NATIONAL TELE MENTAL HEALTH PROGRAMME OF INDIA

Tele Mental Health Assistance and
Networking Across States
(Tele MANAS)

FACILITATORS MANUAL
FOR TRAINERS OF
TELE MANAS COUNSELLORS

Edition-1

Facilitator's Manual for

Trainers of

Tele MANAS Counsellors

Facilitator's Manual for Trainers of Tele MANAS Counsellors

Acknowledgements

We thank the following individuals who have contributed to the three manuals by way of reviewing, suggesting changes and edits and approving the content.

- Shri Sunil Bhushan, Deputy Director General, National Informatics Centre (NIC), New Delhi.
- Dr Kalai Selvan K, Centre Head, Centre for Development of Advanced Computing (C-DAC), Thiruvananthapuram.
- Dr (Flt. Lt.) M A Balasubramanya, Advisor, Community Processes-Comprehensive Primary Healthcare - NHSRC, MOHFW, Govt. of India.
- Ms Noorin Bux, Deputy Secretary, MOHFW, Govt. of India.
- Dr Prameela Baral, State Nodal Officer, Mental Health, Odisha.
- Dr Manish Srivastava, Chief Technology Officer, eGov Foundation, Bengaluru.
- Dr Seema Mehrotra, Professor and Head, Dept. of Clinical Psychology, NIMHANS, Bengaluru
- Dr Vijender Singh, Prof and Head, Dept. of Psychiatry, AIIMS, Bhopal.
- Representative from ABDM/ e-Sanjeevani.
- Prof S Sadagopan, Former Director, IIIT-Bengaluru.
- Prof Prasanta Kumar Pradhan, President, Telemedicine Society of India, Lucknow.
- Shri Girish Krishnamurthy, Managing Director and Chief Executive Officer, Tata Medical and Diagnostics, Mumbai.
- Dr V Rajesh Kumar, Senior Group Manager, Infosys Data Protection Office, Bengaluru.
- Ms Sunita Nadhamuni - Head, Digital Life Care, Dell Technologies.
- Dr Prabhat Kumar Chand – Professor of Psychiatry and Officer in charge, Centre for Addiction Medicine, NIMHANS, Bengaluru.
- Smt Aparna U, Mission Director (NHM), Uttar Pradesh.
- Ms Ayushi Sudan, Mission Director (NHM), Jammu & Kashmir.

Technical Advisory Sub-Committee on Health Systems for the National Tele Mental Health Program (Tele MANAS):

- Maj Gen (Dr., Prof) Atul Kotwal (Chairperson), Executive Director, National Health Systems Resources Centre, MOHFW, Govt. of India
- Dr Girish N Rao (Member Secretary), Professor of Epidemiology, Centre for Public Health, Dept. of Epidemiology, NIMHANS, Bengaluru.
- Dr Atreyi Ganguli, WHO India Office, New Delhi.
- Dr Ajay Chauhan - State Nodal Officer, Mental Health, State Health Society, Health and Family Welfare Dept., Govt. of Gujarat.
- Dr Rinku Sharma, Joint Director, Directorate General of Health Services (DGHS), MOHFW, Govt. of India.
- Dr S K Deuri, Director, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur (Assam).
- Dr Anant Bhan, Sangath, Bhopal.

- Dr Jahanara M Gajendragad – Professor and Head, Dept. of Psychiatric Social Work, IHBAS, Delhi.
- Dr Athokpam Ranita Devi, State Nodal officer, State Mental Health Programme, Manipur.
- Shri Amrit Kumar Bakhshy, Chairperson of Advisory Board, Let's walk Together (Ability over Disability), Pune.
- Dr Sahajanand Prasad Singh, President, Indian Medical Association.
- Dr Sekar Kasi, Former Registrar & Former Professor, Dept. of Psychiatric Social Work, NIMHANS, Bengaluru.
- Dr N Manjunatha, Addl. Professor of Psychiatry and Consultant, Community Psychiatry Unit & Tele Medicine Centre, NIMHANS, Bengaluru.
- Ms Shalini Pandit, Mission Director, National Health Mission (NHM), Dept. of Health and Family Welfare, Govt. of Odisha.
- Dr Abhinav Trikha, Mission Director, National Health Mission (NHM), Punjab.

Technical Advisory Sub-Committee on Mental Health Service Delivery for the National Tele Mental Health Program (Tele MANAS):

- Dr Prabha S Chandra, Dean, Behavioural Sciences, Senior Professor of Psychiatry, NIMHANS, Bengaluru (current Chairperson).
- Dr Sanjeev Jain – Former Dean of Behavioural Sciences Division and Senior Professor of Psychiatry, NIMHANS, Bengaluru (former Chairperson).
- Dr R Thara - Former director, SCARF, Chennai.
- Dr Himanshu Bhushan (Advisor PHA) - Nominee from NHSRC, MOHFW, Govt. of India.
- Dr Rajesh Sagar - Professor of Psychiatry, Dept. of Psychiatry, AIIMS, New Delhi.
- Dr N Raju - President, Indian Psychiatric Society.
- Dr Naveen Kumar C (Member Secretary) - Professor of Psychiatry and Head, Community Psychiatry, Dept. of Psychiatry, NIMHANS, Bengaluru.
- Dr Kishore Kumar - Professor of Ayurveda, Dept of Integrative Medicine, NIMHANS.
- Dr Gowri Nambiar Sengupta, ADG, Public Health, NMHP, NPHCE, NPPC, Dte Gen Health Services, MOHFW, Govt. of India.
- Dr Satish Rasaily – In-charge Drug Deaddiction Centre, Singtam, Sikkim.
- Dr Dherandra Kumar, President, National Professional Association of Clinical Psychologists, India.
- Dr T Dileep Kumar, President, Indian Nursing Council.
- Mr Divyaraj - IIIT Bengaluru.
- Dr Ratan Khelkar, Mission Director (NHM), Kerala.
- Ms Remya Mohan, Mission Director (NHM), Gujarat.

Heads of the Departments of the Behavioural Sciences Division, NIMHANS, Bengaluru:

- Dr Y C Janardhan Reddy – Professor and Head, Department of Psychiatry, NIMHANS, Bengaluru.
- Dr Seema Mehrotra – Professor and Head, Department of Clinical Psychology, NIMHANS, Bengaluru.
- Dr Dhanasekara Pandian – Professor & Head, Department of Psychiatric Social Work, NIMHANS, Bengaluru.
- Dr Sailaxmi Gandhi – Professor & Head of Department, Department of Nursing, NIMHANS, Bengaluru.
- Dr K John Vijay Sagar – Professor & Head, Child and Adolescent Psychiatry, NIMHANS, Bengaluru.
- Dr K S Meena – Additional Professor & Head, Mental Health Education, NIMHANS, Bengaluru.
- Dr Vivek Benegal, Professor of Psychiatry and I/C Head, Department of Psychosocial Support in Disaster Management, NIMHANS, Bengaluru

NIMHANS Core Committee for Tele MANAS

- Dr Pratima Murthy, Director and Senior Professor of Psychiatry, NIMHANS, Bengaluru, Member Secretary, NTAG; Tele-MANAS
- Dr Girish N Rao, Professor of Epidemiology, Centre for Public Health, Dept. of Epidemiology, NIMHANS, Bengaluru.
- Dr Suresh Bada Math, Professor of Psychiatry, Officer in charge, NIMHANS Digital Academy and Head, Forensic Psychiatry Unit, NIMHANS, Bengaluru
- Dr Prabhat Kumar Chand – Professor of Psychiatry and Officer in charge (former), Centre for Addiction Medicine, NIMHANS, Bengaluru.
- Dr Naveen Kumar C - Professor of Psychiatry and Head, Community Psychiatry, Dept. of Psychiatry, NIMHANS, Bengaluru.
- Prof T K Srikanth, Director, Professor and Faculty in-charge, Computing and Core Member of E-Health Research Centre (EHRC), IIIT- Bengaluru.
- Mr Divya Raj, Principal Technical Strategist in the E-Health Research Centre (EHRC) & Adjunct faculty, IIIT-Bengaluru
- Dr Sekar Kasi, Former Professor, Dept. of Psychiatric Social Work, NIMHANS, Bengaluru.
- Dr Rajani Parthasarathy, Deputy Director, Mental health, Dept. of Health and Family Welfare Services, Govt. of Karnataka.

Contributor's List:

NIMHANS, Bengaluru:

Dr. Lakshmi Nirisha P, Dr. Patley Rahul, Dr. Hari Hara Suchandra K, Dr. Swati Ravindran, Dr. Nileswar Das, Dr. Suhas Satish, Dr. Bhaskaran A. S, Dr. Gautam Sudhakar N, Dr. Harshitha H A, Dr. Gajanan Ganapati Sabhahit, Dr. Praveen V Raj, Dr. Sukriti Mukherjee, Dr. Aishwarya John, Dr. Shivam Gakhhar, Dr. Madan R, Dr. Kalyani BG, Dr. Neha B Kulkarni, Dr. Prakyath Hegde, Dr. Ateev Sudhir Chandna, Dr. Arul Kevin Daniel D, Dr. Arpita Krishna, Dr. Tushar Kanta Panda, Dr. Apurva Mittal, Mr.Kiran Kumar CTL, Mrs. Deepa P S, Dr. Anusha M N, Dr. Liya Thomas, Dr. Kishore Kumar Ramakrishna, Dr. Hemant Bhargav, Dr.Nishita J, Dr. Vidhya Sanker, Dr. Kavyashree, Dr. Prabha S Chandra, Dr N Manjunatha, Dr. C Naveen Kumar, Dr. Suresh Bada Math.

IIIT- Bengaluru:

Prof TK Srikanth, Mr Divya Raj, Ms. Archana Karthik

NHSRC:

Dr. Neha Dumka, Dr. Tarannum Ahmed, Dr. Surabhi Sethi

Suggested Citations:

Nirisha, PL., Patley, R., Suchandra, H. H., Ravindran, S., Das, N., Satish, S., Bhaskaran, A. S., Sudhakar, N. G., Harshitha, H.A., Sabhahit, G. G., Raj, P.V., Mukherjee, S., John, A., Gakkhar, S., Madan, R., Kalyani, B.G., Kulkarni, N. B., Hegde, P., Chandna, A. S., David, A.K.D., Krishan, A., Panda, TK., Mittal,A., Kumar, CTL. K., Deepa,P.S., Anusha, M.N., Thomas, L., Ramakrishna, K.K., Bhargav, H., Nishita, J., Sanker, V., Kavyashree., Dumka,N., Ahmed, T., Sethi, S., Srikanth, T.K., Raj, D., Karthik, A., Chandra, P.S., Manjunatha, N., Kumar, C.N., Math, S. B. (2022). Facilitator's Manual for Trainers of Tele MANAS Counsellors

Contents

Annexures:

CHAPTER 1

Introduction and Overview of the Training Toolkit for Tele MANAS Counsellors

As an extension to the service delivery framework of the existing National Mental Health Programme, the Tele-Mental Health Assistance and Networking Across States (Tele MANAS) initiativewas announced in the Union Budget in February 2022. It aims to provide universal access to equitable, accessible, affordable, and quality mental healthcare through 24X7 tele-mental health counselling services as a digital component of the National Mental Health Programme (NMHP and its operational arm, the District Mental Health Program/DMHP) across all Indian States and UTs with assured linkages. This guide introduces the toolkit to be used by the facilitators in training the Tele MANAS Counsellors. It will help to shed light on the methodology, focus, and techniques in teaching the modules to the trainers. We recommend reading this manual before training the Tele MANAS Counsellors. A brief overview of the topics covered in each of the modules - Modules 1 to 22 - includes a brief description of what is to be taught.

Understanding the various stakeholders in training and their Roles &Responsibilities
In order to facilitate training, it is important to first understand the various stakeholders in the National Tele-Mental Health Programme. The Government of India (GOI), in its Union Budget 2022, announced the National Tele-Mental Health Programme of India, Tele-Mental Health Assistance and Networking Across States (Tele MANAS), and entrusted the Ministry of Health and Family Welfare (MOHFW) to guide its overall implementation. Consequently, the MOHFW formed a National Technical Advisory Group (NTAG) and three technical advisory sub-committees (Mental Health Service Delivery, Information Technology Architecture, and Health Systems) to achieve the specific goals and objectives of Tele MANAS. Figure 1 depicts the framework of the steering committees along with their nodal centres. The roles and responsibilities of NTAG and the three technical advisory sub-committees are given in Table 1.

Figure 1. Organizational Framework: Steering Committees & their Nodal Centres
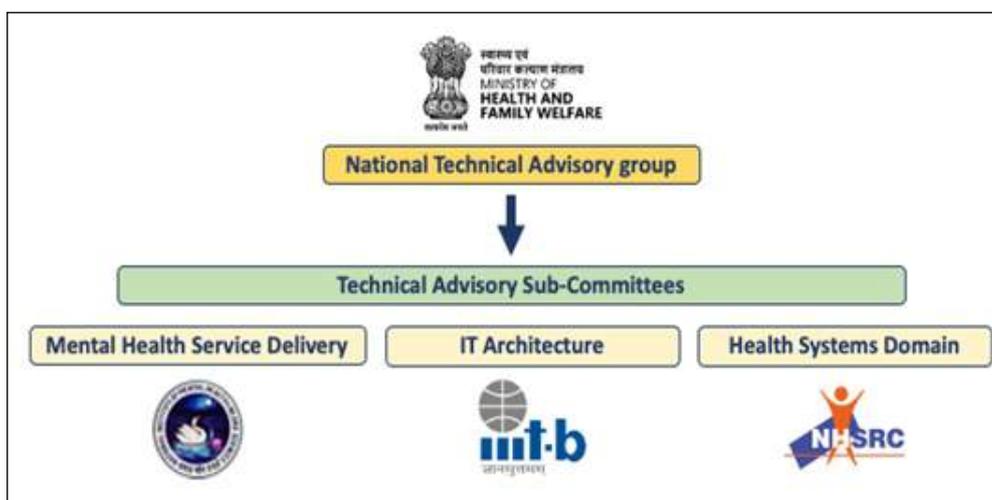
In addition to the steering committees, the Apex Nodal Institute for coordinatingTele MANAS will be NIMHANS. Five regional coordinating centres: NIMHANS, Bengaluru; LGBRIMH, Tezpur; CIP, Ranchi; IHBAS, Delhi; and PGIMER, Chandigarh will assist NIMHANS in co-ordination with the 23 mentoring institutions and 51 State/UT cells (Figure 2 depicts this arrangement). The roles and responsibilities of these stakeholders are outlined in Table 2. The number of State/UT cells to be established per State/UT as per the population norm is given in Annexure 1. The list of proposed locations for State/UT cells and mentoring institutes for Tele MANAS is given in Annexure 2. However, the States/UTs may decide the final location.

Figure 2. Organisational Framework: Apex Institute, Regional Coordinating Centres, Mentoring Institutions, and State/UT Tele MANAS cells
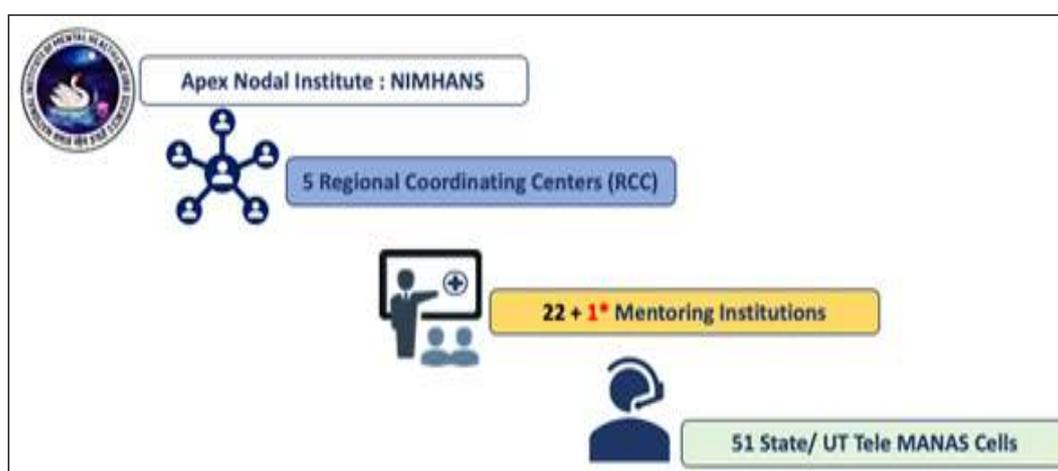
A tier-based system is being established, and counselling services would be provided to those with mental health problems, and their family members and caregivers. Based on the level of care necessitated, these services will be dispensed by trained HR (clinical psychologist/psychiatric social worker/psychiatric nurse).

1) **A Two-Tier System**
   - Tele MANAS will be organized as a two-tier system. Tier 1 will comprise the State Tele MANAS cells, which include trained counsellors and mental health specialists. Tier 2 will comprise specialists at District Mental Health Programme (DMHP)/Medical College resources for physical consultation and/or eSanjeevani for audio-visual consultation. Figure 3 depicts the two-tier service delivery framework of Tele MANAS.

Figure 3. Service Delivery Framework for Tele MANAS
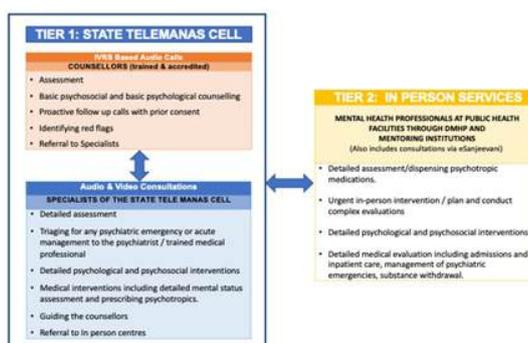
- The Tele MANAS cells will operate as the functional unit of Tele MANAS at the State/UT level. A total of 51 State/UT Tele MANAS cells will be established, based on the population of the State/UT, following a norm of 1 State cell for every 5-crore population. These cells have been demarcated into two categories based on the population of the State. Category 1 will include larger Tele MANAS cells established for States/UTs with a population $\geqslant$ 20 Lakh, and Category 2 will encompass smaller Tele MANAS cells in states with a population < 20 lakh.

- To aid a large-scale population, larger states will have more Tele MANAS cells as compared to smaller states. However, at least One Tele MANAS cell will be established in each State/UT to reach all areas of the country (Annexure 1).

- A calling mechanism (Figure 4) will be established within each State/UT Tele MANAS cell to provide services to their respective population. A brief overview of this arrangement is outlined below:

Figure 4. Tele MANAS: Calling Mechanism
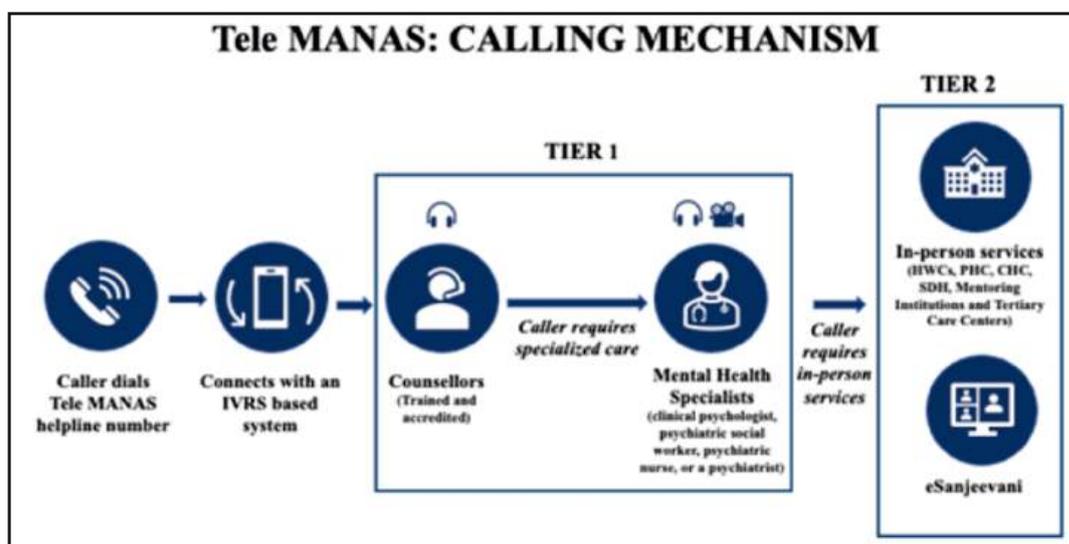
- Beneficiaries will be able to access the Tele MANAS helpline by dialing the given digits. This call will be an IVRS based audio calling only, with a timely auto-call back approach. Through the automated callback service, the caller will first be attended to by a trained counsellor.

- The counsellor will be a trained non-specialist delivering mental healthcare through Tele MANAS. Approximately 15-30 mins will be spent by each counsellor on each call depending on the case. Each counsellor in one shift will be attending roughly 30-50 calls/day.

- Based on the level of care required, the counsellor will either provide the care needed within their capabilities or refer the caller for specialist care. In this case, the counsellor attending the call will be trained to triage the calls as well.

- If the caller requires specialised care, the call will be escalated to the next level, which will be handled by a mental health specialist (clinical psychologist, psychiatric social worker, psychiatric nurse, or psychiatrist). This level of service will contain both audios as well as video-based options. At this stage, a decision will also be made about the requirement of need for referral to an in-person service.

- In case the caller requires urgent in-person intervention/complex evaluations and management, they will be referred to the nearest in-person service for physical consultation, and/or an audio-visual consultation with a specialist will be arranged through eSanjeevani. These centreswill range from Health & Wellness Centre (HWCs) to tertiary care centers as part of the DMHP.

- Wherever a medical prescription is required attempts to maintain continuity of care (including same care provider and forward and backward linkages) will be made. Linkages will also be developed with PHCs and HWCs for the safe delivery of medicines to the beneficiaries.

CHAPTER 2
How should the Facilitator Use this Manual?

The Facilitator Manual is intended to guide, and support facilitators/trainers to conduct training forTele MANAS counsellors. The manual empowers the facilitator to train and imbibe the counsellor with the required skills to identify mental health distress situations and intervene as per the guidelines provided.

This manual contains an overview of the roles and responsibilities of the facilitator and description of each module of the "Course Content for Tele MANAS Counsellors" Manual. The facilitator needs to go through this manual to understand the adult learning principles before conducting the training programs with Tele MANAS counselors. This manual provides training methods and key features of a good training session.The facilitator will be able to understand the essential factors and qualities in Chapter 4.

Chapter 5 describes the structure and process of conducting the training for the counsellors. Chapter 6 describes the step-step by step process of delivery of training, and skill sets to be focused on.

Lastly, this manual provides an annexure with pre-post test forms, a list of RCC, list of MI, which helps the facilitator to provide information to the trainers for building networks and also for resource mapping of the Tele MANAScell locations.

CHAPTER 3
Common Terminologies, Definitions & Abbreviations in Tele MANAS

Various Levels in Structural Organisation ofTele MANAS

As discussed in Chapter 1, Tele MANAS structural organisation involves various levels.

Apex Institutes NIMHANS, Bengaluru IIIT-Bengaluru NHSRC, Delhi	Regional Coordinating Centres (RCC)	Mentoring Institute (MI)	State Tele MANAS Cell
• Coordinating the various arms of Tele MANAS such as health-service delivery • Liaising with RCCs, and MIs • Providing adequate support to the State Tele MANAS cells	• Responsible for regional surveillance • Monitoring of the adequate functioning of the State Tele MANAS cells	• Training of Tele MANAS Counsellors • Mentoring of human resources including mental health professionals of State cells • Recognised body for local referrals in case of emergencies, and follow-ups for cases received in Tele MANAS	• Functioning unit of Tele MANAS • Responsible for handling calls from distressed individuals • Counsellors and Tier 1 MHPs will be located at the TMC

Human Resources

1. State Tele MANAS Counsellor- Tier 1 Counsellors (TMC): The first point of contact for people reaching out to Tele MANAS. They will be handling calls from individuals in shifts and working from the State Tele MANAS Cell.

2. Tier 1 Mental Health Professional: A team of qualified mental health professionals comprising a senior psychiatrist, clinical psychologist &/psychiatric social worker &/psychiatric nurse.

3. Tier 2 Mental Health Professionals: They are qualified mental health professionals, part of the District Mental Health Programme(DMHP) or recognised Mentoring Institute for the State who provide in-person consultations when referred cases from the State Tele MANAS Cells.

4. Mentoring Institute Mental Health Professionals: Mentoring Institute Mental Health Professionals will also play the role of facilitator for training and mentoring the TMC – Counsellors and the Tier 1 Mental Health Professionals of TMC. A facilitator is a person who ensures training delivery and teaches the participants to hone skills that are presented in the training course.

CHAPTER 4
Roles and Responsibilities of a Facilitator

Facilitators are trainers who plan, engage, and guide the Tele MANAS Counsellors (TMC). The facilitator plays a key role in the learning process and in empowering TMCs. The facilitator's role can vary at different stages and sometimes overlap as they have to be occurring simultaneously.

Developer and Designer	• Planning the training programme based on the needs of trainees. • Develop contents, compile the resources and materials • Schedule the training programme.
Trainer and Manager	• Manage human resources and administrative support in using the financial and logistical supplies. • Plays a key role in disseminating the knowledge and relevant information to the TMCs.
Moderator and Evaluator	• Ensure interactive sessions during the training programme. • Facilitate an open and flexible atmosphere for the interaction of participants. • Assessing the effectiveness of the training on TMCs, • Reviewing the methodology & application of training.

The facilitator should adopt and understand andragogy i.e., adult learning principles Effective ways of teaching adults depend on the adaptation of adult learning principles by the facilitator. An adult learner seeks to bring changes in knowledge, attitude, and competency to identify and solve personal and community problems.

Key Principles of Adult Learning or Andragogy are:

1. **Self-Directed:** Adults often like to learn at their own pace and in their own learning methods
2. **Transformational:** The learning should add to one's knowledge/experience and help change a pre-existing notion or understanding of a topic
3. **Experiential:** The knowledge gained should be applicable and can be put to use by the learner
4. **Mentorship:** An adult would be benefitted by a mentor who guides them rather than only imparting knowledge
5. **Practical:** The information/knowledge acquired should be practical in nature i.e., the learner should be able to practice it.
6. **Motivation:** Motivation to learn something new in adults is often driven by incentives in the form of either degree/certificate or a salary hike
7. **Readiness to learn:** In adults readiness to learn requires external factors such as the necessity to retain a job/earning or the beneficial for a career change

In summary the key characteristics of adopting adult learning principles in training are:

a) Learning materials need to be immediately useful for learners
b) Learning materials should be relevant to adult learners
c) The learning environment should be welcoming and safe
d) The content and delivery methods need to be engaging
e) Training needs to be delivered respectfully with the opportunity to share for learners

Qualities of a facilitator:

A facilitator must work cohesively with counsellors of different backgrounds, varied experiences, and personalities. Moreover, different participants may have different levels of motivation for being involved in the programme. On the other hand, in the same training programme, another individual may participate because (s)he has an additional interest in mental health counselling. The facilitator needs to bring all the participants to the relatively same level in terms of motivation and participation so that the learning environment remains conducive and everyone learns optimally to be able to provide a fair service.

A facilitator needs to:

- Have a proactive attitude: He or she should actively try to shape the online training programme in such a manner that participants find the programme interesting. Further, the facilitator should ensure that no participant remains passive.

- Pleasantly present himself or herself to the group: The facilitator must present himself to the group as a warm and friendly individual who believes in teamwork.

- Have insight and be informed about group dynamics: A facilitator of any group should have a reasonably good understanding of group dynamics. For example, groups may have sub-group formations in which instead of individuals, the sub-groups start interacting and, many times, unnecessarily contradict each other. It negatively affects communication in the group and, in turn, the learning process. Likewise, one or more members of the group can be very domineering and obstruct others from expressing their views. It is, therefore, important that the facilitator moderates the group in a manner that every participant gets the opportunity to express views and contributes to the discussions.

- Willing to modify and innovate training methods: Training should be imparted in such a manner to generate interest keep up the modification and take feedback and adopt innovative ways of training. For example, instead of just telling that one should involve others also in discussion and finding solutions if the presenter involves them in a task that can be done more effectively if people work together, it gives a strong message about group work interestingly. Also, involving fun, joke and other such things keep the environment easy and participants accept the message readily. For example, instead of telling, "Please respond to this question" if it is said, "Please post your answers in the chat box or raise your hand in the digital button so that we can understand the topic better" helps in lightly presenting the message.

Key features of a good training session

✓ To know your teaching material thoroughly. Your task is to present the module, conduct demonstrations, answer the questions, discuss with the participants their answers to the exercises, lead role-play exercises and group discussions, organise and supervise clinical practice at the hospital, and generally provide any assistance to participants that they may require for successful completion of the training course.

✓ Set simple basic ground rules about the online training: Inform about keeping audio off during presentations, ensuring video presence of all participants with appropriate gestures and adequate technological support.

✓ Set up the tone of the discussion with the participants. Arrange an open, flexible, and safe discussion environment for an effective interactive learning process.

✓ Motivate participants to engage in group activities by appreciating their involvement and complimenting the progress made by the participants.

✓ Observe the group and the behaviours of the participants. Pay attention to verbal and nonverbal gestures and ask for clarification if needed.

✓ Display the best standard of communication skills by paraphrasing, summarising, and explaining the points with examples and articulating the purpose of the activities and discussion.

✓ Being prepared and actively involved to cut down the tension arising during the discussion and activities. Ensuring the focus is on learning objectives.

✓ Use of various techniques in group activities such as role plays, video demonstrations, discussions, and quizzes.

✓ Discuss the difficulties faced by participants in developing skills. Help participants understand their strengths and weaknesses by providing reflective time.

✓ Explain the objectives, targeted skills, modules, and contents of the training sessions.

✓ Define the timeline and be mindful of the schedule by keeping a check on time. Inform about changes in the timeline.

CHAPTER 5
Curriculum for training Tele MANAS Counsellors

Prerequisites for the training programme
- Manual of TMCs
- Computer/Laptop with internet
- Digital support (if online mode: projector, microphone, camera, and other technical equipments)
- Pre and Post Training assessment forms (in digital format for example: Google Forms) and feedback sheets.

Mode of delivery of training

The training will be conducted in a hybrid mode (online and onsite). The duration of training initially shall be planned to be completed in 4-6 weeks to implement the programme, which shall be gradually spaced out eventually such that training sessions shall be over 20 weeks with a total of 50 hours of training. The training will include 34 hours of online training sessions followed by 16 hours of onsite training i.e., in-person training at the mentoring institute/regional coordinating centre.

Online training: Online training will be module based. The modules are designed to empower counsellors to address individuals i.e., callers who are in distress. The training will imbibe skills to enable counsellors to provide telephonic and online counselling.

Modules will include how to recognise various psychological distressing situations, psychiatric disorders, psychosocial first-aid, understanding the workflow of the helpline, and when to refer to Tier 2 and 3 counsellors i.e., mental health professionals. The methodology of the online training will be didactic lectures with role play, case vignettes, and demonstrations with interactive discussion. The course shall have 22 online sessions of 2 hours each. Additionally, they will have access to recorded sessions. Experts across specialties/sub-specialties in mental health will be involved in preparing content for the sessions and moderating and conducting the online live sessions. The content includes an introduction to the topic, detailed explanations with examples, and role plays. During the online class, there will be an interactive discussion (interactive teaching using methods like buzz sessions, Q&A sessions, Quiz, exit slips and think, pair and share, etc.)

Who are we teaching?

As defined earlier TMCs with a background in graduation and post-graduation were recruited by State Cells.
Qualification: MA/MSc Psychology, Masters in Social workand BSc Nursing

Platforms for training

Digital platforms will be used for online training (Google Classroom, video conferencing tools, video editing tools, Gmail, and WhatsApp for communications).

Training Materials

Training material for the training of the Tier 1 counsellors will include reading material and audio-visual material; simulated caller and counsellor recordings, role play videos, case vignettes, and self-assessment quizzes.

5.2.2 Onsite module: Once the basic concepts and skills needed for counselling are taught through online modules, the participants will attend 16 hours of on-site observership (at a medical college or mental health institution). The onsite module will include observation of live consultations at the psychiatric facility (mentoring institute/regional coordinating centre) along with role plays etc . The exit exam shall be conducted at the end of the onsite module.

Course Title: Certificate course for Tele MANAS Tier-1 Counsellors
Course Objectives: At the end of this blended course:

- Counsellors should be able to identify various mental health distressing situations.
- Triage the calls received
- The learner should be able to provide basic counselling to callers reaching out to the helpline
- Plan interventions and follow the guidelines provided to them to run the helpline
- Collaborate with MHPs of other tiers and also link the callers of the helpline to local mental health care resources when required

Course modality: Blended Online 34 hours + Onsite: 16 hours: Total: 50 hours

Minimum qualification of the trainee: Master in Social Work (MSW), MA/MSc (Psychology), BSc (Nursing).

Contents of Training: Module-Lessons

Course time line: Online sessions 2 to 3 sessions per week (currently planned) but eventually weekly sessions. Onsite: 2 days at the nearest mentoring institute or State cell.

Medium of training: The initial material shall be in English which may be translated to other languages. During online sessions, language compatibility with the trainee counsellors shall be attempted.

Eligibility for accreditation: For the final accreditation, the trainee counsellors will have to fulfill80% attendance in sessions, take pre-post assessments and clear the exit exam to be conducted at the end of the training. to fulfill80% attendance in sessions, take pre-post assessments and clear the exit exam to be conducted at the end of the training.

Core Competencies for the Course
WHAT THEY CAN DO

a) Provide psychological support for people who are distressed in the community through online and telephonic means.

b) Recognition of common mental disorders (anxiety, depression, and substance use disorders) and providing psychological first aid.

c) Identifying potential cases for referrals to Tier 1 and Tier 2 (Mental Health Professionals)

WHAT THEY CAN'T DO
a) Providing 'psychotherapy'
b) Providing e-prescription for psychotropics
c) Contact the caller independently beyond their shift

Training Materials

Each mentoring institute will be provided with a set of training materials for the training of Tele MANAS counsellors

The Training Material will include

1. **Course Content for Tele MANAS Counsellors:** Module Based manual, this manual will cover the curriculum for the counsellors

2. **Point of Care Manual:** Point of care manual will include scenarios and sample SOPs for specific distress situations that a counsellor is likely to encounter

3. **Audio Clips:** 6-8 audio clips will be provided, these are fictional scenarios/conversation which will guide the counsellors to get a real time understanding of how to provide tele-counselling

For the counsellors, a crisis intervention schema has been designed called as the **MANASVITA,** which are set of principles that a counsellors will require to be followed to provide effective intervention.

Course Content for Tele MANAS Counsellors

Course Content Manual, version 1 will consist of 22 modules, to cover commonly occurring psychological distress situations and the intervention a Tele MANAS counsellor should be able to provide.

Point Of Care (POC) Manual

The Point of Care Manual is a guide which gives layout on how a counsellor can address an issue while providing Tele Counselling. Hypothetical Scenarios have been designed for various modules for the reference purpose for the Counsellors. For the counsellors, a crisis intervention schema has been designed called as **"Manasvita",** which is the basic framework of intervention that a counsellors will require to be followed to provide effective intervention. Manasvita has been described in module 5 of the course content manual. The module enabales the facilitators to discuss the basic intervention model that a Tele MANAS counsellor will require to follow.

An example of how the POC manual scenarios of given below

Distress situation: Sadness of Mood – Not continuous

CONCERN	CLARIFICATION	INTERVENTION
Sadness of mood, not continuous. **The sad mood is present occasionally such as 2-3 hours per day or once in few days**	**How long is the feeling of sadness?** In minutes / few hours/ days/ weeks **What causes the low or sad mood?** Events/actions/thoughts/ memories **How frequently it occurs?** • Rarely • Sometimes during the day most of the time, throughout the day/ continuously present **Duration:** More than 2 weeks Less than 2 weeks	**Rarely/only sometimes during the day/<2weeks:** Helping callers to share Carefully listening to caller's concerns. Acknowledging by expressing empathy (e.g., it's been difficult times for you) **Most of the day/ Continuous/>2weeks:** • Educating about the cause and effect of low mood Enabling the need for activities • Enabling with efficient ways of solving problems as mentioned in intervention package + • Referral to Tier 1 MHP at State Cell (ensure transfer of call)
Associated symptoms+/- Fatigue, difficulty concentrating, disturbed sleep, hopelessness, worthlessness **Danger Signs+/-** Risk of harming self/suicidal thoughts/ attempts		If having associated symptoms+ any danger signs such as risk of harm to self: Referral to Tier 2 Hospital immediately

SCENARIO FOR LEARNING

Mr. Ryan, 28 years old, single male, calls Tele-MANAS with complaints of the feeling of sad and disinterest in last 2-3 months. He reports after losing job he feels sad and feels a burden on family. He reports whenever he gets messages from his colleagues regarding job, he gets concerned and feels sad. Further he does not respond to them and avoids meeting them. He also reports he was helped by few close friends and family to search for new job and he is willing to begin new career paths. But during online search for job, if his eligibility for job profile is not suitable he feels low and sad.

How would you handle this call as a Tele-MANAS Counsellor?
Follow the 7 steps listed in Module 2 during the call.

I   Let Mr. R talk about her experiences, thoughts and emotions freely.

II   As a tele-counselor, listen carefully and pay attention to the details given by the caller.

III   Use the steps mentioned above as a guide.

IV   Ask and collect information about the duration, frequency, associated symptoms and causes for such episodes to decide the caller needs referral for T1 interventions.

V   In the above case, as Mr. R had these symptoms within 1 week and he shows interest to search job, he has support from his friends and family.

VI   Express empathy by acknowledge the concerns of the caller, for e.g., "I see you are feeling sad when you find you're not eligible for job, but I see that you are trying your best to find job", "I realize, it's been hard time after losing job". These statements help to build professional rapport with the caller and also caller feels that her concerns are understood.

VII   Educate the caller regarding normal reactions of life events. For e.g., its normal and natural to be stressful and feeling sad, anxious and disgust at times.

VIII   Encourage him to discuss with family, and friends.

IX   Inform about planning activities of the day, taking help from friends and family to engage in search of job.

X   Enabling with efficient ways of solving problems as mentioned for stress management - in such situation problem solving approach of stress management is helpful

XI   Reiterate the need for physical activity to keep herself fresh and focus better.

XII   Reassure her, that if she is distressed, she can reach out to Tele-MANAS at any time.

Close the Call.

The above such scenarios have been designed for various module. The facilitators can adopt this pattern and use scenarios that they feel is applicable for a particular community or issues that may be specific to geographical location.

Additional materials shall be provided and formulated depending on the requirements of the training. It is important that the facilitator uses these materials as guide and adapt them to the requirements of the counselors they are training.

Quality control

Periodic assessments by the facilitators is essential to ensure the training is impactful or not, to identify areas of strengths and weaknesses of a counsellors. Liaison with State cells and taking regular feedbacks and experiences from them is important. This is vital to ensure best quality service is provided through Tele MANAS.

CHAPTER 6
Details of Individual Modules with Training Methodology

Online training sessions typically would cover one or two modules of the curriculum, in this chapter we shall discuss the briefly the methodology of the training sessions, skill sets to be acquired in each module of the curriculum.

Brief of the methods that can be adopted during online sessions

1. **Buzz sessions:** At the start of the session, the trainer can use ice breaker in the form a short quiz or poll or discussion to what the participants expect from the session
2. **Didactic lectures:** This includes using a Power point presentation led didactic lecture about the topic/module
3. **Role Plays:** For online Sessions recording to be used for training purpose. This can be in the audio clips, audio-visual clips pertaining to the topic
4. **Quiz/ Question and answer sessions:** during the sessions, the trainer can post quiz or display questions tot e trainees to answer to enable engagement during the session
5. **Think Pair and Share:** The trainer can create breakout rooms on the online platform and divide the trainees into random groups and give each group a task, ex: providing a scenario, a small sub-topic of interest. The groups reassemble together at the end say 5-10 min and discuss the topic assigned to them, this encourages active participation, thus keep the trainees engaged during the online sessions
6. **Exit Slips:** digital exit slips through Google forms or other means to understand how much the participant has learnt, this includes short assessments that may be posted at the end, this allows the trainer to understand how much the learner has actually learnt during the session.

A typical online Session (about 120 minutes)

1. First 10 minutes: Buzz session with 4-5 questions or brief discussion on the topic of interest for the day
2. 45- 60 minutes: didactic lectures along with use of audio- visual material
3. 30 minutes: Think – pair and share , 10 minutes for the participants to discuss in breakout rooms, followed by discussed
4. 10 minutes: question and answer session
5. 10 minutes: exit slips through google form or another mode that the trainer finds feasible

Individual module objective, modes of training and the skills set to be focused on in the module.

1. Overview of National Tele-Mental Health Programme (Tele MANAS): Introduction to online and telephone counselling	
Learning objectives of the session	• Mental health burden in India • Overview of National Tele Mental Health Programme – Tele MANAS: Objectives, workforce, and various mental health services under the purview of Tele MANAS • Introduction to Online Counselling • Introduction to Telephone counselling
Mode of training Skill set to be acquired	Online, Didactic lecture Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	Understanding the need and working of Tele MANAS Knowledge regarding counselling – telephonic and online – various modes of counselling

2. Basic components of a call	
Learning objectives of the session	To know about the components of a call How to introduce yourselves, do an assessment, set an agenda, plan action, intervention, referral, and finally close a call
Mode of training	Online, Didactic lecture
Skill set to be acquired	✓ Steps to be followed while attending to a call ✓ Initiating the conversation ✓ Taking the conversation and dos and don'ts during a call ✓ Terminating a call ✓ How to document details of the call

3. Basics counselling skills	
Learning objectives of the session	What is counselling and what is not? Features of good counsellors Basics of communication Crux of Effective Communication during Counselling
Mode of training	Demonstration through role plays, case vignette discussions along with Interactive teaching method (Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share etc.)
Skill set to be acquired	✓ Skills needed for a good counsellor ✓ Initiating a session (telephonic counselling) ✓ Carrying out effective communication ✓ Identifying hurdles faced by the caller and dealing with them ✓ Dealing with technical issues during a telephonic session

4. Roles and Responsibilities of a Tele-counsellor, self-care tips	
Learning objectives of the session	Lesson 1 To understand the various roles played by Tele MANAS counsellor To understand the responsibilities of Tele MANAScounsellor To be aware of one's own well being
Mode of training	Online, Didactic lecture with case vignettes discussion and interactive teaching method (**Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.**)
Skill set to be acquired	✓ Tele MANAScounsellor will have various role: informant, providing interventions ✓ Responsibility of Tele MANAS counsellor is to attend each call, provide adequate time and apply intervention to reduce distress, follow up with callers, connect the callers to mental health professionals ✓ Self-care of Tele MANAS includes taking time for self, talking and being aware of burn out.

5. Introduction to Mental health and mental health disorders	
Learning objectives of the session	To know about the concept of medical health and disorders To know about the bio-psycho-social cause of mental illness Common myths and misconceptions related to mental illnesses
Mode of training	Online, flip classroom, worksheets, case vignettes Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	Identifying risk factors for mental illnesses and protective factors against mental health issues

6. Overview of Mental disorders	
Learning objectives of the session	To know about the symptoms of mental illness Overview of types of mental disorder Overview of common and severe mental disorders
Mode of training	Online, Didactic lecture, case vignettes along with Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Identifying symptoms of mental illness ✓ Grouping symptoms under the particular mental disorder ✓ Making a provisional diagnosis based on the symptoms reported and elicited ✓ Identifying psychiatric emergencies – suicide risk and risk of aggression and violence by mentally ill individuals

Note: Modules 6 & 7 shall be clubbed together for the initial training

7. Interventional Framework for Tele MANAS counsellors	
Learning objectives of the session	To know the approaches of interventions To know the various techniques of interventions To develop skills for applying interventions
Mode of training	Online, Didactic lecture, case vignettes along with Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Collaborative approach with neutrality, openness, genuineness are the basic premises of the intervention approaches ✓ Abilities to talk being calm, relaxed and also articulate the essential components of interventions with clarity ✓ Abilities to question both direct/indirect ways, paraphrase the statements.

8. Stress Management: Dealing with common mental health concerns	
Learning objectives of the session	To know what stress is Symptoms of prolonged stress To know about sleep disorders Sleep hygiene
Mode of training	Online, Didactic lecture, case scenarios discussion, and Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Identifying stressors in the caller ✓ Providing help to deal with stress ✓ Identifying if the stressor has led the individual to have a mental disorder requiring further evaluation and intervention

9. Handling mental health conditions due to death and grief	
Learning objectives of the session	Understanding death and various definitions Models of bereavement Symptoms of grief Grief counselling and therapy
Mode of training	Online, Case Vignettes /Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Identifying features of grief and the grieving process ✓ Dealing with caller experiencing acute grief ✓ Evaluating and identifying any mental disorder ✓ Evaluate for risk of self-harm ✓ Red flags which require immediate referral to Tier 2 and Tier 3 counsellor

10. Handling Couple and Family conflicts	
Learning objectives of the session	Definition of family conflict Types and forms of family conflict Family counselling. Components of family counselling
Mode of training	Online, Didactic lecture, case vignettes, and Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Identifying the presence of conflicts ✓ Addressing marital conflict during the session ✓ Maintaining confidentiality and privacy of the caller ✓ Dealing with arguments during the call ✓ Dealing with multiple individuals attempting to take over the conversation ✓ How to end the call without offending the caller/callers

11. Problems associated with addiction	
Learning objectives of the session	To understand what are habit forming substances To identify problems due to habit-forming substances To screen a person for substance use disorder Approach to a case of substance use disorder To understand the myths and facts and Do's and Don'ts
Mode of training	Online, case vignette, and Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Identifying signs of addiction to a substance ✓ Identifying red flag signs requiring immediate medical intervention such as complicated withdrawal, injuries, problems due to intoxication ✓ Helping caregivers of individuals with addiction and addressing their burden ✓ Carrying out the brief motivational interview ✓ Advise to maintain abstinence and address distress due to lapses or relapse to the substance of abuse

12. Addressing Gender-based Violence	
Learning objectives of the session	Concept of domestic violence Types of domestic violence Domestic violence cycle Risk factors for domestic violence PWD Act 2005 Approach to domestic violence
Mode of training	demonstration and Interactive teaching method (Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)
Skill set to be acquired	✓ How to express empathy ✓ Evaluating for presence of the immediate danger of violence- if so how to ensure immediate safety ✓ Empowering the woman in distress to seek help ✓ Inform about various resources available and legal provisions that exist

13. Special population and cultural awareness	
Learning objectives of the session	Overview of mental health issues of elderly To know about behavioural changes in elderly Overview of depression and dementia in elderly How can we help them?
Mode of training	Online, didactic lectures and Interactive teaching methods **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Identifying mental health issues in elderly ✓ Identifying the presence of medical causes for mental health issues ✓ Providing psychosocial support to the elderly seeking support for issues such as loneliness, elder abuse ✓ Linking them to other resources when the social issues present such as homelessness, legal problems, neglect ✓ Screening for memory disturbances which may require referral for evaluation

14. Ethical and legal aspects of tele-counselling	
Learning objectives of the session	Lesson 1 To know about the concept of medical ethics Overview of national and international guidelines for tele psychotherapy Overview of national and international laws on tele- consultation
Mode of training	CASE VIGNETTES: Harm to others/risk of harm to self/suicidal patients/ rape/ CSA WHEN TO REFER? TO WHOM SHOULD WE REFER? SPECIFIC FLOWCHARTS Online, Didactic lecture with case vignettes discussion and Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Practicing ethically as a counsellor ✓ Understanding and knowing the legal implications of unethical practices ✓ Legal requirements and confidentiality issues while providing telephonic and online counselling ✓ Practicing rights-based mental health care in line with MHCA 2017 ✓ POCSO Act 2012 and its importance and steps to follow under the act

15. Challenging situations in tele-counselling	
Learning objectives of the session	To know about mental health crises and situations that can lead to it To know the role of counsellors in a mental health crisis To learn to deal with challenging situations in counselling
Mode of training	Online, Case Vignettes, and didactic lectures along with Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit-slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ The challenging situation during a counselling situation ✓ Dealing with situations such as a caller crying continuously, an angry caller ✓ Caller with suicidal ideas, how to help the caller ✓ When to reach out to supervisor and Tier 2 and Tier 3 ✓ Mental health professionals

16. The challenging situation of suicide/aggression and disorganised patient	
Learning objectives of the session	What is suicide and how is it different from other self-harm behaviours? Signs and symptoms of suicide? Warning signs and symptoms in suicide? Dos and Don'ts in the suicidal patient? Approach to dealing with the family of a suicidal patient? Helplines for suicide? How does aggression present in severe mental disorders? What is disorganisation and how does it present? How to interview a patient with aggression? Dos and Don'ts in patients with aggression?
Mode of training	Online, Case Vignettes, demonstration through role plays, and Interactive teaching methods **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	**Suicide risk** ✓ Providing comfort to the caller ✓ Dealing fear and one's anxiety when a caller reports suicidal thoughts ✓ Assessing for immediate risk of suicide ✓ Mitigating suicide risk and referring to Tier 2 & 3 MHPs ✓ How to make a follow-up call and enquire about suicide risk **Aggression and Disorganisation** ✓ Maintaining a calm and composed tone if the caller sounds aggressive or suspicious ✓ Providing advice to the caregiver on how to deal with aggression by ensuring the safety of self and the patient ✓ Referring them to the nearest mental health care facility

17. Mental health first aid	
Learning objectives of the session	To know what mental health first aid is Principles of mental health first aid Components of mental health first aid Essential steps in mental health first aid How to provide mental health first aid
Mode of training	Online, role plays, case vignettes, didactic lectures, and Interactive teaching methods **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Providing mental health first aid over the telephone ✓ Providing information and advice regarding specific ✓ mental health issues ✓ Promoting lifestyle modification enabling mental well-being

18. Mental health promotion	
Learning objectives of the session	To know about mental health promotion and different methods of mental health promotion To know about stigma and discrimination To know about the promotion of mental health through various platforms
Mode of training	Online, Didactic lecture and Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Importance of non-pharmacological aspects of management of mental health issues ✓ Imparting education to individuals with mental health issues and caregivers ✓ Helping caregivers to understand how to care for an individual with mental illness ✓ Dealing with mental health stigma and helping change the perception of callers regarding mental health problems ✓ Identifying psychological distress features in children and adolescents

19. Mental health issues in COVID 19 pandemic	
Learning objectives of the session	• What is the Novel Coronavirus 19 pandemic? • What are the mental health issues caused by this pandemic? • Who are the vulnerable population? • Anxiety related to the Covid-19 pandemic in adults, older population, and children and how to address it? • Exam stress and COVID 19 pandemic? • Sleep disturbances associated with the COVID 19 pandemic and how to address them? • Loneliness and boredom associated with the pandemic and how to overcome it? • Intimate partner violence associated with and pandemic, red flags, and how to address it? • New onset psychiatric illness in pandemic and how to approach? • Worsening of pre-existing mental illness, how to approach? • Substance use disorder and pandemic, how to approach? Migrant population and pandemic, how to address psychological distress?
Mode of training	Online, Didactic lecture Interactive teaching method (Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)
Skill set to be acquired	✓ Identifying and addressing the issue during a natural disaster such as the COVID 19 pandemic ✓ Addressing the concern of the caller even if not mental health related ✓ Evaluating for the presence of mental illness and providing intervention according in line with a specific module

20. Manohitam (Ayush)	
Learning objectives of the session	• To understand the basic aspects of Yoga and Ayurveda in relation to mental health
Mode of training	Online, Didactic lecture, case vignettes along with Interactive teaching method (Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)
Skill set to be acquired	✓ Application of Yoga and its effects on mental health ✓ Knowledge about the Ayurveda in everyday life

21. Rehabilitation services and benefit schemes in mental healthcare	
Learning objectives of the session	• To understand the different rehabilitations for mental health care • To understand the disability benefits
Mode of training	Online, Didactic lecture, case vignettes along with Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Providing information regarding disability benefits as per RPWD act ✓ Providing information of various centre for rehabilitation services ✓ Networking with experts of rehabilitation centre

22. Technical components of Tele MANAS IVRS flow, data fields	
Learning objectives of the session	• To understand the mechanism of IVRS software • To know step by step process of using IVRS software
Mode of training	Online, Didactic lecture, case vignettes along with Interactive teaching method **(Buzz sessions, Q&A sessions, Quiz, Exit slips and Think, pair and share, etc.)**
Skill set to be acquired	✓ Abilities to use technology IVRS ✓ Use IVRS for receiving calls and enter data in the software

On-site training programme schedule

Duration: A 16-hour programme, including post-training assessments and exit ecan over 3 days, followed by an exit exam. The onsite programme will include observation of live consultation in the psychiatric facility (mentoring institute/regional coordinating centre).

DAY ONE	
Timing	Topic
9 AM- 10 AM	Breakfast
10AM- 1 AM	Observation of Assessment of patients visiting out-patient psychiatry services
1 PM-2 PM	Lunch
2 PM- 3PM	Role Play demonstration and hands-on training to assimilate skills through practice with simulated callers and Q&A session
3 PM-4 PM	Visit emergency psychiatry services (if facility available)
DAY TWO	
Timing	Topic
9 AM- 10 AM	Breakfast
10AM- 11 AM	Feedback of Day 1 and set agenda for Day 2
11 AM- 11 PM	Observation of evaluation of patients visiting out-patient psychiatry services (1 hour) and then visiting in-patient services (rounds with a psychiatrist)
1 PM-2 PM	Lunch
2 PM- 3 PM	Addressing psychiatric emergencies – aggression and suicide Demonstration through role plays and hands-on training
3 PM- 4 PM	Feedback session
DAY THREE	
9 AM- 10 AM	Breakfast
10AM- 12 PM	EXIT EXAM

**Onsite training can be customised based on the psychiatric services available at the facility where it is conducted.

CHAPTER 7
Final Assessment

In Order to accreditate the counsellor for the course **"Certificate course for Tele MANAS Tier-1 Counsellors",**

Method of assessment and eligibility for certification

The participants should have:

Formative Assessment Criteria

In Order to accreditate the counsellor for the course "Certificate course for Tele MANAS Tier-1 Counsellors",

Method of assessment and eligibility for certification

The participants should have:

Formative Assessment Criteria

1.   Atleast 80% attendance online sessions to qualify for attending the exam.

2.   Attended in Onsite training

3.   Completed Pre-assessment at the start of the training and Post assessment at the end of Onsite training

Once a trainee has fulfilled the formative assessment criteria then the trainee will be eligible for exit exam. A person has to score 50% in the exam to qualify for certification

Exit exam

Once the trainee has fulfilled the initial requirement, an exit exam would be conducted

The exit exam will be conducted in two parts

i.   Written exam

ii.   Competency Assessment

Conduct of examination will be on-site at a selected center following the on-site module.

1)   Written Exam

The written exam will be in the form of case scenarios with questions based on the scenario regarding the approach and management of each scenario.

Total number of scenarios: 10

Sub questions in each scenario: 5

Marks for each question: 1 mark

Total marks for each scenario: 5 marks

Total: 10 scenarios X 5 marks = 50 marks

Pass marks: 25 marks

2)   Competency assessment

The competency assessment will include an assessment of Skill set to be acquired by the trainee counsellor

Assessor: Assessment will be carried by the Mental Health Professionals at the M

Components of competency assessment

a) Role play assessments: The trainee will be provided with a scenario and skills will be assessed based on the conversation with a simulated patient (in-person): 4 scenarios (2-3 min each): 40 marks

b) Simulated call assessment: Trainee will be assessed on skills of handling calls which would be simulated. 1 (5min duration)

The call will include a difficult scenario such as suicide risk, angry caller, or caller reporting crisis. 10 marks

Total marks: 100, trainee counsellor will have to score 50% marks individually (minimum 25 marks in each part). The trainee counsellor who fails to score 50% in the first attempt, can reattempt after the stipulated time which shall be decided in due course of time.

Pre-Post assessmentfor trainees to assess the Knowledge Attitude and Practices
These forms can be given in digital format (ex: Google Forms)
Sociodemographic details and other information of the counsellor

1.   Name of the participant: *
2.   Past experience in tele-counselling Yes/No
3.   Age
4.   Gender: Female/Male/Prefer not to say/others
5.   Email.id
6.   Working in which District
7.   State *
8.   Languages that you are fluent in: *
9.   Contact details - Phone number *
10.   Education Qualification (Example: MA(Psychology), BSc Nursing etc)
11.   Current job profile (i.e. working as) *
12.   Any past experience working as a mental health counsellor

PRE-POSTASSESSMENT- Questions
The following questions are to assess your knowledge attitude and practices in mental health which help us to understand training needs. The responses are confidential and your personal identity and scores will not be revealed to others.

13.   Most Mental Health issues can be helped with counselling:
A.   Yes
B.   No

14.Mr A is having Mental Health issues but he is not ready to seek help. Community
      Volunteer calls you on behalf of the patient to seek help. What should you do?
A.   Refer to psychiatrist
B.   Attend the call and give required help as per guidelines
C.   Disconnect the call
D.   Inform that care cannot be given unless the patient speaks to you

15.During conversation with the counsellor, Ms B starts sobbing and then crying. What should
      be your next step?
A.   Reassure her
B.   Ask to call back when she stops crying
C.   Mute the call and wait
D.   Cut the call

16. Symptoms of depression are-
A.   Feeling tired
B.   Poor social interaction
C.   Feeling worthless
D.   All of the above

17. Ms C, a 19 years old female, has called Tele MANAS. She is in a state of distress due to recent breakup of romantic relationship with a person from another religion.
What should be your first step?
A.   Ask her regarding the reason for such odd relationship
B.   Listen to her and check her safety
C.   Blame her
D.   Cut the call

18. Following are the components of sleep hygiene except:
A.   Practice deep breathing and relaxation exercises
B.   Take warm water bath in the evening hours
C.   Take warm glass of milk in the night
D.   Do exercise if you don't get sleep

19. When a caller calls seeking information to help a wandering mentally ill person, the next step is:
A.   Appreciate the caller and provide details and to reach out inform nearest police station details
B.   Ask the caller to leave as he is unrelated
C.   Tell the person that it's his responsibility to take care
D.   None of the above

20. Which of the following is true?
A.   Discussing about suicide increases chances of suicide
B.   People who talk about suicide do not attempt suicide
C.   Warning signs may be present before suicide attempt
D.   All cases of suicides are due to mental illnesses

23. As a counsellor when can you break the confidentiality clause with the patient?
A.   When the patient discloses his/her past relationships
B.   When the patient reports thoughts about wanting to end life
C.   When the patient discloses sexual orientation of self during the session
D.   When the patient's spouse (wife/husband) approaches you requesting treatment details

22. The features of Substance Dependence are:
A.   Craving
B.   Tolerance
C.   Withdrawal
D.   All of the above

23. Which of the following is not a component of psychological first aid?
A.   Provide protection
B.   Provide support and link to resources
C.   Psychological debrief
D.   Listen and help the affected individual to calm down

24. While counselling a person with addiction what should not be done?
A. Express Empathy
B. Make the person realise that they can die due to using addictive substance
C. Threaten the person that you would report to police if they don't stop using
D. If unwilling to talk, encourage to call anytime or seek help when they wish to

25. All are features of psychosis except:
A. Delusion
B. Auditory Hallucinations
C. Dissociation
D. Illusion

26. A 32 year old male presents to emergency with complaints of confusion, aggression, tremors all over the body since 1 day. Family gives history of daily alcohol use, history of sleep disturbances when he does not take alcohol and report he has stopped drinking since 2 days. They also give similar history 3 years back when he had stopped drinking alcohol. What is the diagnosis?
A. Seizures
B. Complicated withdrawal
C. Meningitis
D. Alcohol intoxication

27. Which of the following are features of delirium?
A. Loss of orientation
B. Confusion
C. Fluctuation of consciousness
D. All of the above

28. All are normal reactions to stress except:
A. Crying
B. Feeling lost
C. Fleeting thoughts
D. Violence

29. All are components of counselling except:
A. Process that leads to better decision making
B. Focus is specific and goal directed
C. Involves interrogation and confession
D. Client focused

30. What will you do if the caller requests for a prescription for psychiatric drugs?
A. Provide a prescription
B. Discuss and refer to Tier2 mental health professionals
C. Ask the patient to go to the hospital
D. Disconnect the call

31. Which of the following is a risk factor for substance addiction in adolescents
A.   Participation in extracurricular activities, including sports
B.   Good academic performance
C.   Emotional closeness to parents
D.   Physical and sexual abuse in childhood

32. A 10th standard student has to submit record work soon, what would be ideal advice to manage stress
A.   Work through the night before it's due: Sleep can wait
B.   Work continuously without breaks from now until it's finished
C.   Ask a friend/sibling to write half so the student has less work to do
D.   Work in with short breaks in between to recharge and finish

33. Which of the following is a true statement while educating a caregiver about their family member taking psychiatric treatment?
A.   A person with psychiatry illness should be advised to take rest and not do any work
B.   Once symptoms of illness have improved medication can be stopped immediately
C.   Once treatment is initiated medication will be required to be taken lifelong
D.   A person with psychiatric illness should be encouraged to do work as much as possible

34. Causes of intellectual disability in a child are all except
A.   Genetic causes
B.   Always due to problem during pregnancy in mother
C.   Infection during infancy (2 years)
D.   Malnutrition

35. On a scale of 1-10 how confident are you in providing tele-counselling to a patient with tobacco addiction?
1   2   3   4   5   6   7   8   9   10

36.   On a scale of 1-10 how confident are you in telephonically handling a suicidal patient?
1   2   3   4   5   6   7   8   9   10

37.   If a distressed caller requests you to share your personal number to connect at a later time after work hours, what will you do?

Feedback questionnaire

Session Feedback for "Training programme for Tele MANAS counsellors"

Feedback to be collected after each online sessions, this allows facilitators to identify if there are any specific areas that need more focus during the sessions or in the modules itself

1. Name of the participant: *
2. Age:
3. Email.id *
4. Working in which district*
5. State*
6. Contact details - Phone number *
7. Education Qualification: (Example: MA (Psychology), BSc (Nursing) etc.)
8. Current job profile (i.e. working as) *

Session Feedback   Mark only one oval.

9. On a scale of 1 to 5, how would you rate the content and delivery of Session-1: Overview and *   Introduction to Tele MANAS on Day-1 of your training programme?

1   2   3   4   5

10. On a scale of 1 to 5, how would you rate the content and delivery of Session-2: Basic call   *   components and counselling skills on Day-1 of your training programme?

1   2   3   4   5

11. On a scale of 1 to 5, how would you rate the content and delivery of Session-3: Challenging   *   calls in Tele-counselling on Day-1 of your training programme?

1   2   3   4   5

12. On a scale of 1 to 5, how would you rate the content and delivery of Session-4: Mental Health First Aid on Day-1 of your training programme?

1   2   3   4   5

13. On a scale of 1 to 5, how would you rate the content and delivery of Session-5: Introduction   and Overview of Mental Health Disorders on Day-1 of your training programme?

1   2   3   4   5

14. On a scale of 1 to 5, how would you rate your learning experience on Day-1 of your training   *   programme?

1   2   3   4   5

z

15. Feedback on sessions: *_____