drishti

Mind Matters in Academia

IndiaBioscience

Disclaimer

This publication aims to contribute towards the de-stigmatisation of mental health and promote dialogue on mental health issues, particularly in the context of our academic spaces. Please note that this booklet is not a substitute for medical consultation/treatment/counselling of any kind. If you currently in a position where you need help, we request you to contact a professional counselling/medical service without delay. A list of helplines is provided at the end of this resource.

From the Editor's Desk

Research institutes, universities, colleges, national laboratories - our academic spaces are critical in ensuring the country's scientific progress. Yet, the humans working in these places continue to be highly vulnerable to mental health challenges, with few remedies and scarce resources. This collection is our attempt to bring the conversation around mental health in academia out into the open and confront the culture of silence (*pp. 22*) that often surrounds such issues.

The stories in this collection were published on www.indiabioscience.org over the period of almost two years. They highlight different aspects of mental health, including the impact of the COVID-19 pandemic (*pp. 43*) and the complicated relationship with academic culture (*pp. 39*). From first-hand accounts (*pp. 16*) to data-driven narratives (*pp. 1*) to interviews with those trying to making a difference (*pp. 63*), these stories try to bring to light the struggles faced by many of our peers and colleagues who are battling mental health challenges while working at the forefront of scientific research.

In this process, our focus has been not just on discussing the problems, but also on brainstorming possible solutions. Many of these articles also propose ideas that the community can implement to lessen the burden of mental health disorders and improve the lives of its members. As you read through these pages, please keep in mind that it is not only possible, but imperative that we strive to bring about tangible change through concerted and collective effort.

Finally, we hope that this collection will serve as food for thought as well as act as an important resource for the academic community in India. Please write to us at hello@indiabioscience.org to let us know your thoughts about this booklet.

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Part 1

THE SCENARIO TODAY

Hidden
in plain sight

A mental health crisis in academia

Debdutta Paul, Annapoorna P K & Shreya Ghosh

While the importance of addressing mental health concerns within academic circles has been recognized time and again, progress has been hampered due to many factors, not the least of which is a paucity of data. In this article (originally published as a two-part series), we will examine the status of mental health awareness within Indian academia and discuss possible strategies and interventions to improve the situation.

The research ecosystem in India arguably employs some of the best minds in the country. However, this population also includes some of those most vulnerable to mental health issues and challenges. So far, the conversation surrounding mental health in academia has been consistently driven by mental health disorders and their causes and consequences, thus playing a reactionary rather than a precautionary role.

Through a year-long study of mental health awareness within various academic institutions in India, we found that the level of general awareness regarding mental health itself is low within the academic community. This raises concerns about the effectiveness of mental health-related awareness and education campaigns, as well as about the thrust of policy directives aimed at improving the mental health situation within these institutes.

Surveys conducted in other countries have found that a large fraction of researchers suffer from or are at a high risk of developing mental illness. Graduate students are more likely to develop mental illness as compared to other highly educated groups. In the Indian context, there is a dearth of statistical data about the mental health of academicians. We attempted to fill this gap partially, by following two approaches.

1. **An anonymous open online survey** circulated within academics across India between August and October 2019, which received 883 responses.

2. **One-on-one interviews** with academics from 31 research institutions spread across the country.
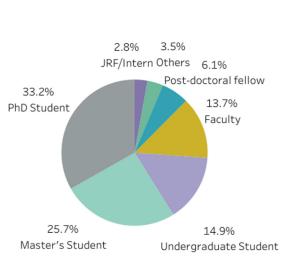
The survey was circulated through social media channels, newsletters, as well as through direct peer-to-peer communication. We acknowledge that due to the nature of its sampling and distribution, the survey may overrepresent certain communities, including those more familiar with social media or belonging to top-tier institutes. We hope that similar studies inspired by the current one will address this gap in the future and help build on this dataset.
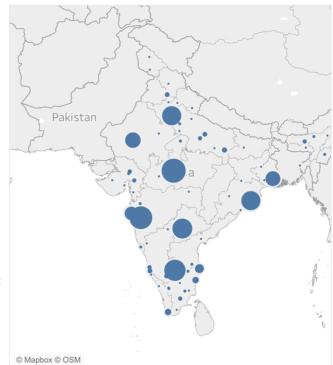
We would also like to note here that the answers our respondents provided to the survey questions

How were the survey respondents distributed?

What is their present position?

2.8% JRF/Intern
3.5% Others
6.1% Post-doctoral fellow
33.2% PhD Student
13.7% Faculty
25.7% Master's Student
14.9% Undergraduate Student

Where were the respondents located?

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reflect their individual beliefs and worldviews and are, therefore, inherently subjective in nature. The percentages and numbers quoted in this article should also be viewed through this lens.

While we used the survey to gain preliminary insights into the levels of mental health awareness within the academic populace, our aim with the interviews was to delve deeper into these issues with the help of a targeted subset of the community. While these datasets are not fully representative, we hoped that this combined approach would let us strike a balance and bring out the salient features of the situation.

Primarily, we sought to answer the following questions:

1. **What is the level of awareness about mental health within the scientific community?**

2. **What are the major causes of mental health-related issues in academia?**

3. **How accessible is mental health-related help on our university or institute campuses?**

Finally, we also sought recommendations on what can be done to improve the status of mental health within Indian academia. In this first article, we will attempt to answer the first two questions based on the survey and the responses of the target group, while the next article will focus on the availability of mental health support structures and recommendations for improving the situation for all involved.

Our survey respondents comprised mostly PhD and MSc students, with a significant number of responses from undergraduate students, postdoctoral fellows and faculty, hailing from 209 different institutes, colleges, and universities. 14% of the respondents were faculty or independent researchers, 6% were postdoctoral fellows, 33% were PhD students, and 41% were Bachelor's or Master's students. The remaining were junior research fellows (JRFs), research interns, scientific staff, or researchers currently between positions.

From the answers provided by the survey respondents, it appears that in most institutions,

How Accessible is Mental Health–Related Support and Information?

Does your Institution/University hold talks/ seminars/ discussions for mental health awareness?

No	Yes, Infrequently	Yes, Regularly
45.1%	43.8%	11.1%

Does your Institution/University provide counselling services to its students and staff?

No	Yes
41.4%	58.6%

Are mental health–related resources or reading material available at the Institution/University library or website?

I don't know	No	Yes
43.2%	37.7%	19.1%

Are there any informal peer support groups or societies on campus working towards mental health?

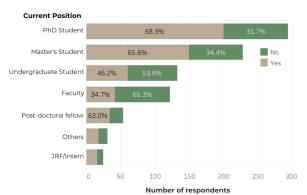| No	Yes
77.6%	22.4%

there is no clear dissemination of information regarding mental health. Only 11% of the respondents said that their institutions hold regular seminars and discussions for mental health awareness. Only about 19% of respondents reported that their institute's library or website had any reading material related to mental health and almost 78% said that there are no preventive peer support groups on campus.

A whopping 59% of those who took the survey admitted to having faced mental health-related issues during their academic career either in the past or present. Within this group, 82% admitted to never having been officially diagnosed. This is indicative of the fact that mental health issues are normalised in academia, and many sufferers are hesitant to seek professional help.
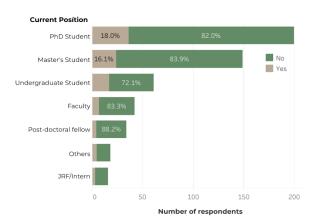
When we investigated this figure further, we found that 68% of the PhD students and 65% of the Master's students who took the survey reported having faced mental health issues during their stay in an institute. Although the number of postdoctoral fellows and interns/JRFs who took the survey was relatively less, 64% of these respondents also admitted to having faced mental health issues. Interestingly, 35% of members of faculty or principal investigators reported having had mental health concerns. These statistics, on the whole, align with the findings of other surveys that show PhD and Master's students are particularly vulnerable to mental health challenges. Based on this, we decided to focus primarily on these groups for our direct interviews.

From the interviews conducted on the target dataset, we found that exceptions aside, many academics, including those hailing from some of the premier institutions in the country, had grave misconceptions about mental health and psychiatric conditions. For example, some interviewees commonly and casually labelled states of sadness as depression. On the other hand, some interviewees dismissed potentially serious cases of depression as being trivial or temporary fluctuations of mood. Many subscribed to the belief that mental health concerns arise from a lack of 'maturity' or 'strength'.

Have you ever faced any mental health-related issues during your stay at the institute?

Were you officially diagnosed?
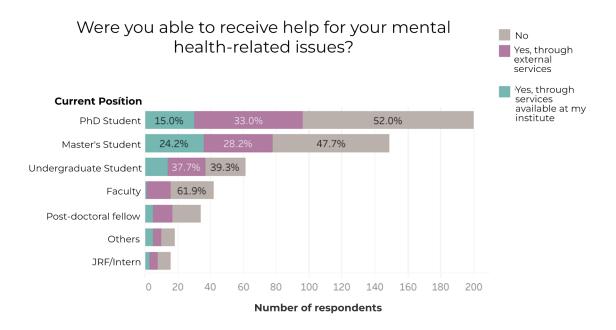
The responses to our survey also indicate that while the academic environment is not the only cause for poor mental health, it potentially plays a big role in aggravating existing personal, social, and economic concerns amongst academicians, impairing their general mental well-being.

A careful analysis of the responses from the survey as well as the responses from the target group of interviewees led us to identify a set of commonly prevalent reasons for poor mental health conditions in Indian academia, listed below.

- Skewed hierarchy in favour of those higher up on the academic ladder, e.g. professors
- Strained student-advisor relationships
- Inhumane work hours
- Lack of work-life balance
- The 'publish or perish' culture
- Unhealthy levels of competition and peer pressure
- Poor remuneration for those on the lower rungs of the hierarchy
- Lack of job security

Were you able to receive help for your mental health-related issues?

Legend:
- No
- Yes, through external services
- Yes, through services available at my institute

Current Posítion

Current Position	Yes, institute	Yes, external	No
PhD Student	15.0%	33.0%	52.0%
Master's Student	24.2%	28.2%	47.7%
Undergraduate Student	37.7%	39.3%	
Faculty	61.9%		
Post-doctoral fellow			
Others			
JRF/Intern			

Number of respondents

Do you know whom to contact in case of a mental health crisis?

Legend:
- No
- Yes

Current Posítion

Current Position	Yes	No
PhD Student	46.8%	53.2%
Master's Student	61.2%	38.8%
Undergraduate Student	68.9%	31.1%
Faculty	60.3%	39.7%
Post-doctoral fellow	59.3%	
Others		
JRF/Intern		

Number of respondents

Were you able to talk to your friends, colleagues, advisor etc. about your mental health?

Legend:
- No
- Yes, and the majority of them were not supportive
- Yes, and the majority of them were supportive
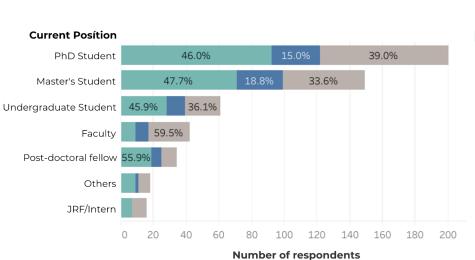
Current Posítion

Current Position	Yes, supportive	Yes, not supportive	No
PhD Student	46.0%	15.0%	39.0%
Master's Student	47.7%	18.8%	33.6%
Undergraduate Student	45.9%		36.1%
Faculty			59.5%
Post-doctoral fellow	55.9%		
Others			
JRF/Intern			

Number of respondents

- Lack of exposure to future non-academic job prospects

- Social hierarchies of caste and gender

"Professors talk about the importance of work-life balance on social media platforms. Despite that, we all know well that they themselves don't let their own graduate students and postdocs practice it," said an anonymous respondent of the survey, citing examples from their own department in a premier research institute in India.

A few respondents highlighted how academic hierarchy can take some very ugly forms. "I have come across many cases wherein supervisors had threatened PhD students and used vulgar, derogatory words to address and downgrade their morale," said one respondent, "If someone complained against them, the institute did not take serious actions against their employees, and later on they too issued warnings against the students to suppress their voice."

Distorted and sometimes arbitrary benchmarks of academic performance can be another major source of stress among graduate students. "Students are continually informed of what a successful, dedicated individual should behave like. This stereotypical, incorrect view is damaging," said another respondent, "It is not communicated clearly that there are other valid ways to be successful."

"The only well-accepted measure of success is publication," said one of the interviewees, who prefers to remain anonymous. Pointing to the lack of clarity of what exactly defines academic performance, they added, "It may take years of failed attempts to get one 'good' publication, and this entire time it is entirely unclear if there is any real progress. This uncertainty can be mentally exhausting."

Unrealistically high expectations and a low tolerance for failure can be another source of stress for many researchers. "Academia selects for intellectually driven, highly motivated, focused individuals who set high standards for themselves," said Karishma Kaushik, Assistant Professor at Institute of Bioinformatics and Biotechnology (IBB), Savitribai Phule Pune University (SPPU), Pune, "Any delays or deviations along this path mean that highly successful people have to encounter and work around a situation where they do not see themselves as 'successful', which certainly creates stress, pressure and mental distress."

Many who took the survey reported feeling isolated in their research life, even while surrounded by peers. Several respondents admitted that their loneliness is increased by the lack of community support. Almost 40% of the respondents who faced mental health concerns said that they were unable to talk to anyone about their issues.

Many respondents also commented on the subtle and pervasive taboo against talking about mental health, a point that is perhaps proven by the fact that the majority of the survey respondents and interviewees chose to remain anonymous. "In my experience as a young investigator, mental health has been an extremely closed issue in higher academia, rarely, if ever, spoken about," said Kaushik.

We conclude that there is an urgent need to normalise conversations regarding mental health and to ensure that they are not restricted to short-term reactions to mental health concerns or associated tragedies. "I think a willingness to admit to major and minor mental health concerns would go a long way," said Gagandeep Kang, Professor, Christian Medical College, Vellore, "Frequently, the ones who need help most are the ones with the least insight."
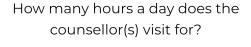
Despite the high prevalence of mental health issues, only 18% of the respondents said that they received help through counselling or therapy services available in their institution. Moreover, only 45% of the respondents said that they could talk to *someone* who was supportive. When asked whether their institutes/universities provide counselling services, 40% of the respondents answered in the negative. Moreover, about 43% admitted that they don't know whom to contact in case of a mental health crisis. These statistics point to an intensifying mental health crisis in Indian academia.
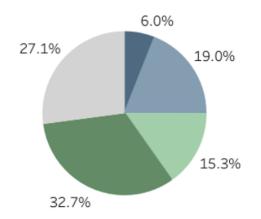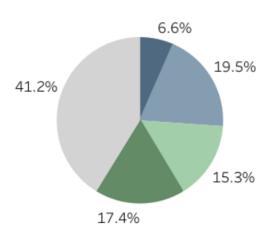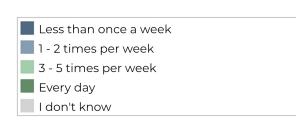
How well-staffed are the counselling services?

How often does a counsellor visit the campus?

6.0%
27.1%
19.0%
15.3%
32.7%

- ■ Less than once a week
- ■ 1 - 2 times per week
- ■ 3 - 5 times per week
- ■ Every day
- ■ I don't know

How many hours a day does the counsellor(s) visit for?

6.6%
41.2%
19.5%
15.3%
17.4%

- ■ Less than 2 hours
- ■ 2 - 4 hours
- ■ 4 - 6 hours
- ■ More than 6 hours
- ■ I don't know
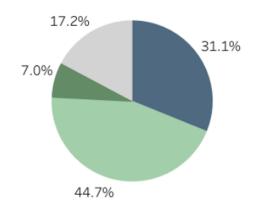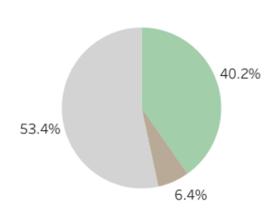
How many counsellors are usually available?

17.2%
31.1%
7.0%
44.7%

- ■ 1
- ■ More than 3
- ■ 2 - 3
- ■ I don't know

Does the counselling centre provide refeerrals to external medical practitioners?

40.2%
53.4%
6.4%

- ■ Yes
- ■ No
- ■ I don't know

To summarise our findings so far, based on a survey of 883 academics from across the country as well as direct interviews with researchers from 31 different institutes and universities, we identified several common factors associated with mental health issues, including biased hierarchical power structures, lack of work-life balance, unrealistic standards for success, and lack of job security.

Our findings suggest that a major driver of the high incidence of mental health-related issues in Indian academia is a general lack of awareness about mental well-being, coupled with an acceptance of poor mental health as the norm.

Many academicians appear to accept that the high output required to maintain competitive academic activity may be achieved only with a generally poor state of mental health. Consequently, mental health issues tend to be neither talked about openly nor taken seriously. This, in turn, gets reflected in the infrastructural and systemic frameworks of mental health support, which are often inadequate to combat the depth and pervasiveness of these issues.

As a part of the survey, we asked the question, 'Does your Institution/University provide counselling services to its students and staff?' While 58% of the respondents answered in the affirmative, the answers to this question from different individuals in the same institutions or universities contradicted each other in a number of cases. This implied that even when counselling/therapy services are available, knowledge about them may not be universally available to those working at these institutes.

To those who mentioned that counselling services were available in their institute/university, we also asked if information about these services is easily accessible. 19% voted in the negative, suggesting that a good fraction of institutes did not advertise the available services adequately.

When we asked the survey respondents whether, on a whole, they find the mental health support systems at their institution/university to be adequate, only 32% answered in the affirmative. However, when we asked whether they know whom to contact in case of a mental health crisis, 57% of the respondents said yes. This suggests that while the majority of respondents may not be placing their full reliance on campus counselling services, they do have an idea of where to obtain help in the case of an emergency.

We next sought to understand the quality of such mental health services, as reported by our survey respondents who indicated that mental health services were available on their campuses. According to the answers provided in the survey, only in about 48% of the cases did a counsellor visit the campus more than three days a week. In 31% of the cases, only a single counsellor was available to deal with the concerns of the entire population of the institute. It is possible that such restricted hours and increased workloads would affect the quality of the services, as well as the level of trust that academics put in these services.

What is also striking is the high percentage of respondents (up to 53%) who admitted that they were not well-informed about the details of the services (i.e. who answered "I don't know" to the questions above). This also points to a scenario in which the numbers don't tell the full story. Even when an institute provides mental health-related support structures, lack of clear communication and orientation of campus members towards these services can keep academics from taking full advantage of them.

From our interviews conducted on the target group, we found that sometimes, availing the facilities on the campus is not perceived as safe exercise. Some of the interviewees alleged that the anonymity of the services was sometimes violated and details of private conversations were revealed to those higher up in the academic hierarchy. Another interviewee mentioned that their pleas to have a regularly functioning counselling service in their institution have been ignored.

In view of the above data and insights, we have put together a list of recommendations to improve the status of mental health in our academic institutions. In making these recommendations, we have also drawn from crowdsourced suggestions collected from both the survey and interviews.

Acknowledge, identify, and investigate

The first step must be to acknowledge that there is indeed a problem, followed by a sincere attempt to understand why. There need to be more studies enquiring into the state of mental health on our campuses and identifying the factors most closely linked to mental health-associated challenges. It is likely that these would vary in form and severity from region to region and community to community, making it imperative that the studies are conducted at small (e.g. at department level), medium (e.g. at institute level) or large (e.g. state or national level) scales.

Strategise for better management of mental health crises

43% of the respondents to our survey said they didn't know whom to contact in case of a mental health emergency. This points to a concerning gap that institutions and universities should take immediate steps to address. Some ways in which this can be done are:

- A core team of volunteers can be set up who can help direct individuals who require counselling or treatment.

- A set of faculty members can be identified who can volunteer to provide first-point-of-contact counselling to students.

- Information regarding $^{24}/_7$ helplines or counselling services (telephonic or online) should be made available to everyone on the campus. This should ideally be advertised and displayed prominently, through posters, leaflets, handbooks, and the institute's website.

- Members of faculty who advise students can be provided sensitisation and mentorship training and encouraged to maintain an approachable relationship with their students and other lab or academic members.

Improve mental health support facilities

Our data indicate that the present level of mental health support available on the majority of our institute and university campuses is inadequate to meet the needs of researchers, staff, and students who work there. This calls for steps to ensure more and better support facilities, perhaps using some of the institutes and universities that appear to be serving their communities well in this regard, as models. Here are some ways in which this can be achieved:

- Regular mental health awareness sessions in the form of seminars or workshops should be held. Proactive steps should be taken to ensure that information about such services is easily accessible and available to everyone working on campus.

- Steps should be taken to ensure that on-campus mental health support is inclusive: students, postdoctoral researchers, temporary/permanent staff, and members of the faculty should all be able to freely access the services of the support cell.

- On-campus counsellors should be trained and vetted properly. Highest standards of patient confidentiality should be maintained during all interactions. It is also suggested that the support service be situated in a location which allows visitors to retain their anonymity. While seeking help to manage one's mental health is something that need not be hidden, owing to the unfortunate, unhealthy judgement that this tends to receive, several people may not be comfortable sharing this information and may be discouraged from seeking help if forced to do so in a public manner.

- Given the limitations of on-campus services, regular tie-ups with external counselling options should be made, to which individuals in need of long-term therapy can be referred. The costs of these sessions should be borne by the institutions as a part of the regular medical coverage.

- Informal sessions about mental health within smaller groups should be encouraged, along with setting up and maintaining active and independent community support systems and peer support groups. Setting up an online forum where students can talk freely about their issues, possibly within the institute, could also be considered.

Finally, steps should be taken to promote therapy and counselling as ways to achieve general mental well-being, and not simply as solutions to severe mental illnesses. This can also help in reducing the stigma around seeking help for mental health issues.

Address the root causes of mental health problems

While addressing mental health-related issues is a necessary step, it is also important to look at the structural or systemic problems that give rise to these challenges in the first place. Based on the results of our survey, we suggest focused efforts in the following areas.

- *More balanced student-advisor relationships:* Students should have access to mentorship from multiple faculty members, either in the form of a thesis committee or an equivalent provision, to avoid a power structure with a single point of focus. Advisors and principal investigators should be trained on student wellness in general, and mental health-related awareness and problems in particular. Rules of professional conduct should be spelt out and followed strictly. A system of independent, anonymous feedback on advisors by students which is reviewed and acted upon would also help in this regard.

- *Greater awareness about mental health within academicians in positions of authority:* Researchers should take steps to educate themselves about mental health and receive training in dealing with such issues in a sensitive, professional, and transparent manner.

- *Better complaint redressal systems:* This would ensure a stronger safety net for those

5 Steps to Nurture Better Mental Health in Academia

Acknowledge, identify, and investigate

There need to be more studies enquiring into the state of mental health on our campuses and identifying the factors most closely linked to mental health-associated challenges.

Strategise for better management of mental health crises

Institutes and Universities should come up with volunteer-supported initiatives to direct people in need to the appropriate mental health services. Such services should be widely advertised and the information made easily accessible.

Improve mental health support facilities

On-campus mental health services should be well-staffed, regularly advertised, inclusive, and held up to high professional standards. Community or peer-support groups should also be encouraged.

Address the root causes of mental health problems

Institutes and Universities should strive towards more balanced power structures, better student-advisor relationships, better complaint redressal mechanisms, as well as fairer, more transparent, and more holistic academic evaluation procedures.

Provide long-term solutions

Mental health issues do not exist in a vacuum and are influenced by the overall socio-cultural fabric of our communities. Proactive steps to eliminate social and economic biases, improve work-life balance, provide better living conditions, and encourage extra-academic activities would go a long way towards reducing the burden of mental health challenges.

Based on:
Hidden in plain sight: A mental health crisis in Academia
Part 1 (**Status and Challenges**): http://bit.ly/IBSMHarticle
Part 2 (**Support and Solutions**): http://bit.ly/IBSMHarticle2

Debdutta Paul, Annapoorna PK, Shreya Ghosh

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facing untenable situations and circumstances, and help improve conditions.

- *More transparent and fair evaluation systems for academic success:* More holistic criteria for evaluating academic performance should be adapted at all levels, from student assessments to tenure decisions.

- *Mechanisms for continuous assessment, review, and improvement of mental health services:* One way to achieve this is an independent mental health advisory committee that regularly meets with faculty and administrators to determine gaps in support and ways to address them. Collection of anonymous and open feedback from those who use the mental health services should also be encouraged.

Provide long-term solutions

Finally, we acknowledge that these problems do not exist in a vacuum and are influenced by the overall socio-cultural fabric of our communities. Proactive steps to eliminate social (religious, gender, caste, class, etc.) and economic biases will go a long way towards reducing the burden of mental health challenges. Improved infrastructure,
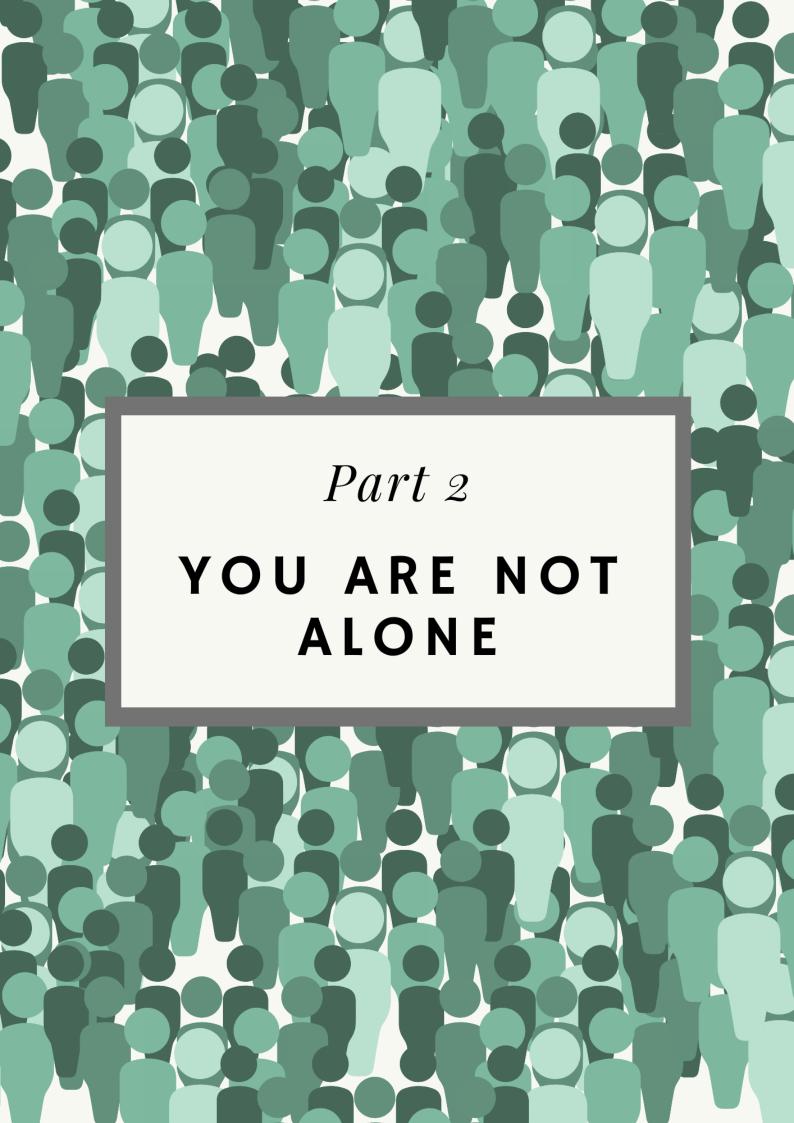
including better living conditions and remuneration for those lower in the academic hierarchy, would also help in this regard. Other steps can be to proactively encourage extra-academic activities, provide better facilities directed at improving work-life balance (e.g. day-care and parental leave) and to challenge prevalent assumptions about how the 'ideal academic' should look, act, and behave.

To summarise, while our study brings to light several challenges in relation to the mental health situation in Indian academia, it also provides us with an understanding of certain key areas where focused effort may pay large dividends. We hope that this will begin a continuing dialogue and discussion on mental well-being on our campuses and encourage institutes and individuals to step up with efforts to address these issues.

A copy of the survey circulated for the purpose of this article can be found here.

Interactive versions of the charts used in this study can be viewed on the IndiaBioscience website, within the articles that were first published on 29 Sep 2020 (Part 1) & 2 Oct 2020 (Part 2).

Part 2

YOU ARE NOT ALONE

You don't have to be 'CRAZY' to be doing a PhD!

Hina Lateef Nizami

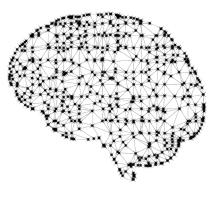We are progressively seeing the signs of a burgeoning mental health crisis in academia. Hina Lateef Nizami writes about why we need to break free of the habit of normalizing poor mental health and burnout in academic circles.

How many times have you heard "A PhD student has no weekends or holidays", "PhDs are half-mad", "I am a PhD student, so stress is my middle name" or something similar? Chances are, more than you can count on your fingers. For too long now, chronic stress, sleeplessness, anxiety, burnout, and depressive tendencies have been conflated with 'normal' features of the life of a PhD student. You'll find it everywhere. From academic circles to popular culture features such as memes, the concept of a distressed PhD student is pervasive.

So deeply entrenched is this notion in our collective psyche that even as students we tend to believe that lack of mental well-being is just an excuse for lack of productivity at work. And what could be a louder warning bell than victims blaming and shaming themselves?

Where do we go wrong?

The transition from a college degree to a PhD is quite a leap. While working on short-term projects during college ensures to some degree that the student is not completely naïve about the nature of

Publish or Perish · You need to be more productive · Science should always be your first priority · We went through the same thing and we survived · academia if you wanted to relax · What are you complaining about That's just the way things are · Others have it much worse · You are not committed enough · You shouldn't have joined · Just deal with it

research, there is still a stiff learning curve when they actually enter academia.

The beginning often has a dreamlike quality, the desire to become a 'doctor' finally taking shape. But what follows can be overwhelming. Late nights in the lab, missed deadlines, negative results, rejection of proposals, 'publish or perish' phenomenon etc. can take a toll on one's mental health.

Should then "but this is how academia is!" be the solution? The answer is a resounding NO.

Expectation management is a concept in business psychology, where working on your expectations leads to better productivity. It can work well when it comes to ensuring a graduate student's well-being as well. So, you finally have little to no classes or exams and a focused and independent project. Great! But, this also means you are pretty much working out a new path on your own (not undermining the role of peers and collaborators), with a lot of power vested in the single person who supervises you. The way we are taught how to learn during school and college is turned on its head, and knowing what to expect out of this can go a long way in ensuring your mental well-being doesn't go for a toss.

Do we mean to say that the student's mindset is all that matters, and absolve others of all responsibility? Again, no. When it comes to managing expectations, a student looks up to his/her seniors and the supervisor. An honest orientation to the paradigm shift in learning and

work culture rather than 'this is how it is' would do wonders. A supervisor managing his or her own expectations is not any less imperative. Having gone through the same grind, it should be easier for a guide to empathise with the student than vice versa. This empathy, when put to good use, ensures the student doesn't bow down under the pressure of unrealistic expectations thinking it is normal.

Dr Sachin Mangla, a consultant neuropsychiatrist in Faridabad, believes that a student shouldn't take episodes of persistent stress, depression and anxiety as normal in a PhD or any other academic course. Research supervisors should remember that just like no two PhDs are the same nor the students getting them, the same rulebook cannot be used to guide every student, nor can the same yardstick be used to judge them.

How do we deal with it?

What do we do when a student comes up with a mental health concern? Often our response is to say "But that other person dealt with much worse!" When we do this, we are almost glorifying lack of well-being. Sure, pursuing a PhD is a test of resilience in the face of unpredictable hurdles. But, in the words of scientist and outreach and engagement specialist Kathryn R. Wedemeyer-Strombel, "Graduate school should be challenging — but it shouldn't be traumatizing."

If we tell students that their mental health concern might just be a cover for their inability to keep up with demands of academic research, we undermine the courage it takes to voice the concern. Whether we romanticize or stigmatise the concern, the eventual outcome is the hushing up of what might be the warning signs of a legitimate medical condition.

What's a good solution then? Thankfully, there's more than just one. While on-campus or referral-based counselling for distressed students is a practical measure, it serves little purpose if the community isn't sensitised enough about the need. We, the members of academia, need to first learn

how to draw a line between "productivity" and burnout, enthusiasm and toxic work culture, and "inefficiency" and a possible mental health issue. Until these false analogies are put to rest, all other measures are bound to fail.
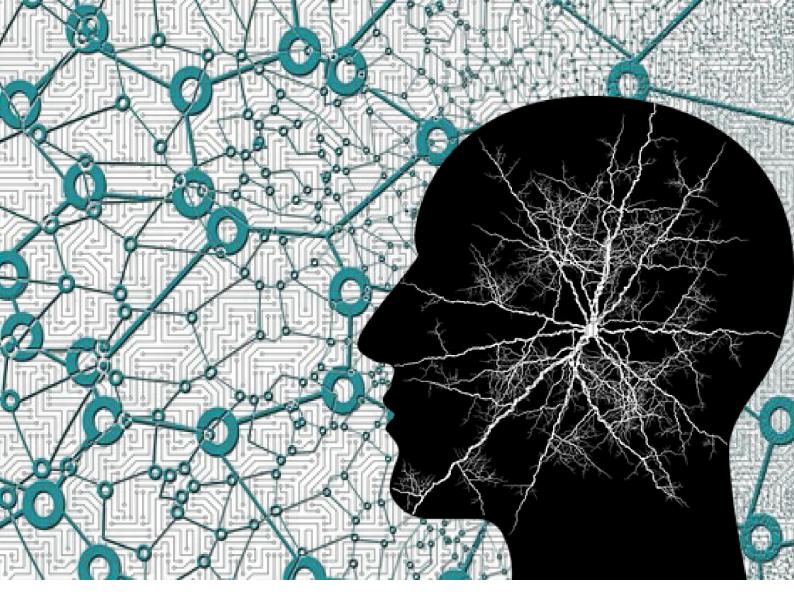
At the Translational Health Science and Technology Institute, Faridabad, we have monthly mental health counselling sessions with Dr Sachin Mangla. He is of the strong opinion that to care for his/her mental health, a PhD student should spend quality time with friends, pursue hobbies, avoid junk foods and excessive sugar, and avoid isolation. To put it simply, don't forget that you have a life beyond the lab.

Again, is it just the concerned student's responsibility? Yet again, the answer is no. Sensitising the supervisors and administrators is equally, if not more, important. It is during PhD that the life of a student undergoes many shifts, not just on the professional, but on the personal front as well. They face a number of societal pressures such as gaining financial independence and 'settling down'. Factoring in these helps the supervisors as well since a strong research ethic without an empathetic work culture can only deliver output for so long. While it is true that faculty members have their own pressures to deal with, this makes it all the more important to find common ground with their students, so that the common passion for research doesn't get lost. Be approachable and considerate, promote open communication, and offer constructive criticism, advises Dr Mangla.

Fostering a culture where we don't talk about mental health in hushed tones is the only way forward. You cannot be good to yourself or anyone else till you have a sound mind. Why, then, celebrate anything that comes at the cost of mental well-being? The trope of an overworked, miserable PhD student needs to be done away with, and what better time than now!

First published on the IndiaBioscience website on 10 Oct 2019.

Wake up academia

It's a brand new mental health patient

Debdutta Paul

Debdutta Paul draws insights from his own experiences in graduate school to suggest what institutions and individuals can do to improve mental health conditions within academic spaces.

I am currently graduating out of TIFR within my tenure, and I am a high-functioning depression patient.

If the two statements sound contradictory, academia needs to wake up.

I had heard of the terms 'depression', 'bipolar disorder', 'maniac', etc., but never really bothered understanding them until about a year back when a friend confessed to me about the reasons she dropped out of a prestigious graduate school: she was diagnosed with bipolar disorder. I read up on borderline personality disorder for the first time when my partner was diagnosed with it. Later I went through a phase that was diagnosed as depression. Only then did I really start understanding the dynamics of it all.

In the days following the diagnosis and while slowly getting better, I came out to people about my existing condition. I have received support from people in my department, including my advisor. While it has taken me a lot of time to tell my parents about it, nowadays I can say with a smiling face that I am a depression patient. The reasons are the following:

- I do not want people to feel like this is a taboo subject.

- People need to realise that the brain is just another organ, and it can occasionally malfunction.

- A person who is going through (a) mental health-related problem(s) looks just like any other person.

Not everyone needs to go through or experience mental illnesses personally to know about them. We can learn from others and we must have enough awareness and sensitivity to be able to help and support those facing mental health-related challenges, rather than adding to the problem or being apathetic. In general, academicians still hesitate to openly talk about mental health problems. Conversations around the subject often have a hush-hush tone, and there is a tendency to misinterpret facts.

There is still fear amongst many academics about coming out to their peers. Sometimes the reason is

that their peers have unintentionally played a part in their situation, and sometimes it is the fear of being shamed behind their backs. I notice not only a lack of awareness, but also a lack of awareness about this *lack of awareness*. This is a dangerous situation, and academia cannot afford it for its own good.

Why? Because academia runs on the brain, and it cannot take problems with the brain lightly.

So, what can it do?

1. Make it mandatory for everyone in research institutes and universities to attend mental health awareness sessions. Get experienced people to talk about the issues.

When an academic openly admits their condition, they stand a chance to lose their academic position. First of all, that will not help their situation. Secondly, the number of academics who are going through some kind of mental health problem— anxiety, obsessive-compulsive disorder (OCD), and depression topping the list— is significant. Therefore, instead of looking down on the problem, academia needs to wake up and solve the problem at its root. Here is where awareness comes in.

Mental health-related problems are often not diagnosed simply because the symptoms are ignored. Many of these symptoms (insomnia, lack of motivation to work, emotional responses to academic failures) have become normalised or even expected in academia. When diagnosed, people don't feel comfortable talking about their condition with people around them, even coming up with excuses to explain their physical absence in official venues. Why cannot people openly admit to it and not feel alienated, when the reality is that a good fraction of academics is facing similar problems? Academia cannot afford to continue like this. Instead of a culture of silence, acceptance, and shame, we should promote a culture of prevention and support.

I have seen a small number of academics being receptive about the issues— when I have explained the details, they have been willing to learn. This is a positive sign, and we need to take this forward. We need to have more open seminars, give people

who are willing to talk a platform to open up about their experiences. We need to accept that the brain can malfunction and that help and treatment are available. Most importantly, such malfunctions can be prevented by detecting the symptoms at an early stage, which can be ensured by raising awareness in the community.

2. Set up mental health facilities which are staffed by professionals.

The best help is offered by professional psychiatrists, therapists, or psychotherapists. The more difficult part of the problem is getting the patient to the right professional. Psychopathologies are complex disorders and not generic diseases, so the treatments can be subjective, even the most expert professionals may not be able to treat a case accurately in the very beginning. Counselling requires the therapist to click with the patient, which can sometimes take a few sessions despite the best efforts.

On the other hand, the available professionals are in high demand because of their small number compared to the number of people in need, and hence availing their services tends to be expensive. What academia can do is to arrange a system where on-campus doctors can refer individuals suspected of mental disorders to a reliable expert and reimburse the consultation fees (at least partially). Currently, such a system is missing in many universities and research institutes in India.

3. Set up a small first point-of-contact group of people in each institute or university who can be approached whenever a person feels the need to talk.

Quite often, academics go through problems that can be treated in their nascent stages, with the right kind of reception and guidance. If the symptoms are identified early and a helping hand extended, this can sometimes prevent the need for extensive medication later on. However, it is often difficult to talk about our problems with people we see regularly.
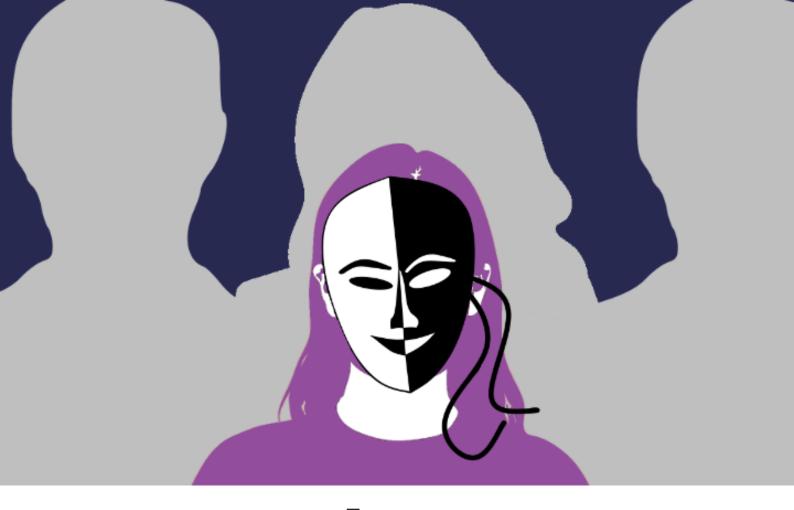
For example, when I first realised something was wrong, I had approached a friend who stays in a different city instead of my advisor. Although my advisor was supportive and told me all the right things on being informed post-diagnosis, I doubt whether he would be able to guide me pre-diagnosis as well as my distant friend. And this is not a statement about him, it is a statement about human interaction. Humans naturally find it easier to open up to people with whom they do not interact with on a daily basis.

This is where a committee of a few people, constituted by aware, responsible students, postdocs, or young faculty members, will be massively useful. Their personal contact details can be made available so that they can be approached in states of emergencies when immediate help from professionals might not be available. These individuals can help salvage the situation when the times are really dark, and lower the risk of a person taking drastic steps to combat their pain.

Lastly, this is a personal appeal to academics— please treat humans with care, including yourself. What you say to others even casually can affect them, how you treat them even in a small interaction can shake them. While pursuing a profession that requires exercising the brain, we cannot afford to be unreceptive to human interaction. Let us all grow together, not pull each other down.

If you are interested in my personal experiences with depression and the lessons learnt from them, I have written about them here: I Get By With A Little Help From My Friends *and* Relapse.

First published on the IndiaBioscience website on 16 Oct 2019.

Impostor syndrome

Not just a feeling

Divya Vishwanath

Many successful academics continue to be plagued by feelings of "not belonging" or "not being good enough". Some even hold an implicit belief that they have defrauded everyone around them into believing in their capability. Divya Vishwantath delves into the "impostor syndrome" and some possible solutions for this pervasive mental health challenge.

Have you ever felt the elation of a goal reached? Of a dream fulfilled — perhaps graduating with flying colours or landing a dream job? We all certainly have such memories. But for how many of us are these moments marred by feelings of inadequacy, with that nagging voice in the head, "I do not belong here; I do not deserve all this?" A lot of us would nod our heads in agreement, including yours truly. That constant and persistent fear of being exposed as a fraud has a name – "Impostor syndrome".

Impostor syndrome is characterized by perpetual self-doubt and an inability to objectively take credit for one's accomplishments. Most people plagued by impostor feelings attribute their successes to external factors like luck, serendipity, or support from others. It was first described by psychologists Pauline Clance and Suzanne Imes in 1978, who observed that it was seen mostly in high-achieving women. However, research over the years shows that impostor syndrome is prevalent across genders, social structure, and professional hierarchies.

I got in touch with students as well as established researchers to find out what triggers impostor-like feelings in academics. Pooja *(name changed upon request),* a female researcher who graduated from the Indian Institute of Science (IISc), Bangalore says, "I felt impostor-like feelings when I joined the Bachelor's program at IISc, which is highly competitive. The skewed sex ratio – there were five times more boys than girls in the program – did not make it any better. I often felt excluded and inadequate, even though I was doing better than my peers."

Siddharth Kankaria, science communication and outreach manager at the National Centre for Biological Sciences (NCBS), Bangalore, also an alumnus of the Bachelor's program at IISc, tried working in a new field of biology every summer, in the hope of finding his "true calling". He says, "Perhaps the only outcome of this 'exercise in sampling' was a realization that I wasn't really cut out for pursuing a career in life science research – primarily a reflection of my state of burnout coupled with my impostor syndrome, rather than

a true reflection of my academic skills and capabilities."

Both Kankaria and Pooja went on to pursue careers in science communication and are successful in their chosen paths today. To do this, they had to learn new skills and seek out opportunities – proof of their talent and capabilities. However, silencing that inner voice is never easy. "I was still working in an academic setting, and was often perceived by others to have taken the "easy way out", which just triggered my impostor syndrome even further," says Kankaria.

Does this mean that this feeling of perceived imposture only affects the novices and not the experts in a particular field? Perhaps not. Sreelaja Nair, Associate Professor at the Indian Institute of Technology (IIT), Mumbai, draws on her experience. "I am heavily plagued by impostor feelings when I compare myself to my peers or when reviews for a submitted research paper land in my inbox," she says. Nair has found an effective way to counter these feelings. "I pull myself up by reminding myself that I got into research because of the incomparable creative freedom possible in academia. Academic research can be considered an art form and all artists are perhaps insecure on some level of their capabilities and skills," she says.

Leslee Lazar, Assistant teaching professor at the Centre for Cognitive and Brain Science, IIT Gandhinagar, feels that there might not be a simple solution to this problem. However, he believes that trained counsellors on campus, as well as periodic conversations about this topic, might be helpful. Kankaria suggests a few more approaches. "Mentorship programs ensuring greater awareness about impostor syndrome, ensuring the availability of accessible and affordable mental health services, and creating safe spaces for people to engage in dialogue about such issues," are some actions he believes may be useful.

While social media is a constant reminder of the "ideal" lives of others and can be a powerful trigger of impostor-like feelings, Kankaria feels it can be a boon as well. "It offers increased visibility

of people across hierarchies struggling with similar feelings, and more opportunities to network with them. It also leads to greater awareness of impostor syndrome and the systemic issues in academia contributing to it."

Implicit social biases may form one such systemic issue. It is often believed that impostor syndrome is more common among women. Nair provides one explanation for what the problem could be: "It is the society's fault that it does a double-take when a young girl does well in any kind of competitive field, especially involving numbers, logic, or physical strength. The extra effort from there on to 'indulge' the girl (framed as support, encouragement, progressive viewpoint etc.), sow the first seeds of *'perhaps I do not actually belong here'* in her young mind. These blossom into full-blown *'I do not belong here, but I have to try to blend in so people better than me don't realise that I do not belong here'* as she enters any professional sphere."

Pooja explains how deep-rooted our social biases are, "I remember teachers in my school mentioning how girls are good in biology while boys are better in mathematics. Whenever a boy topped, it was often attributed to his logical reasoning and intelligence. On the other hand, if a girl topped, it was hard work and good memory. Such descriptions still go around in academia – women are rarely applauded for their smartness and intelligence; they are often described as hard-working and patient."

While Indian universities are often a cultural melting pot, with students from different parts of the country studying together, they also serve as sites of segregation based on caste, gender, region, political ideologies, etc. A vulnerable student, particularly someone hailing from a disadvantaged background or a minority community, could end up feeling isolated, which might trigger feelings of imposture.

How can universities and team leaders help such students? Nair describes some methods she employs to make her students feel comfortable, "In my group, we have weekly "addas" or non-scientific discussions for members to get to know one another through personal stories and narratives of their experiences. For a research team, it is important to achieve that safe space for all members, where one can be their real ignorant self, without judgment, especially with their advisors."

While the feelings of imposture can be emotionally debilitating, it is important to find ways to move past them. As Lazar says, "There is no single way to deal with these feelings. Talking to friends and reassuring oneself that there are multiple metrics and what we see on the outside doesn't tell the whole picture, helps."

It also helps to learn how to live with these feelings when they strike. Kankaria says, "The number of times I have to deal with such feelings has not reduced, but I've definitely gotten better at acknowledging and addressing them. I have become more accepting of myself, have greater confidence in my capabilities, and try to consciously focus on acquiring skills that I don't yet possess."

Although there have been many discussions on impostor syndrome, it remains to gain clinical relevance. An apathetic approach to this serious issue can dramatically alter the lives of the affected—some even downshift their career goals resulting in severe long-term consequences.

India is on the brink of a mental health crisis and a large part of the solution could be placing qualified support groups in place at educational institutions and workplaces. Seeking help for worsening mental health should be treated akin to seeking help for any other health problems: typhoid, anaemia, diabetes, COVID-19, etc. And while that takes time, perhaps each of us could look around and take active steps to help someone who needs a patient ear or a shoulder to cry on.

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Speaking up

Ending the culture of silence

Zill-e-Anam

Zill-e-Anam discusses the culture of silence that prevents many researchers and students from discussing their mental health issues, thus compounding the problem and delaying treatment for those who need it the most.

Do you remember calling in sick to work one day because you didn't have the energy to wake up and go to the lab, or because you were feeling anxious, depressed or restless, and then coming up with a different 'reason' for it afterwards? This is not uncommon and almost all of us have done something similar at one point or another.

It's a common observation that a person suffering from mental health-related issues often prefers to suppress these issues instead of seeking help. A whole community of people looking calm and composed on the surface but paddling furiously beneath to stay afloat is what defines 'the culture of silence'. Being silent about mental illness in academia (and in general) is one of the leading causes of us not faithfully addressing the issue. Hence, it is important to understand the origins of this culture and why it is so pervasive.

Why does the culture of silence exist?

Multiple concerns, both societal and personal, keep us from acknowledging and speaking about our mental health. The whole idea that mental health disorders are not similar to regular physical ailments and suffering from them is not okay, or that they are a sign of weakness, allows us to brush the conversation under the carpet. Our limited understanding of mental health issues, for e.g. the boundaries between regular sadness and clinical depression, or between day-to-day worrying and generalized anxiety, leads to decisions made in ignorance. If someone luckily does recognize that they are facing difficulties related to their mental health, they are stumped by the questions of where to go and whom to trust. The stigma and embarrassment associated overpower the suffering.

Academia serves as a breeding ground for the culture of silence despite the fact that people here are likely more susceptible to be suffering from mental ailments as compared to society in general. A large part of this non-acceptance comes from the fact that the immediate surroundings, in most cases, do not give equal importance to mental and physical illnesses. Suffering from regular panic attacks, breakdowns, and severe impostor syndrome is often considered normal and

a standard part of a research career. Hence, one is asked to "just deal with it" or "get over it".

Because of the pervasive idea that "everybody goes through it" and "the nature of the work demands it", people in academia tend not to discuss their mental health struggles with the people around them. Setting extraordinarily high, rigid and narrow expectations from oneself and others lets most people believe that until certain very clear lines are crossed, one should not seek support. The constant struggle to maintain the image of a dedicated, satisfied and happy researcher leads many of us to suffer in silence.

Another factor that promotes silence in academic environments is the possibility of negative repercussions upon opening up. Many fear that their work would not be taken seriously, or that peers would not understand, or that they would be accused of ingratitude, or that others would feel uncomfortable to be around them.

What does this silence lead to?

Being silent about mental health disorders leads to a lack of visibility and false perceptions about one being alone in experiencing mental health problems. A dearth of honest communication heightens feelings of isolation, worsening the illness and amplifying the internal crisis. The illness is further exacerbated due to the patient's reluctance to seek help.

We also need to understand that the cost of silent suffering extends far beyond the sufferer. The persons' capacity to contribute positively to their environment deteriorates, relationships with family, friends and colleagues are negatively affected, and the upshot of this is an overall unhealthy atmosphere surrounding the sufferer.

What can be done to combat silence?

In order to break the culture of silence, building an environment that is open to honest dialogue is the first step. The effort has to be made at an individual, peer, institutional, and policy level.

At an individual level, talking about mental health issues can help us figure out the next step forward and take action on improving the situation. Depending upon the severity of the condition,

simple breathing techniques, exercise or yoga may help some, while others may need extensive therapy or medication. But one can only figure out which end of the spectrum they are on if they actively open up about what they are feeling.

An important question here is who to speak to? Family members and good friends can often be the first choice. However, many times this may not be possible due to circumstances or a lack of knowledge/understanding on the part of one's loved ones. It is, therefore, a good idea to identify people at your workplace whom you can talk to freely. Talking to peers at an individual level does two things – (1) makes one feel better and lighter, (2) many times the listener might also end up sharing their own experiences making one realize and accept that they are not alone in this. This has a much more profound effect than simply saying that mental health issues are very common these days. Also, one might also end up learning about some practical solutions to common problems.

Immediate surroundings, especially peers and workplace, play an important role in encouraging one to open up. Listening without judging and treating sufferers normally afterwards breaks down many such barriers. Making it clear that self-disclosure will not lead to persecution but admiration can help in normalizing the discussion. Talks, where faculty members open up about their experiences with mental health, can also help in building a more receptive environment promoting students to look into similar signs and seek help if they are suffering. Such discussions can also raise awareness among people who have never suffered from any mental illnesses. This can help them

understand that if someone complains, there might be some underlying issue that needs attention.

Principal Investigators (PIs) should take mental health seriously and be trained to identify academic and personal crises appropriately so that in cases where students are not opening up, they can initiate the discussion. Initiatives like Time to Talk can also help us break the culture of silence.

Another major roadblock in opening up about mental health issues and seeking help is the lack of affordable and approachable therapists. For addressing counselling needs, fast-responding medical systems need to be developed. Academic organizations need to bridge the gap between the mere existence of resources and their proactive usage.

At a wider public level, discussions and debates to put physical and mental first aid on equal footing are necessary. This does not mean that stress or depression can be eradicated completely from academia. It is normal for us as human beings. But we need to learn to address and handle it. By ensuring that the discourse on mental health is free and open, discussions leading to policy changes can be promoted, ultimately leading to acknowledgement and protection for those suffering.

Lastly, this article was born out of the fact that someone had the courage to break the silence and said, "I suffered from it, I know how it feels, and there is help available."

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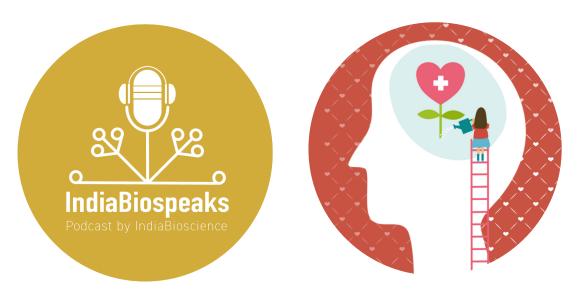
Check out our podcasts on "Mind Matters in Academia"

https://indiabioscience.org/indiabiospeaks/mind-matters-in-academia

Mental health is a serious concern in academia, across the world and at all levels. There is an increasing global push to acknowledge and bring discussions on mental health to the forefront ('out of the closet'), and seek and share individual and collective solutions to support and promote the mental well-being of academic professionals. Taking the initiative to create awareness and de-stigmatize mental health will be vital to making the Indian academic ecosystem a more inclusive and supportive place. These podcasts contain excerpts from discussions with a series of experts about mental health in relation to Indian academia.

Part 3

SCIENCE IS A SOCIAL AFFAIR

Society, career, and the female scientist

Nazia Nasir

While considering the issue of mental health in academia, it is important to remember that existing societal structures have a significant impact on the lives of researchers and these effects vary from community to community. In this next article in our series on mental health, Nazia Nasir discusses how trying to balance the expectations of a patriarchal society with their scientific aspirations affects the mental health of women in science and some possible solutions to this problem.

Right before entering her PhD supervisor's cabin, Garima (name changed) mentally rehearsed her meticulously worded script. She was going to break the news of her impending wedding and foresaw a not-so-pleasant reaction. But what she didn't imagine was that she would be dismissed from a project she had spent a year's hard work on. For the next month, she cried before getting out of her bed every morning. Her mental health worsened post-marriage, as she tried to juggle professional and societal expectations. While Garima has now progressed in her career, it took panic attacks, anti-depressants, and counselling to get so far.

This may sound like a one-off story. But if you are a female Indian researcher, chances are you know someone who has at least partly been in a similar position.
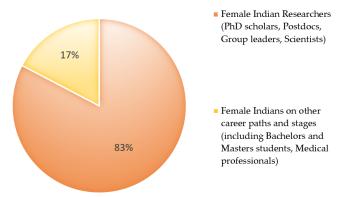
The research environment is often stressful and hostile. Adding societal conditioning and intrusion to the mix can exacerbate the situation, especially for women. The global perspective of the mental health of female researchers doesn't factor in the effect of an inherently intrusive traditional society on mental fitness.
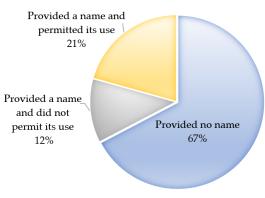
To survey the impact of societal norms on the career choices and mental health of Indian women in science, I posted a questionnaire on select social media platforms, to reach out to female Indian researchers and a few women on other science career paths and stages. I received almost 300-odd responses within a matter of a few days — far beyond my expectations.

Many-a-story and emotion were shared in response to the questions. Like a PhD scholar who aptly describes our society as one that "obsesses more about a woman's marital status than their career aspirations, with everyone having an opinion on it — right from your doctor, shopkeepers, maids, to perfect strangers"*.

Career paths and stages of the respondents*

- Female Indian Researchers (PhD scholars, Postdocs, Group leaders, Scientists)
- Female Indians on other career paths and stages (including Bachelors and Masters students, Medical professionals)

17%

83%

Optional identification of respondents

Provided a name and permitted its use
21%

Provided a name and did not permit its use
12%

Provided no name
67%

*The respondents represent a small and limited section of female Indians in science.

Distribution of respondents to the survey

Snippets of some responses to the questionnaire

Even with the rise in the number of women enrolling in higher education in India, most respondents mention how it remains a means of improving marriage prospects. A paradox that we live by is to encourage young girls to be rank-chasers in school but, as a PhD researcher remarks, "discourage them from having career aspirations as home-making and childbearing abilities determine a woman's value in the society".

Resoundingly, most respondents find their families preferring medical or teaching professions suitable for their daughters. While the former brings in "prestige", the latter "allows women to fulfil her household duties". A few others remarked how their parents preferred the IT sector for them, supposedly a way for quicker professional settlement, and subsequently better marriage prospects. A general practitioner also believes that girls are conditioned into choosing specific careers such that they "don't think outside the box and follow the choices ingrained into them". Another PhD scholar observes, "Matrimonial profiles state nothing about the bride-to-be's educational qualifications, but mainly focus on her home-making and physical qualities".

But when a PhD instils critical thinking and leadership qualities in women, it goes against the accepted norms of our society. Some responders wrote how many believe their qualification has made them "too-educated", "arrogant", "egoistic", "demanding", "temperamental", "intimidating", "non-adjusting", "high-standard" and "argumentative".

A researcher mentions balancing home with career, which she has been taught is her sole responsibility, "leaves her tired out". Her husband supports her decision to pursue PhD but doesn't contribute to domestic work. Known as the double-burden syndrome, this leads to many women quitting their jobs. Even then, sharing of the mental load remains a distant dream. Some responders voluntarily quit work post-marriage or post-baby. While privilege may provide such an option, socio-economic constraints and pressure to conform to traditional gender roles also influences this preference.

The male breadwinner notion also leads to power imbalances within homes, creating breeding grounds for mental distress in both men and women. Many women noted the limitations that come with being the trailing spouse. A PhD

aspirant, engaged to be married soon, says, "I got excellent offers to study abroad, but obediently decided to marry at the acceptable age. Here I am now in India, looking for a PhD". The lack of job opportunities post-PhD in many places in India compounds the problem.

Institutional bias continues even after a century after CV Raman, the second Indian Nobel Laureate, infamously denied admission to a woman at IISc in the 1930s. "Despite securing the 63rd rank at the National Eligibility Test (NET), I was always asked not to get married by the Professors I approached," a Research Associate recalls. "My PhD mentor gave me a tough time after my baby, and the society thinks I am career-oriented and selfish with no time for family", she adds. Ironically, a study showed that delaying or foregoing normative family roles doesn't fetch better opportunities for women in STEM. Another postdoctoral researcher points out the inadequacy of the resources provided by the government schemes for women.

Of the lesser discussed issues, reproductive and gynaecological health problems such as endometriosis, infertility, pregnancy

complications, postpartum depression and menopause can negatively affect mental health. According to an Assistant Professor who responded to the questionnaire, "family pressure to conceive a child combined with infertility issues and treatment failures during my postdoc in a very demanding lab impacted my mental health".

But all was not grim. Many respondents from across the board mentioned being "lucky to have families (and cats!)" who supported them and helped navigate around the stressors. This tweet from Vatsala Thirumalai, Shanti Swarup Bhatnagar Prize awardee, crediting her success solely to her parent's unwavering support in an orthodox society, is a testimony to the same.

Societal conditioning leads to women doubting their self-worth and downplaying their talents. While mental health issues of women in science are actively discussed online and among youngsters, they are not reaching those who need to be sensitised more — the corner *wali* aunty who judges professionally successful woman or the building uncle who disses the character of a 30+ single woman. Indian pop culture revolves around domesticated women taking care of four

generations of family members. Indian films on female scientists are also more of a disservice — whether it is the pill-popping, "mad-scientist" portrayal of the female protagonist in *Hasee Toh Phasee* or the male-saviour plotline of *Mission Mangal*.

Navigating around the problem

Many practical institutional reforms have been discussed and are being implemented to support women. Societal restructure will bolster these reforms for which change needs to start young. A subject on gender equity at school level can create a more lasting effect. Public awareness on how gender diversity leads to better scientific outcomes and structured mentorship programs can create more inclusive spaces.

Schemes and policies for women empowerment must go beyond mere tokenism. Providing provisions to transfer PhDs and work part-time will allow many females to stay within research. Childcare support fellowships can help female researchers circumvent the burden of additional expenses. Schemes focusing on the two-body problem can help easy relocations for partners.

Further, rather than pinning biological issues against women, we should accept them as the norm and work around them to create an equitable environment. Cultivating an environment of open conversations is a requirement that goes beyond just academic discussions. Many institutions have a sexual harassment cell in place. Similar setups that deal with gender bias also need to be added to the support system of researchers.

As Caroline Criado Perez writes in her book, *The Invisible Woman*, "The result of this deeply male-dominated culture is that the male experience, the male perspective, has come to be seen as universal, while the female experience — that of half the global population, after all, is seen as, well, niche." Calling issues that women encounter as female-specific problems derails the conversation. It is a societal problem for which only a woman is penalised.

Statements within quotes are from responses from the survey. Some of them have been edited for clarity and length.

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Queer-trans people in STEM

talk about their mental health

Sayantan Datta

While there has recently been a movement towards recognizing and countering the mental health crisis in academia, such conversations often fail to take into account the nuances of aspects like caste, gender/sexual identities, economic factors, and

intestionality. Sayantan Datta examines the way the experiences of members of LGBTQIA+ communities affect their mental health and suggests ways in which the situation can be improved moving forward.

The Indian STEM academic community is finally talking about mental health issues that affect people in STEM. Recent efforts from IndiaBioscience, TheLifeofScience.com and other science media platforms stand testimony to this fact. However, not all people in STEM are equal, and therefore, not all of their mental healths are affected in a similar fashion. For queer-trans people (or, more commonly, LGBTQIA+ [lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other diverse gender and sexual identities] people), oppression due to their gender and/or sexual identities are additional factors that affect their mental health.

As a BSc student from a research institute mentions, "The stress of being closeted and trying to figure out who you are at the same time [as] concentrating on studies is very mentally challenging and emotionally draining." Another person who wishes to remain anonymous puts it aptly, "Simultaneously navigating being queer in the personal sphere along with dealing with academia in the professional sphere can be particularly taxing on one's mental health and significantly affects both these roles."

So, what affects the mental health of queer-trans people in STEM disciplines? To find answers to this question, I reached out to people from these communities using a survey-based questionnaire. The questionnaire asked a few simple questions: respondents' gender and sexual identities, stage of the STEM career they were in, what kind of institution they came from (state/central/private universities, research institutes, etc.), whether they felt that their mental health had been affected due to being queer-trans in STEM, whether they had access to affordable and queer-trans-sensitive mental health practitioners and the elephant in the room — what could be done to make the situation better.

The survey was open only to people who identified as queer-trans/LGBTQIA+ and were in STEM disciplines. 47 respondents with various gender and sexual identities, coming from different institutions, filled the survey. This report summarizes the findings from this survey. It highlights various issues that affect the mental health of queer-trans people in STEM and ends with action points for the STEM community to ponder over and work upon to make STEM more inclusive for queer-trans people.

What affects the mental health of queer-trans people in STEM?

When asked if being LGBTQIA+ in STEM has affected their mental health, 38% of respondents responded with a yes, while a further 38% mentioned that being LGBTQIA+ in STEM may have impacted their mental health, although they weren't sure.

The respondents identified a few key concerns: bullying and harassment, fear of ostracization, the silence about gender and sexuality in STEM spaces, and STEM syllabus that is discriminatory against queer-trans people.

Bullying and harassment

"I feel like the crowd in STEM fields tends to be less accepting of various communities, than in other fields…they have lesser awareness of issues such as queerphobia and really do not understand the scale and effect of these problems. So they will often make rude remarks, and support discriminatory views in the name of "brutal honesty", and it becomes very stressful to either bear with or try to explain to them why this is bad. I feel exasperated with my friends sometimes and come away feeling small," says a respondent who is a BSc student from a Private University.

Many respondents mention facing both overt and covert harassment for being queer-trans in STEM. This can take many forms, from disrespecting

one's gender and sexual identities to blatant discriminatory remarks. A BSc student from a private university mentions, "Some people sometimes treat LGBTQIA+ people as a joke or raise eyebrows at it, which is disturbing."

Another respondent, pursuing a PhD from a research institute, says, "Unfortunately, I've heard inappropriate comments and unsolicited advice, even from close peers, which has been hard to deal with. I've also not felt comfortable enough to discuss this with my superiors including my principal investigator (PI). All the lying by omission has taken a toll on me."

Respondents also mentioned a form of harassment on campuses that involves propagating rumours around a queer-trans person. This is quite common in a lot of campuses and can take a heavy toll on the mental health of the person concerned. Moreover, it also puts the person at risk of being outed without their consent to people who they do not yet feel comfortable being out to. For a lot of queer-trans people who live double lives, it is important to not be the centre of attraction, and spreading rumours about such people not only makes them a topic of discussion against their will but also risks their safety.

Fear of ostracization and exclusion

"A large part of my anxiety is the way I *may* be discriminated [against] by superiors who already would view me as incompetent if I was out to them. I had to learn to compartmentalise the two aspects of my life and move on. The constant fear of being unwantedly outed still lingers over my head," says an MSc student from a private university. Many other respondents agree.

Ostracization, leading to exclusion, is a common fear among a lot of queer-trans people. Since any STEM endeavour is a collective effort, being ostracized due to one's gender and/or sexual identities leads to a severe impact on one's career, confidence, and consequently, mental health.

Silence about gender and sexuality in STEM spaces

Quite a few respondents also mention how people in STEM disciplines do not engage with questions of gender and sexuality. This non-engagement

feeds into an environment where sensitization towards queer-trans issues is not considered important. This makes queer-trans people in STEM feel unwanted and takes a heavy toll on their mental health. Also, they often do not have the option to go by their preferred pronouns, and even when they do, they are under constant fear of being sacked or discriminated against.

"In STEM for me, gender identities/sexual identities were also a *hidden* sort of thing. It's more of a "don't ask, don't tell" situation as far as I have seen," says a respondent working as a software engineer from a state university.

Another respondent, an MSc student from a central university, also points out how this non-engagement leads to STEM becoming an exclusionary and unsafe space for queer-trans people. He says that the "lack of LGBTQIA+ representation in STEM leads us to believe that it's difficult for people who are gender and sexual minorities to survive and thrive in this area."

A discriminatory and disrespectful STEM syllabus

Some respondents point out that the root of the discrimination might be in the STEM classroom itself. They mention how the representation of queer-trans people in STEM syllabi is often pathologized. Moreover, such topics are often taught by people who are not sensitive to queer-trans issues, making the classes a cause of mental health issues for many queer-trans people.

For example, Akasha, a research assistant at a private university mentions, "Biology classes with backdated syllabi rife with prejudiced/un-nuanced research have to be reviewed and critically analysed before incorporating them into the course. The teaching of such materials jeopardizes the mental health of queer people like me. A diverse faculty composition would have eased my mental health as opposed to all cis-heterosexual male faculty."

Anasuith P. Pridhvish, a student from a private university, also mentions how such materials in the classroom can be used against queer-trans people by their cis-heterosexual colleagues. She says: "Studying [a] syllabus which excludes me or claims my identity to be a disorder and realising

that others who are studying along with me in the same class could use it against me if situations favour them triggers anxiety in me."

Accessing queer-trans – friendly support for mental health issues

About 53% of the respondents mention that they are not able to access affordable mental healthcare for their mental health issues. Interestingly, although about 75% of respondents mention having a mental health practitioner on campus, 78% of respondents also mention that the mental health practitioners are either not sensitized to queer-trans issues or are available too infrequently. They mention that often there are only one or two allocated mental health practitioners for the entire campus, and these practitioners are also available only on select days of the week. This leads to the practitioner not having enough time to deal with all the people.

Since most mental health practitioners are not trained to handle queer-trans issues, going to them sometimes runs the risk of feeding into the trauma that led to mental health issues in the first place. Respondents also mention how accessing mental healthcare on campus may lead to a breach of confidentiality or involvement of faculty/parents who they are not out to.

So what can be done to improve the accessibility of mental health services for queer-trans people in STEM spaces? The survey respondents point out the following:

1. Having mental health practitioners who are sensitized to queer-trans issues and have undergone special training to accommodate the needs of queer-trans people. These practitioners also need to be available to students and staff either free of cost or at a nominal fee. Mental healthcare also needs to be included in the insurance policies of institutions to reduce the financial burden on people unwilling to access mental healthcare on campus.

2. More mental health practitioners, who are also available more frequently, so that the mental health services on campus are not overbooked and waiting times are reduced.

3. Strict confidentiality clauses to ensure the safety of the queer-trans people accessing the mental health service.

4. For queer-trans people who are considering sex reassignment surgeries (SRS), it is important that the mental health practitioners and the institution supports the people throughout the process.

Ways forward

Having discussed what affects the mental health of queer-trans people in STEM, it is important to spend some time on what can be done to improve the situation. The action points mentioned below are a starting point for people in STEM to start engaging in a more sensitive way with queer-trans people and collectively improving their mental health.

1. Dedicated bodies to tackle cases of harassment against queer-trans people in STEM.

2. Increased sensitization on campus about issues concerning queer-trans people.

3. Better access to mental health services.

4. Acknowledging the intersectionality of mental health and other forms of social marginalizations like caste, class, gender, sexuality, disability, etc., and tailoring mental health services accordingly.

5. More queer-trans role models and mentors to support and motivate young queer-trans people in STEM.

A lot of these are also mandated by the NALSA and ors. vs. Union of India judgement (2013) and the *Navtej Singh Johar and ors. Vs. Union of India judgement (2018)* from the hon'ble supreme court of India and the *Transgender persons (protection of rights) act (2019)* from the government of India. However, the implementation of these legal frameworks remains poor. The onus is on the current generation of people in STEM to start working on the action points and make STEM a more inclusive and welcoming space for queer-trans people.

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Money and mental health
in Indian academia

Joel P. Joseph

Studies suggest that prolonged financial instability can be a major contributor to mental health challenges. There is great disparity in the level of remuneration and financial incentives offered to graduate students in India, a population that is highly vulnerable to mental health issues. Joel Joseph explores some of the issues early career researchers face with regards to their financial security, and how these can leave an impact on their mental well-being.

Independent studies from across the world have revealed worsening mental health among researchers, particularly graduate students. A global survey of 6320 graduate students conducted by *Nature* in 2019 found that about 36% of the respondents had sought help for anxiety or depression. In October 2020, CACTUS Foundation reported the findings of their survey of 13,000 researchers from 160 countries, which corroborated these conclusions. Both studies found that while a majority of the researchers were satisfied with their career choice, many reported feeling overwhelmed, anxious and depressed on a regular basis.

Although these studies focus on the mental health scenario of graduate students globally, the Indian scenario is quite similar, if not worse. While there are many factors influencing the deteriorating mental health condition among young academics in India, financial struggles and job insecurity are two major concerns.

"It's important mentors think how well the research scholar is supported in financial terms as this plays a critical role in the mental health of the person. Just passion and interest can't sustain a person for long – Reality Check!" Divya P. Kumar, Assistant Professor, Department of Biochemistry, JSS Medical College (JSSMC), Mysuru, tweeted in October, 2020. Many other academics expressed their agreement with this view. "Financial stability is very important for mental stability and general wellbeing," Shilpy Sharma, Assistant Professor, Department of Biotechnology, Savitribai Phule Pune University, Pune, replied.

The financial difficulties that young researchers face in Indian academia branch from two factors: (i) variation in stipends, and (ii) irregularities in the timely disbursal of stipends. "Low fellowship amount has always been a major issue in Indian academia. It can be frustrating when researchers don't get enough money after reaching a certain age, and that may hold us back from reaching our full potential," said a research fellow who responded to an anonymous survey circulated regarding this issue. Akshatha N. S., Research Scholar, JSSMC, Mysuru, echoed this thought in

her tweet, "Constant worry about financial insecurities drains out all the energy which otherwise could be put into pursuing the passion."

PhD students in India receive different stipends depending on their funding source. With the exception of the Prime Minister's Research Fellowship (PMRF), most fellowship amounts range from reasonable to low considering the expertise required. Although the total stipend amount (with the HRA included) is reasonable, central government agencies/institutions do not provide HRA for students who stay in hostels, and hostel charges are additionally levied on students' stipend. Further, most public funding agencies require the candidate to qualify via a national level exam like DBT-BET, CSIR-NET, ICMR-JRF or GATE. Those who fail to crack one of these or do not have a professional master's degree, and are recruited through extramural grants, get stipends that are reduced by almost half for the same kind and level of work.

The system also lacks an established mechanism for increments. Stipend increments occur only once in 4 or 5 years and many a time after several protests by students. The Government of India increased the JRF stipend to INR16,000 in 2010, to INR25,000 in 2014, and to INR31,000 in 2019, each time after sustained protests.

As for PhD students funded by private universities, the stipends are typically much lesser than their public funding counterparts (with a few notable exceptions) and with no provision for house rent allowance in most cases.

A larger issue is the irregular disbursal of funds. Many PhD students often go without stipends for several months. The problem with timely disbursal varies a lot with the source of funding. The issue has been the worst for CSIR scholars, who despite several requests, protests and media reports, see little progress on the ground. Institute-provided funds, on the other hand, have the reputation of being prompt with their disbursal of stipends.

While PhD fellowships from public funding are for five years, almost all private universities fund students only for a period of three years with an

extension for six months. So, when a student's research extends beyond this period, they are left searching for other sources of funding – e.g. a project-based grant received by the student's advisor. If the advisor does not have a grant to support the student, the student is often left without an income. So, long PhD durations add to the financial woes of the student, especially given that many scholars would have families to support by this time.

While researching this issue, I polled 80 young academics – PhD students, project fellows and postdoctoral researchers — to get a deeper understanding of the situation on the ground and to gather suggestions for improvement. Out of these, 54 respondents said that they experienced mental distress and 10 respondents were formally diagnosed with mental health conditions during their stay in the research institution. The top reasons noted for mental distress were financial struggles (33), job insecurity (33) and toxic lab environment (30).

While 31 researchers mentioned that the stipend was inadequate, 18 complained about the irregular disbursal of stipend. Also, 11 respondents said that the direct deduction of additional or mandatory expenses (like mess bills or rent) by the institute from the bank accounts of students added to their mental stress.

Most participants thought that a fellowship amount of INR45,000 per month for PhD students and INR70,000 per month for post-doctoral researchers would be adequate. One respondent also said that while the current stipend may be adequate, providing additional benefits for research scholars who are married and have children can ease their financial burden. These benefits include health insurance for the student and family, employee provident fund, and daycare centres for kids.

To tackle the issue of job insecurity alongside financial struggles, some respondents also suggested the extension of the fellowship period in private universities from three years to five years. One further suggested that the PhD training be made independent of the compulsory paper publications so that it becomes possible to complete within the fellowship period of five years, given how difficult it is to obtain stipends when one is pursuing a PhD beyond five years.
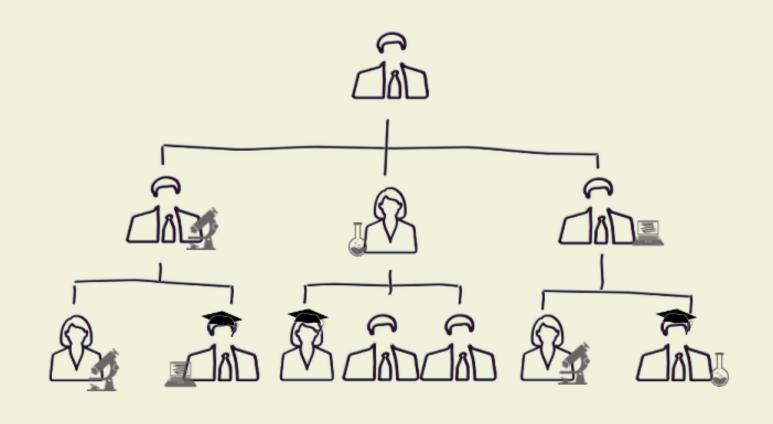
Financial insecurity and its bearing on mental health are leading many young researchers to consider studying and working abroad. In fact, some researchers who participated in the poll suggested studying abroad as the appropriate solution to the worsening mental health among graduate students in India.

As Aristotle said, "Education is the creation of a sound mind in a sound body." But when published reports and anecdotal evidence indicate an opposite effect, brought about by many factors including financial struggles and job insecurity, it is time to rethink and adopt appropriate changes.

Please see this table for a comparison of stipends currently provided by a few different funding agencies.

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Deconstructing hierarchies

A way to address mental health challenges in academia?

Madhuri Srinivasan

Academic hierarchies have existed in more or less the same form since the beginning of modern scientific exploration, with students often constituting the bottommost rung of the ladder. In this article, Madhuri examines how such hierarchies can induce and exacerbate mental distress, as well as perpetuate a culture of bullying and silence, especially for those lower down in the hierarchy.

During an individual's academic journey, unaddressed mental distress can leave a mark on their intellectual capabilities and their ability to make sound judgements. This is one of the reasons why it is important to examine one of the most common sources of mental distress in academia — unbalanced power structures or hierarchies.

The power structure within academic hierarchies does not arise in isolation and is a reflection of the perspectives of society at large. The inequality and conflicts that stem from this, coupled with a lack of resources to address mental health concerns, pose a major problem for the well-being of Indian academicians.

Hierarchies come in different shapes and sizes

Hierarchies and the order they bring originally evolved to offer a sense of structure for an organisation — a way of allowing them to function effectively. In a hierarchical system, an individual can easily recognize their position within the organisation and use it to understand and fulfil their role. Hierarchies are not inherently unhealthy or damaging to a system. However, when hierarchical structures become rigid or static, they end up stifling creativity and increase the risk for abuse of power.

In a hierarchy with a traditional pyramidal structure, commands often flow in a top-down manner, leaving no room for discussion. A stagnant hierarchy does not allow ideas or concerns to reach the top of the pyramid and communication within the organisation suffers at different levels. This can create a system of unequal opportunities and hinder collaboration and learning.

It is also possible for bias to breed in a rigid hierarchy, especially when people's position within the hierarchy is used to brand them as 'superior' or 'inferior'. This set-up can leave the organisation with an unchecked power balance as those at the lowest rungs of the ladder lose control over their experience and the ability to achieve their potential. This is especially true for structures which demand unconditional deference from those lower in the hierarchy.

Taking an example from the academic scenario, when advisors and mentors assume power and impose some of their own goals and biases on their students, it is hard for the students to grow from the experience. Hierarchies also make it difficult for those lower in the power structure to communicate their issues and obtain help for mental distress. In addition, they prevent victims from opening up or seeking redressal for unprofessional behaviour, such as bullying.

A researcher who requested to remain anonymous mentioned experiencing bullying both first and second-hand during her career. She feels people hesitate to speak up out of fear that no one would believe them or that it would have no effect. This is especially true when the person doing the bullying holds a position of power within the organisation. The researcher likens this to how pedestrians often don't stop to help an accident victim on Indian roads, "To put it rather bluntly, no one wants to get their hands dirty or rock the boat," she says.

Such voicelessness often leads to young academics resorting to silence as a way to cope with mental distress. This is a frightful reflection on a system that fails to value and respect the learning experience of its younger members.

Anindita Bhattacharya, a faculty at Azim Premji University (APU), Bengaluru, discusses the influence of hierarchies on the culture of silence. "There is a prevalent feeling that one will be misunderstood, and one's symptoms will be attributed to personality flaws, work ethic deficits, underachievement, and health issues," she says.

The assumption that mental health is an individual's responsibility discounts the fact that many unhealthy experiences are enabled and exacerbated by unsupportive institutional cultures. Many institutions do not prioritise establishing a community wellness culture and lack a clear institutional vision that aligns with wellness for the whole community.

These concerns become even more relevant in a context where the student is not seen as an equal or as a colleague in an academic endeavour. "The role of a student as subservient to their teachers

and elders is well ingrained in our psyche," says Bhattacharya.

Preethi Krishnan, a psychologist and a teacher at SRISHTI Institute of Arts, Design and Technology, believes that the relationship between a student and a teacher in an educational institute is complex. When a student is looking up at an experienced and knowledgeable teacher with admiration, there is a tendency to listen to whatever the latter may have to say without questioning.

Ramchandar Krishnamurthy worked in the IT industry for thirteen years and then as a school teacher for four years before joining APU. Having experienced both academic and corporate work cultures, he believes that hierarchies function differently in the two scenarios. "Hierarchy in the corporate set-up is explicit," Krishnamurthy says. Such a structure is helpful in deriving profit and growth-associated outcomes, given that the corporate set-up is largely goal-driven and narrowly purposeful.

However, he believes that the academic set-up functions differently. Since educational outcomes are complex and very different from the ones that industry targets, it makes sense to reduce hierarchies in an academic environment. "APU doesn't represent a standard academic work environment in India by not being hierarchical in both intent and practice," says Krishnamurthy.

Moving towards solutions

Flattening hierarchies completely in an academic set up may not be a viable solution. Nor would it necessarily ensure an egalitarian environment. A possible solution may be to transition to a comparatively flatter organisational structure that has a measure of flexibility built in. Such a structure would allow individuals to communicate and grow together.

Vikram Patel, Professor, Department of Global Health and Social Medicine, Harvard Medical School, USA, suggests some potential changes that could facilitate the creation of a healthy working environment. "There needs to be a transformation of the environment to address the work-place determinants of mental health and to help those who are experiencing distress and illness recover," he says. He also emphasizes the importance of institutional policies that promote zero tolerance for bullying.

Currently, a functional redressal system is lacking in most institutes. While every academic environment is expected to have a committee for the prevention of harassment or abuse, this does not always translate into practice. There is certainly less scope for distress in a scenario when students and other academic members can report to a body designed specifically to address their issues and are trained in conflict resolution.
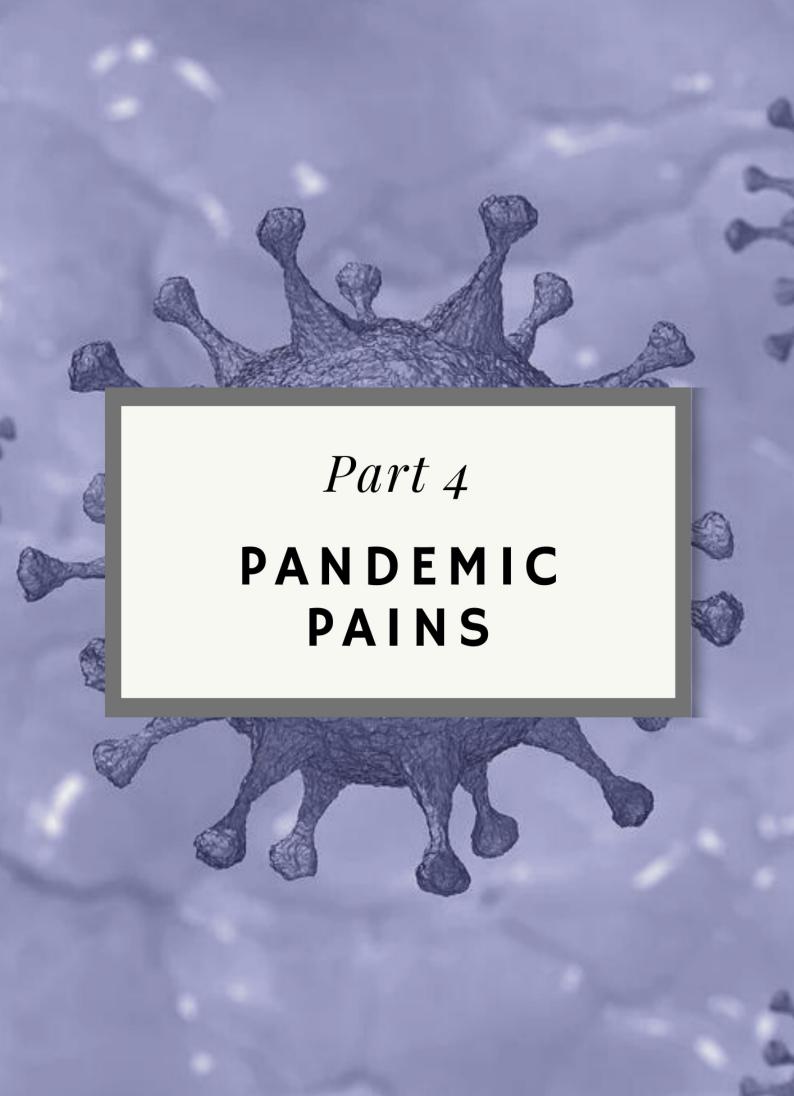
"It's also essential to create opportunities for peer support of younger researchers as well as people with additional responsibilities (like mothers of young children) and recognise substance misuse as a mental health issue in addition to offering unbiased mental health care," says Patel.

Other solutions may include encouraging a culture of transparency and honest communication. "An open dialogue can help students realise that they are not alone in their experiences and may even find that their advisors had been through similar situations in the past," says Bhattacharya.

To create an egalitarian academic environment, meaningful structural changes are needed to address the underlying factors associated with poor mental health. Here, the necessity to differentiate between individual and institutional remedy is also vital. Institutional remedies are essential to address issues like poor mentoring that concern more than a single individual.

What can be done to train academics to be better advisors? How can students be prepared, mentally and professionally, to handle challenges that go with hierarchical systems? These are some questions whose answers might determine whether the Indian academic culture is equipped to support people across the organisational spectrum.

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Part 4

PANDEMIC
PAINS

Tackling a mental health crisis during a global pandemic

Debdutta Paul

While the ramifications of the COVID-19 pandemic are most visible at the level of global health and economy, it is exerting an unseen yet critical impact on our mental well-being as well. Debdutta Paul discusses the various ways in which the pandemic can prey upon our mental health, and some small steps that can help one stay connected and grounded during the crisis.

COVID-19 is a global health emergency not only in terms of physical health but mental health as well, warn experts. Most of us have not witnessed a global pandemic of this magnitude in our lives. The numbers and the extent are unprecedented, creating a sense of fear and anxiety. In contrast, regions around the world with previous experiences of pandemics appear more prepared. So do small communities with limited healthcare systems.

The constant conversation about the disease, those affected, and the number of deaths, is not helping anyone. "There is seriously no other topic than this, these days," says Aishwarya, a research scholar in a German university. Uncertainty and the fear of the unknown naturally give rise to the wish to gather information. News highlights negative developments, and this can trigger stressors. Those who are prone to anxiety are especially vulnerable. "Limit the news and be careful what you read," advises an article published in BBC News. While it is very important to know what's happening, it is also okay not to be updated about every little detail.

I have found it important to acknowledge that every human being is different, and what works for one may not work for others.

Many of us are used to living structured lives with a fixed routine, which has been disrupted. It has also led to additional responsibilities for many, for example, parents with small children, or people with elderly parents. In this situation, it is important to give ourselves time to process the changes and adjust. It is normal to be having trouble. It is okay if we cannot bring ourselves to be highly productive. All the pending projects need not be finished right now.

Physical distancing has locked people in with others they may not be used to staying with, seriously testing many relationships. Some others have found themselves completely isolated at home. I have found it helpful to stay socially connected with a few people I consider close. I have had that chat with my school friend that we had been postponing for a long time and formed new bonds of friendship with a few I used to earlier think of as acquaintances.

While some have steady jobs and can work from home, others have been caught between jobs, and some have been laid off. There is increased pressure on many people to be more productive, upskill themselves, start on a dream project during this period. This can lead to shame and disappointment. The fear of how the world and our lives will be once this is over, particularly from an economic standpoint, is also adding to the anxiety.

At the crux of the mental health crisis is fear, and human fear stems from the unknown. A lot about this novel virus is unknown even at the forefront

of research. The uncertainty of the practical circumstances has added to the stress. "At this point, I am actually scared about whether I will get to see my friends, comrades, lovers, extended family after all this is over," says Puja, a former student.

Instead of worrying about things that are not in our hands, it is probably a good idea to focus on things that we can do. By actively dissociating ourselves from things in which one has no constructive role to play, we can keep the anxiety away.

The current situation puts many who are vulnerable at greater risk. "People who are already mentally ill, especially those on medication, are not getting the usual medicines, thus have chances of relapse," says Subhra Sarkar, PhD Scholar, Department of Psychiatric Nursing, LGBRIMH, Tezpur. Preventive measures like washing hands regularly can cause complications for those with Obsessive Compulsive Disorder who usually find it difficult to control these practices. Those with an anxiety disorder who are already vulnerable to the fear of diseases have been confronted with a situation that can make fighting their anxiety more difficult.

Many Indians have had to face rumour-mongering amongst neighbours, relatives, and even friends after returning to India from abroad. Undue and constant speculations have strained many otherwise stable relationships. "COVID-stigma is real," says Navin, a PhD scholar in Columbia University, who returned to his home in

India just before all international commercial flights were cancelled.

Like the disease itself, such daily problems can amplify, reinforce, and push otherwise mentally healthy people towards a negative loop of emotions, thoughts, and actions. In such times, it is even more important to acknowledge that mental health is as important as physical health. If we are not going about our lives in a reasonable manner and taking care of ourselves, others may not be able to help us with the chores and responsibilities of a functioning adult. We need to ensure that our basic self-care needs are met.

Yastika Kamboj, a mental health consultant, advises, "It helps to remember that this is temporary and just another challenge that will be overcome. Instead of stressing over the situation, we should try to take out a moment during the day to distance ourselves from the worrying. Another thing that is helping me is to try and stay in the present. It is important to remember we are strong and capable of dealing with those challenges."

Sometimes, we tend to take a lot of burden on ourselves. Probably this is a good time to remind ourselves that we as individuals cannot solve everything. Humanity has the capacity to heal, learn, and grow. With time, it will overcome this challenge. By taking care of ourselves and those around us, we can see this as an opportunity to learn lessons that will serve us for the rest of our lives.

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COVID-19 and mental health

"It is important to bring in a sense of cohesiveness"

Shreya Ghosh

A catastrophe at the scale of the COVID-19 pandemic affects us not only at the physical level but also leaves an indelible imprint on our mental well-being. We spoke to Biju Viswanath, faculty at the Department of Psychiatry, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, about possible mental-health-related consequences of the present situation and what individuals and families can do to cultivate resilience.

In your opinion, is the present COVID-19 pandemic likely to result in a mental health crisis for our country?

The COVID-19 pandemic is turning out to be a major stressor for most of humanity, including our country. Never before has such an event affected so many individuals across the globe. The initial focus is necessarily on the physical consequences of the infection. However, there is growing recognition that the significant mental health consequences emerging out of this catastrophe need to be addressed. These consequences could arise out of the direct consequences of infection, the restrictive measures imposed to curtail the spread of infection, or the socio-economic impact of the pandemic.

What can individuals or families do to better nurture their mental health during this period?

At an individual level, it is important to continue being active and create a routine for ourselves. This means that although one might be at home all day, there need to be clear schedules for pleasure and work. We need to keep our bodies and minds healthy by doing things that we like to do on a daily basis, whether it be reading, gardening, music, or whatever activity keeps our spirits high. These are particularly important because of the strict lockdown rules in the country. One should avoid repeated viewing of news items on COVID-19, which are now broadcasted throughout the day. It is also important to have regular interactions with friends and relatives through electronic means, e.g. telephone or video calls.

At a family level, it is important to bring in a sense of cohesiveness and togetherness. Families need to ensure that there is a division of work within the family such that no one person is overloaded with household chores. This is also the time to do family activities which might otherwise have been difficult due to busy work schedules. We should also minimise repeated discussions on the negative consequences of COVID-19 and maintain an atmosphere of hope within the family.

What are some things that employers can do to ensure that their employees, whether working from home or on hiatus, can deal better with the present situation?

One needs to remember that this is a phase, and work will resume normally once the situation improves. Hence, employers need to ensure that they genuinely care for the well-being of their employees, and this needs to be clearly evident in their interactions. In addition, there needs to be regular interaction with employees. This in itself would make life easier for the employees, and ensure that their work output is not negatively affected. It may be good to enquire about any difficulties that the employee is facing in social isolation settings and hear out their answers. This will make further work interaction easier. If the employee is unable to perform optimally, it might be important to try and understand the reasons for the same, and maybe suggest possible ways of improving work performance at home. The employers may also be in a difficult situation due to economic adversities related to the lockdown. It may be important to have clear and transparent communications with employees on these matters.

Do you have any advice for people who are working at the frontline during this period (e.g. healthcare professionals and essential service providers) on how to care for their mental health?

Healthcare professionals are used to dealing with infections in general. Many such situations have been encountered in the past where safety precautions are paramount. However, the lack of personal protective equipment can make the situation challenging. They need to ensure that the administrative authorities are notified in advance if there is a shortage of such important equipment. The problem in this situation is that healthcare professionals may have to live away from family. In such a situation, one needs to keep the mind healthy by making some time every day to do things that we like, whether it be reading, movies, music or whatever that keeps one's mood positive.

There is an increasing amount of productivity pressure for many people who are working from home at the moment to learn new skills, start new projects etc., especially through messages shared on social media, which can lead to further

stress and anxiety. What can people facing this pressure do to manage stress?

It is difficult to stay away from social media at this point, as there is a lot of time available, and there are too many shared messages about COVID-19. More important than learning new skills is to keep doing stuff that one enjoys as well. Both mastery and pleasure are important. Additionally, one should follow all the steps outlined in the answer to the second question above.

How serious is this crisis for people with pre-existing mental illnesses, and what can they do to better cope with the situation?

The mentally ill are always more vulnerable to the effects of any health crisis. This is more so in the situation of an infectious disease pandemic. The

medications and psychotherapies which are important for such individual may not be available, as all available health resources are diverted towards controlling the infection. This will lead to relapses of several common and severe mental illnesses. It will be important for mental health professionals/hospitals to attempt contact with such individuals to ensure that they are reassured, and enable them to source medications locally. People with pre-existing illnesses need to ensure that whatever treatment they are on currently is continued till the next possible consultation.

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COVID-19 has exacerbated

India's hidden mental health pandemic

Subhra Sarkar

Among COVID-19's many effects on society, one of the most insidious is the way it has affected global mental health, giving rise to new challenges and aggravating pre-existing issues. Subhra Sarkar, who is currently pursuing a PhD in psychiatric nursing, discusses the ways in which the pandemic has affected the mental health of a large segment of the Indian population.

COVID-19 has created a global crisis that the world was not prepared for. Lack of known strategies to control this pandemic, lockdowns, loss of work and shelter, sudden overflow of patients in hospitals, closed educational institutions and more such disruptions have led to a huge impact on every aspect of human life around the globe.

Some of these aspects include work and education, physical and mental health conditions, family dynamics, and social relationships. While many of these effects are being discussed on news portals and social media on a daily basis, COVID-19's impact on mental health remains one of the least recognized and least addressed aspects, especially in India.

As a researcher in the field of mental health, where my work involves attending to patients with mental illness in the inpatient as well as outpatient departments of a specialized mental health institute in India, I find addressing this issue to be of utmost importance at this critical juncture. This conviction is bolstered by my interactions with the community at large.

Lack of recognition and discussion regarding mental health issues is not unique to the COVID-19 situation. Mental health issues have long been equated with psychotic disorders with symptoms like disruptive behaviour, hallucinations etc. Only recently have increased awareness of mental health issues shifted the focus to common but less obvious mental health symptoms. Conversation about other mental health issues, like depression, anxiety, attention-deficit/hyperactivity, and learning disabilities, has finally been stirred.

The pandemic has had a huge impact on people's mental health, both positive and negative. The lockdowns have given some people an opportunity to work (or study) from home, enabling them to spend more time with their family and build relationships. This, in turn, can enhance psychological wellbeing and a feeling of contentment. But this is the story of only a small section of the population.

The larger population is facing a strong negative impact of COVID-19 on their mental health. For example, COVID-19 positive patients often suffer from depression, anxiety, and post-traumatic stress related to the disease. Frontline workers often face stigma from their community and family

and have to deal with the fear of getting infected. They also suffer from burnout, anxiety, and insomnia related to overwhelming workloads.

While the challenges faced by COVID patients and frontline workers are relatively more noticeable, the issues that go unnoticed and unaddressed are that of the general population. Studies reveal that mental health issues like anxiety, depression, stress, psychological distress, loneliness have emerged progressively among the general population during the COVID-19 outbreak. Increased suicidal ideation and suicide, specifically among youth are an important concern during this time, which could be triggered by the isolation during the quarantine during the lockdown period. Clinical observation often shows an increase in alcohol and drug use, as well as severe withdrawal symptoms due to the sudden unavailability of alcohol and other addictive substances during the lockdown.

However, progressively significant work is being done to increase awareness about mental health and to strengthen mental health services in India. For example, the Government of India has initiated programs like the National Mental Health Program (NMHP) and District Mental Health

Program (DMHP). During the initial lockdown period, under the mandate of the Ministry of Health and Family Welfare, Govt. of India, the three central mental health institutions, National Institute of Mental Health and Neuro-Sciences (NIMHANS), Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), and Central Institute of Psychiatry (CIP) initiated a national helpline to provide support for mental health concerns arising out of COVID-19.

But such mental health services still remain inaccessible to a large population in India. One of the main reasons for this is stigma. My interactions with the community have often revealed that people do not want to consult a psychiatrist or visit a mental health facility because of the social stigma associated with the same. Discussion of mental health issues on news and social media often does not help the majority of the Indian population due to a lack of education as well as language gaps, given that most of such coverage takes place in English. Some other important barriers include uneven distribution of mental services, economic inequality, and lack of enough trained mental health professionals.

While the growing conversation regarding mental health is indeed driving a slow yet significant change, these conversations are driven by and centred around those who already have access to mental health services. This has uncanny parallels with COVID-19: if one doesn't get tested, one doesn't get diagnosed. But the lack of diagnosis does not mean the disease doesn't exist.

Two other reasons why these issues go unaddressed are lack of knowledge, which results in an inability to recognize the symptoms, and limited access to mental health services. For a large fraction of those who are vulnerable, limited education leads to not only a lack of awareness of mental health issues, but also a lack of vocabulary to express those issues. Again, disorders like depression, somatization and hypochondriacal disorder, which are classified as mental and behavioural disorders in ICD-10, may present only with physical symptoms like pain. This often leads individuals with these conditions to bypass mental health facilities and approach general healthcare

facilities. Such patients often go undiagnosed. This is also complicated by the lack of skilled mental health personnel and excessive burden of patients in general healthcare facilities.

Mental health issues also go unidentified due to one's inability to express emotional stress. During clinical practice, it is often seen that men and women with minimal educational exposure and lack of self-awareness find it difficult to identify and express their emotional stress and low mood, eventually resulting in not seeking help and suffering in silence. Due to their cultural beliefs, women often accept stress related to emotional and physical abuse, domestic violence, and repression (occurrences of which, according to studies, have significantly increased during the COVID-19 pandemic) as normal.

Traditional gender roles play an important role in the lack of reporting of men's mental health issues as well. Studies show that although men are less likely to develop depression than women, they are more likely to die by suicide, indicating that many men may have unidentified and undiagnosed mental health issues. From interactions with people of all genders, we gathered that men find it more difficult than women to seek help due to cultural and social beliefs. These include beliefs related to the ability to control emotions, the need to have a 'tough' personality, and other such masculine stereotypes. It is thus understandable how the impact of loss of work and financial constraints during this time might remain unreported or underreported in men.

However, India has long been in a mental health pandemic, which is now being exacerbated by COVID-19. Lack of language on the part of the sufferers, lack of functional knowledge on dealing with mental health issues on the part of their family and friends, and apathy by the rest, has led to this pandemic. The only way forward is a sustained conversation regarding mental health in an understandable language- one that is inclusive. Mental health issues, if experienced by an individual, need to be accepted as normal because they *are*. The important thing is to take action and reach out for professional help.

Countering this hidden pandemic requires collective effort by various stakeholders, including health professionals, community health workers, persons affected by mental illness, family members, school teachers, workplace managers, police, civil society organizations, community heads, and policymakers. Such concerted effort needs to be directed towards the development of new infrastructure around mental health care that recognizes the crisis as institutional, as well as towards the continuous expansion of existing resources.

Further reading:

1. Focus on mental health of COVID patients

2. The mental health impact of the covid-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review

3. Why more men than women die by suicide

4. Mental health awareness: The Indian scenario

First published on the IndiaBioscience website on 27 Apr 2021.

Adversity quotient

In the era of the 'new normal'

Akshatha N S & Divya Prasanna Kumar

Among the COVID-19 pandemic's many consequences is its impact on students and early career researchers all over the country, who have had to face new and challenging adversities, including breaks in experimental work, having to adapt to online education modes, and uncertainty over their future careers. A panel discussion organised by the Department of Biochemistry, JSS Medical College, Mysuru, attempted to address some of these issues.

With the COVID-19 pandemic bringing to light several adversities such as fear of the unknown, uncertainty, and getting lost in the career race, academia is in immediate need to grow resilience and agility. To address various questions in the minds of undergraduates, postgraduates, research scholars and early career researchers all around the country, the Department of Biochemistry, JSS Medical College, JSSAHER, Mysuru, organised a virtual interactive session titled **"Adversity Quotient In The Era of New Normal"**. The session mainly focused on strategies for adapting to the adversity and challenging the limitations posed by the current pandemic.

The panellists included **Basavanagowdappa H (BH)**, Principal, JSS Medical College, Mysuru; **Shubha Tole (ST)**, Professor, Tata Institute of Fundamental Research (TIFR), Mumbai; **Swati Patankar (SP)**, Professor, Indian Institute of Technology (IIT) Bombay, Mumbai; **Anindita Bhadra (AB)**, Associate Professor, Indian Institute of Science Education and Research (IISER) Kolkata, and **Arya Soman (AS)**, Assistant Professor, Northwell Health/Zucker Hillside Hospital, New York, USA.

The panellists provided insights into ways to utilize this unexpected time in a guilt-free manner, treating this adversity as an opportunity. Each one of us is capable of setting our 'new normal' up for success, by getting involved with life in many possible ways. The following are the perspectives put forward by the panellists on the points that were discussed during the interactive session.

How do you define productivity at this time of crisis?

ST: "Productivity" needs to be defined as whatever furthers your journey in life. Focusing on data and papers is a very narrow view of productivity. Here is an opportunity to make the best of available constraints and engaging in "productive" activities that one would have never done otherwise; perhaps you have always felt guilty to divert your time to them.

Of course, if you are in a situation in which you have to be a caregiver, or there is some family stress you have to help out with, then those are

your priorities. Helping your loved ones *is* the most productive thing for you at this moment. But if you have the luxury of taking this imposed lockdown time for yourself, this would be the perfect time to indulge in activities that promote self-growth.

Personally, I have been learning Kathak for some decades now, and I continue to do so via the Zoom classes conducted by my guruji, Sanjukta Wagh. I've spent time trying to write the todas and parans in *taal*, something I always wanted to do and never found time for. I began to learn to play on the keyboard recently, and I find my weekly classes via Zoom extremely rewarding as I make baby steps in learning to read western music — a challenge at my age!

In summary, when we all will look back to this very strange and difficult time, we will only have ourselves to answer to, as to whether we spent it in a manner that was worthwhile to us.

AB: In the given scenario, productivity for me is to stay safe and healthy. Catch up with your hobbies. Hobbies not only relieve your stress and boredom but also build your self-esteem so that you can appreciate activities outside of work. Importantly, a career break of a few months will not shatter the entire hardship endured prior to it. Henceforth, start appreciating small things and utilize this time to relax, refresh, and get recharged. If you have any doubts about your chosen career path, this would be the best time to explore other options through webinars, conferences, and workshops, to decide whether you need a switch. How one manages to keep mentally and physically in shape is all that matters in the end.

AS: Building resilience and agility is the key to staying productive in a phase of crisis. It begins with self-care and can range from focusing on physical health to re-framing one's thoughts to seek a positive frame of reference despite all the unknowns. Set well-defined personal goals for self-growth. In addition to academic goals, developing new skills, working on health goals or intellectually pouring oneself into something that is not one's area of work, would all still count in terms of productivity.

What are some challenges associated with virtual teaching and scientific research?

BH**:** The unprecedented outbreak of the COVID19 pandemic abruptly paused all activities and caused disruption in every component of life. All students and researchers are anxious and stressed out because of an uncertain career break. As the spread of COVID-19 was anticipated, JSS institution planned, designed and executed academic transactions such that all the faculties were trained and teaching was made virtual.

Despite all this, the drawback in medical courses is that learning remains incomplete without dealing with live case scenarios. Nonetheless, innovative methodologies have been employed in teaching, including making videos and conducting online exams efficiently. In addition, the institution has strategically planned how well medical courses, in terms of practical/clinical training, can be handled after the lockdown is relaxed, taking precautions and safety measures for the incoming students.

In general, academic institutions have geared up to discover solutions to the problems arising due to the crisis, simultaneously deciding to act quickly despite bureaucratic hurdles. The real challenge lies in designing excellent action plans to deliver the solution in a disciplined and efficient way. Don't waste this crisis and never stop learning.

SP**:** Constantly remind yourself that your institution cares deeply about you and is trying to level up the learning experiences. Looking at the brighter side, several quality webinars and online conferences are easily accessible now, which wouldn't be the scenario otherwise. Nourish this period by expanding the knowledge in the field of your interest and catching up on research papers you downloaded but never read. Professionally, stay in touch with your mentor and seek out help in understanding concepts.

AB**:** Stress, according to me, is not only caused due to worry about an uncertain break in learning but also because of piled up schedules concerning online classes, since so many webinars and work do not follow set schedules. Especially for women having younger kids at home, challenges have doubled. Undoubtedly for some, staying at home for a prolonged period might also be stressful.

With that said, the way to go forward is to consider yourself lucky that you are getting to spend this time with your family. This is something you will never get again, so make the most of this. Spend this time to learn new concepts, software, techniques etc. using online workshops, courses, videos that are available on open platforms. Publishers have also made many e-books available during the pandemic so make full use of them.

How do you foresee post-pandemic career opportunities?

SP**:** Careers are highly dynamic these days even without the pandemic, which the younger generation has already accepted as normal. Uncertainty is a perpetual companion in every stage of a career; one has to befriend it. Fortunately, umpteen opportunities are at one's fingertips. Not being fixated on one career path and staying open to different options is the key to resilience.

ST**:** One of the customary fears in academia is about taking a hiatus from work. Particularly in our country, students are trained to "finish" their training and "settle down" with no breaks whatsoever, career breaks being considered as "wasting a year" or a sign of something gone wrong. But the paradigm is gradually shifting. For anyone who is at the phase of ending a degree program or a course, this would be a wonderful opportunity to engage in some reflection as to whether you're on the right path for *you*. Are the reasons you started down this path still appropriate for you, or do you want to change your direction based on your experience or situation? This pandemic has pressed the 'pause' button all over the world, so you are now in charge of your time, and it's an opportunity that we don't usually give ourselves.

How important is it to seek guidance and have self-compassion?

SP**:** Be kind; don't impose too much on your schedule and demand so much of yourself that you are unhappy at the end of the day. Take time

to connect with the family. In modern life where we are growing apart, busy in our schedules and devices, this extra time to be with family and developing close ties is a golden gift. This is a wonderful opportunity to learn to appreciate the human beings whom you are privileged to call your family and friends.

AS: Worries about the pandemic and the high degree of uncertainty are key causes for stress, anxiety and depression. Reducing risk, building healthy coping skills, and establishing regular routines will help contribute to resilience in this phase of crisis. Adhere to recommended infection control measures to reduce the risk of contracting or transmitting COVID-19. While doing so, remember that social distancing does *not* mean social isolation. Stay connected virtually to different support networks (e.g. family, friends, colleagues, spiritual or religious communities etc). Focus on self-care, with regular sleep, diet and exercise. Consider meditation or other mindfulness-based practices to steady your mind and thoughts. Finally, know that you are not alone, and one need not ever suffer in silence. Reach out and seek help if you are struggling physically or emotionally. All of us are sailing in the same boat, and we are in this together.

BH: The pandemic taught us many things, but foremost is the concept that "Health is Wealth". So, as a physician, I'd advise keeping a keen eye on overall wellness, both physical and mental. Get enough sleep, stay hydrated and physically active, putting aside all the negative thoughts. Stay connected with family and friends. Many faculties are ready to offer support outside of class so feel comfortable in seeking guidance. The sense of connection is the key to calmness. In any circumstances, reach out for help with no fear.

Could you define the role of science communication and outreach activities during this time?

ST: There are multiple online platforms for popular science writing, which demands both time and creativity thereby taking your mind off the pandemic. To mention just a few, there are opportunities for getting involved in public outreach of science, communicating one's work in one's native language, and creating a dedicated YouTube channel to enthuse young minds. Start small with the goal being to communicate (not "convince") as communication builds trust in science in the general public, which is the need of the hour.

AB: As researchers have no access to laboratories, this would be an excellent moment to involve ourselves in science communication. Apart from writing a research paper, you could utilize this time to bring out a beautiful science article conveying your work to the layman who is the actual taxpayer supporting the research.

What is one take-home message you would like everyone to take away from this discussion?

AS: Be kind to yourself and practice self-care. Gauge your well being every day, establish a regular routine for yourself/your family, and take it one step at a time.

BH: Stay safe and stay healthy. Remain connected and be happy.
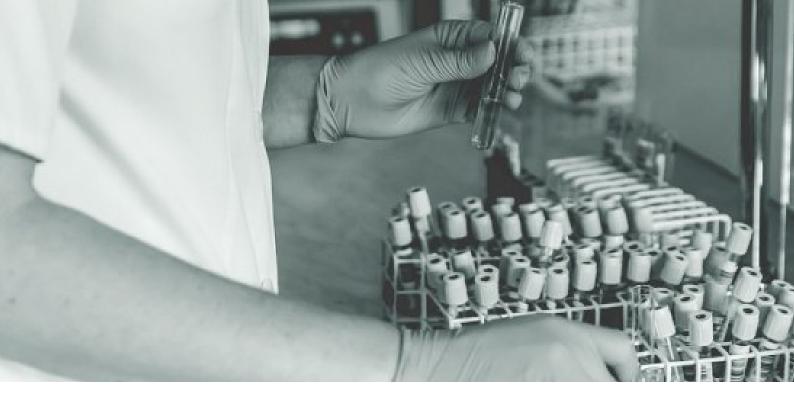
AB: Motivate yourself and pursue your passion.

SP: Make the best use of this time to widen your knowledge and empower your competencies.

ST: The situation is not in your control, but your approach to it is. You can see it as an opportunity to nourish your mind, or you can let your worries about the "time lost" eat into your peace of mind.

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Mental health and COVID-19

Better living amidst the pandemic

Raddur Samaddar

Some of those most active in fighting the COVID-19 pandemic are also the ones most vulnerable to its devastating consequences on mental well-being. Raddur Samaddar, an undergraduate student who volunteered at the frontline during the pandemic, writes about the effect of this unprecedented crisis on our mental health and a few small steps we can take to protect ourselves and our loved ones.

Since the initial outbreak of COVID-19, we have forged ahead. While healthcare workers throughout the world are working tirelessly to provide the best available supportive care and treatment to patients, many of us are caught somewhere between feeling tired of the pandemic and hoping for an end. Most of us may not have imagined that the situation would be this long-drawn. The seriousness of this scenario calls for both self-care and retrospection into our mental well-being.

Many psychiatrists and healthcare professionals believe that the pandemic would increase concerns related to mental health, both now and in the post-pandemic era. There is a lack of awareness regarding this issue which needs to be addressed.

When it comes to mental health awareness and a global pandemic like COVID-19, we cannot deny that our fast-paced lives have hit a metaphorical iceberg. We need to be aware of both individual- and community-level management of mental health issues.

The scenario is particularly grave for healthcare workers. During the pandemic, I was given a chance to work at the frontline at Peerless Hospital, Kolkata. With my limited experience of interacting with patients as well as in the laboratory, I can say this with conviction — everybody wants to see a COVID-19 free world right now. Watching patients die in such an unprecedented manner also leaves its marks on the living. We put up a happy face, we keep the mood light, we put on our PPEs and walk past like soldiers, collecting maybe 100 – 200 samples a day for testing, but our brains continue processing the experiences in the background. We have to face the fact that our mental health is being affected by the pandemic.

When I started working on the frontline, Subhrojyoti Bhowmick (Clinical Director, Peerless Hospital Kolkata), my guide and mentor, alerted me to the ground reality. "Make up your mind that every second person you see while collecting swab might be infected," he said. On the field, I have had many unique experiences, from seeing positive COVID-19 tests for samples from 2-month-old infants to 97-year-old patients, testing patients with severe trauma or comorbidities, and testing the army men who have been assigned to the borders during this time. In India, the spread has been rapid and far-reaching. The lack of personal protection and the lack of a dedicated healthcare régime are undoubtedly among the world's biggest concerns at the moment.

In this trying time, it feels as if we are going through three parallel epidemics simultaneously. Along with COVID-19, there is also an economic and a psychological epidemic wreaking havoc on society. The silver lining is the small mortality rate in our country. Accordingly, people are trying their best to adjust to this 'new normal'. This is the time to show solidarity, shake off ignorance, and follow health advisories meticulously. It is important to make your peace with the fact that the news will not always be comforting, yet we cannot afford to react with panic and fear. This is a test for our societal maturity, and we need to rise to the challenge. Small steps like making sure that every piece of news you are sharing with others is positive, does not humiliate any class of people on any level, and does not have a discriminatory attitude towards infected individuals, can go a long way.

There are measures we can take to keep ourselves more focused, like keeping a check on our screen time, promoting positivity through social media, maintaining distance but using technology to keep contact. "We know Immunity is the key factor to face a viral attack…we must focus on positivity so that our brain does not process information in a way which can potentially suppress immunological functioning," says Subrata Bhattacharyya, counselling psychologist, Students' Health Home, Kolkata and HOPE Foundation, India. One can also take the help of tele-consulting with healthcare experts, including mental health professionals, whenever and wherever required. Staying active and fit can help us fight the persistent anxiety which, if unchecked, can lead to many adverse effects on our health.

Keeping such issues in mind, we need to focus on our strengths, embrace possibilities for collective healing, and remember that our 'mind' and 'body' are functionally conjoint. We need to treat mental health with the seriousness it deserves.

Author's note:

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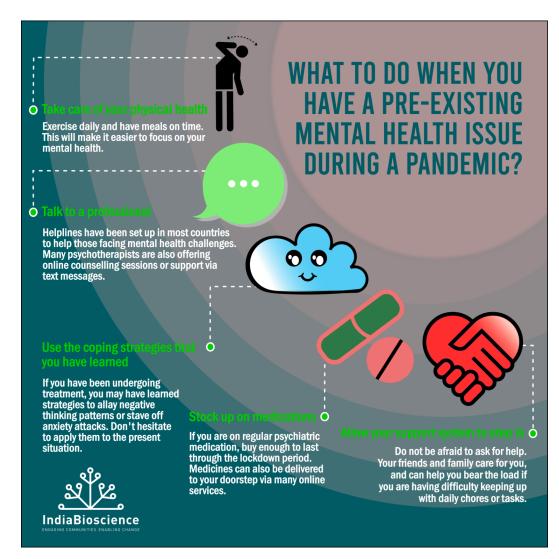
It is easy to feel overwhelmed and anxious when trying to deal with the enormity of the present crisis. Here are some strategies that can help us regulate our anxiety levels and cope with the rapidly changing situation.

DEALING WITH PANDEMIC ANXIETY

Learn simple relaxation techniques
Techniques like deep breathing, muscle relaxation, or meditation can help you stay calm, especially when you are feeling overwhelmed.

Make time for other interests
Don't let the pandemic become the topic of every conversation. Allow yourself to disengage every once in a while.

Plan for things that you can control
Educate your family and yourself about preventive measures. Prepare your household by buying appropriate supplies.

Take a break from the news and social media
Constant updates can cause stress, anxiety and fear. Instead, check a few trusted sources once or twice each day.

Reach out and connect with others
Sharing your fear with others can help. Maintain contact with family and friends while following physical distancing protocols.

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ENGAGING COMMUNITIES. ENABLING CHANGE

Many of us have shifted to working from home during the COVID-19 lockdown. With this new environment comes new challenges. Here are some suggestions and strategies for maintaining one's sanity while working from home.

MANAGING STRESS WHILE WORKING FROM HOME

Accept that you may not be as productive as always
This is perfectly okay. Give yourself time to process, accept and adjust to the present situation.

Set realistic goals and reward yourself
This will help you keep your spirit high and stay motivated. You can use time spent doing enjoyable activities as reward for time spent working.

Create boundaries and minimize distractions
Assign a space in the house for work. Turn off notifications on social apps and check email only at assigned times during the day.

Set work hours and stick to them
It can be difficult to disengage from work when you are working from home. Allow yourself to disconnect at the end of a set 'workday' to ensure that you aren't neglecting other areas of your life.

Prioritise your well-being
Make time for self-care. Also, make sure that you are giving yourself sufficient time to rest between and after work sessions.

Connect with your colleagues
These need not be just work meeting. Perhaps plan a virtual coffee break to just catch up with each other.

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ENGAGING COMMUNITIES. ENABLING CHANGE

For people with pre-existing mental health disorders, the COVID-19 pandemic has the potential to exacerbate their condition, especially due to the lack of access to support structures and professional help. Here are some strategies to keep taking care of yourself if you are in this situation.

WHAT TO DO WHEN YOU HAVE A PRE-EXISTING MENTAL HEALTH ISSUE DURING A PANDEMIC?

Take care of your physical health

Exercise daily and have meals on time. This will make it easier to focus on your mental health.

Talk to a professional

Helplines have been set up in most countries to help those facing mental health challenges. Many psychotherapists are also offering online counselling sessions or support via text messages.

Use the coping strategies that you have learned

If you have been undergoing treatment, you may have learned strategies to allay negative thinking patterns or stave off anxiety attacks. Don't hesitate to apply them to the present situation.

Stock up on medications

If you are on regular psychiatric medication, buy enough to last through the lockdown period. Medicines can also be delivered to your doorstep via many online services.

Allow your support system to step in

Do not be afraid to ask for help. Your friends and family care for you, and can help you bear the load if you are having difficulty keeping up with daily chores or tasks.

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Check in frequently

Call or text them from time to time just to ask how things are going. A simple reminder that someone cares can often go a long way.

Make time to listen

Practise listening actively without judgment. It is not necessary to offer advice or solutions to their problems, paying attention is often all that's needed.

Offer to help with daily tasks

Simple day-to-day tasks can sometimes become overwhelming for those suffering from mental illnesses. Look for practical ways of helping out, e.g. ordering groceries for them online.

Encourage them to seek professional help

Many therapists are now offering their services online, through text or audio/video calls. Prepare a list of helplines and services in your area to share with your loved one who is struggling.

Care for yourself first

It is difficult to care for someone else if your own mental or physical health is suffering. Make time to disconnect, rest, and restore your energies.

Spend time together

Watch movies together online, or discuss your hobbies or mutual interests. Such conversations on neutral topics can be very helpful to you both.

Do you know someone struggling with THEIR MENTAL HEALTH?

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It can be difficult to figure out how to provide support to our loved ones under the extraordinary conditions brought on by the pandemic. Here are some things that you might be able to do if you observe a friend or a loved one struggling with their mental health.

SELF-CARE DURING A PANDEMIC

For many of us, the pandemic has disrupted our daily routines, especially those related to self-care. Here are some active steps you can take to nurture your well-being during this difficult period.

Set up a daily routine

This can provide some much-needed structure to your days. Try to go to bed and wake up at the same time every day. Create a routine that works for you.

Practise Gratitude

It is easy to get overwhelmed by all the worrying news surrounding us. Create a little time during the day to focus on the positives in your life, through journaling or simple reflection.
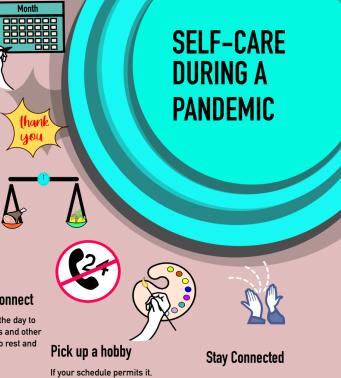
Eat healthy, well-balanced meals

This is a good time to try new recipes and get creative with your cooking. Maintaining regular meal times is also helpful for your health and general well-being.

Make Time to Disconnect

Make some time during the day to disengage from the news and other activities. Use this time to rest and recover your energy.

Pick up a hobby

If your schedule permits it, engaging in a new hobby like reading, knitting, playing fun board games, or cooking can act as a great stress-buster.

Stay Connected

Humans are social creatures and engaging with others is really important for our emotional health. Apart from phone and video calls, online hobby classes and social media can also help you stay in touch.

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STAYING CONNECTED WHEN YOU ARE STUCK AT HOME

Even though the lockdown has been lifted in many parts of the country, physical distancing still remains one of our best strategies to fight the pandemic. However, physical distancing need not mean social distancing, and here are some ideas for how you can remain connected to your loved ones while following safe distancing protocols.

Infographic Design: Aditi Mishra

Content: Shreya Ghosh and Sathya Srinivasachari

Check in regularly with family and friends

Physical distancing need not mean social distancing. Engage in regular conversations with your friends and family through phone, chat, or video calls.

Exchange favourite recipes or lockdown tips

This is a good time to try new things and explore new hobbies. Exchanging your ideas with others can help you stay engaged and connected.

Host a movie night or a virtual book club

Sharing your interests with loved ones or friends can be both a stress-buster and a distraction from the constant news cycle.

Play virtual games or puzzles together

Lose yourself over an evening session of Words with Friends or Virtual Ludo, keeping those brain cells buzzing.

Volunteer for virtual community efforts

This is a good time to volunteer your services via online means to charities or support groups near you, to help others in a crisis.

Plan virtual get-togethers to celebrate positive occasions

Planning a group video call or coming up with creative digital wishes is a great way to virtually stay in touch with your loved ones

IndiaBioscience
ENGAGING COMMUNITIES ENABLING CHANGE

Part 5

SMALL STEPS FORWARD

Building an international mental health support group for people in science

Zill-e-Anam

Jaishree Subrahmanium is a botanist who did her PhD in ecological genomics from the French National Institute of Agricultural Research. She has recently ventured into science communication, as well as advocacy for equal rights of women and better mental health. She has been working with Lotus STEMM, a Canadian NGO working on representing South Asian women in STEM careers, where she established a mental health support community—'Paksh'. We spoke with Jaishree about her experience with this initiative and lessons from the same.

What motivated you to establish Paksh?

As a masters' student, I harboured a dream of going abroad to study. Apart from experiencing a new culture, I wanted to explore the world. A lot of international students have the same dreams. I ended up moving to a country where I did not speak the language and did not know anybody except for my supervisor whom I had met only once before. The culture shock was huge. I had a very hard time dealing with people and integrating myself into a completely different environment. I was the outcast: the only woman and the only non-French student in the lab.

Being an international student, I had also put a lot of pressure on myself to perform well since I believed I had been given an incredible chance that many would die for. I wanted to come in early and stay out late in the lab, read as much as I could, and basically lived for my work. Nobody asked me to do these things – I just felt this pressure and I thought I needed to keep going to make myself believe that I was doing a good job. What I didn't realize was that my mental health was gradually deteriorating as a result.

I realized towards the end of my PhD that I was not the only one suffering. Being in academia brings some common challenges that people don't

talk about. Along with homesickness and the anxiety of finishing my PhD, I was also facing the problem of having no one to talk to about my problems and challenges. When I talked to people, most were very supportive of talking about their personal journeys but when asked to form a community or be a part of something much bigger than their own career, people would shy away and fear the outcomes.

While I have finished my PhD and am no longer in that mental state, I know that many PhD students continue to suffer in silos. They think their journeys, problems, thoughts are not valid or worth asking for advice over. I wanted to help these people and didn't want anybody to ever go through what I went through myself. This led me to establish Paksh.

How exactly does Paksh work? What are its key activities?

Paksh was initially created for students who are living abroad. But knowing that there are many students who are living in their home countries who are also going through the same academic challenges, we decided to make this community open to graduate students and postdocs from across the globe.

The core idea behind Paksh is creating a safe space, a no-judgment community for academics to freely express their thoughts. People from all walks of life share their experiences, thoughts, and opinions. It is a community based on kindness. They help and support each other. I translated everything I learnt during my PhD about altruism — the ability to help one another without thought of personal gain — into Paksh. I learnt that people form bonds with each other; they can empathize with and support one another no matter where they are from.

Paksh reinforces that every journey, every experience needs to be acknowledged, talked about, and shared. I think stories matter and storytelling can be an incredible way of empowering and encouraging people to stand up to whatever struggles they are facing.

At Paksh, I see people coming together irrespective of backgrounds. We need to understand that people can form groups, become part of something that is bigger than themselves, and these groups can be kind and cooperative under stressful circumstances. We tend to find ample reasons to divide people and create borders between them. But at the end of the day we are all from the same

species and what connects us together is the love for what we do. Nobody should struggle while doing what they love.

What were the initial challenges you faced while establishing Paksh?

The initial idea of Paksh came to me when I was writing my PhD thesis, which was a very challenging and exhausting period of my life. When I approached people with the idea, many supported me in private but didn't come forward in public. I approached heads of labs who felt that this was not a strong enough idea for people to be spending their time and resources on. Other major hindrances were the fear of losing my career path, the fact that mental health was not a common priority, and fear of judgement. Later, unexpectedly, I met Roopali, CEO of Lotus STEMM, and that one conversation changed everything.

Phase 1 of Paksh has now ended. What are your major learnings and how has your journey been?

It has been an incredible journey for me. Starting from the very first session, all the participants were discussing their individual journeys and I think they were experiencing what I wanted them to experience. I was never giving them advice — that was not my job. Our idea was to encourage them to learn from one another. I could see that happening and it was so rewarding for me. We were handling six different time zones and no matter where these people were from, they were able to empathize with one another.

The major learning from Phase I was that if you want to bet on collective human kindness, you can, and I think Paksh is a testament to that. I have also learnt that if humans can come together under the right circumstances, they can become an altruistic community and this is the most stable strategy in the long run.

I also realized that a support community can only do so much. There are some underlying issues that really need to be addressed that go much beyond what students face. These problems need to be addressed at the institutional level. Organizations like Dragonfly Mental Health are trying to understand systemic problems and make

systematic changes by talking to universities and institutions. I would like to see something like that in the Indian context as well.

Another major issue is the lack of statistics for issues like academic bullying. I think we need to have many more conversations and that's the only way we can acknowledge problems and potentially try to find solutions. Scientists spend an incredible amount of time becoming who they are and their loss is a loss to science.

How do you plan to take forward the second phase of Paksh?

In its second phase, Paksh will be much more than a support community. We are planning to divide members into two groups (1) international community and (2) people who are living in their home countries. Because we will be growing bigger in the second phase, I will also have a co-host or a co-facilitator. I would also like to bring in trained people and specialists to give more concrete advice to solve problems that the members are facing.

From your experience, is it also necessary to distinguish "Indians living abroad" vs just "people living outside their own country"? Are the principles universal or does being Indian pose any special challenges?

There is a theory in evolutionary biology called group selection theory. It essentially talks about the survival of not the fittest but the kindest. It is a theory of compassion that says that a group of organisms that are there for each other and support each other, will always be better off in the long run as compared to individuals that follow selfish interests. And the point I'm trying to make here is that every individual is different and has a role to play. Every story, every journey is important and needs to be acknowledged. I feel you don't have to distinguish between Indians living abroad and people living outside the country because stories vary at the individual level. The individual stories then become the basis of that community through sharing and learning and result in bonding. I don't think it matters where you're coming from as long as you are part

of a group and you are able to open up to one another, which requires courage and practice.

Many Indian students dream of going abroad for their doctoral and postdoctoral studies. What kind of mental health challenges are associated with working outside your home country/ home state?

It does not always have to be about leaving your country, it is about leaving your comfort zone and the supportive network of your family and friends. Troubles associated with communicating, not having the people that you are used to around, separation anxiety, and homesickness are some common challenges. Moving to a new place means adjusting to an entirely different environment, culture, and way of doing things. It's a constant battle between keeping in touch with the ones that you left behind and forming new bonds with people with whom you are now. This really challenges your mental well-being. Having a support system, community and network during this process really helps. That's the niche I'm trying to fill with Paksh.

What steps can early career researchers take in order to keep mental health issues associated with being 'away from home' at bay? As a young Indian woman in STEM working abroad, what advice do you have for Indians planning to go abroad who want to maintain their mental well-being?

Early career researchers often put in much more work and experience much more stress than what is required, just to be validated by the scientific community. I think international students take this even more to heart due to the high pressure to perform. They wear sleeplessness or not eating food as badges of honour and I was one of them too. And that's where I think we are going wrong. While academia is a great place to be in at the service of science, it can be incredibly brutal. Mental health challenges are not seen in the light they are supposed to be seen in and not just students, but institutions also treat mental health topics as taboo. There's the idea that if you're talking about your mental health, it means you're not strong enough or cut out for being a scientist.

Studying overseas was a dream for me. However, it came with a lot of challenges and there was a very steep learning curve. I think what helped me the most was to keep the connection with the people I left behind. Humans are social beings and we have forgotten how to form connections and once we find a support network, I think that really eases the journey.

It is also important to make an effort to integrate yourself into the environment and learn how life works in the new place. There are cultural differences that need to be appreciated and learning the language also helps. Another thing that is very crucial is having realistic expectations. Not everybody gets to change the world. I think, as a scientist, each one of us needs to take responsibility for building a healthy academic environment.

I also think storytelling and sharing real experiences brings people together. The atmosphere of toxicity that we all know exists in academia, partly arises because people don't talk about their issues. Try to appreciate why you are in science, and make your mental health a priority. Even though we know this, we often don't take care of ourselves because we don't think we deserve it. One has to acknowledge that there will always be somebody who will be better than you, no matter where you go, or what you do. At the end of the day, find your identity beyond being just a scientist.

In your opinion, what makes a supportive and reliable mental health community?

Shared experiences make a reliable non-judgmental community. I think COVID has taught us that people can be brought together like never before. Researchers need to understand that you can connect to people beyond your scientific collaborations. It's really hard to admit to your weaknesses, failures, and fears in front of people and to be able to open up like that requires courage. Ultimately, a reliable community will grow organically, one cannot force these things.

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Sowing the seeds of a long-term mental health study

In an Indian population

Shantala Hari Dass

In addition to limited awareness about mental health in the general populace, a scarcity of large-scale clinical investigations has also been holding back mental health research in India. Recently, three Bengaluru-based research institutions have joined hands for a study that will last two decades and create an extensive resource base of scientific information related to mental illnesses in an Indian population.

Are mental disorders a serious health concern for the Indian population? The National Institute of Mental Health and Neuro Sciences (NIMHANS) conducted a survey to get to the bottom of this. For a country that has often been discussed in the context of communicable disorders such as cholera and malaria, the results were grim.

The study estimated that almost 14 out of every 100 Indians suffer (or have suffered) from a mental disorder. This could lead to an economic loss of a staggering 90 lac crore rupees over an 18-

year window (2012–2030). Adding to this a wide treatment gap, which translates to a large percentage of the affected going untreated, mental health is one of the foremost (and growing) health challenges in India. Based on this, in a meeting in New Delhi in the early 2000s, the World Health Organisation (WHO) threw down the gauntlet to the Indian community – make mental health one of your priorities.

Born out of ideas presented at this meeting, three Bengaluru-based institutions joined hands to establish one of the largest and most ambitious mental health studies in India. Bringing together the fields of modern psychiatry and neuroscience, researchers from the National Centre for Biological Sciences (NCBS), Institute for Stem Cell Science and Regenerative Medicine (InStem) and NIMHANS came together in 2016 to launch the **Accelerated program for Discovery in Brain disorders using Stem cells (ADBS)**.

The Project

Coming at a time when there is a growing awareness in India about the importance of mental health and its impact on our lives and our economy, the ADBS project is designed to be a national and international resource for the scientific community to draw upon. Raghu Padinjat, Coordinator, ADBS, compares this project to building a house, which is currently at the stage of gathering resources and laying a foundation. Here clinicians and scientists bring together their expertise to model brain disorders. Such a multidisciplinary approach allows the core team to tackle everything from an in-depth evaluation of the symptoms to an in-depth examination of the underlying biology.

The project is supported by the Department of Biotechnology, Ministry of Science & Technology, Government of India, and Pratiksha Trust, a charitable trust created by Infosys co-founder Kris Gopalakrishnan and his family.

Mental illness is observed to run in families. How does the ADBS team identify and include such high-risk families into their study? Patients with mental illnesses are identified by the clinical team at NIMHANS, who then collect detailed family history for mental illness. If the family has a high risk for mental illness, the clinical team tries to recruit three more types of people from within the family to the project – a relative with the same diagnosis, a high-risk individual who is too young to show any symptoms, and a low-risk 'control' individual.

The study aims to recruit approximately 250 families. Everyone inducted into the study will undergo an extremely detailed clinical examination in addition to tests of brain function such as an MRI. These assessments will be repeated every three years at NIMHANS for twenty years, the first wave of which is to start soon.

Why do we need such a massive and ambitious undertaking? As Padinjat explains, "This is a prospective study." A prospective study is akin to watching a home video of your childhood — you can observe slow and progressive changes that happen over a long period of time. Similarly, by periodically observing a sample population over a long period of time, we can catch the slow and early changes that can give rise to disease.

"Amongst those individuals who do develop mental health disorders, we can capture the evolution of illness at various levels of brain function," says Padinjat, "This kind of dataset does not exist anywhere in the world." In addition to capturing in-depth descriptions of their symptoms and lifestyle from the clinical visits, the study collects DNA samples. This will enable researchers to overlap genetic, epigenetic and environmental factors to map how mental illness develops over time.

ADBS will focus on families affected by the five most common mental disorders — schizophrenia, Alzheimer's, bipolar disorder, obsessive-compulsive disorder and substance use disorders. There is a growing body of evidence that points towards shared genetic, environmental and developmental risk factors in mental health that transcend the traditional boundaries of specific illnesses. A large-scale study such as ADBS gives us an opportunity to model mental health independent of the specific diagnosis.

One of the unique features of this study is that a portion of the white blood cells harvested from the study participants is converted and maintained as stem cells. These stem cells resemble the cells that are seen at the earliest stages of human foetal development; they can be made to develop into many different types of cells.

In this particular case, the stem cells will be converted into neuron-like cells. These would act as a copy of the neurons from the diseased (or healthy, based on the participant) brain that can then be studied and manipulated in the laboratory. In essence, these stem cells act as a window giving us a glimpse into the biological functioning of that participant's brain at the level of living brain cells.

Breaking Barriers, changing mindsets

While there is no doubt about the scientific need for carrying out such a project, it is not free from practical difficulties. A project of this scale requires people with different skill sets, for e.g. clinicians and basic science researchers, to come together and work together for the next two decades. On a logistic level, it can be challenging to maintain family participation over this prolonged time period. Typically, prospective studies are fraught with high dropout rates. The key here is to educate the families and keep them engaged along the journey.

The biggest challenge this study has faced has been in recruiting unaffected individuals. The stigma surrounding mental health is entrenched in the Indian community. Unaffected participants and family members of the patient can be apprehensive to participate as they don't want their family to be labelled as having a mental health problem. To an extent, the success of such studies is intricately tied with the ability to be able to raise awareness about mental health in the Indian community.

A plethora of possibilities

Imagine having an enormous collection of Lego pieces of all colours and types. One can now set out to build anything from a pirate ship to the Hogwarts Great Hall. This is what the ADBS project is doing for mental health — it is compiling a massive amount of data on the occurrence and progression of symptoms, changes in brain functions, genetic and epigenetic markers, and lifestyle. The scope of such a study is immense and future generations of scientists will be able to build upon this, bringing in their own research interests and expertise.

Studies can be conducted on the level of individual biological markers, or at the epidemiological level to see the impact of different environmental conditions. As brain images are being collected, researchers can conduct their studies at the level of a specific brain region or network of brain regions. Such long-term studies have been very successful in breaking down complex human behaviours/ disorders. The children of the 90's study in England that followed children through the first two decades of life had a profound impact on our understanding of childhood development.

This is one of the first studies of its kind in mental health. Even more striking, it is the first time an Asian cohort is entering the arena. The majority of the genetic and epigenetic studies in mental health are based on Caucasian samples. It should be a top priority to be able to formalise such conclusions from other ethnicities where, often, the genetic make-up of the population and environmental conditions can be very different. As the ADBS project is made-up of Indians (with a bias for those living in south India), it doesn't just help us understand the diseased brain, it does so for the Indian diseased brain.

The doors of ADBS *are open to researchers working on a pertinent question on mental health. Details of the project and how to request access to the data can be found here.*

First published on the IndiaBioscience website on 25 Oct 2019.

Lessons from a mental health workshop

In an undergraduate college

Charu D. Rawat & Sagnik Das

An important component of fighting the battle against the mental health epidemic is creating accessible forums to raise awareness. Charu Dogra Rawat (Assistant Professor, Ramjas College, University of Delhi) and Sagnik Das (Student, Ramjas College, University of Delhi) write about a two-day workshop in their college which brought to light many of the mental health-related issues that students face, and allowed them to collectively brainstorm solutions on an open platform.

While the world celebrates the discovery of life-saving drugs and vaccines for diseases that have claimed innumerable lives, a new broad-spectrum ailment has already taken over the stage of global concerns. This ailment has symptoms that are hard to diagnose, conditions tough to stabilise, and cures that are completely temporary in nature. This global pandemic that is responsible for over 800,000 deaths every year is "Mental Distress" — a medical condition where an individual fails to realise his/her own potential, cannot cope with the stress posed by daily life and is unable to make a full-fledged contribution to his/her community.

As per the reports of the World Health Organisation (WHO), about 20% of all children and adolescents worldwide are in mental distress. In this era of spine-chilling terrorism, brutal wars and conflicts, failing economies, devastating man-made and natural disasters, and different forms of human right violations, mental health degradation and its cure is of profound interest to the global community.

Countries like India, with a flourishing population within the age-group of 12 – 30 years, witness some of the worst cases of mental health distress as the youth lies in the centre of most of the problems stated above. Hence, awareness and evaluation of mental health in youth rearing centres such as schools, colleges, and other educational institutions are of utmost importance.

Realizing this profound need and aiming to enable students to open up about mental health-related issues, The Wellness and Counselling Unit of Ramjas College, University of Delhi, in collaboration with the Department of

Biotechnology (DBT) funded Star College Project, Ramjas Chapter (Department of Zoology), organised a two day mental health workshop in September 2019.

This was one of the first such workshops to be organised in an undergraduate college in recent times. It attempted to shed light on three main mental health topics – (1) *Psychological Capital Efficacy*, which focussed on realisation of the emotional and psychological potential vested in every individual which is essential for success, (2) *Loneliness*, that discussed the global pandemic of lack of efficient communication among individuals at the personal level and its widespread impacts on one's life, and last but not the least, (3) *The trilogy of mood swings, anger and stress*, that discussed the interconnection between these three issues and how to mitigate them.

The workshop witnessed overwhelming participation with more than 300 participants, including not only students but also teaching and non-teaching faculty, reflecting the dire necessity of such awareness campaigns.

When asked about why they wanted to attend this workshop, some participants stated that they wanted to find strategies for dealing with the stress they have been encountering, some mentioned that they were curious to find out whether they are stressed or not, and some quietly admitted that they were hoping to find others with similar issues who will be sensitive towards them. Some students were enthusiastic about the availability of platforms where they might be able to pose questions that have been troubling them but have gone unanswered as they had no one to ask them to.

Glimpses from the workshop

Based on the idea that every individual is like a fresh canvas, which they paint themselves, the workshop was named "The Jolly Portrait". It aimed to counter one of the most prevalent stereotypes associated with mental health workshops (that impedes many individuals from attending them) – that they are gloomy affairs. The idea of painting a "jolly portrait" was implemented with sub-events such as "The Happiness Meter" – a fun-filled self-assessment of one's mental health, and "The Wishing Tree" wherein participants wrote their wishes on a piece of paper with an open heart and unfurled them to the world by tying it to a tree.

Navin Kumar, Associate Professor (Psychology), Dr Bhim Rao Ambedkar College, University of Delhi, presented his ideas and suggestions on living with proper psychological capital efficacy. He talked about various mental health challenges commonly faced by students such as peer pressure, fear of not doing well in life, homesickness, dysfunctional families etc., and together with the students tried to identify the key combat areas and probable strategies to 'fight and win' in these. He put forward the need to balance thoughts through conscious efforts, especially when faced with difficult choices (for e.g. choosing a career stream or direction, or agreeing or disagreeing with their parents' choices).

B. N. Patra, Assistant Professor (Psychiatry) AIIMS, Delhi, enlightened the gathering on the emerging pandemic of loneliness which flourishes in spite of growing lists of friends on social media. He discussed the impacts and causes of this phenomenon and remedial measures that can be taken against it. He also stressed on the distinction between 'being alone' and 'feeling lonely' so that the participants could voice their inner fears of feeling the latter. The session brought to fore the emptiness that many in the audience felt.

Later that day, Soumya Tandon, Associate Consultant (Psychiatry), Sir Ganga Ram Hospital, Delhi, hosted an interactive session on the interconnection between mood swings, anger and stress and possible ways to tackle them. She again gave the participants an open space to present their doubts, dilemmas, fears, reasons for their stress, reasons for their anger, and any other chaos that might plague their minds.

Many of the participants opened up to interact with the speakers and emphasised the need to

address such issues with greater affection and maturity. Arunima Das, a student pursuing MA (Political Science) remarked, "The conduct of the mental health event was a really appreciable step. It was a wonderful experience attending it and enlightening ourselves with the much-needed talk of the hour. The topic is either shrugged off with callousness or much worse, romanticised by many, in the meanwhile depriving it of the much-needed attention it demands. Keeping a check on our mental health is as important as looking for and treating our physical injuries. So, people should come forward with more such awareness programs and event that will be beneficial to us all."

Manoj K. Khanna, Principal, Ramjas College, who believes that physical health and mental health are intertwined and both should be equally taken care of for better productivity, envisages the college hosting more such workshops and regular counselling sessions for students as well as the faculty. He also stressed on the need for greater communication between human beings.

As educators, we interact with a heterogeneous group of young students and witness various facets of their day-to-day struggles while trying hard to balance our own lives. So, in addition to the subject knowledge that we are imparting, we should attempt to nurture good mental state in students so that they can imbibe that knowledge in a more efficient and useful manner. The workshop provided an apt platform to facilitate this and going by the presentations, interactions, discussions and feedback, we strongly felt the importance and the need for holding more such events to help each other in moving towards building more efficient, unstressed, resilient and happier selves.

The stigma related to mental health is severe and unless mitigated, mental distress shall continue claiming lives bearing enormous potential. The need to open up about one's problems, to nurture an effective mindset, to interact effectively and affectionately, are the qualities that the present generation and the posterity must inculcate. Support groups, open discussion sessions etc. are some of the ways for people with mental distress to engage in introspection and mitigation of this devastating ailment.

This workshop has ignited a spark to address the burning issue of mental health with sensitivity and maturity. Hoping to keep the flame lit, the event concluded with the hanging of wishes on "the Wishing Tree"- a humble attempt to understand and communicate with ourselves.

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Mental health fiesta at New Delhi

Hina Lateef Nizami

On 4 October 2019, the Mental Health Foundation (India) and Department of Psychiatry, All India Institute of Medical Sciences (AIIMS), New Delhi, organised a mental health fiesta. Hina Lateef Nizami, who attended the Fiesta, writes about what set this event apart from other mental health awareness sessions.

We all know what a film festival, literature festival, science festival or food festival looks like. What about a 'mental health festival'? What image does the term conjure up in your mind?

When I first heard of one, my expectations swung between diametrical opposites – either this was going to be a student-led fest of activities or this was just a fancy name for a mental health awareness event.

But first, let us ask – what's the point of a mental health festival anyway? Well, apart from all the statistics dubbing India as one of the most depressed countries in the world, an issue that stares us in the face is the distorted perception of and stigma associated with mental health issues. A look at this pan-India survey report shows that a major chunk of the responders indicate that they prefer keeping a safe distance from people perceived as suffering from a mental illness.

How do we even begin resolving a crisis that we don't even like talking about? Making conversations around mental health mainstream is what we need, and events like this festival could be a way to facilitate such discussions.

On these lines, Mental Health Fiesta was held on 4th October at All India Institute of Medical Sciences (AIIMS), New Delhi. This event was jointly organised by Mental Health Foundation (India) and Department of Psychiatry, AIIMS, New Delhi and was attended by ~1500 people. The event included a mix of panel discussions, talks, and performances, involving mental health professionals, media personalities, authors, poets, and a stand-up comedian.

This event was held to mark the beginning of World Mental Health Awareness week. The World Health Organisation (WHO) theme for this year's mental health awareness week was "Suicide Prevention and Mental Health promotion". Aptly enough, a panel named *"The Power of Semicolon: Personal Narratives on Suicide" was* a highlight of this event.

Of late, community-based approaches to suicide prevention have shown promise. Aparna Joshi of Tata Institute of Social Sciences (TISS), Mumbai used the platform to talk about iCall, a psychosocial helpline started in 2012 by TISS. Panel member Nelson Vinod Moses described how a friend's suicide drove him to set up Suicide Prevention India Foundation which provides 'gatekeeper' training programs.

When we talk of caring for youngsters facing suicidal thoughts or mental health issues, parents are often the first point-of-contact. We can all testify to the make-or-break role their attitude can have on our mental health while growing up. In the panel "*Superheroes Wear Kindness: Fighting Battles Against Bullying*", Soma Das, a freelance journalist, described how a shift in her attitude from disbelieving-to-listening made a huge difference for her daughter who was being bullied at school. Later, Saswati Singh, founder of The Inspiration project and NavPrerna Foundation, described how her struggle as mother of a child with special needs led her to start the project.

Even if we have a strong support system of family and friends willing to listen to us, constant insensitive reportage of suicides by media can take a serious toll on our well-being. Overly descriptive sensationalised accounts of suicides can trigger 'copycat' suicides. Brij Bakshi, former additional director general at Doordarshan outlined how we can sensitise the media towards responsible

reporting of mental health. He advised journalists to avoid using the terms "commit" and "successful" in relation to suicides, and help change the narrative "from blaming to claiming".

Apart from the serious discussions, in keeping with its name, this event was a fiesta peppered with entertaining performances as well. A session filled with crackling one-liners by Padmashri awarded Hindi poet Surendra Sharma drew roars of laughter, while specially abled persons from the The Inspiration Project awed the crowd with a vibrant dance performance. A shadow play on suicide prevention by team Parindey from Mata Sundri College, Delhi University set the tone for the second half of the event. *Dastangoi*, an ancient form of Urdu storytelling, was performed by members of the Dastangoi collective. Team ScoopWhoop and Prakti, a music therapist, presented the concluding musical performances of the event.

What made this event special? For me, it was the right balance of light-hearted and serious discussions around various facets of mental health. The panels were not preachy, performances not insensitive, and the message not lost at any point. Mental Health Foundation India launched the hard copy of Mansik Swasthya Patrika, India's first Hindi e-magazine on mental health, at this event. In an official statement on the Foundation's website, MHF says, "The Festival brought together the youth of this country to express themselves, exchange ideas and start a dialogue on how important their mental health is."

The Department of Psychiatry at AIIMS, the co-organiser of the event, announced plans to conduct sessions focused on mental health in schools in the national capital. Sustained commitment of the stakeholders to the cause of mental health is the need of the hour, and this is probably what made the Mental Health Fiesta the event that it was. Here's looking forward to more of these!

First published on the IndiaBioscience website on 26 Dec 2019.

If you Need Help

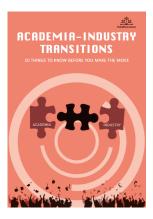A list of mental health services and helplines, curated by COVID Gyan

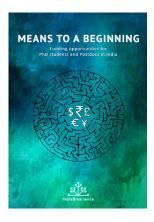List of Helplines | United for Global Mental Health

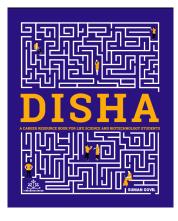List of Helplines | The Health Collective of India

We also welcome you to browse our collection of resources related to mental health.
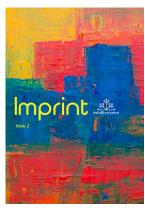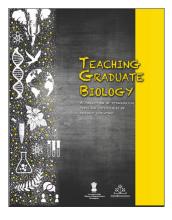
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