

# Responding to COVID–19: A Case of Psychological Response Centers

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## **EXECUTIVE SUMMARY**

*To contain the spread of COVID-19, governments across the globe adopted strict mobility limiting measures. In India, 443,497 people died and 351,087 people are still struggling. The governments realising the long-lasting impact redefined their policies to offset the loss. The timely appropriate response of the governments in all sectors including psychological retarded the deadly impact. It was the first time in human history governments and NGOs realized the importance of mental health and responded with building up online mental health infrastructure. Some of the successful post-COVID-19 psychological response centers include the mental health rehabilitation helpline ‘KIRAN’ by Government of India and iCALL multilingual telephonic and email-based services in India by Tata Institute of Social Sciences.*

## **INTRODUCTION**

The global psycho-physical health emergency engendered by the COVID-19 led pandemic not only provided a glimpse of soft vulnerability also reminded humanity about level of preparedness to deal with biomedical catastrophes (Kumar & Malhotra, 2021). It crumbled the socio-economic paradigms and created a window of options to deal with the environmental degradation. And widened the scope of organized institutional responses from mere addressing the physio-medical needs to

psychological health (Kumar & Malhotra, 2021). It is nothing less than a delightful opportunity of blessings in disguise for those who suffered more psychologically than physiologically. It hastened the adjustment, quickened the adaptations, pressured for the compliance, inflicted the dread, initiated the manufacturing, engendered the pharma collaborations and opened the doors of new dimensions. All responded within the scope of their limits. It led to the emergence of Digital Infrastructure for Psychological Support (DIPS) for addressing mental health needs. The digital revolution furthered the reach of mental health services, a neglected component of whole health. It provided platform to the psychological health service providers. The response centers became integral part of health and wellbeing. The services are available 24X7 in almost all Indian languages (Singh & Kumar, 2022). The author has attempted to explain the relevancy and efficacy of one of the DIPS [TISS run iCall] through a case study.

The unprecedented situation created by the intentional and unintentional release of corona virus from the confines of Wuhan lab (Chinese) into free floating mode is a tip of devastation biomedical weapons can cause. The spread and survival of pathogens is dependent upon several factors, the quality of environment is one of them. The degradation of the environment as a result of human settlements and increased interaction between animals and humans offers fertile ground and a conducive environment for pathogens to survive and transmit across species (Lata & Gupta 2021). Climate change also facilitates transmission (Piret & Boivin, 2021). Corona virus's survival across climate types and infection patterns raised serious doubts over its genesis.

The history of pandemics suggests that the pandemic-causing pathogens infects areas that are and were highly structured (Piret & Boivin, 2021). Similar pattern was observed during this pandemic. The virus that belongs to Betacoronavirus family (Bhatt et al., 2020a) was designed to wreck undefined destruction in all possible terms including physical, economical (Gaur, & Patel, 2021) and most importantly psychological (Malik et al., 2020; Kaurani et al., 2020, Singh et al., 2021; Singh et al., 2020). The virus directly invaded the human body and impacted the functioning of various internal systems and organs (Ramakrishna et al., 2020) while indirectly created mess (Sudha & Gayatri Devi, 2021) of financial and socio-economic systems (Shukla et al., 2021; Srivastava et al., 2021; Raj et al., 2021) and increased the morbidity and mortality (Patel & Singh, 2020). The main feature of coronavirus is that it compromises the human respiratory system (Jindal et al., 2020; Bhatt et al., 2020b) and significantly contributes to comorbidity.

Pandemics demands immediate interventions to mitigate the damage and contain the spread. The infection rate and consequent mortality raised alarm bells across the globe leading to quick institutional response (IR). The IR to contain and control the pandemics was started during the Black death pandemic way back in 14th century.

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