

and proactively seek information about the children presenting with nutritional deficiency, emotional problems, or atypical eating behavior. These children should be referred for detailed psychological evaluation so that an effective intervention can be done.

Declaration of Conflicting Interests

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Samaashraya: An Initiative to Address the COVID-19 and Pandemic-Related Psychosocial and Mental Health Concerns in India

India is one of the ten most disaster-prone countries in the world. In India, the lifetime prevalence of mental and behavioral disorders was 13.7%, and a huge treatment gap, ranging from 70% to 92%, was also reported for all psychiatric disorders.¹ The socio-economic and geo-climatic conditions make a substantial population vulnerable to mental health adversities, including increased suicide rates, secondary to disasters.² In terms of gross domestic product, the government expenditure on healthcare is just 1.6% in 2020, which continues to be low.³ COVID-19 pandemic has caused havoc in the healthcare service delivery across the world, including in India. The

implementation of immediate lockdown was praised as tough and timely by the World Health Organization. However, this decision led to its own set of unforeseen challenges later, significantly affecting multiple strata of the society.⁴⁻⁷



Over the last four decades, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India, has

been involved in providing psychosocial support and mental health services for disaster survivors. To further expand and strengthen these services, the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), sanctioned the Centre for Psychosocial Support in Disaster Management (CPSSDM) in August 2019.⁸ In this article, we provide details of the efforts and initiatives taken by CPSSDM (under the title *Samaashraya*) in order to reach all the sections in the country. The word *Samaashraya* means “seeking protection or shelter” or “equal support to all.”

Initiatives

National Helpline for Psychosocial Support and Mental Health Services

NIMHANS is one of the first institutes in India to start a national helpline for psychosocial support and mental health services—our *Samaashraya* online clinic was started on March 29, 2020, on

behalf of the MoHFW, GoI. This helpline attempted to combat the psychosocial crisis that people in the country were going through during the nationwide lockdown. It is a 24x7 toll-free helpline (080-4611 0007). The helpline was handled by mental health professionals (MHPs)—initially from the institute and later by volunteers from across the country. Now, more than 600 MHPs from various states are connected to the helpline.⁹

Developments in the Working of Helpline: The helpline uses an interactive voice response system set up by a company iKontel under the corporate social responsibility initiative. To guide the caller to the key-press options, the system uses 13 primary languages: English, Hindi, Kannada, Telugu, Tamil, Malayalam, Assamese, Bengali, Marathi, Bhojpuri, Nepali, Mizo, and Khasi.

The Number of Distress Calls Received Under the Helpline: The helpline has received a total of 335,137 calls (from March 29 to December 29), of which 52,563 callers were provided with psychosocial interventions. The main reasons for not being able to answer the rest of the calls were the lack of human resources, calls disconnecting automatically, and unusually high number of phone calls during the first and second lockdown. Details of the concerns received through the calls are provided in **Table 1**.

Other Developments

Outpatient Clinic: In addition, an outpatient-based care center called Psychosocial Care Clinic for Disaster Survivors (*Samaashraya Clinic*) was started at the NIMHANS outpatient services in October 2020, following the relaxations of travel restrictions. It is the first of its kind in the country. The clinic specializes in addressing the psychosocial crisis due to disasters, focusing on the holistic intervention care model. The clinic has a multidisciplinary team consisting of psychiatrists, psychiatric social workers, clinical psychologists, and mental health nurses. It covers medical and psychosocial (in-person- and tele-counselling and psychotherapy) services and focuses on socio-economic, rehabilitative, and reconstructive activities, aiming to normalize survivors' lives. The various services provided on an outpatient basis consist of screening for mental illness, psychological assessments, psychosocial

TABLE 1.
Details of the Concerns and Interventions Done via Helpline Services

| Domains | Issues/Concerns | Interventions |
|----------------------------------|--|---|
| Psychological reactions | Mental health concerns by persons having a pre-existing mental illness, psychological reactions to COVID pandemic fear, worries, anxiety, depression, suicidality, substance use, gaming addiction | Appropriate referrals to nearby DMHPs, BBMP centers, and local authorities; psychological first aid; supportive work |
| Social reactions | Stigma and discrimination, child abuse, child marriage, intimate partner violence, marital discord, frequent interpersonal issues with families, lack of access to medical care, break up in romantic relationships, changes in roles and responsibilities | Supportive work, intimation to concerned authorities, referral to appropriate nearby functional health services/helplines |
| Physical and cognitive reactions | Unaddressed medical concerns, sleep disturbances, concerns regarding COVID-19-related symptoms, attention and concentration-related issues interfering with studies | Appropriate referrals were initiated; problem-solving strategies were discussed |
| Economic reactions | Issues pertaining to lack of basic needs food, shelter, transportation; job loss due to pandemic; unemployment; half salary/wages; financial crisis; career-related issues; enquiries related to disability pension | Referral to appropriate nearby functional services/helplines, supportive work |

DMHP: District Mental Health Programme, BBMP: Bruhat Bengaluru Mahanagara Palike (Greater Bengaluru City Corporation).

care, and psychosocial rehabilitation of survivors, using a holistic approach and spectrum of care.

Training and Resource-Building Efforts: Since the beginning of the pandemic, the center has been providing training and resource-building activities to schools, colleges, government institutes, and nongovernmental organizations. The center has been involved in suicide prevention programs, stress management programs, and life skills education for children. This involvement has been through video conferencing as well as in-person sensitization. Faculty and staff of the center have also prepared different types of Information, Education, and Communication materials on COVID-19-related psychosocial and mental health issues.¹⁰

We believe that the center's efforts will continue to address the distress of many people directly or indirectly affected by the COVID-19 pandemic. Furthermore, the center is working toward implementing innovative ways to combat these individuals' concerns and distress, for example, the inception of virtual OPDs and online certification programs in disaster management for medical officers, clinical psychologists, and psychiatric social workers. This will go a long way in reducing the treatment gap

and improving the mental health of the affected population.

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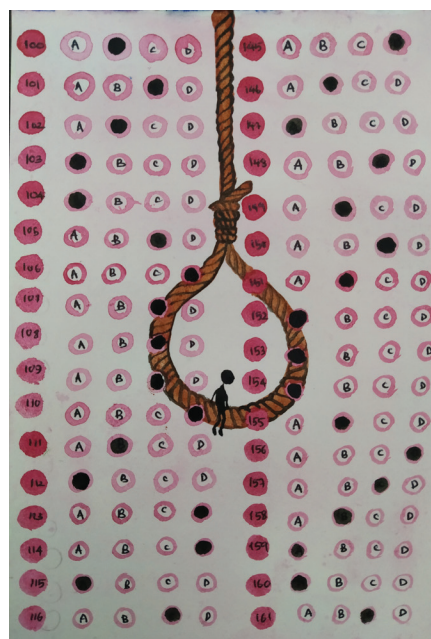
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Student Suicide Linked to NEET Examination in India: A Media Report Analysis Study

The National Eligibility Cum Entrance Test (NEET) for undergraduate students is a highly competitive examination conducted by the National Testing Agency for admission to medical schools in India. In the year 2020, approximately 1.6 million students registered for nearly 1 lakh Bachelor of Medicine and Bachelor of Surgery and Bachelor of Dental Surgery seats.¹ Due to the COVID-19 pandemic, there was uncertainty related to the conduct of examination, and the exam dates got postponed multiple times. The competition itself is quite stressful, and the uncertainty over the exam dates added to the students' miseries.² Too much uncertainty evokes anxiety and also affects the preparedness to face challenges adversely. The inability to handle performance pressure, meet parental expectations,

and achieve aspirations may lead to psychological distress and subsequent suicidal behavior. Before the examination, multiple instances of suicide by students who anticipated failure were reported from different parts of the country.^{3,4}



Clustering of suicide may happen as there are places, such as Kota, Thrissur, and Chennai, which are popular hubs of competitive coaching examinations where students often go to prepare for the NEET examination.

In this context, we would like to report findings from our evaluation of the news articles, published online between January 2018 and September 2020, that discussed students' suicide in relation to the NEET examination (Figure 1).

We found a total of 32 reported cases: 11 from 2018, 7 from 2019, and 14 cases till September 2020. Female aspirants constituted 65% ($n = 21$) of the deaths. This might partly be due to the higher representation of female aspirants preparing for NEET.⁵ Besides, it may be due to differences in stress perception, which has been reported to be higher among girls.⁶ The factors leading to this difference need further evaluation. The maximum reported cases were from the states of Tamil Nadu ($n = 15$, 46%) and Bihar ($n = 4$, 13%).

We attempted to assess the temporal correlation by relating the date of suicide