

Accessibility and Availability of Emotional Support services in India: A Thorough Review of Online Working Models

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ABSTRACT

The present paper aims to review the mental health resources currently available in India for individuals seeking online or on-call counseling services during crisis situations. A comparative literature review was used to identify the strengths and limitations of the different helplines currently available in India. A list of helplines and services were reviewed and interviewed to understand their working model and whether they were actively functioning. Findings from this study can help in determining and facilitating the presence of culturally appropriate, easily accessible as well as valid and genuine helpline resources across the country.

Keywords: *Helplines, Online Counselling Services, Mental Health, India*

In recent years, mental health care providers in India are moving beyond the conventional idea of a counselling setup. This idea of counselling involves a counsellor and client being present in the same physical space (Murphy & Mitchell, 1998). However, considering the advances in technology in recent years and the advent of the global pandemic, mental health care providers have been quick to embrace and adapt to the digital transformation. Counselling is now also provided through innovative mediums such as email, chats, phone calls, and video calls.

Online Counselling, also referred to as e-therapy or tele-counselling, became recognized as early as the 1990s, with the establishment of the International Society for Mental Health online but, it is only now that it is gaining acceptance. It refers to different means of communication, including online self-help guides, psychological tests, assessment, single-

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session psychological consultation through email, and various types of synchronous/asynchronous support groups and counselling (Callahan et al., 2012).

There are several advantages to online mental health interventions, such as anonymity, accessibility, affordability, convenience, and flexibility (Li et al., 2013). Thus, understanding the significance of digital technology in the evolving Indian mental health scenario is crucial. According to the WHO's National Mental Health Survey Reports (2017), India has only 0.07 psychologists and 0.3 psychiatrists for every 100,000 population. Expediting the need, 150 million people in India require therapy or mental health assistance. These alarming statistics call attention to the skewed ratio of qualified mental health professionals to help seekers. This paucity of professionals, particularly in a country like India, contributes to the enormous mental health treatment gap and augments the need for online support.

Research studies have established that therapy and other mental health services provided online are equivalent to face-to-face care and accepted as an alternative (Kumar et al., 2017) (Chakrabarti, 2015). To add to that, the explosion of smartphone users with stable internet connectivity creates new pathways to connect clients to therapists through calls, email, or chat. People who find travelling difficult, including the elderly and individuals with disabilities, or face language barriers find online counselling especially beneficial (Powell, 1998). Another plausible advantage of online therapy is that the lack of social cues in the environment may increase communication about emotional issues while creating an illusion of privacy. Additionally, people tend to respond more honestly to psychosocial assessments that are computer-based, especially clients who have feelings of shame or problems that are deemed socially embarrassing (Finfgeld, 1999) (Wellman, 1997). There are, however, some disadvantages to online counselling, such as issues with cybersecurity and encryption, underqualified counsellors, and technology failures. The most common concerns reported through online practice are difficulty in relationships and mood disorders. Anxiety, separation, and adjustment disorders are other commonly reported concerns (Maheu & Gordon, 2000). It indicates the preference for web-based interventions for mild and moderate disorders rather than more severe symptoms (Gun et al., 2011). From the perspective of service providers, the complete absence of verbal and visual cues online, or their inability to read non-verbal cues from the other side of the telephone in the case of helplines, have been globally identified as roadblocks to a successful mental health intervention. Yet, the fact that online services continue to thrive alongside face-to-face counselling proves that online counselling and helplines — in fact, the very advent of technological interventions in the field of mental health — have changed our understanding of human interactions and relationships.

Despite these concerns, overall research shows that online-based therapy interventions produce significantly effective outcomes. The clients involved in the process also rate the working alliance with therapists more favorably for online rather than face-to-face sessions (Luo et al., 2020). Regarding theoretical orientation, more structured therapies such as cognitive behavioural therapy (CBT) and rational emotive behavioural therapy (REBT) may be more successful when adapted to the online format (Rochlen et al., 2004).

Online counseling: scope of apps and helplines

Along with the digitization of the counselling setup, the advent of technology has brought about novel courses of providing psychological first aid as online helplines and text-based

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emotional support services. These developments enhance the outreach of mental health awareness programs and psychoeducation making it easier for people to move towards taking therapy. In the past few years, there has been a proliferation of web and smartphone-based apps that provide mental health services. A 2015 World Health Organization (WHO) review found that out of 15,000 apps that looked at health, 29% of them focused on mental health concerns. Prominent organizations like the National Institute of Mental Health (NIMH) in the United States have acknowledged that mental health apps are a low-cost and scalable approach to addressing the mental health treatment gap. On the whole, research supports the idea that mobile-phone-based apps and services can deliver effective mental health interventions for a range of concerns such as depression, anxiety, post-traumatic stress disorder, and substance addiction (Chandrashekar, 2018).

Presently, telephone crisis hotlines have proliferated to over 60 countries, providing invaluable contributions to suicide interventions and prevention. Moreover, the work of these helplines has gone far beyond suicide prevention, and concerns dealt with today include family, career and, caregiver stress. An evaluation of crisis helplines in the United States revealed a relatively significant decrease in the help seeker's stress level as identified through a follow-up assessment. The helplines were also effective in eliminating the intent to harm or kill themselves in a significant number of cases. (Kalafat et al., 2007). Progressively, various stakeholders such as general practitioners, helpline staff, and callers have evaluated helpline services positively (Morgan et al., 2012). Overall, a report from the Lifeline Research Foundation based in Australia (2013) states that "goals of providing crisis support and reducing the immediate risk of suicide" have been delivered by crisis hotlines.

Rationale

The justification for the success of online portals or suicide prevention helpline numbers lies in understanding the evolution of human relationships and help-seeking behaviour in relation to mental health services, with the advent of technological advancement. Globally, previous studies have highlighted the reasons for individuals seeking support through online mediums differs from seeking professional help face-to-face. However, the factors working behind individuals reaching out for telephone/web/app-based counselling needs to be examined by studying the functionality of the online services and helplines, their scope and quality of their services in a country with diverse geographical regions and languages (Novotney, 2017). In the Indian context, mental health issues permeate a diverse socio-economic fabric, and so several combinations of these socio-economic factors must be considered. There is also a dearth of scholarly research on the available alternate mental healthcare services and how they differ from face-to-face consultation and counselling. To probe further into the advantages and disadvantages of using and operating online services as opposed to "face-to-face supports" (Callahan & Inckle, 2012), it becomes necessary to review the existing services, thereby contributing to the current body of research on this subject within the Indian context. It is against this background that this study, acknowledging the rapid proliferation of mental health services provided to individuals from a distance, takes a preliminary step towards listing out and examining the scope and quality of some of the available apps and helplines in India which provide immediate support and point out professional sources for further counselling.

Objective of the study

- The primary objective of the study is to assess the scope and quality online mental health helplines that are available in India.

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- Understand the role of online mental health organizations in providing care and support to health seekers.

METHODOLOGY

An exhaustive review was conducted to create a list of mental health helplines available in India, along with organizations providing online mental health support. The list was created by running key-word searches on Google for online services in times of need; this yielded the desired results and gave information about certain helplines and applications and portals. The search words used on Google and Google Scholar were – “mental health helplines”, “suicide helplines”, “suicide prevention”, “mental health”, “intervention”, “India”, “phone counsel”, “toll-free”, “Professional Help” and “apps”. Thereafter, semi-structured or unstructured interviews were conducted to extract information pertaining to the nature and scope of their work, whether the services are charged, their availability and client characteristics. We also perused the available data and literature, which were inclusive of newspaper articles and online articles. A qualitative methodology was used in order to further explore and understand the model being used by helplines and organizations with a focus on their online work. The structure of the interviews is laid out in Appendix A and Appendix B.

RESULTS

Out of a total 22 helplines that were interviewed, only 10 helplines were found to be actively functioning. Table 1 consists of all the helplines that were effective and operative, along with all the responses extracted as part of the interview. Table 2 consists of the organizations interviewed as part of the study and the nature of their services.

Table 1: Online Emotional Support Helplines

S. No	Mental Health Helpline	Helpline Number	Additional Info (Email & others)	Timings	Toll Free or Not	Location	Language
1	Fortis Helpline	Stress 8376804102		24/7 Monday - Sunday	Free	Pan India (even intl)	English, Hindi (connected to someone who speaks the language)
2	NIMHANS	080-46110007		24*7	Toll free	Pan India	Hindi, English
3	Parivarthan	917676602602	parivarthanblr@gmail.com.	(Mon-Fri 1-10PM)	Call charges may apply	Pan India	Telugu Tamil Kannada Punjabi Marathi English and Hindi
4	Youth 4 Peace Helpline	7303762763		10 am to 6 pm	Call charges may apply	Pan India	Hindi, English
5	BMC-Mpower	1800-120-820050	Only for Maharashtra, 18+	24*7	Toll free	Only for Maharashtra, 18+	English, Hindi, Marathi
6	Sumaitri	011-23389090, +91-9315767849		02:00 PM - 10:00 PM -- Monday to Friday 10:00 AM - 10:00 PM on Saturday & Sunday	Call charges may apply	Centres all over India, based in Delhi	English, Hindi, regional
7	Lifeline	033-40447437, +91-9088030303		10:00 AM - 10:00 PM Monday to Sunday	Call charges may apply	All India	Bengali, Hindi, English
8	Arpita Suicide Prevention Helpline	+91 80 23655557, +91 80 23656667	arpita.helpline@gmail.com	10:00 AM - 10:00 PM Monday to Friday	Toll free	Pan India (even intl)	English, Hindi, Tamil, Bengali, Assamese, Kannada, Malayalam, Telugu, Konkani
9	Connecting Trust Suicide Helpline	91-9922001122; 9922004305	distressmailsconnecting@gmail.com	12:00 PM - 08:00 PM mon to sat	Call charges may apply	Pan India	English, Hindi, Marathi
10	Sangath helpline	011-41198666		10am - 4pm daily	Toll free	Pan India	English, Hindi, Marathi, Konkani

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Table 2: Organizations Provided Online Services

Name of Organization	Nature of Service
You're Wonderful Project	Peer Counselling in Text Based Format and Online Counselling
Mindpeers	Workshops, Group Sessions, Individual Counselling
Sangath India	Tele-Helpline, Public Engagement Campaigns and Psychoeducation
Your Dost	Internet Based Counselling and Emotional Support
Baatein Ankaheesi	Support Groups and Individual Counselling

DISCUSSION

While no dearth of helpline resources were found that claim to extend mental health services in India, a compiled database of actively functioning helplines seems to be missing. It was alarming to see most of the helplines that claim to be functioning lacked authenticity and existed only in name. Past literature has pointed towards an increase in pseudo-online services being extended in the name of online counseling with the increase in web-based services and the development of the knowledge economy. Hence, it becomes pertinent to identify such online services that are authentic in the services they provide. In our study, we have also identified and discussed some organizations providing online services currently active in India. These organizations work towards providing emotional support through online and peer counselling, text-based platforms and psycho-educative workshops. Like the inactive helplines, we also identified certain unethical practices of providing online counselling through social media platforms where the service providers were mere school students. This highlights the existence of malpractices in the field of online counselling, thereby encouraging health seekers to avail service only after prior verification.

1) **Helplines providing emotional support** - Most of the helplines reviewed in this study are functioning across India, also attending to international callers such as Fortis 24x7 Stress Helpline, NIMHANS, Parivarthan, Youth 4 Peace Helpline, Sumaitri, Lifeline, Arpita Suicide Prevention Helpline, Connecting Trust Suicide Helpline, Sangath helpline. Helplines such as Fortis Stress Helpline, NIMHANS, BMC-Mpower are available twenty-four hours a day, seven days a week while most others are available on specific days and hours of the week. The majority of the helplines reviewed in our study are available in Hindi and English along with other regional languages.

Crisis Helplines - Arpita is a suicide-prevention helpline that is free and available from 10 AM to 10 PM, Monday to Friday. The volunteers are comfortable with speaking in a range of languages such as English, Hindi, Tamil, Bengali, Assamese, Kannada, Malayalam, Telugu and Konkani. **Connecting Trust** also runs a suicide prevention helpline that is available on selected hours from Monday to Saturday in three languages majorly English, Hindi and Marathi.

2) **Organizations providing emotional support**

Peer support involves the provision of support and services to persons with mental illness by individuals who have a current or past experience of mental health problems (Davidson et al. 2006). Peer support is based on the idea that a person who has experience of a mental health

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problem is better placed to empathize and understand the difficulties and barriers to recovery of another. Mutual sharing and peer modelled learning may help promote self-efficacy and recovery (Salzer & Shear, 2002). There are many types of peer support ranging from informal peer support groups, which are loosely structured at one end to a more professionalized form where peer support workers are employed by mental health services and work alongside other mental health professionals (Lloyd-Evans et al. 2014).

You're Wonderful Project is an organization providing online mental health support through trained peer supporters in a text-based format. This platform provides psychological first aid to people in a robust and quick fashion. Help seekers are psycho-educated, provide immediate support and referred to a mental health professional for further guidance. Thus, increasing accessibility of mental health and help in bridging the gap. **YourDOST** provides internet based counselling and emotional support platform designed to promote mental wellness. It connects individuals with the suitable expert drawn from a pool of psychologists, psychotherapists, counselors, life coaches, career guides and other individuals with rich and deep life experiences, with the aim of understanding and guiding the client through confidential and anonymous individual sessions.

Mindpeers is a mental health platform focusing on intervention, promotion and prevention of mental health issues. It promises to be a system that makes mental health a personal journey again by focusing on intervention, promotion and prevention of mental health issues. It uses a step care model by organizing workshops for psychoeducation, addressing stigma and encouraging for mental health care through group sessions, and ultimately providing need based individual counselling. **Sangath** is an organization actively functioning for the past 25years. This organization works towards addressing stigma and taboo for all age groups in various forms such as tele-helpline, public engagement campaigns, and uses storytelling as a model to reduce stigma around mental health. ItsOkayToTalk is one such social media-based campaign that provides free mental health resources to people. **Baatein Ankaheesi** is a platform creating spaces for conversations by organizing support groups along with connecting health seekers to counsellors and therapists. This platform allows younger generation to access help through ways beyond the traditional counselling setup. These support groups are led by individuals trained in facilitation, cases beyond the realm of a support group program are referred to professionals. The primary objective of most of these organizations is to address stigma and taboo towards mental health amongst young adults.

CONCLUSION

In a country like India, the whole notion of mental health remains shrouded in mysteries, myths and misconceptions. Little effort is made to challenge this stereotype or increase awareness. In a situation like this, the physical event of going to therapy or seeing a professional steers gossips, jokes and more extremely, social stigma and ostracization. These social norms dictate whether or not a person seeks professional help and how they do so. It is precisely this stigma that has aided primarily in the development and subsequent popularity of web-based counselling services. Today, a number of websites claim to extend online counseling services either for a minimal charge or free of cost. However, the authenticity of the same remains up for speculation. Little effort has been made to examine these claims and to determine their training or expertise. The present paper aims to fill this gap through a systematic review of literature to further the understanding of online counseling services, and, most importantly it seeks to effectively review the mental health

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counseling helpline resources currently available in India for individuals seeking online or on-call counseling services during crisis situations. The paper also helps in expanding our understanding of the specificities mental health platforms can adhere to, such as response time, language, availability, etc., while providing these services. Finally, the paper can help lay the groundwork for further research within the realm of mental health services.

Limitations and future directions

This research seeks to capture the influence of an underexplored phenomenon of online mental health services offered particularly in the Indian setting, it can help in equipping for the future in terms of furthering our understanding of mental health and the various kinds of help services being. The findings can be further used to develop mental health interventions by professionals, psychologists or organizations to promote the well-being of the individual, and by extension, the society. Additionally, developing a platform for increasing mental health awareness and accessibility should also be looked into.

The topic can be further studied in greater detail using a comparative analysis of different kinds of therapy models that can be effectively implemented online, and the impact of the same. The present study focuses on the effectiveness of mental health services provided online. Future research can build on this and compare the effectiveness of already prevalent hotlines in terms of help provided and the subsequent effect on the individual's well-being. Moreover, there is a need to comprehensively try and tackle the issues around mental health and work to remove the stigmas around the same through raising awareness, encouraging acceptance of mental health difficulties, promoting prevention and facilitating adequate intervention through a strong, research-oriented course of action.

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Conflict of Interest

The author(s) declared no conflict of interest.

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Appendices

Appendix A: Interview Questions for Mental Health Helplines

1. What are the platforms through which online support can be accessed apart from the helpline? Text/Email
2. What are the days and timings at which the helpline operates?
3. Are the services chargeable?
4. Are there any limitations to the locations that the helpline can be accessed from?
5. What are the languages in which the services are available?
6. Any additional information that the health seeker should know about?

Appendix B: Interview Questions for Organizations providing Online Emotional Support

1. How long has the organisation been functioning for? Approximately, how many help-seekers have you provided support to?
2. What are the main objectives of the organization?
3. What do you find most rewarding about being part of the organization? What has been the highlight of the tenure?
4. While working towards providing support, what help-seekers or concerns do you find most challenging to deal with? Were you able to overcome it?
5. Which case(s) have you found relatively easier to deal with? What do you think have been the organisational strengths?
6. What is the nature of complaints, age group and preferred pronoun use of the people that reach out to you for help, mostly?
7. Based on your experience, what would you say is the working model of your organization?
8. On a scale of 1-7 (with 1 being not effective at all, and 7 being extremely effective), how effective do you believe your organization is in improving access to professional and emotional support services?
9. Do you feel that in acting as an emotional support in your current position, you are able to adequately address stigma surrounding mental health?
10. How likely do you feel help seekers are to return to your organization in times of need? What are the possible reasons for their return?
11. What according to you are some barriers that service users may face while accessing and engaging in help-seeking online?