

# Effectiveness of Tele-mental Health Services among Adolescents: A Study with Special Reference to Madhya Pradesh

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## Abstract

India consists of the 253 million adolescent population, which is the largest population in the world. (Census 2011), and the increasing incidences of mental health issues among them such as suicidal tendencies, anxiety, depression, low self-esteem, lack of confidence, social isolation is a matter of greater concern. According to the report of World Health Organization (WHO), 1 out of 4 adolescents experiences such symptoms leading to cause of deaths among them. The Madhya Pradesh is the 2nd largest state in India with 7.2 million population having 53 districts (Census 2011). National Institute of Mental Health Survey (2015-16), supported by Ministry of Health & Family Welfare, reveals that the treatment gap for mental health problems is about 91% in the state of Madhya Pradesh along with high suicidal risk and substance use in the state (NIMHANS, 2016). It is also considered as a high priority State for Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A). According to this report, the mental illness among individuals less than 18years of age is found to be 13.9%. Through the National Mental Health Programme, Government of India has launched various initiatives to address adolescent mental health. Despite of addressing mental health issues through traditional means among adolescent population, the use of technology has profoundly impacted to provide mental health services even to the remotest areas. Presently Tele counselling has become an important medium of addressing such issues through skilled professionals. The article aims to understand the effectiveness of tele-counselling services in the State of Madhya Pradesh. The study also examines the challenges associated with the tele-mental health programme in order to make recommendations for future interventions. 10 adolescents of both genders in the age group of 10 - 19 year, who had used the tele-counselling service named Umang Kishor Helpline, were chosen for the study. Findings highlight the need, effects, potential of the service. It also suggests increased awareness about such services leading to greater reach of addressing adolescent mental health issues.

**Keywords:** Adolescents, Mental Health, **Tele-mental Health Services**, Tele counselling

## Introduction

The adolescent age is marked as a critical transitional phase from childhood to adulthood through significant physical emotional and social changes. Most of these factors along with limited access to

mental health services, resources, and support systems, lead to the prevalence of mental health issues among adolescents. Mental health issues among adolescents have gradually evolved into a silent crisis, gripping individuals across diverse cultural, economic, and geographic contexts. Globally, the prevalence of mental health conditions like anxiety, depression, self-harm, and eating disorders among adolescents, according to 'Adolescent mental health report' by (WHO 2021), has surged significantly. Many of these issues, if left unaddressed, can have long-lasting impacts, extending into adulthood and affecting life trajectories. Despite the growing recognition of adolescent mental health challenges, the existing support systems often fall short.

The Government of India has recognized the need to address adolescent mental health and has launched various initiatives, including the National Mental Health Programme (NMHP). However, there is still a significant gap in awareness, accessibility, and quality of mental health services for teenagers, particularly in rural and underserved areas. Another study by The National Mental Health Survey (NMHS 2016-17) shared that about 7.3% of Indians experiences mental health issues, who falls under the age group of 13 – 17 years, and are also in the need of intervention.

Moreover, early detection of mental health issues and early intervention of the same can play as major role for mitigating these challenges as stated in a study conducted on 'The Mental Health Services for Adolescents in the Digital age' by Olesgun (2024). It is very much challenging for most of the adolescents to access mental health related services for several barriers such as stigma, lack of youth friendly resources, limited knowledge etc. The consequence of this gap is a generation silently battling mental health issues without the necessary tools and support to thrive. Addressing mental health challenges during adolescence is not only critical for immediate relief but also for preventing the continuance of such issues into their adulthood. Early identification and intervention can help break the cycle of untreated disorders leading to long-term suffering and impairment. Timely intervention also contributes to a reduced societal burden. Adolescents grappling with untreated mental health issues are at risk of academic underachievement, substance abuse, self-harm, and even suicide. According to a report of WHO (2022) on addressing mental health in India, the persistence of treatment gap for all types of mental disorders ranged from 28% to 83% in India. The challenges adolescents face is multi-faceted, encompassing psychological, emotional, and social aspects. Adolescents equipped with effective coping skills, emotional resilience, and a strong sense of self are better positioned to navigate the complexities of life, establish healthy relationships, achieve academic success, and contribute positively to society.

The Mental Health scenario in India has undergone significant changes with respect to stigmatization, availability of access to resources and role of government. Currently, although there is an increased awareness about the need to seek mental health support yet there is a sense of hesitation to approach trained personnel, gap in access, less availability of trained personnel among others. Although there is a greater awareness of depression and anxiety, there are still major gaps about substantial mental health concerns like schizophrenia, OCD, childhood disorders such as ADHD, ASD among others. (Sourender *et al.*, 2018) in his study shared that in India, access to mental health care services has been very difficult to most of the children and adolescents as the number of psychiatrists providing effective adolescent mental health care services counts to one or two psychiatry for more than one million children.

Technological advancement has fulfilled the need of everyday life starting from buying and selling goods, initiating online businesses, developing carriers, doctor consultation and so on and so forth. These online platforms are the major source and connection for gathering information, making communication, thereby fulfilling various human needs. Similarly, the platform of online mental health counselling services provides a space for accessing support by the people of from remotest areas. A study conducted by (Java *et al.*, 2021) shares that the tele mental health services acts as a transformative solution to provide on time services and bridge various infrastructural and geographical gaps, thereby reaching populations of underserved regions. The COVIDpandemic was also a major push for utilising technology driven interventions to address adolescent mental health concerns. To this tele- mental health services play the pivotal role in making these services furthermore, accessible and acceptable WHO (2022). These services prove to be effective services especially in the case of peer pressure, academic stress, family conflicts and many more, (Kumar *et al.*, 2020).

The second largest state in India is Madhya Pradesh with 7.2 million population, and also a high priority state for Reproductive Maternal Newborn Child and Adolescent (RMNCH+A), (Census 2011). According to a study conducted by (Kokane *et al.*, 2021) on mental health issues in Madhya Pradesh, only 14% of the total population is covered under the District Mental Health Programme, with only 0.2% of total budget allocation for mental health by State Health Department of Madhya Pradesh. Moreover, it also shared that there exist only 2 mental hospitals in the state and about 14 medical colleges having Psychiatry Department that provides mental health care services, thereby creating huge treatment gap of more than 90% among population with mental health disorders.

As adolescents are experiencing a range of mental health problems, it is necessary to improve their mental health, identifying and encouraging approaches are very much necessary that adapts to and meet the changing needs of young people. The present study aims to identify the effectiveness of addressing these challenges through the technology of a telephonic helpline in the state of Madhya Pradesh, that aims to provide telephonic counselling services in all the 313 blocks of 55 districts in the state. This helpline is an initiative of Madhya Pradesh State Department of School Education and Directorate of Skill Development to address challenges and concerns related to adolescent mental health. It is a toll-free tele- counselling service known as Umang Kishor Helpline (UKH), initiated in the year 2020 to provide psychosocial counselling services to the adolescent population.

## **Review of Literature**

A systematic review conducted by (Zhou *et al.*, 2021), on online mental health interventions for youth, revealed that such interventions were found to be the most effective intervention for handling diverse mental health conditions among adolescents and youth. It also shared that though the online platform is one of the most frequently used platforms, further research towards mitigating its several challenges is very much necessary for its retention and improvement. Tele mental health services are effective solutions for treating and addressing mental illness globally as stated in a study conducted by (Langarizadehet *et al.*, 2017). It also shares that compared to in person mental health services, there are several advantages of tele- mental health services particularly in respect to greater reach to the remote areas and expenses incurred for it. Another study conducted by Shore *et al.* (2018), shares that the tele-mental health services in the form of interactive video conferencing has become an important tool to

deliver mental health care. In addition to this, it also explains the extent of different protocols that needs to follow for tele-mental health services related to informed consent, confidentiality, data storage etc.

Limiting the movement of community people and practicing social distancing during COVID pandemic lead to reduced coping skills for several illness among people, leading to stress and crisis for months, which worsened the mental health conditions. Accordingly, tele-mental health services during that time emerged as an alternative method to provide mental health care and psychological side effects as stated in a study conducted by (Whaibehet *et al.*, 2020). According to a study conducted by (Sagar *et al.*, 2022) on National tele-mental health programme in India, there is a deficit of mental health resources related to proper infrastructure and trained mental health professionals as well as treatment gaps of more than 80% in relation to the huge demands of mental health care services even before COVID 19 pandemic.

A study conducted by (Schaffer *et al.*, 2020) on tele-mental health care suggested that consideration of tele-mental health services should be made in areas where there are shortage of mental health practitioners and long queue of patients with mental health issues, in order to reduce the burden of mental illness in the healthcare systems. It also mentions different means of tele-mental health services such as video apps, telephone etc. without making any compromise in the quality of the services. Moreover, it shares that to provide quality care, accessible and sustainable services, it is very much necessary to have sufficient knowledge of different strategies to mitigate the barriers associated with tele-mental health services.

There are several advantages as well as challenges of using tele mental health services as stated in a study conducted by (Kommuet *et al.*, 2020) on telepsychiatry for mental health service delivery to children and adolescents. It shares the advantages such as reducing the need for travel, on time treatment and evaluation, immediate coordination during emergency. The challenges that have been shared are lack of adequate knowledge and awareness, involvement of dual agencies at the same time and maintaining protocols or legal regulations.

This shows that the use of technology in the field of psychosocial health plays a very important role for addressing several mental health issues among adolescents. It can make a greater reach within a short period of time as compared to any other traditional means of mental health services. As compared to face-to-face counselling services, the utilization of different apps, video conferencing etc also deserves special mention for its quick accessibility as well as affordability. As discussed above, the tele-mental health services are bound to expand and scale up for its inexplicable services provided, thereby utilizing the technological advancement.

### **Objectives of the Study**

- To explore the effectiveness of tele-mental health programme with special reference to Umang Kishor Helpline (UKH) in the state of Madhya Pradesh.
- To identify the challenges associated with the tele-mental health programme.

### **Methodology**

Exploratory research design was used to understand the experiences of adolescents in the age group of 14-19 years in Madhya Pradesh. The adolescents, who sought help from the Helpline from 1<sup>st</sup> January, 2024- December, 2024 were the participants of the study. 10 cases were purposively selected based on

the following criteria such as gender, area and nature of mental health concerns. An in-depth study of 10 reported cases were done. All research ethics were maintained during the course of the study. From the outset of this research endeavour, as ethics was of central concern, issues like confidentiality, anonymity, prior informed consent, non-coercion and non-manipulation etc. were given due attention.

## Case Studies

### *Case 1*

Deepa (Name changed) called the helpline and shared that her marriage had been fixed, and she was barely 16 years old from Rajgarh, a rural district of Madhya Pradesh and did not want to get married. Deepa mentioned during the call that she had not seen the boy she was supposed to marry; perhaps he was 20-22 years old. She wanted to continue her studies, but her family was forcefully arranging her marriage. There was no support for her at home. She also shared in the call that the wedding date was fixed for 14<sup>th</sup> April 2024 and now she did not know what to do. The counsellor primarily provided Psychological First Aid (PFA) and encouraged Deepa to eat and care for herself. The counsellor explored Deepa's support system at first. She was referred to Child Line and given emergency help information. A call pact was established for normalizing her emotions. In the follow up call discussions on the legal age of marriage and child rights were made. Through the next call Deepa informed that Child Line had directed her case to the local police for assistance. The counsellor then encouraged her to rebuild her support system and provided contact details of local police for further assistance. The tele-mental health service appreciated her for seeking help and advised on seeking emergency help through (Dial 100). In the very next call, Deepa updated that she was in touch with Child Line but no help has arrived yet. Psychological First Aid was provided again, and she was referred to Gaurvi/Sakhi for assistance. A call pact (follow up calls) was made to keep us updated on her progress. Deepa called the Helpline again. It was found that she felt relieved and empowered. She recounted how the counsellor had eased her fears and informed her of her rights. After the police intervention her family had agreed not to pressure her into marriage.

### *Case 2*

Manju, (Name changed) a 16-year-old girl from Damoh, a semi-urban district of Madhya Pradesh expressed her feeling of being stressed because someone attempted to touch her inappropriately. Due to the lack of transport facilities near her house, her mother often arranged lifts for her to attend mehndi classes in the city. One day similarly she was sent with an unfamiliar uncle, who touched her back, waist, and shoulder. After informing her mother, she revealed she didn't know the uncle. Manju also mentioned she had previously called the Helpline but couldn't speak due to fear. Immediate support of Psychological First Aid (PFA) was given to stabilize Manju's emotional distress. She was also informed about the legal protections under the Protection of Children from Sexual Offences Act 2012 and was guided to identify and rely on her support network. Manju was appreciated for discussing her experience and the counsellor listened with empathy and validated her feelings of discomfort. Techniques to manage her fear and anxiety were provided and strategies to ensure her safety and wellbeing were discussed. Contact information for ChildLine and the police was provided for further support. Manju initially felt distressed but experienced significant emotional improvement after speaking to tele-mental health services. She decided not to take lifts from strangers and to carry pepper spray for self-defence.



Gaining confidence, Manju expressed her feelings of being capable to ensure her own safety. After few days, she called the Helpline to express gratitude, mentioning she took pepper spray and went with her sister. She also shared that she used the spray to fend off a boy bothering another girl, showing her courage of protesting without any fear.

### *Case 3*

Sahil (Name changed), a 17-year-old boy from Satna, an urban district of Madhya Pradesh called the Helpline expressing his lack of confidence while talking to people, especially those who were new to him or belong to the opposite gender. He also mentioned having stage fright, which prevents him from giving speeches or participating in the daily quotes spoken by other students during the school assembly. Sahil desired to perform like his peers. He further explained that when other students, especially girls, greet or ask him anything, he struggled to respond effectively. This issue extended to his classroom interactions, where he found himself unable to speak even when he knew the answer, feeling as if something was stuck in his throat. Sahil was concerned that if he did not address this issue now, it may become a permanent aspect of his personality, potentially creating problems in his future career and interpersonal interactions. His feelings were normalized, reassuring him that many people experience similar issues and that it was a common challenge. The counsellor further explained how confidence could be achieved through continuous efforts and gradually experiencing favourable results. Sahil was encouraged to make small efforts, such as saying "hello," responding to his teachers, or simply approaching the stage. Role-play exercises were conducted to practice these scenarios and discussions also included individual and personality differences, helping Sahil understand that everyone had unique strengths and areas for improvement. The counsellor explored his support system and suggested seeking help from friends, family, and teachers. The 'What if' technique was used to help him envision positive outcomes and reduce anxiety about social interactions. Worst case scenarios of communicating were discussed, helping Sahil realize that even in the worst situations; he could handle them and learn from the experience. He was informed that continuous efforts would bring change, emphasizing that it would take time and patience. Sahil was encouraged to practice communication regularly with friends and teachers to build his confidence gradually.

After few calls, Sahil revealed that he followed all the tasks discussed with him during his call to the Helpline. He mentioned that he could now greet people and respond to them comfortably. He had also started speaking and communicating with his teachers in class whenever they asked him questions. Furthermore, he expressed his intention to take the initiative in greeting and talking to people, and he was committed to continuing this practice. Sahil seemed satisfied and happy with his progress and said he would continue to practice everything discussed with him.

### *Case 4*

A 18-year-old boy, Arjun (Name changed) from Katni, a semi urban district of Madhya Pradesh, was facing some mental health crisis such as loneliness, lack of interest in studies, improper sleep, and loss of appetite in daily functioning of his life due to his broken relationship. This was creating an unhealthy and distressing life functioning difficulties for him. The tele-counselling services came up with appropriate strategies for the betterment of the client such as psychological first aid [PFA], normalizing his emotions, developing understanding of daily time schedule and self-care for better life functioning,

and thereby imparting him with grounding relaxation techniques for mental health care. Through few follow up calls, Arjun revealed that his mental state improved enormously, he had noticed a significant refinement and enhancement in his mental health after developing appropriate understanding of unhealthy thought management and enriching it with the usage of relaxation and grounding techniques.

#### ***Case 5***

Priya (Name changed), an 18-year-old girl from Singrauli, an urban district of Madhya Pradesh called the Helpline and asked to clear out her doubts over her career as she was confused between various elements like what to do as she had cleared her 12<sup>th</sup> and took a year drop. Now she wanted to know which was better: a year drop or partial drop to continue her preparation for NEET. The tele-mental health services discussed about Priya's career choice issues to identify the root problem, and evaluated the pros and cons of her potential decisions. Discussions were made on assertive communication due to Priya's confusion from discussing with her father. The counsellor also evaluated the opportunity costs of Priya's decisions. In a follow up call, Priya shared that she selected what she wanted to do in her career, benefiting both her family and herself. She thanked the tele-mental health services for the techniques provided, which helped her make the best decision.

#### ***Case 6***

Madhvi (Name changed), a 14-year-old girl from Datia, a semi urban district of Madhya Pradesh called the Helpline expressing concern about missing her period for the last one month. She sought guidance and assistance regarding this unexpected change in her menstrual cycle. The absence of her period has caused her considerable worry and uncertainty about her health. Madhuri was looking for help on potential reasons for the missed period and the steps she should take next. The counsellor at the very first step empathetically listened to Madhvi's issues and began exploring her problem by asking when her last period was, how many days she was late, and what symptoms she was experiencing. Coping strategies were discussed with her, along with inquiring if this had happened before and what she did then. Madhvi shared that this was her first time experiencing such an issue. The following counselling session included psycho-education about sexual health during adolescence. She was educated about menstrual hygiene and informed about seeking proper medication after a doctor's consultation. She was also advised to visit the district hospital for further supervision. Madhvi called the Helpline again after visiting the district hospital and shared that she had consulted with a doctor regarding her concerns. She expressed that after her last call with the Helpline, she felt much better having talked to the counsellor. Madhvi reported that she had started getting her periods after following the doctors' prescribed medications. She took the medication as directed and saw positive results. She expressed her gratitude to the Helpline for their valuable assistance, stating that she felt good and trusts the Helpline for further help. Additionally, she talked about her concerns related to her studies, seeking further guidance and support.

#### ***Case 7***

Raju (Name changed), a 9th-grade student of 14 years from Chattarpur, a rural district of Madhya Pradesh, contacted the Umang Kishor Helpline seeking help for his addiction to bidi smoking. He had been consuming four packets a day for the past three years, and this addiction had started to affect both his academic performance and behaviour at school. Raju was motivated to quit smoking and was looking

for guidance and support to overcome this harmful habit. The counsellor at first listened to Raju's concerns and encouraged him to discuss his bidi smoking addiction openly. The counsellor provided understanding and support, acknowledging Raju's determination to quit smoking. This was followed by the discussion on Raju's smoking habits which helped him understand the negative impact on his life, both physically and mentally. Rather than sudden quitting, the counsellor suggested gradual cessation techniques to manage withdrawal symptoms effectively. Raju was equipped with coping strategies to handle cravings and difficulties during his journey to quit, including alternatives like chewing gums. Finally, Raju was encouraged to engage in hobbies and change his routine to distract himself from the urge to smoke. Coaching on assertiveness helped Raju assert control over his addiction and set daily targets to reduce bidi consumption gradually. Raju was empowered to take control of his addiction step by step, fostering a sense of empowerment in his journey to quit smoking.

Raju called back to thank the Helpline for their help, saying he had made great strides in quitting bidi smoking. With guidance from the tele-mental health services, he learned about the dangers of bidi smoking and got effective strategies to cut down gradually. Raju expressed his feelings of being proud of himself for taking the first step towards quitting smoking and was optimistic about overcoming this habit.

### **Case 8**

18-year-old Rohan (Name changed) from Sidhi, a rural district of Madhya Pradesh reached out the Helpline with trembled voice and fear. He had been with a girl for two years, living together for eight months. They broke up 15 days ago, and she got engaged just a few days back. Since the breakup, Rohan had been contemplating suicide, unable to sleep at night. His story was one of heartache and despair, with the breakup thrusting him into a dark abyss of hopelessness. The absence of his former partner triggered waves of suicidal thoughts, especially during conflicts or when communication ceases.

Despite the distressing nature of his thoughts, Rohan's suicide risk was deemed low, but his emotional turmoil was urgent. The counsellor provided empathy and embarked on a journey to guide him from despair to hope. He was provided with a safe, non-judgmental space for Rohan to express his fears and uncertainties. Through tele-mental health services, the hope box mechanism was followed thereby offering comfort, distraction, and reminders of strengths during distress. The counsellor educated Rohan on grief and loss, teaching coping mechanisms and employed immediate strategies to stabilize emotions and ensure safety. A safety plan was created to manage his suicidal thoughts. Advantages and disadvantages of the relationship was explored and learned from it. A call pact was also established for constant support, and he was referred to 24x7 crisis Helpline, including Aasra Helpline.

After a couple of days, the call pact was successfully completed and Rohan sounded remarkably better. He no longer harboured thoughts of suicide and felt liberated from the weight of his past relationship. Rohan's story was a testament to the transformative power of mental health counselling. Through compassionate intervention and ongoing support, he navigated his darkest moments and emerged with renewed hope and resilience, ready to embrace life. His relief and newfound freedom highlighted the effectiveness of dedicated mental health care.

### **Case 9**



Rony (Name changed), an 18-year-old boy from Sagar, an urban district of Madhya Pradesh called the Helpline seeking advice on maximizing his study time for exams, as his addiction to mobile phones prevented him from finding adequate time to study. Despite completing his coaching and school courses, Rony spent over eight hours on his phone daily, primarily browsing YouTube and watching comedy videos and reels. He wanted to cut back on his screen time and manage his time better. Rony's current schedule included school from 10 a.m to 3 p.m., socializing from 6 p.m. to 7 p.m, and intended study time from 8 p.m. to 11 p.m., but he ended up using his phone from 9 p.m. to 10 p.m. He suggested getting his father's help to restrict phone access during study hours and going out to play if tempted to use his phone. The counsellor then helped him realize that by going out with friends and finding time to study would not serve his objective. The counsellor also looked into whether he could temporarily delete the applications. He stated that although his course work was finished, he was unable to find the time to revise it. The tele-mental health service explored his previous learning methods, screen time control strategies, and revision techniques, ultimately recommending the Eisenhower Principle to prioritize his tasks. Rony called the Helpline once more to inform that he had tried implementing what he had discussed and had found improvement. He had limited his screen time and was able to dedicate more time to his studies. He had a greater capacity for learning and feels more motivated to study for exams.

### ***Case 10***

Kushal (Name changed), an 18-year-old boy, from Chattarpur district of Madhya Pradesh, reached out to the Helpline for support regarding his struggle with a habitual behaviour of regular masturbation, which he believed was severely affecting his ability to concentrate on his studies. He felt drained physically and emotionally, which led to a decline in academic performance. Despite attempts to cut back, he found it difficult to stop the habit. The counsellor created a safe, open space for Kushal to express his thoughts and concerns, allowing him to articulate his distress without shame. He was reassured that his feelings and struggles were a normal part of adolescence, helping him to feel validated and understood, through normalization of his emotions. Kushal was educated about the hormonal and emotional changes during adolescence, helping him understand the natural development of his attraction and emotional experiences. The tele-mental health service introduced the concept of a "Control Circle," helping Kavi recognize what aspects of his behaviour he could control, and guided him to focus on positive actions. The counsellor further encouraged Kushal for his gradual reduction of the habit by setting small, realistic goals and introducing mindfulness practices (e.g., meditation, deep breathing) to manage urges. He was also advised to replace the habit with activities like reading, drawing, or physical exercise, along with guiding him in creating a structured daily schedule, balancing study time, physical activity, hobbies, and rest. This routine aimed to minimize idle time and provide opportunities for focused work and self-care. In a follow up call, Kushal reported significant improvements in managing his masturbation habit. He successfully reduced the frequency and was able to focus better on his studies. The structured time management system helped him organize his daily activities, leading to improved concentration and reduced anxiety about his academic performance.

### **Discussion**

The study has shown significant impact through tele-mental health counselling services. It clearly revealed that these services of tele-mental health have become one of the in-hand opportunities for both

adolescent girls and boys to seek immediate help for any kind of mental health issues, no matter how far or where he/she resides. It reflected that adolescent, who are at need of mental health support and also aware of the Helpline and its services, they generally receive adequate help from the counsellors of the Helpline without any face-to-face intervention. Different types of mental health issues are generally dealt through this Helpline such as academic issues, relationship issues, suicide, screen addiction, child marriage, emotional distress, teen pregnancy, substance abuse, sexual and reproductive health, career issues, sexual abuse etc which clearly indicates the effectiveness of the helpline. The callers have also expressed about their reliability on the services received through this Helpline for maintaining the confidentiality of their details as well as providing timely services whenever called. The mechanism of call pact has helped several clients to discuss each update thereby resolving their issues in a prompt way. Hence the effectiveness of this Helpline is judged by its several factors such as its cost effectiveness. Being a toll-free number, the clients/callers are not required to invest anything for this service. Even if anyone from the remotest area of the State needs mental health support, this is the only one service that can be availed by them with just dialling the number, without any cost incurred. The issue of maintaining confidentiality is another aspect of its effectiveness, as adolescents are easily accessing these services without informing anyone or engaging their parents and relatives, which is very difficult to maintain in case of face-to-face mental health services as someone or the other accompanies the client.

Amidst all, there do exist few challenges with this tele-mental health services. Being a Helpline with a toll-free number, a lot of prank calls hits the Helpline affecting its proper functioning. Since its 365 days dedicated Helpline, the possibility of regular turnover of the counsellors impacts the Helpline operations. Moreover, the entire mechanism of tele-mental health services is entirely technology based with servers, cloud storage, internet connections etc. Therefore, any incidence of technological breakdown or network issues hamper the service from both the end of the counsellor as well as the clients. Another risk of this Helpline is of maintaining protocols during the counselling session. This is because there are several protocols that need to be maintained by the counsellors related to several mental health cases, but there are very few means of verification to understand whether the protocols are being maintained or not.

### **Suggestions**

Tele-mental health services for adolescents are of greater need in the present times, and this dedicated helpline in the state of Madhya Pradesh has proved its importance to some extent. In order to maximise its reach and ensure availability of such services to every nook and corner of the State as well as several other states, massive awareness of the same through mass media and social media is very much essential at the community level. This will lead to the utilization of the services by the adolescents of the most remote areas, thereby reducing mental health concerns among this population. The present helpline provides counselling support in only 2 languages of English and Hindi. It will be of greater accessibility, if the helpline provides multilingual services for reaching to the tribal areas too. In the staffing pattern, engagement of sufficient number of skilled and professional counsellors in the helpline for providing quality services is very much essential to reduce number of unattended calls. Adequate arrangements and infrastructures for imparting specialised training to the counsellors from reputed institution is very much necessary to update the counselling skills of the counsellors on regular basis. Presence of consistent network is another important factor that needs to be maintained for increasing accessibility. Umang Kishore Helpline provides services for 365 days from 8a.m. to 8p.m. only. Hence establishing a 24 x 7

helpline will be of greater use for emergency support and crisis management. Further awareness generation at the school level as well as ARSH clinics will help to promote the helpline, thereby reaching to maximum adolescents for supporting their psychosocial health.

## Conclusion

With the growing mental health needs among the adolescent population, the services of tele mental health represents a transformative approach for addressing these needs. Such services are more accessible and affordable than physical mental health support in terms of bridging the critical gaps. However, existence of appropriate digital infrastructure for ensuring its effectiveness and sustainability is one of the major concerns along with having trained professionals to deal critical mental health issues. By collaborating with different stakeholders, Government departments and by maintaining ethical standards, there will be a greater sustainability of the tele mental health services thereby impacting the larger community and scaling up of the service to different other states of the Nation.

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