Challenges of Covid-19: Mental Health and Well-being

Among the Visually Impaired

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Challenges of Covid-19: Mental Health and Well-being Among the Visually Impaired

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Preface

The 21st century places great emphasis on the perfect body. Anything less is unacceptable, which not only is harsh, but is judgemental and completely unwarranted. This point of view induces individual low self-esteem but represents just one end of the spectrum. Consider an individual with a disabled body. However, politically correct the terminology, they belong to a social category that is marginalised, stereotyped, discriminated against, and who experience great pain and trauma for their handicap in addition to human rights violation, inequality, injustice and oppression just to name a few.

Despite extant legal rights, governmental policy, professional assistance and institutions that provide increased educational opportunity, it is imperative to address the psychosocial-emotional processes of growth and development of the disabled. It is essential to ensure they are not made to feel inferior or defective, and that efforts are made to enhance their everyday functioning through medical, social, psychological, architectural (disabled-friendly buildings), cultural, legal, economic, political, and religious means.

To ensure a measure of equality in addressing their needs, desires, wants, issues and concerns equivalent to an able bodied, requires an equivalent measure of participation and development, if we are to accept the social construction and cultural meaning in social relations in persons with disability.

The World Health Organisation (WHO 2001) International Classification of Functioning, Disability and Health; recognises the interplay and interdependence of biology and society. Health and disability are viewed as a singularly holistic experience, integrating the biological, psychosocial, cultural, and physical environment in the individual consistently.

The present research program adopts this approach to locate and situate the visually impaired person at the centre of the investigation. Using the participatory method, that is, provide the participants with a sense of agency and voice to talk, discuss and share their issues, concerns, and challenges. The context of the program is set during the COVID-19 pandemic, yet it examines the participants' needs and provides the necessary inputs for self-care in the psychological domain. The program was designed in a unique way such that each participant interacted in multiple ways with the research team. To overcome the barriers and limitations posed by the pandemic in terms of offline and in-person interventions, internet and online conferring-based mode was undertaken. In today's world of technology, the internet has become an enabler of communication. Research has demonstrated the effectiveness of a tailored internet support intervention to increase the social participation of youth with disabilities (Raghavendra et. al., 2013). This proves to be an important tool for community outreach in the time of a global pandemic.

Acknowledgements

No research program is successful nor can it be brought to its conclusion without support, patience and guidance of the people who were actively involved in its funding, conceptualization, implementation and report writing. We express our gratitude to All India Confederation of the Blind (AICB) for funding the project and making it possible for the girl students to attend the program on assessment of challenges faced during Covid-19 and learning self-care techniques.

We are sincerely grateful to the Late Shri AK Mittal, then President of All India Confederation. We are sincerely grateful to the Late Shri AK Mittal, then President of All India Confederation of the Blind (AICB) who was the primary guiding force for this program. He provided the impetus and encouragement required for us to sustain such a unique program. Our appreciation to Mr. J L. Kaul, Secretary General of AICB, who provided us with insights and active involvement in the project program. We extend our thanks to Mrs. Muthu Selvi, Vice President of AICB, she created the links for each webinar and feedback sessions. She was prompt in sending us the links and the recordings of the same to the research team.

Many people have contributed towards contacting the girl participants for the program. We are indebted to Shankar Lal Gupta, Vice President of AICB, who spread the message for the webinars among the girls of Uttar Pradesh. Mrs. Gauri Sen supported the program by encouraging girls to participate from Gujrat. She attended the webinar sessions and also helped in translating the program to the participants. Mr. Jitender Bhargava, Secretary, Netraheen Kalyan Sangh who helped spread the message about the program in Rajasthan. Mrs. Shubhangi Mishrikotekar spread the information regarding the project in Pune. Mr. Chetan Sharma helped us spread the message in the Rajasthan groups.

We thank Dr. Bhushan Punani, Executive Secretary, of Blind Person's Association, Gujarat who on discussion with the project with him, deputed Ms. Kinnari Desai from his office in Gujarat to spread the message amongst the students. Ms. Kinnari Desai from Blind Person's Association encouraged girls to take part in the project and she was herself available for taking part in the webinars. She was very kind to translate the instructions in Guajrati whenever required and this helped to remove the language barriers and helped students to capture the nuances of the program. Mr. S.K Singh, Honorary Secretary General, National Association for the Blind, India introduced participants from Mumbai and encouraged participants to share their concerns and issues. Shilpa and Suman, students from Rajasthan were the participants and also played a major role in motivating other participants to open up during the webinars and discussions. Finally, Mrs. Neelu introduced participants from Rajasthan.

The research team consisted of three Program Coordinators - Preksha Kansal, Deisha Sethi, and Bhavya Joshi. We are proud of the team's efforts in terms of cooperation, coordination, commitment and timely support. Their dedication and steadfastness to rise to any crisis during the program is unparalleled. In addition, their enthusiasm and bonding with each other, made it a pleasure to work with them. The two Coordinators - Arlita Saha and Sanjula Gupta - worked quietly and tirelessly as the pillars of constant support for the research team, our special thanks to them. These five team members conceptualized, created the content of the program, actively delivered the program for over two months, and finally in writing the report.

Additionally, our special thanks to the assistance rendered by Charvi Tandon, Anaya Chandra, Guraksh Bhagi and Daisy during the course of the webinars and Breakout rooms. To Sharlin Thomas for helping with the review of literature. Our special gratitude to the team of students who burnt the midnight oil to transcribe the time-consuming recordings - Charvi Tandon, Shreya, Maryam, Aditi, Devanshi, Guraksh, Rhea, Yashika, Alanis, Arusha, Tanya, Srishti, and, Esha.

The final acknowledgement, in many ways the most important, is for the participants who have helped demystify and sensitise us about the notion of disability. It was a novel experience to be a part of their world that was characteristized by resilience, energy and bonding, along with pain, stereotyping and discrimination. The team gained in-depth knowledge about the psycho-social aspects faced by the visually impaired population. The girls have inspired us and made us rethink about living life to the fullest!

Ms. Manjula Rath, Chief Coordinator

Dr. Preeti Kapur, Research Coordinator

Contributors

Arlita Saha (she/they) is a Final Year Undergraduate currently pursuing Psychology from Lady Shri Ram College for Women, University of Delhi. At present, she leads the Peer Support Team at You're Wonderful Project; working in the area of mental health and its political intersections with marginalised identities. With a keen interest in disability and gender studies, she has partaken in community interventions and research projects embedded in the post-modernist paradigm. Her previous work has been advocating for disability access, inclusive education, and in designing STEAM (Science, Technology, Engineering, Arts and Mathematics) Learning frameworks through Arts integration. In her free time, she likes to perform theatre, play the piano and paint vibrant skies.

Bhavya Joshi is a graduate in psychology from Jesus and Mary College (JMC), Delhi University and is pursuing masters in clinical psychology from South Campus, University of Delhi. Co-founder at Emodite, Bhavya is working towards building emotional intelligence skills among school students. Bhavya has keen interest in working towards mental health promotion with the child and adolescent population. She has experience of working with vulnerable populations at the grassroot level, along with experience of clinical internships at renowned hospitals and clinics. Bhavya works with the intention of integrating the potential of psychology, art and sports through Emodite to help young people develop emotional intelligence.

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Preeti Kapur is a retired Associate-Professor who considers herself to be a student of Psychology first rather than as a teacher. Her academic acumen and research interests have been in culture studies, religious studies, gender relations and community out-reach programmes. Her passion for the subject has translated into working towards youth growth and development in areas of mental health and well-being, and sexual health and hygiene.

Preksha Kansal is a Postgraduate student currently pursuing Psychology from University of Delhi. She is an alumna of Queen Mary’s School, Delhi, where she was the topper for her batch. A passionate dramatist, debater, poetess and a singer, she yearns to amalgamate the academic field of psychology with the exciting realm of expressive arts. A hard-core feminist and an ally at heart, she is also a certified career coach as well as the President of Psychology Association, University of Delhi. Her research interests mainly center around topics of positive psychology, emotional intelligence, interpersonal relationships and organizational behavior.

Sanjula Gupta is a final year undergraduate student pursuing psychology at University of Delhi. She has worked in the arenas of mental health, peer support and community work. She has a keen interest in exploring the intersectionality of gender, caste, sexual orientation and disability with mental health, and is an advocate for inclusive psychotherapy. She also has an inclination towards grassroots research along with community interventions, and understanding mental health from a political lens.

Introduction

Mental health is an all-encompassing construct that influences every aspect of an individual's life, including one's social, emotional and psychological well-being. It determines an individuals' capacity to thrive in social situations, adequately react and adjust to challenging stressors, and make sound decisions, while at the same time relating to others along the way. Its significance has been presented at every stage of life, and irrespective of identity. Even though the crucial role, mental health plays is universal, there are some segments of the population at large which show a growing need due to added impediments. These challenges are governed by privilege and power dynamics, such as those mediated by caste, class, disability, gender, sexuality, race, among others.

For vulnerable populations which exist in the margins, societal exclusion worsens the mental well-being of members. People with disabilities come forth as such a marginalised group, experiencing increased challenges posed by lack of accessibility and government intervention/policies, which subsequently put their mental well-being at risk. During a global pandemic with prolonged national lockdowns, further coupled with the absence of adequate safety nets and coping resources, the well-being of marginalised groups is expected to deteriorate further. Hence, the present project was a community intervention to assess and improve the mental well-being of women with visual impairment in the context of the COVID-19 Pandemic. The pan-India study had participants residing in Uttar Pradesh, Maharashtra, Rajasthan, Gujarat, and Delhi.

The research aimed to make self-care accessible to a population existing at the margins, who were the most vulnerable in the unprecedented times of a global pandemic. This was also done keeping in mind the necessary modifications to the delivered content made in accordance with the participants' access needs. The theoretical underpinnings of the programme existed at an intersection of psychology and disability studies. In the designing of the webinars, the theoretical framework was guided by elements of the Cognitive-Behavioural Therapeutic model as well as Positive Psychology. Aspects of CBT, involving the feelings-thoughts-behaviour link, techniques for cognitive restructuring and emotional regulation were incorporated in the program. Additionally, constructs borrowed from the realm of positive psychology included gratitude, optimism, happiness, hope and resilience. A special focus was on the facilitation of growth of participants' self-concept and self-esteem, along with a furthering of their emotional intelligence.

The aforementioned framework was implemented through webinars, following a three-level process that began with a common introduction to the topic, succeeded by focus group discussions in smaller groups. Subsequently, the closing segment allowed for further sharing of thoughts and experiences of the participants, along with clarification of doubts. It was ensured that the space was also one wherein participants could share similar lived experiences and learn from peers, through discussions and enquiry-based learning.

People with disabilities are expected to behave within the normal constraints, while constantly being reminded of their non-normality through interpersonal interaction, architectural barriers and restricted vocational choices (Holmes & Karst, 1990). The present study attempts to assess the well-being level along with intervention sessions aimed to cultivate a space for authentic self-expression, and to proceed without value judgement or preconceived notions. Other challenges encountered and grappled with included adaptation to an online medium along with language barriers. The study, henceforth, tread uncharted territory in the Indian context, with its unique focus on the holistic and multifaceted well-being of young women with visual impairments.

Disability: Terminology, Definitions and Connotations

Before delving into an intervention of such a scale, it is imperative to understand fully the concept and definitions of disability and the nuances of what it is not. The World Health Organisation (WHO) understands disability as “an umbrella term, covering impairments, activity limitations, and participation restrictions.” The Rights of Persons with Disability - RPwD Act of India (2016) defines disability based on an evolving and dynamic concept wherein a “person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.” Hence, disability represents a departure from the norm in terms of performance of the individual, as opposed to that of the organ or mechanism.

The oft used terms, such as, impairment, handicap and disability are often used interchangeably, but have different meanings. “The International Classification of Impairments, Disabilities, and Handicaps” by WHO (1980) explains the differences between the terms. Impairment is defined as “any loss or abnormality of psychological, physiological, or anatomical structure or function.” Impairment represents deviation from some norm in the individual's biomedical status, and definition of its constituents is undertaken primarily by those qualified to judge physical and mental functioning according to generally accepted standards. In the context of health experience, a handicap is defined as “a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.” Thereby, handicap is characterized by a discordance between the individual’s performance or status and the expectations of the particular group of which they are a member.

Prevalence of Disability

About 15% of the world population lives with some form of disability (WHO 2010, World Population Estimates) wherein nearly 200 million people suffer from considerable functional disabilities (World Health Survey, 2010). The global increase in chronic diseases and higher risk of disability is seen to make disability a greater concern for the world in the future. The proportion of India's population with disabilities has been estimated at somewhere between 2.21%, according to the Indian Government 2011 Census (Ministry of Home Affairs, 2016) and 24.9% according to the World Health Survey 2002 (World Health Organisation and the World Bank, 2011).

The above figures do not necessarily provide us with a true picture. One must, however, take into account that statistics such as these tend to be a gross underrepresentation due to the stigma associated with disability, the lack of awareness, and the lack of sensitivity and knowledge among those who carry out operations such as these.

Visual Disability

Visual disability is a form of physical disability with nearly 2.2 billion people worldwide estimated to have some form of visual impairment. The prevalence of distance vision impairment is found to be four times higher in low- and middle-income regions of the world compared to the high-income regions (Bourne, Flaxman, Braithwaite, Cicinelli, Das, Jonas, 2017). In the Indian context, 18.8% of the disabled population live with visual disabilities.

The International Classification of Diseases 11 (2018) classifies vision impairment into two groups, distance and near presenting vision impairment which may be understood as a spectrum.

Distance Vision Impairment	
Classification	**Visual Acuity Presentation**
Mild	Worse than 6/12
Moderate	Worse than 6/18
Severe	Worse than 6/60
Blindness	Worse than 3/60
Near Vision Impairment	
Near Vision Impairment	Worse than N6 or M.08 with existing correction

Conceptualisation of Disability Concerns: Prevention of Effective Participation in Daily Functioning

In order to begin making disability inclusion a norm, one must first understand the issues faced by people with disabilities. Such an understanding can only then enable the larger community to take actions in eliminating the barriers preventing effective participation of people with disabilities in daily life functioning and civic life. Every human being faces daily life hassles regularly but for people with disabilities the intensity and frequency of occurrence of these barriers is insurmountable. Herein, we need to understand that although disability equates to significant disadvantage, not all people with disabilities are equally disadvantaged.

The World Health Organisation (2001) defines such barriers as “factors in a person’s environment that, through their absence or presence, limit functioning and create disability.” These include aspects such as (a) a physical environment that is not accessible, (b) lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices), (c) negative attitudes of people towards disability, (d) services, systems and policies that are either nonexistent or that hinder the involvement of all people with a health condition in all areas of life. Barriers such as inadequate laws, negative social attitudes, lack of financial resources and a lack of data combine to significantly limit such accessibility for those with disability (World Health Organization and World Bank, 2011).

The following sections detail varied forms of barriers along with its impact on daily life functioning and active participation as a member of the family, social group/s, community and citizen of the country.

Policy-Associated Barriers

Some of the major barriers faced by people with disabilities have been discussed, with policy-associated ones being one of the primary structural hindrances. (Convention on the Rights of Persons with Disabilities and International Classification of Functioning, 2010). While governmental policies and laws may exist for the benefit of persons with disabilities, lack of awareness and enforcement of such laws lead to barriers that add to the disadvantage of people with disabilities. Often, policy designs do not take into account the concerns of people with disabilities. While significant literature supports the meaningful participation of persons with disabilities in policy processes and consultations worldwide, yet studies conducted in India demonstrate poor access to community consultations (UN General Assembly, 2007; Siddiqi et al, 2009; Amin et al, 2011; McVeigh et al, 2016; Grillis et.al., 2017).

Education and Career-Associated Barriers

Policy-making, in addition to determining legalities, also penetrate into the arena of education and employment, further posing barriers when underrepresented or inadequate. Internationally, inclusive education policies have been shown to have poor implementation of proposed strategies to include children with disabilities in schools (Bines and Lie, 2007). Members of this community have been found to be less likely to have finished their education at the same age as their peers and are more likely to have undergone negative life experiences compared to their peers. People with visual impairments may face difficulty in academic pursuits, with impacts on academic performance.

This lack of initiative and access percolates to the working sector, wherein qualified individuals are denied equal work opportunities due to lack of appropriate infrastructure to support their disabilities. Promoting livelihoods for those with disability in India remains one of the most challenging pillars of the CBR Matrix (Shenoy, 2011). The ‘Persons with Disability’ Act (1995) reserves 3% of government jobs for those with disability, and even involves employment incentives for public and private sector companies. Despite this, employment was reported as the greatest area of unmet need (35.2%) for those with disability compared with those without disability (9.9%) (Grillis, Pant, Varghese, et.al., 2017). In India, the Mahatma Gandhi National Rural Employment Guarantee Act (NREGA) guarantees 100 days of work to those in rural areas, in theory, including those with disability (Ministry of Rural Development, 2005). However, such government policies have largely failed to deliver employment, and people with disabilities have only been included in NREGA at levels less than 0.1% of the total programme (Ministry of Statistics, 2011; Das, 2013; Novotny et al, 2013). Misconceptions by employers that people with disabilities are less productive than their non-disabled counterparts, and ignorance about available adjustments to work arrangements limits employment opportunities (WRD, 2011). This dearth of affirmative policies also impacts accessible accommodation for this group. Considering the sheer importance of education levels and sustainable careers in improving quality of life, the barriers discussed substantially prevent disabled individuals from realising their potential.

Infrastructural Barriers

Structural barriers present in the natural and man-made environment that prevent people with disabilities from navigating effectively are referred to as physical barriers. For example, the lack of ramps and lifts prevent people with disabilities from safely entering buildings, crossing roads, entering modes of transport. Lack of adequate, affordable, and accessible transportation facilities interfere with the level of independence and convenient daily life functioning of people with visual, cognitive or locomotor disabilities. Moreover, deaf people often have trouble accessing sign language interpretation with a survey of 93 countries showing that 31 countries had no interpreting service, while 30 countries had 20 or fewer qualified interpreters (Haualand and Allen, 2009). This lack of access plays a crucial role in the mobility of persons with disabilities and governs their participation and presence in spaces.

Health-Related Barriers

People with different forms of impairment are often unable to avail public benefit services such as public health-care programs run by the government and other agencies. Such barriers usually occur because of inconvenient scheduling of program activities or procedure, lack of inclusive health-care tools and equipment, lack of effective communication with participants and poor attitudes, knowledge and understanding of the provider about people with disabilities and their needs. World Health Survey (2002-04) data from 51 countries revealed that people with disabilities were more than twice as likely to report finding health care provider skills inadequate to meet their needs, four times more likely to be treated badly and nearly three times more likely to be denied needed health care.

Research conducted in Uttar Pradesh and Tamil Nadu states of India found that after cost, the lack of services in the area was the second most frequent reason for people with disabilities not using health facilities (World Bank Report, 2009). A study by Grills et al. (2017) in Uttarakhand found that unmet health needs for those with disability (29.7%) were nearly five times higher than for those without disability (6.4%). The main barriers to accessing health were lack of information about health services, physical accessibility of health centres, absence of reasonable accommodation, cost of healthcare (e.g., doctor's fees, medicine, investigations), and difficulty getting to the health centre from home. A person's experience of visual impairment, in particular, depends on various factors such as availability of prevention and treatment interventions, access to vision rehabilitation and assistance tools and experiences with inaccessible infrastructure, transportation and information.

It is thus evident that people with disabilities have poorer health outcomes, lower educational achievements, less economic participation and higher rates of poverty as compared to people without disabilities (Chan and Zoellick, 2011 for World Report on Disability)**.** Physical health challenges, which people with disabilities are more vulnerable to, impact mental health as well.

Technology-Related Barriers

In the twenty-first century, it is impossible to progress and grow without the pivotal support that technology offers. However, access to useful, relevant, and appropriate hardware and software is often limited for persons with disabilities. People with disabilities have significantly lower rates of information and communication technology use than non-disabled people, and they may be unable to access even basic products and services such as telephones, television, and the internet. This informational barrier is caused or compounded by factors such as geographic remoteness, illiteracy, poverty and social isolation, all of which are more prominent among those with disability.

Barriers in Daily Functioning

Having a physical disability also changes the way a person lives their life. They may find their life changes radically following an incident or illness that leaves them with a physical disability; activities they had previously included as part of their daily routine become a huge effort and many people require another person's help to carry out these activities. An Uttarakhand study found that 75% of participants reported comorbid functional impairments with disability (Grills, Singh, Pant, Varghese, Murthy, Hoq & Marella, 2017). Such consistent barriers have been shown to impact the wellbeing and motivation levels of people from marginalised groups such as the disbaled community.

Social Exclusion and Attitudinal Inaccessibility

In the South Asian context, in the absence of significant government support, the family network often plays an important role in care (Worthington and Gogne, 2011; Kumar et al., 2012). Attitudes towards the disabled especially from that of the family thus have a critical role to play when it comes to the well-being of the people with disabilities. Furthermore, societal understanding of disability can greatly impact the social interactions people with disabilities have on a daily basis. A false understanding can manifest itself in the form of stereotyping, stigma, prejudice and discrimination.

Disability may evoke curiosity, uncertainty, anxiety and even fright. Most are unsure how to interact with people with disabilities- such as whether it should be acknowledged or ignored, or whether a helpful act will be deemed patronising (Olkin & Pledger, 2003). Recent literature has focused on implicit disability attitudes, with studies finding that both nondisabled and disabled participants highly favor nondisabled people and hold high levels of implicit prejudice towards disabled people (Aaberg, 2012). Such societal exclusion adds on to the already challenging and inaccessible structures that people with disabilities grapple with on a daily basis, and these subsequently result in mental health repercussions.

Mental Health and Well-being of the Visually Impaired

The aforementioned challenges are faced by the visually impaired population recurrently. Lack of infrastructural and social accessibility and its manifestation in these myriad ways, impact the mental well-being of the population. Emotional and psychological health of people with disabilities has been an increasing cause of concern worldwide, and in India. Evidence suggests that people with disabilities experience poorer levels of health than the general population with structural and functional incompetencies, only aggravating the issue.

Mental health and well-being issues for people with disabilities although are often seen to be grave and long-lasting. With disabilities, there arise a number of psychological and emotional concerns such as anxiety and depression, loss of freedom and independence, and frustration and anger at having to rely on other people. To expand our understanding of these issues further, the salient correlates impacting well-being, the development of self-concept, along with the resultant emotional concerns and prevalence of mood disorders among the visually impaired have been elucidated below.

Salient Correlates: Age, Gender and Disability. Punia and Berwal (2013), attempted to understand the mental health of the visually impaired students, and reported the status of the mental health of the participants as poor. Consequently, another investigation found a significant relationship between the degree of visual impairment and the mental health of the visually impaired participants (Berwal, Punia & Dahiya, 2017). The status of vision had a significant effect on mental health (Rambir, 2007). Similar correlates were observed in the child, adolescent and young adult population, with those having visual impairments scoring higher on mental health problems than those sighted (Brunes et. al., 2015). More severe vision loss was found to be correlated to greater mental health concerns (Visage, 2013). Sharma (1998) found that the visually challenged participants were more frustrated as compared to their sighted counterparts. A stark gender difference is also evident from previous literature, with visually impaired girls reporting more serious depressive and anxiety symptoms than their male counterparts (Emam, 2013). Abuse, violence, physical and mental harm are greater health-risk factors for people with disabilities than for people without disabilities, particularly women. These results highlight the role visual impairment, age and gender play in deteriorating mental health, and implies a need for mental health programmes to address disability as a primary factor.

Sense of Self, Self-Concept and Agency. Halder and Datta (2012) noted significant differences among sighted and visually impaired adolescents with respect to the overall self-concept including the domains namely physical appearance, popularity, happiness and satisfaction. Vaughn, Elbaum & Boardman (2001) found a relationship between self-concept and physical disability. It was discovered that disability negatively affects the self-concept and poor self-concept leads to poor mental health. Varni and James (1996, cited in Halder and Datta, 2012) indicated that physical appearance affects psychological distress.

Students with disabilities often experience that their growth and development is slower as compared to the nondisabled child. So, these children with disabilities possess very poor mental health (Sharma et al., 2004). Fisher et al. (1991, cited Parveen & Khan, 2012) stated that in every social situation, the person who is having disabilities, their thoughts and feelings were found more negative in comparison to normal one. Loss of self-esteem and confidence is often observed along with these manifestations. Accompanying the lack of infrastructural support and mental health concerns, might be a lens that ignores the emotional needs of the visually impaired.

Emotional Concerns. Harris and Lord (2016) found that children with visual impairments had more emotional issues than did their sighted peers. Overprotection has been found to leave them feeling less attractive and frustrated and, consequently, leading to relatively more emotional or behavioral problems (Huurre & Aro, 2000). Children with vision loss have also been identified to find it hard to predict other people’s behavior and reactions from their facial expressions of their emotions (Pinquart & Pfeiffer, 2013). One study indicated more fear among children with visual impairments compared with sighted children (Visagie et al., 2013). Pinquart and Pfeiffer (2014) found that adolescents with earlier onset of severe vision loss were less likely to reduce their emotional problems later in life. Ramulu (2010) found that students with visual impairment had difficulties with their daily normal life such as reading, walking and driving. Consequently, mental issues such as anger, fear, frustration, depression, anxiety. develop in them. These disorders lead to poor mental health. Wong et al. (2009, as cited in Parveen and Khan, 2016) found that the levels of psychological and school functionality in the participants were significantly low.

People with visual impairments have been found to have more emotional issues than did their sighted peers (Harris & Lord, 2016). These tend to arise from a complex interplay of societal, infrastructural and systemic factors and are often ignored.

Mood Disorders. Jan et al. (1977) reported that 57 percent of children with visual impairment had some form of psychiatric disorder. According to the study, among all categories of the disabled, high incidence of psychiatric disorders were found in visually impaired children. Comparison of blind adolescents with their sighted peers has found a higher incidence of depression and anxiety amongst the former (Koenes & Karshmer, 2000; Garaigordobil & Bernara, 2009; Bolat et al., 2011).

Less participation in leisure-time activities have also been found to contribute to children having an increased risk of mood disorders (Augestad & Jiang, 2015; Brunes, Flanders, & Augestad, 2015). This places the onus on researchers, social workers and disability welfare institutions to design programs aimed specifically at more vulnerable groups, using measures that enhance social support and sense of self.

Thus, disability needs to be viewed as a social responsibility and not as a personal deficit on the part of the people with disabilities. Promotion of a better quality of life is paramount for those currently living with disabilities, ensuring access to social and infrastructural resources. Emotional self-care and well-being issues are relegated to the background, with most interventions only focussing on physical health and hygiene related self-care of people with disabilities (e.g, O'Conor et al., 2016). A look at the literature evidence emphasizes the urgency and need to develop interventions aimed at improving the sense of self of individuals with visual disability in order to enable them to lead more fulfilling lives in society.

Rationale of the Study

Disability is a global health challenge especially in the low- and middle-income countries of the world which includes 80% of the world disability population and where barriers for the disabled are the most pronounced (UNDP, 2015), including India. In the context of the pandemic, psychological distress in the general population and among high-risk groups has risen, owing to physical distancing, social and economic stagnation. Research on the psychological impact of mass trauma (e.g., natural disasters, flu outbreaks) suggests that the COVID-19 pandemic of 2020 would particularly impact the mental health of marginalized populations who have less access to socioeconomic resources and supportive social networks (Goldmann & Galea, 2014).

Within these marginalised groups who are most vulnerable during the COVID-19 pandemic, the visually impaired population is also bound to be grappling with the ramifications of a prolonged national lockdown. Furthermore, the increase in the severity of visual impairment has been associated with increase in mood disorders and sense of loneliness and fear (Visagie et al., 2013). Young people with visual impairments may have fewer opportunities to make friends and may face problems of social isolation. Some of these reasons are reduced mobility, fewer opportunities to learn social skills, and greater dependency on help (Kef, Hox, & Habekothe, 2000; Hatlen, 2004; Sacks, Kekelis, & Gaylord-Ross, 1992). In a situation of mandatory lockdown and social distancing during COVID-19, the levels of isolation and loneliness are bound to increase. This is essentially true for the diasbled population, as people with disabilities report higher levels of social isolation than their nondisabled counterparts (O'Sullivan & Bourgin, 2010). This consequently leads to the development of emotional and communication problems (Huurre et al., 2001). In identifying the most vulnerable population amongst this group, research-based evidence was sought. Gender differences were found in the status of mental health with males having better mental health than females (Basu, 2008; Viswanath & Reddy, 2016). As such, the current study included female participants whose mental well-being and self-care was focused upon.

Many researchers have clearly indicated that better social support, especially support from friends, are important to help children with visual impairments reduce the number and severity of their emotional problems (Pinquart & Pfeiffer, 2014). This calls for various levels of social interventions which equip individuals with visual disability to enhance their social skills, make new friends. Opportunities for children with vision loss to join leisure and other social activities with friends are especially important (Brunes et al., 2015). Peer interaction has also been found to have a substantial impact on the lives of people with disabilities, especially adolescents with disabilities. Combining these elements of peer interaction and social support, the present intervention was designed.

With disabilities, there arise a number of psychological and emotional concerns such as anxiety and depression, loss of freedom and independence, and frustration and anger at having to rely on other people. Sharma (1998) found that the visually challenged participants were more frustrated as compared to their sighted counterparts. Halder and Datta (2012) noted significant differences among sighted and visually impaired adolescents with respect to the overall self-concept including the domains namely physical appearance, popularity, happiness and satisfaction. Fisher et al. (1991, cited Parveen & Khan, 2012) stated that in every social situation, the person who is having disabilities, their thoughts and feelings were found more negative in comparison to normal one.

The above discussion points out the manifold consequences of belonging to a visually impaired population. First, the daily challenges include physical health and hygiene coupled with psychological and emotional issues. The magnitude of the stress and strain increases as the person progresses developmentally from a child, to an adolescent, young adult and towards adulthood. Second, each context, in this case the COVID-19 pandemic, brings its host of expected and unexpected issues and concerns, along with trials and tribulations. Worldwide, people are dealing with uncertainty, the earlier routines and comfortable ways of thinking and behaving no longer hold good. Third, the sample under study, the visually impaired students, who earlier stayed in residential educational institutions (schools and colleges) had to abruptly be relocated to their home residence. The evident effects of drastic relocation, uncertainty and health anxieties clubbed with the predispositions of our target population, presented an opportunity for the All-India Confederation of the Blinds (AICB) to explore this realm.

While interventions aiming to alter problematic disability attitudes and empower persons with disabilities have been conducted in the past (Dalal, 2006), the gap in literature focusing on emotional self-care and wellbeing-oriented interventions is glaring. Sanitation and hygiene related interventions with persons with disabilities as the target population occupy the forefront of intervention objectives (O'Conor et al., 2016), neglecting their mental health concerns. With a dearth of Indian literature on the visually impaired population of India, and a lack of consistent interventions over a period of time, the present study was conceptualised to bridge these very gaps in our understanding.

Method

Purpose

The present research was an exploratory study to assess the well-being level of females with visual impairment in the context of Covid-19 pandemic. In addition, the aim was to provide activity-based self-care techniques with a pre-post design.

Objectives

1. To identify and explore the varied challenges faced by visually impaired girls during the pandemic.
2. To assess the level of well-being.
3. Using a pre-post design to deliver an online intervention to bring about positive changes in their well-being.

Sample

The sample was identified with the help of All India Confederation of Blind, AICB. Criteria for inclusion of participants for the study and program were: only female participants were included as sample and were students from Class 11 to Master's Program (MA), should be fluent in Hindi, must have access to a smartphone device, and, have a stable internet connection. A total of 224 students had shown interest and registered for the study. A total of 224 females with visual impairment registered for the program from different states of India. In all 41 registrations were from Uttar Pradesh; 88 from Gujrat, while 95 registrations were from the state of Rajasthan, Delhi and Mumbai. Thus, the participants were from Gujrat, Uttar Pradesh, Rajasthan, Maharashtra (from Mumbai and Pune only), and, Delhi.

The final number of participants for each phase of the study varied, due to poor internet connectivity. A total of 78 participants could complete the need assessment and well-being assessment. Interested persons were expected to fill out a google form in order to sign up for the program.

Description of Tools

A number of tools were used to meet the objectives of the study. Tools used and its description are detailed below.

1. Registration through Google form - A Google form was created and mailed to different parts of each state through a network of schools and colleges associated with AICB. Female students interested in attending the program were requested to fill the Google form.

2. Needs Assessment Survey- A qualitative needs assessment survey was developed after reviewing relevant literature, through in-depth discussion with subject matter experts from the field of psychology, and persons from the target population, that is, students with visual impairment. Copy of the Need Assessment is presented in Appendix A.

3. WHO-5 Well-being Scale - The WHO-5 (World Health Organization, 1988) is a 5-item scale to assess psychological well-being. It is one the most widely used measures across the world. The WHO-5 is a short, self-administered measure of well-being. It consists of five positively worded items that are rated on a 6-point Likert scale, ranging from 0 (at no the time) to 5 (all of the time). Subjective quality of life based on positive mood (good spirits, relaxation), vitality (being active and waking up fresh and rested), and general interest (being interested in things). Higher scores mean better well-being.

The raw scores are transformed to a score from 0 to 100, with lower scores indicating worse well-being. A score of ≤50 indicates poor well-being and suggests further investigation into possible symptoms of depression. The scale has adequate validity as an outcome measure in clinical trials and has been applied successfully across a wide range of study fields. The WHO scale was translated into Hindi following the back translation, review by subject experts. The WHO-5 in Hindi is presented in Appendix A.

Design

The present research adopted a cross-sectional ABA design of study. Broadly, the study had three phases

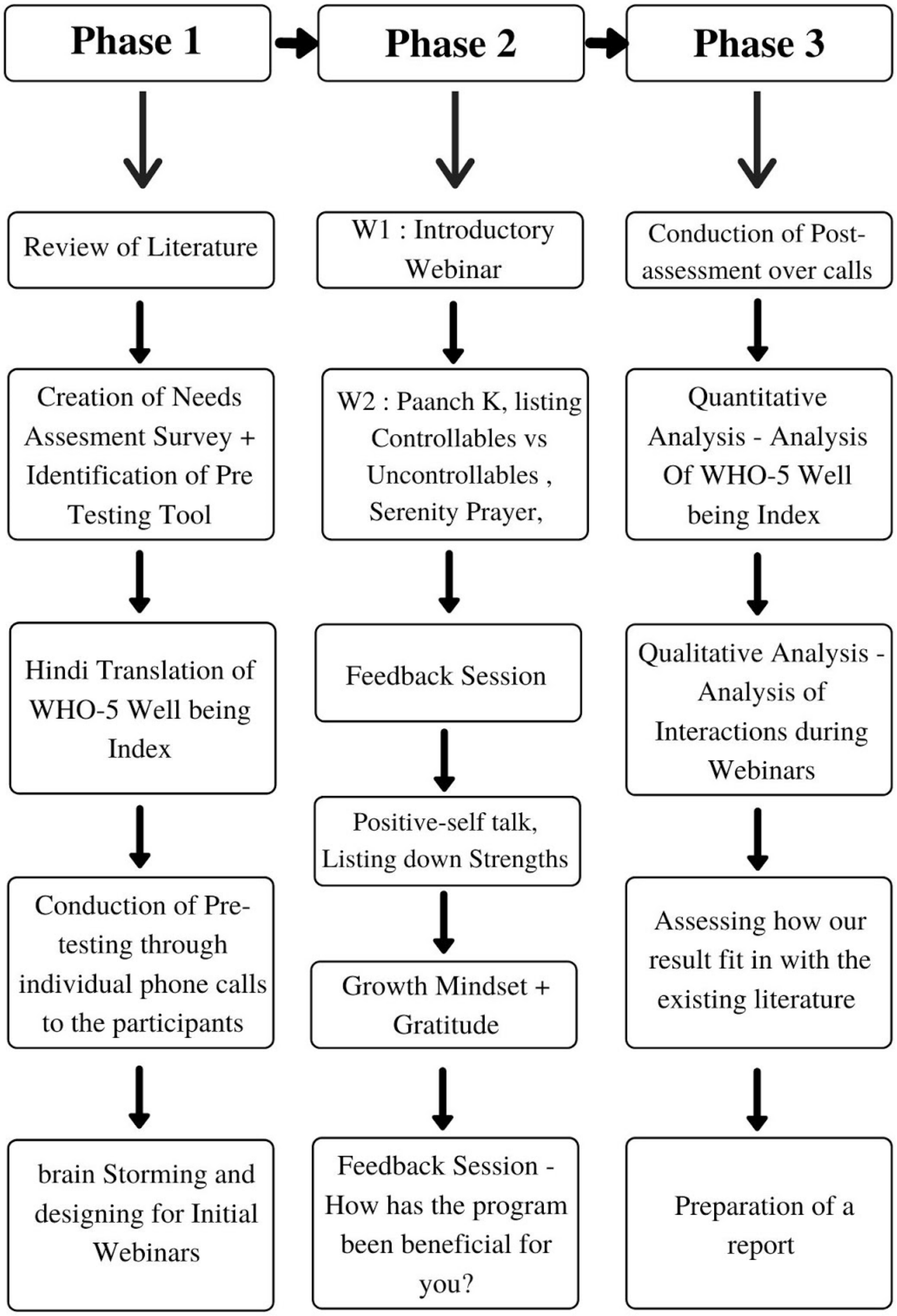
Phase I - This phase involved the conduction of a next assessment and obtaining baseline measures through the WHO well-being index by making phone calls to individual participants. It was during this phase that the researchers designed aspects of the intervention plan and conducted thorough review of literature to acquaint themselves with existing work in the field and familiarise themselves with experiences of persons with visual impairment.

Phase II - The implementation of the intervention in the form of webinars comprised the second phase. A number of emotional and mental self-care techniques were discussed with participants.The nature of the webinar was such that it offered the participants a safe space to share their matters of emotional and mental well-being which were hitherto ignored. For the latter, the researchers made use of the zoom breakout rooms feature wherein an 8:1 ratio of participants: moderator was maintained so each participant's concerns could receive individual attention.

Phase III - The last and final phase of the study involved a reassessment of the participants' mental health once the intervention was over. For the same, researchers once again contacted the participants through phone calls and administered the WHO 5 Well-being Index.

Pre-post, Need assessment -

Design of the Study



Ethical Considerations

During the course of the project, the following ethical considerations were adhered to. A detailed description of these, is as follows:

- It was ensured that moderators do not form any personal relations with the participants.
- Moderators can contact participants only under the purview of research requisites or for the purpose of rapport formation. No further tracing of/contacting participants for any other purpose is allowed.
- Brief information about the proceedings of a Webinar will be disseminated timely via proper communication channels.
- Informed consent from all the participants will be taken prior to the recording of webinars and calls. Similarly, before clicking group photographs and sharing them on the group, the participants will be asked to give their consent via audio.
- The privacy and confidentiality of information shared by participants will be duly considered during the course of the study. Names, contact details and other relevant personal information of the participants will be strictly safeguarded by the researchers.
- Since the participants of the present study were visually impaired, all channels of formal communication including consent, debriefing, rapport formation etc were conducted via the audio mode suiting to the convenience of the participants.
- Moderators followed a pre-written script in their own Breakout-rooms to ensure parity across groups and also assure the usage of lucid, relevant language with the participants.

Procedure

The participants were identified through the AICB platform. A Google form was prepared for identifying participants who were interested to join the program. As mentioned previously, sample recruitment as well as delivery of the intervention was done in a stage wise manner. Registrations were first received from the state of Uttar Pradesh, followed by Gujrat, and ultimately from Rajasthan, Delhi, Mumbai and Pune. As a result, the initiation of the delivery of the intervention program also followed the same order. The process of spacing out interventions between groups was necessary to ensure proper planning and to ensure that each participant got the due attention they needed, and to do a pilot run of the delivery modes chosen. As and when registrations for different states were complete, state wise WhatsApp groups were created.

Tools

1. **World Health Organization Well-Being Index (WHO-5) :** The WHO-5 is a 5 item questionnaire that assesses the respondent's subjective psychological wellbeing. The respondent is required to rate their responses on a 6-point scale ranging from *"All of the time"* to *"At no time"*. The questionnaire was translated in Hindi and then back translated into English with the help of subject matter experts. A Hindi version of WHO-5 was used to accommodate the linguistic needs of the diverse group of participants.
2. **Needs Assessment:** The Needs Assessment consisted of questions that helped the researchers identify the psychosocial needs of the participants. Through the needs assessment, researchers intended to gather information about the pandemic and mental health of the participants. This helped them in designing the wellbeing intervention. (See Appendix A)
3. **Paanch K:** '*Paanch K*' referred to the five questions that each participant needs to ask themselves whenever they encounter a stress provoking situation. The rationale behind this was to encourage participants to reflect and introspect upon an experience or recent incident from their personal lives. The precaution taken here was to steer clear of any

possible triggers or heavily emotional or strongly arousing probes (as evoking sadness, anger or other affectively charged responses could be counterproductive and beyond our capacity to cater to), and hence, a comparatively passing state of mild irritability was decided upon for this activity. The Paanch K are as follows:

- **Kaun-** Jis ghatna ko aapne yaad kiya, usko maddenazar rakhte hue, yeh sochiye ki jo kuch bhi ho raha tha tab, usse kaun prabhavit ho raha hai ya kaun prabhaavit hoga? Kya tab aapke khud par prabhaav pada, ya kisi aur par: saheliyon, bhai beheno, kis par prabhaav pada? Javaab aap khud tak rakhiye par sochiye zaroor. Translate into English
- **Kya & Kyun**- Asli me samasya kya thi? Is samasya ki jad kya hai? Mujhe kin baaton se ya kis vajah se pareshaani mehsoos ho rahi thi. Kya kisi ne mujhe kuch bola jisse mujhe aisa lag raha ya fir maine khud hi aisa kuch aisa soch liya jis se pareshaan ho gyi main?
- **Kab & Kaha- Kab** se mehsoos ho rahi hai tanaav ya pareshani? Kya mujhe aisa har jagah, har waqt mehsoos hota hai? Ya fir sirf kuch hi logo ke sath ya kuch gini-chuni baatein sochne par hi aisa mehsoos hota hai? Aur agar kuch log is tanaav ka kaaran hain, toh yeh log kaun hain, iska pata lagaana hai? Apne aap ko iss prashna ka jawaab deejiye!
- **Kaise** pata laga ki hum taanav mehsus kar rahe hain, kya hamari sansein tez ho gayi hain, yah mann khata ho raha hai, maathe mein tension, seena bhari lagna? Joh bhavnayein hum hridaya aur man mein mehsoos larte hain, woh na keval humaare dimaag aur soch maine jhalakte hain, par saath hi unka prabhav hamare shareer par bhi padta hai. Apne shareer man aur soch pe dhyaan deejiye, aur savaal ka javaab apne aap ko deejiye.

- Aisa **kya karoon** ki mujhe acha lagne lage? Aur iss aakhri savaal par gaur karein, kyunki isis mein milega samasya ka samadhaan.

4. **Controllable vs Uncontrollable Stressors:** Through this activity, participants were made to reflect upon their stressors and divide them into controllable and uncontrollable. Controllable stressors are under the control of the individual and can be tackled by completely changing the nature of the problems, whereas uncontrollable stressors are not directly under the control of the individual and can be handled by changing one's perception around the stressful situation. Before moving on to learning the strategies for the management of stress, it is important to understand the nature of one's stressors.

5. **Serenity Prayer:** Serenity Prayer was introduced to the participants as a tool to induce feelings of positivity in them. Problems are an inevitable part of life. Serenity Prayer provides a shift in perspective by enabling people to focus on things they can change and make peace with what they cannot. The Serenity Prayer is as follows:

"भगवान, मुझे उन चीजों को स्वीकार करने के लिए शांति प्रदान करें जिन्हें मैं बदल नहीं सकता,
मुझे उन चीजों को बदलने की हिम्मत दें, जिन्हें मैं बदल सकता हूं,
और मुझे इन दोनों के बीच अंतर जानने के लिए ज्ञान प्रदान करें"

6. **Positive Affirmations -*Jadui Mantras*.** Positive Affirmations are statements that help in challenging self-sabotaging and negative thoughts. Use of positive affirmations is known to boost a person's self-efficacy and happiness. The participants were asked to create a *jadui mantra* for themselves and share it with fellow participants. Certain reflective probes were invited from the participants such as "How are you feeling?", "What meaning does this hold for you?", or, "How easily were you able to create a *jadui mantra* for yourself?". Examples of positive affirmations are: *I am worthy of love, I am capable and I can do it, I can overcome any difficulties, etc.*

7. **Creating a List of one's Strengths (*khoobiyan*).** Having an awareness about one's strengths and weaknesses is very crucial for self-growth. Weaknesses help us to understand where we lag and need to work more. However, preparing a reflective list of one's *khoobiyan* or strengths shifts our focus towards things we are good at, our talents, skills, and proficiencies. Having a better understanding of personal strengths enhances our sense of self efficacy and tells us that we are good at so many things. This in turn enhances our wellbeing.

8. **Gratitude - Appreciating Others and Events in One's Life .** Being a grateful person is very important. Gratitude refers to the appreciation for people or things that have made a positive contribution in our lives. Participants were made to reflect upon 3 good things in their life. They were also asked to thank people who make their life better. Practicing gratitude is known to make people happy because they feel abundant after reflecting upon meaning things in their life.

The WHO-5, in Hindi language, was selected as the tool for establishing baseline data (pre-intervention states). In addition, a needs assessment survey was created through a thorough review of literature, discussion with subject matter experts.

Data Collection

With the Needs Assessment survey and pre-testing tools in hand, the research team moved onto the digital field. Due to the ongoing pandemic, the research study, from recruitment to delivery of intervention, to post testing, was carried out digitally - through a combination of Zoom calls for conducting the webinars, WhatsApp groups for group communication, and personal phone calls to individual participants. Working with visually impaired girls posed a unique challenge.

1. *Needs Assessment through Personal Phone Calls*. It was decided to make individual phone calls to each participant in order to conduct the Need Assessment survey and establish baseline data. Informed consent as well as permission to record the phone call was taken verbally from the

participants. This process helped in establishing initial rapport as well. Each of the needs assessment calls lasted between 20 to up to 75 minutes. Since each statement has to be read out aloud many times, repetition was imperative to check and cross-check the appropriate response, given by the participant, the process took longer than usual.

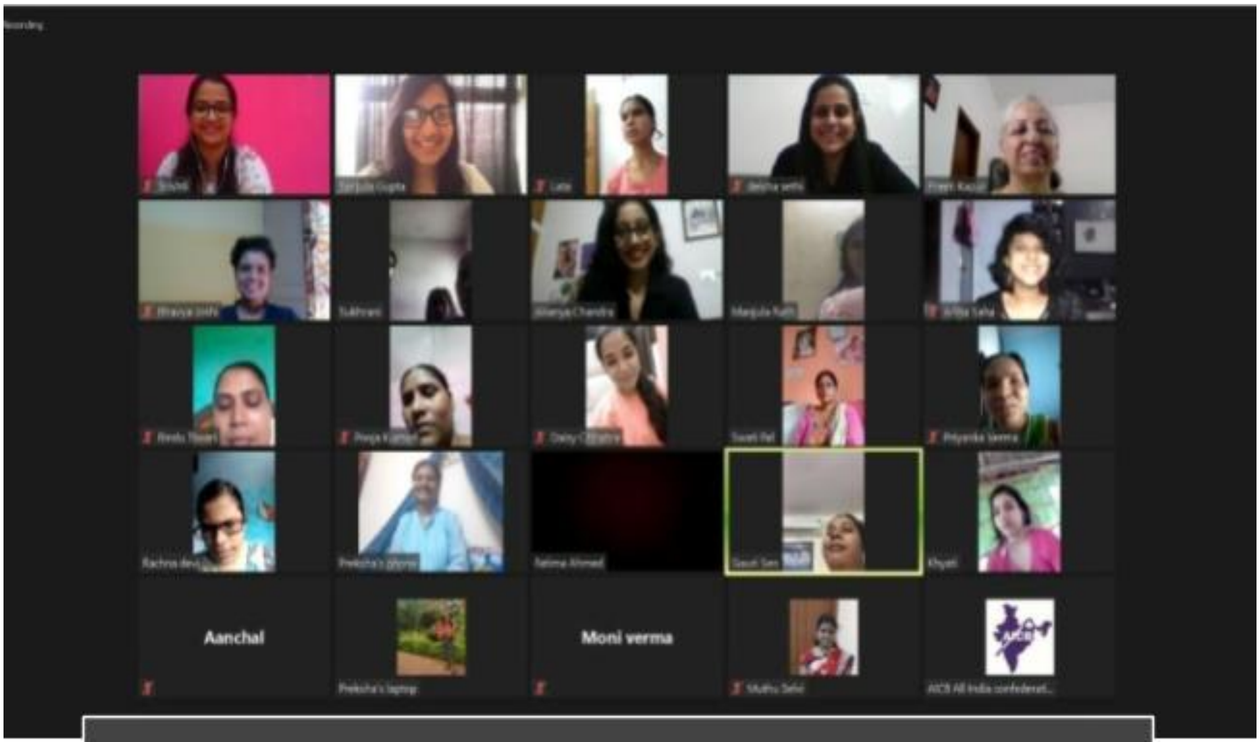
2. *Creating Different WhatsApp Groups to Communicate with the Participants.* WhatsApp groups consisting of the research team members and state wise participants were created to communicate directly with the participants. A unique way of building rapport, and introduction of the intervention program was created. This was initiated by creating a 3-4-minute introductory audio about each moderator. The objective of the introductory audio was to explain and establish the role/s to be held by the moderators' team, make the participants mindful about the different team members that would be interacting with them, and, thereby start the process of building rapport with the various groups and participants.

The audios were posted on the WhatsApp groups with the participants. This was done as an initial rapport building process to establish familiarity and encourage the participants to interact. The effort bore fruit as numerous participants sent in their introductory audios, sharing their hobbies and talents with us. The WhatsApp group served as a third source of data. Participants sent in audios sharing their experiences of the webinar, and sharing personal stories and talents, such as sharing recordings of their poems.

3. *Intervention Program: Webinars and Sessions.* Once the needs assessment process was complete, intervention designing was initiated. Intervention was delivered over the Zoom platform, with the AICB. the links for the same were shared on the WhatsApp group. Each individual session was designed based on the issues identified in the needs assessment done with the total sample so as to maintain uniformity.

The session consisted of a total of 6 sessions; out of which 4 sessions were dedicated to active intervention while 2 were feedback sessions. Each session lasted between 1.5-3 hours. The interventions were interactive and involved a lot of sharing on the part of the participants. In order to promote participation, the researchers made use of the ‘breakout room’ feature on Zoom. The entire group was divided into breakout rooms, and one researcher was assigned, such that the ratio of researcher to participants was 1:7 or 1:8. The breakout rooms acted as a safe space wherein rich, intimate discussion pertaining to one’s mental and emotional health were carried out in these breakout rooms, led by the researcher, who was in the role of a moderator for the group. Further, the breakout rooms allowed 1:1 interaction as well, so that each participant received the undivided attention of a moderator. The interaction of the breakout rooms was recorded and subject to qualitative analysis. A session wise description of the intervention can be found in the section ‘Description of the Webinars’.

The intervention program was initiated with Uttar Pradesh participants. And, then gradually the data collection and program were started for the other states too. The stage wise data collection proved helpful in refining the intervention - in terms of both content and delivery, as well as allowing each participant a safe space to explore, reflect on and share their experiences.



Screenshots of the webinars conducted with the participants

Challenges during Intervention Program

Technology and Internet Issues. The research team encountered numerous challenges during the course of the intervention. The first and foremost challenge was related to technological and internet related issues. Due to this aspect, the attrition rate was high. While a large number of participants showed keen interest in the program (inferred from the large number of registrations), the actual attendance was low due to **i**nternet connectivity issues. The research team made attempts to reach the participants through multiple channels - trying to connect them over a phone call, sending in recordings of the session once it was complete. Even when participants were able to join the webinar, they left for a while and then joined back, missing out on some portion or the other. This issue has remained a consistent and constant struggle on the part of the team members and the participants. In order to accommodate these participants, the first introductory webinar was repeated four times.

Owning a Smartphone. Another major reason for the high dropout rate was that many participants did not own a smartphone, or their phone numbers were incorrect, or they had borrowed a cell phone for the number which was as good as not having a phone.

Multiple Registrations. The initial number of registrations on the Google form proved to be an incorrect representation of the actual number of persons who registered as some participants had registered multiple times (one participant had registered 19 times on the Google form).

Difficulties in Learning to Join Zoom Calls. Each session was designed to last for an hour, however due to previously discussed internet issues and problems faced by the participants in muting and unmuting themselves, the webinars went on for an average of one-and-a-half to two hours, and, at times up to two-and-a-half hours. Significantly, a lot of time was taken to make the participants to connect to the Zoom link through their mobile phones. Often the participant had to leave the

Webinar/session due to poor internet connectivity and had to rejoin again and again. This added on to the total time for the webinar.

Once delivery of intervention was complete, the attendance of each participant was to identify the number of participants who attended the entire program.

For inclusion of participants into the post phase of the program it was decided that in order for participants to have gained some inputs and learning they should have attended at least 3 out of 6 webinars. Once those participants were identified, follow up calls after a duration of 2 weeks from the last day of intervention were made and WHO-5 data was gathered.

Description of the Webinars

A 6-webinar series was followed for all the states of Uttar Pradesh, Gujarat, and Rajasthan, New Delhi, Maharashtra (Mumbai & Pune). Each webinar followed a three-level process. First, an introduction of the topic to be discussed in that particular webinar was deliberated upon. This was discussed in the common space where every participant along with the moderators, and senior moderators were present. Second, then the participants along with the moderator held discussion/s and sharing of thoughts on the given topic in smaller groups by joining a particular breakout room. Finally, the closure segment allowed the further sharing of thoughts, experiences of the participants on the common platform/space, queries, doubts were also clarified by the senior researcher.

Webinar 1: Discussion on Mental Health Awareness and Emotional Self Care

The first webinar aimed to form rapport with participants and orient them to the idea of Emotional Self Care. The webinar began with exchanging pleasantries and then a hook segment that aimed to ignite the interest of the participants. This segment discussed the various concerns and challenges of the participants during the COVID-19 pandemic in the form of an engaging poem. After this, the participants were divided into smaller groups to allow open discussion and sharing.

These groups joined different Zoom Breakout Rooms. Breakout Rooms were created with an intent to engage the participants in a free and uninhibited discussion about their issues and problems. Each room had one moderator and 6-7 participants. The discussion in the rooms revolved around participants' awareness about mental health and emotional self-care. A schedule of questions and prompts was prepared beforehand to facilitate this discussion. The webinar ended with a closure segment wherein the participants asked various questions related to emotional self-care and their problems. These were taken up and discussed in greater detail by the senior moderator and the team members. The discussion of queries in the common space allowed all participants to once again deliberate upon the issues and concerns related to self-care and well-being.

Webinar 2: Discussion on Emotional Self Care Techniques

The second webinar focused on teaching four Emotional Self Care techniques to the participants, namely,

- Paanch K,
- Maintaining a list of Controllable vs Uncontrollable situations,
- Serenity Prayer, and,
- Relaxation Exercise

Paanch K

The '*Paanch K*' referred to the five questions that each participant was requested to ask themselves, whenever they had encountered a stress provoking situation. The application of these questions was explained and discussed with the help of a case vignette. This segment aimed to help participants learn about the concepts of Emotional Awareness and Emotional Acceptance. Participants were also provided information on how to create a list of controllable and uncontrollable situations and the emotional consequences of focusing on uncontrollable things.

This segment ended with the participants learning a serenity prayer and then doing a relaxation exercise. In the closure segment of this webinar, participants came out of the breakout room and discussed their experience of the webinar and asked various questions related to ways of dealing with certainty and uncertainty.

Webinar 3: Feedback of the Two Previous Webinars

This session aimed to focus on seeking feedback from the participants based on their experience in the previous two sessions. The discussion began with recalling the 5 Ks, creating a list of controllable and uncontrollable based on the participants personal experiences, and discussion on the relationship between thoughts, emotions, and behaviours. The participants were also explained as to how thoughts influence emotions and behaviours and it is important to identify and accept those aspects of life or things that one cannot control/change. They also shared how they felt after learning these techniques in the previous webinar.

Webinar 4: Three Emotional Self Care Techniques

This webinar involved discussion about Positive Self Talk. Three techniques were introduced to the participants using various case vignettes, poems, and real-life examples. These techniques were explained in the light of the current pandemic situation and how the participants can apply the techniques into their daily life. Engaging in a positive self-talk through *jadui mantras* or positive affirmations, preparing a reflective list of one's *khoobiyan* or strengths, and preparing a list of tasks accomplished during the day, were the three Emotional Self Care activities that were explained. The participants were asked to create a *jadui mantra* for themselves and share it with fellow participants. Certain reflective probes were invited from the participants such as "How are you feeling?", "What meaning does this hold for you?", or, "How easily were you able to create a *jadui mantra* for yourself?". The session ended with participants given an assignment of reflecting and audio recording a list of their strengths followed by sharing their feelings and thoughts after completing it.

Webinar 5: Discussion on Two Emotional Self Care Techniques

This session focused on management of overthinking such as rumination and fear of failure. The discussion aimed to explain and teach two self-care techniques to the participants, that is, 'Developing a Growth Mindset' (*vikas ki mansikta*) by learning from failures and challenging yourself, and, cultivating the habit of 'Gratitude'. They were taught about the importance of developing a Growth Mindset and being grateful. The participants were asked to think about the situations where they feared to fail and reframe that situation through the Growth Mindset. There was an elaborate discussion around this topic. Lastly, they were asked to list three people for whom they are grateful for and to explain why they identified these people.

Webinar 6: Feedback of the Two Previous Webinars and Closure of the Program

The final webinar aimed to seek feedback from the participants with regard to the self-care techniques, and, also to provide closure to the two-month long program. The moderators engaged the participants in a discussion pertaining to the previous two sessions on aspects of fear of failure, gratitude, and positive self-talk. Participants shared the major lessons they were able to understand from these sessions and how they applied it in their daily life.

Participants shared about the things and people they are grateful for in their lives. Certain reflective prompts were asked from the participants such as: - “How did you feel after doing the activities", " How easy were these activities", and the like. This segment also involved a discussion around the same questions that were asked to them in the first session, namely, the pre-assessment questions. This was undertaken to note whether a change in their thoughts and ideas related to the same. The questions were: "Is mental health important?" "Is taking care of one's mental health important", and, the like.

After the discussion, a vote of thanks by the team members were shared. The participants too shared their feelings of gratitude and mentioned that the sessions were insightful and made a valuable impact on their lives.

State-wise Timeline of the Program

The following table provides the details of the timeline for the webinars for each state.

Serial No./Name of State	**Number of Webinars and Sessions**	**Timeline for Data Collection**
1. Uttar Pradesh	6	9.8.2020 – 12.9.2020
2. Gujarat	6	23.8.2020 – 4.10.2020
3. Miscellaneous Group:Rajasthan, Maharashtra, Delhi	6	30.8.2020 – 4.10.2020
Total Webinar/sessions with 3 Groups	**18**	**9.8.2020 – 4.10.2020= nearly 2 months**

Details of the timeline are detailed in Appendix C.

Results

The chapter presents the results of the study collected from Quantitative and Qualitative data and are presented in Section A and B respectively. Data was collected from various vantage points. An attempt was made in the course of the present study that the data was observed, recorded as well as analysed from different lenses so as to maximise the effectiveness of the study in terms of its implications and also enrich the findings in multitude.

Section A: Quantitative Analysis

This section details the quantitative analyses of the data of the participants. The pre-testing phase of the program included making personal calls to all the participants. Their responses were recorded on two measures, WHO-5 well-being questionnaire and the Needs Assessment questions. This allowed the identification of a baseline well-being prior to the conduction of the intervention. The total number of participants in the Pre-testing phase were 78 from the states of Uttar Pradesh, Rajasthan, Maharashtra, Delhi and Gujarat. The Needs Assessment segment of these calls helped in identifying and recognising the various issues and the nature of expectations that the participants had from the program. These have been elaborated question-wise across Figures 1 to 6.

Needs Assessment: Question-Wise Descriptive Statistics

Figure 1. *Pie-Chart depicting the percentage of participants' responses for the question worded* "Ab lockdown ko kareeb 3-4 maheene to ho hi gaye, लॉकडाउन के दौरान tumko किन चुनौतियों/कठिनाइयों का सामना करना पड़ा?":

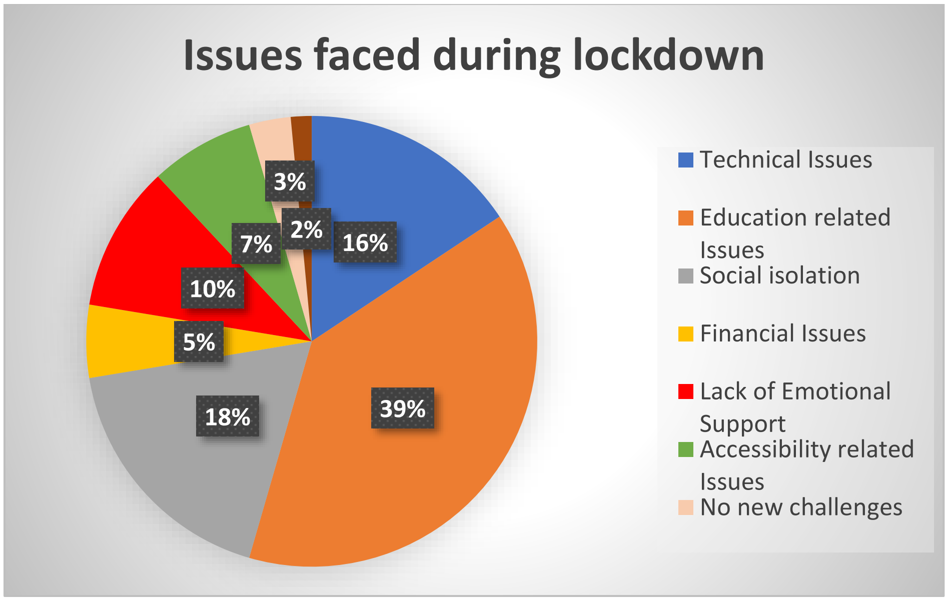


Figure 2. *Pie-Chart depicting the percentage of participants' responses for the question worded* "खुद का मन बनाये रखने के लिए किन गतिविधियों ya activities को किया?"

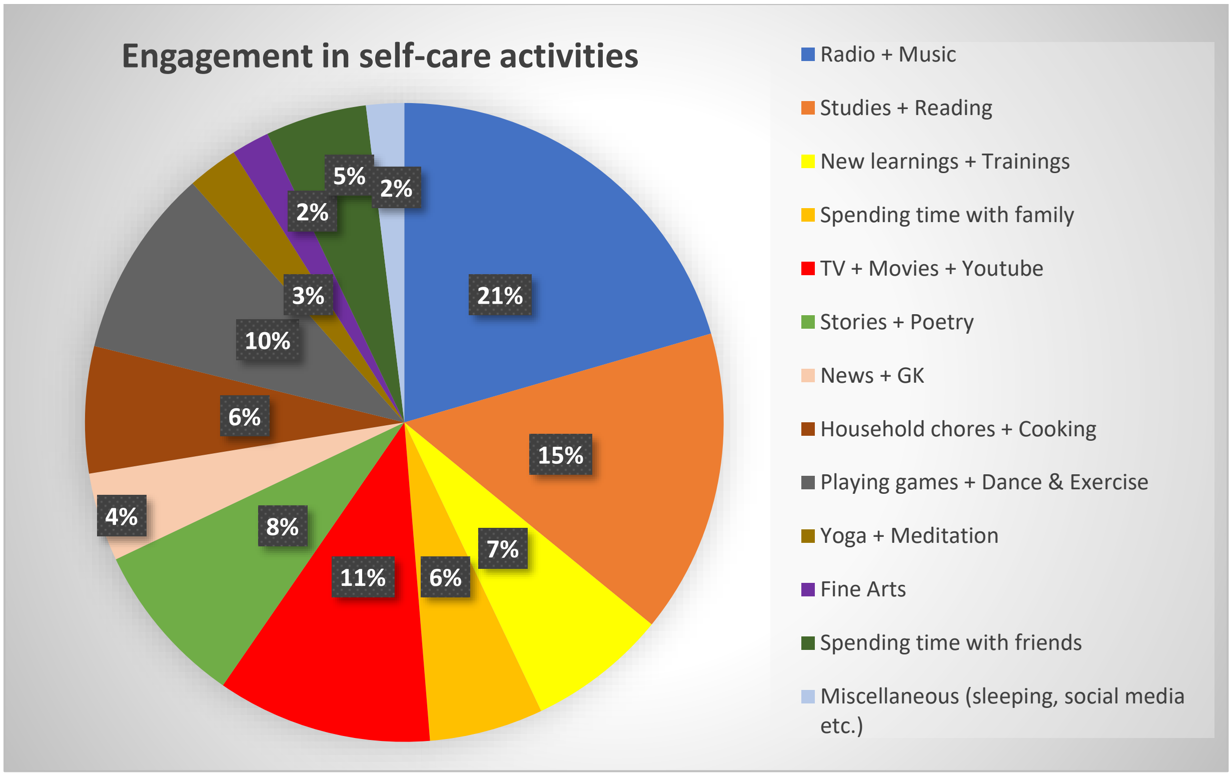


Figure 3. *Pie-Chart depicting the percentage of participants' responses for the question worded* “अब आगे के कुछ दिन तो हमारी online मुलाक़ात होती ही रहेगी तो इस सत्र/सेशन/ सम्मेलन से आपकी क्या उम्मीदें हैं?”

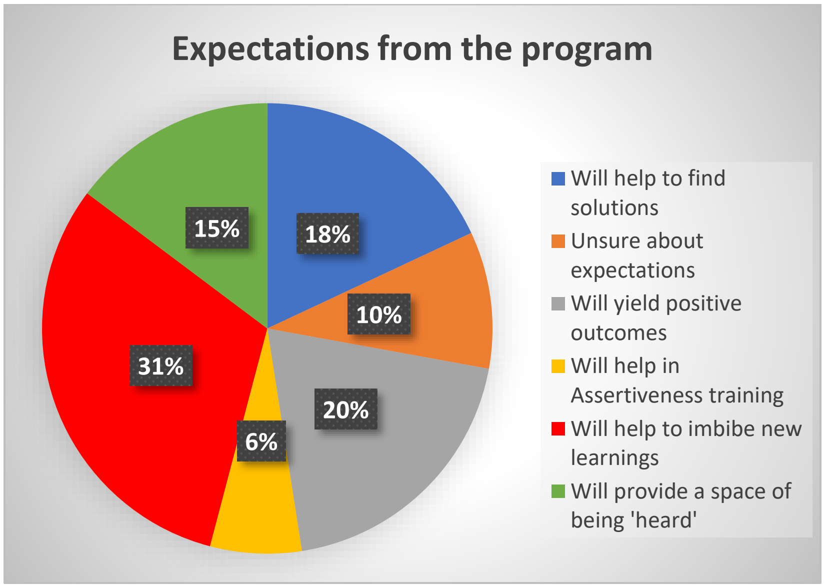


Figure 4. *Pie-Chart depicting the percentage of participants' responses for the question worded* “हम सब ही जीवन में कुछ ऐसी कठिनाइयाँ महसूस करते हैं जिनके हम समाधान ढूँढना चाहते है। अगर ऐसी कोई चीज़ है जिसके बारे में तुम चाहोगी हम अपने sessions में बात करें, तो वो क्या होगी?”

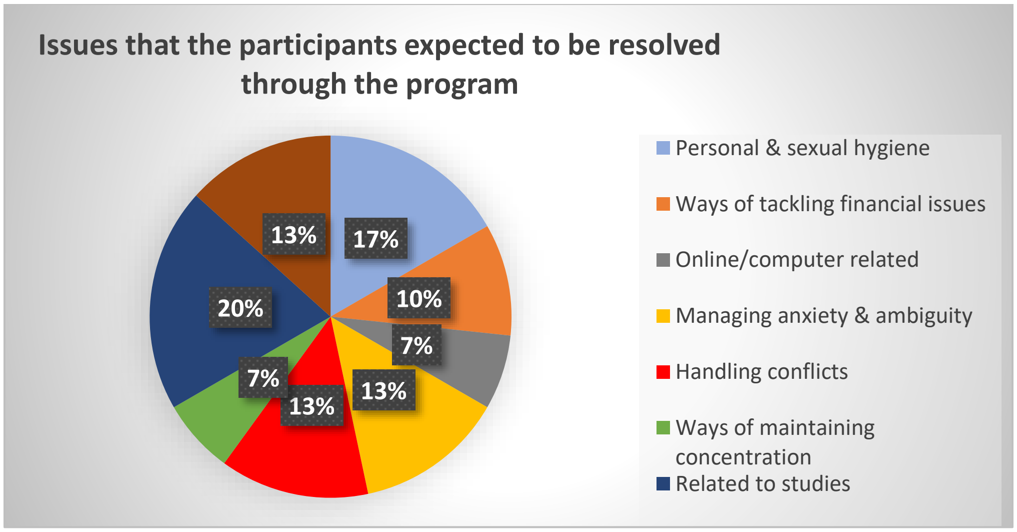


Figure 5. *Pie-Chart depicting the percentage of participants' responses for the question worded* "Iss lockdown ke dauraan, jab bhi aap kabhi tanaav ya pareshani mehsoos karte hai, to aap weh kisse share karte hain?"

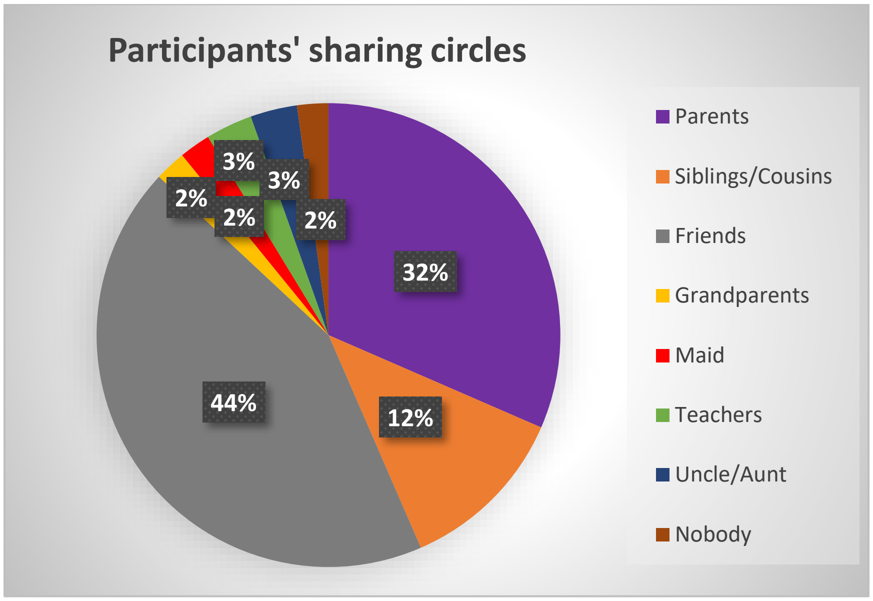
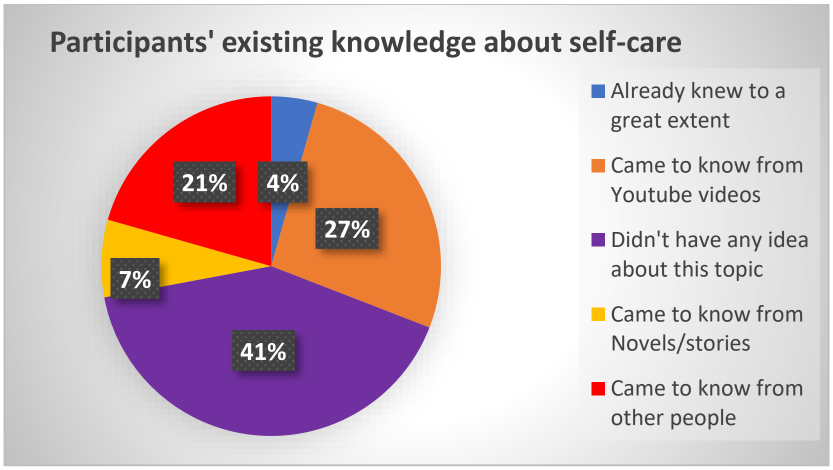


Figure 6. *Pie-Chart depicting the percentage of participants' responses for the question worded* "Kya, abhi tak, aapne kuch padha/kisi se suna/ youtube pe koi video dekhi hai ki apne app ka khayaal aur apne mann ka khayaal/apne mood ka khayal kaise rakha jaye?- movies/youtube/friend/ etc?"



Post-testing Phase

Similarly, after the completion of the intervention program and a gap of two weeks, the post-testing phase was carried out. Due to connectivity difficulties, all the participants could not attend all the webinars. Hence, the criterion of participants who had attended at least three webinars of the program was identified as having attended the intervention program and included as part of the post testing phase. Each participant was contacted personally and the WHO 5 well-being questionnaire was administered, and responses recorded. This phase of the program aimed at evaluating the effect of the intervention program on the well- being of the participants. The total number of participants in this phase were 35 in number. Descriptive statistics for the total sample along with the state-wise bifurcation have been elaborated in Tables 1, 2, 3 and 4 respectively.

Table 1

Survey Results: Descriptive Statistics for ***total sample*** *on the WHO-5 Questionnaire*

Descriptive Statistics	Pre-test Survey (n=78)	Post-test Survey (n=35)
Mean	54.51	56.91
Standard Deviation	18.53	19.48
Range	96-20= 76	84-8= 76

State-wise Survey Results: Descriptive Statistics for WHO-5 questionnaire scores

Table 2

Table depicting Descriptive Statistics for participants from ***Uttar Pradesh***

Descriptive Statistics	Pre-test Survey (n=21)	Post-test Survey (n = 6)
Mean	47.04	56.67
Standard Deviation	19.26	20.30
Range	92-24= 68	76-24= 52

Table 3

Table depicting Descriptive Statistics for participants from ***other*** *states (viz. Rajasthan, Mumbai, Pune, Delhi)*

Descriptive Statistics	Pre-test Survey (n=23)	Post-test Survey (n=16)
Mean	58.78	52.25
Standard Deviation	22.67	20.32
Range	96-20= 76	84-8= 76

Table 4

Table depicting Descriptive Statistics for participants from ***Gujarat***

Descriptive Statistics	Pre-test Survey (n=34)	Post-test Survey (n=13)
Mean	56.24	62.77
Standard Deviation	13.50	17.92
Range	84-32= 52	84-24= 60

Finally, those participants who had attended at least three webinars from the whole program and who were available for both the phases (i.e., pre-testing and post-testing) were identified and their scores were compared across these two phases. Tables 5 and 6 depict the Dependent samples t-test and Wilcoxon Signed-Rank Test to compute the same. The total number of participants available for both the phases and who had attended at least three webinars were 26. Table 7 and Figure 7 depict the normality assessment of the scores.

Impact Assessment:

Table 5

Dependent Samples t-test for assessing the difference between the Well-being scores of the participants across the Pre-testing and Post-testing phase of the participants (n= 26)

VARIABLE	t (n=26)	Sig. (2-tailed)
Well-being score	.385	.703

Table 6

Wilcoxon Signed-Rank Test for assessing the difference between the Well-being scores of the participants across the Pre-testing and Post-testing phase of the participants (n= 26)

VARIABLE	Z	Sig. (2-tailed)
Well-being score	.373	.709

Normality Assessment:

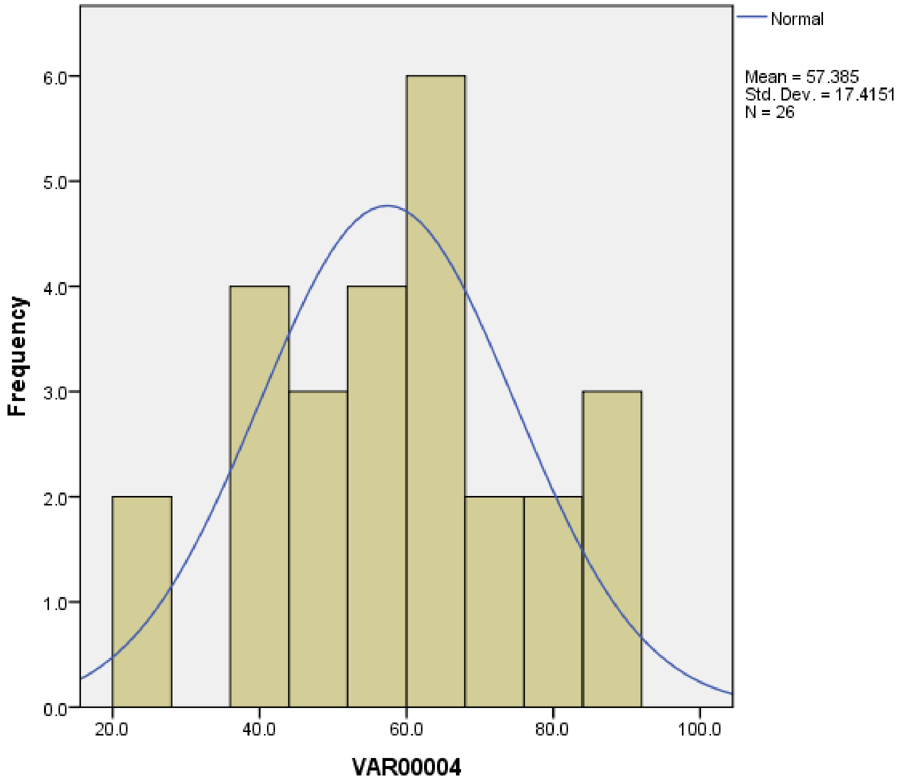
Table 7

Test of Normality of the scores (n=26)

	Shapiro-Wilk
Sig.	.819

Figure 7

Graph depicting the normal distribution of scores



From Table 1, we can observe that the Mean of the total sample for the Pre-test and the Post-test survey is 54.51 and 56.91 respectively. The standard deviation for the total sample is 18.53 for the former and the 19.48 for the latter. Range for both surveys corresponding to the total sample is 76.

Tables 2, 3 and 4 depict descriptive statistics of state-wise survey results. Table 2 showing the dataset for the state of Uttar Pradesh depicts that the Mean of the pre-test survey is 47.04 while that of the post-test survey is 56.67, Standard deviation being 19.26 and 20.30, and Range being 68 and 52 respectively.

Table 3 shows that the Mean for the Miscellaneous states' group Pre-test survey is 58.78 while that of Post-test Survey is 52.25. The standard deviation is 22.67 and 20.32 respectively while the range is 76 for both the groups.

Table 4 shows that the Mean for participants' scores from Gujarat is 56.24 for the Pre-test survey and 62.77 for the post-test survey. The standard deviation for the same is 13.50 and 17.92 respectively. The range is 52 and 60 respectively for both the groups.

For the purpose of Impact Assessment, Table 5 shows that, as per the dependent samples t-test, the t value came out to be 0.385 which is not significant at any level. Table 6 shows that, as per the Wilcoxon Signed-Rank Test, the Z coefficient is 0.373 which is also not significant at any level.

For the purpose of Normality Assessment, Table 7 shows that the Shapiro-Wilk test of normality significance coefficient is 0.819, which is a high value. This is evident from the normally distributed graphical representation of scores shown in Figure 7.

Section B: Qualitative Analysis

Analysis: Elaboration of Themes

The present study was undertaken with the objective of exploring and addressing the mental health issues faced by visually impaired girls during the COVID-19 Pandemic. Following an ABA design of study, the research began with a pre-assessment phase wherein baseline well being was assessed, followed by the intervention phase was delivered through ICT, and, finally a post assessment phase to evaluate if the intervention has been able to bring about any change in the participants well-being.

Following the Braun and Clarke (2013) approach to thematic approach, a total of 5 themes were identified - *Definition of Mental Health, Challenges and Barriers, COVID specific Challenges and Coping, Resilience in the Face of Adversity and Assessment of the Intervention*.

Defining Mental Health: *Mann, Mastishk, Aur Maansik Swasthya*

This theme highlights the participants' understanding about mental health, mental illnesses, and the understanding of the term 'mind'. Some of the major topics explored included their understanding of mind, its location, its function, importance of mental health, characteristics of a person with mental health issues, and relationship between mental and physical health.

Mind and its Identity. This sub-theme focuses on the participants' understanding of the mind, its location, and functions. Participants identify mind as '*mann*' which is used by the individuals to feel and is concerned with subjective feelings *such as,"Mann is nothing but like hamara satisfactory level har cheese ko lekar"*. *Mann* is also perceived as interest in various areas such as studies, housework, and going out "*Hamara mann nahin hai lekin hamara mood nahin hai is kam ko karne ke liye toh*". *Mann* is heart and *mastishk* is brain. These two are different identities with different functions, such as,*"Man hai na bilkul bhi hamare dimag se related hai hi nahin", another* *participant stated, "Ek hota hai mastishk ek hota hai man. Log kahate hain na ki yah baat main apne mastishk ya dimag se sochi hai*". *Mastishk* is used to make logical and objective decisions - *"Tu jaise ham kabhi dimag se sochte hain to uska ham decision ekadam sahi se le lete hain kyuni woh logic ka decision hota hai"; "Lekin agar main dimag se sochungi to yeh sochungi ki nahin abhi main nahin ja sakti kyunki corona hai"*. While *mann* and *mastishk* are two different entities, some participants state that they are interconnected*, "Log bolate hain na ki man aur mastishk yah donon ek dusre se connect hain"*.

Health Redefined: Decoding Mental Health. Participants' understanding of mental health is explored in this sub-theme. They define mental health as a state of feeling good, free of stress and the ability to find solutions to the problems quickly, for example,*"Didi Hamare hisab se mansik Swasthya jo hai Hamen Hamesha mind ko fresh Rakhna chahie."; "dimag bahut acche se kam kar raha hai aur Man Ko aisa lag raha hai man se aisa mahsus Ho Raha Hai Ki Sab Kuchh bahut Achcha hai, agar koi pareshani bhi a rahi hai to ham log sochte Hain Ki Ek na Ek Din to iska solution nikalega"*. The participants have also viewed mental health in terms of experience of various positive emotions such as optimism and happiness *"Insaan ka mansik Swasthya achha hai Kyunki negative condition mein bhi veh positive Soch Pa rahe hain"; "Mental Health matlab we are always optimistic,calm"*. They have also pointed out towards the fact that mental health is the ability to communicate openly and resolve conflicts *"Matlab Jiski vajah se aapko pareshani ho rahe ho Jiski vajah se aapko Apne mind par Prabhav pad raha hai usse turant tatkalin baat kar leni chahie"*.

Participants also shared their ideas about behaviours, emotions, and thoughts of an individual with mental health issues. According to them, people with mental health problems think negatively *"Aisa Bhi hota hai ki agar koi Kabhi dimag ki Roop se Swasth Nahin Hai aur vah negatively baten* *kar raha hai",* are irritable *"Mansik taklif hoti hai jismein bahut chidchidapan a jata hai"*, lack interest in daily activities *"Kisi chij Mein man Nahin Lagta Hai "),* withdraw themselves from social situations *("Aur vah Apni Hi Duniya Mein rehta Hai")*, and lack awareness about their problems *(".... yah hai ki agar baccha mansik taur per disturb hai to usne khud hi samajh nahin ho paati hai ki vah kya sahi karen").*

The dialogue also revealed how mental health and physical health are closely related to each other. Participants shared that when an individual is in a better state of mind, it is easier to focus on physical health and vice versa. They understood the importance of taking care of mental health the same as physical health. *(" Kyunki man saaf hoga to Swasthya ka Achcha hoga"; "Mansik Swasthya Ki dekhbhal Nahin Karenge Tu Man Ka farak Apne Sharir per yah body per bhi padta hai. agar main Khush Honge To Mere Chehre per smile dikhega aur Pata chalega Ki Main Khush hun. To Yahi mansik Swasthya ki vajah se chij hai Sharir se bhi connected hoti hai. isliye mujhe lagta hai ki Jitna Jyada sharirik Swasthya jaruri hai Dhyan Dena utna Hi jaruri hai mansik Swasthya Ka Dhyan dena").*

The participants actively discussed the importance of mental health and the lack of awareness of it in India *("Kyunki India mein bahut jyada log jagruk nahin hain mental health ko Lekar ke")*. According to them, mental health problems manifest diversely in different people living in distinctive situations. Therefore, it is important to talk to people with mental health issues *("Didi ye to Jiski Hum mansik Ki Dhaarna Apne man mein banaenge usse sabse pahle baat karni Hogi ki Uske man mein kya chal raha hai fir uski Baton ke mutabik ham aatman Karenge ki Uske man mein kya chal raha hai aise To Ham Nahin samajh Payenge ki Uske man mein kya chal raha hai. bina samjhe To Ham kisi ke Man Ki dharna Nahin banaa Payenge"),* and provide them social support for their problems *("Ghar Ke Log ya koi dost ho uska tab Uske bare mein Janna*

Chahenge ki use kya dikkat hai, use samjhaayenge ki sab theek ho jaega”). People often form a stereotypical picture of an individual with mental illness which would be wrong and promote discrimination towards them. Hence, opening inclusive dialogues around the mental health of everyone, especially the diverse population is very important. The participants also exhibited an awareness about the importance of a professional in treating mental health problems *(“Kisi mansik Swasthya chikitsak se Milenge, to vah Jyada acche se explain karte hain Kyunki vah expert Hote Hain aur vah medicines bhi Dete Hain”).*

The understanding of the participants indicates that they deemed mental health as vital for all over health and well-being. In fact, both physical and mental health are of equal importance and both of them are codependent upon each other. And, since there is a lack of mental health awareness in India and a need for the creation of more inclusive and space spaces is required.

The World of the Visually Impaired - Difficulties and Challenges

The interaction also shed light on various issues and challenges that the participants face on a daily basis. The obstacles they face can be categorised into two categories, that is, issues and concerns caused by disability of visual impairment, and those due to societal attitudes and perceptions towards their disability.

Challenges due to Visual Impairment. A running theme across the narratives of most participants were the challenges faced due to visual deficits. Visual impairment acted as a factor that stunted their growth, in some form or the other. While some had to, for various reasons, give-up academic study, others had to withdraw from occupational opportunities. One participant shared how her dream of becoming an army officer and devoting her life to the nation could not be fulfilled due to her impairment. The emotional toll of the disability is also immense, as participants express feelings of hopelessness, sadness and dejection over all that they wanted to do but could not, as a result of the visual impairment.

Societal Attitude towards Visual Impairment. Societal attitudes and notions about visual impairment make the situation even more difficult to manage both personal and social life. Participants shared their experiences of having faced discrimination and stigma associated with blindness.

Different Yet Alike. While the participants did face obstacles that were unique to their situation, these were outweighed by experiences that are similar to those of persons with similar demographics. "*... jab shuru shuru me college gaye the to badi ghabrahat si hui thi ki kaisa hoga college, kyuki suna tha ki school se bohot farak hota hai*", "*dost se ek baaar ladayi hogyi thi to samajh nahi aaya ki ham saamne se sorry bolne ya nahi*".

Battling the Unforeseen Enemy: Experiences During Covid-19

This section discusses the Covid-19 specific difficulties faced by the participants. It highlights the existing resources they used for coping with the rising situation and the role of the COVID 19 pandemic in worsening their disability related situation.

Fears, Anxiety and Apprehension. The participants identified a variety of worries and apprehensions they have been experiencing during the ongoing pandemic, technological problems being the most anxiety provoking issue. Several of the participants' fears emanated from technological limitations - How will we attend online classes? How will we attend lectures? How will the reading material be procured? How will I be able to get it? What about online open book examinations? These are some examples of queries that the participants were worried about. The lockdown brought in a variety of negative psychos-social consequences. The prolonged period of lockdown brought forth a number of emotions. The participants expressed distress symptoms like irritation, anger, feeling zoned out, sweating, increased heart beat. Some also reported loss of weight. Repetitive, similar routines during the lockdown caused monotony to set in which further brought in added distress. Feelings of loneliness due to inability to meet friends and family was also an unpleasant experience for many participants.

Existing Resources for Coping. It is important to note that though the participants did express the above challenges they stated the use of various strategies to cope with this situation. The participants learned about many of these techniques through videos on You-tube channel. The participants talked elaborately about the importance of maintaining a state of good mental health to get through these testing times. As one participant shaed "*agar mann acha rahega to hi ham kuch kar payenge, mann swastha nahi to koi kaam nahi ho paata*"

The strategies used can be categorized into psychological, social and recreational aspects. The most commonly employed psychological strategies were of distraction and diversion; to engage in something one likes or something to keep oneself busy as soon as they felt stressed or low "*...mai youtube pe gaane sunne lagti hu agar kabhi aise ghabrahaat si ho, acha mehsoos karti hu*". Other psychological techniques included focusing on the positives, downward comparison, and taking inspiration from those who have faced failures in the past. Being self aware, that is, "*apna agar pta hi ki kaunsi cheezo se mujhe tension hoti hai, stres ho jata hai to thoda easy ho ajata hai theek karna*", self-reliant ("*..jab khud cheez karte hain tab mann ko acha lagta hai ki haaan hum khud kar sakte hain, kisi pe bojh nahi hu*") were also discussed by the participants as ways of being in a state of optimal mental health.

Further, sharing one's worries with friends and family, and those who also have visual impairment served as a way of gaining new perspectives and receiving an outlet to emotional build up. Use of recreational activities to deal with overwhelming emotions proved helpful for many participants.

Listening to music, surfing the net, reading jokes, watching movies, watching dance videos, singing were all ways of uplifting one's mood.

A considerable number of participants engaged in writing in some form, namely, writing poems and short stories, participating in current intervention and interacting with the research group members, listening to recordings and poetry that were sent on the Whatsapp support group. The participants expressed the importance of engaging in such activities of interest in order to stay energetic and mentally prepared for such challenges. Physical strategies included such things as engaging in yoga, controlled breathing exercises, meditation and going out for walks with the family.

The Silver Lining. While the entire duration of the pandemic, and specifically the lockdown, was fraught with tensions, many participants found a silver lining even in such a situation. As most participants were college going and hence residing in hostels, away from their families, the pandemic provided them with ample time to spend with their families. Further, the lockdown provided opportunities to learn new skills and rekindle old ones. Many participants started their Youtube channels for cooking, singing, and dancing in the lockdown. The lockdown served as an opportunity to step out of one’s comfort zone and explore newer avenues.

Maintaining Psychological Strength

This theme discusses the various personal strengths that the participants discussed with the researchers as well as those observed by the researchers themselves. The theme also aims to indicate that the participants indicated awareness and recognition of their strengths and attributes. They appeared to be resilient and have the ability to bounce back in response to challenging situations.

Personal Strengths. Strengths are the core capacities of an individual that help them to lead a flourishing life. The participants exhibited a range of psychological as well as creative strengths. As shared by them, participants focused on being non judgemental

"*Tumse koi banda Baat Karta Hai Chahe uski situation kuch bhi ho Tumhen use Judge nahi karna hai mujhe judgemental Nahin hona hai use Bande Ko Sun kar Uske bare mein Rai pahle se nahin Banane hai"*

pro social,

Main sabki madad Karti hun Koi Kaisa bhi ho vah Agla Insan Mere baare mein kya vichar karta hai mujhe nahi Pata Agar mere se ho sakta hai Hai To Main uski Har Tarah Se madad karne ki koshish Karti hun,

and, considerate towards other people

Apni sister ka Bhala chahti hun family mein sabka Bhala Chahte Hain.

Not only this, the participants were observed to be having a solution-focused and a growth-minded approach towards life. Namely, they exhibited a curiosity to learn from the webinars and were actively involved and engaged in the diverse activities conducted during the webinars. They were curious and keen to discuss possible ways of handling their concerns and problems and learn from them.

Despite facing numerous challenges, participants have also displayed strengths like optimism

Kisi Kaam ko karne se pahle negativity Nahin Lani hai aur kabhi bhi

resilience,

"Paristhitiyan Kaisi bhi ho Hamesha khush Rahenge aur uska datke Samna Karenge aur jo Apne Siddhant Mein Soch Rakha Hai, unhi Siddhant par chalenge

and grit

“Pehla Kadam badhana Padta Hai”,

“Kyunki Meri Manzil jo hai hi is per focus karna hai”

“Society ke bohot se log jaise .. ladies bhi gents bhi bahut logon Ne roka Mujhe Thoda Rona Bhi Aaya per main Unki Samne weak Nahin Rahi main Le Gayi School Inka Inka kar rahi hai hi”.

Moreover, the girl participants usually lead an independent life, wherein, they live in the hostel for education purposes and manage to take care of their personal work such as personal finances, washing clothes, cooking food for self, and the like. During the pandemic the participants had to return home and shared that they had been helping their family members in household tasks during the lockdown period *“Jaise chai bana lete hain shaam mein aur mummy ke sath bartan dho lete hain”.*

Participants shared about their creative and expressive strengths such as dancing, writing poems and shayaris, singing, and public speaking. These are also some of the things that they have been doing during the pandemic lockdown to keep themselves meaningfully occupied, happy and spend their time in a meaningful way.

Dreams and Aspirations. Aspirations drive people to work towards achieving their goals. This sub theme intends to focus on the various goals and aspirations that the participants have for themselves. Despite their disability, their ability to wish for and aspire is ever present. Some of their personal goals included becoming a clerk in a bank, or a teacher in a school, working in a government firm, that is, to be respectfully established in a profession. Their courage and perseverance are well reflected in their goals.

Aao Karein Mann ki Baat : A Participatory Approach to Experiential Learning and Adjustment

In order to meet the objectives of the study a unique program that caters to the individual needs of all the participants. Participants' feedback and instances of positive growth have been discussed in this theme. Further, this theme also focuses on the techniques that the participants learnt during the course of the program.

A Unique Approach. This section sheds light on the interactive and unique nature of the program that the participants attended over webinars and follow-up sessions. The opportunity of actively participating on multiple platforms, namely, webinars, follow-up sessions, Whatsapp group messages, personal phone calls (pre-post assessment), and a few personal calls provided the participants with a consistent interaction with the research team and between themselves too. The shared communication between participants and the research team members gave rise to the following observations:

A Platform to Openly Express Their Feelings*. One participant reported "To yahi bol rahe hain ki phir lockdown To Nahin control Kar Paye iski sari mehnat Jo Kari Thi vah sari hi down ho gai Lekin yeh Kahenge thanks god ki is tarike ka platform Mela Hai Hai Jahan Ham apni baat share Karenge".* The participants shared that they had usually been apprehensive to speak up in class, after rapport formation they felt no anxiety in sharing and expressing their views in the webinars or while messaging.

The breakout rooms were created for the similar purpose so that participants can freely interact with the moderator as well as each other without feeling inhibited. They also drew a contrast between *Aao Karein Mann ki Baat* and other webinars that they have attended so far. They found the other webinars to be very one-sided, whereas, this program gave them a chance to speak up, share their viewpoints, and sought resolution for their queries. In addition, the participants also identified the program as their *"safe, trustworthy spaces"* where the moderators acted as active and patient listeners. They stated that the moderators often encouraged them to participate and share their thoughts and perspectives. They stated that the process of interaction during the program and interactions was cathartic and helped in providing food for thought and reflection, whether for their personal problems or while hearing other participants sharing their issues and concerns. An important point to note here is that the program served as a platform where they could learn from each other's experiences and find strength, motivation, and inspiration from each other.

" X *ke bare mein kuch kehna chahti hun ki veh bahut jyada positive Hai Apne donon behenon Ko Lekar vah bahut jyada koshish Karti Hain, Main Jab Unse Mili to Maine Dekha Tha ki vah donon ko sath mein Lekar ayi Thi yeh Sab Kuchh Akele karti hai toh hats off dear Pata hai jab tum log karte ho to Tumhen Dekhkar Hum Logon Ko Motivation Milta Hai"*

The participants appreciated that the program helped instill a sense of confidence in them and for giving them a chance to talk openly about their interests, opinions, apprehensions, shortcomings, strengths,

"Aap hamare liye seminar karte ho, sabke sath baat karte ho, to main khoob aapka shukriya ada karti hun".

A Positive Impact of the Program - Personal Growth. The program seemed to have had a positive influence on the participants. During the program, the participants displayed an enhanced capacity to introspect and reflect upon the importance of mental health *“mansik svasth kissi ki mann se jab svasth rahe tab aur kuch bhi hum kar sakte hai jab mann se strong nahi rahenge toh mann nahi humara mansik svasth thik nahi rahega tab toh aur kuch nahi kar sakte hai”.*

Towards the end of the program, the girls exhibited an increased sense of confidence in themselves, greater insight and acceptance of their problems:

“Jo bhi situation ho usse accept karna chahie”; “haan , mujhe iss breathing exercise se acha to laga lekin main koi bhi activity se judti uske baad bhi mere dimaag me khayal aate rehte hain , uska koi solution?”

an increased openness to tackle the challenges,

“Shyama ko Aise mentally prepared Hona chahie ki jo situation hai vah use Khud Hi Handle Karni hai”

and experience of positive emotions such as happiness and contentment.

“Inn webinars se jabse jude hain tabse positive thinking badh gayi hai, didi humein badhi khushi hoti hai ki aise webinar hue aur hume mann ka khayal rakhne ke bare mein jankari mili jo bahut hi zaruri hai aaj kal iss corona ke samay mein”.

Takeaways from the Program. This section discusses the various techniques that were taught to the participants as a part of the well-being intervention. The participants shared that they got the opportunity to know about various simple techniques to take care of their mental health and deal with negative emotions - *“seminar attend karke bahut acha laga, nayi nayi baat sikhne ko mili”.* First, the program helped them become a good listener. The activity of creating a list for controllable and uncontrollable stressors/aspects helped them to think and reflect and enhanced their capacity to introspect. The participants also expressed their gratitude for the serenity prayer and promised to make it a ritual to say it every day. “*Ek shanti milti hai. Fresh ho jata hai mann”.*

Further, they reported that activities of creating *jadui mantras* (positive affirmations) and listing their personal strengths - *"abhi to mujhe lagta hai ki Apne andar Jo khubiyan mein vah Kuchh Pata tha magar aap log ke batane se na maine realise kiya ke Mere kya khubi hai main aaj tak Karti a rahe"*- helped them to gain a sense of self efficacy and indulge in positive self-talk -*"agar koi pareshani aaegi to main use handle kar lungi Kyunki Main Apne aapko roj subah uthkar yah baten bolungi"*. Gratitude was also seen as a meaningful activity that helped them reflect upon the positive contributions made by people and things in their life. Listing three good things that they are grateful for instilled a sense of appreciation - *"Jab hum grateful hote hain To Hum Khush bhi Hote Hain".*

In addition, the participants also shared that the program made them more comfortable with Zoom as a platform. During the pandemic the use of technology in the form of Google or Zoom platforms became vital ways of communication. Participants were given audio instructions before joining the Zoom. On the day of the webinar, participants joined in with the help of the research team members, or with the help of other participants. Two sessions were held to teach them the process of joining the Zoom link and joining and leaving the break out rooms.

Discussion

The present study was undertaken with the objective of exploring and addressing the mental health issues faced by visually impaired girls during the COVID-19 Pandemic. It also aimed to conduct an intervention-based study for measuring and attempting to impact the well-being of these girls residing in different states of India. For this purpose, under the aegis of the All-India Confederation of Blind, a program titled '*Aao Karein Mann ki Baat*' was designed and participants from states of Uttar Pradesh, Rajasthan, Mumbai, Pune, Delhi and Gujarat were contacted to be a part of the same. A detailed outline of the program was devised; the content of the webinars was then eventually conceived and conceptualized as per the data obtained from Needs Assessment and feedback webinars. The present study makes use of a mixed method approach, that is, the use of qualitative as well as quantitative perspectives.

From Table 1, it could be clearly seen that the number of participants who had attended at least two webinars and were available for the Post-testing phase calls (n=35) reduced significantly as compared to the Pre-testing phase (n=78). Due to a number of issues in network connectivity, unavailability of adequate phones or laptops, pandemic related concerns etc., the attrition rate from the pre-testing to the post-testing phase has been high.

With regard to the total sample, it is important to observe that the Means of WHO-5 questionnaire well-being of both the Pre-test and Post-test surveys range between 54 to 56 respectively. Since WHO-5 is a tool that measures the well-being out of 100 with a higher score indicating higher well-being, 50 may be considered as a cutoff point for demarcating the well-being scores into categories of high and low. The average well-being scores of the current sample point out that they lie near the margin and consistent interventions might be needed especially in the context of the pandemic in order to maintain well-being levels.

Puri, Sapra and Jain (2013) state that a score less than 52 on WHO-5 questionnaire indicates low mood while score less than 28 suggests depression. For further clarity and comprehension of state-wise segregation of results, Tables 2, 3 and 4 reflect datasets from Uttar Pradesh, Miscellaneous group (consisting of participants from Rajasthan, Mumbai, Pune and Delhi) and Gujarat respectively.

Survey Results: Uttar Pradesh

As seen from Table 2 showing descriptive statistics of the dataset of participants from Uttar Pradesh, the mean value of the Pre-test well-being survey (n=21) approximates to be around 47.04 whereas the Post-test survey (n=6) average is 56.67. Though only six participants continued to attend most of the webinars in this group and were available for post-test calls, still this significant improvement in the average well-being of the participants is an encouraging indicator. The participants from Uttar Pradesh shared a warm rapport with the moderators and it was found that they were usually very keen to share their thoughts, experiences and ideas during the webinars and feedback sessions.

Survey Results: Gujarat

As per Table 4 which depicts descriptive statistics for participants from Gujarat, the average well-being of participants in the pre-test survey (n= 34) was noted to be 56.24 while that in the post-test survey (n= 13) was 62.77. This value indicates that the well-being of the participants increased in the post-test phase. The participants from Gujarat had some language issues initially wherein they were not able to understand Hindi language entirely. Eventually, only those participants who could comprehend Hindi participated in the program. Soon these participants started to look forward to the webinars and developed a bond with the moderators. The average well-being in this state in the pre-test survey phase was quite above the cutoff which later on, further improved much beyond the cutoff. Such an increase happened, despite the fact that many participants from this group had lined up competitive, semester exams due in the months of October and November. Their increased average well-being indicates that possibly the girls were able to use and implement some self-care, emotional management techniques imbibed from the program.

Survey Results: Miscellaneous group (Rajasthan + Mumbai + Pune + Delhi)

According to Table 3, the average well-being of participants from Rajasthan, Mumbai, Pune and Delhi in the pre-test survey (n= 23) has been 58.78 whereas that of post-test survey (n= 16) has been 52.25. It can be seen that the average well-being of the girls has reduced in the post-test phase. The decreased comparative well-being average in the post-test phase could be seen and understood in the light of various factors. The post-test data has been collected in the month of November (2020) and the number of COVID-19 cases have significantly increased in Maharashtra and Delhi, particularly in this while. Many girls in this group belonged to Delhi, Mumbai and Pune where the situation has not been very conducive to one's optimal mental health. Currently, as per records from the Ministry of Health, there are about 37,000 active cases in Delhi and about 83,000 active Covid cases in Maharashtra. The situation in the capital as well as in the state of Maharashtra is alarming. While having a conversation with the participants of this group in the post-phase, some of them even shared that their relatives or acquaintances have tested positive for COVID-19. Since visually impaired persons primarily rely on their tactile sense to navigate their way through, a lot of participants shared their apprehension of coming in contact with contaminated surfaces and the fear of catching the virus. Furthermore, recently Section 144 was imposed in Rajasthan leading to restricted movement and lowered network connection bandwidth at a lot of districts in the state. A recent research study done by Alghamdi et al. (2020) showed that as a result of exponential increase in the number of COVID-19 cases, there has been a negative effect on the mental health and well-being of the population. It also stated that there is an urgent need to implement emergency psychological interventions to reduce the negative psychosocial effects of the pandemic on public mental health. Likewise, it could be understood that the stressful situations in Delhi and Maharashtra must have taken a toll on the well-being of the participants in this group.

Impact Assessment

Tables 1, 2, 3 and 4 discussed so far showed comparisons of certain Descriptive statistics indicators across states on the participants' Pre-test survey and Post-test survey well-being scores. However, there were a lot of participants who could not attend some webinars as a result of poor connectivity or other issues. So, as a result of the discretion criteria of the moderators, those girls who had attended at least three webinars and whose Pre-test survey scores were already recorded were identified. These girls were then again called up for recording of Post-test well-being scores.

From the pre-test and post-test survey datasets, dyads of scores for those participants were identified, that is, who had attended at least three webinars during the program. The scores of these participants were then used for the purpose of the webinars' *Impact Assessment*. This indicates that these participants' Pre-test scores enabled the researchers to draw their well-being baseline prior to the entire program and then after the completion of the entire program, their Post-test well-being scores were again recorded for comparison. So, this way, an *A-B-A research design* was planned for Impact Assessment in the present study. The total number of participants who fulfilled these criteria for Impact Assessment were 26. As seen from Table 5, the t-valueof0.385, indicating comparison of scores between these two phases came out to be non-significant, i.e. there has not been a statistically significant difference in the well-being of the participants after the entire program.

In the field of statistics, some experts consider while handing a sample that is less than 30, usage of non-parametric tests is better than parametric ones though some books report this optimal sample size to be 25. Due to variations in this ideal sample size's considerations of statisticians, it was perceived that conducting a non-parametric test like Wilcoxon Signed-Rank Test for Impact Assessment can also be done to eliminate any scope of doubts. So, as seen from Table 6, the Z value for the same came out to be 0.373 which is also statistically not significant.

Even though rich qualitative data has been collected from the participants and the initial descriptive statistics for the total sample pointed out that the webinars have been effective to some extent in improving the well-being of the participants, the t-test or the Wilcoxon Z value came out to be insignificant. This statistical insignificance can be explained as a function of many factors. As discussed earlier, in the month of November 2020 when the Post-test phase calls were made, the number of Covid cases in a lot of states in India, the participants belonged to, increased rapidly (as per Ministry of Health 2020 data records). This is likely to have acted as an intermittent variable which took a toll on the well-being of the participants. Then additionally, even though the average well-being of the participants has increased in two states, this would not have been a statistically significant increase due to the stress of prevalent exams. According to a research study conducted by Rehman (2016), a lot of factors such as personal, familial, institutional, social and political have been identified as potential threats to provoke severe academic anxiety among students.

On a similar note, girls in the present study have been University or school students and in the course of conversations with them, examination-related stress has been a recurrent concern. Due to uncertainties in the present education system and vagueness related to future academic prospects, the participants have been quite stressed. There also have been a lack of qualified scribes for a lot of girls who are living in very remote villages and they have been, time and again, facing major connectivity issues due to which online classes have turned into a major burden for them.

Tuttle and Tuttle (2004) report that people with visual impairments may have lower self-esteem due to a disproportionate number of negative reflections they may experience compared with their sighted peers. This study also identified the problem of dependence that visually impaired children face when they require assistance from others. This feeling of dependence often results in lower self-esteem even when a visually impaired student who has excellent coping and adaptive skills accepts assistance to perform daily living skills. This is an important point to be considered that self-esteem and well-being of the visually impaired students, may generally also have been much lesser than their sighted counterparts and perhaps an even longer term of an intervention program might be needed to bring out about a statistically significant difference in the well-being of the participants across the pre-testing and post-testing phases.

The whole program aimed at addressing the well-being concerns of visually impaired girls which was successful to a certain extent as the participants were able to learn newer ways and techniques of self-management. But, as a result of various additional circumstances, probably the benefits of the webinars could not be retained long-term by the participants. Probably, more of such similar programs in the long run can prove to have better retained benefits for the participants.

Section B: Qualitative Discussion

Understanding of Mental Health

WHO (1946) defines Health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".* This definition has a very holistic approach towards an individual's health. The participants who were a part of this study understood the importance of health and also defined it along the lines of WHO's definition. According to them, both mental and physical health are important for one's well-being. This is also reflected in the WHO's definition on health. Mental and physical are related to each other.

A sound mental health involves absence of stress; experience of positive emotions and thoughts such as happiness, optimism; ability to find solutions to the problems; and resolve conflicts. Similarly, mental health is defined "as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*"* As a participant reported *"Insaan ka mansik swasthya achha hai kyunki negative condition mein bhi veh positive soch pa rahe hain", and, "Mental health matlab we are always optimistic, calm"*. further, *"Matlab jiski vajah se aapko pareshani ho rahe ho jiski vajah se aapko apne mind par prabhav pad raha hai usse turant tatkalin baat kar leni chahie"*.

These responses indicate that they have a fairly good understanding about mental health. Not only this, we can also infer that the participants understand that mental health is very important and should be taken care of. Resnick (2000) have shown that better mental health is associated with optimal physical health, social competence, and fewer risky behaviours in the youth. Awareness about emotional and behavioural problems is very important. It is the first step towards seeking help when one faces any difficulties. However, participants in the present study understand that mental health awareness is lacking in India. People tend to form a stereotypical picture of people with mental illnesses. They deemed social support as important in helping people with mental health difficulties cope with their challenges. Cimarolli and Boerner (2005) reported that lack of support was associated with less optimal well-being in visually impaired individuals. Lower support from family has also been found to be one of the risk factors for bad mental health among visually impaired athletes (Kohda, Monma, Yamane, Mitsui, Ando, Jesmin, & Takeda, 2019).

Participants shared that aggression, in the form of anger and irritation, and change in behaviour as being characteristic of someone undergoing mental health concerns. These include being alone and feeling lonely, feeling sad, hesitation in sharing thoughts and concerns with others, fear of lack of support and understanding from others. Persons with mental health issues face different trials and tribulations, such as, lack of support from family members, stigma, and frequent hospitalization. Physical symptoms of mental health issues include, breathlessness due to anger, sweating, raised heartbeat, experiencing uneasiness or ‘uljhan’ in the body, and inability to sleep. The close relationship between mind and body was indicative that both aspects are crucial for well-being. Finally, control and regulation of emotions are vital for mental health.

Overall, the participants have knowledge about mental health, its importance, and importance of social support for battling mental health challenges.

Challenges and Difficulties of the Visually Impaired

The WHO (2001) defines barriers as those factors which limit a person’s functioning and create disability. (World Health Organization and World Bank, 2011). Participants talked extensively about various hurdles they have to face on a daily basis due to their disability. Giving up on education and occupational opportunities, facing societal stigma towards disability and being treated as “different” were some of the many concerns the participants shared. “*Society ke hisaab se dekha jaaye to ham chahte hain ki hamare saath waisa hi bartaav kiya jaaye jaisa sabke saath kara jaata hai hame alag na dekha jaye*” - a participant shared. Holmes and Karst (1990) note how persons with disabilities are frequently reminded of their “non-normaliness” when interacting with others, infrastructural barriers and restricted vocational options. Iaaberg et al (2002) found that both nondisabled and disabled participants highly favor nondisabled people and hold high levels of implicit prejudice towards disabled people. Feelings of frustration and anger, over lost opportunities for economic and educational growth are also commonly reported by other researchers (Jones et al, 2019).

Participants shared their dilemmas about social interactions. There was hesitation about how to communicate and disclose about themselves, as they had often faced bad friendship experiences and raised questions of whether internal problems should be shared or not. The need for positive relationships was evident from their inputs.

One participant shares her fear of failure being so intense that she sometimes feels ending her life as being the solution; she reported negative thoughts, crying, suffering from headaches, and lost sleep. Attempts were made to manage the friendship, but was unsuccessful. She tended to overthink these arguments and fight with a friend, and was upset as her trust was broken.

There were various personal concerns such as about MA admissions and whether they will be able to get admission or not, and felt that their dream of studying in University of Delhi may remain unfulfilled. The fear of failure in competitive exams was another concern. They shared the need for help and advice on such matters. And, reported their anxiety over exam-related fear of failure.

Living in a village, absence of proper roads, no bathroom/toilet facilities, and, thus, there were sanitation issues due to open defecation that added challenge due to visual impairment.

Participants shared about dejection about loss of opportunities to grow and transform their life due to their visual impairment. This thought coupled with the emotion of sadness and gloom made it difficult to remain in a positive frame of mind. Further, when people questioned about their impairment, it only aggravated their conditions. Visual impairment prevented one participant from fulfilling dream of becoming a defence army officer and working for the country. Next, lack of readings or recordings, challenges in education due to visual impairment due to lack of available accessible resources

Visual impairment was viewed as an uncontrollable limitation, bringing about a drastic life change, and, having to move forward with these limitations. Some participants reported about gradual vision loss, and how they went into wrong rooms, or banged into people. The feeling of embarrassment and discomfort in public places was noted.

Paradoxically visual impairment is viewed both as being abnormal, and, not to be considered as a weakness. Participants stated a change in thoughts and feelings about their disability over time, with gradual acceptance of the impairment and becoming independent. A participant shared that this impairment cannot limit her life world, she needs to accept it and move forward in her life. Further, meeting people with similar experiences of vision loss helped in coping and changing perception towards the impairment.

COVID-19 - An Added Stressor

These challenges were further worsened with the coming of the COVID-19 Pandemic, as participants returned back home, they became confined to the home and dependent on their parents for all things big and small, as opposed to staying in hostels where they managed everything on their own which served as a major boost to their self-esteem. Other researchers have also found similar findings, reporting that loss of one’s driving license (loss of mobility) due to impairment was perceived by the participant as debilitating and a threat to their freedom - isolating them from their friends and family (Jones et al, 2019). Fear of infections was also quite severe among the participants as in order to navigate the environment, the individuals with visual impairment must touch things in their surroundings, which can lead to contraction of the disease.

Constant worries about getting infected by corona infection and the lock down created its influence on behaviour. Such as, not being able to meet others, friends, unable to go out even for important work for fear of the infection. Technological barriers in the form of lack of devices – mobile, smart mobile or laptop – added stress of being anxious about how to communicate and attend classes. This further brought in stress because their routines were repetitive in nature. They did try to relieve their worry and tension by indulging in things they like doing.

Loneliness due to the aforementioned reasons was a common response to social isolation. The detrimental effects of the lockdown are likely to be worse for persons with visual disability (Allen et al, 2020) as they are already at risk for depression (Evans, 2007). What proved to be the most distressing for the participants was having to attend school/college virtually by means of a smart device. Procuring reading materials, taking exams and attending classes was difficult for the participants. There is widespread consensus among researchers that the educational journey of a person with visual impairment is fraught with challenges and troubles (Bishop and Rhind, 2011).

All these have been termed "barriers" as they qualify as things which hinder optimal functioning of the participants. Infact, negative societal attitudes, unfavorable policies and laws (regarding online education), lack of irrelevant assistive technology (absence of smart gadgets and internet with the participants) are all identified by the WHO as falling under barriers (World Health Organization and World Bank, 2011).

Coping Strategies

In order to improve their quality of life of persons with visual impairment, an investigation of their existing coping processes, along with the stressors they encounter is imperative (Yuan, et al, 2019). Craig (2012) has highlighted the importance of coping as a buffer against the negative effects of having a disability. The participants in the present revealed employing a number of distraction and diversion strategies to deal with obstacles posed by their disability and the ongoing pandemic: "*...mai zyada sochna nahi pasand karti unn chezo ke baare me (*stressors*), mai kuch sun leti hu wagera, ya kuch likhe leti hu*". Kef et al (2002), in a study examining coping strategies used by visually imapired adolescents found that avoidance was a commonly used strategy for coping among persons with visual impairment.

Other psychological techniques such as trying to think positive, downward comparison, and setting positive role models were also frequently talked about. Research evidence suggests that downward comparison is an effective strategy for enhancing one's well-being (Wills 1987). Sharing one's worries with friends and family, seemed to have a cathartic effect. Presence of social support has been linked with enhanced well-being (Guerette et al, 2011). Recreational activities like Listening to music, surfing the net, reading jokes, watching movies, watching dance videos, singing, writing poetry were all ways of uplifting one's mood when feeling low. Research indicates that persons who engage in recreational activities frequently are likely to report better scores on mental health and being scales (Davies et al, 2015). Yoga, breathing exercises and walks with one’s family also proved effective for the participants. Yoga, meditation and breathing exercises are widely accepted techniques for stress management (Crowe et al, 2016). It is thus apparent that even though participants were not aware of the technical terms, they were already (though unknowingly so) making use of several research backed, evidence-based techniques of improving their well-being prior to the delivery of the intervention.

Covid-19 Pandemic as an Opportunity for Exploration

The lockdown period as a period of self-exploration, as well as exploration of newer avenues for most participants. First and foremost, the opportunity opened doors for spending quality time with one’s family. Fegert et al, (2020) note that in the absence of any outside interference inside the home, family members have enough time to relax and reconnect. Doing so strengthens social support, which in turn enhances one’s resilience (Hermann et al, 2011). Many participants learned new skills and pursued their passion, for example, opening a Youtube channel for cooking, singing, and dancing. The COVID-19 pandemic has indeed provided people with a unique opportunity for self-reflection. It has also been noted that people have been showing more and more gratitude and increased affection towards their loved ones during the ongoing pandemic. (Sun et al, 2020).

Visual Impairment and Sense of Self

As discussed in the previous section, disability poses enormous amounts of challenges on the affected individuals. Not only does it take a toll on their physical health but affects them emotionally as well psychologically. However, the participants of the present study have been observed to display various strengths that help them in coping with the challenges erupting due to their visual disability as well as the current pandemic situation. The webinars helped the participants to gain an insight into their psychological strengths. One of the participants mentioned *"main ek helpful ladki hu aapke batane se mujhe bahut jyada ehsaas hua, mujhe bhi vo wali quality hai main aaj apni wali qualities samajh nahin paye ki kya kya thi meri quality thank you so much aap log vah kahate hain na aankhen khol de vahi baat hai".* This reflects that the intervention program, that included emotional care techniques, understanding controllable and uncontrollable factors in life, positive affirmations, importance of developing a growth mindset, identification of strengths, and, learning from failures and challenges have influenced them positively, helping them to discover their strengths and gain confidence.

The researchers also identified some of the strengths of the participants as reflected in their responses during the interactions. Developing an internal locus of control is critical to one's mental health and well-being as it refers to the perception of negative and positive events as being a consequence of one's own actions (Rotter, 1966). Not only do they have a low need of seeking validation from other people but are also focused on their individual behaviours and things they can control. This can be inferred from participants' understanding of their controllable and uncontrollable stressors. They accepted that they can't control others' behaviour, circumstances and situations. What they can control is their attitude towards their problems and accept them. Internal locus of control also gives rise to their solution-focused approach towards challenges. One of them also shared *"solution hota hai kisi bhi problem ka".* Having a solution-focused or a growth mindset helps individuals to accept their challenges and overcome them efficiently by seeing them as opportunities to grow. Kef (2002) has also reported similar findings where usually impaired adolescents were found to have a high sense of internal locus of control and experience more positive emotions such as happiness. Individuals having an internal locus of control also tend to use more problem-focused strategies to cope with stressful situations. This is in consonance with the results of the present study.

Revee (2002) reports that individuals with disabilities have to undergo constant gaze and surveillance from those around them, usually non-disabled individuals. This impacts them negatively rendering them internalizing these emotionally disabling prejudices and stereotypes, thus inducing feelings of self-loathing, stress, and worthlessness. However, Revee also notes not all people with disabilities undergo the same emotional processes. Many of them challenge these social norms by resisting them and taking agency of their actions. Participants in the current study clearly challenge emotional and physical barriers by exhibiting positive traits that will help them in achieving their goals. Participants in the present study have also been observed to adopt a more resilient and optimistic approach towards life as can be inferred from their responses - *"Kisi kaam ko karne se pahle negativity nahin lani hai aur kabhi bhi"* and, *"Maine yeh socha hai ki mere andar himmat hai majbut mat hai koi bhi problem Ho Ya samasya Ho usko face karne ki mere pass kimat hai aur taqat bhi hai aur usme solution donon nikal lete ho iski uski friend hai mere pass toh mai himmatwali hun"*

Visual Impairment is a lifelong challenge and dealing it with a persevering attitude is very important. Perseverance involves persistence and commitment towards one's goals despite difficulties or challenges. The participants of the present study displayed a high level of grit and determination towards their goals. Disability in no way seemed to impact their long-term visions. This can be reflected in what they shared with the researchers *"Apne kam Mein lage raho"* *"society ke bohot se log Aise the ladiesbhi gents bhi bahut Logon Ne Dhoka Mujhe Thoda*

Rona Bhi Aaya per main Unki Samne weak Nahin Rahi main Le Gayi School Inka Inka kar rahi hai hi" "Kyunki Meri Manzil jo hai hi is per focus karna hai"

Dunn and Burcaw (2013) use the term "Disability Identity" that refers to a positive sense of self including feelings of connection to or solidarity with the disability community. The participants in the current study reflected upon and shared what they consider to be their strengths. It was found that the participants have a positive sense of self where they identified themselves as being non judgemental, active listeners, pro social, and resilient. Having a coherent disability identity helps individuals to adapt and navigate through their everyday hassles better.

Aao Karein Mann Ki Baat and Well-being

This intervention program was designed to help the participants manage their difficulties and challenges arisen during the Covid-19 pandemic. As can be gathered from their qualitative responses, the intervention had a positive impact on their wellbeing. Participants also acknowledged that the program was one of a kind and helped them to freely express their feelings, interests, opinions, apprehensions, shortcomings, strengths, etc. The situation arising due to the pandemic has been very challenging for everyone and more so for the visually challenged. This program served as a platform for catharsis where they did not feel apprehensive to share their concerns. Moreover, one of the participants shared *"Aise bahut sari cheezen hain par aap usi jagah jaate ho jahan per aapko peace of mind milta hai, vekhi mai peace mil raha hai aapse bahut acchi baat hai aap aise hi kam karo, fantabulous job".* Nichols and Efran (1985) have also reported that catharsis offers a sequence of uninterrupted and unrestrained self-expression. Free expression of emotions also improves a person's knowledge about their emotions and provides more clarity (Khoo and Oliver, 2013). In addition, the participants also identified the webinars as their *"safe, trustworthy spaces"* where the moderators acted as non-judgemental listeners. Gerdes and Segal

(2011) noted that having empathy and a non-judgmental attitude is vital to social work practice and improves the recipient's well-being.

There is also evidence for gradual personal growth of the participants over the course of the program. The positive interventions were at its core and it is seen that they impacted the participants' well-being positively. They benefited from the various techniques taught to them such as differentiating between controllable and uncontrollable stressors, using strengths and positive self-talk, and practicing gratitude. Learning about these activities enhanced their capacity to introspect, improved their happiness levels, and instilled a sense of confidence in them. Matsuguma, Kawashima, Sano, and Tsubota (2019) also used a strengths-based interventions for visually impaired individuals and found out that it increased their levels of self-esteem. Matsuguma et al (2018) also reported positive associations between strengths use and subjective happiness of the visually impaired persons. They also concluded that strengths use is a protective factor against the negative effects of being visually impaired. Seligman, Park, Steen, and Peterson (2005) have also reported that positive interventions enhance the experience of positive emotions such as happiness.

Implications and Future Directions

This study was undertaken to understand the perception of the visually impaired girls towards mental health, their unique challenges during the Covid-19 pandemic, and their coping strategies. Further, the study aimed to provide a platform to these girls for free emotional expression and teaching them skills pertaining to Emotional Self-Care.

Aao Karein Mann ki Baat was specifically designed to meet the mental health needs of the visually impaired population. The program has provided a great insight into the challenges that they have been facing during this pandemic situation. Not only this, the researchers have also gathered that despite a physical impairment, the girls are very resilient and optimistic indicating the presence of a positive self-identity. This has important implications for conceptualization and development of positive mental health intervention programs suiting the needs of the visually impaired girls.

Given the emotional chaos that Covid-19 pandemic has created in the lives of these girls, the concerned authorities must look into providing accessible mental health services to them. The participants have reported that there is a lack of mental health awareness in India and social support networks must be created to meet the growing mental health needs of everyone.

Futuristic studies may target a longer-term intervention for catering to the mental health concerns of the participants. Sooner or later, we all can await for the ray of hope in the form of a vaccine that cures COVID-19. Once the pandemic gets over, more of such programs should be initiated in workshops-format. It will yield positive benefits, much beyond the virtual format. Another important alteration could be to include more volunteers in a nation-wide program who know different regional languages like Marathi, Kannada, Tamil etc. This way, language would not remain a barrier for the conduction of the program and ensure participation from more states.

Limitations

Every study has its limitations and the present work is no exception. One drawback that is part and parcel of qualitative research is subjectivity. Within the positivist paradigm and empirical work, subjectivity is often seen as a hindrance in obtaining accurate results. The second methodological limitation is the use of self-report measures, which are often criticised as being susceptible to social desirability and recall bias (Leedy & Omrod, 2013). Furthermore, for the present study, the researchers translated the WHO-5 Well-being Index to Hindi. However, a process of standardisation of the translated version was not completed, which could have impacted the reliability of the results. Even though the only option with the researchers was to carry out the intervention online, due to the ongoing pandemic, the researchers defend that the conduction of the same offline, face-to-face would have enhanced the impact of the intervention and also allowed better reach. Since the entire study was online, persons without access to the internet and smart devices had to be excluded. Many participants were also left out as the primary language for delivery of the intervention was Hindi. This issue can be overcome in the future through creation of a multilingual research team.

It is further important to note that the researchers in the present study differed from the sample in terms of demographics, and bodily abilities. So, having had different experiences from the sample under study and no experience with a disability means that the sample, i.e., persons with disability become the object, not the subject, of study and distances the research from the disabled person's life experience. Furthermore, much of this research was undertaken primarily to bolster particular theoretical notions about stigma, victimization, social comparison processes, altruism, or social support. Not surprisingly, but regrettably, the authors have used notions of disability as a metaphor to advance social theories rather than to advance our knowledge of the experience of disability.

The objectification of disabled people, can be redressed by developing scholarship from the position of the disabled subject, developing alternative methodologies to the empiricist approaches that have dominated the study of disability, developing the active voice in the humanities, and by breaking down stereotypes through the analysis of metaphors, images, and all representations of disability in the academic and popular cultures. The overwhelming majority of scholarship on disability, either utilizes or implies the third person plural: `they' do this, `they' are like that, `they' need such and such. This contributes to the objectification of disabled people and contributes to the experience of alienation disabled people so often report.

Recommendations

Based on the above findings and as shared by the participants the following recommendations are made to provide the students with visual disability to lead a more meaningful and richer lifestyle.

Investment in Mental Health, Prevention and Care

There is a strong need to invest in mental health promotion, prevention and care for the visually impaired population and, to lessen the immense suffering among hundreds of the special population. To provide the necessary help, support through intervention strategies need to ensure widespread availability of emergency mental health and psychosocial support. Mental health care should be addressed by educational institutions, NGOs and the government by investing in such interventions that can be delivered through quality assured tele-counselling, online, support systems, and the target population staying at home. Further, assuring in-person care for the severe mental health issues.

By addressing these concerns, the cost to the individual and society can be mitigated. Thereby, decreasing the long-term individual, social and economic costs to society.

The team recommends that counselling services be provided. Mental health programs must be designed and delivered on a regular basis. These can be imparted on a fortnightly basis, preferably on a week-end and become a regular part of the curriculum. This would ensure that such interventions are not implemented only as a one-time remedial step but are continued over a period of time for helping the students in catering to their well-being and maintain a sound mental health.

Specific recommendations include:

1. Follow up sessions to the program '*Aao Karein Mann ki Baat'* with the participants to provide continuity and support.
2. A follow up to be conducted every year for assessment of mental health and well-being.
3. Appointment of a counsellor at the hostels where the students are residing.

The group of caregivers can be planned to have a three-tiered system. The first can be the appointment of a trained professional counsellor with specialization in dealing with adolescent and young adult girl population, with experience in disability programs. The second level can include retired professionals, preferably from the field of psychology and social work, or, those who have field experience of working in the area of disability. The third level can be undergraduate and/or postgraduate students from the field of psychology. These three levels will bring to any future program a rich diversity of support, care and collaboration.

Education and Career Related Information and Support

Participants reported academic difficulties and challenges in the educational setting. Differences in academic requirements, inappropriate study skills, inadequate academic preparation, clearly indicate the need for mentors, supporters, counselors and advisers who would provide the necessary inputs to manage and overcome these issues.

The team recommends formation of a peer group support system, whereby a Buddy system can be set up. The need for social interaction in the form of friendship with abled others is immense in the participants. The dyad can be created where by interaction on the phone can be held. This two-way interaction will allow the strengthening of interpersonal relationships, mitigation of stereotyping and discrimination, myths about disability to be challenged.

Provide Safe Spaces to Share, Discuss and Learn from Each Other

In addition to the above recommendation, the findings of the study indicate the need to provide people with disabilities various types of platforms to share, discuss and learn from each other. Some participants did share their attempts to write poetry, sing, dance and ways to express themselves. In addition to expressions through art, if AICB can form clubs, support groups and the like. This will allow psycho-emotional sharing of their concerns, thought patterns, feelings. The need for validation by people in their social environment. Further, people with disabilities may possibly internalize the prejudices held by the dominant group. The tendency to accept and incorporate these biases, and may operate at the sub-conscious levels. This is likely to impact their self-confidence and self-esteem, and shape their thoughts and actions.

Evidence suggests that people with disabilities experience poorer levels of health than the general population with structural and functional incompetencies, only aggravating the issue. Mental health and well-being issues for people with disabilities although are often seen to be grave and long-lasting. With disabilities, there arise a number of psychological and emotional concerns such as anxiety and depression, loss of freedom and independence, and frustration and anger at having to rely on other people. The above recommendations are to press upon AICB that often people with disabilities are provided support in terms of physical health, infrastructural facilities, policy reservations and the like. The need of the hour is to actively bring in the critical role of mental health and well-being for people with disabilities. The study emphasizes the urgency and need to develop interventions aimed at improving the sense of self of individuals with visual disability in order to enable them to lead more fulfilling lives in society.

Interdisciplinary Collaboration: The Urgent Need for Research and Intervention Studies

Lack of quality research for people with disability makes it difficult if not impossible to help and support this particular population. Admittedly there are visible changes at various levels for their welfare, yet we need continuous research work to evaluate and assess their present living conditions, their needs to increase their potential and functionality as an individual as well as a valuable member of society.

The need to move away from the medical model and a serious inclusion of the psycho-emotional model or a social relational model is of significance. Acceptance of disability and its consequences, along with structural, material and physical aspects have been at the forefront. Neglect of the psycho-emotional aspects of disability leaves individuals devalued and stressed.

Hence, we require an interdisciplinary approach where a holistic view is adopted along with a sustained effort for research and assessment. This should be done in a way such that access to mainstream policies, systems and services are in place to support the disabled. In addition, there is a dire need for health and well-being to go along with economic and social security since skill development may work only in the ambit of an independent, balanced life. Thus, the psychosocial world too has to become a noteworthy component of research and political advocacy for the upliftment of the disabled.

Reflections from the Research Team

The research team shares its reflections experienced during the past five months. It has indeed been a life altering context towards understanding and building a strong connection with the participants life world.

Reflection I

In the present day and age, wherein an increasing awareness about gender and sexuality defines the field of academia, one could say that the intersectionality of marginalised identities is being brought to the forefront. Yet, the dearth of disability representation, specifically in the area of psychology and mental health, is glaringly evident, and more so in the Indian context. As a disabled person myself, I was elated at the opportunity to actively be part of a team that led, designed, and implemented a research intervention on disability and self-care. It filled me with pride and in so many ways, upheld the saying, "nothing about us, without us." Moreover, I felt that the roles assigned to me came naturally because both of the areas we were touching upon with the intervention, were my comfort zone. However, the initial apprehension and distance that most of my non-disabled colleagues felt before direct interaction with members from our chosen community, was slightly disheartening at first. I recall reiterating my points in an effort to normalise disability for them in our very first discussions using the words, *"why are you afraid, woh alien nahi hain"* - somewhat a play on the alienation that we, as visually impaired women, already faced in mainstream society. I felt like it was my responsibility to destigmatize and sensitise my own team mates, and I feel that engaging in those difficult and uncomfortable discussions with them, helped me get my point across in some way.

Though I had worked with similar vulnerable populations in Delhi, it was an exhilarating experience to expand our reach pan-India, which of course brought with it, its own cultural flavours of linguistic diversity. The rapport we were able to build by exchanging phrases in our mother tongues, came with the knowledge that despite the variety and distance, we were all connected. This also meant that many of us faced the challenge of having to step out of our comfort zones of jargonised and academic English, and make that very academic content, linguistically accessible for the grassroots. I personally enjoyed doing this and it gave me a chance to test my limits, both as a researcher as well as a moderator during Focus Group Discussions.

Furthermore, the opportunity to add in the arts through theatrics, poetry recitation, and music in Hindi and Urdu, were important aspects of the designing process that kept me going and minimised any chances of fatigue I could possibly feel in a dedicated project such as this. Needless to say, the toil that went into designing each session meticulously, and the research that went into each minute of a recording played for the target audience, was immense. Each technique was also required to be modified to suit the access needs of the visually impaired, which the team was also able to achieve. Despite such meticulous planning however, their implementation in the dynamic real-world presented curveballs which demanded improvisations from each person in the team. It was this quick thinking that enhanced my faith in the team, the process and the cause further. While technology proved to be a boon that made this project possible, it was connectivity issues that led to several participants dropping out despite being extremely interested and enthusiastic to participate. Reconnecting telephonically was a solution that I myself and some of my colleagues immediately thought of, and I was happy with the spontaneity showcased by the team.

In an uncertain and seemingly hopeless time that the pandemic-related lockdown presented to all of us, disabled and non-disabled people alike, I was grateful that we could utilise this time to be able to bring about a change in whatever little way possible. It was saddening yet not surprising that such little conversation about emotional self-care took place in the settings we delved into, and how so many people were in need of support. The chance to directly and closely work with so many people on such a large scale, and to add value to someone's life even in this tumultuous time was truly humbling. I feel that if we were successful in making even one person feel less alone, instill any semblance of hope in her, or incept even one adaptive coping technique, our endeavour would be a success. The intervention further presented an example of intersectional feminism through a dual empowerment for visually impaired women, which is also the need of the hour. It was a pleasure having worked on this project, but even as I move ahead and celebrate the outcomes of this program, I know that there is a long way that disability attitudes and mental health in India are yet to go.

-Arlita Saha

Reflection II

The present program was a novel experience for me. While I have worked with young adults and adolescents in the past, working with persons with visual impairment was something completely new. Rich, meaningful interactions with the participants were not only cathartic for them, but even for me, as it provided me a platform to interact and share my knowledge of psychology. Noting their level of optimism, resilience and positive mindset is truly something to take inspiration from. This project was my first experience of interacting so closely with persons with a physical disability and helped me reflect on my attitudes towards disability. It was also an opportunity to demystify disability and understand the psycho-social realities of persons with disability. The project, hence, had contributed to my growth not only as a researcher but also as a human;

enhancing my capacity to relate to and understand their inner world. The present project pushed me out of my comfort zone as we developed and delivered content that would be engaging, meaningful, and understandable for our participants. The project 'Aao Karein Mann ki Baat' has been the highlight of the year 2020. I'm grateful to Manjula ma'am and my fellow researchers for this opportunity and their constant support and guidance throughout.

-Bhavya Joshi

Reflection III

My work as a Research Coordinator in *Aao Karein Mann Ki Baat* program has given me an opportunity to do what I love the most: help people to transform towards personal growth. The program aimed to provide various modes of communication to girl participants with visual impairment for a period of three months. The aim was to share self-care techniques by which they can handle their challenges during this pandemic and enhance their emotional well-being.

From conceptualization of the program, rigorous brainstorming on its content, to the delivery where we met these girls every Saturday and Sunday, to writing the report, this three-and-a-half-month-long journey will always be my fondest memory of 2020 or rather a silver lining during this pandemic. Not only did it give me the chance to interact with a diverse population and make a difference in their lives but has also made a significant contribution in helping me grow – both as a budding psychologist and as a human being.

Listening to the feedback provided by these girls has reinstated my faith in my own skills. I believe that one’s work needs not be necessarily acknowledged and appreciated. Even if it makes one person’s life worthwhile, then you know that you have done something meaningful. And, I have heard the testimonials of more than 50 girls who have shared their personal experiences with me. These girls have now come to occupy a special place in my heart. They have made my life more meaningful by teaching me so many things and have given me memories to treasure.

Last but not the least, I am grateful to the authorities at All India Confederation of the Blind and Manjula Rath ma'am for giving us a chance to work with their members.

-Deisha Sethi

Reflection IV

The program ‘Mann ki Baat’ under the aegis of the All-India Confederation of Blind has been an extremely insightful and delightful experience. I learnt so much from the program that I shall always be grateful for this opportunity. Organizing and conducting the webinars has not only been fruitful for the participants but rather, the learnings have been two-way. From the lived realities of the participants, I have been able to imbibe valuable learnings of resilience, hope, aspiration and gratitude from the girl participants. They have been the prime source of my motivation and by the end of the program, all of us had developed a very good bond. Their chirpy and cheerful “*Hello Didi”* instantly filled me with joy and zeal right in the initial phase of every webinar.

I felt extreme pride in the fact that most participants did not consider their visual impairment as a negative issue. According to them, it has been a challenge with which they are expected to deal with on a daily basis. They continue to strive hard with passion and commitment towards their goals so much so that as per the verbatim of a lot of the girls, their favorite activity during the COVID-lockdown time period has been to read and study. They found reading to be an effective and calming activity which further inspired me. This had such an encouraging effect on me that I also resorted back to my leisure reading regime and in the span of the five months of the program, I have been able to read almost twelve novels despite my packed schedule. The strength of my participants has been the most defining feature for me in this journey. This project shall always remain my most cherished experience of the year 2020. I am thankful for every person who has been a part of it!

-Preksha Kansal

Reflection V

The opportunity to partake in the ideation, formulation and implementation of this program was a colossal learning experience. The project instilled in me immense patience and persistence. Coping with the uncertainties surrounding the process and participants while giving our best in trying to formulate the design of the study was a challenge to overcome. The barriers posed by technological and network issues leading to increased dropout rates was a concern during the course of the program, but the ability to overcome these barriers using phone calls and recorded sessions taught me the value of adaptation of research based on available resources. Any study set in the real world dealing with vulnerable groups is bound to have challenges arising at every step, but with a team determined to make it work, we navigated the language and technological barriers. Modifying research designs along the way to ensure accessibility of all ideas taught me the necessary adaptability and spontaneity required when undertaking an intervention research study. The present times are tumultuous and unprecedented, and the ability of the study to reach out to the visually impaired population and make even an iota of difference, fills me with a sense of fulfillment and contentment.

-Sanjula Gupta

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Appendices

Appendix A: Needs Assessment

1. अब लॉकडाउन को करीब 3-4 महीने तो हो ही गए , लॉकडाउन के दौरान तुम्हें किन चुनौतियों/ कठिनाइयों का सामना करना पड़ा?

- शिक्षा संबंधी
- भावनात्मक सहारा
- प्रौद्योगिकी/कंप्यूटर के साथ परिचित होना
- सामाजिक एकांत
- परिवार के सदस्यों के साथ संबंध
- चिंता
- सरल उपयोग - accessibility (in specific terms)
- ओपन बुक परीक्षाओं की टेंशन
- हमें कोई अन्य कठिनाई के बारे में बताना चाहेंगे

2. क्या तुम मुझे बताना चाहते हो कि इस दौरान तुमने खुद का मन बनाये रखने के लिए किन गतिविधियों या activities को किया? अगर आप नृत्य / गायन / खेल / चित्रकारी / कविता लेखन / गीत / कहानी या किसी अन्य प्रकार की रचनात्मक अभिव्यक्ति में हैं तो कृपया उसका उल्लेख करें

3. अब आगे के कुछ दिन तो हमारी ऑनलाइन मुलाक़ात होती ही रहेगी तो इस सत्र/ सेशन/ सम्मेलन से आपकी क्या उम्मीदें हैं?

4. हम सब ही जीवन में कुछ ऐसी कठिनाइयाँ महसूस करते हैं जिनके हम समाधान ढूंढना चाहते है। अगर ऐसी कोई चीज़ है जिसके बारे में तुम चाहोगी हम अपने सेशंस में बात करें , तो वो क्या होगी?
5. इस लोखड़ौन के दौरान , जब भी आप कभी तनाव या परेशानी महसूस करते है , तो आप वह किस्से शेयर करते हैं ? और इन्ही लोगों से क्यों ?

- मम्मी
- पापा
- भाई
- बेहेन
- दादा
- दादी
- नाना
- नानी
- दोस्त
- कोई और
- किसी से भी नहीं

6. क्या अभी तक , आपने कुछ पढ़ा /किसी से सुना / यूट्यूब पे कोई वीडियो की अपने आप का ख़याल और अपने मैं का ख़याल /अपने मूड का ख्याल कैसे रखा जाये ? - मूवीज /यूट्यूब /फ्रेंड / etc.

B: Translated Version of the WHO 5 used for Pre & Post Testing

1. पिछले दो हफ्ते में :

- तुमने हर समय प्रसन्न और उत्साहित महसूस किया
- तुमने ज़्यादातर समय प्रसन्न और उत्साहित महसूस किया
- तुमने आधे से ज़्यादा समय प्रसन्न और उत्साहित महसूस किया
- तुमने आधे से कम समय प्रसन्न और उत्साहित महसूस किया
- तुमने कुछ कुछ समय प्रसन्न और उत्साहित महसूस किया
- तुमने किसी भी समय प्रसन्न और उत्साहित महसूस नहीं किया

2. पिछले दो हफ्ते में :

- तुमने हर समय शांति और आराम महसूस किया
- तुमने ज़्यादातर समय शांति और आराम महसूस किया
- तुमने आधे से ज़्यादा समय शांति और आराम महसूस किया
- तुमने आधे से कम समय शांति और आराम महसूस किया
- तुमने कुछ कुछ समय शांति और आराम महसूस किया
- तुमने किसी भी समय शांति और आराम महसूस नहीं किया

3. पिछले दो हफ्ते में :

- तुमने हर समय सक्रिय और उत्तेजित महसूस किया
- तुमने ज़्यादातर समय सक्रिय और उत्तेजित महसूस किया

- तुमने आधे से ज़्यादा समय सक्रिय और उत्तेजित महसूस किया
- तुमने आधे से कम समय सक्रिय और उत्तेजित महसूस किया
- तुमने कुछ कुछ समय सक्रिय और उत्तेजित महसूस किया
- तुमने किसी भी समय सक्रिय और उत्तेजित महसूस नहीं किया

4. पिछले दो हफ्ते में :

- तुमने हर समय ताज़ा और तनाव मुक्त महसूस किया
- तुमने ज़्यादातर समय ताज़ा और तनाव मुक्त महसूस किया
- तुमने आधे से ज़्यादा समय ताज़ा और तनाव मुक्त महसूस किया
- तुमने आधे से कम समय ताज़ा और तनाव मुक्त महसूस किया
- तुमने कुछ कुछ समय ताज़ा और तनाव मुक्त महसूस किया
- तुमने किसी भी समय ताज़ा और तनाव मुक्त महसूस नहीं किया

5. पिछले दो हफ्ते में :

- तुम्हारा दैनिक जीवन हर समय उन् चीज़ों से भरा हुआ रहा जिनमे तुम्हें दिलचस्पी है
- तुम्हारा दैनिक जीवन ज़्यादातर समय उन् चीज़ों से भरा हुआ रहा जिनमे तुम्हें दिलचस्पी है
- तुम्हारा दैनिक जीवन आधे से ज़्यादा समय उन् चीज़ों से भरा हुआ रहा जिनमे तुम्हें दिलचस्पी है
- तुम्हारा दैनिक जीवन आधे से कम समय उन् चीज़ों से भरा हुआ रहा जिनमे तुम्हें दिलचस्पी है
- तुम्हारा दैनिक जीवन कुछ कुछ समय उन् चीज़ों से भरा हुआ रहा जिनमे तुम्हें दिलचस्पी है
- तुम्हारा दैनिक जीवन उन् चीज़ों से कभी भी नहीं भरा रहा जिनमे तुम्हें दिलचस्पी है

C: State Wise Timeline of Webinars

Uttar Pradesh

S. No.	Date of Webinar	No. of Breakout Rooms	Names of Moderators
1.	09.08.2020	5	Deisha+Bhavya+Arlita+Sanjula+Preksha
2.	16.08.2020	2	Deisha + Arlita
3.	20.08.2020	2	Deisha + Arlita
4.	30.08.2020	0	1 common lobby, no BO rooms on this day (Arlita & Deisha)
5.	06.09.2020	0	1 common lobby, no BO rooms on this day (Arlita & Deisha)
6.	12.09.2020	0	1 common lobby, no BO rooms on this day (Arlita & Deisha)

Gujarat

S. No.	Date of Webinar	No. of Breakout Rooms	Names of Moderators
1.	23.08.2020	3	Deisha+Bhavya+Sanjula
2.	13.09.2020	3	Deisha+Sanjula+Bhavya
3.	19.09.2020	2	Deisha+Sanjula
4.	20.09.2020	2	Deisha + Dr. Kapur & Charvi
5.	27.09.2020	2	Deisha+Sanjula
6.	04.10.2020	2	Deisha+Sanjula

Miscellaneous group (Rajasthan+ Pune+ Mumbai+ Delhi)

S. No.	Date of Webinar	No. of Breakout Rooms	Names of Moderators
1.	30.08.2020	2	Sanjula+Bhavya
2.	05.09.2020	0	1 common lobby, no BO rooms on this day (Ananya)
2.	06.09.2020	2	Sanjula+Bhavya
3.	13.09.2020	2	Bhavya+Sanjula
4.	20.09.2020	2	Deisha + Dr. Kapur & Charvi
5.	27.09.2020	2	Arlita +Sanjula
6.	04.10.2020	2	Bhavya +Sanjula

D: Thematic Presentation of the Qualitative Data

Global Theme	Organizing Theme	Codes
1. Mann, Mastishk, aur Maansik Swasthya	1.1 Mind and its Identity	Mann as the heart, Mann as the brain, Mann within the body, a body part we can’t see but controls our thoughts and actions
	1.2 Health Redefined: Decoding Mental Health	Mental Health is about being optimistic and feeling calm; Mental Health is about being stress free and happy, ability to solve problems; Lack of mental health awareness in India so there is need for support networks

2. The World of the Visually Impaired - Difficulties and Challenges	2.1 Barriers due to Visual Impairment	Withdrawal from academic and vocational opportunities
	2.2 Social Attitudes towards Visual Impairment	Lack of support from members of the society; criticism of the society members
	2.3 Different yet Alike	Conflicts with friends and families; Stress during exams
3. Battling the Unforeseen Enemy - Experiences During Covid-19	3.1 Fears, Anxiety, and Apprehensions	Technological problems; staying at home and its psychological consequences; problem of social distancing; fear of catching the flu
	3.2 Existing Resources for coping	Family as a source of support; engagement in recreational activities; distraction and diversion
	3.3 The Silver Lining	Spending time with family; learning new skills

4. Maintaining Psychological Strength	4.1 Personal Strengths	Being non-judgmental; resilient; having an internal locus of control; growth mindset; optimism; grit
	4.2 Dreams and Aspirations	Fulfilling their personal and career goals
5. *Aao Karein Mann ki Baat*: A Participatory Approach to Experiential Learning and Adjustment	5.1 A Unique Approach	Interactive webinar involving a multi-layered approach.
	5.2 A Platform to Openly Express their Feelings	Chance to speak; express their opinions and learn from the *didis*
	5.3 A Positive Impact of the Program - Personal Growth	Sense of confidence; opportunity to reflect on the importance of mental health; openness to face challenges
	5.4 Takeaways from the Program	Emotional acceptance; practising Gratitude; positive self-talk; focus on strengths

E: Glimpses from the Webinars with Uttar Pradesh, Gujarat, Rajasthan, New Delhi, Mumbai, and Pune Participants