



Session	Pioneering approaches to mental health
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Mano Mathews: Hello everyone, thank you for joining this session. My name is Mano Mathews and I am Senior Vice President and Director of the Pune Operating Centre for Northern Trust. I am honoured to be the moderator for this session with our guest speakers Daleep Manhas and Shipra Dawar, where we are discussing the subject of mental health. We at Northern Trust are very passionate about this topic and we think it's very important for all organisations to address. Globally Northern Trust fosters a culture of caring: caring for our employees as well as the larger communities in which we serve. Employee wellbeing has always been at the centre of our talent management strategy and we have a comprehensive employee assistance programme that provides support for our employees across different phases of their life. We are delighted to sponsor this session on pioneering approaches to mental health and we hope that this session will benefit other participating organisations. Turning now specifically to the introduction for this session, we know that mental health is a deeply taboo subject in India and as a result the issues are poorly understood and access to information is limited and millions are not getting the support they need. In this session we explore bold and pioneering approaches designed to raise awareness about mental health conditions and increase access to support.

So firstly, I would like to introduce Daleep Manhas from McCann World Group. In October 2017 McCann introduced a campaign about mental health designed to break the stigma around mental health by urging people to spot the signs of depression among friends and family and reach out to those who could be suffering from mental disorders. Portraying real life situations, the campaign seeks to bring conversations around mental health into the mainstream. The campaign uses the tagline Dobaru Pucho [sic] [Hindi Language], Ask Again. Depression affects over 120 million people worldwide. It can interfere with a person's ability to work, make relationships difficult and ruin quality of life. In severe cases it leads to suicide, causing 850, 000 deaths a year. In addition to Daleep I am joined by Shipra Dawar. In 2015, recognising the lack of access to mental healthcare in India Shipra founded ePsyClinic. The IWill app is India's first online counselling service. Today this pioneering platform provides access to mental health care to hundreds of Indians every day. We explore the motivation behind both initiatives and discover the impact they are having on reducing the stigma and overcoming the obstacles around mental health in India.

In this session I will invite Daleep and Shipra to share and also discuss the impact these pioneering approaches have had on people and organisations in line with the theme of this Conference-Impacting change, challenging assumptions and disrupting the norm. So welcome Shipra and Daleep. Thank you for being a part of this Community Business India Conference 2018.

So, I would like to start first with you Daleep. In recent years McCann Healthcare has released two campaigns designed to raise awareness about mental health: Dobaru Pucho and Alzheimer's Local. Can you tell us a little bit about each of these campaigns?

Daleep Manhas: Yeah sure. First of all, thank you for having me here. It's a real privilege to be a part of such a platform. Starting with the Dobaru Pucho, I think why so many people took notice of this campaign was because it was spearheaded by a celebrity and for the first time a celebrity actually took pains to talk about issue that she is going through herself. I remember that in the past we wanted to do something for diabetes in India and we couldn't find even a single spokesperson for that. The only person who was willing to talk about it was Waseem Akram because he was already talking about it. But in the recent past we have seen that celebrities have become much more aware of their health concerns and talking about it. Like Irfan Khan spoke about his and now Sonali Bendre is talking about



cancer. But, yeah it all started with Deepika Padukone when she started to--seeing signs of depression in her and she knew that this can be completely debilitating, and she wanted larger audiences to become aware of this. So, our association started with her because she wanted her NGO to be branded by us, which was Live Love Laugh. During some of the interactions she found that this kind of a thought can't be just spoken through a website, as it will take a lot of time for people to understand such an issue and therefore she wanted to take it to the masses, she wanted [sic] to talk to more people. She did work with lot of news channels and media houses to create awareness. But I think Dohara Pucho was one of the grounding thoughts on which the whole campaign then started building up. The second one was Alzheimer's Local, it was a very, very simple kind of a campaign that was not done at a large scale, but I think the medium itself became the hero of the campaign. There are many people in India who are suffering from Alzheimer's and we just say they are getting old and that's why they are becoming forgetful. All these symptoms are just swept under the carpet, thinking that these are very normal aspect of ageing. But Alzheimer is a real disease and people need to be made aware of it. So, we took Mumbai local train announcement's as one of the mediums; if you have seen the campaign you'd see it was a simple idea of saying that when announcements happen the announcer actually forgets the next station. So, for example if it is going towards Western line it says that next station is Chowpatty or sorry the next station is Vasai and then it says that if someone near you is forgetting often it's a sign of Alzheimer's. So, it was a very simple message and people started taking notice of it. So that is the brief version of the two campaigns, maybe I'll elaborate more about the basic idea behind this as we move forward.

Mano Mathews: Thank you Daleep. That was very interesting and very innovative in terms of how you created that response from the audience [sic]. Now coming to you Shipra I would like to--I would like you to tell us a little bit about your IWill app powered by ePsyClinic which is India's no.1 online mental healthcare service. We're very curious to understand more about this app.

Shipra Dawar: Thank you so much Mano for that introduction and thanks to Community Business for actually organising something like this for the corporates and I think that's such a great cause and I must applaud you for it. I am the founder of India's first online mental healthcare service, called ePsyclinic. The idea to start ePsyclinic was to start a conversation around mental health, this was back in 2014 when people were not even talking about mental health. We just had a breakthrough, there were some apps talking about mental health but nothing on that scale. I worked for Boston Consulting Group at the time and I was seeing a lot of people who were working so hard and were very stressed, I also felt that pressure. So, I was curious to know why don't we talk about mental health issues as normally as we talk about like diabetes or fever? So online was the new mode through which food was getting delivered, taxis were being reserved, I thought this to be the missing link so to say. And I wanted to start something that could start a conversation, the idea to start ePsyclinic was not so much about treating mental health disorders when it started but it was to about opening up a conversation box, you know, so that people can actually acknowledge that they could be dealing with something and feel safe about it. Then we started ePsyclinic, we found that there are a lot of people with a lot of bottled up emotions and they all needed to open up and find a way to get quality healthcare. The mental healthcare system in India even now is fractured, so back in 2015 it was a different story altogether. So, then our team worked to put together an evidence based and research-based app which we named IWill. We named it that because anybody who is suffering from depression, anxiety or any mental disorder can work on themselves and improve. So, we wanted to give the power to the user and we created an evidence app. Till now we have served millions of Indians who have suffered from depression, anxiety, personality disorders and relationship issues and we've helped them get their life back together with the IWill app. That was the motive with which we started the IWill app and I am very pleased to say that we are living up to that dream everyday. So that's about ePsyclinic and IWill and I look forward to discussing more about it as we go forward in this session. Thank you.



Mano Mathews: Thank you Shipra. We can see the passion that you have for the topic in the way you have talked about IWill and I am sure the audience will be installing the app as we speak. So, coming to mental health challenges in India I would now like to address the mental health challenges we face. So Daleep, according to you, what are the challenges around mental health from an Indian context?

Daleep Manhas: There are few actually. I think one of the biggest things is the indifference that we have towards mental health issues. That is actually the bane of all the things that happen around mental health. People look at others who have mental health issues and one of the most common terms used is pagal [Hindi language] or mad; everyone with a mental health issue is seen as demented in India, and that is one of the big challenges that we always face. I remember a few days back I was talking to a person who had an online consultation app, he is the CEO of one of the online consultation apps, and he was telling me that on his app that most traffic is from two specialties - dermatology and psychiatry; and the reason why is anonymity. Because people don't really want to be seen outside a dermatologist's clinic because then people will look and be saying "oh either he has got a skin issue or there is some sexual issue that the person might be suffering from" and outside a psychiatrist because if you are seen sitting there, if you are seen taking any of these medicine you are branded a demented person. So that I think is one of the big issues that we face. Second is of course the lack of awareness that people have: what exactly it is, how it happens, what can I do, what are the sources available to me. Another big issue that we face is lack of infrastructure, I was just discussing it with someone today that we are seeing floods in Kerala and these people have been displaced, people have lost their life, people have lost everything and when these people will come back they will have more than just physical damage as it will also lead to lot of PTSD and no one is really talking about that. We don't have infrastructure in place where in these people will come back and they'll be counselled, they will be told that life will go on and as a result many people will end up becoming depressed, anxious or having long-term mental disabilities because no one had taken care of them. And last, it all boils down to in Indian context, the relevance part of it, where you have so many people struggling to make ends meet, how are you going to tell them that this is one of the most important things that they should be looking at, because if you have a fever or your body temperature is high and you're in pain you can't do much. But if you have mental health issues how are you going to identify that? So, I think that kind of education, awareness, is what is lacking today, and we should all come together to make sure that it happens. Yeah, so those are the mental health challenges that we face currently.

Mano Mathews: Thank you Daleep. That was very insightful, and I think you mentioned the challenges of stigma, infrastructure and relevance as something that we need to keep an eye on. So, coming to you Shipra, what are the challenges you faced while building IWill? What were the areas that needed immediate attention?

Shipra Dawar: Like Daleep said, one of the biggest things was stigma. Now stigma is not just about how others perceive me, it is as much as about how I perceive myself. So, building a social platform our job was not done until and unless people feel free and open to talk about their issues. And how have we dealt with the problem? That was one of the first and biggest challenges that we met early on in our game for our mental health service. Now, initially we found that only about two to three people were opening-up about their mental health issues and we did not know what was going wrong, why do people find it so hard to acknowledge that they could have a problem? Now I knew this challenge as I myself, had been a depression survivor. So, the first point I thought was just like Deepika Padukone had of course on a very large scale, I started doing talks about my own mental health issue with depression and how before depression I was a gold medalist, but with depression I had a slump and I had one of the worst times in my career at that point in time. But when I worked on myself, I took therapy, I took help, I actually got back to being a gold medalist, I worked with Boston Consulting Group and I here I am running a company. So, if I can do it, you can do it. So, the perception of seeing yourself as that



weak person, that had to break. And once that was broken, once I spoke, I saw a lot of people were just waiting to open-up about their challenges, because one of the things that people don't understand is that depression, anxiety does not impact only people who don't have everything in life. Rather it is becoming of a life that has everything. So, you could be really one of the smartest guys in your office and you could have a severe performance anxiety. You have nothing to be ashamed about, you know it. So, the first thing was breaking that taboo of perception in your heart that there's some flaw. Now the second challenge that we faced was that of supply, in the West we have a very systematic therapy and structure, we have the insurance that we have very good therapist base. In India unfortunately, we have only about 900 clinical psychologists, in the entire country, and we have people--1.2 or 1.3 billion people. So how do we serve with these limited number of people to a very large audience? So, we started meeting and creating content, creating assessments, creating certain free help tools so that people who actually cannot afford therapy can actually seek help from these guys, and we also worked in creating training modules for these therapists because they were, before this mostly dealing with things like schizophrenia, simply because people were not opening-up about depression and anxiety. So, they did not have that first-hand experience of giving a quality therapy to say a CEO of a company, who is that person that has everything going in his life and still has that emptiness; so, we had to train these guys. On the supply side we had to train them up, we had to create these models and on the user side, we had to break that perception of depression being a stamp of you being a loser - we had to make it look like just a footballer, when he or she plays, they get bruised all over and so, when you are playing your game in this world, you'll have mental health issues as a result of it and there is nothing to be ashamed of. Once that pain is gone then that challenge looks that much easier to overcome.

Mano Mathews: Thank you Shipra for that and I think you talked about these people getting depressed, free speech and being comfortable to talk to others about it and secondly the supply issues. Having gone through a bout of depression myself I can vouch for what you have just said. So, coming to Daleep, what kind of issues have your campaigns raised? How has it helped to challenge deeply rooted assumptions about mental health in India?

Daleep Manhas: So, I'll just give you a background about how we [unintelligible] this idea of Dobaru Pucho and I think on the way it will answer some of the things around this. What was happening is that because most of these signs are so invisible, mental health issues don't really-- as I told you it's not really a fever or a pain that someone can identify, and therefore you also don't know when to seek help, what can the other person do? As I spoke about infrastructure, I think one of the big things that we wanted to challenge is the human infrastructure that exists in our country. So today when I ask, how are you? The standard reply is "I am good", I ask, "what's up?" and you say, "nothing much" and that's where the conversation really ends. There is no dialogue that is happening. It is the same when we say "Namaste" [Hindi language] and the other person responds, and everything ends there. Now Dobaru Pucho was a way to say that if you find someone even slightly off mark, ask again. And that gives the confidence to the other person that yes, I am ready, and I am ready to listen to you. There are many people who have sort of lambasted us saying that this whole campaign stereotypes exactly what is wrong with depression. It talks about people crying, it talks about people hiding their emotions, but depressed people are laughing, depressed people are doing other things. But you'll have to understand that when you do a creative campaign, you are sort of supposed to show them what exactly you need to notice. You can't become so scientific. Otherwise it will become a scientific film. It will not have emotions. It will not be able to cut through so many people if you make it so drab and dry and say depression means these enzymes are not working, these hormones are not working and therefore this chemical is not being released. You have to normalise that conversation. And that's what I think, Dobaru Pucho did, because there was a celebrity behind it. But it also raised very important question that we have stigmatized depression and mental health issues more than they deserve to be. If you are willing to seek help and say, "help me", there are people who are going to listen to you and it also shows hope. Because at the end of every single story in Dobaru Pucho you'll find that there are people



who are opening up and now talking about it and they are feeling better about it. So, I think in a way what we were able to do was create this human infrastructure. If you look at the kind of initiatives that we took after Dohara Pucho was launched, like we worked very closely with Indian Medical Association, we tried working with communities, with societies. We--of course through website we were able to send communication. We were able to even tie up with some of the entailing platforms like Mahindra to send some information to people. So, in a way we were able to move lot of people through that campaign and similarly through our Alzheimer's campaign. It was such a simple messaging that people were able to understand that one of the first signs that they must look at is forgetfulness. Now if I get into Alzheimer's saying that it is a progressive, deterioration of brain and neuron starts responding slow and all those things I don't think I'll cut through. So therefore, that creative coup was taken to tell people that there is this one sign that you can hinge upon and through that you'll be able to help other people out. And in both the campaigns it was more caretaker like, so I think as a society it moved people.

Mano Mathews: I agree there with you Daleep, I think that the shock and awe approach to these ads that you had were really good for people to start talking about this. Okay, coming to you Shipra, how is IWill app challenge assumptions about mental health? What reactions have you faced from people who have used the services of the App?

Shipra Dawar: Right, so the IWill app has been all surprises up until this point. When I started, like I said, there were people who did not even want to acknowledge that there was a problem. But once they ceded the idea that it is okay to be depressed, that it's okay to be anxious and that there is a light ahead of this very long, dark tunnel; people actually started speaking up like they've never before. Now one of the most surprising things that I wanted to share here is that we have never spent a marketing dollar for our services. It's been 1 year and it's the stories that users themselves share, of their struggles, of their hope, of their coming forward and [inaudible] depression that's actually helping. They refer their friends, they refer their families, so that dream of being a small community that's very out and very vocal about mental health issues happened and it happened earlier than I had imagined it would. When we started I thought we will have to burn a lot of marketing dollars to get that idea home, but it hit home effectively because in India people were suffering and they needed that kind of place to talk openly, and there is an army of homemaker women who are facing depression – and when I started this business, I had never imagined that would be one of the audiences that we would engage with. Because I was working in a corporate environment I only imagined people having high stress jobs to be affected with depression, but with IWill I found that about 30 to 35% of our audience is homemaker women or women who have worked but now are out of a career, their husbands are really busy, they have kids, they have lives. So that was a very surprising thing and we had to mold our way through to understand why a homemaker gets depression because she doesn't have a stressful life, you know it's all easy for her, even in family households where there is an army of people to help them, to work for them. So, there's no work pressure. So why do they get depressed? But then again, that same feeling of I am not worthy, my kids don't have time for me, my family doesn't have time for me, my man is busy, you know, of course he is taking care of me, but he is not there most of the time. So that filled them with a lot of hopelessness about their lives. So that was another surprise that we had. And the third was the way business leaders reacted to IWill, we started a campaign called IWill speak out with big corporations and the idea was really to get the employees and the team members talking about mental health openly. But what happened with one of the company's was that the CEO said "I want to open about my challenge when I joined this company and he talked about longer hours, he talked about relationship issues, he talked about how he had these struggles and about how he wanted his leaders to better support him which did not happen at that point in time. But he was ready to understand them. Now that was really a surprising thing. We captured it, filmed it and used it in other corporations, and corporation after corporation we saw all the leaders coming up and speaking



about their mental health. We've just had an example from Amazon's CEO. I mean look how wonderfully he has asked that there to be no mail after six, and you know productivity does improve when leaders do things like that. So that kind of involvement, seen from the top, that was the kind of surprising feedback that I can gather from my journey up until this point with iWill.

Mano Mathews: Thank you. I think the audience and participants who have logged on are writing down a lot of these notes and I think the surprising fact about the issues impacting the home front as well as the corporate front is very important. So, coming back to Daleep, what has been the impact of your campaigns?

Daleep Manhas: Yeah so Dobaru Pucho, I think it gained a lot of eyeballs, because of a celebrity being there. Also, because the film created--it almost created very polar kind of--polarising views of people. There were few who just loved it, there were few who hated it, there were few from the community who said it is trying to again sort of make a mockery out of depression. But all said and done, I think it became a conversation. I think as we call it, a move from a clinic conversation and into becoming a living and a bedroom conversation. So that was important. That really helped. People started talking about it. Even in our office I have seen people really sort of coming up to me and talking about it. We had around 200 people on our website who shared their stories proactively, even without us really asking about that, people came up and they shared their stories saying that this is my fight with depression and this is how I survived. If you remember in 2016 there was a Bill that-- mental health bill that was passed which decriminalised suicide and empowers the mentally ill person to choose a mode of treatment. So that was also one of the outputs. I can't really correlate it directly that one campaign happened and the world around it really started changing but that is something that has happened. And if you remember our President Ram Nath Kovind, he addressed people about mental health, he said that the National Mental Health program will build 22 centres of excellence and we need to take mental health issues and impart knowledge to the grassroots level. So, these were some of the big ones that I remember about Dobaru Pucho. Specially with Alzheimer's Local--so what we did was we worked with Health Care at Home- it's the name of a company. They provide healthcare solutions at home. So, if you need any kind of services at home, they were launching their brand in Mumbai, and they tied it up with Alzheimer's Local and interestingly all the queries that they got were for Alzheimer's for elderly people. So many young people called them up after listening to our ad saying that, " I have an old patient at home who might or might not be suffering from Alzheimer and I would need your services over there. So that was like a benchmark for us to know that it is working and a lot of pharmaceutical companies, they work in this field, they also sort of reached out to Health Care at Home to say that we would want to partner with you to offer some of our patient support programs that we offer in different locations. So that really helped.

Mano Mathews: Yeah, I think that is very important as well and I think you talked about taking the talk away from the clinic to the home to the corporate world and also increasing the amount of support you can provide at the home for some of the Alzheimer's patients. So, coming back to Shipra, what has been the response to the iWill app, any surprise element, like Daleep has mentioned, any surprise element and feedback?

Shipra Dawar: So, response to the iWill app has been stupendous. Like I mentioned, I had never imagined that we will cross a million subscribers, yet we did. I never had imagined that there would be stories of real people every day. They actually market the platform for us. They say that 'iWill is good', and 'the iWill app does this for you', and 'you know you will be free of depression, anxiety and all those things'. So that kind of feedback from the user, I think that for me as somebody who started this service, suffering from depression has been a real high. Till now we haven't really had to deal with negative feedback where people did not find help or did not find us empathetic enough as a platform. We strive to be empathetic because depression, anxiety and mental health issues need that empathy. They need that care. As Daleep mentioned with Dobaru Pucho they targeted the caregiver because a



lot of the times people brush aside the mental health issues in their loved ones. So, it's very important to have that empathetic ear for you. So that's what IWill did really nicely and I am very proud of that. Another thing that I wouldn't say only IWill did, but I would say a lot of other online players and offline players: the fact that therapy is expensive. And the fact that you need therapy as a treatment to actually get better because you know just like fever you need therapy, in that that's pharmacotherapy, in mental health you would need medication, you will need psychotherapy and you will also probably at some point need hospitalisation. So, all of that is costly affair which means that it will need you to spend money. Now once we have dealt with the challenge of stigma, once we have dealt with the challenge of your family appreciating, the third challenge is the challenge of financing this. Now this was a big hurdle, a big hurdle because insurance in India doesn't at all cover mental health issues. But luckily with a lot of lobbying i think and a lot of--I wouldn't say lobbying, gets very commercial, but I would say a lot of responsiveness from this present-day government. On 16th August, which happens to be my birthday also, but 16th August 2018, we actually passed, it was with immediate effect that we passed and insurance now will be there for therapy, for medicine, for hospitalisation and I see that as one of a collective, it takes a village, IWill alone couldn't have ever done it and there are many other platforms like YourDOST and Serenity, we've all worked you know in-in from our own zones and we've made that possible. That mental health will now be insurance covered, which means that once you are ready to seek treatment, you have the resources to do it. So that I think is a really great moment. And third one which I had mentioned earlier, but which I would like to reiterate that the fact that corporations and their leaders are taking interest in mental health. Community Business has done this Conference. So, which means that there is a change that is happening, which will sow the seeds to making this day possible where it will become the same way that we are talk about fever that we talk about depression and anxiety.

Mano Mathews: Thank you Shipra. So, I got out of that empathy, financing and the insurance aspect that's coming and that's supporting your initiatives and obviously the leaders taking a lead in their corporations to talk about this. So, as we close I would like to ask the panelists, what is their call to action for the corporate sector? So Daleep, as you know this Conference is targeted at the corporate sector, what role do you think companies can play in addressing mental health at the workplace and what is your single biggest request?

Daleep Manhas: So, when I was thinking about it, I think one of the first things that comes to my mind also is that we give a lot of importance to the brain but not to mental health and I think we should start giving it the importance that it deserves. I head an organisation and I can tell you with surety that nearly 30-40% of people in my office must be going through some kind of a mental health issue. Interestingly after we did Dobaru Pucho--Alzheimer's Local it did not really come into the corporate kind of set up because it's a slightly older generation thing, but I have started applying a lot of learnings in my day to day dealing with my staff. I was talking to one of the senior guys in my organisation and he told me, "can you believe it that I have been detected with clinical depression?" And I told him that, "you should be happy that you have been diagnosed at least, there are 90%, 99% of people who don't even get recognized with this issue and they keep suffering". And I think that what we don't understand in today's world of profit and loss and maintaining profits, growth and everything that we need to do, a person who is sick, you can see it. And maybe in two or three days he'll recover, but a person who has got mental health issues might be in your organisation and if you don't do anything in the long term it will definitely impact you badly. Because that person might not be working at his optimum capacity and you are just going on with him thinking it will sort out sooner or later. So, I think my biggest request would be to create a human infrastructure in your organisation, it does not take too much time. Just maybe a minute if you talk to someone you will be able to at least understand what they are going through and then you can put checks and balances in your conversation and in your organisation to make sure that mental health issues are also identified. I worked with Nestle and I



have seen out of all the clients, Nestle is one of the clients that has really started investing a lot in mental health. They have a mental health helpline number which is available 24 hours. You can call them up anytime you want to and can discuss that. So, I think that's a welcome step and it is moving in the right direction. So, my last thing would be start doing Dohara Pucho in your organisation. You might unearth something which you have never found with your employees and it will lead to better output at the end of the day. In the short term you might feel it's a hindrance to your profit and loss but in the long term you will definitely find that it is going to return big for you. Thank you.

Mano Mathews: And I think the key there is open communication, asking again, especially because mental health issues are invisible, so I think the importance of asking again. And coming to you Shipra, what is your call to action to corporate representatives watching this session? How can they help to impact positive change in India around mental health and wellbeing?

Shipra Dawar: Thanks, thanks Mano for that question. I think that is the crux of this conversation that we've had today. What can we do to--ahead of us to kind of deal with this challenge which like Daleep said is an epidemic? It's a fact that a study by Assocham suggested that more than 45% of people working in the corporate environment have been diagnosed with clinical depression, now that number is alarming, but it also sends a message. These people that we choose to ignore are the high performers, are the movers and shakers of the organisation. They are the real engines which are carrying forward. Like he said, profit and loss, it's the employees. It's their collective which makes a company successful. So, investing in their mental health is investing in your own company. Now that's an idea which has been planted well in some of the Western countries and that same idea, actually much more, needs to be planted in India. Because we actually drive maximum number of GDP from human brains right: we have a service economy which means that we need to invest much more in mental health. The first point to do that, is to, like Daleep said start an open conversation in your offices. Like I mentioned, at these talks I will speak up. Now when your leader, when your HR manager, when your Director, reporting manager that you report to, when they ask you, "are you ok?" and even more importantly they share that they had issues as well, that kind of builds a two-way dialogue. Rather than just saying I care for your wellbeing, it also shows that I was as vulnerable as you. One of the things that we overdo in corporations is that we try to be tough all the time. Now we are human beings, we have relationship fallouts, we have work fallouts, we have missed deadlines. So, the point is that make it more conversational. Make it a dialogue. Don't just ask your team members to talk about their issues, tell them what your issues are. And in that way, you will also find that support network. So, like a human infrastructure, a dialogue infrastructure is needed. Number two is a support system for mental health issues as and when they run home. Now a person, once they are diagnosed with depression, it's in the company's best interests to help them find help. Now this could be through an office counsellor, this could be through a clinic, this could be through talks that are served to them. There has to be some way in which your team member is supported through that. And number three is thinking about family as a whole when you are thinking about your employees, because in this day of attrition, where you know we have people working on AI, people working on BOTs, you know, it's human being, the human capital that you need. So how will you retain them. Think at the family level. What are the kind of policies that you can adopt, like I had mentioned, Amazon. So, if your employee is working until six on the desk and is all there and after that if he or she is for their family, it's perfectly okay. So, think on the larger spectrum because once your employee is overall happy, they are much more likely to actually be very productive. It will never be counterproductive if you invest in human energy, in human mental health and emotional health and that's what the corporations need to do urgently.



Mano Mathews: Thank you Shipra for that. I think the highlights I got about that again is open communication and the element of being human. So, thank you both. Unfortunately, that is all we have time for. As this session comes to a close, I would like to thank, on behalf of Community Business, our panelists, Daleep Manhas and Shipra Dawar. Thank you both. So, your stories and the work you do are truly inspirational, and I think we thank you for all the work you are personally doing to challenge assumptions and impact positive change when it comes to mental health in India. As you may know, addressing mental health in workplace is a key focus area of Community Business: the organisers of this Conference. And--and they have been conducting research and advising employees on how to begin these conversations and promote mental health and wellbeing within organisations and beyond. I encourage you to tap into their expertise and resources they have to offer. So please do contact the team at Community Business. I would also like to add that Northern Trust was also a proud sponsor of Community Business's pioneering research: 'Embracing mental health in the workplace in Asia', which looked at five Asian markets including India. This was just launched in July this year and is available both as a summary extract and a full 84-page report. I encourage you to download and take time to read this report. For now, on behalf of Community Business, I would like to thank you for attending this session. The recorded session will be available for download for 30 days, so please feel free to share it within your networks. Community Business have many other great sessions lined up today so, don't miss the opportunity to browse through the programs and tune in. Thank you and goodbye.



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