

Employment Status of Mental Health Patients in India

Rashi Juneja^{1*}, Anuja Kapoor² and Rashmi Pandey³

¹Director & Clinical Psychologist, MIND EASE – Psychological Services & Wellness Center Pvt. Ltd. India

²Director & Clinical Psychologist, MIND EASE – Psychological Services & Wellness Center Pvt. Ltd. India

³Assistant Professor, Amity Institute of Behavioral (Health) & Allied Sciences, Amity University, India

*Corresponding author: Rashi Juneja, Director & Clinical Psychologist, MIND EASE – Psychological Services & Wellness Center Pvt. Ltd. New Delhi, India



ARTICLE INFO

Received: 📅 September 20, 2022

Published: 📅 September 27, 2022

Citation: Rashi Juneja, Anuja Kapoor and Rashmi Pandey. Employment Status of Mental Health Patients in India. Biomed J Sci & Tech Res 46(3)-2022. BJSTR. MS.ID.007346.

ABSTRACT

Consciousness developed towards providing employment to psychiatric patients in India is still in its infancy stage. With a rough history about the journey of development of acceptance towards disorders related to mental health, there is still a tendency for people with psychiatric disabilities to remain excluded from the ensuing disability community. The present article will focus on employment status of people with psychiatric disabilities in India and its effect on the rehabilitation process.

Keywords: Employment; Mental Health; India; Psychiatric Disabilities

Introduction

Employment & Mental Health

Employment status of a mentally ill person is a major part of the holistic rehabilitation process. Employability of a mentally ill person could be perceived as their acceptability into the mainstream society and also an indicator of awareness and control about the various mental health conditions. When a mentally ill person is employed, besides the financial independence that it brings, it gives a boost to the self-esteem, social acceptance, integration, and a sense of well-being – all these factors essential for mental well-being are also known to play a significant role in providing therapeutic benefits [1]. Recent developments in the field of mental health supports the bio-psycho-social model where mental illness is considered to be the result of interaction between a person's biological, psychological, and social environment [2-18]. Therefore, mental conditions are bound to negatively impact the social and occupational functioning which further affects individual's personal

and family life. Among all sources of disability, mental health conditions are associated with the highest rates of unemployment: commonly between 70 and 90 % [11]. Employment plays a critical role in the life and recovery of persons with mental illness in terms of clinical improvement, improvement in social functioning and reduction of symptoms [6]. According to 2011 census data, the total number of persons suffering from mental illness in India was 7,22,826 (2.7%), out of which 4,15,732 were males and 3,07,094 were females [4]. Central Statistics Organization reported that 87.3% (873 out of 1,000) of persons with mental illness in India were out of the labor force. If this data is compared with that of other disabilities, the rate of unemployment among persons with psychiatric disability is lesser compared to mental retardation (94.3%) and blindness (90.7%), but higher compared to any other types of disability [19]. Mental illness was reported to be associated with higher hazard ratios for employment termination and greater likelihood for unemployment by various studies and reviews

[11-13]. While employment offers real benefits to people with experience of mental illness, the reality is that unemployment rates amongst this group are higher compared to the general population. The employment rate among persons with schizophrenia reported in the US ranged from 3 to 42.8 % whereas in UK it was between 4 and 60 % [13]. Most of the studies in western countries report less rates of competitive employment among persons with severe mental disorders especially psychotic disorders. The study by Rosenheck, et al. [16]. reported that only 14.5 % of the patients were participating in competitive employment whereas Goldberg et al. [5] reported that participants with a psychotic disorder were more likely to be unemployed (55 %) for 5 or more years. Srinivasan and Thara in their study mentioned the employment rates are high in India; the types of jobs undertaken by persons with severe mental disorders are mostly agricultural or unskilled jobs. The good rate of employment could be related to the low education and economic status of respondents as they lead to more of unskilled and semi-skilled labor which makes it easier to raise employment for this particular section of the population in developing country like India [20]. Moreover, the employability frequency distributions of individuals with mental illness is statistically different in terms of area, age group, and gender with significance [1]. Research by Faseela et al. has shown family support as an important external factor for maintaining employment and that needs to be enhanced for improving employability of persons with severe mental disorders [5].

Factors Contributing to Low Employment of Mental Health Patients

There are number of problem areas through which stigma can lead to unemployment and other adverse occupational outcomes. The first and the most important one is negative attitude of the employer towards the individuals with mental illness or mental health problem. Research show employer beliefs include that workers with mental illness or mental health problem lack the competence to meet the demands of work, that they need supervision, and that working is not healthy for them [9-22]. It becomes problematic if employers see individuals with mental illness or mental health problem as a group that is characterized by these negative stereotypes, rather than as individuals. Another problematic area is self-stigma and anticipated discrimination that can lead to low motivation and effort to keep or find employment. Several studies have indicated that self-stigma and anticipated discrimination discourage people with mental illness or mental health problem from undertaking relevant employment-related actions, for instance an international study of people with depression found that 25% individuals had stopped applying for work and that 20% had stopped applying for education or training because of self-stigma and anticipated discrimination

[22]. Similarly, two other studies indicated that 39% of people with substance use disorders and 64% of people with schizophrenia had stopped applying for work, training or education because of self-stigma and anticipated discrimination [23-25]. Many people with mental illness or mental health problem experience discrimination or expect to be discriminated in the work environment because of their health problems. An important point is balancing the needs of the individual with mental illness or mental health problem with the demands of the job and needs of the co-workers [26]. After self-stigma it's important to discuss about social stigma that exists against people with psychosocial or psychiatric disabilities which is further fueled as such people remain in isolation and has limited or total absence of meaningful social connections. It is quite common for families to hide the member suffering with psychiatric illness from being getting exposed to the outer world or not allowing them to participate in any social activity. The lack of adequate support makes it impossible for them to become financially independent or share the economic burden; as a result, they remain dependent all through their life [7].

Initiative by the Government

There are hardly any initiatives or programs that provide any kind of support to this invisible and unacknowledged workforce. Most often they provide care and support to the disabled family member without any formal know-how and without any respite making the entire experience extremely difficult with social, economic and health repercussions on them [6]. Such a situation is not only difficult for the family but also for the person with disabilities they are caring for who doesn't receive the kind of care and support they require making them incapable of participation. A proper wholesome system is required to improve the living conditions of persons with mental illness. A good mental health system has the responsibility of reducing the substantial burden of untreated mental disorders, decreasing human rights violations, ensuring social protection, and improving the quality of life especially of the most vulnerable and marginalized subgroups in a society. Moving beyond care, it should also integrate and include mental health promotion and rehabilitation components. Except the states of Gujarat and Kerala, no other state had a stand-alone state mental health policy with defined or specified goals, objectives, and mechanisms. The state of West Bengal has a policy focusing on the rehabilitation of those with mental illness. Arogya Karnataka is another example of another health care scheme initiated by government of Karnataka only for its residents. There are different packages available for mental illnesses which include mental and behavioral disorders due to psychoactive substance abuse, schizophrenia and delusional disorders, mood disorders, stress-related disorders, and mental retardation [25]. In 2018, there was a break through when the present government announced

to set first halfway home and rehabilitation center for patients who have been cured of mental illnesses. It is first of its kind policy to help cured patients who are still languishing in asylums because of lack of family support and social stigma attached to mental illness. National Institute for Mental Health Rehabilitation in Bhopal is providing support to patients who have been cured and offer vocational training to them to start a fresh life outside the institution. Institute is doing various awareness generation activities and screening programs on the different issues related to Mental Health and Mental illnesses like awareness at grassroots level of Aganwadi, Schools and colleges etc [27]. The Maharashtra government has set 'halfway homes' in three of its mental hospitals at Thane, Pune and Nagpur to help recovered patients prepare for life outside the facility and in the community [23]. Delhi got its first model half-way cum long-stay home for the mentally ill at IHBAS by the name Saksham in 2017.5 States are working on opening up set ups, but more effort is required to promote vocational training & vacancies for those living with mental illness. Mental illness should be treated equally like all other disabilities. In order to reduce the burden on care givers & patient, it is important that all insurance plans in India should cover mental illnesses. Section 21(4) of the Mental Healthcare Act (2017) stating that "every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness". Still there are hardly policies present that cover mental illnesses. This in-turn promotes stigma, reduced accessibility to treatment and poor quality of life [14]. Currently only HDFC ERGO (covers medical expenses only in case of hospitalization for any mental illness) & Max Bupa (but only 10% of the total cover) insurance covers mental health in their protocol [17-28].

Conclusion

Different type of disabled individuals has different needs. Therefore, each group needs specific help or assistance, and special programme should be implemented to focus on providing appropriate employment and protecting the vulnerable people from stigmatization. This kind of an approach is very important for the fulfillment of the right of equality and better decision-making capacities. This kind of approach is required to ensure that individuals with mental illness has the equal share of resources and equal opportunity to be an integral part of the society, thereby enabling them to live and work independently with respect.

References

- Ramasubramanian C, Mohandoss AA, Namasivayam RK (2016) Employability of mentally ill persons in India: A self-report-based population study. *Ind Psychiatry J* 25(2): 171-178
- Engel G (1977) The Need for a New Medical Model: A Challenge for Biomedicine. *Science* 196(4286): 129-136.
- Goldberg R W, Lucksted A, McNary S, Gold J M, Dixon L, et al. (2001) Correlates of long-term unemployment among inner-city adults with serious and persistent mental illness. *Psychiatric services (Washington, D.C.)* 52(1): 101-103.
- Gupta S (2018) Census of india 2011 data on disability.
- Gupta S (n.d.). Cross-Disability perspective to THE #WHATWENEEDCAMPAIGN.
- (2018) Invisible to Visible: Documenting the lives of carers in India [Video file]. India: Carers Worldwide.
- Jaleel F, Nirmala BP, Thirthalli J (2015) A Comparative Analysis of the Nature and Pattern of Employment Among Persons with Severe Mental Disorders. *J Psychosoc Rehabil Ment Health* 2: 19-25.
- Klasing Insa 2007 Disability and social exclusion in rural India. Jaipur: Rawat Publications, pp. 200
- Krupa T, Kirsch B, Cockburn L, Gewurtz R (2009) Understanding the stigma of mental illness in employment. *Work* 33(4): 413-425.
- M F, N D, M, F (2010) Mental health and development: Targeting people with mental health conditions as a vulnerable group.
- Mak D, Tsang H, Cheung L (2006) Job termination among individuals with severe mental illness participating in a supported employment program. *Psychiatry* 69(3): 239-248.
- Marwaha S, Johnson S (2004) Schizophrenia and employment - a review. *Social psychiatry and psychiatric epidemiology* 39(5): 337-349.
- Marwaha S, Johnson S, Bebbington P, Angermeyer M, Brugha T, et al. (2009) Predictors of employment status change over 2 years in people with schizophrenia living in Europe. *Epidemiol Psychiatr Soc* 18(4): 344-51.
- Mehta R, ET Bureau (2020) Can you buy health insurance cover for mental illnesses?
- Rosenheck R, Leslie D, Keefe R, Joseph McEvoy, Marvin Swartz, et al. (2006) Barriers to employment for people with schizophrenia. *The American Journal of Psychiatry* 163(3): 411-417.
- Ramasubramanian C, Mohandoss A, Namasivayam, R (2016) Employability of mentally ill persons in India: A self-report-based population study. *Ind Psychiatry J* 25(2): 171-178.
- Suresh H (2019) The News Minute | News. The News Minute.
- Shakespeare T, Watson N, Algaib O A (2017) Blaming the victim, all over again: Waddell and Aylward's biopsychosocial (BPS) model of disability. *Critical Social Policy* 37(1): 22-41.
- Chakrabarti S (2010) Disability statistics in measuring some gender dimensions: Case India. Central Statistics Organization, Government of India.
- Srinivasan T N, Thara R (1997) How do men with schizophrenia fare at work? A follow-up study from India. *Schizophrenia research* 25(2): 149-154.
- Biggs D, Hovey N, Tyson P, MacDonald S (2010) Employer and employment agency attitudes towards employing individuals with mental health needs. *J Ment Health* 19(6): 505-516.
- Candyce, S Berger (2000) Managed care: Challenges to survival and opportunities for change. *Smith College Studies in Social Work* 71(1): 19-33.
- Thornicroft G, Brohan E, Rose D, Sartorius N, Leese M, et al. (2009) Global pattern of anticipated and experienced discrimination against people with schizophrenia: a cross-sectional survey. *Lancet* 373(9661): 408-415.

24. (2019) Maharashtra sets up HALFWAY homes for mentally ill on road to Recovery: MUMBAI news - times of India.
25. (2007) World Health Organization. Everybody's business -- strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organization, p. 44.
26. Akabas S H (1994) Workplace responsiveness: Key employer characteristics in support of job maintenance for people with mental illness. Psychosocial Rehabilitation Journal 17(3): 91-101.
27. Sharma N (2018) Centre plans halfway homes for those cured of mental illness.
28. (2017) Delhi gets its first model Half-way Cum Long-stay home for the mentally ill.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2022.46.007346

Rashi Juneja. Biomed J Sci & Tech Res



This work is licensed under Creative Commons Attribution 4.0 License

Submission Link: <https://biomedres.us/submit-manuscript.php>



Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

<https://biomedres.us/>