MOMENTUM
SAFE SURGERY IN FAMILY PLANNING AND OBSTETRICS

Gender Integrated Response to Emerging COVID-19 Priorities in India

DEVELOPMENT OF A DIGITAL MENTAL HEALTH 'SELF-CARE' INTERVENTION FOR COMMUNITY HEALTH WORKERS

BACKGROUND

The COVID-19 pandemic had severe and far-reaching repercussions on health systems, economies, and societies, as well as impacting mental health widely.[1] Frontline health workers, in particular, were impacted, experiencing increased personal and work-related challenges and stresses amidst risk, uncertainty, and vulnerability. It is estimated that 53% of health care workers (HCWs) in India have experienced burnout, 40% experienced sleep difficulties, and one in five had symptoms of anxiety and depression during the pandemic.[2] In addition to personal distress, this greatly increased chances of medical errors thereby affecting the well-being of providers and safety of clients. Community health workers (CHWs) such as Auxiliary Nurse Midwives (ASHAs) and Anganwadi Workers (AWWs) and their supervisors, due to the nature of their field work necessitating direct contact with community members and their reactions, were further exposed and vulnerable.

USAID's MOMENTUM Safe Surgery in Family Planning and Obstetrics project, implemented by EngenderHealth, received funding through the American Rescue Plan Act (ARPA) to implement activities through a Gender Integrated Response to Emerging COVID 19 Priorities in India. This work included efforts to identify, adapt/develop as needed, and disseminate digital resources that connect CHWs with mental health services and support. Implementation took place in Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, and Odisha in 25 districts, in partnership with the state National Health Mission and Women and Child Development departments, The George Institute for Global Health, MAMTA and SAATHII, from September 2021 to August 2023.

INTERVENTION

The following key approaches were used to identify and develop an effective, targeted resource for CHWs:

- **Understanding the design challenge:** To understand user needs and preferences, the project conducted four human-centered design participatory workshops with 140 participants using a range of participatory tools including 'thought shower', community case studies, focus group discussions, and guided visualization. The workshops revealed that since mental health is a sensitive issue and

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[1] https://www.who.int/news-room/feature-stories/detail/the-impact-of-covid-19-on-mental-health-cannot-be-made-light-of

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7519601/

subject to stigmatization, a digital application that is simple, user friendly, and interactive with the assurance of non-disclosure of identity would be helpful for CHWs.

- **Development of digital self-care application:** Based on the results of the participatory workshops and suggestions from CHWs, a digital 'self-care 'application called MANSI was developed emplying the principles of **equity, inclusivity, and privacy.**

The application was developed with a group of experts which included psychiatrists, psychologists, and community workers who ensured that all information provided was scientifically accurate. In-house testing was followed by adjustments to the content to make it as useful as possible. Key features of application include:
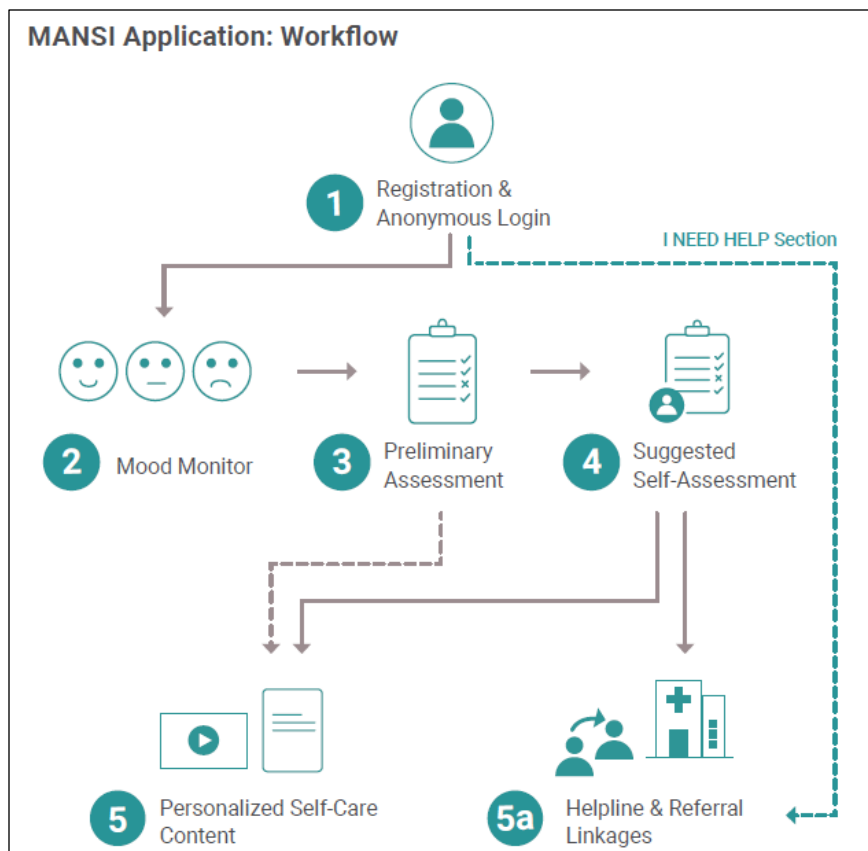
- **Privacy and security:** The application has an anonymized login system. The user can login using a four-digit anonymized ID with some non-personal indicators.
- **Accessibility and inclusivity:** The application is available in local languages. The language used is gender neutral and sensitive to the emotional state of the user.
- **Evidence-based self-assessment tools**: A preliminary assessment guides the user to appropriate self-assessment tools for specific common mental health conditions such as depression, stress, anxiety, and insomnia.
- **Customized content:** The application creates customized access to self-care resources to build knowledge on common mental health conditions and customized content and tools to improve their well-being, based on the information provided in the mood monitor and self-assessment.
- **Referral and helpline linkages:** The application allows access to locally contextualized helplines and provides appropriate referral linkages in emergency situations or as per self-assessment indications, which also includes the Tele-MANAS and District Mental Health Programme helpline numbers.

Following development of the application, the project-oriented community health workers on how to use the application. The application has been downloaded by almost 15,000 community workers.

Training of CHWs on MANSI Application in Durg, Chhattisgarh on May 20, 2023. *Photo credits: Abhishek Ranjan*

"It is the first time someone has cared for us and our mental health" **–** ASHA Worker, Davengere, Karnataka

MANSI Application: Workflow

1 Registration & Anonymous Login

I NEED HELP Section

2 Mood Monitor

3 Preliminary Assessment

4 Suggested Self-Assessment

5 Personalized Self-Care Content

5a Helpline & Referral Linkages

LEARNINGS AND RECOMMENDATIONS:

The MANSI application was developed to provide support and resources for CHWs in response to work-related and personal mental health challenges, and to build resilience in the health workforce. Key learning from this work includes:

- A digital mental health application can be utilized as a 'self-care' tool for community workers to support their psychosocial wellbeing.
- Digital tools, if carefully crafted to address issues of privacy, can reduce the barriers and stigma associated with accessing mental health information and services.
- While a digital application is not a substitute for professional care, it can act as a bridge to connect individuals to mental health services if needed/required.
- The MANSI application provided community workers with a sense of importance and confidence that their well-being is important, and they are valued as an integral part of the health system.

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