International Journal of Preventive Medicine and Health (IJPMH)
ISSN: 2582-7588 (Online), Volume-4 Issue-5, July 2024

Attitude, Knowledge and Perception Among General Public About Tele-Manas Services in Delhi NCR

Kashish Dua

Abstract: ***This study examines the impact of the National Tele Mental Health Programme of India, known as Tele MANAS, on public access to and perceptions of mental health services in the Delhi NCR region. Despite India's rich history in mental health awareness, contemporary hurdles such as accessibility and stigma persist—Tele MANAS endeavours to tackle these challenges by offering integrated tele-mental health services nationwide. Through a cross-sectional study involving 207 participants, this research examines public attitudes, knowledge, and awareness regarding Tele MANAS. Findings reveal a notable demand for mental health services but a limited awareness of the program. Notably, social media and television emerged as primary channels for awareness dissemination. While attitudes toward Tele MANAS were generally positive, there remains a need for targeted outreach to engage neutral segments of the population. Analysis revealed variations in demand, awareness, and perception, underscoring the need for targeted strategies. This research holds significant implications for improving Tele MANAS's efficacy and advancing mental health care in India. By understanding the current landscape and addressing gaps in awareness and access, Tele MANAS can better serve the populace, particularly in regions like Delhi NCR. Moreover, the study underscores the importance of ongoing efforts to destigmatize mental health issues and ensure equitable access to quality care for all individuals, regardless of background or demographics.***

Keywords: TeleMANAS, Mental Health, Uptake, Awareness, Implementation.

I. INTRODUCTION

According to the World Health Organisation (WHO), mental health is a condition of overall well-being in which people are aware of their abilities, strengths, and opportunities for growth. This illness fosters resilience and flexibility by enabling individuals to navigate life's daily challenges and stresses healthily and effectively. Additionally, it facilitates the execution of job responsibilities and the achievement of goals in both personal and professional spheres, which fosters a sense of direction and purpose. Additionally, having a positive outlook enables people to actively participate in their communities actively, promoting strong interpersonal relationships and contributing constructively through various social, economic, and other engagement activities.

Manuscript received on 30 April 2024 | Revised Manuscript received on 14 May 2024 | Manuscript Accepted on 15 July 2024 | Manuscript published on 30 July 2024.

**Correspondence Author(s)*
Kashish Dua*, Department of Psychology, University of Delhi, Noida, Uttar Pradesh, India. E-mail: duakashish9@gmail.com ORCID ID: 0000-0003-0335-929X

© The Authors. Published by Lattice Science Publication (LSP). This is an open access article under the CC-BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/)

The Atharva-Veda and other ancient Indian writings refer to ongoing discussions on mental health. Conditions similar to schizophrenia and bipolar illness were described in these old texts, which frequently linked mental health issues to divine punishments. Classical Indian texts like the Mahabharata and the Ramayana discuss mental illness and its treatment, and traditional medical systems like Siddha recognise a range of mental disorders. In 1858, the Lunacy Act (Act No. 36) was passed, marking the beginning of India's mental health policy framework. This framework was later expanded in 1912 with the enactment of the Indian Lunacy Act. Additionally, in several large cities, including Hyderabad (Sindh), Calcutta, and Patna, mental health clinics emerged.

Following India's independence, the mid-1950s heralded the inception of general hospital psychiatric units (GHPUs). The recommendations outlined by the Bhore Committee laid the groundwork for the establishment of the All-India Institute of Mental Health in 1954, later rechristened as the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore. The 1980s witnessed revitalized endeavours, culminating in the enactment of the Mental Health Act of 1987 and the introduction of the District Mental Health Program (DMHP) in 1996. In 2014, India unveiled its National Mental Health Policy (NMHPolicy), aligning with the WHO's 2005 mental health policy and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) of 2007 [8]. Additionally, the Mental Healthcare Act was promulgated in 2017, further bolstering mental health initiatives nationwide. Between 1990 and 2019, the global burden of mental health disorders, quantified in Disability-Adjusted Life Years (DALYs), surged from 80.8 million to 125.3 million. The share of global DALYs ascribed to mental disorders escalated from 3.1% to 4.9% [16]. Regrettably, findings from the Global Burden of Disease Study 2019 reveal no substantial abatement in the global burden of mental disorders since 1990 [3]. Mental illnesses persist as one of the top 10 principal contributors to global burden, with anticipated Years of Life Lost (YLLs) for mental disorders remaining subdued owing to the oversight of premature mortality among individuals with mental health conditions [6].

Mental health disorders pose a significant global public health challenge, impacting individuals across all age groups, socio-economic strata, and cultural backgrounds. In recent years, India has witnessed a growing acknowledgment of the magnitude and repercussions of mental health issues.

© Copyright: All rights reserved.

As per the National Mental Health Survey conducted between 2015 and 2016, the lifetime prevalence of any mental disorder stood at 13.7%, with a current prevalence of 10.6%. Despite this high prevalence, access to mental health services remains severely restricted in India, particularly in rural and underserved regions. The treatment gap for mental disorders varies widely, ranging from 70% to 92%, contingent upon the specific type of disorder: 85% for common mental disorders, 73.6% for severe mental disorders, 75.5% for psychosis, 70.4% for bipolar disorder, 86.3% for alcohol use disorder, and 91.8% for tobacco use disorder. On average, it takes 2.5 months from the onset of depressive symptoms for individuals to seek medical assistance. Several factors contribute to these treatment disparities, including inadequate healthcare infrastructure, lengthy distances to healthcare facilities, societal stigma surrounding mental health disorders, insufficient awareness about public mental health services, and the prohibitive cost of private mental healthcare.

Global mental health issues have been hit particularly hard by the recent COVID-19 epidemic. Concerns about the pandemic's effect on people's mental health and social dynamics have been voiced by the World Health Organisation (WHO). The introduction of new policies like quarantine and self-isolation has changed people's everyday lives, which might make them feel even more alone, anxious, and depressed than before. Sleep difficulties, increased drug and alcohol abuse, and an increase in suicidal ideation or behaviour may also result from these changes.

The COVID-19 pandemic ushered in novel preventive and management measures necessitating significant lifestyle adjustments worldwide. While these adaptations posed challenges for all individuals, they proved particularly daunting for those grappling with mental illness (PWMI), who stood among the most vulnerable and in need of additional support and care. The pandemic's impact on mental health underscored and exacerbated pre-existing gaps and disparities in the delivery of mental health services, rendering mental health an intricate and multifaceted global concern. In India, the pandemic adversely affected the mental well-being of both the general populace and individuals with pre-existing mental health conditions (Venugopal et al., 2022 [18]). This scenario underscored the imperative for increased investment in mental health services as an integral component of universal health coverage (UHC). It highlighted the significance of better integrating mental health services into the prevailing healthcare framework.

The Government of India (GoI) has recently implemented numerous mental health initiatives to mitigate the impact of mental disorders, including the National Mental Health Policy of 2014, which aims to ensure universal availability of mental healthcare. Furthermore, the National Health Policy of 2017 identifies mental health as a pivotal focus area. The enactment of the Mental Healthcare Act in 2017 grants individuals legal rights and entitlements to access mental healthcare, including services integrated into primary healthcare. India has also been at the forefront among low- and middle-income countries (LMICs) in establishing the National Mental Health Programme (NMHP) in 1982, addressing the mental health needs of its populace. In 1996, the District Mental Health Program (DMHP) was incorporated into the NMHP to tackle implementation challenges, with districts serving as the administrative and operational hubs for the NMHP. Presently, the DMHP has expanded its coverage to encompass over 90% of the country's districts, with ongoing endeavours aimed at bolstering the program's efficacy.

Healthcare initiatives aimed at decentralising healthcare services in India have been underway since the mid-1990s, gaining substantial momentum in recent years under the National Health Mission (NHM). Efficacy, accessibility, affordability, and availability of healthcare services at the community level are the primary foci of these programmes. Within the NHM framework, the GoI has effectively organised the provision of mental health care as part of a larger array of services offered through Comprehensive Primary Health Care (CPHC) at Ayushman Bharat Health and Wellness Centres (AB-HWCs). These facilities have enabled the localisation of primary healthcare, overcoming hurdles to patient access and alleviating the financial pressures associated with healthcare.

Despite the commencement of the Ayushman Bharat Health and Wellness Centres (AB-HWCs) in 2018, a nationwide lockdown spanning approximately twelve weeks restricted regular access to healthcare services. In response, the Ministry of Health and Family Welfare (MoHFW) implemented new protocols for telemedicine to address the urgent demand for healthcare services. This led to the rapid adoption of telemedicine as a crucial solution to the challenges posed by the pandemic. Technological advancements during this tumultuous period facilitated the advancement and application of digital health services, establishing telemedicine as an effective and sustainable method of delivering healthcare. The Government of India's national telemedicine service, eSanjeevani, has played a pivotal role in providing accessible, high-quality healthcare to all, including isolated and hard-to-reach communities [4]. By surmounting geographical and resource constraints, eSanjeevani enables individuals to access care from the comfort of their homes. Additionally, eSanjeevani facilitates virtual connections between patients at AB-HWCs and healthcare professionals in centralized hubs, such as secondary or tertiary healthcare facilities, hospitals, or medical colleges. It also links registered patients to professionals with the aid of facilitators at AB-HWCs. As of March 2022, out of the three crore beneficiaries enrolled, approximately 2.2 crore have utilized the eSanjeevani AB-HWC portal, while around 73 lakhs have benefited from eSanjeevani OPD services. Although the value of telemedicine was acknowledged well before the COVID-19 pandemic, its usage experienced a significant surge to enhance access and quality of healthcare, particularly for mental health services during challenging times.

India's Honourable Union Finance Minister emphasised the need for a nationwide tele-mental health programme when he announced the launch of the Tele Mental Health Assistance and Networking Across States (Tele MANAS) programme in the Union Budget 2022.

© Copyright: All rights reserved.

In every Indian State and Union Territory, Tele MANAS aims to provide a 24/7 telemental health service that is inclusive, integrated, and complete. The programme aims to provide continuous tele-mental health counselling services as a digital extension of the National Mental Health Programme (NMHP) with guaranteed links to ensure universal access to equitable, accessible, and high-quality mental healthcare.

The Government of India has entrusted the Ministry of Health and Family Welfare (MoHFW) with overseeing the implementation of Tele MANAS. To facilitate this, the MoHFW established a National Technical Advisory Group (NTAG) and three technical advisory sub-committees focusing on Mental Health Service Delivery, Information Technology (IT) Architecture, and Health Systems. These committees bring together diverse stakeholders, including policymakers, public health experts, mental health specialists, healthcare providers, service users, and representatives from relevant communities. They aim to devise affordable, effective, and practical strategies for the successful execution of Tele MANAS. Three primary collaborators support the organizational framework of Tele MANAS: NIMHANS serves as the central coordinating centre, while the International Institute of Information Technology, Bangalore (IIIT-B), and the National Health Systems Resource Centre (NHSRC) provide additional support. Furthermore, five regional coordinating centres (RCCs) and 23 mentoring institutions offer implementation support to Tele MANAS, ensuring its seamless and efficient operation nationwide. Research indicates a growing reliance on Telimana's services globally, driven by technological advancements and evolving societal norms (Minges, 2017). Telimana's services have revolutionised communication, enabling instant connectivity across geographical boundaries and facilitating real-time information exchange. In the Indian context, urban areas like Delhi NCR have witnessed a significant surge in Telimanas service usage due to factors such as increasing smartphone penetration, government initiatives like Digital India, and the availability of affordable data plans (TRAI, 2019 [15]). This trend underscores the growing importance of Telimana's services in everyday life.

Tele MANAS is built on the understanding that most users will experience mental health concerns or distress rather than severe mental illnesses. Many of these issues can be effectively addressed by trained non-specialists, such as counsellors. Therefore, Tele MANAS is implementing a two-tier system. Tier 1 comprises State Tele MANAS cells staffed with trained counsellors and mental health specialists. Tier 2 involves specialists from the District Mental Health Programme (DMHP) or Medical College resources for in-person consultations, as well as eSanjeevani for audio-visual consultations. The Tele MANAS State and Union Territory (UT) cells function as operational units of the program. A total of 51 cells will be established, based on the population of each State or UT, following a standard of one state cell for every 50 million people nationally. Similarly, each state will provide resources for the Tele MANAS State/UT cells, with support from relevant stakeholders. Through Tele MANAS, the Government of India aims to enhance its decentralisation approach by granting states significant autonomy, thereby promoting accountability and local governance for greater efficiency and effectiveness. This initiative is expected to strengthen mental health services by tailoring them to local needs and improving access for beneficiaries.

Tele MANAS's viability is bolstered by its connection to two established and successful health programs: the National Mental Health Programme (NMHP) and eSanjeevani. Since its inception, the NMHP has achieved significant growth in policy and program development. Currently, there are 755 District Mental Health Programme (DMHP) units operating efficiently across the country, which will be integrated with Tele MANAS. The primary goal of eSanjeevani is to maintain continuity of care and establish robust linkages across all levels of healthcare, creating a strong Clinical Decision Support System. eSanjeevani is now connected with the Ayushman Bharat Digital Mission (ABDM), which allows the creation of Ayushman Bharat Health Accounts (ABHA). These accounts enable the secure sharing and access of health data with the consent of the beneficiary among participating healthcare providers and beneficiaries, by ABDM guidelines (Ahmed et al., 2022 [1]). By integrating Tele MANAS with ABDM, the program can utilize the existing public digital health infrastructure to provide comprehensive services to its beneficiaries. This integration also ensures strong connections with eSanjeevani, allowing for specialist consultations when needed. Overall, the integration of Tele MANAS with these established health programs will enhance its efficiency and effectiveness in delivering mental health services.

With an emphasis on vulnerable and hard-to-reach individuals, Tele MANAS is designed to support recipients of all ages, genders, and geographic locations. Age, gender, economic level, and education level are only a few examples of the demographic variables that significantly influence attitudes, knowledge, and impressions about Telimanas' services. Research has indicated that younger people often possess better levels of digital literacy and technological ability, which results in increased use of Telimanas' services for entertainment, communication, and information retrieval (Minges, 2017 [11]). However, disparities exist across age groups, with older adults often facing barriers related to digital literacy and access to technology. Similarly, socio-economic factors such as income and education influence the affordability and accessibility of Telimanas' services, with lower-income households and individuals with limited education facing greater challenges in accessing and utilising digital technologies (ITU, 2020).

To ensure high-quality and effective service delivery that supports long-term sustainability, Tele MANAS needs to integrate with existing national health programs. This integration will help improve service performance and patient satisfaction.

As Tele MANAS is implemented, it will be connected with various national health programs across different sectors, including education, information technology, AYUSH, women's and children's health, social justice and empowerment, and human resource development.

This cross-sector collaboration aims to enhance service delivery and patient outcomes, ensuring that all individuals receive the mental health support they need. Despite the widespread adoption of

© Copyright: All rights reserved.

Telimana's services, challenges persist, including the digital divide, privacy concerns, and disparities in access and affordability (ITU, 2020). The digital divide refers to the gap between individuals who have access to digital technologies and those who do not, thereby exacerbating existing socio-economic inequalities. Studies have highlighted disparities in Telimana's service access based on factors such as income, education, and geographical location, with marginalised communities often facing limited connectivity and reduced opportunities for digital inclusion (TRAI, 2019). Moreover, concerns regarding data privacy and security have emerged as significant barriers to trust and adoption, particularly in light of the increasing prevalence of cyber threats and surveillance practices (PwC, 2018).

It requires a multifaceted strategy that combines legislators, service providers, and other stakeholders to address the obstacles and discrepancies in Telimana's service access and utilisation. The implementation of government programs, such as Digital India, has been crucial in advancing digital inclusion in both urban and rural areas, as well as in building digital infrastructure and promoting digital literacy (TRAI, 2019). To ensure that all societal sectors have fair access to Telimana's services and to close the digital divide, additional initiatives are necessary. Subsequent investigations should focus on identifying innovative approaches to cater to the distinct needs and preferences of heterogeneous demographic cohorts in the Delhi NCR region, thereby fostering a more comprehensive and technologically advanced community.

A study discussed how uneven service delivery, a shortage of qualified mental health practitioners, and inefficient central monitoring and assessment contribute to difficulties in the successful implementation of the National Mental Health Programme (NMHP) and District Mental Health Programme (DMHP) in India. These problems can be effectively resolved with the help of tele-mental health services, which deliver high-quality therapy in a convenient, cost-effective, and discreet setting.

Chatterjee et al. (2021) examine the role of telehealth services in delivering mental health care in India, noting the challenges and potential benefits of tele-mental health services. The authors identify several hurdles, including limited awareness and understanding of telehealth, regulatory and legal barriers, and issues related to infrastructure and connectivity. Despite these challenges, the study highlights opportunities for expanding access to mental health care through telehealth, particularly for underserved populations in remote areas.

Gupta et al. (2019) provide an in-depth review of the current state of mental health in India. The study reveals a growing awareness of mental health issues, yet emphasizes the significant gap in access to quality care across the country. It highlights the need for comprehensive and affordable mental health services and the importance of integrating mental health into primary care systems to address the increasing burden of mental health disorders.

Kumar and Bhatnagar (2020 [9]) explore the influence of media on health awareness, focusing on health campaigns in India. Their findings emphasize the pivotal role of digital and broadcast media in disseminating health information to the public. This research underscores the potential for utilizing media channels to raise awareness about mental health services, including TeleMANAS, and to educate the public on the importance of mental health.

Patel et al. (2018 [12] [13]) provide a global perspective on mental health, discussing the Lancet Commission on global mental health and sustainable development. The study underscores the importance of integrating mental health into broader health and development agendas. It calls for the promotion of equitable access to quality mental health care worldwide. It highlights the need for innovative strategies, such as telehealth, to address the mental health care gap.

Ramachandran et al. (2020 [14]) discuss the adoption of telehealth services in mental health care, offering insights into recent research on the topic. The study highlights the increasing adoption of telehealth as a means of delivering accessible and cost-effective mental health care. It also highlights the potential for telehealth to address barriers such as stigma, geographic isolation, and resource limitations, thus contributing to more equitable mental health care delivery.

The Tele MANAS hotline is being introduced as a new resource to improve the prioritization of mental health services in India. By establishing a comprehensive mental health network, the hotline aims to offer timely and reliable support to individuals experiencing mental distress and crises. Tele MANAS provides integrated medical and psychosocial interventions, including video consultations with mental health specialists, e-prescriptions, follow-up services, and connections to in-person care. The program emphasizes closing the follow-up loop and maintaining continuity of care to ensure effective and holistic treatment. While perfect decisions in public health are rare, India's first National Tele Mental Health Programme, Tele MANAS, marks a positive step towards reducing the burden of mental health disease and disability in the country. The program also aims to reduce out-of-pocket expenses for consultations and treatments, as well as enhance cost efficiency within the healthcare system. Launched on World Mental Health Day, October 10, 2022, the Government of India is making a significant contribution to raising global awareness of mental health issues and promoting support for mental health initiatives. If executed successfully, Tele MANAS has the potential to facilitate progress towards achieving universal health coverage (UHC), making it easier to reach this goal. This promising initiative represents a key effort in advancing mental health care and support across India and beyond.

II. RATIONALE

In Delhi NCR, the practical attitude towards tele Manas services is grounded in their accessibility, convenience, and discretion. These services offer a pragmatic solution for individuals seeking mental health support amidst the bustling lifestyle and stigma surrounding mental health.

Accessibility is crucial, as telemedicine services eliminate transportation issues and time constraints, enabling individuals to seek help from the comfort of their own homes. Convenience is another significant factor, sparing individuals the need to travel to a clinic or hospital. Additionally, the discretion provided

© Copyright: All rights reserved.

addresses concerns about privacy and stigma, allowing individuals to seek help without fear of judgment. However, knowledge and perception of tele Manas services among the general public in Delhi NCR vary. Some individuals are well-informed about their availability and benefits, while others may have limited knowledge or misconceptions. Cultural beliefs and attitudes towards mental health also influence perception, with stigma sometimes hindering help-seeking behaviour. Past experiences with mental health services shape perceptions, with positive experiences fostering trust while negative ones may lead to scepticism. To address these challenges and promote acceptance, education and outreach efforts are crucial. Targeted campaigns can raise awareness about tele Manas services through channels like social media and community events. Efforts to reduce stigma involve challenging stereotypes and providing accurate information. Cultural sensitivity ensures that outreach efforts respect diverse beliefs and values. By addressing these factors, greater acceptance and utilisation of telemedicine services can be achieved among the general public in Delhi NCR.

III. METHODOLOGY

A. Objective

Attitude, Knowledge and Perception among the general public about Tele-Manas Services in Delhi NCR

B. Study Design and Study Area

A cross-sectional study was conducted to determine the effective uptake of knowledge and Perception among the general public in the NCR, aged 18 and above.

C, regarding Tele-Manas Services.

C. Sample Size

The study's sample size was determined to be 207 participants, providing a substantial dataset for robust analysis. However, before proceeding with the comprehensive study, a preliminary pilot study was conducted. This pilot study involved 20 individuals randomly selected from the population aged 18 and older, aiming to evaluate various aspects of the study methodology thoroughly. The objectives of the pilot study were to assess the feasibility and effectiveness of the research process, to confirm that the study instrument was both valid and reliable, and to determine whether the participants found the tool easy to understand and use. This initial assessment was critical in ensuring that the larger study would proceed smoothly and yield meaningful, accurate results.

D. Data Collection Tool

After the completion of the pilot study, which confirmed the reliability and validity of the measurement tool, a highly structured survey questionnaire was used for data collection. The questionnaire consisted of closed-ended questions, allowing for precise and quantifiable responses from participants. This approach enabled the researchers to gather data systematically and consistently, facilitating robust analysis and interpretation of the results. The close-ended format of the questions ensured that participants could respond quickly and easily, while still providing the detailed information necessary for a comprehensive understanding of the study's objectives.

E. Exclusion Criteria

- Those who have never visited or resided in Delhi.
- Those who were less than 18 years of age;
- Those who were unwilling to give informed consent;
- Those deemed medically unsound.

F. Data Compilation and Analysis

The data collected from the study were meticulously organised and examined using specialised software to ensure accurate and meaningful insights. Statistical analyses were primarily conducted using SPSS (Statistical Package for the Social Sciences), a widely used tool for data management and statistical analysis. This software facilitated the exploration of relationships, trends, and patterns within the data, enabling researchers to draw robust conclusions based on their findings. Additionally, specific parameters were compiled using Microsoft Excel, a versatile spreadsheet application known for its data processing and visualization capabilities. Excel was utilized to organize data sets, calculate descriptive statistics, and create graphical representations of the data, such as charts and graphs, to aid in the interpretation and presentation of the results. Together, the use of SPSS and Microsoft Excel ensured a comprehensive and efficient analysis of the data, providing a strong foundation for the study's conclusions and recommendations.

IV. RESULTS

A. Demand for Access to Mental Health Services

A significant proportion of respondents expressed a need for mental health services, with 71% indicating that they would benefit from access to such support. This high percentage underscores the critical demand for mental health services within the surveyed population. It suggests a widespread recognition of the importance of mental health and a desire for professional assistance and resources to manage psychological and emotional well-being. This finding highlights the pressing necessity for increased access to mental health care, including counselling, therapy, and support services, to meet the needs of a large portion of the community. The data could serve as a compelling call to action for policymakers and healthcare providers to expand and improve mental health services to better cater to this substantial demand.

© Copyright: All rights reserved.

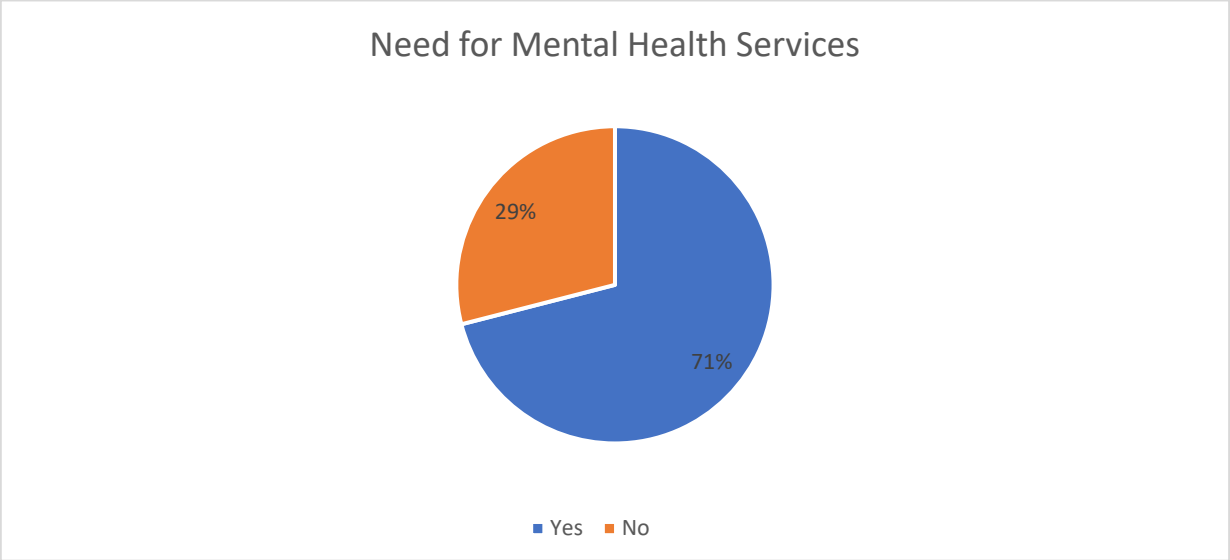

Figure 1: is a Pie Chart Showing the Proportion of Respondents who Expressed a Need for Mental Health Services

Awareness of TeleMANAS Services in Delhi NCR

A minority of respondents, only 34.3%, were familiar with the TeleMANAS initiative. In contrast, the majority, 65.7%, lacked any awareness of the program. This disparity in knowledge suggests a significant communication gap and highlights the need for increased outreach and educational efforts to inform the public about the availability and benefits of TeleMANAS. The low level of awareness could limit access to essential mental health support, as many individuals may not know how to seek or utilize these services. Addressing this gap could involve targeted marketing, community engagement, and collaboration with healthcare providers to raise the profile of TeleMANAS and increase awareness of this critical resource among the general public.

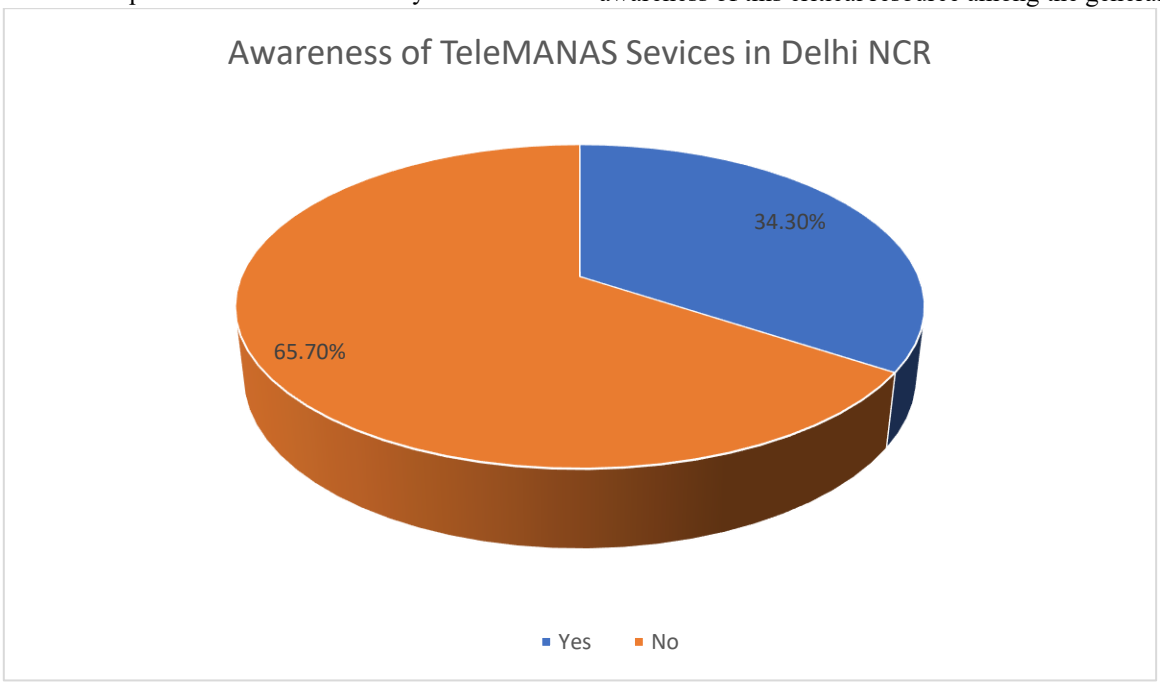

Figure 2: is a Pie Chart Illustrating the Level of Awareness About TeleMANAS Services in Delhi NCR.

Source of Awareness of TeleMANAS Services in Delhi NCR

For individuals familiar with TeleMANAS, multiple channels contributed to the dissemination of information about the program. Social media was the most common source, accounting for 39.5% of awareness. Television news was another major contributor, providing information to 25% of respondents. Newspapers played a minor role, with 11.5% of respondents learning about TeleMANAS through print media. Friends and family accounted for 14.5% of awareness, indicating the impact of personal networks. Additionally, 9.5% of respondents discovered TeleMANAS through internet search engines.

Retrieval Number:100.1/ijpmh.E104404050724
DOI:10.54105/ijpmh.E1044.04050724
Journal Website: www.ijpmh.latticescipub.com

Published By:
Lattice Science Publication (LSP)
© Copyright: All rights reserved.

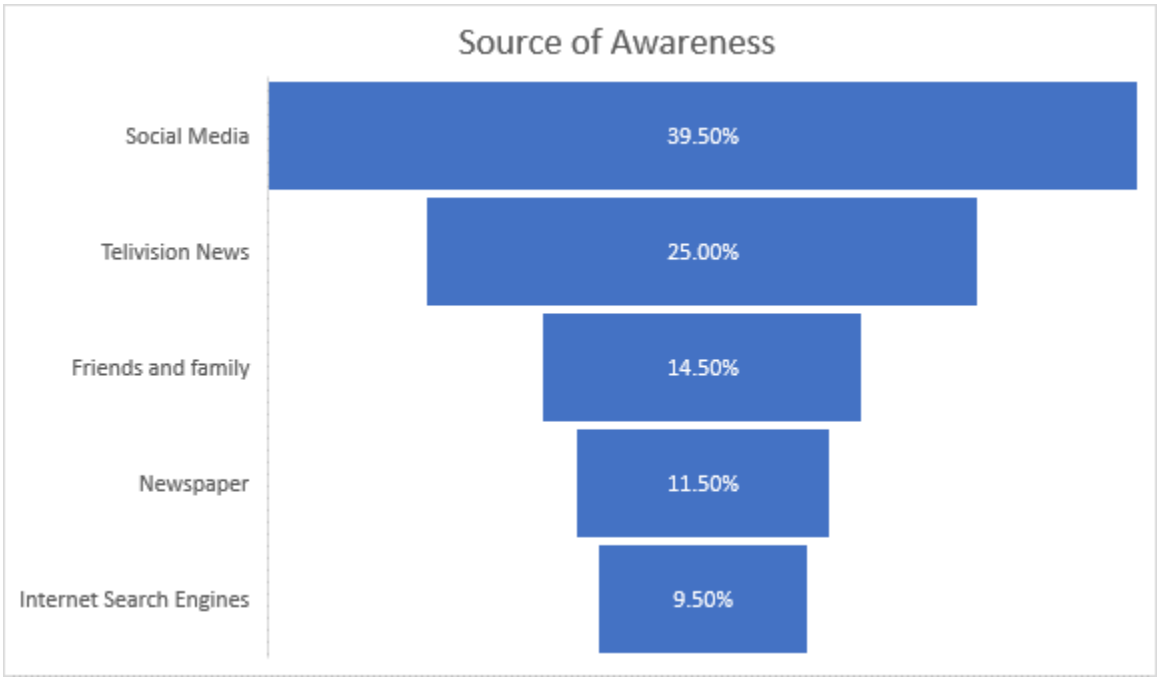

Figure 3: Shows A Chart Depicting the Sources of Awareness About TeleMANAS Services in Delhi NCR

General public's attitude towards Tele Manas Services in Delhi NCR

The data indicates that the general public's attitude towards Tele Manas is primarily positive. A majority of people either agree (53.1%) or strongly agree (10.2%) with the program, suggesting that it is generally well-regarded and supported, with a smaller portion of the public showing minimal dissatisfaction. However, 32.7% of respondents remain neutral, which might imply they lack strong feelings about Tele Manas, either due to insufficient information or limited relevance to their lives. Overall, while the program enjoys a favourable perception, there is an opportunity to engage the neutral group by providing more information and showcasing the benefits of Tele Manas.

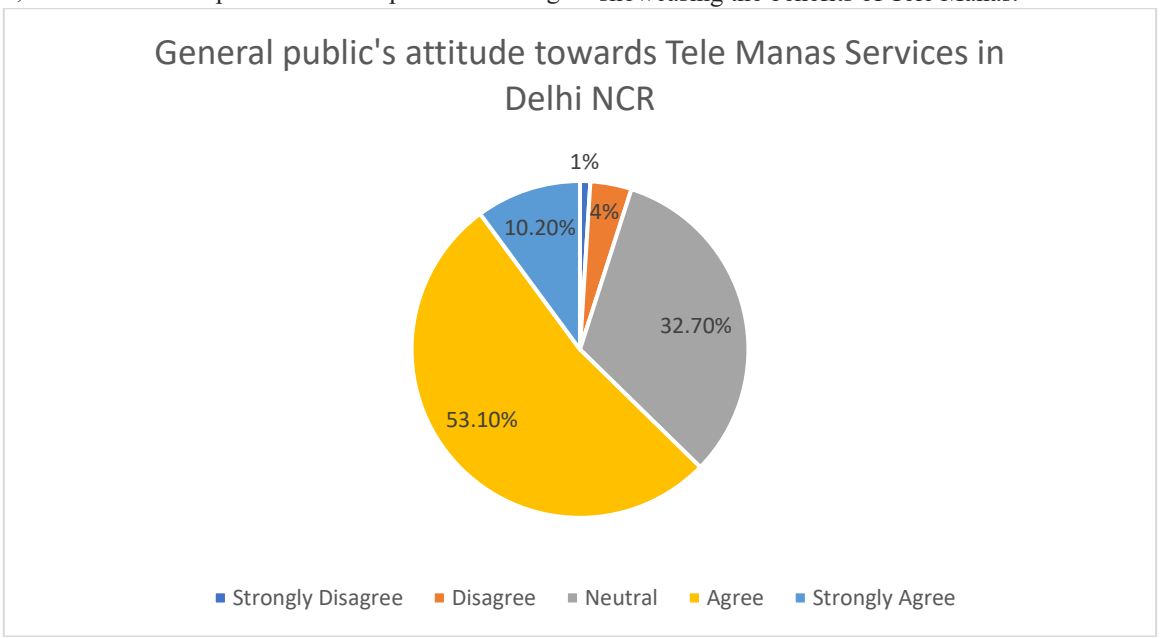

Figure 4: is a Pie Chart Showing the General Public's Attitude Towards Tele Manas Services in Delhi NCR

General public's perception towards Tele Manas Services in Delhi NCR

The general public's perception of Tele Manas, a tele-mental health service, is mainly positive. A majority, i.e. of respondents either agree (64%) or strongly agree (12%) with the service, showing strong support and favourable opinions. Only a small portion of the public disagrees (2%), indicating minimal dissatisfaction. However, a significant 22% of respondents are neutral, suggesting they may lack strong feelings about Tele Manas, possibly due to limited familiarity or direct experience. Overall, while the program is well-regarded, there is potential to engage the neutral group more effectively by providing more information about the benefits and accessibility of Tele Manas.

© Copyright: All rights reserved.

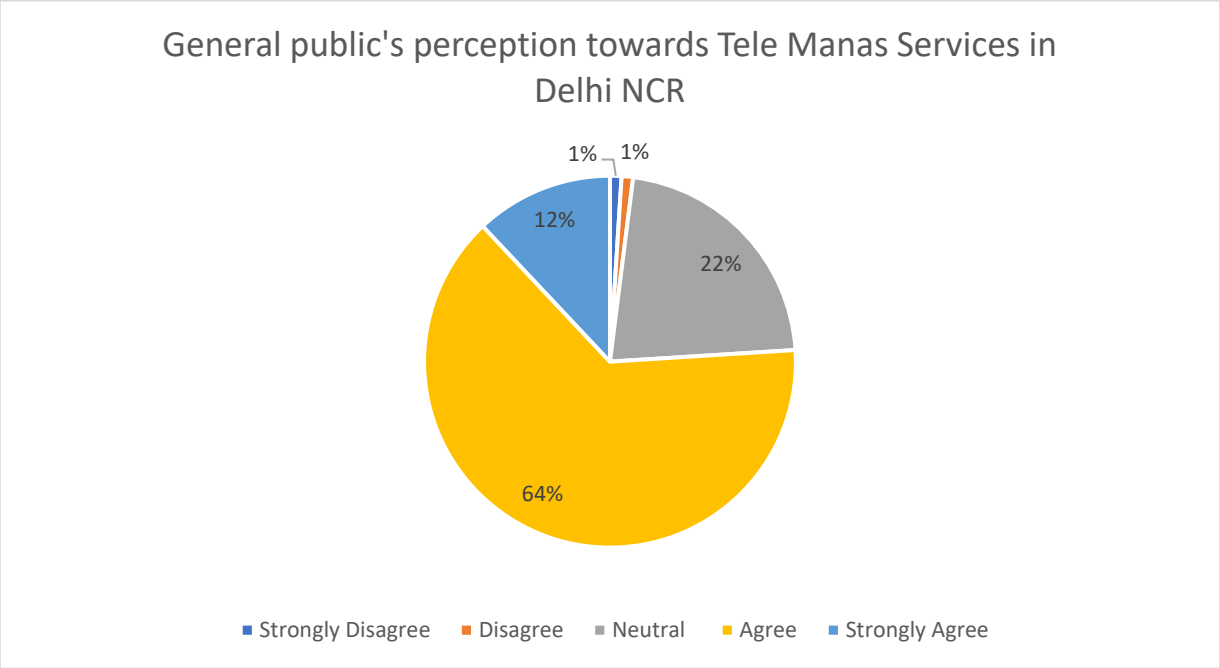

Figure 5: is a Pie Chart Illustrating the General Public's Perception of Tele Manas Services in Delhi NCR

V. DISCUSSION

Mental health is a crucial aspect of overall well-being and quality of life. According to the World Health Organisation (WHO), it encompasses an individual's ability to recognise their potential, manage stress effectively, and make a positive contribution to their community. In India, the understanding of mental health and its challenges has deep historical roots, with references found in ancient texts such as the Atharva-Veda. However, modern mental health care in India faces significant challenges in terms of accessibility, awareness, and the stigma associated with mental illnesses.

India's mental health policies have evolved significantly over the years. Following the enactment of the Lunacy Act in 1858 during the colonial era, the country has witnessed a progression of laws and programs aimed at enhancing mental health services, including the Mental Health Act of 1987 and the District Mental Health Programme (DMHP) introduced in 1996. In 2014, the National Mental Health Policy (NMHPolicy) was introduced, aligning with WHO's mental health policy and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Mental Health Care Act of 2017 further emphasised the importance of mental health care in the country. Despite these advancements, there remains a significant gap between the demand for and supply of mental health services, particularly in rural and underserved areas. The COVID-19 pandemic exacerbated these challenges, highlighting the need for accessible and affordable mental health care. This has led to an increased emphasis on integrating mental health into primary healthcare and utilising digital health services. In response to these challenges, the Government of India has launched several initiatives, including the Tele Mental Health Assistance and Networking Across States (Tele MANAS) program. This program aims to provide a comprehensive, integrated, and inclusive tele-mental health service across all states and union territories in India. By leveraging technology and existing healthcare infrastructure, Tele MANAS seeks to improve access to mental health services for all, including vulnerable and hard-to-reach populations.

This dissertation examines the impact of Tele MANAS on the general public's access to and perceptions of mental health services in the Delhi NCR region. It assesses the program's effectiveness in addressing existing gaps in mental health care and its potential to improve overall mental health outcomes. By examining the implementation and operational aspects of Tele MANAS, this study aims to provide valuable insights into the program's strengths and weaknesses and offer recommendations for future improvements. Through this analysis, the dissertation contributes to the broader discourse on the role of tele-mental health services in advancing mental health care in India and beyond.

The study employed a cross-sectional design to assess the attitudes, knowledge, and perceptions of the general public towards Tele-MANAS services among individuals aged 18 and older in the Delhi NCR region. The sample size of 207 participants was deemed sufficient for robust analysis, with a preliminary pilot study of 20 randomly selected individuals conducted beforehand to ensure the validity and reliability of the research methodology and measurement tool. The pilot study enabled the adjustment of the survey instrument and the assessment of participant comprehension.

Data collection was conducted using a structured survey questionnaire composed of closed-ended questions, allowing for standardised responses from participants. This design provided consistency and precision in data gathering, which is crucial for quantitative analysis. The use of a structured questionnaire ensured that the data collected was directly relevant to the study's objectives, allowing for systematic assessment of variables such as sources of awareness and public attitudes and perceptions towards Tele-MANAS services.

© Copyright: All rights reserved.

Statistical analysis of the collected data was primarily conducted using SPSS (Statistical Package for the Social Sciences), a widely recognised tool for managing and analysing complex datasets. The use of SPSS enabled the examination of associations between categorical variables, such as the relationship between sources of awareness and awareness levels of Tele-MANAS services, as well as attitudes towards Tele-MANAS and perceptions of the program. In addition to SPSS, Microsoft Excel was employed for data compilation and visualisation. Excel's capabilities were utilised to organise data sets, calculate descriptive statistics, and create graphical representations, such as bar charts and histograms. This allowed for the clear and concise presentation of data trends and relationships. Overall, the use of both SPSS and Microsoft Excel ensured comprehensive and efficient analysis of the study data, providing a solid foundation for the study's conclusions and recommendations. The findings facilitated targeted communication and outreach efforts, highlighting areas for further investigation and potential improvement in the delivery and awareness of Tele-MANAS services in Delhi NCR. Through careful analysis, the study provides valuable insights into the effective uptake and perception of mental health services, informing future research and interventions in the field.

The study's findings on the uptake of TeleMANAS services in India offer a nuanced view of the current state of mental health service utilization and awareness. The high demand for mental health services, with 71% of respondents expressing a need for access to such support, is reflective of the growing awareness of mental health issues across India (Gupta et al., 2019[7]). This demand highlights the need for greater access to comprehensive mental health care resources. Previous research has shown that the prevalence of mental health disorders in India is rising, making the need for easily accessible and affordable services like TeleMANAS all the more urgent (Patel et al., 2018).

However, the study revealed a significant gap in awareness of TeleMANAS services, with only 34.3% of respondents familiar with the program. This low level of awareness echoes earlier findings on the limited knowledge and understanding of tele-mental health services in India (Chatterjee et al., 2021[2]). This gap in awareness could hinder the effective utilization of TeleMANAS and necessitates focused outreach initiatives to inform the public about the program and its benefits. The sources of awareness data provide further insights into the most effective communication channels for promoting TeleMANAS services. Social media (39.5%) and television news (25%) emerged as the top sources of information, aligning with previous studies that emphasize the growing influence of digital media and broadcast news on health communication in India (Kumar & Bhatnagar, 2020). By capitalizing on these prominent channels, TeleMANAS can increase its visibility and reach a broader audience.

The general positive attitude and perception towards TeleMANAS services, with a majority of respondents either agreeing (53.1%) or strongly agreeing (10.2%) with the program, reflect the growing acceptance of telehealth services, particularly in the context of mental health care (Ramachandran et al., 2020). However, the study also reveals a substantial proportion of respondents (32.7%) who remain neutral, suggesting that there is room for further engagement and education to transform this neutral stance into more active support for the program.

The study's findings thus present several opportunities for improving the uptake of TeleMANAS services in India. To address the demand for mental health services and close the awareness gap, targeted outreach and education campaigns are essential. These campaigns should leverage social media and television news as key communication channels to disseminate information about TeleMANAS, its benefits, and how to access the service. Moreover, the positive attitude and perception towards TeleMANAS provide a strong foundation on which to build further acceptance and utilization. By engaging the neutral segment of the population through tailored messaging and outreach, TeleMANAS can enhance its impact and contribute to better mental health outcomes for the wider community.

The results of the analysis, based on demographic variables, reveal significant variations in demand for mental health services, awareness of TeleMANAS services, sources of awareness, and public attitudes and perceptions towards TeleMANAS, by age, gender, and socioeconomic status. Regarding demand for mental health services, respondents across all demographic groups expressed a high need for mental health support. However, there were some differences in demand by age and socioeconomic class, with younger respondents and those in lower socioeconomic classes expressing slightly higher needs. Awareness of TeleMANAS services varied by gender and socioeconomic status, with females and higher socioeconomic groups showing higher levels of awareness. Sources of awareness also differed across demographic groups, with younger respondents relying more on social media and search engines, while older respondents relied more on television news and newspapers. Public attitudes and perceptions towards TeleMANAS were generally positive across all demographic groups; however, respondents in higher socioeconomic classes expressed stronger support compared to those in lower socioeconomic classes. These findings underscore the need for targeted outreach and education efforts to enhance awareness and accessibility of TeleMANAS services, particularly among lower socioeconomic groups and older populations.

In essence, this research not only provides valuable insights into the current landscape of mental health care in India but also serves as a roadmap for enhancing the effectiveness of Tele MANAS and advancing mental health outcomes for all individuals. By heeding the lessons learned from this study and implementing strategic interventions, we can work towards a future where mental health services are accessible, stigma-free, and responsive to the diverse needs of the population.

VI. CONCLUSION

In the intricate tapestry of India's mental health landscape, Tele MANAS emerges as a beacon of hope, casting its digital light into the shadows of stigma and ignorance.

© Copyright: All rights reserved.

Through the lens of this study, the canvas reveals both the vibrant hues of progress and the subtle shades of challenge. The melody of demand for mental health support crescendos, echoing the silent struggles of millions across the nation. Yet, amidst this symphony, a discordant note arises—the sombre refrain of awareness, faltering in its reach. Herein lies the tale of Tele MANAS, a story of courage and resilience, of bridging the chasm between need and knowledge. Like a gardener tending to delicate blooms, targeted outreach and education campaigns nurture the seeds of understanding, cultivating a garden where every soul may find solace. In this ever-evolving narrative, Tele MANAS stands as a testament to India's commitment to weaving a future where mental health is not merely a privilege but a fundamental human right, painted with strokes of inclusivity and compassion.

DECLARATION STATEMENT

Funding	I did not receive
Conflicts of Interest	No conflicts of interest to the best of our knowledge.
Ethical Approval and Consent to Participate	No, the article does not require ethical approval or consent to participate, as it presents evidence.
Availability of Data and Materials	Not relevant
Authors Contributions	All authors have equal participation in this article.

REFERENCES

1. Ahmed, T., Dumka, A., & Kotwal, A. (2022). Tele MANAS: India's first 24/7 tele mental health helpline brings new hope for millions. *Indian Journal of Mental Health*, *9*(4), 403-406. https://doi.org/10.30877/IJMH.9.4.2022.402-405
2. Chatterjee, A., et al. (2021). Telehealth for mental health services in India: An analysis of the challenges and opportunities. Journal of Health Communication, 26 (3), 205-215.
3. Dandona R, Kumar GA, Dhaliwal RS, Naghavi M, Vos T, Shukla DK, et al. Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990–2016. Lancet Pub Health 2018;3(10):e478–89. https://doi.org/10.1016/S2468-2667(18)30138-5
4. Dash S, Aarthy R, Mohan V. Telemedicine during COVID-19 in India—a new policy and its challenges. J Public Health Policy 2021;42(3):501–9. 12. The Health Ministry's flagship telemedicine service, "eSanjeevani," records 3 Crore tele-consultations [Internet]. [cited 2022 Sep 3]. Available from: https://pib.gov.in/pib.gov.in/Pressreleaseshare.aspx?PRID=1809569https://doi.org/10.1057/s41271-021-00287-w
5. GBD Compare | IHME Viz Hub [Internet]. [cited 2022 Sep 1]. Available from: http://vizhub.healthdata.org/gbd-compare
6. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet Psychiatry 2022;9(2):137–50. https://doi.org/10.1016/S2215-0366(21)00395-3
7. Gupta, N., et al. (2019). Mental health in India: A review of the current state. Indian Journal of Psychiatry, 61 (4), 332-340.
8. Jacob KS, Sharan P, Mirza I, Garrido-Cumbrera M, Seedat S, Mari JJ, et al. Mental Health Systems in Countries: Where Are We Now? The Lancet 2007;370(9592):1061–77. https://doi.org/10.1016/S0140-6736(07)61241-0
9. Kumar, S., & Bhatnagar, A. (2020). The influence of media on health awareness: A study on health campaigns. Journal of Media and Health, 7 (2), 117-127.
10. Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. PLoS Med. 2006;3(11):e442. https://doi.org/10.1371/journal.pmed.0030442
11. Minges, M. (2017). Mobile technologies and mental health in the Global South: Emerging research and policy priorities. Global Health Action, 10(1), 1337445. https://doi.org/10.1080/16549716.2017.1337445
12. Patel, V., et al. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392 (10157), 1553-1598. https://doi.org/10.1016/S0140-6736(18)31612-X
13. Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, et al. The Lancet Commission on global mental health and sustainable development. The Lancet 2018;392(10157):1553–98. https://doi.org/10.1016/S0140-6736(18)31612-X
14. Ramachandran, P., et al. (2020). Adoption of telehealth services in mental health: Insights from recent research. Journal of Telemedicine and Telecare, 26 (7), 429-437.
15. Telecommunications Regulatory Authority of India (TRAI). (2019). The Indian Telecom Services Performance Indicators. https://www.trai.gov.in/sites/default/files/PIR_Report_26042019.pdf
16. The Global Burden of Disease: 2004 Update [Internet]. [cited 2022 Sep 1]. Available from: https://www.who.int/publications-detail-redirect/9789241563710
17. The schizophrenia drug-treatment paradox: Pharmacological treatment based on the best possible evidence may be hardest to practise in high-income countries. The British Journal of Psychiatry (ONLINE) countries/
18. Venugopal VC, Mohan A, Chennabasappa LK. Status of mental health and its associated factors among the general populace of India during the COVID-19 pandemic. Asia-Pac Psychiatry 2022;14(2):e12412. https://doi.org/10.1111/appy.12412

AUTHOR PROFILE

Kashish Dua, MA in Psychology, BA in Psychology (honours), in my journey towards becoming a researcher, I've had the privilege of immersing myself in the rich tapestry of human behaviour and cognition alongside renowned professionals in the field. My formative years at BBPS Noida laid the foundation for my academic curiosity, where I first began to ponder the complexities of the mind. Transitioning to the University of Delhi for both my undergraduate and postgraduate studies was a transformative experience, where I delved deeper into the realms of psychology, exploring its multifaceted dimensions with fervour and dedication. These educational milestones not only provided me with a robust theoretical framework but also fostered a hands-on approach, enabling me to apply my knowledge in real-world settings. Through collaborative projects, research endeavours, and engaging discussions, I continually refine my understanding of psychology, driven by an insatiable thirst for knowledge and a profound desire to make meaningful contributions to the field.

Appendix

Survey Questionnaire

Knowledge

(Aims to understand the general public's knowledge and awareness of Tele Manas, a tele-mental health service)

How familiar are you with Tele Manas services?

How familiar are you with the features and functionalities of the Tele Manas app or website?

To what extent are you familiar with the pricing structure for Tele Manas services?

How familiar are you with the terms and conditions governing the use of Tele Manas services?

How familiar are you with the geographical areas where Tele Manas services are available?

To what extent are you familiar with any recent updates or changes made to Tele Manas services?

How familiar are you with the process of accessing Tele Manas services both online and offline?

How familiar are you with the benefits of using Tele Manas services?

How familiar are you with any limitations associated with Tele Manas services?

How familiar are you with the privacy and confidentiality measures that Tele Manas takes for its users?

© Copyright: All rights reserved.

Attitude

(Aims to understand the general public's attitude towards Tele Manas, a tele-mental health service)

Tele Manas services meet my expectations.
I trust Tele Manas to consistently deliver high-quality services.
I find Tele Manas' services to be convenient to use.
Tele Manas is responsive to clients' needs and queries.
I would recommend Tele Manas' services to others.
Tele Manas is innovative in its approach to service delivery.

Perception

(Aims to understand the general public's perception of Tele Manas, a tele-mental health service.)

Tele Manas services are reliable.
I perceive Tele Manas services to be user-friendly.
Tele Manas services have a positive impact on the community.
I trust Tele Manas to handle my personal information securely.
I trust the level of support and care received through Tele Manas.
I have a positive overall impression of Tele Manas' services.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of the Lattice Science Publication (LSP)/ journal and/ or the editor(s). The Lattice Science Publication (LSP)/ journal and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.

© Copyright: All rights reserved.