

# THE REAL DEAL

## LET'S TALK ABOUT MENTAL HEALTH

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General Manager - Strategy,  
Godrej Consumer Products

Shobhana is a strong advocate for seeking therapy, having experienced its benefits in embracing her whole self



**Nisaba Godrej**

Chairperson &  
Managing Director,  
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Nisa has dealt with depression and benefited from several years of therapy



**Amit Malik**

Founder & CEO,  
InnerHour

Amit is a mental health professional with 20 years' experience

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**The Real Deal is our in-house talk show that encourages open conversations on important topics.**

## **Shobhana**

Thank you so much for joining us today. I think we have folks from across time zones today ranging from a very late in Indonesia to probably just the start of the day in the US and Latin America. But a very warm welcome to yet another session of The Real Deal, a forum where we talk about, talk very openly and candidly about a lot of real issues together with our senior management. And today's Real Deal is, today's topic for The Real Deal is on mental health. I think personally this topic is a very critical and very relevant one, right, particularly given whatever we have been all witnessing in recent months with so much of chaos and so much of things changing all around us. And I think it is great that we are starting a conversation on this today, together with Nisa, and also Amit who is a doctor himself and a specialist in this domain, and also the founder and CEO of InnerHour. For some of you who may not be like fully aware, Inner Hour is an organisation in India which delivers mental health care through technology. So firstly, Nisa and Amit, thank you so much for joining us today for this conversation.

## **Nisa**

Thanks, Shobhana, a pleasure to be here.

## **Shobhana**

Hi, thanks, Nisa. Before we get started I just wanted to hear from both of you as to why is this so close to your heart, and what does mental health mean for you. I think it will be great if you can share some thoughts on that, and maybe you first, Nisa.

## Nisa

Shobhana, I think mental health to me means really your wellbeing, and it is the same thing as your physical health. So are you not well, well or doing really well and I think we can see that in our physical health and we can see it in our mental health. And I think it is important for me, from some of my personal learnings and experiences dealing with my own mental health, and secondly I think it is very important in terms of an organisation perspective that an organisation is as healthy as the people in it. So especially as we go through Covid I think one of the critical things for someone like me to focus on is how are people doing, are they getting the help they need and taking care of both their mental and physical health.

## Shobhana

That's a great way to put it, Nisa, and I think it resonates a lot. I would love to hear from you, Amit, and particularly given your journey where you actually were practicing in the UK and then from there to Inner Hour, what's been your journey and what really drives you through this field.

## Amit

First of all thanks for having me here, Shobhana and Nisa. I think let's just take a step, I would like to take a step back and give a broader perspective of my journey and contextualise the conversation a bit. So if I really think about it I went to medical school wanting to be a surgeon and really got hooked onto the idea of having conversations with people, with more surgeons at least at time what we were doing literally, cutting and I used to start my day at 6 o'clock in the morning cutting and finishing at 9 o'clock in the night cutting, so that was just of no interest at all after a while. So I got hooked into mental health by working for a not-for-profit in Delhi, soon after medical school. And once I started, so that's what got me started thinking about training into it, once I moved to the UK to train in psychiatry, and the magic I saw, and this sounds a bit like I am

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The reality is this is a 1 in 4 problem. One in four of us at some point will have mental difficulty in our lives that requires professional support. But the conversation just has not happened to that extent, so how do we mainstream the conversation, tell people that this is just like looking after any other part of your body and that help is available, help works?

Amit

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fantasising it, but the magic I saw of people who really couldn't function. Because when you start training in any medical field you go and end up working with the most severe end of the spectrum because you are a junior doctor in a ward in the hospital which by definition you see the most severe patients. The magic I saw people who came in, not being able to eat or drink or very disturbed because of their thought processes or just not being able to motivate or function themselves, function at all, and with the right treatment, with the right support getting back to full functioning. When I say full functioning whether it is to do with their family life, whether it is to do with their work I just, I was just, I mean I spent the first 18 months just being amazed and then it starts getting more normal. And then I realised that the dichotomy of the two worlds that I lived in, the social world I lived in and the professional world I lived in where there was no understanding of this in the social world I inhabited. Whereas in the professional world that I lived in, I saw this magic happening every day. So one of the drivers for me since then has been how do I take this conversation mainstream. And because the reality is this is a 1 in 4 problem, one in four of us at some point will have mental difficulty in our lives that requires professional support. But the conversation just has not happened to that extent, so how do we mainstream the conversation, tell people that this is just like looking after any other part of your body like Nisa said and that help is available, help works. And it is really not worth suffering for years and years at end before you get that help.

## Shobhana

I think it is very powerful, Amit, the way you put it, like it is obviously one thing what you realise, but when you find purpose in wanting to drive that conversation forward and mainstream it, it kind of drives to a very extent. I just want to build on that a little bit, Amit. Because one of the basic questions that I wanted to start off with is that before we dive further is mental wellbeing is a term which is sometimes not fully understood by many of us. There are several connotations to it, there are several meanings we attribute to it, for example sometimes we think it is about being happy all the time, or not getting affected at all, just being about, it is about holding back our emotions all the time. And I think it is important to clarify that understanding upfront, so that we can all kind of be on the same page as we go along in this conversation. So in your experience and you touched upon it, how would you define mental well being.

## Amit

I think wellbeing is really an ability of one being able to function 'normally', and I will put 'normally' in quotes here because your normal is different from my normal. So wherever my normal gets calibrated by myself, if I am not able to perform that level of functionality as an individual then there is a difficulty that I am not in a state of wellbeing, and that is not my definition, it is WHO's definition, right. Now the individual realises his or her own ability to work at full potential across all aspects of their life, relationships, work, family, personal development, happiness, right. It is now not being able to



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Amit



function across those spheres optimally because you are not feeling great, so the lack of functioning optimally is a big, big defining factor, and it is not, just to be very clear, just because you are not happy does not mean you are mentally ill, that is just a point, that's very, very important to recognise the opposite of depression is not happiness, it is, this is just to understand that distinction. And it is very, very important to be able to express ourselves, their emotionality is very, very important, holding back emotions, being flat is not about being mental wellbeing, being able to express yourself is key to happiness in some ways. And whatever that expression may be for you, it is different for different people. So just being able to function normally and normal is what is normal for you is what I describe as mental wellbeing of a person.

## Shobhana

I think it is a great way of putting it, Amit, and what really resonated a lot is that it is very specific to an individual so mental wellbeing is very contextual to each and every individual. I think that's a great way to put it. Nisa, I wanted to ask you, I think you have spoken quite a bit about and you mentioned as well now about your experiences with mental health challenges in the past. Could you share a bit more about your experiences, your journey, and what you went through?

## Nisa

Thanks, Shobhana, for asking. I think I have often shared the story that when I joined the Godrej Group I used to have a table that had to face a window because I would cry quite often out of sort of frustration, but I don't think I have ever sort of, maybe in smaller groups but not fully shared this story. So as I think as a child I was always quite an intense sort of child but what started happening sort of in my early 20s is what I think Amit talked about which is just losing your vitality, you don't want to get out of bed, you have thoughts where the world is totally empty, and there's nothing for you sort of in the world. I think I somehow managed maybe to fake it a little bit so I would get out of bed even though I didn't feel like it. But you are just about functioning, you are not functioning at a sort of your normal level or a level that you should. At that time my father said maybe you need to meet a doctor, there could be very, and I am lucky to have him because he didn't make a big deal about it. He said that I have read that there is medication, simple stuff that you can take, I think what Amit said, this is not like you go to a doctor for something else, you could go. So at that time I had gone actually to a psychiatrist. They diagnosed me as bipolar, so bipolar is that it is obviously a spectrum but you would have depressive episodes and then you would have the opposite which is extremely increased vitality. In hindsight I think it was actually a misdiagnosis at that time, it was probably just clearly depression. And I took medication for about six months unfortunately the medication didn't really work for me, and I think that maybe came from the misdiagnosis. So some of the issues continued and then actually a friend of mine suggested that I see a psycho therapist called Udayan Patel, unfortunately

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Nisa

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he passed away maybe 7 or 8 years ago. But he was sort of amazing and I did quite a few years of therapy with him and basically cognitive although he was a bit Freudian and he had a mixture of stuff that he was doing. But talk therapy I think in some cases can be as effective as drugs. There is data out there, obviously in some cases you do need the medicine and you need a mixture of therapy. But talk therapy sort of really worked for me, and it sort of trains your mind, it helps and maybe Amit can mention how it works more eloquently than me, but it can help you, it can help you with your thinking, when you go into those episodes or something that is happening, it made me realise sitting in a bathroom crying by myself that I am not actually alone, this is my brain chemicals whatever sort of doing it. And it changed my life. Initially even though my father was very open about it and supportive and stuff, my parents said why do you talk about it so openly. So even in a family like mine that's very liberal very open, there was a little bit how are you branding yourself or what are you telling other people. So I think that's also an issue in India that why is this any different than having, I have high cholesterol, I have tried through diet and exercise to manage it, it didn't work. So now I take a Statin, so in the same way if I have, it is the same thing. So I think my experience I think like Amit talked about is magic, that you can actually have these challenges and with the right help from doctors, with support from family, from friends, you can overcome them. And I think, Shobhana, I have been lucky because I got so interested in the mind and how it works, and then you sort of work yourself out to what Amit calls your normal state, and then I started reading about positive psychology, what is the opposite, what lets sort of human beings flourish, how do you build your own entity. I share my experience more to like what Amit said that, what did you say, Amit, one out of four of us or one out of five.

### **Amit**

Yeah, absolutely.

### **Nisa**

One out of five of us will have that, and there is no shame in, like we all go through these things, if we can just honestly tell ourselves or our family members or if someone else is going through it, just acknowledge it. If we reach out for help, through technologies the doctors are there to help us.

### **Amit**

Shobhana, I want to say a couple of things about what Nisa just said, one was what did resonate with me was that over the last 20 years both individually and as the teams are managed and run, we have seen so many high performing individuals struggling in private. And that's been a constant theme of somebody who is seemingly very high functioning even whilst they are struggling emotionally or mentally, but they will still put all their energies to the 4-5-6 hours they have to be out, or they have to be performing, or they have to be delivering and then come and collapse. And so one of the things that you often



We have seen so many high performing individuals struggling in private. One of the things that you often hear is "he doesn't look depressed or she looks fine". And it is very difficult to not, to pass judgment without really knowing somebody's story as they are living it. So most people just go through life without recognising that the person next to them is really struggling.



hear is “he doesn’t look depressed or she looks fine”. And it is very difficult to not, to pass judgment without really knowing somebody’s story as they are living it. So most people just go through life without recognising that the person next to them is really struggling. And that’s one, and I mean I obviously can’t take names but really high functioning individuals in all aspects of life, whether it is the arts and theatre, whether it is the business world, whether it is the medical world. I used to have a separate cabinet in my office in London where I would just pull out the doctors I was seeing because we didn’t want to put them on the system because they are all working in the

same hospital, so we would have a separate cabinet for the doctors we would see. So it is just a range of people. And I think the second thing is really around the initial bit what Nisa talked about, talk therapy, right, science has become very interesting. It has gone from being mumbo jumbo to being very technical and scientific now, to the point where you are now seeing in some brains studies that the structure of the brain starts changing with the right kind of therapist. So we obviously knew that there was some brain chemical changes that happened with medication, but now we are seeing changes in the brain with therapy itself. So the physical aspects of the brain, not just how you think but start changing when you are undergoing therapy and changing your behavioural patterns. So one of the things that Nisa talked about and touched on is the idea of cognitive therapy, and the idea that your thoughts, your actions, and your emotions are all interconnected. So how you think affects how you feel, and how you feel affects how you act. And I can as well say I don’t feel great, right, I think I am crap in what I do, it doesn’t make me feel great, so I do less of it so it reinforces the fact that I think that I am crap at what I do. And then that viscous cycle sets in and there is a downward spiral. So at some point what a good therapist will help you do, as a good example at a very basic level is break that cycle. And then try and rewire your thinking process so that your emotions can be rewired gradually and your actions can be rewired. And the way to do it is by starting, most people do by starting to rewire your actions because that’s the one that are most easily in our control, thinking thoughts and emotions are very hard to control, but actions are something that we can push ourselves to and that’s where rewiring begins. So what I am trying to say is that whilst a lot of people think that this is vague, but this has actually become very scientific, there is strong evidence based around it, the studies are becoming sensitive, so I would really encourage everybody to start thinking about getting help at the right time, everybody.

## Nisa

But, Amit, your brain is also, your brain is also a muscle, it can change, it can be moulded. The idea of the growth mindset versus the fixed mindset is that we are not where we started. And you know, to your point about the number of people going through stuff, I always find it interesting, I mean I can’t you the number of people I have actually sent to therapy, not just to therapy but to my sort of therapist. And it is very interesting because showing your vulnerability actually is not, you know people think am I showing a weakness, am I putting myself out there. But I think it is actually the

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Amit

strongest people who can accept that you can get better, you can move forward, who you are hiding or what are you hiding from and I have seen that people when I have shared it sometimes, they have been surprised like what you have to be sort of depressed about whatever, well, it is what it is. It is a chemical reaction, And I love this John Gardner quote which says that 'We are built for the climb, not for our rest in the valley or the peak, and I love to climb'. Therapy doing this work, gave me the tools that whatever the weather is I can face it. And I think the more we can accept of ourselves we can improve, we can work on ourselves, so I would encourage everyone to do therapy.

## Shobhana

I think that's a really heartening conversation that we just had and I think it has opened up so many aspects. We spoke a lot about how people, there are many emotions associated, there are many connotations associated with expression and a lot of misconceptions. And then again there are the benefits of therapy. I just want to talk a little bit more about the whole bit when we spoke about how people perceive it. And both you Nisa and Amit, both of you mentioned that often while we know there is a lot of things going on around us and probably a lot of people are going through even at a time like this, post-Covid when we know that a lot of people are going through, I think often there is a lot of judgment and validation that happens. And I think somewhere, like, Amit, you mentioned a lot of people spend so much energy in just putting that face up and would probably come back home and collapse. And I just want to unpack that a little bit more because I think somewhere at the root of it, of all that validation and second guessing and judgment is that we are always trying to look for a standard set of symptoms or causes that may be at the root of it. Like you mentioned, Amit, like he or she seems happy and so they may be doing fine, or the other way around. She may be doing great at her career, he may be having a great family and so they may not be depressed, and I think because of that constant validation and when it doesn't fit into that mould, there are often conclusions that we come to like that person is actually imagining it, or being too, is whining too much or is weak willed and so on. And I think that's a very important aspect to address because for everyone it is different and everybody's drivers and how they express are all different.

## Amit

I will just start by saying that I have now been doing this for 20 years in different-different capacities for nearly 20 years now. I started my medical journey in 2001, so it is coming to nearly 20 years next year. And I have run large services which means that as a volume we have seen a large number of clients over the years. And I can what I can tell you with absolute surety is, that it is a range of conditions that affect all socio economic groups, all gender preferences, all age groups, and in different ways. And within each group they affect people in different ways. And within each condition they affect people in different ways. Now let me put one number on it, I am not a big fan of numbers

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I love this John Gardner quote which says that 'We are built for the climb, not for our rest in the valley or the peak', and I love to climb. Therapy doing this work, gave me the tools that whatever the weather is, I can face it. And I think the more we can accept of ourselves, we can improve, we can work on ourselves.

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Nisa

because they try to sort of mask the story, but let me put one number to it. That if depression was a country, it would be a third largest country in the world. And if number of people who are depressed were put into that country, that's how big that country would be, about 600 million we are talking about, so it is huge. And to expect that all these people would be impacted in the same way is ludicrous. It is the same that you wouldn't expect everybody with high blood pressure to be impacted in the same way, or high cholesterol would be impacted in the same way. Everybody with depression does not get impacted in the same way. The only reason why people struggle is because there is no easily accessible biomarker, there is no blood test or there is no instrument that you can put on your body and say okay, and that's also changing, gradually people are testing with biomarkers for depression as well. So the only reason why we believe the subjectivity to acceptance if I am allowed to judge whether you might be depressed, me not as a professional but me as a person next door is allowed to judge, it is only because there is lack of awareness and lack

well defined biomarkers in the layman's terms. In the professional world there are very clear diagnostic instruments that you apply as tests to understand whether people's symptoms are above or below a threshold to diagnose them. But that the layman is not sort of aware of and so they apply their own sense or understanding of the word and so then they pass the judgment. And all that does frankly without being too negative is really impacts the openness in conversation. People are then less willing to have these conversations. I will tell you what, what Nisa just said that putting yourself out there is a very brave act, and I am not just saying this about Nisa right now, but more generally also anybody who is willing to stand up and talk about their own mental illness or mental illness within their family that they have lived with, is a huge service to everybody else around them who is just very scared to speak up. Because reality is you look around you, in a room of 4-5 people, at least one person struggling and in their own unique way, [24:54] you getting is not there is no, while the symptoms which defines their criteria might be overtly visible, might be very unique to themselves.

### **Shobhana**

Maybe very unique, completely agree, Amit, and I think you know it is very important because what it does to the individual when that's the kind of reaction which Nisa also mentioned, I think it is very important because if I were to talk about just my own experience having been through a bit of a journey myself, I remember when I had first opened up about that I was not feeling okay, and I probably need help and I am not very sure if I am depressed or what. And I am very blessed that I had a very good support system but there were still voices around me which were more like why are

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**Amit**

you being so weak, like why are you being so immature, let's not exaggerate, if you cannot even face this then how about other things in life. And I remember what that did to me at that point because like you mentioned it is not easy, of course there have to be more conversations around this and it is important to open up, but it is actually very difficult as well to make that first leap. And when somebody is actually making that leap of faith and trust, the voices that they hear around them have a big impact at that moment. And I think it can make that person go into a bit shell. If it is not – if those voices drown that person out. And of course I was very blessed to have the right support system around me and I was able to help my way back. And hence completely resonate with what we are talking about. I just wanted to add a little bit more of recent context to this. You have spoken about how this has obviously impacted people a lot more post COVID and both you Nisa and Amit have been interacting with a lot of people. Nisa you have been talking to a lot of people within the company and Amit, you have been talking to many people outside, in general. How do you think COVID has actually made this issue far more aggravated in recent times? And what are some of the manifestations on how COVID has really impacted people far more in terms of mental health in recent times? To both of you.

### **Nisa**

Shobhana I think as human beings we want to know what is next. What is certain. What is happening. And I think this has just thrown everything out of whack. I think some people can adapt to it better. I think for some people it is easier than it is for others. But everything upended right now. So I assume that for even people who were doing okay before COVID, will see a number of new issues sort of creeping up. Also just, the fear of disease, what is going to happen next, my job – I mean just so many things. And then I think, you know I know I mean I definitely know a few people who have gone onto anti-anxiety medicines at this time. Maybe not directly related by COVID. Something was already happening, and then COVID sort of pushed it over. And you know people are wary of medicine. Like will I get addicted, will I need it. But I know at least a couple of people who have gone onto the medicine for a month or two. It has really helped them sort of bring them back to equilibrium, and they have sort of been able to manage. I think the worry also Shobhana is for people who had pre-existing conditions, both those who were addressing it and those who were not. Because those who were addressing it but they are not able to get out, maybe they are not getting the therapy they need, maybe there is other impacts. And those who were not addressing it or not acknowledging it, I don't have personal experience with that. Maybe Amit -- I have not spoken to anyone like that during this time. But it must be very, very sort of distressing. I mean we are going through a once in a 100 year, if you ask my dad who is 78 years old, have you been through anything like this before because he was around during World War II and the Pakistan-India War and he said no, this is the – you know – and it is not the moment of our lifetime in a positive way. Not to mention who our political leaders are and all. But I won't go into the stresses of all that. But we are living through a weird time. Amit will give a smarter more considered answer.

### **Amit**

No, no, actually you have hit the nail on the end. A few of the aspects have been talked about. One is about uncertainty. And how it is really impacting people. not knowing what tomorrow will bring, whether it is about your health, whether it is about your job, whether it is about your finances, whether it is about your relationships. If you didn't have a really great relationship with your spouse or

your family before, being locked up for a long period of time with them is not great for the relationship. Where they stay is imprinted. So we are hearing about incidences of more inter-personal difficulties, some more domestic abuse, domestic violence incidences going up, and instances of substance abuse going up because people are using substances like alcohol and to sort of get through this time. So all of that is happening. And Nisa talked about people with preexisting conditions and people with new original conditions, both struggling for different reasons. The other thing is that lot of people have been isolated because for some people coming to work and they are coming for the physical environment was the only social interaction they had for days at end. So lot of people are actually feeling more isolated and now the loneliness has gone up. There is a huge amount of caregiver burden because you know have significant jump in household responsibilities, wives managing work from home and that balance. So there's lots of stuff that is happening. Burn outs creeping up. We are seeing, as an organisation we are seeing almost 3 to 4 X of engagement and utilisation for psychological support than we were seeing sort of February-March time Shobhana. So it has definitely gone up. I think one of the things within that is a slight silver lining, is that more people and more organisations are now talking about this. This is not going away as a problem and there is this old joke about saying we keep saying about 20 years you will eventually be right at some point and I think this is my time to be right. But this problem is not going away. Because this is people are really experiencing it now in more obvious ways and because other people are talking about, because organisations are talking about it. Whilst your organisation might have had open conversations before, we have gone to organisations in the last few months who have had for the first time conversations about mental health openly. And then that has really given people the courage to come out and seek help. So that is the sort of silver lining to the whole context.

I just wanted to touch on one thing that Nisa talked about which was around medication and myths. So there is this whole myth around medication that gets built up. Nobody will ever question the idea of taking a blood pressure tablet or a cholesterol tablet if your doctor writes it on a script. He won't even tell you what it is. And you just go there, you look at the blood results and say okay you need to start this tablet. And you take this tablet twice a day. And you will just take it. You will not even question and you will take the tablet. But, the number of myths that surround mental health medication is insane. And if you think about it, and because I used to work in a

more specialised way with people who are over the age of 65 and that means that in general more sensitive to any medication, so I used to work very closely with my medical colleagues, which is cardiologists and physicians, and they used to joke with me saying that the side effects that your medications produce, are not even one fifth or one tenth of the stuff we give to people. So for a lot of – that is not true for all medications but for most medications the side effect profile is no different to what you would get from a lot of other medications that you take for your health. That is one thing.

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**Amit**

second is the idea that every medication is addictive. So people just get hooked on to the idea that if I get on it, then around a week that I couldn't manage on my own, and b, that I am not going to be able to get off it. Those are not true. You can't just will your blood pressure down. You can't just will your cholesterol away. If there is somebody on this call who has tried it with all sorts of cues in the last few months, you can't will your cholesterol away. When you have to take medication, you have to take medication. And so, similarly you can't win what was really an endless – if you were the best of illness, if you have got an anxiety disorder, you can't will it away. You can will away by positive exercising and routine changes. Some degree of low mood. That is different to being depressed as an illness. Feeling low for a few days, you can manage that through – and we will talk about some strategies in a minute, you can manage that. But if for an illness made medication and all the myths around it are so counterproductive. I have seen it, it takes almost 6 years in India as an average for somebody to first experience symptoms to get on the right treatment. So the average time is the duration of the treatment, it is 6 years basically. That is insane. Think about living with high blood pressure for 6 years without going to a doctor. So that is how long it takes. And that is only because it just keeps getting perpetuated.

### **Nisa**

Yeah. And Amit what people are doing is you know, when we are on medication, and other thing that I see, you know you talked about things like alcohol or these habits which sort of try to drown out the pain and things, I think another thing to watch out is if you are taking sleeping pills, like what is happening there. Because I am not a doctor. Maybe you can comment on it. But my experience is that people who are taking a lot of sleeping pills, like is there something else that is underlying that would be better treated with another medication and talk therapy of whatever. Not to say that people don't need sleeping pills in some situations. But to me it is always something that I have noticed.

### **Amit**

Just on sleeping pills I will say this one thing right. It is one of the biggest challenges in the medical world has been the abuse of these prescription drugs. And taking them, either without prescription or over the counter or taking them beyond what has been prescribed, and sometimes unfortunately not being prescribed correctly. All those things have really contributed to pretty much a large epidemic of misuse of some of these medications. And my strong advice is that if you need a sleeping pill, it has got, if you need that sleeping pill you need to go and talk to somebody first. Because as Nisa said there are a number of reasons why your sleep might be affected. And there could be some serious physical reasons including sleep apnea which could be dangerous. You need to get diagnosed and treated for because they could actually be quite serious – they could put you at risk seriously. They could be because of psychological conditions. They could be because of other things that you have not managed to pinpoint. I saw somebody in clinic, maybe coming back what 10 years ago, who had not slept well for 8 years. Then it turned out they had chronic back pain which they had become so accustomed to. And actually what was required for 6 months was getting their back okay and they slept absolutely fine. But because they had this pain for 6-7 years, they just got used to the pain and never connected the pain to the sleep problem. So the sleep can be multi factorial. And sleeping pills are one set of drugs that have huge addiction potential. And most good physicians and psychiatrists only prescribe them for short periods of time. And in very rare cases judiciously for longer periods of time. So if you are having to take sleeping pills, then you need to go and see somebody and get the

right advice.

### **Shobhana**

Right, right. I think Amit and Nisa I think from this discussion around pills and medicines, I think the most important takeaway is that it is important to be as practical about mental health issues as we would be with physical health issues. And so if there is something that is wrong in my body, I would most certainly go and speak to a doctor or like at least talk about it to someone that I have a pain in my head. Could it be a migraine? Or I have a pain in the stomach. I think that taking mental health challenges with as much seriousness and dealing with it with the same lens of practicality is very important. and of course if we go to the right areas of health, the right experts, then obviously the treatment will take its own version whether it is talk therapy, whether it is medication, the way we would deal with you know the way we would treat blood pressure or cholesterol. And I think that is very important. And I think it is also important to view it the same way even for others. For example if somebody were – I think it goes back to the point of validation. If somebody were to come and tell me like you know hey, I am not feeling too well, I have got a headache, or I have got a pain in my back, we don't tend to validate it. But we tend to validate some of these other things. So I think it goes in both ways it has to be treated exactly like any other physical ailment. So completely resonate on that.

### **Nisa**

And one thing Shobhana about these times is I think during the talk of cognitive therapy, is very easily done over video. So from the privacy of your own house without the effort of having to go somewhere, so that is another, literally you have to reach out and make an appointment. We can do it through our which we offer it but you could also do it independently. But I think it is just getting on to a call with someone.

### **Shobhana**

Yeah, yeah. No absolutely, Nisa. And actually on that note I wanted to just talk a little bit more about, I think we have touched upon a bit about the benefits of therapy, how can we help ourselves etc. But wanted to start with you Nisa. Even before therapy, what are some of the given your own experience during the lockdown, and what you have observed in interactions with other people, what are some of the basic steps that we can start taking to take better care of ourselves, be more kind to ourselves, and help ourselves?

### **Nisa**

Yeah I think Shobhana for me and my experience on this sort of journey from depression to trying to flourish, and I think that journey for everyone is different. So what works for you, sort of what doesn't. I mean for me it has really been the physical also interacts with the mental both ways. If you're depressed you are not getting out of bed, it is going to make you physically not feel well. So I think for me it has been as disciplined as possible. So eating, as healthy as possible. Making sure I am exercising every day. Trying to present. So not on my phone all the time; spending time with my children present. Not having social media on your phone because you can waste a lot of time on

Instagram. And finding things like you know what Amit said when you are low or when you have those low days, what do you do during that time. And maybe don't even be so hard on yourself that you are not in your most. I found that reading a book or learning something new always makes me feel better. So I try to do those things. Sometimes switch off from work. Just put the phone away, close the computer, do not reply to anyone. And just seek help. Shobhana so during the lockdown I actually heard this Harvard professor called Nancy Koehn gave this amazing talk about how you show up for your organisation and your family. And I was like oh

**Amit**

You are back.

**Nisa**

Sorry.

**Shobhana**

We lost you for a bit. You were talking about... yeah.

**Nisa**

Yeah so as we went in, I was talking about this Harvard professor. I heard her speak and I was like wow, I should speak to her and get her to coach me because maybe she can help me through this time and give me advice. Because if anyone says they know how to lead during this time, it is a bit crazy because who has done this before. So I think it is okay, at least for me I think it is okay to say I don't know everything. But every day I will get up and learn something new and try something new, and I will keep myself disciplined because that is what helps my mental wellbeing. Shobhana the



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**Nisa**

other thing is I am an introvert. So this sort of a situation probably this work from home and I can just be with my family and not have – so I take my experience with a pinch of salt and I have staff helping me and stuff. So I would – I am probably lucky that my personality is suited to pandemics.

**Shobhana**

No but I think very relevant things that you have spoken about Nisa. And I think one of the things that resonated a lot is that when you said it's okay to feel low and obviously it is okay to admit that we are going through a hard time and it is okay to feel low. And I remember that there is this book also that you recommended, Untamed book right. And I think it was very interesting that feelings are meant for feeling. So it is okay to feel the way we are feeling and there is no need to feel apologetic or overly inhibited about the way we are feeling. We just need to be able to deal with it and ensure we will be able to regroup ourselves. And the other things that you mentioned Nisa in terms of taking

time off work. I just wanted to add to that just basis my own experience. And maybe it doesn't come too naturally to me. I think it is important to switch off from work but at the same time it is also important to, as boring as it may sound, to have a bit of a plan around what am I going to do during that time off. It may seem like a very small thing, but it was something which needed no effort earlier because there was always things to do, go out, travel, meet someone etc. But I think it requires a little bit of conscious effort as well now, if I am taking a couple of days off, how am I -- what do I want to spend my time on so that my time off doesn't end up looking very similar to a regular day where I am just stuck with too many devices around me in the routines of the day. And I think that is very important as well. Amit wanted to hear from you because obviously these are all very powerful and these are like atomic habits and very small things can add up to a big impact overall. But at some point at what point do you think after trying all of this does one realise that okay the issues are probably far more deep rooted...

### **Nisa**

Shobhana I am switching on the light and coming. It is looking like I am sitting in a dungeon. I am just coming. Sorry. Go ahead.

### **Shobhana**

Sure Nisa. So Amit at what point does one realise that this is not working still and so we need to reach out for professional help?

### **Amit**

I think a good benchmark is a couple of weeks. You have a couple of weeks and you think these things are not – I was not feeling great. I was feeling a bit low. I was feeling a bit anxious. Being a bit nervous. It has now been a couple of things, I have tried a few things and it has really not worked. That is one benchmark to think about from a time perspective. Or it has gone so bad that you cannot function. It could have been just three days but you really struggling to function. Then there is no time frame for it. Then that is not how you look at it. Either you say I was struggling a bit and it has carried on for a couple of weeks and my functioning is getting affected. Or it feels really intense in a short period of time. I really need help right now. In both situations, it is really about saying I need a bit more than I can do myself. And accepting that. And that's the time to get help. But if you are asking for more clinical perspective I would put it a couple of weeks is a reasonable window saying anything beyond that – any sort of negative emotions, or behaviours that carry on beyond that we should really think about getting help beyond that. And that is how I would put it. I think there is this interesting thing that you mentioned about judgment and at that point the first thing that people turn to when they are thinking about getting help is family and friends is the first step. And more often than not for the younger population, friends first then family probably. And it is very, very important that as a first step as friends or as family we are present in that conversation. And what I mean by that is that you are listening. And we can have a whole session about active listening because lot of us get trained in that professionally. So we are actively listening to what the conversation is and do active listening essentially. Being nonjudgmental is very important. It is not important what you think or feel about the issue. It is the other person's time the other person's stage and it is very, very important what they are going through and then you give them...

## Shobhana

Yeah, and it is not important if we understand it or not. It is their zone and it is their space.

## Amit

Absolutely. I think it is also important to respect their privacy. They have choices. Just because they told you something doesn't mean that you have to then decide to solve it for them and go and tell 5 people because you now have the information and you think that will help them. No. Even if you think that might help them, you have to respect their privacy. Unless you think it will put them at risk and that is a different conversation. And don't make it about yourself. That is not the point where you start telling somebody listen this is what happened to me also. That is the time when you have to give a listening ear at that point. That is very important. And finally don't make promises you can't keep. If you are saying you are going to show up – Nisa was talking about Nancy Koehn, but if you are saying you are going to show up you show up everyday. I am just going back to the conversation Nisa was having in work, in leadership, but also in family life, in relationships and to yourself. I cannot overstate the importance of just showing up. There is nothing more dramatic than that. Just we talked, if you remember the cognitive triangle we talked about... thoughts, emotions, and actions, showing up is a critical action that can start helping to rewire the rest of you. And Nisa has talked about showing up in different ways and getting into this routine whether it is exercising regularly – so I am 7.5 kilos lighter than I was 6 months ago. And it is just – I have been more disciplined than I have been in 15 years. So one of the things that has really helped me get through this is the idea of just showing up every day and just saying whatever happens, things are stressful, things are busy, we have been busier than we have ever been. We have been working from home for the last 6 months as a team and it is important for me to show up for them and to show up for myself every day. And I cannot state the importance of that and the impact it can have on your mental health and your team's mental health basically.

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## Amit

## Shobhana

Right.

## Nisa

And I guess just to clarify also I was sharing that example because maybe as an introvert how you show up, is not always the most perfect or it is difficult. And I said I can work with someone and I can change this. So I think therapy is the same. There is nothing in the world that if we just reach out for help, and we don't have to do it by ourselves, I think our capacity to change is boundary less. Just if we believe that. and we reach – and don't try and always do it by yourself.

## Shobhana

Right. Absolutely Nisa. And I think Amit one of the things that you mentioned right, showing up which you also spoke about Nisa, showing up for others, I think that is a very powerful point that you made like you know it is not about solving it for others. It is just about being present and listening. Sometimes even with the best of intentions when a friend comes and opens up to me, I of course want the best for my friends. But I sometimes she is expecting me to also give a solution. But it is actually not about that. It is about being present and being there. Just being there and listening. And Nisa completely agree on your point that how therapy can really help.

## Nisa

And women Shobhana really need to show up for themselves also. Because this idea in untamed we read about this selfless woman who is selfless for her children and family and selfless to the organisation. We have to give ourselves oxygen you have to be your best selves before you can inspire and be the best mother. I remember telling myself I don't have time for exercise. I have work. I have children. It is a story. You can make time if you really want to take care of yourself. You have to be able to prioritise yourself also. It is very important.

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I remember telling myself I don't have time for exercise. I have work. I have children. It is a story. You can make time if you really want to take care of yourself. You have to be able to prioritise yourself also. It is very important.

Nisa

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## Shobhana

Right, right. I think it's a great point Nisa, I think self-care is very important and a lot of us sometimes feel justified in not doing that, right. And I think that's definitely something that we need to do better particularly

## Amit

I've done a, Shobhana I've done a few of these events in the last six months with Harvard professor called Shekhar Saxena who was the WHO Head of Mental Health for a long time and we've done them together. And he has this great analogy of saying you've got to put on oxygen mask on first, the same analogy of mental health. And he uses this all the time and then just normally says it, but I think

it's really apt because, I'm going to take a minute and talk about women, right, in this special context, this idea that has been passed down generations and we've seen it with clients now for a long period of time, this idea has been passed on generations of what my self of being has to be. Right? Sometimes we really can't be productive to your mental health. And so it's really trying to, and it's just not easy right, it's really most important to forget about that, but then you kind of step and saying regardless of what it needs to be what do I want it to be or what do I want my sense of being to be rather than what it needs to be or what I've always been told it has to be, because I think what you realise and I had this fantastic professor when I was doing my residency who.. you will converge, those things will converge as you get older. Right? What you want it to be and what you need it to be or what you've been told it needs to be, it converges as you grow older but the sooner you act on it consciously the convergence becomes faster. And what I mean by that is the sooner you start thinking about, consciously about okay what do I want for my day to day, for my week to week, for my year to year, what do I want. What will be the best version of myself for myself so that I can be the best version of myself for everybody else. If that's what, it's also being selfless even if you're aim is to be selfless you cannot be...

### **Nisa**

But why should you be, but Amit why should you be selfless? Because being selfless is not, it's not improving your life and then it won't improve people. I think the idea of giving oxygen is imagine the life you want and lead that and not lead, and this book talks about it. So you know women and men should read it. But don't lift from indoctrinate. I gave Shweta a copy. So Shweta is Amit's wife and a very good friend of mine. So that's how Amit and me know each other.

### **Amit**

Just to answer that question, I'm not saying you need to be selfless. I'm saying that even if you're idea of being is to be selfless in the socio-culture context even then you cannot even be selfless. I mean even if that's what you choose. I mean see it's not for me to judge whether that's right, analogy for you or not. So even if that's what you want to be you can't be selfless till you've decided what you want for yourself. I mean that's what I think. Absolutely. So I'm not defining. I'm not saying anybody should be selfless. I'm saying that's the one thing.

### **Nisa**

And Amit on the same, sorry Shobhana, but on the same thing I think my insight is on men, correct? They are also just given a hard time because you're told you're a boy, don't cry. Correct?

### **Amit**

Yeah, absolutely.

### **Nisa**

And in this Indian context. So I think that's even harder in a way. Correct? So we should acknowledge that also, that for a man to cry it is being human. And we should all be human and our feelings are here to be felt. So they're not here to be denied, to be put away with alcohol, to let violence come

out in some you know. So I think we should encourage, we should, now we're talking on women but even equally men like I would encourage more men to feel what you're feeling and it doesn't make you weak or less of a man. Actually it makes you, the word needs to come from your heart. It means that you are encouraged to come from your heart and not your indoctrination. So for both genders.

### **Amit**

I'm just talking, just on that, this statistically men present to services and care a lot later. And there's no clear, there's no real evidence to say that men have low prevalence to mental illness. But they present a lot fewer and a lot later to mental health services and a lot of times they have more adverse outcomes and things go terribly wrong with men in this country because they don't and that applies to globally actually, they present much later to actually seek support. And it may mean that they're always hard to treat because patterns have been set up and you've revived the networks that takes a lot more effort. And secondly sometimes it requires a lot more medication and sometimes there are adverse outcomes that cannot be that are more final and definite. So absolutely agree. So encourage more men to seek support earlier. It's not weakness problem.



**Statistically, men present to services and care a lot later. There's no real evidence to say that men have low prevalence to mental illness. But they present a lot fewer and a lot later to mental health services and a lot of times they have more adverse outcomes and things go terribly wrong with men in this country, because they don't and that applies to globally actually, they present much later to actually seek support.**



### **Amit**

### **Nisa**

Yeah. And I think Amit specially now, especially with people who have children and teenagers and you know we're saying one out of five the levels of suicides and things that coop, correct? So we need to be sort of vigilant also about ourselves and people around us. And I think this Sushant Singh Rajput's you know the case, the way it's been treated is just horrifying. Why is me that you know, instead of talking about sort of mental health with sensitivity this has become like a media circus. So I just think it's also given Covid, we should be vigilant about ourselves and what's happening around because sometimes the outcomes can be very, very sad and devastating.

### **Amit**

It's a crisis on a crisis on a crisis. Right? Let me just put three layers of it. So India has one of the highest rates of suicide in the world. Suicide is the top one or two causes of suicide in young men ..so highest cause of suicide..the highest cause of death is suicide in our country. And that's one crisis. Again I'm quoting the same talk again, from Harvard talks about how evidence from previous pandemics suggests that you will see a five times increase in psychological morbidity in the next five years post the pandemic. So there's an immediate impact and long-term impact on the mental health

of populations post pandemic. Then there's second and third, media reporting around suicide, it's a hugely important thing because there is clear science and evidence around things like suicides and how it discourages people from seeking help and taking sort of more final and fatal options when they can't cope. So then there's clear science around it. So all once you start reporting suicide this way it actually impacts suicide rates in that population. So medical prevalence and suicides are already present in this country in a large number. Very few of them are mental health by the way. Only about one quarter or one third of suicides in India are linked to mental illness. Right? That is one. Secondly the pandemic creates a spike anyways. And third the media reporting is not helping. So it's crisis on a crisis on a crisis right now.

### **Shobhana**

I think Amit the way the pandemic has impacted all of us and you spoke about the range of issues, it's almost like you know it's impacted everyone of us in some way. Right? And there are major ramifications of that in terms of how it impacts us. And it's a very important point because some of us have this question in our minds that who's supposed to be feeling the impact of Covid. And the answer is that it's actually impacted all of us in very different ways. And so it's obviously something to definitely watch out for. Completely agree. And the other point that really resonated, the way you mentioned about the whole point of giving yourself an oxygen mask. I think it definitely takes a toll. It's impossible to exude love, care for people around us if fundamentally you know we are not in a good space ourselves. Right? And it eventually catches up. So fundamental principle for like really to be able to care for people around us, our friends and families to first kind of you know be in a happy space and do whatever it takes for us to kind of get to that space ourselves. Completely, couldn't agree more. Nisa wanted to just build this point a little bit more, on how we care for others. We spoke a lot about how we need to be sensitive to others, specifically in the context of us at work. How can we be more sensitive and how can we care better to our team members, our colleagues because you know we're all working

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**Amit**

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We spoke a lot about how we need to be sensitive to others, specifically in the context of us at work. How can we be more sensitive and how can we care better for our team members, our colleagues because we're all working from home mostly, we've lost the human connection in a lot of our interactions and we're not fully aware a lot of times of what's actually going on with everybody's lives.

**Shobhana**

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from home mostly, you know digital connections we've lost, the human connection in a lot of our interactions and we're not fully aware a lot of times of what's actually going on with everybody's lives. So how are you thinking about it?

### **Nisa**

I think Shobhana to me right now I think communication is really important. It's very hard actually on these videos to know fully sort of what's going on. I found something that I did as consciously but I'm trying to ask people if I message I know they message me – how are you. Correct? Now most people will say just good or fine. But occasionally people are saying I have this issue or this has happened. So sort of good. So I think you had given me this idea earlier on, though I don't know if we've implemented it, but can each of us look out for one person in the organisation and sort of check in with them and see how they're doing? So I think on an individual basis or as a team leader is making sure you are staying in touch with people, reaching out to them, asking them what's happening. Not everyone wants to share. Correct? I had some people who work directly with me and it's like obviously they don't want to talk to me about how they're like doing. I try to joke, I try to, it doesn't work. So I guess they also need, my brother always jokes, he says – maybe what they really need is a

break from you. So don't let go of yourself on them. But I think just being more sensitive, being more empathetic and reaching out to people is what we can do. I think as an organisation we have like InnerHour working with us, we've had another company also in the past who offers this service. I think as HR we are you know watching Amber chats and the continuous listening, feedback more closely to see fault lines, it's not just mental health, it can be just work, work, burn out and stuff. But I think the most important is for us all be having conversations and you know we are in a very different world right now, so maybe the way we communicate and the way we come on these video calls and stuff needs to be more sensitive and more of a check in.

### **Amit**

You made the point about, I was just going to make one point about negative interactions. So one needs to talk about how to interact with people positively, right? But I just want to make a point about negative interactions because I mean one key things is... it's oft to use this word but the whole idea of empathy and really being able to, really trying, it's an effortful thing, it's not an actual thing people say I'm empathic or not. it's again, it's a muscle. You develop it over time, right. You develop your empathy muscle by practicing, trying to put yourself in the other person's shoes, trying to

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**I think communication is really important. It's very hard actually on these videos to know fully what's going on. I'm trying to consciously ask people – how are you. Now most people will say just good or fine. But occasionally people are saying I have this issue or this has happened. Can each of us look out for one person in the organisation and sort of check in with them and see how they're doing. I think just being more sensitive, being more empathetic and reaching out to people is what we can do.**

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### **Nisa**

imagine their circumstances. It's even more critical right now than ever before. And specially for leadership roles it's very, very critical right now because different personalities, there's a fantastic SPR article about it right now, the different personality styles will cope with work from home very differently.

**Nisa**

Send me this article. I want to read it.

**Amit**

I will.

**Nisa**

Sorry for interrupting.

**Amit**

That's alright. Yeah absolutely. So they work differently. That's one. One is the empathy tool right, especially in leadership roles, so that you understand what's the type of person is that you're managing or leading and how is work impacting them. Right? So if it's somebody who's very organised, for example likes to tell the manager that I'm going to take a two hour break at lunch and go to do my work at the bank, then for them work from home is very difficult. Because what they like to do is compartmentalise their work life and home life. So for them now everything is happening at the same space, at the same time, kids are doing home schooling, so it's all very difficult. Somebody who's absolutely comfortable in normal times to take a call at 10 o'clock at night and then sort of compensate for a time, maybe showing up late for work and still working very well but sort of being more flexible around it, they would probably adapt a lot better to work from home. I'm just channelizing it but just giving you a sense of two very broad types of people who might react very differently to this scenario. Right? The other thing is how can you actually do a disservice to people, which is sort of easier to cut up. And the negative interactions might be four or five types. Discouraging the expression of feelings is one - which is a very, very important one. So

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The other thing is how can you actually do a disservice to people, which is sort of easier to cut up. And the negative interactions might be four or five types. Discouraging the expression of feelings is one - which is a very, very important one. So whereas you actually discourage the expression of feelings making critical remarks, invading someone's privacy, interfering in somebody else's affairs and failing to provide promised help. As a starting point, if you just cut off the negatives, be on the base line and then start adding the positives' meant for the perspective... Then you could really start adding value to your team as leaders.

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**Amit**

whereas you actually discourage the expression of feelings making critical remarks, invading someone's privacy, interfering in somebody else's affairs and failing to provide promised help. So all these are four or five things that if we just thought these are the negatives. So as a starting point if you just cut off the negatives, be on the base line and then start adding the positives' meant for the perspective. Then you could really start adding value to your team as leaders. So I only think that cutting off the negatives is the easiest part in some ways because empathy is very hard and it's a muscle that builds over time. But cutting the negatives is actually a more tactical approach that we could take to sort of supporting your teams.

### **Nisa**

And Amit one other thing, during this time that I've been trying to do is that if you've had a tough discussion with someone or it's been a tough meeting and you've gone after something or the other which you have to do at this time, are you making sure that you're having a side conversation, correct, sometimes I'm just What's happening someone in a friendly way. So it's also because people can't read really what's going on, on the thing. You might miss, because you can normally tell from someone, how they're looking or how they taking. So are you, you know or as a leader are you saying look I'm sorry being tough on this, but this is why I'm doing it. So it's not about them but sort of the issue. So I think like you said we have to be more sensitive and more aware. And I think also if you can encourage feedback from your teams because sometimes you just don't know, like Shobhana I remember that I'd sent an email to the Strategy team which I thought was like perfectly fine and you know I had actually, now I don't send my emails during the night. So I send them in the morning or don't send in the weekend. So the Head of Strategy called me and he said or messaged or he called me and he said you know that was very discouraging, you know these people are not motivated by... so I called them and I said I am really sorry. And I really didn't mean it, correct? So if you can make sure people are giving you feedback then you also have an opportunity to apologise if you didn't mean it that way.

### **Amit**

So I started seeking it, so I used to do a feedback myself once a year. I do it once a month now.

### **Nisa**

I should do that. I haven't done it.

### **Amit**

And sometimes I feel I shouldn't, given the lot of feedback I'm getting right now. But yeah, it's great because there's so much happening right now. Think about the difference right now. Each conversation is a gender driven conversation now.

### **Nisa**

That's a very good idea.

### **Amit**

There are no light conversations typically unless you really make an effort. Each conversation is a

gender driven conversation. So the opportunity for an informal feedback has gone down significantly. And I had this guy from Wharton he was like you should do a more regular pulse survey. And I said okay let's try it out. And I didn't expect the volume of feedback and it sounded very critical that I got back in the first one we did. So we did. Now we're doing it more regularly. I think it's very powerful.

**Nisa**

Amit we do this continuous learning which is very good, where you keep pinging people for feedback. And I also launched this thing called Emerge Stronger app, where you ask a question and people give you feedback. So on a business issue, anything you want to ask about. I've not done this once a month personal feedback to myself. But I'll try it.

**Amit**

Just started it. I've done it twice now. We just started it. I didn't expect volume of it. But it's been very helpful. It also allows, so it think it's also good. Right? For the team, for them it's also an opportunity to sometimes somebody just said to me on my face if I was in the office with them, this opportunity is not there, they just say it. That's what is happening.

**Shobhana**

Right. Because Amit I just wanted to, I was exactly going to say that because a lot of times even when things are not going as well and you want to share it, I think just when somebody reaches out and there's an intent to solve it that is half the problem solved in itself. Right? Because it's obvious, there are a lot of moving parts, there are a lot of things. We're all juggling a lot of things. And so, but it's the intent which counts, and is there an effort to kind of move and kind of make steps in the right direction. And I think that's of course the right thing to do and I think it also makes a big difference. For example if I were to share problem whether the problem is solved or not the fact that somebody heard me out and promised that they would take some steps to address it and is actually doing it makes a world of difference to how I feel. And so I think that's a very valid point. Sorry Nisa.

**Nisa**

No, I said I'm sorry for the email again.

**Shobhana**

No, Nisa, that's really nice of you. Yeah, but I think it's a great gesture.

**Nisa**

Okay Shobhana. We'll think about it.

**Shobhana**

Yeah. So I think it's been a great conversation. And I think we've spoken about many different aspects, the different aspects of mental health. We've spoken about things around health. I think at the bottom of all of it is that how can we be more sensitive to both ourselves as well as to others. And it's the effort that counts. And of course we're all kind of trying to understand more about ourselves as well as the people around us. And I think it's a journey. But it's the kind of the intent and the effort

that matters and it's been a great, a very heartening conversation and I think this is more like the beginning of hopefully many more conversations to come. Any closing thoughts Nisa.

**Nisa**

I actually had a question Shobhana for Amit just in closing. Amit if you can just tell us a little bit about what InnerHour does and how Godrejites can access it and that we also have availability for family and stuff. So if you can just spend a few minutes on why are we, the reason we're working together.

**Amit**

Sure. Yeah absolutely. Can we take one step back and just talk about why we exist and then again we can talk about what we do.

**Nisa**

Sure.

**Amit**

The idea really was going back 4-5 years, now the idea really was to create a platform where people would get standardised psychological therapy. When I moved back here to India I realised that while people were getting, some people were getting actual therapy but it was also very variable quality. Right? And what people did in those sessions is very, very variable compared to where the science is around what should happen that has the most efficient and meaningful impact in people's lives. So the idea was that we build a platform which gives people access to sort of more standardised therapy experience and deliver that. What we learnt, we had over 100,000 conversations in the first year, and what we learnt was that at the first step, we shouldn't have been surprised but was that intuitive for me at least that as a first step people don't want to go and talk to somebody. As a first step and that's all health behaviour. Even if I have a headache I want to solve it myself, I have a stomach pain I want to solve it myself and then if it doesn't go away I'll go see somebody. Right? Similarly if I'm not feeling great I don't want to solve it myself, I want to use some strategies of self-care to see if I can figure this out. If not then I might go see somebody. And that was an overwhelming feedback from over 100,000 people and we had a huge data set that told us that. So what we built after that was a really saying can standardised therapy get delivered by individuals, can we now use James Clear's idea of Atomic habits and ,lot of other people's stuff around sort of micro habit formation and looking at psychological strategies and can we create a program that individualised each person for their condition and delivers to them the psychological learning program and habit formation program over the years or over few months. So what you get as a user now is a program that's personalised to you and is largely based on cognitive behavioural therapy. And then you can set goals, you can track your moods, you can talk to your chat bot when you're in distress. There are a number of functions on it but it's all self-care without a therapist. And then you still have the optionality to go and speak to a therapist on video, voice or chat and book a session and do that. So we do it for a number of employees. We're doing that. We're giving them access to therapy sessions with or without a therapist, all sort of trained and highly qualified. And we're extending the offering to three family members or three dependents as well along with them. So on the app you have the option of adding three dependents and then they get access to the same offerings, the same self-care app, all the paid

and free elements of it and the therapy sessions. So the idea is really A - to provide a self-care experience that is evidence based, scientific and standardised but personalised too because we ask you a bunch of questions that builds the program for you. And B - the idea of then connecting a therapist who will again have access to that data. If you're using the self-care programme they'll know your goals, they'll know your symptoms but then they'll also work with you as a client to then provide therapy. And Nisa mentioned this but the evidence based around psychological therapy for things like mind to model depression, mind to mode anxiety is almost as strong as face to face therapy. So we have access to both those tools on the platform itself and that's what we're delivering. I think we already have people from Godrej taking sessions now for last few weeks. So individual sessions and the self-care programme are all available and accessible to the employees we're working with right now and their family also.

### **Nisa**

Great. Thank you Amit. Thank you so much for your time on this. And yeah Shobhana I think sort of if I could leave people with it is that we're all in this together. Maybe our experiences are different but we're all in this together and if you need help, family member needs help just get it because it can change your life for the positive. Don't suffer. Don't suffer silently and if there's anyone who wants to reach out to me, I'm here for everyone. And you know people have reached out to me in the past. I've even shared it with HR. We keep these I think whenever these sort of things are shared it's kept really sort of confidential. So if you don't have someone at home or in family and if you want to reach out to one of us we're here for you and yeah we're together.

### **Amit**

And I think I should have said that. I think all the help we have is confidential. We don't share it back with the HR team with Godrej. And we don't see it as well. It's actually between you and the therapist. So it's really information between you and your therapist. Even we don't access it. My last comment is going to be that it's actually okay to seek help. I've seen it change peoples lives dramatically because I'm doing this 20 years down the line, whether it is talking therapies or medication or both and don't wait to get help. Because the sooner you get it the better your outcomes are going to be scientifically proven. The better your outcomes are going to be the better your quality of life is going to be and the quality of life of the people around you. And life is not meant to be wasted. So seek help as soon as you feel that you need help.



**We're all in this together. Maybe our experiences are different but we're all in this together and if you need help, or a family member needs help, just get it because it can change your life for the positive. Don't suffer silently.**



### **Nisa**

**Shobhana**

Absolutely! Nisa and I completely resonate. And thank you so much.

**Nisa**

Thank you so much.

**Amit**

Yeah thanks for that. Thanks for having me.

**Shobhana**

Yeah thank you so much Amit for your time.

**Amit**

My pleasure. Thanks a lot.

**Nisa**

Great. Take care. Bye. Thanks Shobhana. Thanks so much. Bye.

**Shobhana**

Thanks Nisa. Take care. Bye.

**(END OF TRANSCRIPT)**