 Ask Mr A if he has a network for support, and if not present, encourage him to seek out a group for support

MODULE 14

Ethical and Legal Aspects of Tele-counselling Issues Related to Child Sexual Abuse

We will briefly discuss the protocol to be followed in case an individual calls with complaints of sexual abuse of a child.

CONCERN	CLARIFICATION	INTERVENTION
Alleged sexual abuse of a child	Explore regarding : a) Safety of the child and current physical condition of the child (unconscious, bleeding, external injury, etc.) b) Enquire regarding who is calling, write down demographic details of the person calling and relationship to the child, c) Enquire whether they have taken any medical or legal help for this concern already	Ensure the safety of the child, appreciate them for calling and listen to the concerns of the child or caller + Referral to Tier 1 mental health professional immediately (transfer the call) If the child is not physically stable (unconscious, bleeding, external injury, etc.) then inform the Tier 1 MHP and immediately refer the child to in-person consultation at a Tier 2 Hospital where they will need physical examination and evaluation by a psychiatrist. Also, facilitate the process of informing a special juvenile police unit or local police immediately by liaising with the tier 1 mental health professional

Homeless/wandering Mentally Ill

We will briefly discuss the protocol to be followed in case an individual calls about a person in his locality who is wandering and appears to have a mental illness:

CONCERN	CLARIFICATION	INTERVENTION
● Wandering homeless disheveled individual ● The person is unhygienic and talking to self ● He makes gestures at the public and sometimes threatens to hit them	Is there a threat of harm to self? Is there a threat of harm to others?	● Collect details of the caller and the location of the wandering mentally ill person ● Ask the caller to firstly ensure their safety, while providing help to this individual ● To calm the caller, reassure him regarding the available nearest hospitals where the individual can be taken for treatment. ● To inform the caller regarding the provision to take the help of local authorities such as the police in shifting the individual to the nearest hospital for thorough evaluation and treatment. ● Referral to Tier 2 hospital immediately for an in-person consultation

SCENARIO FOR LEARNING

Case Scenario: A middle-aged male has been found wandering around a market in a disheveled manner for 2 weeks and nobody in the locality recognises this person, he has been noted to be wearing dirty clothes, when people of the community have tried to talk to him, he does not respond and only mumbles. He has also been noted to be talking to himself and people have seen him making gestures as though somebody is talking to him. A person in the public residing nearby sees the plight and decides to help him as he believes the person may be having a mental illness and requires treatment. He calls the Tele-MANAS helpline asking for assistance.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the steps listed in Module 2 during the call.

- 1 Express appreciation for the person to take up the initiative
- 2 Collect basic details of the caller and enquire regarding relationship to the patient if any (to enable call back if required)
- 3 Explain to them the procedures required to seek help
- 4 Reassure that the person is not liable financially or legally as the person is not related
- 5 Advice to approach the nearest police station to take the individual to the nearest mental health establishment where he can be evaluated further.
- 6 Respond to their myths and misconceptions about mental illness, if any.
- 7 Reassure the caller that once treated, the individual is likely to significantly improve and educate regarding the availability of treatment free of cost for such individuals at govt facilities.
- 8 Ask if the caller needs any further assistance

Close the Call

Challenging Situations In Tele-counselling

Logistical Difficulties In Communicating With The Caller

We will briefly discuss the protocol to be followed in case some logistical issues arise during the call.

CONCERN	CLARIFICATION	INTERVENTION
The call is cut midway through the conversation. Or You are unable to hear the caller. Or You get the call with language incompatibility		You should contact the technical supervisor, get the caller's details and call them back at the earliest and complete the conversation . If the issues are with language compatibility, you can transfer the call to the tele-counsellor from the State that the caller belongs to, speaking the language that the individual is comfortable speaking.

SCENARIO FOR LEARNING

Mr. D, a 42-year-old male, called Tele-MANAS, about having some sleep disturbances for the past 3 days. He has just started telling you about his sleep pattern when in the middle of the call, the call gets disconnected for unknown reasons.

How would you handle this call as a Tele-MANAS Counsellor?

- 1 As soon as the call gets disconnected, approach your technical supervisor and inform him about the issue.
- 2 Write down the call details and retrieve caller details.
- 3 Try to connect to the caller as soon as possible.
- 4 Continue the conversation from where you left off.
- 5 Understand his issues and try to resolve the issue by following the SOPs.
- 6 Close the Call.

No Clarity on The Nature of The Issue

We will briefly discuss the protocol to be followed in case an individual calls and cannot describe his/her issue.

CONCERN	CLARIFICATION	INTERVENTION
The caller is -unable to describe his/her problems -Is speaking regarding multiple issues, that seem unrelated/disconnected/the tele-counsellor is unable to understand what the problem is from the description provided by the caller	Allow the caller to speak for 5 minutes. ↓ If you are still unable to understand what the caller is calling about at the end of 5 mins ↓ intervene and ask the caller to tell you about the 2 or 3 things they are most concerned about so you may be able to provide them with the necessary help	If the individual can provide details, provide relevant intervention depending on the issue. If you are not able to conclude even then/ you are in doubt about how to proceed ↓ Refer to Tier 1 MHP at State Cell (ensure transfer of call) for further evaluation and a detailed clarification of the individual's complaints *To document such difficult cases and escalate it to higher authorities for further clarification and group discussions at later date.

SCENARIO FOR LEARNING

Ms A, a 25-year-old female, calls Tele-MANAS and she expresses concerns about not being sure where or how to start about her problems, this being her first time calling anyone to ask for help for how she was feeling. During the call, she tells you about her headache and her activities in the previous week, her relationship with her brother but you are not clear as to what made her call today. She keeps speaking for the next 5 minutes and you are still not able to understand what her concerns are and what she has called for.

How would you handle this call as a Tele-MANAS Counsellor?

- 1 Follow the 7 steps listed in Module 2 during the call.
- 2 Let Ms A talk without any interruption for 5 minutes about her issues.
- 3 At the end of the 5 minutes, politely ask the caller to summarize two main issues that are bothering at present.
- 4 Use the steps mentioned above as a guide.
- 5 Express empathy with Ms A who has no past experience with calling a mental health service and finds it difficult to talk about her problems.
- 6 In case, Ms A is unable to tell you in two points what she needs help with tell the caller politely that since you are not able to understand what she needs help with, you will be referring this call to a mental health professional who is supervising you and transfer the call to State Cell psychiatrist.
- 7 Reassure Ms A that the team will try their best to help her with her problem.
- 8 Transfer the call.

Caller Refuses Referral

We will briefly discuss the protocol to be followed in a case when the counsellor feels that the caller requires a referral however the caller denies the same.

CONCERN	CLARIFICATION	INTERVENTION
Caller refusing to go for referral	Are there any legal issues? Are there any confidentiality issues? Is the caller having suicidal thoughts? Is the caller having thoughts of harming someone else?	Assure full confidentiality and privacy to the client. Enquire regarding reasons for refusal -general logistical issues in travel/accessibility -privacy concerns -concerns about having to repeat their entire concerns to another individual again. Reassure the individual regarding you ensuring that they are not inconvenienced and not having to repeat their concerns as you work with a team of specialists at the Tele-MANAS Cell and that you will merely be transferring the call to them. In case the individual needs an urgent in-person consultation and you planned to refer to a Tier 2 Mental health establishment or any other mental health establishment nearby directly, educate the caller about their issue and why there is a need for urgent referral. in case the individual still refuses Take advice from Tier 1 MHP at State Cell regarding further steps
		If having legal issues+ or any danger signs such as the risk of harm to self or others: You should immediately transfer the call to Tier 1 MHP to continue the conversation with the individual

SCENARIO FOR LEARNING

Mr G, a 36-year-old gentleman, calls Tele-MANAS with complaints of having low mood throughout the day, anhedonia, and occasional suicidal thoughts over the past 8 months. On clarification, however, he reports not having made any suicidal attempts till now. He reports that he would not like to go for a referral as he is worried that his wife and children will find out.

How would you handle this call as a Tele-MANAS Counsellor?

- 1 Follow the 7 steps listed in Module 2 during the call.
- 2 Let Mr G talk regarding his concerns freely without interrupting
- 3 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 4 Use the steps mentioned above as a guide.
- 5 Emphasise full privacy and confidentiality to the caller
- 6 Use basic counselling techniques elaborated in Module 3 and provide support to the patient
- 7 Inform Mr G that you understand that these concerns must have been difficult to deal with and as he has been suffering from these serious concerns that point towards a depressive illness that will need treatment and improve with that, you will be transferring the call to the psychiatrist who is available at the State Tele-MANAS Cell.
- 8 Reassure the caller that this will ensure his privacy as it is a continuation of the same discussion.
- 9 Also discuss with Mr G, the importance of having his family's support during this time and discuss the possibility of him confiding in his wife about his concerns.
- 10 After making a plan in collaboration with Mr G, ask him if he had anything else in mind that he would like to discuss.
- 11 Reassure him, that if he is distressed, he can reach out to Tele-MANAS at any time
- 12 Discuss with the patient if he would like a follow-up call at a later date.
- 13 Transfer the Call to Tier 1 psychiatrist at State Cell.

MODULE 16

Handling Difficult Scenarios: Suicide/Aggression/Risk of Harm to Others Sadness of Mood with Suicidal Ideation

We will briefly discuss the protocol to be followed in case an individual calls with the sadness of mood.

CONCERN	CLARIFICATION	INTERVENTION
Sadness of mood, not continuous, but with thoughts of harming self The sad mood is present occasionally such as 2-3 hours per day or once in a few days, individual reports thoughts of wanting to harm self occasionally, but has never acted on these thoughts, no past history of suicidal attempts	Duration of complaints - Less than 2weeks - More than 2weeks	Rarely/only sometimes during the day/symptoms for <2weeks: Use Counselling intervention framework'(Manasvita) helping callers to share, carefully listening to the caller's concerns, acknowledging their concerns by expressing empathy
Are there any associated symptoms? Has anyone in their family committed suicide Have they recently gone through any acute stressor:loss of job/losing a parent/spouse/child	How frequently it occurs? - Rarely - Sometimes during the day - Most of the time, throughout the day/continuously present Also clarify regarding: - Any specific stressor/ recent change - Frequent crying - Feeling tired constantly - Decreased interaction with friends and family - Sleep and appetite - Concentration/ performance at work	Most of the day/Continuous/ symptoms for >2weeks/ associated symptoms are present but no immediate risk of harm to self - Educating about the cause and effect of low mood - Enabling the need for activities - Enabling efficient ways of solving problems as mentioned in Manasvita + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? - Losing hope - Previous/recent suicidal attempt - Previous/recent psychiatric admission for similar complaints - Excessive guilt - Wishes/attempts to harm self - Alcohol and other drugs consumption	How long is the feeling of sadness? In minutes / few hours/ days/ weeks What causes the low or sad mood? Events/actions/thoughts/memories	If having associated symptoms+ any danger signs such as immediate risk of suicide: Ensure transfer of call to Tier 1 MHP+ Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Ms. K, a 28-year-old female, calls Tele-MANAS with complaints of sadness of mood, low energy levels and not feeling like herself for last 1 month. She has received multiple warnings at work for frequent mistakes which is unlike her usual meticulous self. She doesn't feel like going to work, feels like everything she is not capable of performing well, and that her colleagues have to go through unnecessary trouble because of her. She also has trouble falling asleep at night and feels tired during the day. She has been missing her meals as she complains of not feeling hungry. She mentions feeling like her life is not worth living anymore and she has been contemplating ending her life. She even thought of buying blades and waiting for a time when her parents were not home but have not done it yet. She has had no similar problems in the past and has never been on medications till now.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the 7 steps listed in Module 2 during the call.

- 1 Let Ms Kala talk about her concerns freely. Expressing empathy with phrases like “I understand how difficult this must be for you” puts the caller at ease and helps in building a rapport with the caller.
- 2 As a tele-counsellor, you must try to understand the severity of the problem at hand.
- 3 Allow her to express her emotions. Check if the suicidal ideation is present always or occasional
 - A Has she thought of any plan to end her life
 - B Has she made any attempt in the past
 - C Is she on any medication now or has been on medication in the past
- 4 In the above case, Ms Kala has had these symptoms for 1 month and the symptoms are causing disturbances in her sleep, appetite, and her ability to work (dysfunction). Also, red flag signs as mentioned above are present indicating the seriousness of the symptoms.
- 5 Follow the steps of Mental health First Aid
- 6 Ask Ms Kala about the available support, family, and friends.
- 7 Explain to Ms Kala that what she is going through could be a depressive disorder and that we can help her.
- 8 Explain to her that she will need to be assessed by a Tier-1 MHP and if she consents, the call will be immediately transferred to the MHP to enable immediate expert help.
- 9 Reassure Ms Kala that help is available and with treatment, she will get better.
- 10 Inform Ms Kala that it would be best to visit an MHP in her area in person and that more information about it can be provided by the tier-1 MHP.
- 11 Reassure her, that if she is distressed, she can reach out to Tele-MANAS at any time.
Close the Call once the call is transferred to Tier 1 MHP.

Individual with Active Suicidal Ideation

CONCERN	CLARIFICATION	INTERVENTION
Thoughts about ending life	How frequently the thoughts are present Rarely/sometimes during the day/ Present most of the day/continues	Rarely/only sometimes during the day/symptoms for <2weeks: Use Counselling intervention framework'(Manasvita) helping callers to share, carefully listening to the caller's concerns, acknowledging their concerns by expressing empathy
Are there any associated symptoms? Has anyone in their family committed suicide Have they recently gone through any acute stressor:loss of job/losing a parent/spouse/child Associated attempts Has he/she attempted to end her life recently? Is someone around him/her who can help them? Has he/she searched about ways of harming oneself?	How frequently it occurs? • Rarely • sometimes during the day most of the time, throughout the • day/continuously present Also clarify regarding: • Any specific stressor/ recent change • Frequent crying • Feeling tired constantly • Decreased interaction with friends and family • Sleep and appetite • Concentration/ performance at work	Most of the day/Continuous/symptoms for >2 weeks/ associated symptoms are present but no immediate risk of harm to self Use Counselling intervention framework'(Manasvita) in Manasvita + Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Are there any Danger Signs? • Losing hope • Previous/recent suicidal attempt • Previous/recent psychiatric admission for similar complaints • Excessive guilt • Wishes/attempts to harm self • Alcohol and other drugs consumption	How long is the feeling of sadness? In minutes / few hours/ days/ weeks What causes the low or sad mood? Events/actions/thoughts/memories	If having associated symptoms+ any danger signs such as immediate risk of suicide: Ensure transfer of call to Tier 1 MHP+ Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Ms S, a 19-year-old female, calls Tele-MANAS services with thoughts of ending her life. She reports she has been getting these thoughts from a young age, but never previously attempted on these thoughts until a month back. These thoughts come whenever she has an altercation with her parents. A month back after an altercation with her parents, she reports she tried to hang herself with a bedsheet. She further reported the attempt was unsuccessful as her family member found her tying the rope to the ceiling fan from the window. On clarifying, she tells she regrets being rescued, and doesn't feel any purpose in living whenever she has an altercation with her parents. But other times she doesn't get such thoughts of ending life. She is scared that she will get such thoughts again and might act on them. Hence, she has called Tele-MANAS for help.

How would you handle this call as a Tele-MANAS Counsellor?

Follow the 7 steps listed in Module 2 during the call.

- 1 Ask Ms. S to talk about his concerns freely.
- 2 As a tele-counsellor, you must try to understand the severity of the problems at hand.
- 3 Use the steps mentioned above as a guide.
- 4 Try to be non-judgmental and empathetic about her concerns.
- 5 Ask Ms Sneha about the available support - friends, and family.
- 6 Encourage Ms Sneha to confide in her family regarding these struggles. Ask if she would be comfortable if you spoke to her parents regarding these concerns during the call. Take her consent for the same.
- 7 Reassure Ms S that her concerns have been understood and she appears to have the symptoms of a depressive disorder that will need treatment and will need a referral to a MHP in person as she has recently attempted suicide.
- 8 While speaking to her parents, maintain a calm disposition, and inform them regarding the need to take Ms Sneha to a psychiatrist at a Tier 2 hospital at the earliest. Advise them about 24x7 anti-suicidal measures.
- 9 In the above case, as she is having danger signs and acted recently attempted to end her life, refer to a Tier 2 Hospital immediately.
- 10 If she refused to go to Tier 2/confide in parents, discuss with Tier 1 specialist and transfer the call.

