सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

OPERATIONAL GUIDELINES

THE NATIONAL TELE MENTAL HEALTH PROGRAMME OF INDIA

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

THE DIGITAL ARM OF THE NATIONAL MENTAL HEALTH PROGRAMME

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THE DIGITAL ARM OF THE NATIONAL MENTAL HEALTH PROGRAMME

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व रसायन एवं उर्वरक मंत्री
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सत्यमेव जयते
आज़ादी का अमृत महोत्सव

MESSAGE

Health is never complete without mental health. This has become even more important in the background of COVID-19, a time when the importance of mental health and well-being became evident. The need for a comprehensive mental health service was realized by the Government of India, who envisioned the National Tele Mental Health Programme which was announced in the Union Budget in February 2022.

The National Tele Mental Health Programme of India (Tele MANAS) is all set to be a landmark link between distressed individuals and mental health professionals. Through 51 State-wise Tele MANAS cells that will have trained Tele MANAS counsellors and a team of mental health professionals, this novel enterprise by the Ministry of Health and Family Welfare (MOHFW) will be helpful in networking and boosting mental healthcare services.

Tele MANAS is envisioned as a 24 x7 mental healthcare service that aims to reach out to every Indian in need of mental healthcare, even in the remotest regions of our country. Service has taken off in most States/UT's since its inaugural on World Mental Health Day 2022. We hope that Tele MANAS will help bridge the treatment gap by providing essential mental health interventions to those in distress and in need of mental health aid.

These operational guidelines have been made to ensure a smooth functioning of the Tele MANAS Programme and will help guide the various stakeholders in understanding their roles and responsibilities and make this program a success.

I congratulate the team behind these guidelines and the entire Tele MANAS team and wish for a successful implementation of the initiative.

(Dr. Mansukh Mandaviya)

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MESSAGE

Mental wellness is viewed as a positive attribute Mental. In today's scenario, mental illness is still taken as stigma and the individual is often ignored from society and even blamed for their illness. As a result, many individuals refrain from seeking help, often suffering for years before being brought to a mental health professional. In the aftermath of the COVID-19 pandemic, a glaring need for mental health services became evident and The Government of India deemed it necessary to develop a comprehensive Tele Mental health service to provide for distressed individuals, where they can access mental health services from the comfort of their own homes.

Tele MANAS will be a revolutionary digital mental health service connecting distressed individuals with mental health professionals on a 24x7 basis. Individuals suffering from any kind of mental distress can reach out to these services and seek help from professionals in a tier-based system.

As our Hon'ble Prime Minister Shri Narendra Modi ji said "The first step towards dealing with depression is to not suppress it, instead of suppressing your depression, express it out" and I hope, these operational guidelines will help shed the necessary light onto the structure and functioning of the National Tele Mental Health Programme for all stakeholders in this direction.

I wish the very best to the Tele MANAS team and congratulate them for the successful launch of the program.

BPw.

(Dr. Bharati Pravin Pawar)

"दो गज की दूरी, मास्क है जरूरी"

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सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

Azadi Ka Amrit Mahotsav

Message

India is revolutionizing mental healthcare in a comprehensive manner across the Country. The latest initiative by the Government of India is the National Tele Mental Health Programme (Tele MANAS). The Government was tasked with coming up with a strategic approach to address this crucial issue. It has been proven that digital technology is of immense use to the health experts and worked as a force multiplier during the pandemic. The Tele MANAS Programme will help by easing the burden on the existing mental health infrastructure of the country. With over 1000 trained Tele MANAS counsellors acting as gate-keepers and connecting individuals in distress with specialists and facilitating referrals to higher centres of care, this service would help in providing a continuum of care to individuals in distress. Individuals irrespective of their socio-economic background, gender and age would have access to a mental health service free of cost.

With Tele MANAS having received over 12,000 calls already and the service having over 23 functional State cells all over India, this service is the first of its kind with regard to innovations in mental healthcare.

These operational guidelines will be immensely helpful for the involved parties to understand their roles and duties and ensure an effective and smooth working of Tele MANAS.

Place : New Delhi
Date : 5th December 2022

(Rajesh Bhushan)

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Roli Singh, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

MESSAGE

The National Mental Health Survey of India in 2016 found that "1 in 20 people in India suffer from depression", "productive age groups are affected most", "economic burden of mental disorders is huge" and that the treatment gap is more than 70%. Even if every distressed person went to a hospital for assistance, our current resources could not serve everyone. As a result, the Government of India decided it was important to create a comprehensive tele-mental health service. The Tele MANAS Program is based on the guiding idea that over 80% of the population's requirements for mental healthcare do not necessitate specialist intervention. It is a ground-breaking digital mental health service that will connect troubled people with mental health specialists in a tier-based system on a 24/7 basis. This service will make use of trained Tele MANAS Counsellors who will provide first-level medical and psychological interventions, follow-up and linkage to in-person services for people with mental health difficulties. In addition to counsellors, Tele MANAS will be equipped with Mental Health Professionals to provide treatment and video consultations. We hope this service extends the outreach of mental health services to vulnerable and difficult-to-reach populations. All stakeholders will benefit from developing a clear understanding of the structure and functioning of the National Tele Mental Health Programme with these operational guidelines.

Roli Singh
(Roli Singh)

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MESSAGE

India comprises around 18% of the global population and significantly contributes to the worldwide burden of mental disorders. Mental disorders have been one of the leading cause of years lived with disability (YLDs). Evidence suggests that suicide has become a major challenge over the years in several Indian states. Recent national-level studies have highlighted that around 10-15% of the adult population in India has mental health issues requiring intervention. A wide treatment gap exists for various mental disorders as individuals often refrain from seeking help. Given the large geographical distances and other challenges in delivering Mental Health services, telepsychiatry as a medium for the distressed individuals to access mental health services from the comfort of their own homes is a visionary step.

With the aim to reduce the treatment gap and to reach the unreached population, the Government of India has initiated the National Tele Mental Health program (Tele MANAS). The National Tele Mental Health Programme of India (Tele MANAS) will provide a crucial link between distressed individuals and mental health professionals. Tele MANAS will have 51 cells spread across the country with trained counsellors and a team of specialists that will be further connected with mental hospitals and locally available mental health resources.

These operational guidelines provide an overall implementation framework for an effective rollout of Tele MANAS services incrementally in the States and UTs.

(Vishal Chauhan)

Place: New Delhi
Dated: 06th December 2022

Maj Gen (Prof) Atul Kotwal, SM, VSM
Executive Director

National Health Systems Resource Centre
Technical Support Institution with
National Health Mission
Ministry of Health and Family Welfare,
Government of India

Message

Mental Health has always been an area of concern and priority for policy makers. To continuously match the parity between mental health and physical health, the nation has witnessed several reforms in recent past through multiple initiatives taken in the direction of making mental healthcare accessible to all.

The pandemic resurfaced the complex array of challenges which had mental health repercussions for everyone. During these times, we witnessed how IT based platforms i.e., telemedicine (through eSanjeevani and others) greatly helped in driving public health interventions and ensuring uninterrupted service delivery to the community members.

Progressing towards India's digital health ecosystem, the 'National Tele Mental Health Programme' was announced in the Union Budget 2022-23 with an aim to provide better access to quality mental health counselling and care services through a formalized digital pathway.

T-MANAS (Tele-Mental Health Assistance and Nationally Actionable Plan through States) aims to provide mental health interventions for citizens in remote and under-served areas by the means of a platform where services under the domain of mental health and tele medicine are integrated for effective service delivery. These guidelines introduce and provide the contours for implementation for T-MANAS. A reasonable degree of autonomy is allowed to states to adapt to local context as necessary.

With T-MANAS, we have built a holistic, robust, prompt and responsive architecture for Universal Health Coverage which is designed around both mental and physical health, thereby facilitating access to equitable healthcare in the remotest areas of the country. Our vision is to prioritize and timely address the mental health needs with a citizen centric approach, moving ahead in the direction towards nation's goal to achieve Universal Health Coverage.

Date: 07.12.2022
Place: New Delhi

Maj. Gen. (Prof.) Atul Kotwal

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Table of Contents

List of Abbreviations

AB	:	Ayushman Bharat
ABHA	:	Ayushman Bharat Health Account
ABDM	:	Ayushman Bharat Digital Mission
AYUSH	:	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BE	:	Bachelor of Engineering
CIP	:	Central Institute of Psychiatry
CP	:	Clinical Psychologist
CPHC	:	Comprehensive Primary Health Care
DMHP	:	District Mental Health Program
DSc	:	Doctor of Science
GoI	:	Government of India
HWC	:	Health and Wellness Centre
HR	:	Human Resources
ICT	:	Information and Communication Technology
IEC	:	Information, Education & Communication
IHBAS	:	Institute of Human Behaviour and Allied Sciences
IT	:	Information Technology
IIIT-B	:	International Institute of Information Technology, Bengaluru
IVRS	:	Interactive Voice Response System
LGBRIMH	:	Lokopriya Gopinath Bordoloi Regional Institute of Mental Health

MA	:	Master of Arts
MCA	:	Master of Computer Application
MD	:	Doctor of Medicine
MHP	:	Mental Health Practitioner
MNS	:	Mental, Neurological and Substance Use Disorders
MoHFW	:	Ministry of Health and Family Welfare
M.Phil.	:	Master of Philosophy
MSW	:	Master of Social Work
M.Sc.	:	Master of Science
NHSRC	:	National Health Systems Resource Centre
NIMHANS	:	National Institute of Mental Health and Neurosciences
NMHP	:	National Mental Health Programme
NTAG	:	National Technical Advisory Group
PIP	:	Program Implementation Plans
PGIMER	:	Postgraduate Institute of Medical Education and Research
PhD	:	Doctor of Philosophy
PMJAY	:	Pradhan Mantri Jan Arogya Yojana
PSW	:	Psychiatric Social Worker
PWMI	:	Persons With Mental Illness
RCC	:	Regional Coordinating Centre
RFP	:	Request for Proposal
SLA	:	Service Level Agreement
SOP	:	Standard Operating Procedures
Tele MANAS	:	Tele Mental Health Assistance and Networking Across States
UT	:	Union Territory
YLDs	:	Years Lived with Disability

Background and Rationale

- India comprises around 18% of the global population and significantly contributes to the global burden of mental disorders. In 2019, mental disorders were the second leading cause of years lived with disability (YLDs), and self-harm and violence were the tenth leading cause of death.[1] Evidence suggests that suicide deaths increased by 40% from 1990 to 2016 making it the third leading cause of death in several Indian states.[2]
- Recent national level studies[3] have highlighted that 15% of the adult population in India have mental health issues requiring intervention and a wide treatment gap of 70-92% exists for a range of mental disorders. Thus, a large segment of the population requires assistance for mental health and well-being. Although there are no clear estimates of psychological distress; it likely that the number will be relatively high.
- The Government of India's (GoI) recent mental health initiatives include the National Mental Health Policy, 2014, that envisages the provision of universal access to mental health care and the National Health Policy, 2017, that recognises mental health as one of the policy thrust areas. The new Mental Healthcare Act, 2017, enshrines access to mental health as a statutory right and an entitlement, including its provision through primary healthcare.
- Mental Health services are now a part of the expanded package of services being incrementally rolled out under Comprehensive Primary Health Care (CPHC) in the

1 Institute of Health Metrics and Evaluation GBD compare data visualization. Accessed September 13, 2021. https://vizhub.healthdata.org/gbd-compare/

2 Dandona R, Kumar GA, Dhaliwal RS, et al. Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990–2016. Lancet Public Health. 2018;3(10):e478-e489. doi:10.1016/s2468-2667(18)30138-5

3 http://indianmhs.nimhans.ac.in/Docs/Report2.pdf

Ayushman Bharat Health and Wellness Centres (AB-HWCs). Operational Guidelines for Care of Mental, Neurological and Substance Use (MNS) Disorders at these centres have also been shared with the States.

- The GoI launched the NMHP in 1982, in response to the heavy burden of mental illness and critical need of mental health care infrastructure in the community. NMHP was re-strategized in 2003 to include modernization of state mental hospitals, and upgradation of psychiatric wings of medical colleges/general hospitals. Subsequently, the Manpower development scheme was added to NMHP in 2009.
- The District Mental Health Program (DMHP) was appended to the NMHP in 1996 to overcome the shortcomings of the programme and transitioned the districts into administrative and implementation units for NMHP. The DMHP envisages extending mental health services through the existing healthcare infrastructure and human resources at the community level.
- The DMHP provides basic mental health care services through a range of facility and community-based interventions. Currently, it has been expanded to more than 90% of the districts of the country. Additionally, continuous efforts have been made to support the 25 centers of excellence and establish digital academies to enhance human resources.
- However, considering the significant morbidity, disability, and mortality associated with mental illnesses, as well as the devastating effects of the COVID-19 pandemic on mental health, there was a need for an innovative and contemporary strategy that encompasses the entire population including hard to reach areas in a timely manner.
- In Mental Health, providing in-person healthcare is challenging, particularly given the large geographical distances and limited resources. Therefore, the GoI has implemented the use of telemedicine through eSanjeevani in the Ayushman Bharat Health and Wellness Centres (AB-HWCs) that saves the cost and effort, especially of rural patients, as they need not travel long distances for obtaining consultation and treatment. Mainstreaming telemedicine in the Indian health system has minimized inequity and barriers to access. The large number of daily consultations on eSanjeevani are a testament to this fact.
- Advocating the use of digital tools for improving the efficiency and outcome of the healthcare system, particularly in the domain of mental health care, the National Tele Mental Health Programme, Tele Mental Health Assistance and Networking Across States (Tele MANAS) was announced by the Hon'ble Union Finance Minister in the Union Budget 2022.
- These guidelines are intended to support the initiation of Tele MANAS in the States and Union Territories (UTs). The focus of these guidelines is on the provision of mental health counselling services by the Tele MANAS Cells and establishing linkages with physical in-

person consultations for those who need in the districts where DMHP is established and operational, through eSanjeevani video consultations, and also at the mentoring institutions.

- Additionally, it is directed towards all stakeholders and human resources involved in Tele MANAS.
- As Tele MANAS is a digital arm of DMHP, these guidelines are adjunct to the relevant recommendations of the DMHP guidelines.
- In some areas, states would need to evolve strategies for the effective delivery of Tele MANAS. The range of health care facilities and outreach mechanisms vary widely between and within states, and local, context specific mechanisms would need to evolve through a process of piloting and study before being scaled up.
- Existing resources and platforms would be mapped, and partnerships would be strengthened to implement Tele MANAS so that assured mental health services are available for the entire population; particularly, the vulnerable groups.
- The apex institutions (NIMHANS, IIIT-B, NHSRC), regional co-ordinating centres and mentoring institutions will be working closely with the states/UTs in all these activities by providing support for technical issues, capacity building, implementation, service provision, linkages, monitoring and evaluation, as well as research and innovations.

Aim and Objectives

The National Tele Mental Health Programme of India, Tele Mental Health Assistance and Networking Across States (Tele MANAS) envisions to work as a comprehensive, integrated and inclusive 24 x 7 tele-mental health facility in each State and UT in India with the specific aim and objectives:

Aim: To provide universal access to equitable, accessible, affordable and quality mental health care through 24 x 7 tele-mental health counselling services as a digital component of the National Mental Health Programme (NMHP) across all Indian States and UTs with assured linkages.

Objectives

1. To exponentially scale up the reach of mental health services to anybody who reaches out, across India, any time, by setting up a 24x7 tele-mental health facility in each of the States and UTs of the country.
2. To implement a fully-fledged mental health service network that, in addition to counselling, provides integrated medical and psychosocial interventions including video consultations with mental health specialists, e-prescriptions, follow-up services and linkages to in-person services.
3. To extend services to vulnerable groups of the population and difficult to reach populations.

These guidelines provide an overall implementation framework for an effective roll out of Tele MANAS services incrementally in the States and UTs.

Organizational Framework

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 and their Nodal Centres

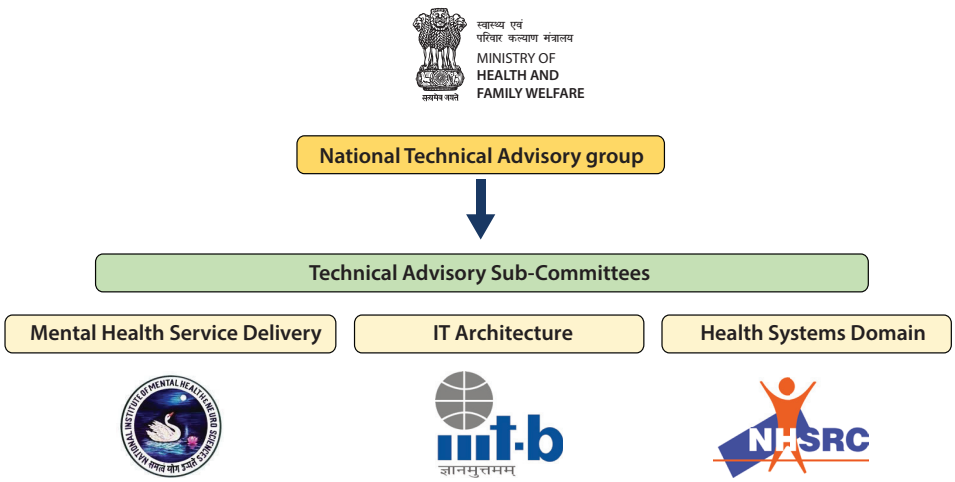


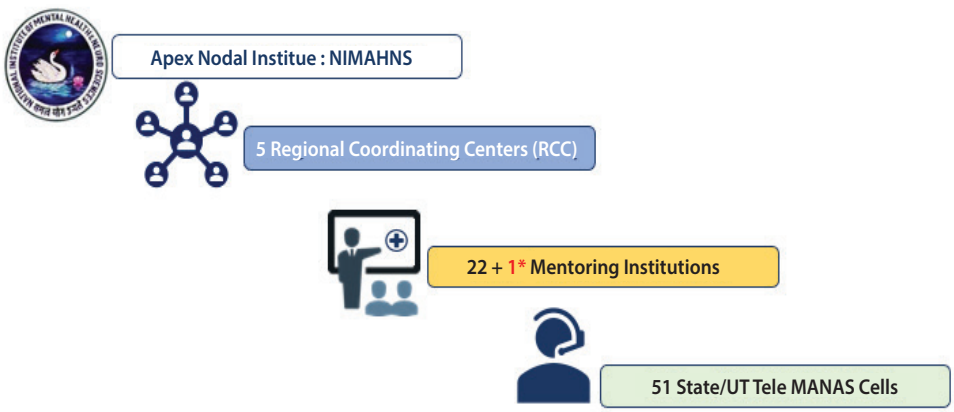
Table 1: Roles and responsibilities of NTAG and the three technical advisory sub-committees

National Technical Advisory Group (NTAG)	
• Steer the development of the programme, strategy, scope, and activities related to tele mental health Programme at the national level. • Review the deliverables. • Identify the future priorities, opportunities, and challenges and to suggest appropriate action. • Provide advice to the apex nodal center regarding its Tele Mental Health Programme. • Periodically review the emerging evidence in the area and provide course corrections. • Review activities and decisions of the technical advisory sub-committees. • Advise on process and outcome research indicators.	
Technical Advisory Sub-Committees	
Mental Health Service Delivery	• Nodal agency: National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru. • Review the content library on service delivery. • Periodically update the content after taking inputs from the Ministry of Health. • Periodically deliberate on the ethical and legal issues with respect to the service delivery component and provide appropriate remedial measures. • Review SOPs related to service delivery. • Advice on the IEC content related to Tele MANAS. • Advice on matters related to integrating tele mental health Programme services into the existing AYUSH systems. • Review research plans. • Interact with other sub-committees to harmonize deliverables of various arms.
IT Architecture	• Nodal Agency: International Institute of Information Technology, Bangalore (IIIT-B). • Review the design and architecture of IT platforms/IVRS platform for Tele MANAS. • Periodically review the concerns and problems related to the IT architecture. • Periodically identify evidence requirement and suggest appropriate modifications in IT architecture. • Advise on strategic direction of evolution of the IT architecture. • Monitor developments related to ABDM and provide advice to harmonize Tele MANAS with ABDM.

National Technical Advisory Group (NTAG)	
	• Review research plans. • Interact with other sub-committees to harmonize deliverables of various arms.
Health Systems	• Nodal Agency: National Health Systems Resource Centre (NHSRC), New Delhi. • Review the resource mapping of each state/UT and make periodic recommendations on leveraging resources for 'Tele MANAS' • Advice on policies related to health systems organization/ integration. • Encourage and support innovative research in the area. • Review available AYUSH health systems and advice on how to integrate them with 'Tele MANAS'. • Interact with other sub-committees to harmonize deliverables of various arms.

In addition to the steering committees, the Apex Nodal Institute for mentoring and monitoring of Tele Manas will be NIMHANS. Five regional coordinating centers: 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 for 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: Organizational Framework: Apex Institute, Regional Coordinating Centres, Mentoring Institutions and State/UT Tele MANAS cells



*NIMHANS is included in the list of 23 Mentoring Institutions. However, for budget calculations, 22 institutions have been considered, as NIMHANS is receiving a separate budget for serving as the Apex institution.

Table 2: Roles and responsibilities of key stakeholders

NIMHANS, Bengaluru
• National apex centre to co-ordinate activities of Tele MANAS across India. • Conceptualizing activities of Tele MANAS, preparing scheme concept note and the budget for submission. • Co-ordinate with the MOHFW and NHSRC for effective implementation of Tele MANAS across the country. • Collaborate with IIIT, Bangalore for effective implementation of Tele MANAS across the country. • Preparing the curriculum of the course for Tier-1 counsellors, approval by the statutory bodies of the institute, training and mentoring of Tier-1 counsellors, assisting the regional centres (identified to work with fixed number of state level cells). • Design, develop and run innovative digitally driven training courses for different cadres of health professionals. • Establish standard and uniform operating procedures in training and service delivery. • Monitoring the progress of Tele MANAS on a day to basis, nationally and periodic reporting to MOHFW, Govt. of India. • Develop innovative models of tele mental health care that are suited to different clinical scenarios in collaboration with the other implementing agencies. • To work with regional coordinating centres across the states/UTs, for standardizing the curriculum and assisting them in their role of training and hand-holding Tier-1 counsellors and other tasks related to Tele MANAS. • Collaborate with DMHP teams across the states/UTs for the successful integration of Tele MANAS into the NMHP/DMHP. • Provide collaborative consultations and support for counsellors, professionals, and primary care providers in delivering mental health care. • Develop, implement, and test out innovative teaching methods for various cadres of health workers in mental health. • Keep a track of the contemporary developments in the area and to incorporate those principles into the day to day running of the programme. • Develop and disseminate IEC content related to Tele MANAS. • Conduct implementation research. • NIMHANS will have a core-committee, to function as a think-tank.
5 Regional Coordinating Centres (RCCs)
• These RCCs will include: NIMHANS, Bengaluru; LGBRIMH, Tezpur; CIP, Ranchi; IHBAS, Delhi; and PGIMER, Chandigarh. • Assist NIMHANS in performing its key responsibility areas. • Formulation and conduct of the training and oversee a group of States, UTs and mentoring institutions. • Each center to cater to a given number of states/UTs.

23 Mentoring Institutions
• Collaborate with NIMHANS and the state cells to standardize the training curriculum of Tier-1 counsellors and train them. • Plan and train the assigned Tier-1 counsellors including periodic retraining and evaluation of the trainees. • Support the state cells in all activities related to Tele MANAS (provide collaborative consultations, training, and referral centers for complex cases). • Function as a referral center for the state for complex clinical issues and also for in-person consultations along with DMHP. • Accrediting centers for training Tier-1 counsellors.
• Conduct implementation research.
51 State/ UT Tele MANAS cells
• Run the Tele MANAS 24 x 7 counselling services. • Collaborate with regional coordinating centres/national apex coordinating centre and mentoring institutions. • Establish close collaboration with DMHP teams across the States/UTs in all their activities.

Besides this mechanism, NHSRC will function as the Health Systems Technical Support Unit for Tele MANAS, while IIIT-B shall function as the IT partner supporting the implementation of Tele MANAS. Their roles and responsibilities are enlisted in Table 3.

Table 3: Roles and responsibilities of NHSRC and IIIT-B

NHSRC
• Provide policy, technical and program support for Tele MANAS as needed at both National and State level. • Liaise with the States/ NIMHANS/other program divisions in the MoHFW/IIIT, Bengaluru and RCCs for delivering the mandate of Tele MANAS. • Monitor the progress of the Tele MANAS implementation and provide inputs on course correction on a regular basis. • Undertake implementation and operational research, evaluations, and assessments for improving the functioning of Tele MANAS. • Gather and analyze evidence from field review visits from different states/districts to inform policy and advocate appropriate changes. • Undertake field visits to identify IT related challenges and recommend mechanisms for effective use of data for planning, service delivery and improving efficiency of Tele MANAS. • Participate in planning with IIIT, Bengaluru, State partners, Department of IT & other agencies involved in tasks related to the IT component of Tela MANAS and support states in establishing the IT framework of the State level Cell. • Support Tele MANAS implementation pilot and roll out in the States as per the requirement of the MoHFW.

IIIT- Bangalore

- To function as nodal agency for the technology track of 'Tele MANAS' comprising of solution conceptualization, technical architecture, design, implementation and roll-out of Tele MANAS technology platform.
- To collaborate with NIMHANS for the apex nodal center work.
- To shortlist, evaluate and select vendors, agencies, and partners for IT services IVRS related scope of programme.
- To conceptualize the technical solution and requirements analysis.
- Technical architecture and high-level design for Tele MANAS and National E-MANAS platforms.
- To identify and define interfaces and other plug-ins towards interoperability of Tele MANAS platform with ABDM and other relevant frameworks and platforms.
- To design frameworks and define guidelines to be followed for development, implementation, and rollout.
- To periodically review the platform performance and effectiveness and the technical issues reported towards platform optimization.
- To define the IT architecture roadmap and strategy and evolve it during the Programme.
- To do required research and analysis for leveraging advanced technologies towards optimization of the platforms and effective usage of data.

Service Delivery Framework

The general guiding principles governing the service delivery process for Tele MANAS are that:

a) Majority of users (about 80%) will have mental health concerns/mental distress and not mental illnesses and

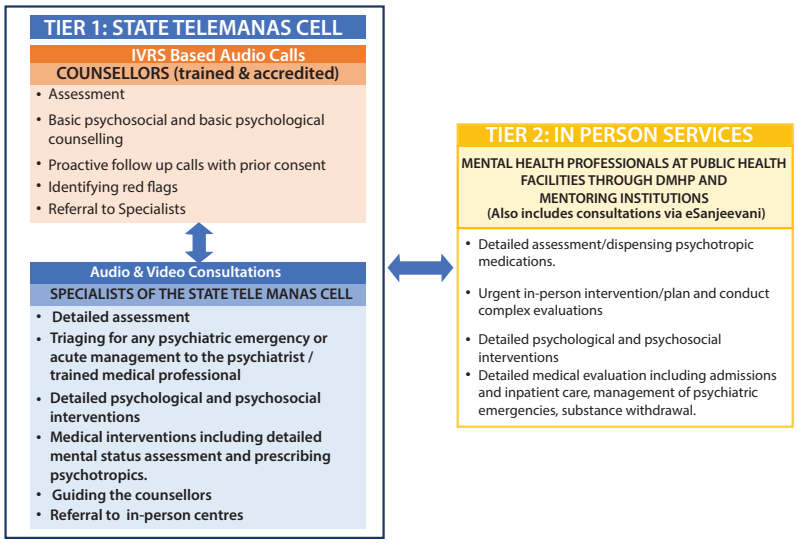
b) Most of these concerns can be effectively handled by trained non-specialists.

Consequently, a tier-based system would be established, and counselling services would be provided to those with mental health problems and to 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

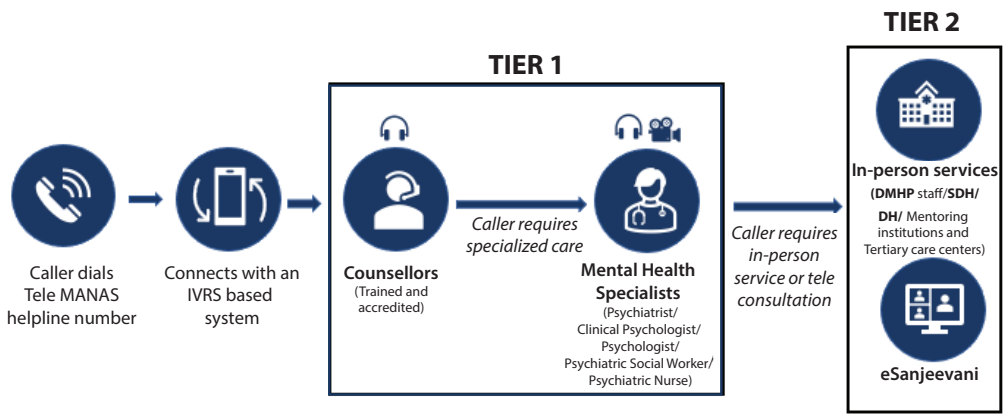
- ✓ Tele MANAS will be organized as a two-tier system. **Tier-1** will comprise the State Tele MANAS cells, which includes trained counsellors and mental health specialists. **Tier 2** will comprise specialists at District Mental Health Programme (DMHP)/Medical College resources for physical consultation and/or eSanjeevani for audio visual consultation. Figure 3 depicts the two-tier service delivery framework of Tele MANAS.
- ✓ The Tele MANAS cells will operate as functional unit of Tele MANAS at the State/UT level. A total of 51 State/UT Tele MANAS cells will be established, based on 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 population ≥ 20 Lakh; and **Category 2** will encompass smaller Tele MANAS cells in states with a population < 20 lakh.

Figure 3: Service Delivery Framework for Tele MANAS



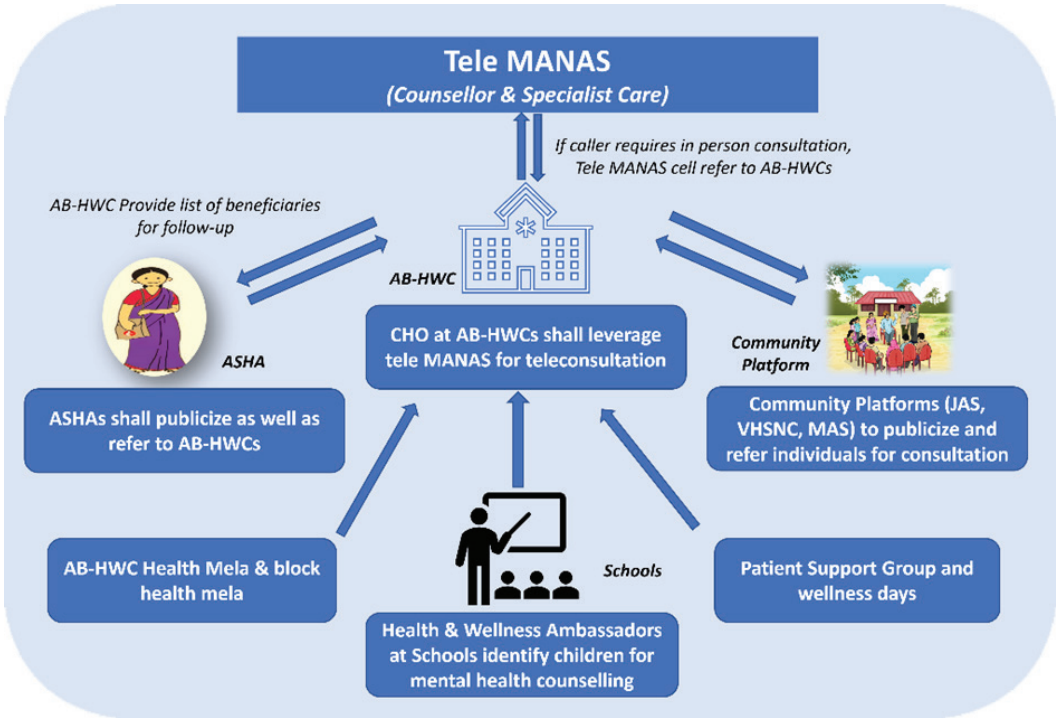
- ✓ To aid a large-scale population, larger states will have more Tele MANAS cells as compared to smaller states. However, at least One Tele MANAS cell will be established in each State/UT to reach all areas of the country (Annexure 1).
- ✓ A calling mechanism (Figure 4) will be established within each 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



1. 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.
2. 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.
3. 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.
4. If the caller requires specialized care, the call will be escalated to the next level, that will be handled by a mental health specialist (Psychiatrist/ Clinical Psychologist/ Psychologist/ / Psychiatric Social Worker / Psychiatric Nurse). This level of service will contain both audio as well as video-based options. At this stage, a decision will also be made about requirement of need for referral to an in-person service.
5. 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 centers will range from Health and Wellness Centre (HWCs) to tertiary care centers as part of the DMHP.
6. Whether a medical prescription is required or not, 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 safe delivery of medicines to the beneficiaries.
7. Ayushman Bharat Health and Wellness Centres (AB-HWCs) at both Sub Health Centres and Primary Health Centres in rural and urban areas shall act as a bridge between the community and Tele MANAS cells for referral and follow-up.
8. At Community level, multiple existing community structures and activities shall be leveraged to undertake referral of needy individuals to Tele MANAS. The community structures include Village Health Sanitation Nutrition Committee, Self Help Groups (SHG) and their federations, Mahila Arogya Samiti (MAS) and Jan Arogya Samitis (JAS) of SHC-HWC & PHC-HWCs. The activities where referrals may be undertaken include Village Heath Sanitation and Nutrition Days (VHSND), calendar health days, screening camps, block level and AB-HWC level Health Melas, group meetings of the patient support groups and sanjeevini groups (self-help groups of the elderly).
9. ASHA shall also sensitize people about the Tele MANAS helpline during home visits.

10. At AB-HWCs level, Medical Officers and Community Health Officers shall leverage the Tele MANAS services for mental health counselling and specialist care.
11. Health and wellness ambassador in schools will also act as a vehicle to identify the school children who need consultation related to mental health condition and referring them to nearest AB-HWCs for consultation call either by using Tele MANAS cell or through e-Sanjeevani platform.
12. Community Based Assessment Checklist (CBAC) is being used at the community level. The CBAC includes PHQ2 for early identification and referral of people needing further care to AB-HWCs.



2. Integration with District Mental Health Programme (DMHP)

- Tele MANAS is envisaged to be integrated with DMHP services to supplement and complement them. Infact, Tele MANAS would be working as the 'digital arm' of the DMHP.
- The DMHP personnel will provide Tele MANAS services on the Tier 2 level on needs basis. For callers that require urgent in-person intervention/complex evaluations and management, they will be referred to the nearest in-person service for physical consultation (Tier 2). These

centers could range from Health and Wellness Centre (HWCs) to tertiary care centers as part of the DMHP. Alternatively, an audio-visual consultation with a specialist may also be arranged through eSanjeevani.

- The DMHP personnel will be operating from their respective district headquarters as budget will be provided for setting up audio-visual calling facility at each of the district headquarters. Therefore, the DMHP team mental health specialists will complement the Tele MANAS services from their headquarters itself.

Human Resources and Capacity Building

- The Tele MANAS cells will comprise of technical staff (counsellors, senior consultants, consultants, and Clinical Psychologist/ Psychologist/ /Psychiatric Social Worker / Psychiatric Nurse) and other HR (technical coordinators/project coordinators, data entry operator and attenders). The number of staff will vary with category 1 and 2 Tele MANAS cells based on population norms. Details of the Tele MANAS cell HR are provided in Table 4.

Table 4: Human Resources for State/UT Tele MANAS cells (Category 1 and 2)

Human Resources	Category 1 (States/ UTs with population ≥ 20 Lakh)	Category 2 (States/ UTs with population < 20 Lakh)
Technical Staff		
1. Counsellors	20	10
2. Senior Consultant	1	1
3. Consultant	2	1
4. Clinical Psychologist/ Psychologist/ /Psychiatric Social Worker / Psychiatric Nurse	3	3
Other HR		
1. Technical Coordinators/ Project Coordinators	1	1
2. Data Entry Operator	2	1
3. Attenders	2	1

- Each facility would consist of 10-20 counsellors working in three shifts, depending on the category of Tele MANAS cell (Table 5).

Table 5: Shift-wise distribution of counsellors

Shift/ Type of State/UT Cell	Category 1 (States/ UTs with population >20 lakh)	Category 2 (States/ UTs with population <20 lakh)
Morning Shift (8 AM to 2 PM)	8	4
Evening Shift (2 PM to 8 PM)	8	4
Night Shift (8 PM to 8 AM)	4	2

- The Senior Consultant would be the In-charge of the State/ Tele Manas cell, and would be accountable for the overall functioning, service delivery and capacity building of all HR under the State/UT Cell. S/he would coordinate with the Mentoring Institutions/ Regional Coordinating Centers/ Apex for capacity building and monthly reporting. Other than administrative function, s/he would be the senior most clinician, and will provide treatment for complicated cases. S/he would be assisted in their duties by the Consultant.
- The Counsellors attending the calls would triage the calls based on a brief history of the caller. They would provide the care needed within their capabilities or refer the caller for care by the Mental Health Professionals (Clinical Psychologist/ Psychologist/ /Psychiatric Social Worker / Psychiatric Nurse). The qualifications, and roles and responsibilities of the Tier-1 Human Resources are provided in Annexure 3.
- Cases of Acute Psychiatric Emergencies and those requiring detailed in-person evaluation and management would be referred to the Tier 2 mental health professionals of Tele MANAS/ DMHP / mentoring institution. Their roles are defined below in Table 6.

Table 6: Roles and responsibilities of Tele MANAS/DMHP personnel providing services at Tier 2 of Tele MANAS

Additional role of DMHP personnel/existing Human Resources at health facilities under Tele MANAS
In-person interventions ✓ Provision of in-person follow-up. ✓ Repeat prescriptions. ✓ Administering long-acting injections at treatment facilities. ✓ Emergency psychiatry services. ✓ Inpatient management.

Additional role of DMHP personnel/existing Human Resources at health facilities under Tele MANAS
✓ Complex diagnostic assessments and management. ✓ Management requiring close collaboration with other medical specialties (general hospital psychiatry). ✓ Electroconvulsive therapy and other non-invasive brain stimulation techniques. ✓ Inpatient rehabilitation. ✓ Any other service that requires clients/families to be present in-person. ✓ Referral back to Tele MANAS system for follow-up.
Video consultation through eSanjeevani ✓ Conduct a detailed assessment. ✓ Triage any psychiatric emergency or acute management to the psychiatrist/ trained medical professional. ✓ Psychological and Psychosocial interventions (a) psychological and psychosocial assessments (b) individual psychotherapies (c) group psychotherapy (g) vocational guidance (h) parent management training. Some of these may not be possible in their entirety. Basic steps will be carried out and for detailed interventions, clients / families will be referred to in-person facilities. ✓ Mental Health Professionals with a medical qualification: (a) diagnostic assessments (b) history clarification (c) mental status evaluations (d) asking for investigations (e) prescribing psychotropic medications (f) monitoring adverse effects of medications (g) referral to higher center for admissions and inpatient care, management of psychiatric emergencies, substance withdrawal etc.

Human Resources at the Mentoring Institutions

- Assistant Professor/ Senior Consultant - 1
- Senior Resident/ Consultant - 1
- Clinical Psychologist/ Psychologist/ /Psychiatric Social Worker / Psychiatric Nurse - 1
- Project co-ordinator - 1
- Data Entry operators - 1

In addition to the outlined HR, which will also act as nodal persons, the entire strength of the institute will be utilised for mentoring and consultations as and when required. The qualifications for the HR will be similar to those for the State Cells as given in Annexure 3. Preference will be

given to those HR who have teaching/training experience at academic institutions. The team of HR at the Mentoring Institutions will have the following roles and responsibilities given in Table 7.

Table 7: Roles and responsibilities of HR at Mentoring Institutions

Human Resources at Mentoring Institutions under Tele MANAS
• Networking with professionals of State/ UT Tele MANAS cells • To supervise the work of MHPs (Psychiatry, CP, PSW, Nursing) and lay counsellors of the state/ UT cell. • Capacity building, training and evaluation of training of the HR at the State/ UT cells, as well as the DMHP team. • Provide state level data as and when required to state, apex institute and centre. • Provide clinical responsibilities in helping Persons with Mental Illness (PWMI) and other users of Tele MANAS in domains of their expertise, thereby functioning as Tier 2 service providers themselves as per requirement. • To develop curated content of modules and manuals for service delivery. • Training- will be involved in training of Cadres of students, workers and lay persons in mental health screening, telephonic counselling, referral and appropriate management. • Conduct high quality scientific research to assess the need, efficacy and effectiveness of tele-mental health delivery. • Liaison- with the apex institute, central ministry and across state government. • Coordinate activities between partner institutions. • To keep abreast with the latest scientific advancements, the HR should also be involved in teaching, training and academic activities of the institute.

Human Resources at the Regional Coordinating Centers

- As the 5 RCCs are regularly engaged in tertiary level care of mental health patients along with research and teaching, no separate budget for HR is being given to them. They shall function as coordinating centers bridging the Apex Institute with the Mentoring Institutions/ State/ UT cells.
- Their main role will be to help develop content and ensure capacity building of the HR at all State/ UT cells under them. Further they shall undertake high quality research for assessing implementation of Tele MANAS and other areas relevant to mental health.

Existing State and District Program Management Units

- The State Nodal Officers for NMHP, Program Officers of the NCD Management Cell at the Program Management Unit (PMU), as well as their corresponding District level functionaries shall be engaged in the roll-out and implementation of Tele MANAS from its inception.

- They shall be responsible for the initial mapping of resources in the District and State and facilitate smooth integration of Tele MANAS with DMHP and other health programs.
- They shall also be engaged in collating the monthly reports from the State Cells and Mentoring Institutions and sharing the same with the stakeholders.

Capacity Building

- A robust system will also be built-in for training, accrediting, and mentoring the counsellors/ mental health professionals. Training, accreditation and mentoring of counsellors in delivering basic mental health services will be done through standardized and recognized courses.
- Certificate/Diploma courses will be designed and accredited by the NIMHANS Digital Academy which will be passed through the institute statutory bodies [as per Sec (24) and Sec (25) of the NIMHANS Act, 2012]. The course content, curriculum and exit exam will be finalized by NIMHANS after extensive consultations with partner institutions and relevant stakeholders.
- Modules on child development and mental health difficulties commonly experienced by children and adolescents will also be included in the course to deliver quality care. Additionally, adolescent health counselors and health and wellness ambassadors (trained teachers in schools under AB-HWCs programme) will be sensitized on Tele MANAS to facilitate referral to the programme from Adolescent Friendly Health Clinics (AFHCs) and schools respectively.
- Training will focus on counselling strategies will be carried out in a phase-wise manner for different callers based on developmental stage, gender, and other socio-demographic variables which will be conducted in the local languages. Training and accreditations will be necessary only for Tier-1 counsellors and candidates will be eligible to provide services only after they get accredited.
- Regional Coordinating Centers (RCCs) and Mentoring Institutions (MIs) will take up mentoring, monitoring, and training of State Cells in specific regions of the country. Provisions will also be made to support the counsellors anytime during the service delivery (on-the-job mentoring by specialists of tier 2). To make sure there is no burnout and emotional distress among counsellors given their work profile, support will be provided by the RCCs.
- For specialist mental health professionals, no formal training or accreditation is envisaged as they are already specialists. However, each team will be formally oriented to the programme in a 1–2-day immersion session co-organized by NIMHANS, the mentoring institutions, regional coordinating centers, IIIT-B and NHSRC.
- Additionally, opportunities will be provided for continuous learning and upgradation of skills and mechanisms inbuilt to upkeep the skills through innovative means (for example, peer supervision).

Information Technology Architecture for Tele MANAS

- As Tele MANAS is a large-scale initiative, it will entail high availability and scalable Information and Communication Technology (ICT) based infrastructure for supporting 24 x 7 counselling services at the Tele MANAS cells across states and UTs. For that, this digital platform will have a federated enterprise architecture towards facilitating the tele-mental health operations across the hub (NIMHANS) and spokes (facilities across states and UTs).
- As Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country by bridging the existing gap amongst different stakeholders of the healthcare ecosystem through digital highways, convergence with its framework will play a crucial role towards maximizing the reach and impact of Tele MANAS.
- Given its well established network, ABDM provides a strong platform for establishing Tele MANAS. By converging with ABDM, Tele MANAS can successfully use the available public digital infrastructure to provide end-to-end services through an IT based platform from identification of beneficiaries, accessing pre-existing electronic health records, to their comprehensive treatment in facilities linked with DMHP.
- ABDM's existing ability to digitally identify people, doctors, and health facilities, facilitate electronic signatures, ensure non-repudiable contracts, make paperless payments, securely store digital records, and contact people provide opportunities to streamline healthcare information through digital management will potentially prove both efficient and effective for Tele MANAS.
- Linkages with ABHA (Ayushman Bharat Health Account) Address, a unique identifier (self-declared username) that enables a beneficiary to share and access health records digitally to facilitate health data exchange with appropriate consent on the ABDM network will also be

developed to access and understand a patient's medical history. Finally, a facility register will also be developed, including a register for mental health professionals.

- Learnings from Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) successful integration with ABDM will be leveraged to expand the reach of Tele MANAS to the entire population and increase the equitable access to mental health services, improve health outcomes and reduce costs.
- Without privacy and confidentiality, mental health interventions may not be effective. Therefore, for maintaining ethical practice in Tele MANAS, protocols centrally defined and administered by NIMHANS experts with in-built mechanisms for ensuring privacy and confidentiality of identity of callers, along with appropriate provisions for security of the IT platform and data will be implemented.

Scope of Work

The overall scope of work for Tele MANAS's IT architecture will comprise solution conceptualization, requirements analysis and specification, solution architecture, technical design, platform development and validation, deployment and roll-out, and support at all levels.

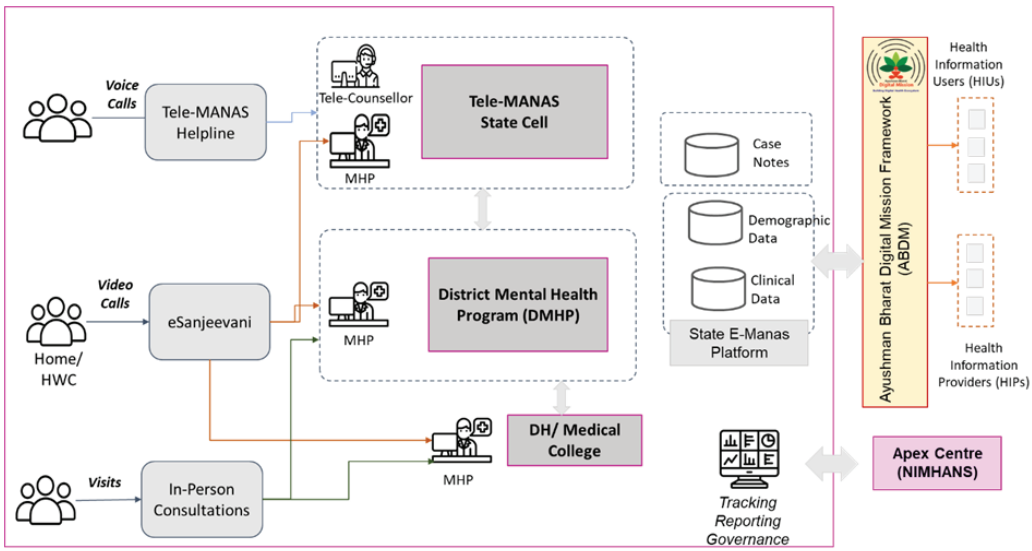
Solution Components

Below are the primary technology components to be created and implemented as a part of Tele MANAS.

- Voice-based teleconsultation platform: to enable voice-based teleconsultation by using telephone and IVR based facilities to support 2-tiered hierarchy of teleconsultants. Auto-call back facility will also be incorporated in case of disruption of call to ensure continuity of care provider.
- Video-consultation platform: Integrating eSanjeevani with the Tele MANAS facilities and mental health professionals for providing video-based teleconsultations for mental health ailments that require specialized care.
- Tele MANAS web and mobile app: provision for availability of information and services related to Tele MANAS in a digital format in an incremental manner. The web and mobile apps will also be used by NIMHANS and other facilities for continuously improving the services provided to the citizens.
- National E-MANAS platform: Leveraging the Karnataka E-MANAS platform to build a National E-MANAS platform with provisions for recording of EHR data related to teleconsultations and integration with ABDM framework.

- Governance and dashboard modules: governance and dashboard modules will be developed for monitoring, tracking, and reporting of the overall Tele MANAS Programme.
- Plug-ins for training modules: Providing plug-ins for facilitating access to training modules to be used for training and enablement of teleconsultants across all Tele MANAS facilities.
- Integration of Tele MANAS platform components with the ABDM framework for enabling sharing of health records.

Figure 5: Representation of flow for Tele MANAS consultations



Organizations and Teams

The IT platform will be driven and supported by the IIIT, Bengaluru team, who will provide the overall technology leadership and supervision of service providers to be leveraged for software development, IVRS services and telecom services. The service providers will be evaluated and selected through respective RFP processes in line with GoI guidelines with respect to technology and processes. Key roles and responsibilities of the technology teams are provided in Annexure 4.

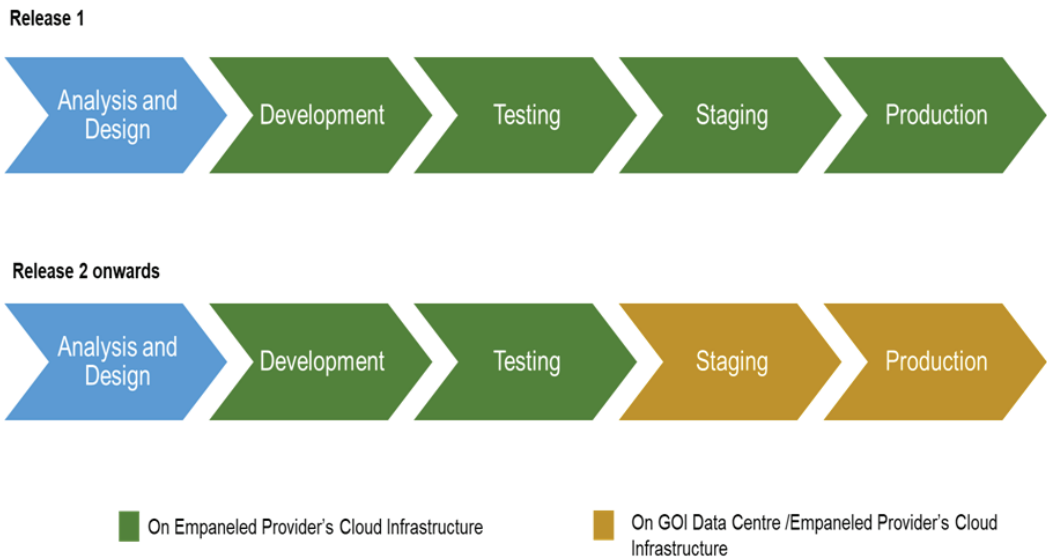
Software Development Approach and Infrastructure

As cloud infrastructures support environmental proactivity, power virtual services rather than physical products and hardware, and cut down on paper waste, improve energy efficiency, and reduce commuter-related emissions, various modules of the Tele MANAS platform will be developed based on the below software development life cycle stages using cloud-based infrastructure. The initial Tele MANAS platform will be set up in a public cloud infrastructure hosted in India from government empaneled providers.

Feature Availability Schedule

The timelines for availability of basic features of key functional components are predetermined. The addition of features, enhancements and scaling-up of these components will continue for a subsequent duration of the programme.

Figure 6: Software development approach



Implementation Approach

- Initially, an empaneled/government-approved public cloud-based infrastructure, hosted in India, will be used for hosting the platform.
- Facilities across the states and UTs will leverage the same ICT based platform and solutions which will be templatized for usage at the programme level.
- A common national helpline number will be established with provision for routing the calls from callers of the state to respective state facilities.
- Remote access to the government data centers for implementation, deployment, and support will be provided to IIIT-B team and other IT vendors selected for the project.
- eSanjeevani platform capabilities will be leveraged for provisioning of video-based consultations for follow-up purposes. The eSanjeevani team is expected to provide appropriate APIs or conduct customizations to enable Tele MANAS requirements aligned with Mental Healthcare Act, 2017.

Equipment

- Along with IIIT-B, equipment support will also be provided to the State/ UT cells, Mentoring Institutions, Apex Institutions, and the districts for use by DMHP teams. Details of Equipment provided have been shared in Annexure 5.

Monitoring Mechanisms

As outlined previously in Section 3 (Organizational Framework), the MoHFW will guide the overall implementation of Tele MANAS with the support of the National Technical Advisory Group (NTAG) and three technical advisory sub-committees (Mental Health Service Delivery, Information Technology Architecture and Health Systems). In addition to the steering committees, the Apex Nodal Institute for mentoring and monitoring of Tele Manas will be NIMHANS. Including NIMHANS, there will be five regional coordinating centers: NIMHANS, Bengaluru; LGBRIMH, Tezpur; CIP, Ranchi; IHBAS, Delhi; and PGIMER, Chandigarh will assist NIMHANS in co-ordination with the 23 mentoring Institutions (Annexure 1) and 51 State/UT cells. Lastly, NHSRC will provide technical support to Tele MANAS.

The indictors for monitoring of Tele MANAS are listed below:

Process Indicators	Output and Outcome Indicators
1. Number of states/UTs that have established Tele MANAS cells as per list. 2. Number of Counsellors/Professionals providing tele services. 3. Number of accreditations of Tier-1 counsellors. 4. Number of states with IT platform development according to different stages. 5. Number of States/ UTs whose Resource mapping was carried out. 6. Number of public health institutions onboarded onto Tele MANAS. 7. Number of States/ UTs in which DMHP/ NMHP has been integrated.	1. Number of calls attended in Tier-1 level. 2. Number of calls attended in Tier-2 level. 3. Number of referrals to in-person services. 4. Break up of calls at different levels with regards to (a)demographic details (b) clinical details (c) nature of calls. 5. Number of emergency calls attended. 6. Response time. 7. Satisfaction surveys with users. 8. Patient level outcomes. • Symptom improvement. • Improvement with regards to burden and disability.

Process Indicators	Output and Outcome Indicators
	• Cost effectiveness. • Reduction in out-of-pocket expenditure related to consultation and treatment.

Disaggregation of all outcome level indicators for age, gender, residence, socioeconomic status, marital status etc. will be done. Monitoring mechanisms for the listed indicators will include monthly reports, periodic reviews with States, periodic performance reviews district wise by States, constant feedback from all stakeholders as well as monitoring call patterns and M&E studies.

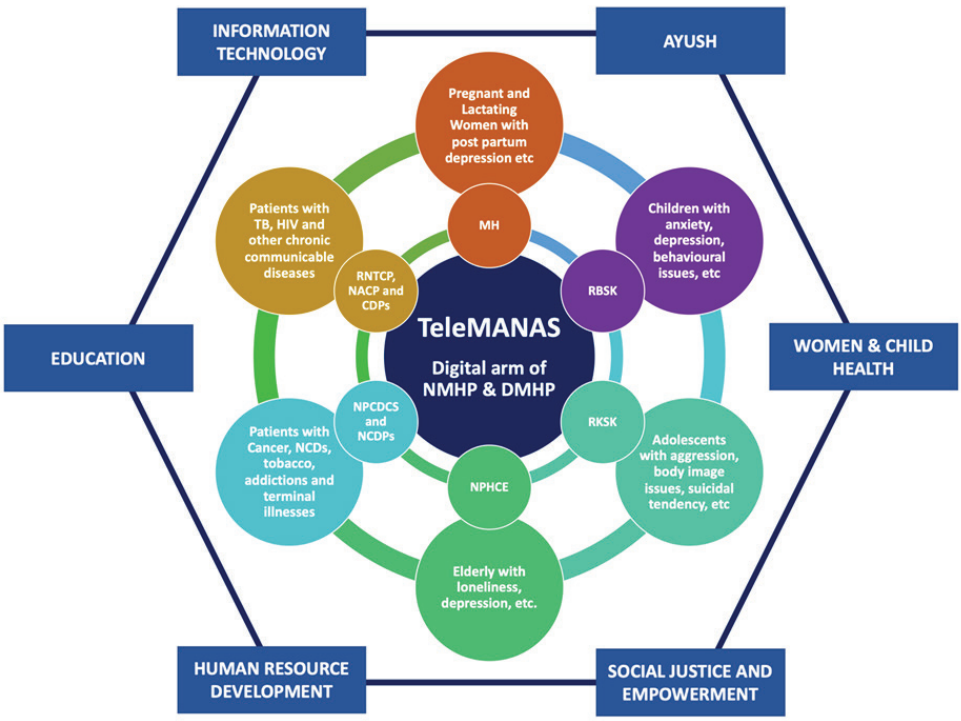
Ethical and Legal Considerations

- Highest medical ethical standards will be ensured during the entire process of service delivery and informed consent will be the basis for all clinical encounters.
- Ethical and legal considerations will be embedded into the training curriculum of Tier-1 counsellors. Maintaining professional boundaries in a client-therapist relationship will be maintained as an area of priority and patient privacy, dignity and confidentiality will be treated as primary concerns during the counselling sessions. The dos-and-don'ts in terms of an emergency situation will also be emphasized in the training curriculum.
- Implementation of Tele MANAS will adhere to provisions of Mental Healthcare Act, 2017, National Mental Health Policy, 2014, Telemedicine Practice Guidelines of India, 2020, Professional Practice Guidelines related to Telepsychiatry, Tele Clinical Psychology, Tele Social Work and Tele Nursing. Additionally, Tele MANAS will also adhere to the policies and laws related to Data Protection and Provisions of IT Act, 2000.
- Any inconsistencies amongst the various provisions in law will be addressed on a priority basis through relevant stakeholder consultations.

Integration with National Health Programs

Tele MANAS shall provide mental health counselling and management services for beneficiaries of all ages, genders, geographies, vulnerabilities. Hence its integration with existing National Health Programs is imperative.

Figure 7: Suggestive inter-sectoral linkages of Tele MANAS with existing National Health Programs and other important stakeholders



MH- Maternal Health, RBSK- Rashtriya Bal Swasthya Karyakram, RKSK- Rashtriya Kishore Swasthya Karyakram, NPHCE- National Program for Health Care of Elderly, NPCDCS- National Program for the Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke, NCDPs- Non-Communicable Disease Program, RNTCP- Revised National TB Control Program, NACP- National AIDS Control Program, CDPs- Communicable Disease Program

Suggested linkages with existing health programs and other stakeholder-departments are shown in Figure 7. Once rolled out, the program divisions can sensitize the implementers and service delivery staff in the States regarding the availability of Tele MANAS for counselling their beneficiaries on related mental health issues. This will help increase the visibility and use of Tele MANAS services and would address the mental health needs of potentially undiagnosed beneficiaries.

The teams at the Health and Wellness Centres, i,e the Community Health Officers (CHO), ANMs, and ASHA workers would play a key role in providing these linkages. At the grass root level, the HWC team will help identify members in the community that need mental health support and encourage them to utilise the TeleMANAS services. The MO PHC will monitor all referrals and subsequent follow-ups with the SHC-HWC/PHC-HWC team.

Financial Mechanisms

- In the initial three years, support will be provided to state as 100% grant for HR, infrastructure and equipment. Thereafter, it is envisioned that the HR and other recurring costs would merge with the existing mechanisms of NHM. States/UTs shall bear the cost as per prevailing NHM norms and budget for the same in the Program Implementation Plans (PIP).
- Funds are being provided for HR, Equipment, infrastructure and contingencies for the State Cells for a total of three years. In the first year, funds are being given for 8 months, and funds for remaining four months will be given in the fourth year. (Annexure 6.A and 6.B)
- For the mentoring institutions, funds are being provided for HR, Equipment, infrastructure and contingencies for the first three years. In the first year, funds are being given for 8 months, and funds for remaining four months will be given in the fourth year. Thereafter, recurring costs can be budgeted by the state in the PIP (**Annexure 6.C**)
- Funds are also being provided for procurement of equipment for the DMHP team, along with recurrent internet charges for three years (**Annexure 6.D**)
- All Equipment should be purchased in the first year of establishment and procurement will follow the financial norms as applicable in NHM.
- The funds for infrastructure have been provided in the first year if a structure is to be constructed or renovated. The States / UTs may utilizing this or chose the other option of renting out the place for their T Manas cells and this support will be available for a total of three years.

Annexures

Annexure 1: No. of Tele MANAS cells

States/ UTs	No. of Cells
Andaman & Nicobar	1*
Andhra Pradesh	2
Arunachal Pradesh	1*
Assam	1
Bihar	3
Chandigarh	1*
Chhattisgarh	1
Dadra & Nagar Haveli and Daman & Diu	1*
Delhi	1
Goa	1*
Gujarat	2
Haryana	1
Himachal Pradesh	1
Jammu & Kashmir	1
Jharkhand	1
Karnataka	2
Kerala	1
Ladakh	1*
Lakshadweep	1*
Madhya Pradesh	2

States/ UTs	No. of Cells
Maharashtra	3
Manipur	1
Meghalaya	1
Mizoram	1*
Nagaland	1
Odisha	2
Puducherry	1*
Punjab	1
Rajasthan	2
Sikkim	1*
Tamil Nadu	2
Telangana	1
Tripura	1
Uttar Pradesh	4
Uttarakhand	1
West Bengal	2
India total	**51**

*Ten states/ UTs with population less than 20 lakh will have a smaller cell comprising of appropriate strength of Consultants, Counselors, DEOs and Attendants.

Annexure 2: List of Proposed locations for State Cells and Mentoring Institutes*

S. No.	State	State/UT Level Tele Manas Cells	Mentoring Institute@
		RCC: CIP, RANCHI	
1.	Bihar	(a) AIIMS Patna (b) Jawaharlal Nehru Medical College, Bhagalpur (c) IGIMS, Patna	AIIMS, Patna
2.	Chhattisgarh	Sendri Mental Hospital, Bilaspur, Chhattisgarh	AIIMS Raipur
3.	Jharkhand	AIIMS Deogarh	CIP Ranchi
4.	Madhya Pradesh	(a) MGM Medical College, Indore (b) Gwalior Mental Hospita, Gwalior	AIIMS Bhopal
5.	West Bengal	(a) Institute of Psychiatry, Kolkata, West Bengal (b) Pavlov Institute, Kolkata	AIIMS Kalyani
6.	Odisha	(a) SCB Medical College Hospital, Cuttack, Odisha (b) Govt. Medical College and Hospital, Balangir	AIIMS Bhubaneshwar
		RCC: PGI CHANDIGARH	
7.	Haryana	State Mental Health Institute, Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak, Haryana	PGI, Chandigarh
8.	Dadra and Nagar Haveli; Daman and Diu	Hospital for Mental Health, Ahmedabad, Gujarat	Hospital for Mental Health, Ahmedabad, Gujarat
9.	Goa	Inst. of Psychiatry and Human Behaviour Bambolim Goa	Inst. of Psychiatry and Human Behaviour Bambolim Goa
10.	Gujarat	(a) Hospital for Mental Health, Jamnagar	
		(b) Hospital for Mental Health, Bhuj	Hospital for Mental Health, Ahmedabad, Gujarat
11.	Chandigarh	GMC Chandigarh	PGI, Chandigarh
12.	Maharashtra	(a) Maharashtra Institute of Mental Health, Pune (b) Regional Mental Hospital, Thane	

S. No.	State	State/UT Level Tele Manas Cells	Mentoring Institute®
		(c) Regional Mental Hospital, Ratnagiri	AIIMS, Nagpur
13.	Punjab	GMC Chandigarh	PGI, Chandigarh
14.	Rajasthan	(a) SMS Medical College, Jaipur (b) Mental Hospital, Shastri Nagar, Jodhpur	AIIMS, Jodhpur
15.	Leh Ladakh	SN Memorial Hospital, Leh	PGI, Chandigarh
RCC: IHBAS, DELHI			
16.	Uttar Pradesh	(a) Institute of Mental Health and Hospital, Agra (b) Mental Health, Institute, Varanasi (c) Mental Health Institute, Bareilly (d) Kanpur Medical College, Kanpur	KGMU Lucknow
17.	Uttarakhand	Mental Health Institute, Selaqui	AIIMS Rishikesh
18.	Delhi	IHBAS, Delhi	AIIMS Delhi
19.	Himachal Pradesh	Dr Rajendra Prasad Govt. Medical College, Kangra, Tanda	IGMS, Shimla
20.	Jammu and Kashmir	Psychiatric Diseases Hospital, Govt. Medical College, Srinagar	Psychiatric Diseases Hospital, Govt. Medical College, Srinagar
		RCC: LGBRIMH, Tezpur, Assam	
21.	Manipur	RIMS, Imphal	LGBRIMH, Tezpur
22.	Meghalaya	NEGRIMS, Shillong	LGBRIMH, Tezpur
23.	Mizoram	Civil Hospital, Aizwal	LGBRIMH, Tezpur
24.	Nagaland	Kohima Mental Hospital, Kohima	LGBRIMH, Tezpur
25.	Arunachal Pradesh	Regional Mental Hospital, Midpu	LGBRIMH, Tezpur
26.	Assam	LGB Institute, Tezpur	LGBRIMH, Tezpur
27.	Sikkim	STNM Hospital, Gangtok	LGBRIMH, Tezpur
28.	Tripura	Narsingarh Moden Psychiatric Hospital, Agarthala	LGBRIMH, Tezpur
		RCC: NIMHANS	
29.	Karnataka	(a) NIMHANS$, Bengaluru (b) DIMHANS, Dharwad	NIMHANS^, Bengaluru
30.	Kerala	Mental Health Centre Thiruvananthapuram	IMHANS, Kozhikode Kerala

S. No.	State	State/UT Level Tele Manas Cells	Mentoring Institute@
31.	Lakshwadeep	Govt. Mental Health Centre, Thrissur	IMHANS, Kozhikode, Kerala
32.	Tamil Nadu	(a) IMH, Chennai (b) Madurai Medical College	IMH, Chennai
33.	Telangana	IMH, Hyderabad	IMH, Hyderabad
34.	Andaman & Nicobar Islands	Andaman and Nicobar Islands Institute of Medical Sciences, Port Blari	JIPMER
35.	Andhra Pradesh	(a) Hospital for Mental Health, Visakhapatnam (b) AIIMS, Mangalagiri	AIIMS, Mangalagiri
36.	Puducherry	Indira Gandhi Medical College and Research Institute, Puducherry	JIPMER

* The proposed names/list is tentative, particularly for the state/UT level Tele MANAS cells. Final decision on the institute and their location will be taken by the respective Governments of the states/UTs in consultation with all stakeholders. 1000 Sq Feet space is to be provided by the respective Govt to house the cell. Every State/UT level Tele MANAS Cell shall function 24/7. A dedicated team [with exclusive (and no additional) responsibilities] is required to run the cell.

@ Budget is proposed for 22 Mentoring institutes out of total 23 as budget for NIMHANS has been planned separately.

$ Dedicated budget is being given to set up State level Tele MANAS Cell.

^ No separate budget for mentoring institute is proposed. The functions of the mentoring institute will be carried out using budget for the National Apex Coordinating centre.

Annexure 3: Human Resources Under Tele MANAS

3: Qualifications and roles and responsibilities of HR under State/ UT Tele MANAS Cell

Service Provider	Qualifications	Roles and responsibilities
Counsellors	**ESSENTIAL:** Masters in Clinical Psychology / Social Work or other related disciplines such as MA Sociology/ Psychology OR Bachelors in psychology or social work or nursing with 2 years' experience in mental health work, preferably counselling **DESIRABLE:** Experience in mental healthcare delivery and counselling	• Assess mental health conditions including substance use and suicidal risk. • Provide basic psychosocial and psychological counselling. • Proactive follow-up calls with prior consent. • Liaise with specialist mental health professionals. • Triage and Refer call to Tier 2 service providers. • Escalation or referral of crisis calls. • Referral to higher level interventions. • No medical interventions will be suggested or provided by non-specialists.
Senior Consultant	**ESSENTIAL**: A post graduate Psychiatry qualification e.g., MD/ DNB/ Diploma Experience: Three years' experience in a recognized institution in the Psychiatry after obtaining the qualifying degree of MD or qualification recognized equivalent thereto. **DESIRABLE**: 1. Clinical and/or research Experience in Telemedicine and/or Tele-training	• Will be the In-charge/ head of the State Cell and will be responsible for overseeing the overall functioning of the State Cell. • Provide specialist audio/video consultations. • Assist PWMI and other users of tele MANAS. • Develop curated modules and manuals for service delivery. • Supervise the MHPs (Psychiatry, CP, PSW, Nursing) and lay counsellors of the state. • Network with existing services across the states • Training and evaluation.

Service Provider	Qualifications	Roles and responsibilities
	2. Experience of working with multidisciplinary research teams 3. Indexed scientific publications	• First level escalation of issues, conflict resolution, and annual report preparation. • Provide state level data as and when required to state, apex institute and center. • Conduct / be part of high-quality scientific research in tele mental health. • Liaise with the apex institute, central ministry, and state government for effective service delivery.
Consultant	**ESSENTIAL:** A post graduate Psychiatry qualification e.g., MD/ DNB/ Diploma **DESIRABLE:** 1. Clinical and/or research Experience in Telemedicine and/or Tele-training 2. Experience of working with multidisciplinary research teams 3. Indexed scientific publications	• Will be Deputy/ Assistant to the Senior Consultant and will support him/her in all their functions. • Provide specialist audio/video consultations. • Clinical, research and academic responsibilities under the consultant psychiatrist/and the designated states/UTs (to work as a tier-2 specialist, providing both audio/video consultations). • Supervise the MHPs (Psychiatry, CP, PSW, Nursing) and lay counsellors of the state. • Assist PWMI and other users of Tele MANAS. • Develop curated modules and manuals for service delivery. • Conduct / be part of scientific research in tele mental health.
Clinical Psychologist/ Psychologist*/ Psychiatric Social Worker / Psychiatric Nurse	**ESSENTIAL:** First or Second Class M.Phil in clinical Psychology/M. Phil Psychiatric Social work/ M.A./M. Sc. degree in Psychology / First- or Second-class M.A./M.S.W degree in Medical Psychiatric Social Work / MSc in Psychiatric Nursing, from recognized institute as per Indian Nursing Council	

Service Provider	Qualifications	Roles and responsibilities
	DESIRABLE: 1. Clinical and/or research Experience in Telemedicine and/or Tele-training 2. Experience of working with multidisciplinary teams *Differential remuneration should be offered as per qualification.	• Work as a mental health professional. • Deliver tele based therapeutic services, IQ assessment, facilitate disability benefits positive mental health, wellness initiatives, support, and wellbeing of entire human resource of Tele MANAS. • Conduct IEC activities, disability benefits, psychoeducation. • Assist PWMI and other users of Tele MANAS. • Develop curated content of social work modules and manuals for service delivery. • Training of cadres of students, workers and lay persons in mental health screening, telephonic counselling, and supervising Tier-1 cadre and nursing professionals. • Closure of loop of assessment and care.
Technical Coordinators/Project Coordinators	**ESSENTIAL:** • BE in engineering OR • Diploma in Engineering with 2 years' experience of working in health-related technologies or • MCA • Additional qualifications and competencies, especially M.Phil in clinical Psychology / M. Phil Psychiatric Social work / PhD.	• To liaise between State Level Tele MANAS cells on the one hand and with IT establishments on the other, to ensure adequate equipment, infrastructure is available in the state cells, troubleshooting services and repairs.
	DESIRABLE: • Experience in setting up infrastructure and maintenance of IT for healthcare institutions • Experience in office administration preferably in public projects or telemedicine projects.	• To co-ordinate for smooth functioning of the State/UT level Tele MANAS cells. • Support multidisciplinary teams, with project planning, organizing, staffing, directing, reporting, and coordinating responsibilities.

Service Provider	Qualifications	Roles and responsibilities
Data Entry Operator	**ESSENTIAL:** Diploma in Computer Application. **DESIRABLE:** Experience of working in healthcare projects with multidisciplinary teams.	• To enter data accurately and keeping records up to date, compiling verifying accuracy and sorting information to prepare source data for computer entry. • Using and maintaining important software and computer applications. • Preparation of monthly reports and analysis of monitoring indicators under the supervision of the Consultant/ Senior Consultant.
Attenders	**ESSENTIAL:** Class 12 **DESIRABLE:** Experience of working in healthcare projects with multidisciplinary teams.	• Helping the other human resources in calls, appointments, organizing files, managing calendars. • Maintain files, arrange for meetings. • Maintenance of the workspace.

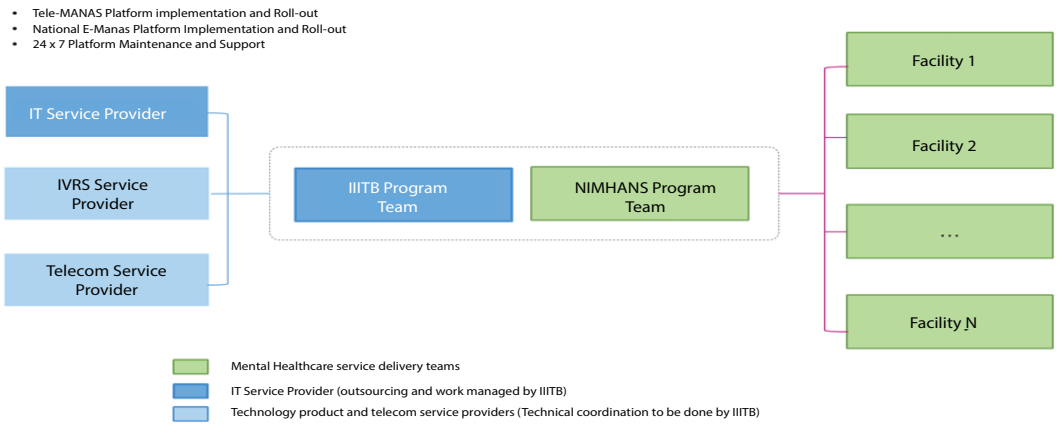
Note: States may determine a range of compensation organised as 'compensation grades' for each staff category depending upon the nature of work required to perform. This should be commensurate with the educational/other qualifications, skills and experience possessed by the staff.

Annexure 4: Role of Technology Teams

Organizations and teams

The technology solution and platform will be driven by the IIIT-B team, who will provide the overall technology leadership and supervision of service providers to be leveraged for software development, IVRS services and telecom services.

The service providers will be evaluated and selected through respective RFP processes in line with government guidelines with respect to technology and processes.



Key roles and responsibilities of each of the technology teams is outlined below:

A) IIIT-B Program Team:

- Technology leadership and end-to-end ownership for implementation and roll-out of Tele MANAS technology platform
- Shortlisting, evaluation and selection of the IT services vendor and IVRS vendor for the programme
- Solution conceptualization and requirements analysis
- Technical architecture and high level design for Tele MANAS and National E-Manas platforms
- Identifying and defining interfaces and other plug-ins towards interoperability of Tele MANAS platform
- Designing frameworks and defining guidelines to be followed for development, implementation and roll-outs

- Work distribution and planning between IIIT-B development team and IT services vendor team based on work complexity, technology stacks, timelines and other factors
- Solution development and validation for components planned for IIIT-B team
- Tracking and review of work allocated to IT services vendor
- Coordinating user acceptance testing and validation for all software components developed
- Release management and tracking
- Discussions and reviews with designated Technical Advisory sub-committee members for IT Architecture domain of the overall Programme
- Research and analysis for leveraging advanced technologies towards optimization of the platforms and effective usage of data
- Exploring other existing platforms, apps and solutions for plugging-in or augmenting Tele MANAS platform

B. IT Service Provider:

The IT services vendor is expected to be shortlisted and finalized based on an RFP Process. They shall be expected to provide 2 category of services:

Software Development Services:

- Working under the technology leadership and supervision of IIIT-B project team for development of Tele MANAS and E-Manas software components
- Understanding the planned architecture of Tele MANAS
- Understanding the existing Karnataka E-Manas platform and the planned architecture of National E-Manas platform
- Understanding and analysing the project requirements for the scope of work assigned by IIIT-B team
- Technical design and software development for the scope of work, aligned with the architecture, framework and guidelines defined for the program
- Integration testing and supporting user acceptance testing
- Creating deployment and release packages for the platform deliverables
- Doing deployments and providing roll-out support
- Project planning and tracking, taking bottom-line responsibility towards meeting the timelines and quality thresholds for the scope of work assigned

- Ensuring right mix of team-members in terms of experience and skill-set in line with project requirements
- Publishing status report to IIIT-B program team on a regular basis

Platform Support Services:

- Establishing a 24X7 Support team for providing Level 1 and 2 support for the hub and facilities based on technical and other capabilities
- Providing Level 3 support services for bug-fixes and enhancements
- Establishing support infrastructure (connectivity, phone lines, support phone number etc) and processes for Level 1 and 2 support (shifts rota, handshake, reporting etc)
- Establishing Support SLAs and metrics based on project needs in line with industry standards
- Monitoring team's performance and platform issues closely towards taking corrective measures as needed
- Identifying needs for automation of support and continuous improvement of support services and metrics
- Support services governance and reporting covering status updates and performance based on SLAs and metrics

C) IVR Service Provider:

- Providing the hardware and software needed for establishing IVR enabled teleconsultation facilities across states and union territories catering to the routing and consultation protocols to be defined by NIMHANS
- Provisioning for handling calls routed to each facility by the telecom service provider starting with a language based IVR
- Customizing and extending the IVR software based on project requirements covering recording of callers' demographic details, case notes, clinical records and other details
- Customizing it for provisioning of privacy and confidentiality of callers by virtualization of caller identity for improving the user experience for callers as well as tele-consultants by provisioning
- Provisioning integration of patient and calls data persisted in IVR software's backend with E-Manas and other applications in the Tele MANAS ecosystem
- Provisioning for an omni-channel, blended call centre set up for inbound as well outbound communication

- Providing on-going support for the IVR setup across facilities
- Doing enhancements and modifications in the IVR software on a need basis and rolling out the changes across facilities

D. Telecom Service Provider:

- Provisioning for a national helpline number with ability to route call to each of the facilities based on the region of the caller
- Facilitating integration with IVR hardware and software towards enabling call routing to individual tele-counsellors
- Facilitating addition or deletion of newer facilities for routing of calls as and when needed
- Providing on-going support for uninterrupted services across facilities and quick turnarounds in case of issues

Annexure 5: Equipment under Tele MANAS

State/UT level Tele MANAS cell: CAT-1 (for each cell with population >=20 Lakhs)

- Laptop - 2
- All in one Desktops - 12
- Headset - 20
- Printer - 2
- Router - 5
- UPS -1
- IP phone - 15
- Modular workstation -1

State/UT level Tele MANAS cell: CAT-2 (for each cell with population <20 Lakhs)

- Laptop - 1
- All in one Desktops - 8
- Headset - 10
- Printer - 2
- Router - 3
- UPS -1
- IP phone - 8
- Modular workstation - 1

Mentoring Institutions

- Laptop / All in one Desktops - 4
- Headset - 5
- Printer - 1
- Router - 2
- UPS - 1
- IP phone - 5
- Small Modular workstation -1

For each DMHP

- Laptop - 2
- IP Phone - 1
- Head Phone - 1

Annexure 6: Modified Budget Annexures:

6.A: Budget for 1 State Cell for State/UTs with population more than 20 lakhs (Cat-1, n=41)

Type of cost	Budget Head	First Year	Second Year	Third Year	Fourth Year	Fifth Year	TOTAL all 5 years
Non recurring	Equipment (excluding IVRS AMC)	24,30,000	-	-	-	-	24,30,000
Non recurring	Infrastructure-modular work station	5,00,000	-	-	-	-	5,00,000
Recurring	Human Resources	1,06,40,000	1,67,58,000	1,75,95,900	58,65,300	-	5,08,59,200
Recurring	Infrastructure-rent*	8,00,000	12,00,000	12,00,000	4,00,000	-	36,00,000
Recurring	Internet/telecom vendor (to State)	1,60,000	2,40,000	2,40,000	80,000	-	7,20,000
Recurring	Contingency & Miscellaneous	4,00,000	6,00,000	6,00,000	2,00,000	-	18,00,000
Budget for One State Cell to be given to State		**1,49,30,000**	**1,87,98,000**	**1,96,35,900**	**65,45,300**	**-**	**5,99,09,200**
Budget for State Cells (Cat 1) to be given to IIITB							
Recurring	Equipment- IVRS AMC (to IIITB)	4,66,667	7,00,000	7,00,000	2,33,333	-	21,00,000
Recurring	Internet/telecom vendor (to IIITB)	6,40,000	9,60,000	9,60,000	3,20,000	-	28,80,000
Budget for One State Cell to be given to IIITB		**11,06,667**	**16,60,000**	**16,60,000**	**5,53,333**	**-**	**49,80,000**

*Rent @Rs. 1,00,000 p.m. for 3 years or one time renovation budget of Rs. 30 Lakh may be given.

As the rental amount of Rs. 36,00,000 is higher, further budget calculations have been done using this amount. The States may decide which option to choose and budget accordingly.

6.B: Budget for 1 State Cell for State/UTs with population less than 20 lakhs (CAT-2; n =10)

Type of cost	Budget Head	Cost in First Year	Second Year	Third Year	Fourth Year	Fifth Year	TOTAL all 5 years
Non recurring	Equipment (excluding IVRS AMC)	16,27,500	-	-	-	-	16,27,500
Non recurring	Infrastructure-modular work station	5,00,000	-	-	-	-	5,00,000
Recurring	Human Resources	66,80,000	1,05,21,000	1,10,47,050	36,82,350	-	3,19,30,400
Recurring	Infrastructure-rent*	30,00,000					30,00,000

Type of cost	Budget Head	Cost in First Year	Second Year	Third Year	Fourth Year	Fifth Year	TOTAL all 5 years
Recurring	Internet/telecom vendor (to State)	80,000	1,20,000	1,20,000	40,000	-	3,60,000
Recurring	Contingency & Miscellaneous	2,00,000	3,00,000	3,00,000	1,00,000	-	9,00,000
Budget for One State Cell to be given to State		**1,20,87,500**	**1,09,41,000**	**1,14,67,050**	**38,22,350**	**-**	**3,83,17,900**
Budget for State Cells (Cat 2) to be given to IIITB							
Recurring	Equipment- IVRS AMC (to IIITB)	4,66,667	7,00,000	7,00,000	2,33,333	-	21,00,000
Recurring	Internet/telecom vendor (to IIITB)	3,20,000	4,80,000	4,80,000	1,60,000	-	14,40,000
Budget for One State Cell to be given to IIITB		**7,86,667**	**11,80,000**	**11,80,000**	**3,93,333**	**-**	**35,40,000**

*Rent @Rs. 60,000 p.m. for 3 years or one time renovation budget of Rs. 30 Lakh may be given. As the lumpsum amount of Rs. 30,00,000 is higher, further budget calculations have been done using this amount. The States/UTs may decide which option to choose and budget accordingly.

6.C: Budget for 1 Mentoring Institute (n = 22)

Type of cost	Budget Head	First Year	Second Year	Third Year	Fourth Year	Fifth Year	TOTAL all 5 years
Non recurring	Equipment	9,57,500	-	-	-	-	9,57,500
Recurring	Human Resources	29,20,000	45,99,000	48,28,950	16,09,650	-	1,39,57,600
Recurring	Contingency, telephone, AMC (to MI)	5,60,000	10,40,000	10,40,000	3,46,667	-	29,86,667
Recurring	Rental Charge (Or one time renovation budget of Rs. 20 Lakh may be given)	4,80,000	7,20,000	7,20,000	2,40,000	-	21,60,000
Recurring	Travel, meetings and research	6,00,000	9,00,000	9,00,000	3,00,000	-	27,00,000
	SUM	**55,17,500**	**72,59,000**	**74,88,950**	**24,96,317**	**0**	**2,27,61,767**
Budget for Mentoring Institutions to be given to IIITB							
Recurring	Telephone and IVRS license AMC (to IIITB)	**8,00,000**	**12,00,000**	**12,00,000**	**4,00,000**	**-**	**36,00,000**

6.D: Budget for 1 DMHP Unit (n = 755)

Type of cost	Item	First Year	Second Year	Third Year	Fourth Year	Fifth Year	Total all 5 years
Non recurring	Laptop	1,65,000	-	-	-	-	1,65,000
Non recurring	IP phone	10,000	-	-	-	-	10,000
Non recurring	Headset	4,000	-	-	-	-	4,000
Recurring	Internet charges	20,000	30,000	30,000	10,000		90,000
Total Budget for 1 DMHPs Unit		**1,99,000**	**30,000**	**30,000**	**10,000**	**-**	**2,69,000**

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