

Effectiveness on Counseling Initiative in enhancing Women's Mental Health & the significance of Women's Health in Digital era



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Abstract:

Digital Women's Health Counseling Initiatives refer to use the technology for providing counselling and utilisation of support services for women's health. It often includes reproductive health, mental health, and overall wellness. These initiatives opt the platforms like mobile apps, telemedicine, and online communities to improve the accessibility, enhancing the information delivery, and thereby empowering women to participate, envision and take control of her own health.

Key words: Women health, digital platform, Mental health support, Education, Power, Accessibility

Key components:

1. Digital Platforms
2. Telemedicine & Remote Consultations
3. Mental Health Support
4. Reproductive health care inclusive of fertility issues
5. Pregnancy care
6. Accessibility & Comprehensive approach
7. Education & Empowerment

Categorize services:

1. Virtual Consultations
2. Monitoring health parameters
3. Enforcing patient education
4. Periodical follow-ups
5. Counseling – Process Recording
6. Referral Services
7. Holistic Health Consideration

Touch points:

1. An initial consultation with a clinical counselor function as a key touchpoint, setting the tone for the patient's healthcare experience.
2. Informing about the importance of diagnostic tests provide insights into a patient's condition and are touchpoints that can greatly impact their health trajectory.
3. After the prescription pickups and medication management, getting help from the clinical counsellor for the method of use and the knowledge about them are crucial for ongoing treatment, representing touchpoints that contribute to a patient's ability to manage their health actively.
4. Enforcing about the follow-up appointments and chronic disease management are touchpoints that support continuity of care and can prevent complications.

5. Patient portals and telemedicine appointments are increasingly integral touchpoints, offering convenience and accessibility for patients.
6. Patient customer service interactions, though administrative, are touchpoints that contribute to a patient's overall satisfaction with their healthcare experience.

Patient Journey:

1. Mapping the **patient journey** identifies critical moments where engagement is essential.
2. It highlights information gaps and points where patients might feel lost or uncertain.
3. Care teams can visualize a patient's progression and anticipate their needs, streamlining care coordination.
4. By understanding patient flows, healthcare facilities can manage resources more efficiently.

Symptom Reporting: Patients verbatim – Objective Data On observation and collection of history – Subjective Data

Assessment: At the time of initial reporting – Primary session On going assessment – After the first session

Counseling: Contains of four phases: Pre interaction Orientation.....Execution Termination

Lifestyle modifications/Plan – Will be included in the Termination phase of the session with the patient/client

Referral: Some cases it happens in the assessment phase and in some cases it happens after trying the lifestyle modifications, where the medical management is necessary for approaching holistic health [Medical Management & Psychological Management (Counselling) both in hand to hand for the betterment of outcome]

Referral protocols for escalation:

In women's health, referral protocols ensure appropriate care for conditions requiring **Referral Process:** It takes place between the referral service & the receiving service

1. Communication
2. Notification
3. Referral form
4. Informed Consent
5. Feedback
6. Coordination of care [Interdisciplinary care]

Referral protocols in women's health are essential for providing timely, appropriate, and high-quality care to women who may require specialized attention or higher-level medical interventions.

We can plan a referral process in **six steps:**

1. Identification of the need
2. Gathering information
3. Finding the right resources
4. Making the referral
5. Follow-up
6. Evaluation

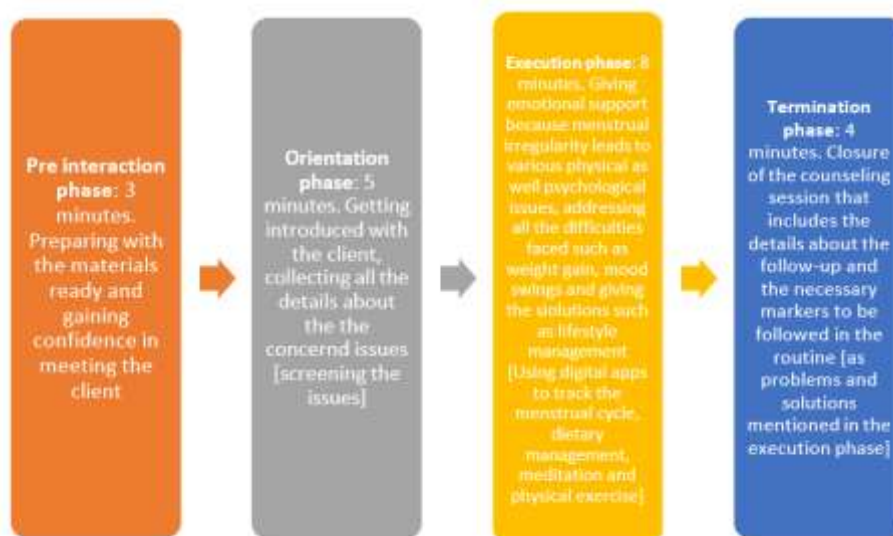
Referral process remains the same but the complaints, symptoms, and the observation markers will be differ from consultant to consultant as per the specialization

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1. Counseling Approach Design

- ✓ interaction and orientation phase is possible

2. 20-minute session structure:



Project Management Roadmap

- Define 3-month milestone plan: Awareness → On boarding → Service delivery → Impact

assessment

- Developing public relations
- Raising awareness about counselors

specialized expertise or higher-level facilities

1. First virtual counselling session:

- ✓ The first session typically focuses on building rapport, understanding the individual's specific concerns, and exploring potential causes and treatment options.
- ✓ The first step will be **building rapport & trust**
- ✓ Then working with the client to **understanding individual needs** such as collecting about the menstruation history which includes, frequency, duration, abnormalities that includes pain, and any other associated disturbances
- ✓ Discussing about the **treatment options** and directing with the options of the right place for it
- ✓ Addressing the **emotional impact** because menstrual irregularities can have a significant emotional impact, leading to anxiety, depression, and other mood disturbances.
- ✓ In the first session, includes **providing educational materials** pamphlets, leaflets regarding menstrual irregularities and the other available resources including the condition
- ✓ In the forthcoming execution phase, setting goals and the expected outcomes will be framed because in the first phase only pre

availability & their exponents

- Utilizing social media and other outreach methods ensuring that the counselor's availability is known to others in the community
- Communications in the internal level
- Taking orientation and making sure about the organization's policy, procedures and knowing the expectations of the company
- Taking necessary training about the soft wares, record keeping and any other special concerns
- Developing good and positive relationships with the team members and developing networking
- ducting the initial counseling session pro actively, establishing rapport and gathering the details from the client
- Managing cases, tracking the progress and delivering the successful outcome for the client
- Conducting interdisciplinary meeting and collaborating with health team members for the holistic care
- Collecting data in perspective from patient's side towards the counselor's work, like total number of patients served, their responses, getting feedbacks through survey or feedback assessment form to see the effectiveness of the treatment
- Finally, identifying the impact of counselor's effectiveness in terms of work, its outcome and appreciating the areas attained well and pointing the factors to be improved for still bringing up the efficiency in future work
Team roles needed (tele-counselors, content creator, outreach worker, backend tech

Tele Counselors:

Key responsibilities:

- Conducting outbound and inbound calls to prospective students to provide information about the university's programs, admissions process, and other relevant details.
- Providing counseling and support to individuals who are seeking guidance on their educational and career paths
- Building and maintaining relationships with prospective students by addressing their inquiries and concerns in a professional and empathetic manner.
- Collaborating with the admissions team to ensure a smooth transition for prospective students from inquiry to enrollment.
- Keeping detailed and accurate records of all interactions and counseling sessions with prospective clients.

Content creator

1. A Bachelor's Degree in Healthcare, Public Health, Nursing, Medicine, Biology, or related fields.
2. Certifications in Medical Writing, Digital Health
3. Experience as content strategist, content strategy, social media management, and medical communication.
4. Proficiency in digital tools such as Google Docs, WordPress, Canva, and Grammarly.
5. Strong understanding of health regulations, patient education, and medical ethics.
6. Ability to translate complex medical concepts into digestible content for various audiences.

Health Outreach worker/Marketing

1. Develop and implement outreach programs to promote health and wellness in the community
2. Conduct health assessments and screenings for individuals in need
3. Identify and refer individuals to appropriate healthcare services and resources
4. Collaborate with local healthcare providers and community organizations to build partnerships and coordinate services
5. Provide education and support to individuals on health-related topics and wellness practices
6. Maintain accurate and up-to-date records of outreach activities and client information

Back end Technicians:

1. Obtaining, processing, and recording healthcare data.
2. Ensuring information quality and security.
3. Installing and administering basic computer systems and networks
4. Determining hardware and interface problems and providing support.
5. Develop and maintain server-side applications.
6. Manage databases and data storage.
7. Collaborate with team members.
8. Frame & Implement conceptual frameworks.
9. Conduct troubleshooting and debugging.
10. Optimize scalability and workflows

Tools: How will you track enrollment, manage data, and measure engagement?

The common and the easiest tool that is accessible to all that is internal team members are "GOOGLE FORMS and MS EXCEL SHEET"

This helps to maintain the total number of clients

enrolled, their concerns, the interventions given, their outcome and the referral details also
 We can implement HIS also, Healthcare Information System/Hospital Information System These are the basic tools which I've used for storing the data during my counselling sessions in the pandemic outbreak.

Risk factors: Address cultural stigma, digital illiteracy, family hesitation, and dropout

The tactics/strategies to address **cultural stigma** are

1. Challenging the discriminatory practices
2. Explaining the need arising and the policy changing scenario
3. Promoting equal access to care unbiased gender care that is gender equality
4. Performing the cultural sensitivity and oriented way to bring changes in their mind
5. Ensuring the educational materials available in the local language for their easy accessibility
6. Involving head of the community in the implementation of the interventions planned

Addressing digital illiteracy

1. Highlighting the benefits of the tool
2. Making it user friendly
3. Creating awareness on using the applications
4. Bringing hands on experience
5. Improving the usages by reinforcing
6. Making in the local languages / regional languages in the application
7. Ensuring safety and security that is privacy for the client's information

Addressing family hesitation in initiating the opening up / venting the concern problem

1. Ensuring the privacy for the client
2. Making sure the confidentiality of the information
3. Respecting their cultural values
4. Being transparent and showing honesty gestures
5. Listening to the client and encouraging them to overcome their hesitation
6. Make sure they are heard and not being judgemental
7. Utilisation of audio visual aids for better understanding and not making complexity for the client
8. Some issues need to be concerned one - one approach [personalized] and not group discussion in the initial phase

Addressing dropout of patients from the health care services

1. Developing positive rapport and healthy relationship without crossing the boundaries
2. Being flexible in scheduling the sessions and clear communication
3. Being transparent and not giving false reassurance
4. Not exaggerating the truth and by using non-threatening terms
5. Improving patient satisfaction
6. Periodic surveys and feedback from the patients
7. Addressing the shortcomings and trying to improve quickly

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 3. **Outreach plan**

Suggest how to enroll the first 1,000 women from North India in this program along with the channels

1. Creating awareness circulars, notices, pamphlets, leaflets
2. Approaching the health care sectors such as community centres, primary health care centres and explaining about our initiatives
3. Approaching to the community heads, panchayat leaders, village health officers, schools in the village areas and ensuring the leaders to talk on behalf of us and encourage children and their mothers to enroll in our initiative
4. Contacting NGO's, voluntary organizations, de-addiction centres and make them to talk on behalf of us and encourage the needy persons to join in our Ayushman
5. Approaching G-100 & Sheconomy initiatives and make the dignitaries to create awareness about our initiatives and make the women to enrol
6. Conducting Research project on this and by giving some amount of remuneration to the study sample, in this way we can enrol 1000 women initially
7. Focusing on vulnerable population through our outreach team and by taking help of ASHA workers in the community areas and reach the needy people
8. Jingles in the AIR and local channels also paves way for enrolment of the needy
9. Approaching nursing and paramedical colleges in the belt of Northern region and create awareness about our initiative in which we can get remarkable attention
10. Local workers such as labourers in the building site need to be approached by person, explain the initiative and make them to enrol [We need a strong outreach team]

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