

Employment Status of Persons Living with Mental Illness in India: Ground Reality

Sushma Kumari¹, Gita Jyoti Ojha²

¹Senior Psychiatric Social Worker, Department of Psychiatric Social Work, R.N. 109, Old faculty building, Institute of Human Behaviour and Allied Sciences (IHBAS), Dilshad Garden, Delhi-110095

²Occupational Therapist, Department of Occupational Therapy, Institute of Human Behaviour and Allied Sciences (IHBAS), Dilshad Garden, Delhi-110095

Contribution: Both authors have contributed equally in the conceptualization, drafting, writing, analysis, and references

Corresponding Author: Sushma Kumari

ABSTRACT

The main aim of rehabilitation is vocational independence and community integration. Rehabilitation is complete with the person being a productive member within the community. But this is quite a challenging task as can be vouched by any of the professionals working in this field. What are the barriers and facilitators towards employment or return to work in case of persons living with mental illness? Literature shows that multiple factors are governing the ability to take up gainful employment. Most of this literature is about the western world where the social fabric is more supportive of individual autonomy. India lags in its rehabilitation efforts for mental illness. There is still stigma and lack of awareness about mental illnesses. This increases the problem of unemployment within persons living with mental illness manifold. There are very few detailed investigations into the vocational status of persons with mental illness and almost negligent literature existing in the Indian context. Hence, the current review article tries to examine the factors prevailing in the Indian scenario that influences the employment status.

Keywords: Employment, Return to work, mentally ill persons, Vocational rehabilitation, Persons with Disabilities

INTRODUCTION

Employment is a critical element of independent living, and many researchers have found that it is a primary aspiration of

people with disabilities the world over including India. The constitution of India treats the right to livelihood as one of the basic fundamental rights of every citizen. Hence persons living with mental illness (PLMIs) are no different in this regard.

A recent review of mental health and employment services in the United Kingdom pointed out that people with mental health conditions have the highest “want to work” rate than any other disability group.¹ Work has long been known to be good for people with mental and physical health conditions, even though competitive paid employment is still often considered to be too stressful. Unemployment was found to be very damaging.² Employment connects people to their communities, gives status, a structure to daily life, and the resources to do the things they value.³

With a lifetime prevalence rate of 13.7% of mental illness^{4,5} out of which 14% are in the productive age group in India. There are hardly any studies specifically undertaken to examine and investigate the employment situation with PLMI.

We see some studies^{6,7} in the field of other disability but for mental illnesses, it's hardly any. Employment rates of Persons with Disabilities (PWD) in all countries are lower than for the non-PWD population and even lower for the PLMIs.^{8(p.83)} This is true even in high-income countries with the most

progressive employment practices and strong active labor market programs. The current unemployment rate or status among the severely mentally ill in the Western population is placed at 75%–90%.⁹ There is also a dearth of researches examining factors affecting the implementation of policies supporting gaining work or return to work for PLMIs.

In an attempt to bring parity between mental illness and other disabilities both were clubbed together under PWDs with disregard to the complexities of mental illness. The PWD employment rate fell from 42.7 percent in 1991 down to 37.6 percent in 2002⁸ as persons with mental illness and retardation were included as PWD sub-groups with the lowest employment rates.¹⁰

The Situation for PWDs is in itself grim in India but it's even grimmer for PLMIs given their unique needs:

- 1) Stigma and ignorance regarding the illness
- 2) Lack of insight in person with Mental Illness (MI)
- 3) Fluctuating condition and possibility of relapse even with medication.
- 4) PLMI with benchmark disability (40% and above) would be eligible for many government schemes but ironically such a high percentage of disability might limit independent day- to- day functioning rest aside work.¹¹

Eminent Indian Economist Amartya Sen¹² observed that Persons with Disabilities (PWDs) faced two types of economic handicaps: a) Earnings handicap- PWD will be earning less than able-bodied in the same type of job. b) Conversion handicap – spending money for treatment or other special needs affects the standard of living of the family.¹³ Thus, disability of any type has negative economic consequences for the person and the society alike.

Hence it is necessary to understand the current status related to the employment of PLMIs in India given the changing scenario. The Right of Persons with Disability (RPWD) Act -2016, and Mental Health Care (MHC) Act –2017 has been

recently introduced and mental illness has been separately named amongst the 21 disabilities.¹⁴ The efforts to implement these policies have just started and much has to be done.

This review article is an effort to understand the ground reality of multi-sectoral factors that has influence on meaningful employment of PLMI in India.

Employability and Mental illness

Having a mental illness has a strong negative impact on the probability of employment.¹⁵ Even though work or employment for the mentally ill is considered to be therapeutic and deemed essential for such a person's sustenance and well-being. As India lacks national-wide profiling of the prevalence of its mentally ill patients,^{16,17} The exact prevalence and employability status of such persons rely largely on local, regional or institution-based studies. The 2011 Census of India recorded the self-reported disabilities among which mental illness and retardation found a place as distinct entities.¹⁸ However, this was only based on the Self Report of Mental illness rather than professional diagnosis. Such self-reported mental illnesses are error-prone and known for the severe underreporting of mental illness.⁹

A first of its kind of study was conducted on the employment status of Self-Reported Mentally Ill (SRMI) based upon data gathered from Census 2011. The employability was characterized as currently employed (education for the younger age), marginally employed – in the past 3 months, marginally employed (3-6 months), and not employed. The authors found that 78.62% were not employed and only 13.15% were currently employed.⁹

Factors governing vocational status/return to work:

a) Individual and Illness related factors

Vocational goals can prove quite challenging for PLMIs. Many times the onset of the disease is during the productive years or years when skill acquisition occurs

resulting in incomplete education, poor employable skills, etc.^{19(p.26)}

Persons who never had any gainful employment have poor outcomes in vocational rehabilitation attempts.²⁰ The person might have poor social competence skills. Also there might be communication issues (inability to ask for help when needed), the impact of medication, inability to handle complex work etc.²¹

Three out of four persons with a severe mental disorder experience significant disability in work, social, and family life.^{4 (p.23)} The majority of people with common mental disorders even when employed face struggles in their jobs due to the unique needs of mental illnesses. Very few of them receive any support in the workplace, thus being at high risk of job loss and permanent labor market exclusion.²²

b) Job-related factors-

Poor-quality jobs i.e. unhealthy work-related stress, which indeed is a driver of poor mental health.²³ Moreover, there has been a tendency as shown by data from the European Working Conditions Survey for job strain to increase over time in many occupations.²²

c) Policies/Schemes/Acts

The Government initiatives include an impressive array of interventions to promote PWD employment. The significant ones are:

- Public sector employment reservations
- Incentives for private-sector hiring of PWD
- Special Employment Exchanges for PWD
- National Handicapped Finance and Development Corporation (NHFDC)
- Vocational Rehabilitation Centres (VRCs) under the Ministry of Labour for PWD.
- Non- Governmental Organization (NGO) vocational training initiatives.

Besides these reservations in various anti-poverty schemes such as public works and targeted credit programs, active employment programs and dedicated credit institutions for PWD are also there.^{8(p.92)} The

Non-government sector also works to promote skills and employment among PWDs, some with public financial support, though the bulk without. NGO interventions in many instances overshadow major public interventions.

The experience in both developing and developed countries has been rather poor. Developed countries are more focussed on accommodative workplaces rather than the quota-based system. Their experiences may hold lessons for India where the culture of public employment reservations is unusually strong. However, even a quota-based system can have more PWD-promoting employment policies, as the example of many Public Sector Undertakings like National Thermal Power Corporation (NTPC)^{24(p.96)} and private institutions like Swan Foundation, etc.

While the 3 percent quota has been met in the strict terms of the Act, the share of PWD in all posts in public establishments remains negligible, at 0.44 percent, or around one fifth the share of PWD in the overall population as per census estimates. There had been little progress in increasing the share of PWD employees.^{8 (p. 93)} The policymakers and experts on the one hand acknowledge the disability due to mental illness, and on the other, they also hold the opinion that they will not be able to do anything if the job is given to them.²⁵

Some authors advocate to stop identifying posts and use a denominator for the quota in all the government posts to improve the existing quota system.²⁶ The list of identified jobs is very restrictive and often arbitrary^{24(p.96)}, based on the assumption that the characteristics of impairment are the exclusive determinants of an individual's ability to hold a position at a particular skill level and thus ignores the potential influences of individual characteristics (motivation, age at disability onset), access to employment services, and the characteristics of the workplace and labor market.

The Ministry of Labour provides vocational services to PWD through Public-

Private Partnership (PPP) - one of outsourcing to NGO in Vocational Rehabilitation Centres (VRCs), first established in 1968.⁸ They provide informal training to PWDs who do not have the necessary education to enter formal training institutes such as Industrial Training Institutes (ITIs) or Polytechnics at any time of year. But the training is unstructured or semi-structured and imparted in various trades, including metal (welding and turning), carpentry, radio, electronic equipment services, tailoring, appliance repair, tricycle assembly, and commercial education.

There are 42 special employment exchanges for PWD nationally. Also, there are 38 special cells²⁴ where a special placement officer is attached to a regular employment exchange where a PWD may get registered. To date, not a single special employment exchange or VRC is dedicated to the Mentally Ills.²⁷ A study reported that most employers and employees in South India were unaware of their company policy to place vacancies in special employment exchange for PWDs.⁷

Also, it is important to note that like other active labor programs for PWD, the size of the VRC program is very small, rehabilitating only about 10,500 persons a year.^{28(p.211)} Further no study shows that VRC training improved the job prospects and earnings of those who were trained in VRCs compared to those who did not receive the training.⁸

Recently, The RPWD 2016 Act made provision for 5% reservation in education and a 4% reservation of posts in all government establishments for persons with a disability, out of which 1% will be reserved for those with autism, intellectual disability, Specific learning disability, Multiple disabilities and mental illness combined (RPWD Act, 2016, Chapter VI, p.13). This is quite unfair given the magnitude of persons suffering from mental illnesses. While the current MHC Act- 2017 in a step to support and provide job security to PLMIs who are already in a job has

provision that restricts a person's removal from the job on the grounds of mental illness.²⁹ Also, for certain jobs where the person is deemed to be unfit alternative work needs to be provided. Some authors even argued a need to identify certain jobs and reserve them for persons with mental illness.²⁵

It is clear from the previous section that the employment situation of PLMI in India is a cause of serious concern. A range of government initiatives that are intended to promote employment and enhance the skills of PWD have no mention of specific needs of PLMIs. There is a need to synchronize both the Rights of Persons with Disability Act 2016 and the Mental Health Care Act 2017 to provide occupational justice for persons with mental illness.

d) Family and Societal related factors

Families can have high or low expectations of the job by the PLMI depending on their financial status. Even having a mentally ill family member had its impact on the employment of other family members. It was found in an Indian survey that in 57 percent of cases a parent and 21 percent of cases a spouse are the primary caregiver for the PLMIs.³⁰ Even if other adults are more likely to be in the workforce, they are also found to do less work in a day due to the caregiving needs of their disabled family members. Society and the public are also less tolerant of maladaptive behaviors present.

e) Geographical factors

For those with mental illness, the effect is much stronger in urban than rural areas. As reported in the National Institute of Mental Health And Neuro Sciences (NIMHANS) study mental illness may be more stigmatizing in urban settings.⁴ Another study on self-report of the mentally ill also stated that rural areas had relatively more employed persons with mental illness, unemployment rate being (75.45%) as compared to urban areas (85.55%).⁹

f) Employers perspectives

There have been recent examples of employers taking up persons with Hearing Impairment, Visual Impairment, Autism, etc. Most of the times the employers consider them as an asset to the workforce due to their diligence.⁷ Even corporate houses like Tech Mahindra under Corporate Social Responsibility (CSR) activities encourage a certain number of PWDs to get employed. But except for a few examples of mentally ill, most of these are filled up by persons with physical impairment or by persons with a more visible disability.

Even with supportive policies and anonymity ensured by many of the Multi-National Companies (MNCs), it was noticed that employees still refrained from self-disclosure due to their apprehension that they will be judged, might lose their job, etc. Also, Employers are not convinced about PWDs as reliable and productive employees. People with psychiatric illnesses, cerebral palsy, intellectual disability, and chronic disabling health conditions like epilepsy have a lower probability of being considered by an employer.⁷

g) Co-workers view

They resent being overburdened with their ill colleague's work too. That adds to further isolation and occasionally bullying at the workplace.³¹

h) Job market dynamics

Vocational and employment programs of NGOs on designated activities for PWD, greatly emphasized on traditional crafts (e.g. re-caning of chairs, chalk making, bookbinding, etc.), which attract relatively low wages of around Rs.500-1200 per month.^{24(p.105)} In the case of PLMI even with higher education adequate opportunities are not available. Unskilled and semi-skilled jobs are the usual options with complete disregard to the qualifications and skills the PLMI currently has. Lack of education and training, lack of financial resources, nature of the workplace, and

attitudes of employers are some of the other factors.⁷

Critiques

Gainful employment or return to work is a multi-faceted area that needs deep analysis of all the influencing factors. An Indian study had inferred the rate of unemployment for Self Reported Mentally Ill persons at 78.5% which is similar to the global rate for PLMIs.⁹ There are no other studies in this context. In the first place, there is a lack of adequate prevalence studies. The data collected in the census are not depicting the complete picture of the actual number of the mentally ill. Also, India lacks so much in regards to the basics viz early identification, adequate treatment, awareness, and acceptance of mental disorders that employment seems icing to the cake. This paper highlights the knowledge gaps and the factors at play in the Indian context from a multi-sectoral view which will help guide future policy directions and practices

Suggestions:

- 1) Job needs to be matched with the person's current capability given his education and experience.
- 2) Also typecasting of jobs should be avoided as it tends to limit their potentials based on assumptions. It creates a barrier for someone interested in a given field, except for jobs that do not match their ability at all or are sensitive.
- 3) There should be a dedicated financial institution like National Handicapped Finance and Development Corporation (NHFDC) for the mentally ill. Since the caregiver has to spend money on treatment due to the pervasive nature of the mental illness. It is financially draining for the family to spend additional money for skills training or job. It often breaks their backbone as many times one of the caregivers has to sacrifice on his employment to take care of the ill. It also means they are already compromised financially.

4) The Skills India program hardly targets these populations and their unique needs. There are no placement services (employment exchanges have no or minimal role). Also, a dedicated supported employment program or Individualised Placement Services (IPS) delivered by employment specialists like Occupational Therapists and Social Workers and case managers are not available. Hence, adequate attention is required to address the above-mentioned lacunae. Further adequate training centers like Industrial Training Institute (ITI), apprenticeship, and mentorship programs should be made available.

5) Commercial education may include computer training or other viable trades in VRC.

6) A social disability insurance program may be helpful.

7) Clients may be encouraged towards self-employment or entrepreneurship.

8) Anti-stigma campaigns can be used as powerful tools to fight social isolation and discrimination in areas such as employment, education, and housing.

9) Needless to emphasize a need for policy shift away from severe to common mental disorders, and sub-threshold conditions; away from a focus on inactive people to more focus on those employed; and away from reactive to preventive strategies.

10) A common platform for employers and employees with mental illnesses be created like a job fair or dedicated website where job matching as per available resource pool can occur.

11) A mechanism to be developed so that employers can collaborate with mental health institutions to better support PLMIs.

CONCLUSION

The situation of employment for persons living with mental illness seems better on paper than in-ground reality. It's in a nascent state and requires a concerted effort from the person and family, society, various government agencies, NGO's and foremost the employers. With the current

RPWD Act, 2016, and MHC Act, 2017 things seem to have some focus yet there are miles to be covered before we truly talk about successful employment avenues for persons living with mental illness.

REFERENCES

1. Perkins R, Farmer P, Litchfield P. Realizing ambitions: better employment support for people with a mental health condition; 2009. A review to the Department for Work and Pensions. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228818/7742.pdf. [cited 10/12/2020]
2. Waddell G, Burton AK. Is work good for your health and well-being? London, (UK): the Stationery Office; 2006. [Google Scholar]
3. Social Exclusion Unit. Mental health and social exclusion. Office of the Deputy Prime Minister;2003. <http://www.deafinfo.org.uk>.
4. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K., Singh LK, et al. National mental health survey of India, 2015-16: prevalence, patterns and outcomes. National Institute of Mental Health and Neuro Sciences (NIMHANS), No. 129, NIMHANS Publication; 2016.
5. Murthy RS. National Mental Health Survey of India 2015-2016. Indian J Psychiatry. 2017 January–March;59(1):21-6. http://doi.org/10.4103/psychiatry.IndianJPsychiatry_102_17 PMID 28529357
6. Park SK, Yoon JY, Henderson T. Factors affecting employment among people with mobility disabilities in South Korea. Int J Rehabil Res. 2007;30(1):19-25. <http://doi.org/10.1097/MRR.0b013e328012c990> PMID 17293716.
7. Ramachandra SS, Murthy GVS, Shamanna BR, Allagh KP, Pant HB, John N. Factors Influencing Employment and Employability for Persons with Disability: Insights from a City in South India. Indian J Occup Environ Med. 2017 Jan-Apr;21(1):36-41. doi: <http://www.ijoem.com/text.asp?2017/21/1/36/220695> PMID: 29391746; PMCID: PMC5763841
8. World Bank report. Human Development Unit, South Asia region. Available from: <http://documents1.worldbank.org/curated/en/577801468259486686/pdf/502090WP0Peo>

- pl1Box0342042B01PUBLIC1.pdf.(Vol. 01)
People with disabilities in India: From commitments to outcomes (Report No. 50209); 2009, July.
9. Ramasubramanian C, Mohandoss AA, Namasivayam RK. Employability of mentally ill persons in India: A self-report-based population study. *Ind Psychiatry J*. 2016;25(2):171-8. doi: 10.4103/ipj.ipj_72_16, PMID 28659696.
 10. National Sample Survey Organization. Disabled persons in India – NSS 58th round, (July–December 2002). Disability India report. (Report No. 485 (58/26/1)). Available from:http://mospi.nic.in/sites/default/files/publication_reports/485_final.pdf. Ministry of Statistics and Programme Implementation Government of India.; 2003.
 11. Narayan CL, John T. The Rights of Persons with Disabilities Act, 2016: does it address the needs of the persons with mental illness and their families. *Indian J Psychiatry*. 2017;59(1):17-20. doi:https://doi.org/10.4103/psychiatry.India.nJPsychiatry_75_17., PMID 28529356.
 12. Sen A. Disability and justice. Address to the Disability and Inclusive Development: Sharing, Learning and Building Alliances Conference, 30 November-1 December 2004, Washington, DC.
 13. Raut LK, Pal M, Bharati P. The economic burden of disability in India: estimates from the NSS data. *SSRN Electron J*. 2014. doi:<http://dx.doi.org/10.2139/ssrn.2432546>.
 14. Rights of persons with disability (RPWD) act, 2016. Section 1; 2016, December 28. The gazette of India (extra- ordinary). Ministry of Law and Justice (legislative department), Part II. Available from: <http://www.disabilityaffairs.gov.in/upload/uploadfiles/files/RPWD%20ACT%202016.pdf>
 15. Olesen SC, Butterworth P, Leach LS, Kelaher M, Pirkis J. Mental health affects future employment as job loss affects mental health: findings from a longitudinal population study. *BMC Psychiatry*. 2013;13:144. <https://doi.org/10.1186/1471-244X-13-144>, PMID 23705753
 16. Sagar R, Pattanayak RD, Chandrasekaran R, Chaudhury PK, Deswal BS, Singh RL, et al. Twelve-month prevalence and treatment gap for common mental disorders: findings from a large-scale epidemiological survey in India. *Indian J Psychiatry*. 2017;59(1):46-55. doi: 10.4103/psychiatry.Indian J Psychiatry_333_16.
 17. Sahithya BR, Reddy RP. Burden of mental illness: a review in an Indian context. *Int J Cult Ment Health*. 2018;11(4):553-63. doi: 10.1080/17542863.2018.1442869.
 18. Registrar general of India. India: Office of the Registrar General Census Commissioner. Indian Census Bureau; 2011. Census of India 2011: provisional population totals-India data sheet. Available from: <http://www.censusindia.gov.in/>
 19. Harnois G, Gabriel P. Mental health and work: impact, issues and good practices. Geneva: World Health Organization And International Labor Organization; 2002. Available from:https://www.who.int/mental_health/media/en/712.pdf[cited 10/12/2020].
 20. Catty J, Lissouba P, White S, Becker T, Drake RE, Fioritti A, Knapp M, Lauber C, Rössler W, Tomov T, van Busschbach J, Wiersma D, Burns T, EQOLISE Group. Predictors of employment for people with severe mental illness: results of an international six-centre randomised controlled trial. *Br J Psychiatry*. 2008, March, ;192(3):224-31. doi: <http://doi.org/10.1192/bjp.bp.107.041475>. PMID 18310585.
 21. Nirmala BP, Roy T, Naik V, Srikanth P. Employability of people with mental illness and substance use problems: Field realities. *Journal of Family Medicine & Primary Care*. 2020;9(7):3405-10 <http://www.jfmprc.com/text.asp?2020/9/7/3405/290770>. doi: 10.4103/jfmprc.jfmprc_212_20.
 22. OECD. Sick on the job? myths and realities about mental health and work. Mental Health and Work, ORGANIZATION for economic co-operation and development Publishing. doi: 10.1787/9789264124523-en/or; 2011, December. Available from: <https://doi.org/10.1787/9789264124523-en/or> <https://www.oecd.org/els/emp/sickonthejob2011.htm/> [cited 10/12/2020].
 23. Leach LS, Butterworth P, Strazdins L, Rodgers B, Broom DH, Olesen SC. The limitations of employment as a tool for social inclusion. *BMC Public Health*. 2010;10:621. doi:

- <https://doi.org/10.1186/1471-2458-10-621>. PMID 20955623.
24. World Bank document. People with disabilities in India: from commitments to outcomes. (Report No. 41585) Human Development Unit, South Asia Region. Available from: <http://documents1.worldbank.org/curated/en/358151468268839622/pdf/415850IN0Disa b1ort0NOV200701PUBLIC1.pdf> or <https://hpod.law.harvard.edu/pdf/PeoplewithDisinIndia.pdf>, 2007.
 25. Rao GP, Ramya VS, Bada MS. The rights of persons with Disability Bill, 2014: How “enabling” is it for persons with mental illness? *Indian J Psychiatry*,. 2016;58(2): 121-8. doi: <https://doi.org/10.4103/0019-5545.183795>. PMID 27385843
 26. Planning Commission, Government of India. Employment of persons with disabilities in public sectors in India: emerging issues and trends: an evaluation study with special reference to persons with disabilities act. New Delhi, India: Society for Disability and Rehabilitation Studies. P. 19-27; 2008; 1995. Available from: https://niti.gov.in/planningcommission.gov.in/docs/reports/sereport/ser/ser_pdp1206.pdf [cited 10/12/2020].
 27. Ramasubramanian C. Special employment exchange for persons with psychiatric disability. *Indian J PsycholMed*. 2008; 30(2): 75-9. doi:10.1177/0975156420080204, [Google Scholar]
 28. Haryali Centre for Rural Development. (2016). Research study on identifying and profiling skill development activities for generating potential employment opportunities for the persons with disabilities. NITI Aayog report- 2016, Research Division Government of India. Available from: https://www.niti.gov.in/niti/writereaddata/files/document_publication/Report_Skill%20Dev_Disabilities_0.pdf [cited 12/10/2020].
 29. The Mental Healthcare Act, 2017. The Gazette of India (Extra- Ordinary), Part II, Section I, Ministry of Law and Justice (Legislative Department). Available from: <https://www.prsindia.org/uploads/media/Mental%20Health/Mental%20Healthcare%20Act,%202017.pdf>
 30. National mental health survey of India, 2015-2016: prevalence, patterns and outcomes. (2016). Ministry of Health and Family Welfare, Government of India, and Implemented by National Institute of Mental Health and Neurosciences (NIMHANS) Bengaluru: In Collaboration with Partner Institutions; 2015-2016. . p. 2015-6. Google Scholar; 2016. Ministry of Health and Family Welfare, Government of India. Available from: <http://indianmhs.nimhans.ac.in/Docs/Report2.pdf>.
 31. Peters H, Brown TC. Mental illness at work: an assessment of co-worker reactions. *Can J Admin Sci / Rev Canadienne Sci Admin*. 2009;26(1):38-53. <https://doi.org/10.1002/cjas.87>.

How to cite this article: Kumari S, Ojha GJ. Employment status of persons living with mental illness in India: ground reality. *International Journal of Research and Review*. 2020; 7(10): 394-401.
