



## A novel approach to address the novel threat

### Abstract

The editorial highlights the mental health initiative of the Government of Assam, India through the Monon: Assam Cares programme to deal with the coronavirus disease 2019 (COVID-19) pandemic. Through this initiative, trained mental health professionals proactively reached to people with COVID-19 to provide psychological aid.

**Keywords:** Mental Health Professionals. Teleconsultations. Psychosocial Factors.

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Assam, one of the eight North-Eastern (NE) states of India, has a population of 3.1 million.[1] Here, the first novel coronavirus disease 2019 (COVID-19) positive case was reported on 31 March 2020,[2] reaching almost 20 thousand confirmed cases in just three and a half months.[3] Like the rest of the world, the government has resorted to intermittent lockdown along with the norms like physical distancing, wearing masks, and hand hygiene measures.

In view of lockdown and mental health challenges faced by sudden lockdown, on 11 April 2020, a group of authors drafted, peer-reviewed the content, and released the Best Practice Guidelines for Telepsychology during Disasters (COVID-19 Pandemic).[4] The Committee on Mental Health, constituted by the Government of Assam, approved the Best Practice Guidelines and subsequently uploaded on the website of the National Health Mission, Health & Family Welfare, Government of Assam, along with video modules.[5]

The Government of Assam started a mental health support programme, named “Monon” (meaning ‘the act

of discerning’) for COVID-19 positive individuals and quarantined persons in the state. The Monon: Assam Cares programme was launched on 13 June 2020.[6] Based on the guidelines, a team of mental health professionals were trained through webinars and personal communications. Through the programme, this team consisting of psychiatrists, psychologists, social workers, and counsellors started calling the COVID-19 positive individuals in the state of Assam. The trained service providers made the telephone calls via “Sarathi” (meaning ‘driver’) – ‘104’, a health helpline.[7]

Inquiry about health and well-being was made. Physical, mental, and social health were evaluated. Depressive, anxious, suicidal (when found necessary), and sleep issues were probed. Interventions, if required, were provided through teleconsultation, including telemedicine according to the Telemedicine Practice Guidelines, notified by the Government of India.[8] The tele-mental health services provided was free of cost, i.e. the service providers did not charge any fees from anyone while doing

the intervention during this time of pandemic; hence, termed “voluntary”.

In phase 1 of Monon during the first week, we have observed that most of the beneficiaries who are/ were in institutions/ isolation centres, have mental health-related symptoms secondary to psychosocial factors rather than the disease itself. Starting from financial reasons to staying away from family and friends, these psychosocial factors also included certain COVID-19 specific concerns as well, like stigma and discrimination.

Incorporating the above-mentioned psychosocial factors and concerns into the plan of action, Monon entered phase 2 and 3. Within three weeks, 5387 unique beneficiaries were proactively contacted. Satisfaction and appreciation of the beneficiaries for this unique approach (novel approach for novel threat) of Monon service providers reaching out first instead of waiting for the needy to initiate the process, have boosted the morale and enriched the mental health initiative from this part of the globe.

Tele-mental health is now going to be the rule rather than the exception, globally.[9] Thinking in advance to deal effectively with the consequences of the pandemic, including rehabilitation, the earlier group of authors has come up now with the Guidelines for Mental Health and Psychosocial Support Services during Pandemic.[10]

In reference to the Government of India's directions, we would like to state that Assam had already taken steps to bridge the gaps in mental healthcare and the Assam model is the only model in India which has been of individually reaching out to people who are COVID-19 positive to address their specific issues related to the mind. The issues are well documented from each and every individual to address their needs as part of the Assam Government plans for the future. Keeping in view of the increased need of mental healthcare in general population and patients having COVID-19 as well, the government has started thinking about psychosocial rehabilitation for long-term care and services.

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