

Review

## A review on online counselling in COVID-19 pandemic: Indian perspective

Dr. Suneela Garg<sup>1</sup>, Urvashi Bisht<sup>2\*</sup>, Dr. M.Meghachandra Singh<sup>3</sup>

### ABSTRACT

The unseen side of COVID-19; the imminent mass anxiety and its long-term psychological implications are slowly expanding and getting deep rooted day by day as the pandemic continues. This results in individuals trying to get counselling and consultations online. The aim of this paper is to understand accessibility, availability and role of Online Counselling in Covid-19. A study conducted in China indicated the need for health authorities to provide online or smartphone-based psychoeducation and psychological interventions. With the much-needed increase in online psychological services implementation, countries will be able to focus on the mental health and well-being of people during the COVID-19 pandemic. Analysis of available literature shows the dire need for creating an emergency task force of public health experts in creating and executing evidence-based interventions.

**Keywords:** COVID-19, Psychological, Online Counselling

The World Health Organization (WHO) on March 11, 2020 declared the novel coronavirus (COVID-19) outbreak as a global pandemic. (1).

The emergence of COVID-19 lead to the advent of research studies to understand its psychological impact on people. One such survey conducted assessing levels of psychological impact, anxiety, depression, and stress amongst general population in 194 cities in China during the initial stage of the COVID-19 outbreak, Wang et al. reported 53.8% respondents experiencing psychological impact as moderate or severe; 16.5% moderate to severe depressive symptoms; 28.8% moderate to severe anxiety symptoms; and 8.1% reported moderate to severe stress levels. In addition, it was found that 84.7% spent 20-24 hours at home and 75.2% were found worried about their family members contracting COVID-19. Another finding from the study indicated the need for health authorities to provide online or smartphone-based psychoeducation and psychological interventions. (2) Cao et al. evaluated the psychological condition of Changzhi medical college (China) students due to COVID-19. It was observed that 0.9%, 2.7%, and 21.3% respondents experienced severe, 2.7% moderate, and 21.3% mild anxiety respectively.(3) Another

<sup>1</sup> Director Professor (HAG), Dept. of Community Medicine, Maulana Azad Medical College, Delhi & India

<sup>2</sup> Field Investigator, Dept. of Community Medicine, Maulana Azad Medical College, Delhi & India

<sup>3</sup> Director-Professor, Dept. of Community Medicine, Maulana Azad Medical College, Delhi & India

\*Responding Author

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significant study on mental health of medical workers in Wuhan, China reported medical workers encountered high risk of infection, inadequate protection from contamination, overwork, frustration, discrimination, isolation, patients with negative emotions, a lack of contact with their families, and exhaustion. These factors resulted in stress, anxiety, depressive symptoms, insomnia, denial, anger and fear amongst medical workers. (4)

Social Media has also been found as a contributing factor to the psychological distress reported by the people amidst COVID-19. In a survey conducted on 1000 Koreans by the Seoul National University Graduate School of Public Health, Jun et al. concluded that watching media news about covid-19 made the respondents experience 60.4% anxiety, 16.7% fear, 10.9% shock and 6.7% anger. (5)

### ***Need for Psychological Support***

The psychosocial impact of the epidemic, the development and implementation of mental health assessment, support, treatment, and services are crucial and have become indispensable need for the health response to COVID-19 outbreak.

Even though it can be noticed that various medical institutions and universities across China have opened online platforms to provide psychological counselling services for patients, their family members, and other people affected by the epidemic. However, Li et al claimed that the mental health needs of patients with confirmed COVID-19, patients with suspected infection, quarantined family members, and medical personnel have been poorly handled. (6)

A recent study conducted in China highlighted the urgent need for timely mental health care for COVID-19 as the people in isolation are likely to experience fear about the consequences of the contagion, anxiety, insomnia and mental distress. People in quarantine might experience boredom, loneliness, anger, anxiety and guilt about the effect of contagion and stigma on family and friends. (7) The use of telemedicine or technologies to support and promote long-distance clinical care, education, and health administration, has increased dramatically in the past decade. Common modalities include live video teleconferencing, store-and-forward technology (eg, radiograph readings), remote patient monitoring (eg, telehealth coverage of intensive care units), mobile health applications, text, and email. (8)

Wang et al. in their recent study suggested the content of psychological interventions (for example Cognitive Behavioral Therapy) preferably to be delivered online or via telephone to avoid the spread of virus. The findings of the study also suggested behavior therapy focusing on relaxation exercises to counteract anxiety and activity scheduling to counteract depression in the home environment. The majority of the general population in this study was homebound for 20–24 hours per day during the epidemic. It led to the need for potential interventions which may benefit the mental health of general public during the COVID-19 pandemic. (9)

A review of Mental Health Services in China has underlined establishment of free 24- hours online psychological counselling services on all days of the week (eg, We Chat-based resources) by mental health professionals in medical institutions, universities, and academic societies throughout all 31 provinces, municipalities, and autonomous regions in mainland China. Online psychological self-help intervention systems, including online Cognitive Behavioural Therapy for depression, anxiety, and insomnia have also been developed. In addition, several artificial intelligence (AI) programmes have been put in use as

interventions for psychological crises during the epidemic facilitating the development of Chinese public emergency interventions.(10) An eminent private organization American Well published a report Telehealth Index: 2019 Consumer Survey which illustrated the majority of the consumers (66%) are willing to use telehealth and less than 1/10<sup>th</sup> of their sample population (8%) have tried it so far. The report also depicts youth (18-34 years) is willing to utilize telehealth services more as compared to any other age group (> 34 years). Surprisingly, concern about using technology was not a major barrier to telehealth adoption. In fact, only 16% elderly, 9% millennials were concerned about the technology suggesting elderly are becoming tech-savvy as the younger generation. Individuals aged 45-54 years were most concerned about the technology. (11)

### ***Online Counselling and COVID-19***

Considering the fact that healthcare facilities could be sources of contagion, attention has focused on new models of care that avoid face-to-face contact between clinician and patient. In this era of technology and amidst a pandemic, many hospitals have moved to providing online psychotherapy to psychiatric patients through video conferencing platforms such as Zoom, Webex, Skype, Google meet etc. to minimize virus transmission from face to-face therapy.

There has been particular interest in video consultations, which are already being rolled out in many countries as part of national digital health strategies. (12) It can be seen in countries like England where mental health crisis services are being rolled out with new alternative forms of providing mental health service such as safe havens and crisis cafes as part of the National Health Service (NHS) Long Term Plan in March, 2020.(13) On February 7, 2020, the National Health Commission of the People's Republic of China issued "Guidelines for the Work of Psychological Assistance Hotlines during the Prevention and Control of New Coronary Virus Pneumonia Outbreaks" with the definitive objectives and principles of the psychological assistance hotline made specific requirements from the establishment of the hotline, hotline counselor, hotline management, supervision and ethics. (14) The Korean government has set up COVID-19 Psychological Support Groups at the National Trauma Center, National Mental Health institutions and mental health and welfare centers in metropolitan and smaller municipalities. The National Trauma Center has an around-the-clock hotline (02-2204-0001) for people who are confirmed as infected and their families (including the families of those who died of covid-19). (15) Findings of other studies concluded that online counselling seems to reduce the traditional social stigma toward seeking help and counteract social factors that may act as barrier for people in seeking help such as gender and physical appearance.(16)

India has also witnessed various universities and institution taking the initiative to reach out to masses providing mental health services to address the psychological impact of COVID-19. Mental health services have come online and with the advent of mental health chatbots, mental healthcare tools have become more accessible amidst the lockdown. Some of the best-known chatbots reported for mental health care during coronavirus pandemic are: Wysa, Woebot, Talk Space and Your Dost. (17) The Department of Applied Psychology in University of Mumbai is offering online mental health support through web-based counseling format to deal with the psychological impact of the COVID19 pandemic. (18) In Assam, the Assam Police and Department of Psychiatry from Guwahati Medical College (GMCH) created 6 toll free numbers for psychiatric care and services as a crisis call to the COVID-19 pandemic. (19) Calcutta University started free online counselling service on 8<sup>th</sup> April 2020 (20). National Institute for Empowerment of Persons with Multiple Disabilities

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in Chennai released Covid-19 Mental Health Helpline toll free number for on-call Psychological Counselling and Guidance Services. (21)

COVID-19 Response helpline number was launched on 7<sup>th</sup> April 2020 with the help of Delhi Commission for Protection of Child Rights (DCPCR) to provide immediate and effective crisis counselling for emotional support and to develop coping strategies to deal with this stressful time. (22) On 20<sup>th</sup> March 2020, a Bengaluru-based startup launched last year decided to turn their offline training space to online counselling platform Your DOST for the first time. (23) Another initiative launched in April 2020 as Gujarat's Mental Health Programme emerged, preparing for mass-counselling of citizens following the step-by-step plan under which those infected with coronavirus will be treated first, then those under home or institutional quarantine, then the rest of population. This programme has psychiatrists training 1,000 non-medical field students from universities across the State to handle the telephonic counselling of people calling helpline number 1100. (24) The Union Ministry of Health and Family Welfare (MOHFW) also launched a Psycho-Social toll-free helpline-08046110007. The website of MOHFW is loaded with informative videos, mind-relaxing contents, practical tips and suggestion to promote psychological care for people who may face mental health issues due to the countrywide lockdown. (25)

Tamil Nadu Psychology Association facilitated Mastermind foundation (Chennai) to bring together sixty psychologists from across India to offer counselling support in 11 languages 24/7 service. National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, is offering helpline support on a wide range of mental health concerns. Arpan-NGO (Mumbai) is offering chat-based counselling support via direct messaging on Facebook, Instagram, Twitter and through a live chat function. Mpower, along with Government of Maharashtra and Brihanmumbai Municipal Corporation (BMC), has also started a toll-free number to tackle psychosocial concerns over COVID-19. (26)

Meanwhile in March 2020, the Government of Kerala (GoK) adopted various projects like District Mental Health Programme (DMHP) providing counselling and psychosocial support for people in isolation and quarantine and DISHA a 24×7 tele-health helpline under Arogya kerala munder Department of Health and Family welfare was noticed strategizing and implementing mental health initiatives. The GoK Direct app, a mobile application was launched by the Kerala Start up Mission and Information and Public Relations Department which is seen as people friendly for its capacity to send SMS alerts to basic phones as well. (27) Sukoon Healthcare hospital in Gurugram launched a tele-counselling service on 8<sup>th</sup> April, 2020 not just for patients but anyone who is feeling anxious, depressed or helpless at home during the COVID-19 lockdown. (28) In Visakhapatnam, a team of 26 psychological counsellors came together to provide solace to those feeling anxious during corona time through online counselling. (29)

India has witnessed various educational institutions, private health services and government on the forefront providing multiple mental health initiatives, services and programmes to deal with the extreme psychological impact which the Indian population is facing and fighting each day since the emergence of the pandemic COVID-19.

### ***Effectiveness of Online Counselling***

As a result of the emergence of the internet, the continuous development of online counseling has been witnessed since the 1970s. Available evidence have demonstrated that the advantages of online counseling surpass that of offline counseling.

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A recent study attempted to highlight the significance of largely developing online counseling in Hong Kong among 502 hidden youth aged 12-24 years, who were in a state of social isolation, marginalization, and prone to emotional disturbances. The study compared between online, offline and integrated counseling (i.e., the combined use of online and offline counseling) in therapeutic outcomes. The Quantitative findings showed that integrated counseling was perceived as achieving the best outcomes among all the three forms of counseling, while online counseling was better than offline counseling. Explained by qualitative analyses, online and offline counseling had their unique advantages which were complementary to each other: While online counseling dealt with individual, psychological issues more effectively, offline counseling helped provide more substantial support in terms of real-time company and tangible resources. (32) An interesting article by Greenhalgh et al called attention to remote assessment in primary care in Covid-19. It suggested that telephone is a familiar and dependable technology, which is adequate for many covid-19 related conversations. However, video can provide additional visual information, diagnostic clues, and therapeutic presence. Hence, video may be appropriate for sicker patients, those with comorbidities, those whose social circumstances have a bearing on the illness, and those with heightened anxiety. (33)

Another study attempted to explore patients and clinicians experiences of Video Consultation (VC). The participants reported positive experiences of VC and found it particularly helpful for those working people, or with mobility or mental health problems. VCs were considered superior to telephone consultations in providing visual cues and reassurance, building rapport, and improving communication. (34)

## **CONCLUSION**

There has been limited exploration of on the use of online counselling and its impact during COVID-19 pandemic among Indian population. The available evidence on online

counselling during COVID 19 create an impetus for growth of online counselling in India to prevent severe psychological impact in future.

It can also help in policy formulation and implementation of evidence-based interventions of mental health services in the country. As the COVID-19 pandemic continues to ravage the human population globally, it is recommended to conduct more studies on the psychological impact of online counselling which can provide vital guidance for the development of a psychological support strategy and areas to prioritize during the COVID 19 pandemic.

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