

1. **TITLE OF THE PROJECT:** Feasibility testing of Employment programme on work performance of performance of persons with mental illness who are under regular treatment.

2. **UNIQUE ID OF THE PROJECT:** DEPD/002/207/2017/00968

3. **PRINCIPAL INVESTIGATOR AND CO-INVESTIGATORS:**

**Principal Investigator:**

Dr Aarti Jagannathan,

Associate Professor of Psychiatric Social Work,

National Institute of Mental Health and Neurosciences (NIMHANS),

Bengaluru, India

Email: [jaganaarti@gmail.com](mailto:jaganaarti@gmail.com)

**Co-Investigator(s) & Email:**

Co-Project Investigators:

1. Dr. C. Naveen Kumar,

Professor of Psychiatry, NIMHANS, Bengaluru, India,

Email: [cnkumar1974@gmail.com](mailto:cnkumar1974@gmail.com)

2. Dr Jagadisha Thirthalli,

Professor of Psychiatry, NIMHANS, Bengaluru, India

Email: [jagatth@yahoo.com](mailto:jagatth@yahoo.com)

3. Dr. S.K. Chaturvedi,

Professor of Psychiatry, NIMHANS, Bengaluru, India

Email: [skchatur@gmail.com](mailto:skchatur@gmail.com)

4. Dr. Devvarta Kumar,

Professor of Clinical Psychology, NIMHANS, Bengaluru, India

Email: [devcog@yahoo.co.in](mailto:devcog@yahoo.co.in)

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5. Dr. Poornima Bhola,  
Additional Professor of Clinical Psychology, NIMHANS, Bengaluru, India  
Email: [poornimabhola@gmail.com](mailto:poornimabhola@gmail.com)

6. Dr. Krishna Prasad. M,  
Associate Professor of Psychiatry, NIMHANS, Bengaluru, India  
Email: [krishnadoc2004@gmail.com](mailto:krishnadoc2004@gmail.com)

7. Dr. Sivakumar. T,  
Associate Professor of Psychiatry, NIMHANS, Bengaluru, India  
Email: [drt.sivakumar@outlook.com](mailto:drt.sivakumar@outlook.com)

8. Dr. Radhakrishnan,  
Assistant Professor of Nursing, NIMHANS, Bengaluru, India  
Email: [rk@nimhans.ac.in](mailto:rk@nimhans.ac.in)

9. Dr. Hareesh.A,  
Assistant Professor of Psychiatry, NIMHANS, Bengaluru, India  
Email: [hareesh.angothu@gmail.com](mailto:hareesh.angothu@gmail.com)

10 Dr. Deepak Jayarajan,  
Assistant Professor of Psychiatry, NIMHANS, Bengaluru, India  
Email: [deepak.jayarajan@gmail.com](mailto:deepak.jayarajan@gmail.com)

4. **DATE OF COMMENCEMENT:** 1<sup>st</sup> June 2017

5. **DURATION OF THE PROJECT:** 2 years & 3 months (3 months no cost extension)

6. **DATE OF COMPLETION:** 31<sup>st</sup> August – 2019

## 7. INTRODUCTION:

Vocational rehabilitation (VR) services help persons with disabilities (including those with severe mental disorders) prepare for, find and sustain a vocation. This helps them integrate back into society by being gainfully employed and contributing to their family/community. However, a number of persons with severe mental illnesses due to various factors are unable to prepare for, find or keep a job. These factors include those directly linked to illness as well as psychosocial. Examples of these are: treatment resistant symptoms, certain specific symptom dimensions including negative and cognitive symptoms, adverse effects of medications, inability to find a job that suits their profile and interest, uncompromising attitude of the employers, inability to continue working due to various factors at workplace, stigma etc. In such a scenario, a structured employment programme would help support eligible recovered persons with mental illness through assessment of their vocational potential, by providing vocational counselling and guidance, securing suitable employment and providing continued support through their employment tenure. There is hardly any evidence in India regarding this issue.

### **Statement of the Problem:**

According to 2011 census data, the total number of persons suffering from mental illness in India was 7,22,826 (2.7 %) of the total number of people with disabilities 26,810,557, out of which 4,15,732 were males and 3,07,094 were females (Chakrabharti.S, 2010). Central Statistics Organization reported that 87.3 % (873 out of 1,000) of persons with mental illness in India were out of labor force (Cook J A 2006). Studies have identified the barriers to enter the labor market as lack of education or low literacy rates, lack of access to training, lack of daily living skills, lack of self-esteem and confidence, overprotective parents, rural disconnect from markets, lack of financial resources, preference for government jobs, health issues etc. which limits access to labour markets. Other reasons are nature of the workplace and employer-perceptions of disabled people (Data on Disability Census of

India, 2011, Razzano LA et al, 2005, Shrinivasan TN et al, 1997). In this context, it becomes extremely important to not just assess the vocational potential of persons recovered from mental illness who want to join the labour market, but also (1) to provide adequate vocational counseling to the patient along with treatment as usual (2) to enable him/her to obtain and maintain a job in the competitive market. The primary caregivers of persons included in the study will also be involved in vocational rehabilitation process. This three-pronged approach together can help in effective vocational rehabilitation of persons received from mental illness. As most of NGO's are working in the area of vocational placement of other disabilities and the needs of each disability are different; the importance of this project is multifold

**Present knowledge and relevant bibliography including full titles of articles relating to the project:**

***a) International Work:***

A Swedish study aimed to determine the effectiveness of Individual Placement and Support (IPS) on vocational outcomes among people with severe mental illness (SMI) using a randomized controlled trial with a parallel design for baseline duration of 6 and 18 months. It concluded that IPS is effective in terms of gaining employment and becoming integrated within the local community (Bejerholm U et al, 2015). Another randomized controlled trial compared Supported Employment (SE) to traditional vocational rehabilitation in 100 unemployed persons with severe mental illness over 5 years. The conclusions were that participants in supported employment were more likely to obtain competitive work than those in traditional vocational rehabilitation (65% compared with 33%), worked more hours and weeks, earned more wages, and had longer job tenures (Hoffmann H et al, 2014). A 2009 meta-analysis sought to identify which subgroups of participants with Severe Mental Illness (SMI) benefited from evidence-based supported employment using 4 RCT's. The findings strongly favored IPS, with large effect sizes across all outcomes (Campbell K et al, 2011).

A 2007 RCT with 312 subjects (IPS n=156 and vocational services n=156) in UK, aimed to assess the effectiveness of IPS, and to examine whether its effect is modified by local labour markets and welfare systems over 18 month follow up period. The significant findings were that IPS was more effective than vocational services for every vocational outcome, with 85 (55%) participants assigned to IPS working for at least 1 day compared with 43 (28%) participants assigned to vocational services (Burns T et al, 2007). In a US based study across 7 states, researchers randomly assigned 1273 out participants with severe mental illness to an experimental SE program or to a comparison or a services-as-usual condition, with follow-up for 24 months. The study concluded in favour of the SE model (Cook JA et al, 2005). Christensen et al, have an ongoing RCT of integration of cognitive remediation and work-related social skills training along with individual placement and social support which was investigator-initiated, randomized, assessor-blinded, a multi-center trial. A total of 750 participants with severe mental illness were randomly assigned into three groups: (1) IPS, (2) IPS enhanced with cognitive remediation and work-related social skills training, and (3) service as usual (Christensen TN et al 2015). A Cochrane review by Kinoshita et al with 14 RCT's (n=2265) aimed to review the effectiveness of supported employment compared with other approaches to vocational rehabilitation or treatment as usual. Conclusions are in favour of supported employment (Kinoshita Y et al, 2013). A four-site randomized control trial design (n = 208) was conducted in Australia assessed the effectiveness of evidence-based supported employment when implemented for Australian adult consumers of public mental health services by utilising existing service systems. At 12 months, those in the IPS condition had 2.4 times greater odds of commencing employment than those in the control condition (Waghorn G et al).

In 2011 Heffernan and Pilkington examined the evidence for the effectiveness of the IPS model of supported employment within the United Kingdom and concluded positive results (Heffernan J et al, 2011). Catty et al,

conducted an international six-centre randomized controlled trial comparing individual placement and support (IPS) with usual vocational rehabilitation for people with serious mental illness found IPS to be more effective for all vocational outcomes (Catty J et al, 2008).

***b) National Level work:***

Though there is hardly any published scientific research work on supported employment or vocational rehabilitation from the India, a few of NGO's/ Government centres have been providing supported employment services. We are not exactly aware as to how many are involved in this activity, but we are listing the names of some centres and the work done by them in the area of vocational rehabilitation in the next few paragraphs.

**1. Enable India-** A Bangalore based NGO , founded in 1999 by software engineers Shanti Raghavan and Dipesh Sutariya, has been working with core activities to provide employment for people with disabilities, pre-employment services, supplemental education, counseling and support services, consultancy and training for other institutions and NGOs and technology services.

**2. Nithya Sadhana-** Bangalore based NGO, with focus on vocational training, individual placement and community sensitization for equal employment. The course at Nithya sadhana is certified for the in-plant as well as the Computer Based Vocational Training (CBVT) program. Batches of 8-10 trainees are registered each time with Vocational Rehabilitation Centre (VRC). The supervisors visit the center regularly each month and the trainees are awarded certificates at the end of the program making the trainees eligible for the reservation in government jobs.

**3. Psychiatric Rehabilitation Services, (PRS), NIMHANS-** The PRS, NIMHANS has been providing vocational rehabilitation in the form of a vocational day-care centre which run 15 vocational sections including bakery, leather, candle, crafts, domestic skills, weaving, etc. In two cases the IPS was experimented by the Psychiatric Rehabilitation Services, NIMHANS, in collaboration with EnAble India (Jaleel et al., 2013). The

IPS team consisted of three employment specialists (One from NIMHANS and two from EnAble India) and the multidisciplinary team from NIMHANS. The IPS process included recruitment, assessment, identification of matching jobs, job interview and selection, sensitization on mental illness, induction and training, follow along support, with current job status assessment. The PRS at NIMHANS in liaison with the organization SWACHATA Corporation has also been able to recruit support staff for NIMHANS. Under this effort, the PRS team has been able to provide livelihood options for 6 persons and many more are under the process of training for recruitment in the future.

**4. GMCH Chandigarh:** GMCH Chandigarh has a day care centre where participants can get engaged for the whole day in a number of activities such as paper making, bag making etc. They also have a social worker and staff to help in vocationally placing participants in various companies in Chandigarh. They have mobile van facilities to pick up and drop participants at the day centre.

**5. Tarasha, Mumbai:** Tarasha is TISS initiated project that have been successful in rehabilitating women with jobs and skills. Tarasha in their process identifies community based initiatives to provide vocational training to the women based on skill set and capabilities they possess. Women obtain vocational skills for employability for a period of 3 to 4 months. Once the women are employed, Tarasha provides counselling and therapeutic support at a decreased frequency depending on the case, in a bid to foster independence and reintegration.

**6. Parivartan, Assam:** The Parivartan Trust's Integrated Care for the Needs of vulnerable people with severe mental disorders (INCENSE) Project in collaboration with Regional Mental Hospital, Pune; LokPriya Gopinath Bordolio Regional Institute of Mental Health, (LGBRIMH), Tezpur, Sangath Goa, Local – Regional – National partner agencies provides recovery oriented care with special emphasis on social determinants like, rights, employment and livelihood promotions and

access to financial instruments.

**7. Chellamuthu Trust, Madurai:** M. S. Chellamuthu Trust and Research Foundation, is providing vocational rehabilitation services for persons with mental illness. The foundation has started a job placement cell for placement of the participants. 200 persons have been placed by with their effort.

Models developed in the west may not yield adequate empirical research and may lack cultural consensus for an Indian population. Further models available in India, do not have a systematic method to assess, counsel and place participants with Mental illness. The placements also have been mostly in Skill training Centre's, or unskilled or semi-skilled jobs. The marked variations in the socio-cultural-economic contexts, poorly implemented government initiatives for persons with mental illness, lack of equitable distribution of disability benefits, scarce manpower, stigma, lack of planned supported employment initiatives etc throw light on the urgent need to develop a tailor made vocational rehabilitation program that will cater to the varying needs of individuals with mental illnesses in India, rather than adopting an already existing model.

### **Need for the study/ Justification for taking up the study:**

Mental illness was reported to be associated with higher hazard ratios for employment termination and greater likelihood for unemployment by various studies and reviews. Additionally, the types of jobs undertaken by persons with severe mental disorders are mostly agricultural or unskilled jobs 16. Studies in the area of employment among persons with severe mental disorders in India are restricted and the available literature does not give central importance to the effect of mental illness on employment status of participants 11. Employers may not be willing to include people with SMI in their workforce owing to stigma, myths and lack of understanding about mental illnesses. It is also essential to note that Persons with SMI do not come under the umbrella of job reservations under Central Government even though they are listed under the 7 disabilities of the PWD Act 1995. In the private sector, employment of persons with disabilities has



only been comprehended in terms of Corporate Social Responsibility (CSR). However this has often been limited in terms of other more “visible” disabilities. Thus the present project would provide an opportunity for persons with severe mental illness to understand their vocational potential and search for an appropriate vocation in the market with the help of a professional. It will also throw light to further research and for nationwide efforts for tapping the vocational/employment potential among persons with severe mental illness in skilled, semi-skilled and unskilled jobs

## **8. METHODOLOGY**

**Aim:** To test the feasibility of an Employment Programme on work performance of persons with Mental Illness who are under treatment.

**Objectives as Approved:**

- a) To develop an Employment Programme for Persons with Mental illness:
  - To develop a Vocational Potential Assessment Proforma
  - To develop a Vocational Counselling Module
- b) To network and liaise between the persons with mental illness and prospective employers to help facilitate gainful vocational employment to persons recovered from mental illness.
- c) To test the feasibility of the Employment Programme (assessment, counseling and placement) on Work performance of those persons with mental illness who underwent the programme.

### **OPERATIONAL DEFINITIONS:**

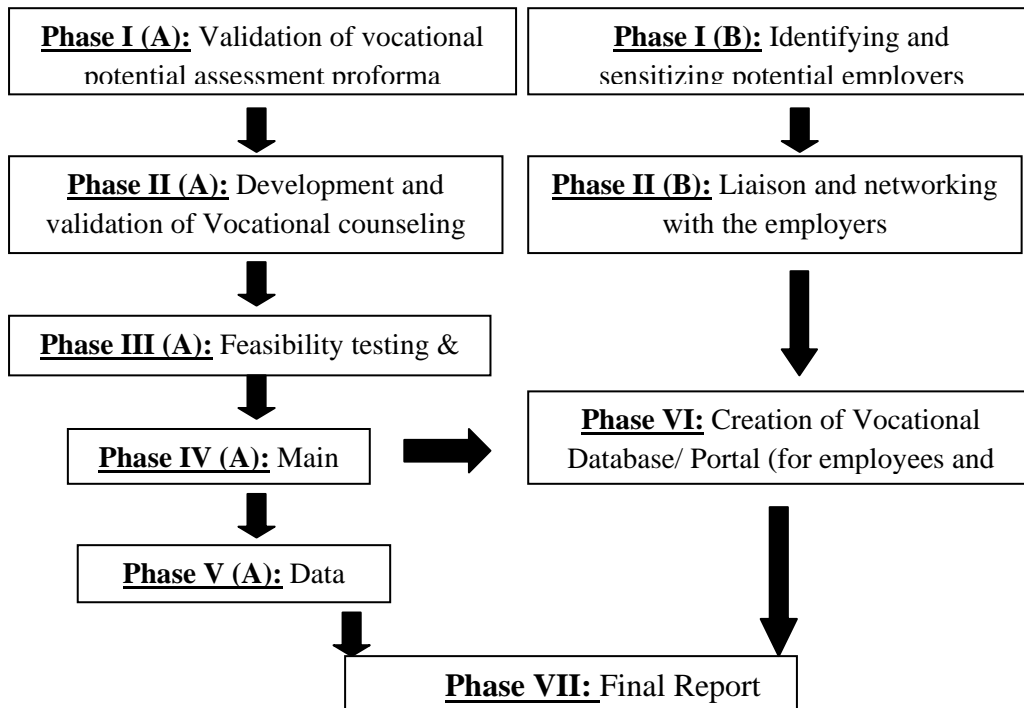
➤ **SEVERE MENTAL DISORDERS:** Disorders meeting the criteria as per ICD-10 for F.20.0-29; Schizophrenia, schizotypal and delusional disorders, F.31.0-31.9; Bipolar Affective Disorder, F.33.0–33.9; Recurrent Depressive Disorder and F.42; Obsessive Compulsive Disorder.

- **VOCATIONAL REHABILITATION:** it is a process that enables persons with psychiatric disabilities to overcome barriers to accessing, maintaining or returning to their gainful employment for individuals who have a vocational potential as on the vocational assessment proforma and active networking and liaising from the rehabilitation professional in facilitating placement.
- **VOCATIONAL COUNSELLING:** a process of assisting persons with SMD's in assessing their strengths and weaknesses and selecting employment options based on their skill-fitment that maximize the potential to become contributing members of the workforce. This process would involve aspects of helping the client to find a job, equip himself with skill-sets for the job, to face the job interview and to maintain the job, deal with crisis and problem situations in the job.
- **PLACEMENT:** A crucial stage of vocational rehabilitation that involves induction into a job, with the active involvement of the rehabilitation professional that is initiated after the person with SMD is assessed to have the vocational potential, followed by networking and liaising with employer, appointment in suitable gainful employment and training in specific skills required to function in the employment.
- **GAINFUL EMPLOYMENT:** Current employment status, where the person with SMD works full time or part time and is remunerated from the employer on par with the current market standards for the job profile; this does not include past work history or mere engagement at a day-care or vocational training service in a stipendiary basis.
- **NETWORKING AND LIAISING:** Efforts made by the rehabilitation professional (the researcher) to connect with the employers and decision makers in various organizations (corporate, governmental and non-governmental) to procure job positions in the respective organizations for persons with SMD's. This process would involve connecting with prospective employers, building rapport, sensitizing them to SMD's needs, convincing them to include persons with SMDs in their work force and having collaborative projects with them for continued liaison.
- **SHELTERED WORKSHOP:** a day care-based program for persons with SMD's with focus on vocational engagement with stipend, as an alternative for

competitive employment.

- **UNEMPLOYED PERSON:** one who has not been involved in gainful employment for a minimum of six months at the time of recruitment in to the study.

## **FLOW CHART -01 - PROCESS OF RESEARCH:**



### **Phase I & II: Validation and feasibility testing of Vocational Potential Assessment Tool and Counseling Module:**

Both, the Vocational Potential Assessment Tool (Phase 1) and the Vocational Counselling Module (Phase II) were developed and validated simultaneously. The process of development and validation of the Vocational Potential Assessment Tool (Phase 1) and the Vocational Counselling Module is elucidated under the below headings.

#### **Vocational Potential Assessment Tool:**

The earlier drafted Vocational Assessment Performa that has been previously described was modified and validated using review of literature, Individual Interviews, Focus Group Discussions and based on the experience of the team at PRS in using the tool.

1. **Review of literature-** a detailed list of organizations working in the field of vocational rehabilitation of persons with mental disability (disability due to mental illness, intellectual developmental disability, and pervasive developmental disability) was prepared. The organizations with scales for pre-placement assessment or job skills assessment were enlisted. Organizations registered as per World Association of Psycho-social Rehabilitation, India or Rehabilitation Council of India or Mental Health Act 1987 were enlisted to be 15, that were focusing on vocational rehabilitation of persons with mental disabilities, inclusive of both mental illness, intellectual and developmental disabilities.

**Table: 1 – List of Organizations covered in ROL (Review of Literature) during tool development**

Organization	Target population	Scale	Domains covered	Standardized
Nithyasadhana, Bangalore	SMD, Developmental disabilities	None	--	--
Association of persons with Disability, Bangalore	Persons with physical disabilities and IDD	None	--	--
FAME India, Bangalore	Persons with physical disabilities and IDD	None	--	--
Association for the mentally challenged, Bangalore	Persons with Developmental disabilities	None	--	--
Enable India, Bangalore	Mental illness among	Likert Scale	<ul style="list-style-type: none"> <li>• Effects of medication</li> <li>• Self-care</li> <li>• Questions to family</li> </ul>	No

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	other disabilities as well.		members <ul style="list-style-type: none"> <li>• Communication</li> <li>• Instrumental</li> <li>• Employment Related questionnaires</li> </ul>	
Aruna Chetana, Bangalore	Persons with physical disabilities and IDD	None	--	--
Seva-in action, Bangalore	Persons with physical disabilities and IDD	None	--	--
AtParr, Bangalore	Persons with physical disabilities and IDD	None	--	--
Amba	Persons with physical disabilities and IDD	None	--	--
Regional Vocational Rehabilitation Centre, Bangalore	Persons with physical disabilities and IDD	None	--	--
Chellamuthu Trust Madurai	Persons with SMD and Developmental disorders	Subjective evaluation of skills	--	--
NIMH, Secunderabad	Persons with SMD and Developmental disorders	Likert and descriptive scale	Work behaviour <ul style="list-style-type: none"> <li>• Physical appearance</li> <li>• Personal interaction</li> <li>• Regularity and punctuality</li> <li>• Communication and interaction</li> <li>• Quality and other aspects of work</li> <li>• Socio demographic and clinical related details</li> </ul>	Yes

2. Based on this review of literature and experience of PRS faculty members in using the previous proforma, the new Vocational Potential Assessment tool was drafted.

3. The drafted assessment tool was planned for further modification based on the suggestions given by various stakeholders in Focus Group Discussions and individual interviews. The stakeholders considered were-

- Persons with SMD's availing treatment at NIMHANS- Diagnosis of Schizophrenia, Bipolar Affective Disorder- (BPAD), symptomatically stable as assessed by the clinician, being able to understand the aims of the study and consenting to participate.

- Primary care-givers- a person providing care to the person with SMD for at least 6 months- Parents, siblings, spouses, spouses of siblings.

- Experts- Mental Health Professionals and staff from NGO's working in the area of vocational rehabilitation for persons with SMD (psychiatrists, psychiatric social workers, clinical psychologists, special educators).

- Employers- HR personnel, recruiters, Managing directors, CEO (who had both previous experience of employing a person with SMD and also those who did not have any prior experience of employing a person with SMD, but had employed other persons with disability).

An interviewer's guide to facilitate individual interviews and FGD's was formulated and used (attached in appendix-03). A written informed was obtained from the participants to take part in the interview/FGD process. Interviews were face to face or through telephonic/skypee conversations. The process was audio recorded and transcribed with each response being coded into themes and subsequently sub-themes. In case the interviewees did not consent for audio recording but agreed for responding, the interview process was immediately transcribed. Circular questioning technique was used to generate maximum elaborate responses from participants. FGD's and Individual Interviews were conducted till data saturation was reached. That is the interviews were stopped only after two consecutive interviews did not yield any new themes.

**Table: 2 –Stakeholders who participated in the FGD (Focused Group Discussion) & Interviews**

Stakeholder	FGD	Interviews
Persons with SMD	2 (3+4 participants)	4
Primary caregivers	2(3+3 participants)	3
Experts	--	8
Employers	--	9

4. The qualitative data thus collected was put through content analysis and the results was used to draft the vocational potential assessment tool.

5. Once drafted, the assessment tool was validated for Face and Content Validation among Mental Health Professions/ NGO staff working in the area of vocational rehabilitation. The sampling of the professionals for validation was done using snowball sampling and data was collected using the iterative process. (The format is attached in appendix-05).

The validation process format included indicating a response of Appropriate (A) or Not Appropriate (NA) against each theme along with its sub-themes. The following were captured in the validation process:

- Possible response biases which were indicated to be- No bias, always agree, socially desirable response, carelessness, tendency to be uncertain, speedy response and not answering when in doubt.
- Cultural suitability of the items
- 4-point Likert scale for recording the data.

### **The Counselling Module:**

The counseling module was developed on the basis of specific areas identified by the participants as barriers/concerns in achieving their vocational potential largely obtained from the assessment tool; areas such as assessment of strengths, weaknesses, opportunities, threats to vocational rehabilitation, areas of training and skill building,

interview skills, etc. The counseling module was designed to be semi-structured, with fixed concepts but having flexible technique/ delivery to suit the needs of individual participants. It becomes essential to note that broad themes of Vocational Counselling may be generated that would address the key areas affecting vocational rehabilitation of the particular target group and not any specific themes unique to only one individual. These general themes can be applied as per the needs of the individual participants.

The module incorporates specific target areas such as personal hygiene, social skills, handling medication side effects, travel skills, money management skills, perceived cognitive deficits, adherence to treatment and need for social support as these factors play a crucial role in the placement and retention of employment.

The validation process format included indicating a response of Appropriate (A) or Not Appropriate (NA) against each theme along with its sub-themes and approaches/techniques of counselling to be applied. The responses also included at recording the cultural suitability of the items enlisted.

### **Phase III (A): Feasibility testing & Pilot:**

To assess whether the Vocational Potential Assessment Tool and the Vocational Counseling Module that was developed in earlier phases was easy to administer on the target population, it was tested for its feasibility on 10 % of the main sample, i.e around 3 persons with SMD persons with SMDs. It involved assessing if persons with SMD's were able to understand the content of the VPA tool and Vocational counseling module, if it's simple to understand, do they find it useful for the goal of vocational placement, is it easy to administer in an Out-Patient Setting, logistics and time in administering, ability of the person/researcher who is administering the tool and Vocational Counselling Module etc. Subsequent changes were made in the Vocational Assessment Proforma and the Vocational Counselling Module.

### **Development of Manual for tool and module:**

Based on the feedback provided by experts during validation, a manual explaining the scoring of the quantitative items and explanation of the anchor points specific to each



domain of assessment was developed. The possible exploratory questions to elucidate qualitative responses were also included to help assessors.

### **Phase IV (A): Main Study**

#### **RESEARCH DESIGN:**

A longitudinal mixed method approach was employed to collect comprehensive complex data of both quantitative and qualitative nature in a longitudinal period. The time points for follow up periods considered were 3 months, 6 months, 9 months and 12 months after baseline assessment. However, during the process of the study, as the assessment and counseling process took anywhere between 3 months to 6 months, and changes in parameters were observable only post intervention of 6 months, assessments were conducted only at three time points - at Day 0, 6 months and 12 months from baseline.

#### **Universe:**

All individuals diagnosed with Severe Mental Disorders and taking treatment at NIMHANS during the period of the study will be considered as the universe for the study.

#### **Sample:**

For estimating the sample size for the present project, the exploratory variables considered were number of hours worked, number of days employed, worked for at least 1 day, Drop-out from service, Admission, Percentage of time spent in hospital and total job tenure. After screening the relevant literature and the importance of variable of total job tenure, the sample size was calculated using the standard formula, with a confidence level of 95% and allowable error of 20%, accordingly the minimum sample size of 63 was obtained. All efforts made to avoid any dropouts from the study, however expecting a 10% drop out rate, the sample size for the study will be considered as 60.

A total of 63 sample was recruited between 27-02-2018 to 31-12-2018 in which there were of 44 persons diagnosed with Schizophrenia and 19 of persons diagnosed with BPAD. This unequal distribution was because the low rates of

participants diagnosed with BPAD as compared to Schizophrenia during the study period.

### **Inclusion Criteria:**

1. Age group-18-50 years; either gender.
2. Primary diagnosis of any severe mental disorder (Meeting the diagnostic criteria under ICD-10 for; F.20.0-29; Schizophrenia, schizotypal and delusional disorders schizophrenia, F 31.0 – 31.9, Bipolar Affective Disorder).
3. CGI score 3- 4 at the time of recruitment into the study.
4. Written informed consent.
5. Minimum educational qualification: 10<sup>th</sup> Standard pass
6. Under regular treatment and follow-up for the psychiatric problem
7. Able to communicate orally in English, Kannada or Hindi.
8. Having had an unemployment period of at least 6 months from the date of recruitment into current the study.
9. Participant should be cooperative and willing for counseling.

### **Exclusion Criteria:**

1. Individuals with mental retardation or any other developmental disorder.
2. Individuals with the primary diagnosis of Substance abuse disorders (F.10-19) and other disorders as mentioned in the inclusion criteria as co morbid disorders.
3. Those under the stipendiary or sheltered workshop engagement.
4. Individuals planning self-employment options or voluntary working.
5. Individuals who qualify for multiple disabilities under PWD Act 1995

### **Tools of Data Collection:**

1. **Socio-demographic Sheet:** a semi structured socio demographic datasheet was be designed for the purpose of the study to record the socio-demographic variables such as age, gender, educational status, marital status, duration of illness, certification of disability, details pertaining to vocational skills, disclosure of illness to the employer, duration of unemployment, etc.

2. **Work Performance:** A semi-structured data sheet was designed for the study purpose to record post placement performance of the client. The datasheet was to be filled in consensus with the employer or if willing, the employer to fill in the same. The semi-structured data sheet followed the Behaviorally Anchored Rating Scales (BARS) method of collecting data. BARS may be essentially defined as rating scales that collect both quantitative and qualitative, with behaviors used as anchor points. The datasheet was constructed using the domains in the Griffiths Work Behaviour Scale (Griffiths, 1973), a scale developed using a sample of persons with severe psychiatric disability.

3. **Coping:** Coping patterns of individuals that are likely to affect the outcomes of the study were assessed using the Brief COPE (Carver et al., 1997). It is a self-completed questionnaire measuring coping strategies. It comprises of three composite subscales measuring emotion-focused, problem-focused, and dysfunctional coping. The questionnaire includes 28 items that explore the 14 coping strategies: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame. The theoretical models based on which the BREF COPE was originally constructed include Lazarus' transactional model of stress and the behavioral self-regulation model of Carver and Scheier.

4. **Social-Occupational Functioning Scale (SOFS):** The Social- occupational functioning of the individual was assessed by administering SOFS to the primary caregivers of the participants. The scale developed by Saraswat et al, assesses 14 dimensions of Social-Occupational Functioning of the individual in a brief yet comprehensive manner. It has adequate internal consistency (Cronbach's  $\alpha = 0.91$ ) and test retest reliability (Intraclass co-efficient= 0.95) (Saraswat et al., 2006). The scale also has adequate concurrent, criterion and discriminant validity. The scale comprises of a three-factor structure that includes adaptive living skills, social appropriateness and interpersonal skills.

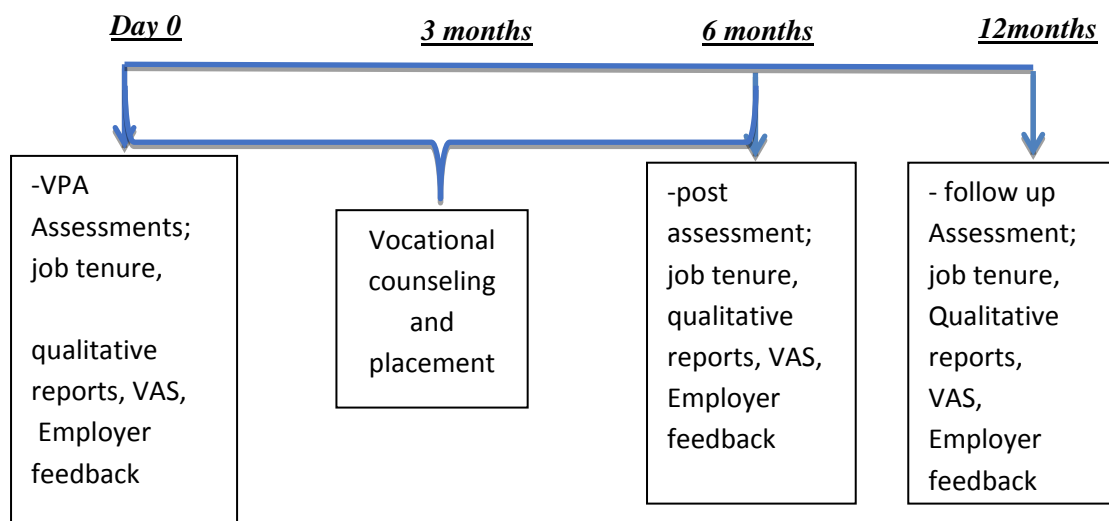
5. **Qualitative reports:** The researchers recorded from the participants about their concerns about the vocational counseling module (including; (a) Their understanding of the content of counseling, (b) Whether counseling helped them in getting a job, (c) Skills gained from the counseling, (d) How it helped them in joining retaining

employment, etc.). Challenges in the job would also be noted (including; (a) Work habits, (b) Coping with work stress, (c) Interpersonal relationships with employer and colleagues, etc.). This interview will take forty-five minutes to one hour.

**6. IDEAS:** This scale was developed by the Indian Psychiatric Society and gazetted by the Ministry of Social Justice and empowerment (Ministry of Social Justice and empowerment, 2000). It is scored on a 4 point Likert scale ranging from 0 - 4 (No Disability to Profound Disability) to assess 4 domains of individuals functionality – self-care, understanding and communication, interpersonal relations, work; The IDEAS score is calculated by totaling the 4 individual domain scores with the Duration of Illness score which is then converted into a percentage of disability.

**7. VAS:** A **Visual Analogue Scale (VAS)** is a measurement instrument that tries to measure a characteristic or attitude that is believed to range across a continuum of values and cannot easily be directly measured. It is often used in epidemiologic and clinical research to measure the intensity or frequency of various symptoms. As standardized scale was not available to measure the Self Efficacy and Recovery of the patient, a ten-point VAS was used to assess client’s Self Efficacy and Recovery. The participants were asked to rate themselves on their Self-efficacy and Recovery on a scale of 0-10

***Figure 1: Assessment Time Lines***



## **Data Analysis:**

The socio demographic details were analyzed using descriptive statistics and the outcome variables were analyzed using appropriate parametric and non-parametric based on sample size. The qualitative reports were audio-recorded, transcribed and content analyzed.

## **Phase I (B):** Identifying and sensitizing potential employers

Employers were identified through personal contact, corporate visits, Snow-balling with already contacted employer database to contact the new employers, through online available job vacancies. Employers were contacted and oriented to the strengths of persons with mental illness and how employment can facilitate recover.

Some of the identified employers were personally contacted, scheduled appointments to meet and be provided education about mental illness, importance of employment, potential labour force and community inclusion through half day workshops.

## **Phase II (B):** Liaising and networking with the employers

After sensitizing the employers, consent was obtained from those willing to employ individuals with psychiatric disability in their work force. Employers were encouraged to visit the institute to understand the concept of vocational rehabilitation and to obtain practical exposure. The employment options included paid internship, skill training, part time/full time job placement in companies. Placement and continued follow-up with employers and persons of mental illness who have been employed would be conducted till a period of 6 months post placement in the said organization

## **Phase VI:** Creation of Vocational Database:

A database of those persons with mental illness who have undergone the vocational rehabilitation process as detailed in the study (VPA and vocational counseling) and list of employers who are ready to recruit them was be created.

### **Ethical considerations:**

- An informed written consent has been obtained from the study Participants and (Person's with SMD's, their Care-givers, Mental Health Professionals, NGO's working in the area of rehabilitation) to participate in the study after explaining the objectives of the study in a manner understandable to them.
- Participants were assured of the confidentiality of their identity and the shared information.
- The participants involved in the study can withdraw consent at any point of time during the course of the study.
- The participants were entitled to know the results of the study if asked for.
- The participants of the study were not denied any form treatment at NIMHANS if they refuse to further participate.
- If participant refuses to be a part of the study but requests vocational inputs, the researcher as a part of the Psychiatric Rehabilitation Services had provided further appropriate interventions rehabilitation inputs.
- If a participant chooses to seek self-employment instead of wage employment, at the end of the counseling sessions, the same will be recorded.
- Fair employment practices in keeping with rights of persons with mental illness were discussed apriority with the employer

**9. DETAILED ANALYSIS OF RESULTS:**

**PHASE I (A) and II (A) DEVELOPMENT OF THE VOCATIONAL POTENTIAL ASSESSMENT TOOL AND VOCATIONAL COUNSELLING MODULE:**

**Table 3: Socio-demographic details of participants of individual interviews and focused group discussions:**

VARIABLE		NUMBER (N= 11)
<b>Gender</b>	Male	7 (63.6%)
	Female	4 (36.4%)
<b>Age in years</b>	Mean	36.18
	Standard deviation	±9.09
<b>Education in years</b>	10 years	2 (18.2%)
	12 years	4 (36.4%)
	15 years	4 (36.4%)
	> 20 years	1 (9.1%)
<b>Occupation</b>	Unemployed	7 (63.6%)
	Employed	4 (36.4%)
<b>Diagnosis</b>	Bipolar Affective Disorder	1 (9.1%)
	Schizoaffective disorder	1 (9.1%)
	Schizophrenia	6 (54.5%)
	Schizophrenia with OCD	3 (27.3)

The above table shows the socio-demographic data pertaining to the persons with SMD's who were included during the phase I (a) and II (a) of the study. A total of 11 persons with SMD's were included, out of which 4 individual interviews and 2-focused group discussion were carried out with this particular stakeholder group, among which 7 (63.6%) were male and 4 (36.4%) were female participants. Most of the participants had completed 12 years (4, 36.4%) and 15 years (4, 36.4%) of education, followed by 2 (18.2%) who had received 10 years of education and only 1 who had

completed more than 20 years of education (9.1%). The employment status of the majority of the participants was unemployed (7, 63.4%) and others were employed (4, 36.4%) was. The mean age of the participants was 36.18 ( $\pm 9.09$ ) years. The diagnoses of the participants were, bipolar affective disorder (1, 9.1%), Schizoaffective disorder (1, 9.1%), Schizophrenia (6, 54.5%) and Schizophrenia with OCD (3, 27.3%).

**Table 3. (a): Socio-demographic variables of care-givers of persons with severe mental disorders:**

VARIABLE		NUMBER (N= 9)
<b>Gender</b>	Male	4 (44.4%)
	Female	5 (55.6%)
<b>Age in years</b>	Mean	49.67
	Standard deviation	$\pm 15.98$
<b>Education in years</b>	10 years	1 (11.1%)
	12 years	6 (66.7%)
	15 years	1 (11.1%)
	> 20 years	1 (11.1%)
<b>Occupation</b>	Home-makers	3 (33.3%)
	Private employees	3 (33.3%)
	Retired	3 (33.3%)

The above table shows the socio-demographic data pertaining to the caregivers of persons with SMD's who were included during the phase I (a) and II (a) of the study. A total of 9 participants were included, 2- focused group discussions were conducted with this particular stakeholder group with mean age of the group being 49.67 years ( $\pm 15.98$ ). Most of the care-givers, 66.7% (6) had received 15 years of education, followed by 1 each (11.1%) who had completed 10 years, 15 years and >20 years of education respectively. Among the care-givers, 3 (33.3%) were homemakers, 3 (33.3%) were private company employees and 3 (33.3%) were retired from service.



**Table 3 (b): Socio-demographic variables of experts/mental health professionals:**

VARIABLE		NUMBER (N= 9)
<b>Gender</b>	Male	3 (33.3%)
	Female	6 (66.7%)
<b>Age in years</b>	Mean	54.56
	Standard deviation	±12.59
<b>Education in years</b>	15 years	3 (33.3%)
	18 years	2 (22.2%)
	> 20 years	4 (44.4%)
<b>Occupation</b>	Teaching faculty	2 (22.2%)
	Retired faculty	1 (11.1%)
	Psychologists	2 (22.2%)
	Government employee	1 (11.1%)
	Special Educators	3 (33.3%)

The above table shows the socio-demographic data pertaining to the experts/mental health professionals working in the field of vocation rehabilitation of persons with SMD's during phase I (a) and II (a) of the study. 9 individual interviews were conducted with experts with the mean age being 54.56 years ( $\pm 12.59$ ). Among them 6 (66.7%) were females and 3 (33.3%) were males. The maximum number of years of education recorded in the group was greater than 20 years (4, 44.4%), followed by 3 (33.3%) who had completed 15 years of education and 2 (22.2%) who had completed 18 years of education. The employment status recorded were, 2 (22.2%) experts currently teaching faculty at an institute, 1 (11.1%) was a retired faculty, 2 (22.2%) were practicing clinical psychologists, 3 (33.3%) were special educators and 1 (11.1%) was a government employee at a vocational training institute.

**Table 3 (c): Socio-demographic variables of employers:**

VARIABLE		NUMBER (N= 9)
<b>Gender</b>	Male	7 (77.8%)
	Female	2 (22.2%)
<b>Age in years</b>	Mean	34.22
	Standard deviation	±7.06
<b>Education in years</b>	15 years	5 (55.6%)
	18 years	4 (44.4%)
<b>Occupation</b>	Managing Director	3 (33.3%)
	HR/Recruiters	5 (55.6%)
	Supervisors	1 (11.1%)
<b>Experience with disability</b>	Yes	7 (77.8%)
	No	2 (22.2%)

The above table shows socio-demographic data relating to the employers who were interviewed for phase I (a) and II (a) of the present study. A total of 9 individual interviews were conducted, with 7 (77.8%) participants being male and 2 (22.2%) participants being females. The mean age of the participants involved was 34.22 years ( $\pm 7.06$ ). 55.6 % (5) employers had completed 15 years of education while 44.4% (4) had completed 18 years of education. 3 (33.3%) employers held the position of managing directors, while 5 (55.6%) were members of HR team or recruiters and 1 (11.1%) held supervisory role. 7 (77.8%) employers had prior experience of employing a person with SMD or any other disability while only 2 (22.2%) of them had no prior experience but were willing to consider recruiting a person with SMD

**Table 4: socio-demographic details of validators of the vocational potential assessment tool and vocational counselling module [phase I (B) & II (B)]**

VARIABLE		NUMBER (N= 6)
<b>Gender</b>	Male	6 (100.0%)
<b>Age in years</b>	Mean	43.0
	Standard deviation	±2.36
<b>Education in years</b>	18 years	4 (66.7%)
	>20 years	3 (23.3%)
<b>Occupation</b>	Private Practitioner	2 (33.3%)
	NGO employee	1 (16.7%)
	Additional Professor	2 (33.3%)
	Professor	1 (16.7%)

The above table shows the socio-demographic details of validators for face and content validity of phase I (b) and phase II (b) of the present study. All the validators were males (6), with the mean age being 43 years ( $\pm 2.36$ ). Most of the validators had completed 18 years of education (4, 66.7%) while 3 (23.3%) had received >20 years of education. The occupational status of the validators was 2 (33.3%) private practitioners, 1 (16.7%), 2 (33.3%) additional professors at an academic institute and 1 (16.7%) validator was a professor at an academic institute respectively.

**RESPONSES OF VALIDATORS FOR PHASE I (B) AND II (B) FOR FACE AND CONTENT VALIDITY**

**VOCATIONAL POTENTIAL ASSESSMENT TOOL**

- All the 6 (100.0%) validators agreed that the items on the tool (both qualitative and quantitative aspects) were culturally relevant.
- All the validators agreed that there were expectations of no biases in responses expected out of the theme daily functioning under sub-themes- personal hygiene, grooming, eating, moving around, travelling and driving/riding vehicles. 1 (16.67%) validator reported that tendency to be uncertain and not answering when in doubt could be expected in sub themes of basic money management, bank

transactions and day-to-day decision-making. All the validators agreed that the items could be assessed on a 4-point likert scale.

- Under the theme of job related social skills training, while most validators agreed with the items not being expected to have biased responses, 2 (33.33%) validators foresaw biases in responses, precisely in the subthemes of initiating conversations, keeping up with conversations, differentiating formal and informal social situations, interaction with superiors and colleagues and being a team player. 1 (16.67%) validator also reported of re-considering a 4-point likert scale for the particular theme.
- Under the theme of job-related cognitive skills all the validators agreed upon the 4-point likert scale for assessment. One (16.67%) validator, possibility of response bias in terms of giving socially desirable responses to the sub-theme of memory related difficulties. One validator (16.67%) was of the opinion that possible response bias of always agreeing with the assessor could occur with all the sub-themes.
- Most of the validators (5, 83.33%) agreed up on all the sub-themes being assessed on a 4 point likert scale, where are one (16.67%) validator responded that a 4-point likert scale may not be able to capture all the deficits in the theme. One validator reported that there could be a possible response bias in terms of always agreeing with the assessor, while all other validators did not expect any bias.
- For the theme of job readiness, all the validators agreed upon 4-point likert scale of assessment for the sub themes. Only one (16.67%) validator reported that the sub-theme of insight might not be adequately assessed on the tool with a 4-point likert scale. All the 6 (100.0%) validators agreed that there may not be any possible response bias on sub-themes except for one sub-theme, willingness/motivation to work, where ne validator responded the possibility of providing socially desirable responses on this item.
- For the items of the theme job related details, all the validators opined that the 4-point likert scale of assessment was adequate. 5 (83.33%), of the validators opined that the items of the sub themes any not have possible bias, however 1 (16.67%) validator reported of possibility of response bias in terms of place of work, duration of employment and gap in employment that could elicit socially desirable

responses from the participants. The validator also reported of possibility of response bias in sub-themes of- nature of work (socially desirable responses, speedy responses), and reason to leave job (socially desirable response, carelessness, speedy responses).

- For the theme of family and client perspective, the validators responded that the items would adequately assess the level of potential on a 4-point likert scale. 5 (83.33%) validators reported that there could be no bias on responses for the sub-theme of family efforts, while 1 (16.67%) validator was of the opinion that the sub theme could elicit socially desirable responses. All the 6 validators did not foresee any response bias for any other sub-theme.
- For the theme of type of job, none of the 6 (100.0%) validators foresaw any response biases. However 3 (50%) of the validators reported that a 4-pont likert assessment may not be able to capture the sub-themes adequately.

**Table- 5: Comments of validators**

THEME	SUB-THEME	COMMENT
<b>Daily functioning</b>	Personal hygiene	1.Add CGI Scores in demographic. 2.Add brushing
	Grooming	1.Appear well groomed and presentable. 2.Add habits- picking nose. 3.Add combing
	Eating	1.Add use of forks and spoon
	Moving around	1.Also to include does not move around much. 2.Able to use goggle maps.
	Travelling in public	1.Using modes of

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	transport	transport like auto, metro, bicycle.
	Driving/ Riding vehicle/s	1.Consider all likerts as statements and not as questions. 2.Driving and riding can be separate sub domains
	Basic money management	1.Online transactions, PayTm, etc.
	Bank transactions	No comments
	Day to day decision making	1.Examples of minor decisions- putting geyser on during winter mornings, etc.
<b>Job related social skills</b>	Can initiate conversations	1.Verbal and non-verbal assessment to be different sub themes- eye contact, social smile, social etiquettes, etc. 2.Divide likert items into sub items
	Can keep up with conversations	1.Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver. 2.Reframe likert items- too many items are being assessed.
	Interview skills	1.Can be in Job related

		<p>themes.</p> <p>2.Reframe likert items- too many items are being assessed.</p>
	Differentiating formal and informal social situations	<p>1.Identifying- explain</p> <p>2. not over-reacting to situations</p> <p>3.Examples to make them more appropriate</p> <p>4.Relationship with others in general</p> <p>5. Reframe likert items- too many items are being assessed.</p>
	Interaction with Superiors	<p>1.Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver.</p> <p>2. Reframe likert items- too many items are being assessed.</p>
	Interaction with colleagues	<p>1.Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver.</p> <p>2. Gender issues can be specific to work behaviour</p> <p>3. Reframe likert items-</p>

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		too many items are being assessed.
	Team player	<p>1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver.</p> <p>2. Reframe likert items- too many items are being assessed.</p>
<b>Job related cognitive skills</b>	Memory related difficulties	<p>1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver.</p> <p>2. Likert items to be more specific</p>
	Task completion without moving around	<p>1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver.</p> <p>3. Similar to attention towards task domain</p> <p>4. Likert items to be more specific</p>
	Task completion in stipulated time	1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver.



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		2. Likert items to be more specific
	Attention towards task	1. appears similar to the subtheme above 2. Likert items to be more specific
	Attention towards instructions given	1. seems repetitive 2. Add comprehension of instructions 3. Likert items to be more specific
	Planning the task	1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver. 2. Likert items to be more specific
	Task specific decision making and problem solving	1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver. 2. Likert items to be more specific
<b>Work behaviour</b>	Punctual to work	1. punctuality & routines/ time management needs to match 2. No. of days absent for sickness reasons- physical and psychological

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		3. Likert items to be more specific
	Regularity	1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver. 2. Likert items to be more specific
	Takes initiative	1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver. 2. Likert items to be more specific
	Manages conflicts at work	1. Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver. 2. Add- does he take law in hands in the past, FIR, reason for referral to police 3. Likert items to be more specific
	Flexibility	1. Patient may agree to provide desirable responses to get job, will have to be corroborated

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		<p>with a care-giver.</p> <p>2. Likert items to be more specific</p>
	Reliable	<p>1.Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver.</p> <p>2.Elaborate on what is reliable</p> <p>3. Likert items to be more specific</p>
	Difficulty level	<p>1.Patient may agree to provide desirable responses to get job, will have to be corroborated with a care-giver.</p> <p>2.Define difficulty level</p> <p>3.Able to use gadgets, computers, cognitively highest level of workload.</p> <p>4. Likert items to be more specific</p>
<b>Job readiness</b>	Willingness / Motivation to sustain work	<p>1.To look at scales for negative symptoms assessment</p> <p>2.Make this an independent domain of assessment- detailed.</p> <p>3. Likert items to be more specific</p>

	Side-effects of Rx	1. Not Rx mention Treatment 2. Add-cognitive dullness 3. Likert items to be more specific
	Compliance	1. Adherence may be a better term 2. Likert items to be more specific
	Symptoms	1. Likert items to be more specific
	Insight	1. Likert items to be more specific
	Willingness / Motivation to sustain work	1. To look at scales for negative symptoms assessment 2. Make this an independent domain of assessment- detailed. 3. Likert items to be more specific
	Side-effects of Rx	1. Not Rx mention Treatment 2. Add-cognitive dullness 3. Likert items to be more specific
	Compliance	1. Adherence may be a better term 2. Likert items to be more specific
	Symptoms	1. Likert items to be more

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		specific
	Insight	1. Likert items to be more specific
<b>Job related details</b>	Place of work	No comments
	Designation	No comments
	Nature of work	No comments
	Duration of work	1.in terms of hours/ days
	Salary	No comments
	Reason to leave job	No comments
	Gap in employment	1.Reason for gap 2.Problems in getting previous jobs 3.failed attempts in seeking employment
<b>Family and client perspective</b>	Family efforts	No comments
	Client efforts	1.Seems to repeat job readiness/motivation to work 2.number of interviews cracked
	Family expectations	No comments
	Client Expectations	1.Could be a part of stigma 2.Define blue collar, white collar
	Family's knowledge of skills	1.can also be under-estimation of client skills
	Client's knowledge of skills	No comments
<b>Type of job</b>	Nature of job	1.Too lengthy
	Interests that can be gainful	1.Too lengthy

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		2.Is it a hobby that can be income generating?
<b>Request for reasonable accommodation</b>	What requests would you make to the employer regarding accommodations/flexibilities to be made/given for you before beginning your new job? Such as, flexible work hours, single shift, no night duties, monthly once off for follow ups, etc.	1.The questioned needs to be reframed for clarity
	What requests would you make for the employer regarding some relaxations for you that may not be needed immediately but may be required after joining the job? Such as graded work exposure, work from home options, multiple small breaks, etc.	1.introduce the concept of reasonable accommodation
<b>Logistic reasons for not being gainfully employed</b>	Have there been certain reasons for not being able to seek a job in the past, such as poor transport facilities in your home area or the particular geographical location of your home which	1.introduce the concept 2.Mental illness as a reason, for not getting jobs previously

	has been making travelling difficult for you?	
	Do you belong to a particular community that has made it difficult for you to get a job as others look down upon you, or do you belong to a community that prevents certain genders from working?	1. Internalized Stigma 2. Introduce the concept 3. Does the patient not want to work because they are satisfied with the disability pension..

**VOCATIONAL COUNSELLING MODULE**

- 5 (83.33%) validators responded that the themes and sub-themes for the counseling module were relevant (appropriate) while 1 (16.77%) opined that they may not be appropriate as themes but can be renamed as targets to be covered in the counseling process.
- 5 (83.33%) validators responded that the approaches or skills enlisted in the module were culturally appropriate, however 1 (16.77%) validator felt they would have to be reframed for cultural appropriateness.

**Table 6: Comments of validators for the counselling module.**

THEME	COMMENT
Initiating Vocational Counseling (With Client and Family)	1. Ventillation- active listening, acknowledging, validity, reassuring, empathising, warmth, positive regard, hope. 2. Understanding the problem- prioritising, solutions, alternatives. 3. tentative duration per session and is it individual/group sessions
Psychosocial support (With Client and Family)	1. Assess client’s own skills of rapport building, gaining support of others.

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Vocational Goals (With Client and Family)	No comments
Employer Perspective (With employer)	1. Would be useful to have employer-employee discuss openly initially to make the employer comfortable and understand that the employer knows about the employee's mental health condition
Employer Expectations (With employer)	1. Explain exploration in networking and liaising
Job vacancy (With client, family and employer)	1. How, when, where to apply? Disclosure of mental illness and to whom?
Stigma (With client and employer)	1. Use terms- discrimination at previous workplace, anticipated stigma. 2. explore "internalised stigma" 3. Stigma in community- in the banks, buses, etc.
Type of payment/salary (With Client, Family and employer)	No comments
Job allocation (With client and employer)	No comments
Placement (With client)	1. Resume preparation- coaching- interview, job, Ongoing/continued support 2. Add counselling and continued support
Post placement (With client, family and employer)	1. should be an ongoing process, eventually to find the right job. It would be a revolving door of trial and error of many different jobs before one could settle in a job. 2. Termination of sessions 3. punctuality and retention mechanism



## Phase III (A): PILOT TESTING

**Table 7: Socio-demographic details of mental health professionals involved during pilot testing**

VARIABLE		NUMBER (N= 3)
Gender	Male	1 (33.33%)
	Female	2 (66.67%)
Age in years	Mean	30.33
	Standard Deviation	± 2.33
Education in years		18 years
Occupation	Resident Doctor	2 (66.67%)
	Research Staff	1 (33.33%)

The above table shows the socio-demographic details of the mental health professional who were involved in the feasibility testing of the tool and the module. A total of 3 professionals were involved, among whom 1 (33.33%) was male and 2 (66.67%) were female. The mean age of professionals was 30.33 years ( $\pm 2.33$ ). The number of years of education of all the professionals was 18 years. 2 (66.67%) were resident doctors and 1 (33.33%) was a research staff.

The feedback given by the professionals regarding tool and module were as follows:

- The tool of comprehensive and easy to use.
- Takes approximately 45 minutes to 1 hour for completion.
- The tool has to be rechecked for appropriate use of language in terms of grammatical errors, simplification of words, re-wording of questions for easier understanding.
- The tool and the module can be used by mental health professionals across settings.

**Table 7 (a): Socio-demographic details of persons with SMD’s (severe mental disorders) during pilot testing**

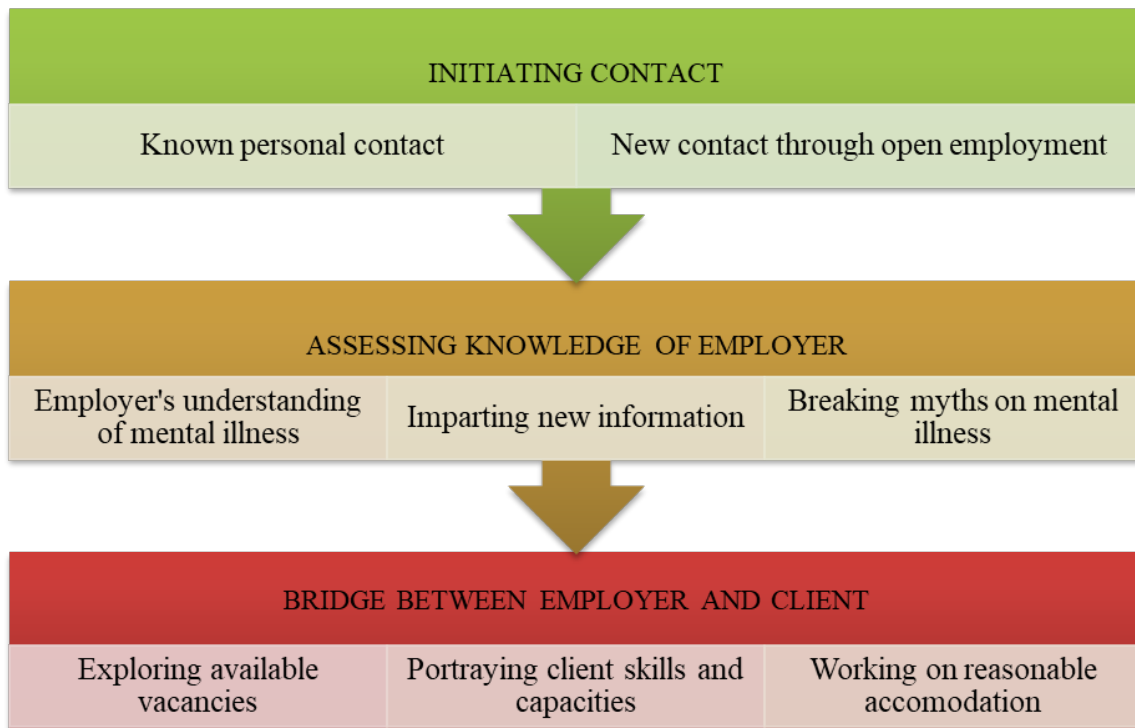
VARIABLE		NUMBER (N= 3)
<b>Gender</b>	Female	1 (33.33%)
	Male	2 (66.67%)
<b>Age in years</b>	Mean	31
	Standard Deviation	±7.211
<b>Diagnosis</b>	Bipolar affective disorder	2 (66.67%)
	Schizophrenia	1 (33.33%)
<b>Education in years</b>	Mean	14
	Standard Deviation	±1.73

The above table shows the socio-demographic details of the persons with SMDs who were involved in the feasibility-testing phase. A total of 3 participants were involved among whom were 2 (66.67%) males and 1 (33.33%) female. The mean age of participants was 31 years ( $\pm 7.211$ ). The diagnoses among the participants were Bipolar Affective Disorder (2, 66.67%) and Schizophrenia (1, 33.33%). The mean number of education in years was 14 ( $\pm 1.73$ ).

During the pilot testing of the tool and the module, it was understood that a follow-up period of 3 months may be too short to achieve employment goals and participants would not be able to come for repeated sessions and follow-up with the therapist. Hence a follow-up period of 6 months after baseline assessment was considered.

**Phase I & II (B). – Identifying and sensitizing potential employers/ Liaison and networking with the employers**

**FLOW CHART 2- FLOW CHART OF STEPS INVOLVED IN NETWORKING AND LIAISING WITH VARIOUS EMPLOYERS**



The above flow chart explains the process of approaching an employer with the first step being initiating contact either through personal contacts of researcher or establishing a new contact through open employment options advertised through job portal websites. The second step involved assessing the knowledge of the employer about mental illness, imparting new information about mental illness, signs and symptoms, the process of recovery and breaking myths that the employer has on persons with SMD's such as non-productivity, violence at work place, etc., The last step in the process involved the researcher acting as a bridge between employer and client that involved, exploring available job vacancies, portraying individual client skills and capacities and addressing the reasonable accommodation needs of the client.

A total of 40 employers listed in Table: 8 were contacted and oriented to the strengths/ limitations of persons with mental illness and how employment can facilitate recover. The below table describes the details of the liaison work done with each of the 40 employers for enabling job placement of participants with mental illness in their company.

**Table: 8: The list of Employers who were contacted & liaison with for vocational support**

SI. No	Company/org./Institute Name	Liaison work done
1	Vinayaka Agency	<ul style="list-style-type: none"> <li>• The employment agency at NIMHANS was contacted for available vacancies.</li> <li>• The supervisor was explained about mental illness and was requested to consider participants for 1-month internship.</li> <li>• The official letters for employing persons with mental illness in the agency was routed through proper channel</li> <li>• Repeated feedbacks were obtained from supervisor.</li> <li>• Post-placement support such as on the job challenges faced by client, interpersonal issues with employer/ colleague's client absenteeism was discussed in individual sessions with participants and/or employer.</li> </ul>
2	Swiss Agency	<ul style="list-style-type: none"> <li>• The employment agency at NIMHANS was contacted for available vacancies.</li> <li>• The supervisor was explained about mental illness and was requested to consider participants for 1-month internship.</li> <li>• The official letters for employing persons with mental illness in the agency was routed through proper channel</li> <li>• Repeated feedbacks were obtained from supervisor.</li> <li>• Post-placement support such as on the job challenges faced by client, interpersonal issues with employer/colleague's client absenteeism</li> </ul>

		was discussed in individual sessions with participants and/or employer.
<b>3</b>	<b>KCIC Agency</b>	<ul style="list-style-type: none"> <li>• The employment agency at NIMHANS was contacted for available vacancies.</li> <li>• The supervisor was explained about mental illness and was requested to consider participants for 1-month internship.</li> <li>• The official letters for employing persons with mental illness in the agency was routed through proper channel</li> <li>• Repeated feedbacks were obtained from supervisor.</li> <li>• Post-placement support such as on the job challenges faced by client, interpersonal issues with employer/ colleague's client absenteeism was discussed in individual sessions with participants and/or employer.</li> </ul>
<b>4</b>	<b>Unique Securities</b>	<ul style="list-style-type: none"> <li>➤ Networked with employer in a vocational conference</li> <li>➤ Contacted the employer over phone and discussed about the available security job options for the client.</li> <li>➤ Discussed the client's profile without disclosing the client's illness.</li> <li>➤ Coordinated with the treating team for sending the client for the interview.</li> </ul>
<b>5</b>	<b>Delhi Freight Couriers</b>	<ul style="list-style-type: none"> <li>➤ Networked with employer during a workshop at Psychiatric Rehabilitation Services (PRS), NIMHANS</li> <li>• Employment options at his organization were explored.</li> <li>• Participants selected for the job were interviewed by the employer</li> <li>• Selected candidate was provided on the job support by conducting visit to job site, talking to employer and colleagues, discussing work schedules, salary and timings.</li> </ul>
<b>6</b>	<b>Accenture</b>	<ul style="list-style-type: none"> <li>• The HR manager in-charge of the providing opportunities to disabled people was contacted.</li> <li>• Discussed with HR about job placements for persons with mental illness.</li> </ul>
<b>7</b>	<b>Café Coffee Day</b>	<ul style="list-style-type: none"> <li>• The CFO of the company was contacted to reach out to the HR</li> <li>• The NIMHANS team met the HR, CFO and</li> </ul>

		<p>discussed options of placement of persons with Mental Illness in the job</p> <ul style="list-style-type: none"> <li>• A team member attended a one-day training session for freshers and to understand if persons with mental illnesses can also undergo the training by Café Coffee Day.</li> <li>• Negotiations were done with the HR team to extend age limit for placement, general shift and near home placement.</li> <li>• Suitable candidates were referred for the training programme and placement.</li> </ul>
8	<b>Sthira IT Solutions</b>	<ul style="list-style-type: none"> <li>• Sthira IT Solutions had been working with NIMHANS as providers of financial software services.</li> <li>• On understanding the keen interest of the employer to consider employment of persons with SMDs, a detailed informative session regarding illness was conducted and exploration for employment options in the company was done.</li> <li>• Suitable participants were referred for job interviews and placement</li> </ul>
9	<b>Star Bazaar</b>	<ul style="list-style-type: none"> <li>• The HR was contacted and a meeting was scheduled.</li> <li>• During the meeting, the HR was briefed regarding mental illness, the recovery process, and employment opportunities at the organization were discussed.</li> <li>• The employer was open to take participants with mental illness against vacancies after renovation of the store was completed.</li> </ul>
10	<b>Hyva IT solutions</b>	<ul style="list-style-type: none"> <li>➤ The Chief Administrative Officer (CAO) of the company was contacted.</li> <li>➤ He was explained about employing persons with mental illness in his company. The CAO discussed options of unpaid on-the-job training for a few months, before deciding on inducting the person in the job.</li> <li>➤ Suitable participants were referred for on-the-job training in the company.</li> </ul>
11	<b>Vasudev Adigas</b>	<ul style="list-style-type: none"> <li>• The HR team was contacted and a meeting was set up.</li> <li>• During the meeting, the HR team was informed regarding illness, recovery process, possible</li> </ul>

		<p>employment options and reasonable accommodation.</p> <ul style="list-style-type: none"> <li>• The employer had prior experience of employing persons with disabilities, however not persons with SMD's.</li> <li>• The HR team also visited the PRS Day care center and was oriented to the center.</li> <li>• The HR team sent out list of vacancies available at the organization.</li> <li>• Participants were given an option to opt for this job</li> </ul>
<b>12</b>	<b>Team Lease</b>	<ul style="list-style-type: none"> <li>• The CFO and Training head was contacted.</li> <li>• Discussed the possibility of the company providing group based training and placement for participants</li> <li>• The Training head discussed about applying for funding for conducting the training</li> <li>• Individually participants who suited their profile were sent for job placements at the company.</li> </ul>
<b>13</b>	<b>INFOSYS</b>	<ul style="list-style-type: none"> <li>• The HR was contacted to discuss options of employing participants with mental illness into their workforce</li> <li>• The HR team was more willing to initiate paid internships for 3 months for participants to observe them before deciding on placement</li> <li>• Participants suitable for the profile listed by Infosys were referred for the 3 months paid internship programme.</li> <li>• These participants completed the 3 months internship, were paid by Infosys and received an experience certificate.</li> </ul>
<b>14</b>	<b>KEYSTONE</b>	<ul style="list-style-type: none"> <li>• The employer was requested to meet the team members.</li> <li>• During the meeting the employer was educated about mental illness, its course, need for employment and how the employer can contribute to the recovery process of individuals with persons with SMDs.</li> <li>• The employer was able to identify roles that could be done by participants with certain skill set and offered to provide paid internship opportunities.</li> </ul>

15	SAP Labs	<ul style="list-style-type: none"> <li>• The HR team handling recruitment of persons with disability was contacted.</li> <li>• As the company was already hiring persons with Autism into its workforce, negotiations regarding age and diagnosis of participants for training and placement was discussed.</li> <li>• Suitable participants were referred for job training and placement</li> </ul>
16	Ray One services, Tours and Travels	<ul style="list-style-type: none"> <li>• The employer who had a travel agency on NIMHANS Campus was identified as a potential employer.</li> <li>• The employer had good knowledge of mental illness and was willing to provide a paid internship opportunity for one client at the travel agency.</li> <li>• The employer was also able to enlist the skills required for a specific job role.</li> <li>• Suitable participants were referred for the job internship</li> </ul>
17	Neha Constructions	<ul style="list-style-type: none"> <li>• Employers at NOTUS Pharmaceuticals were able to provide leads to their partner organizations (snow-balling).</li> <li>• The employer was a partner at the NOTUS Agency and had good knowledge about mental health problems.</li> <li>• The employer offered internship opportunities for participants.</li> </ul>
18	Om Nom Cup Cake	<ul style="list-style-type: none"> <li>• The contact of the potential employer was identified.</li> <li>• The employer showed interest in employing a person with SMD or a developmental disorder as a baking assistant or shop assistant.</li> </ul>
19	Boots Shoes	<ul style="list-style-type: none"> <li>• Vacancies available as shop helpers were informed to the team.</li> <li>• The employer was contacted and rapport was established.</li> <li>• The employer was willing to consider a person with SMD, and was able to request for specific skills that primarily involved physical tasks.</li> </ul>
20	GOK -Dept. E Governance	<ul style="list-style-type: none"> <li>• The project head of the E-governance cell was contacted.</li> <li>• A presentation of the benefits of employing persons with mental illness was done to the E-governance team.</li> </ul>



		<ul style="list-style-type: none"> <li>• A proposal for employing persons with mental illness in the e-governance system throughout Karnataka as data entry operators was discussed.</li> </ul>
21	<b>M K Travel Agency</b>	<ul style="list-style-type: none"> <li>• Contacted the employer over phone for available job opportunities,</li> <li>• discussed about the client's profile – disclosed participants mental illness, requested for reasonable accommodation – Flexible work timings, assigning single task at a time, weekly off, request made for permission for learning computer and advance money requested for joining computer course,</li> <li>• Co-ordinated with the treating team for accompanying client for job interview.</li> </ul>
22	<b>Narayana Group of Health</b>	<ul style="list-style-type: none"> <li>• The Research head and HR team at the organization was contacted.</li> <li>• The Project head had adequate understanding of SMDs. He was open to employing persons with mental illness in research projects post one month of unpaid training. Suitable participants were referred to him for job training and placement.</li> <li>• The HR team was also contacted for job vacancies. The team was sent suitable candidates for interviews.</li> <li>• The HR team also provided contact details of HR teams at other branches of the organization in Bangalore and Karnataka.</li> </ul>
23	<b>GOK – KHPT, Karnataka Health Promotion Trust</b>	<ul style="list-style-type: none"> <li>• Contacted the admin department to check about the available job opportunity (Hub Agent) &amp; discussed participants profile without disclosing the illness status</li> <li>• Efforts were made to prepare the client for the interview and appearing for it.</li> <li>• Follow up services were provided for coping with job and with the employer, post placement.</li> </ul>
24	<b>Sumukha Facilitators Pvt. Ltd</b>	<ul style="list-style-type: none"> <li>• Contacted the Head office to check about the available job opportunity (Home Nursing-Assistant),</li> <li>• Prepared the client for the job interview.</li> <li>• Follow up services were provided for coping with job and with the employer, post</li> </ul>

		placement.
25	<b>Notus Pharmaceuticals pvt. Ltd</b>	<ul style="list-style-type: none"> <li>• Through snow-balling of already enlisted employers, this potential employer was identified.</li> <li>• During the meeting with the employer, employer’s understanding of mental illness was assessed to be adequate and the employer was open to immediately explore a potential job opening with a client.</li> <li>• The request for specific reasonable accommodation was made and a client was identified for the role.</li> <li>• List of supervisors and contact persons at the work place were maintained.</li> </ul>
26	<b>Stylo Hair Fixing pvt. Ltd</b>	<ul style="list-style-type: none"> <li>• Contacted employer for available job vacancy</li> <li>• Discussed with employer about client profile (Client with mental illness from NIMHANS), need for flexible work timings, low pressure job, competitive salary, weekly off,</li> <li>• Fixed up appointment for client’s interview, coordinated b/w the employer &amp; treating team for the interview.</li> <li>• Follow up services were provided for coping with job and with the employer, post placement.</li> </ul>
27	<b>Shree Annapoorneshwari PG</b>	<ul style="list-style-type: none"> <li>• Contacted employer for available job vacancy in the PG,</li> <li>• Discussed with employer about participants Strengths, weakness and skill set, reasonable accommodation including frequent breaks b/w working hours, weekly off has been discussed.</li> <li>• Accompanied patient for job interview</li> <li>• Co -ordinated with treating team for facilitating travel of client to work from NIMHANS.</li> </ul>
28	<b>Aditya Birla Retail Outlet</b>	<ul style="list-style-type: none"> <li>• The Deputy General Manager at the Madhura Division of Aditya Birla was contacted.</li> <li>• The employer had good understanding of mental illness and recovery process even before meeting the team and was willing to consider both employment and internship options in retail outlets of Aditya Birla.</li> <li>• The employer was also able to enlist skill set required by potential candidates and provide reasonable accommodation to participants.</li> </ul>

29	<b>Nitya Saadhana</b>	<ul style="list-style-type: none"> <li>• Discussed options of employment in the Skill training centre</li> <li>• Candidates were shortlisted for the job of trainer and sent for job interview.</li> <li>• Follow up services were provided for coping with job and with the employer, post placement.</li> </ul>
30	<b>JW Marriott</b>	<ul style="list-style-type: none"> <li>• The HR Team at the Aloft Hotels was contacted.</li> <li>• The HR team was given information about mental illness, recovery, importance of employment and skill-based approach with participants.</li> <li>• The employer was also able to enlist skill set required by potential candidates and provide reasonable accommodation to participants.</li> <li>• The employer offered to provide internship opportunities for persons with SMDs before absorbing into gainful employment.</li> <li>• Suitable participants were shortlisted for the internship and sent for job interview.</li> <li>• Follow up services were provided for coping with job and with the employer, post placement.</li> </ul>
31	<b>D Gym</b>	<ul style="list-style-type: none"> <li>• The employer contacted a person from the team and wanted to provide employment opportunity to a person with SMD.</li> <li>• The employer as very specific about the job type, skills required and remuneration for the same</li> <li>• Suitable client was shortlisted for the job and sent for job interview.</li> <li>• Follow up services were provided for coping with job and with the employer, post placement.</li> </ul>
32	<b>Yamaha Showroom</b>	<ul style="list-style-type: none"> <li>• Employer contacted over phone regarding available job opportunity in their showroom for sales job,</li> <li>• Discussed with the employer about the patient's profile, without disclosing about illness,.</li> <li>• Appointment was fixed with the employer for the job interview.</li> <li>• Co-ordinated with treating team to accompany</li> </ul>

		the patient for the job interview.
33	<b>Origin &amp; Learning</b>	<ul style="list-style-type: none"> <li>• Contacted HR Manager, Chennai for available job opportunity in Origin &amp; Learning for Bengaluru location.</li> <li>• Discussed client profile with the HR manager, without disclosing about the mental illness</li> <li>• Co-ordinated with client for submitting the application online, telephonic interview/skype and personal interview.</li> <li>• Co-ordinated with treating team for providing further follow up services to the client.</li> </ul>
34	<b>IFB</b>	<ul style="list-style-type: none"> <li>• Contacted head of one of the service centres of IFB.</li> <li>• The employer had good understanding of mental illness and recovery process even before meeting the team and was willing to consider employment post training.</li> <li>• Sent suitable candidates for job-interview</li> <li>• Follow-up with head for job placement and suitability of participants referred.</li> </ul>
35	<b>Venkatraman &amp; Associates</b>	<ul style="list-style-type: none"> <li>• Contacted Head of the firm for job opportunities.</li> <li>• Sent a written request with resume of suitable client.</li> <li>• Contacted PA of the CEO for follow-up on job options in the firm</li> </ul>
36	<b>Technology Headlines</b>	<ul style="list-style-type: none"> <li>• Contacted HR Manager, Bengaluru for available job opportunity in Technology Headlines for Bengaluru location.</li> <li>• Discussed client profile with the HR manager. without disclosing about the mental illness</li> <li>• Coordinated with client for submitting the application online, telephonic interview and personal interview.</li> <li>• Coordinated with treating team for providing further follow up services to the client.</li> </ul>
37	<b>Oxour Management Services pvt ltd</b>	<ul style="list-style-type: none"> <li>• Contacted HR Manager, Bengaluru for available job opportunity in Oxour Management Services pvt ltd for Bengaluru location.</li> <li>• Discussed client profile with the HR manager without disclosing about the mental illness.</li> <li>• Coordinated with client for submitting the application online, telephonic job interview.</li> </ul>

38	<b>SRS Security Agency</b>	<ul style="list-style-type: none"> <li>• The employment agency was contacted for available security guard (women) vacancies.</li> <li>• The job profile was conveyed to the candidate,</li> <li>• Facilitated/coordinated with the treating team for sending the candidate for the job interview.</li> <li>• Feedback obtained from the HR manager for candidates interview and placement status.</li> </ul>
39	<b>HARA automobiles &amp; Spare parts Pvt. Ltd.</b>	<ul style="list-style-type: none"> <li>• Employer contacted over phone regarding available job opportunity in their firm for lift operator job.</li> <li>• Discussed with the employer about the patient’s profile, without disclosing about illness.</li> <li>• Fixed appointment with the employer for the job interview with patient and his care giver.</li> </ul>
40	<b>Modern International Tours &amp; Travels</b>	<ul style="list-style-type: none"> <li>• Employer contacted over phone regarding available job opportunity in travel agency for office assistant job.</li> <li>• Discussed with the employer about the patient’s profile, without disclosing illness status</li> <li>• Fixed appointment with the employer for the job interview.</li> </ul>
41	<b>Byju’s</b>	<ul style="list-style-type: none"> <li>• Found job opportunity for online tutor in the online job portal.</li> <li>• Discussed with the in-charge person on the telephone regarding the job profile.</li> <li>• Informed interested participants to apply for the job and explained the process of screening (test and video presentation about a topic)</li> </ul>

**Table -9: List of Identified training institutes where participants with Severe Mental Disorders were referred for Vocational Training**

SI. No	Training Institute Name	Address & Contact Number
1.	Pradhaan Mantri Kaushalya Vikas Yojana (Identified all over India & Karnataka)	<a href="https://pmkvyofficial.org/find-a-training-centre.aspx">https://pmkvyofficial.org/find-a-training-centre.aspx</a>
2.	Canara Bank Institute of Information Technology	8 <sup>th</sup> Main, 15 <sup>th</sup> Cross, Chitarpur Bhavan, Malleshwaram, Bengaluru Contact no.: 080- 23440036
3.	ICCI Academy for skills	2 <sup>nd</sup> floor, West Wing,4/10 Mythiri Centre, Hosur Main Road, Bommanahalli, Bengaluru -560068 Contact no.:9611075559/ 080-66302939, Tollfree no.:18002008099
4.	SBI Training Institute	SBI Youth4Jobs 137, 2nd Cross Road, Amarjyoti Layout, Domlur, Bengaluru, Karnataka 560071. Contact No. Mr. Jayaprakash +91- 7204280374
5.	Unnati	UNNATI CENTRE, No 1, Temple Rd, NGEF East, Sadanandanagar, Bengaluru, Karnataka 560033 Phone: 080 2538 4642

**Table -10: The list of *Online Free* training where participants with severe mental disorders were referred for Vocational Training**

SI. No.	Name of the Service provider	Website Address	Name of the Service provider for women/Women career returnees*	
			Name of the Service provider	Website Address
1	Sarkari Rozgar Prothsahan Kendra	<a href="https://www.srpk.in/index.php">https://www.srpk.in/index.php</a>	Sheroes – Women’s social networking and career guidance platform	<a href="http://www.sheroes.in/">www.sheroes.in/</a>
2	IFFCOYUVA – Free online training portal for rural youths	<a href="http://www.iffcoyuva.in/en/">www.iffcoyuva.in/en/</a>	Jobs for Her Career guidance online platform	<a href="http://www.jobsforher.com">www.jobsforher.com</a>
3	----	----	Women Restart.Com online career guidance platform	<a href="http://www.womenrestart.com">www.womenrestart.com</a>
4	----	----	Women’s Web – Online career guidance platform for women	<a href="http://www.womensweb.in">www.womensweb.in</a>

➤ **\* Women Career Returnees - Women’s those who are having gap in their resume and who intend to re- enter to their profession after a career break.**

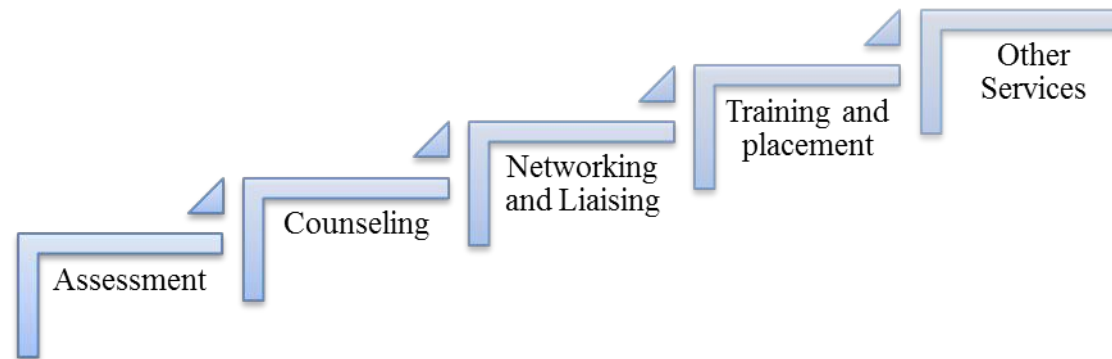
**Table -11: The list of online job portals where participants with Severe Mental Disorders were referred for Vocational job search**

SI No.	Websites for Job Search and Registration		
	For Private Jobs	SI. No	For Government Sector Jobs (State & Central)
1	www.naukari.com	1	www.freejobalerts.com/latestnotification
2	www.monstor.com	2	www.recruitmentguru.com
3	www.indeed.com	3	www.hirelateral.com
4	www.shine.com	<b>Blog</b>	
5	www.quiker.com	4	www.sarkarinaukariblog.com
6	www.babajobs.com	<b>For Differently Abled Candidates</b>	
7	www.careesma.in	5	<a href="http://www.srpk.in/index.php?page=government-jobs&amp;op=jobs&amp;id=22&amp;ref=cat/">www.srpk.in/index.php?page=government-jobs&amp;op=jobs&amp;id=22&amp;ref=cat/</a>



**Phase IV: Main Study**

**FLOW CHART-3- SHOWING THE PROCESS INVOLVED IN THE EMPLOYMENT PROGRAM TO FACILITATE GAINFUL EMPLOYMENT**



The above-mentioned flow chart delineates the employment program developed to facilitate gainful employment as a study objective. The step-by-step program is elucidated in detail in the following paragraphs:

1. **Assessment-** The Vocational potential assessment tool developed as explained in the previous chapter was used to understand the skills and functional abilities and formulate employment goals to facilitate vocational therapy among the participants of the study. The tool also helped us segregate participants into three categories: (I) Readily Employable, (II) Needs Skill Training (III) Not Ready for Employment or Skill training.
2. **Counseling-** The counselling module developed included parallel sessions with participants, their families and employers. The tailor-made therapy plans helped achieving individual vocational goals.

3. **Networking and Liaising-** The process of networking and liaising with each employer was unique. However the underlying principle was to facilitate employment among SMD's, acceptance by employers and re-integration back into the communities through employment. The steps followed have been delineated in the Flowchart -3
4. **Training and Placement:** After negotiating with the proposed training institutes and the employers, participants were provided either of the following: (a) Placement and training on the job, (b) Training/ Internship and then placement, or (c) Skill training. The team was involved in facilitating the training/ placement with the client and the employer/institute.
5. **Follow-up (Other) services:** Required follow up services upto 12 months post recruitment into the study was provided. This included follow-up sessions with the client to help him/her cope with the job, follow-up with the employer in case of any challenges experienced with the client , follow-up with the family members about the progress of the client and facilitation of welfare benefits – i.e. disability certificate, disability pension, health care benefits available for persons with mental illness.

**Table- 12: Socio Demographic Details of participants who participated in the study (n = 63)**

Variable	Mean (SD)*/ n (%)
Age of Patient ( in years)	34.89 (7.30)*
Patient Education (in years)	14.70 (4.85)*
<b>Gender:</b>	
Male	46 (73)
Female	17 (27)

<b>Caste:</b>	
General	46 (73)
Others	17(27)
<b>Languages Known</b>	
Regional	8(12.7)
Multiple	55(87.3)

The above table describes the socio-demographic profile of the participants in the study. It can be observed that the average age of the participants is 34 years and average education in years is 14 years. Majority were of the Male gender from general caste and new multiple languages.

**Table -12 (a): Clinical profile of Participants of the study (n=63)**

<b>Variable</b>	<b>Mean (SD)*/ n (%)</b>
Duration of the illness	<b>10.31(5.53) *</b>
<b>Diagnosis</b>	
F20 – Schizophrenia & Associated Disorder	51 (81)
F30 – BPAD – Bipolar & Associated Disorders	12 (19)

<b>Disability Certification</b>	
Availed	23(36.5)
Not availed	40(63.5)
<b>CGI –S Score</b>	
Not at all Ill	1 (1.6)
Borderline Mentally ill	18(28.6)
Mildly ill	43(68.3)
Moderately Ill	1(1.6)

The above table depicts the clinical profile of the participants who were part of the study. The data shows that the average duration of Illness was 10 years. Majority of the participants had a diagnosis of Schizophrenia and had not availed disability certification. Majority were Mildly Ill as per the Clinical Global Inventory Scale (Severity).

**Table -12 (b): Vocational profile of Participants of the study (n=63)**

<b>Variable</b>	<b>Mean (SD)*/ n (%)</b>
Duration of the current unemployment (in months)	<b>2.622(2.33) *</b>
Duration of Vocational training received (in weeks)	<b>3.01(4.07) *</b>

<p><b>Willingness to disclose illness to the employer</b></p> <p>Yes</p> <p>No</p>	<p>49(77.8)</p> <p>14(22.2)</p>
<p><b>Whether Vocational Training received</b></p> <p>Yes</p> <p>No</p>	<p>13(20.6)</p> <p>50(79.4)</p>

The above table shows the vocational profile of the participants who participated in the study. It can be observed that the average duration of current unemployment was 2 years, average duration of vocational training received was 3 years. Majority of them were willing to disclose their illness to the Employer and had not received any prior vocational training.

**Table -13: List of participants and the Vocational Rehabilitation work conducted with Participants of the Study (n = 63)**

Project Recruitm ent No	Patient Name	Location	Diagnosi s	List of suitable job as per the VA	Liaison/*Li aison/Open vacancy	List of jobs Referred/Remarks
1	Mr. N K	Patna - Bihar	BPAD	Government jobs- ➤ Accountant ➤ Clerk ➤ Lineman, ➤ Attender.	Open vacancy	1. Narayana Education Society 2. Bihar water board 3. Indian railway recruitment details
2	Mrs. R	Bengaluru - Karnataka	F20	➤ Data Entry Operator ➤ Cook Assistant ➤ Receptionist	NA	When recruited into the study client was keen on getting into competitive employment, later changed her decision and decided not to work/not consented for skill training also.
3	Mr. M	Bengaluru - Karnataka	BPAD	Fashion assistant/ promotor	Liaison	Aditya Birla Group
4	Mr. PU	Bengaluru - Karnataka	F20	➤ Data entry operator ➤ CCTV	Liaison	KCIC Agency, NIMHANS

				monitoring unit Sales executive		
5	Mr. RK. S	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Attender</li> <li>➤ Sales staff</li> <li>➤ House Keeping</li> </ul>	Liaison Vacancy	1. Notus Pharmaceuticals pvt. Ltd, – Office Assistant -Bengaluru Location (Refereed and Placed in the this job)
6	Ms. L C	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Front Office Executive</li> <li>➤ Data Entry Operator</li> <li>➤ HR Recruiter</li> </ul>	Liaison Vacancy	1. Venkatraman & Associates – Architect, Bengaluru location
					Open Vacancy	2. Amazon Women & other women Returnee Programme – Multiple Job roles – Bengaluru Location
					Open Vacancy	3. National Centre for Biological Sciences – Project Architect
7	Mr.T P	Bengaluru - Karnataka	F20	➤ Any manual work- mild- moderate physical task	Liaison Vacancy	1. NIMHANS, Horticulture Dept., Bengaluru – Horticulture Assistant (Refereed and Placed in the this job)
8	Mr.PK	Bengaluru - Karnataka	F20	➤ Data Entry Operator	-	Referred for Skill Training

		Karnataka		<ul style="list-style-type: none"> <li>➤ Administrator</li> <li>➤ System Admin</li> </ul>		
9	Mr.AK	Bengaluru - Karnataka	BPAD	➤ Nursing staff	Open Vacancy	<ol style="list-style-type: none"> <li>1. NHM and NRHM vacancies</li> <li>2. Kendriya Vidyalaya Nurse recruitment</li> <li>3. KC General NICU Unit</li> </ol>
10	Mr.A	Bengaluru - Karnataka	F20	➤ Automobile work	Liaised Vacancy	Keystone Car services
11	Mr.S	Bengaluru - Karnataka	F20	➤ Software engineer	*Liaised Vacancy	Project recruitment in NIMHANS for the post of software technician
12	Mrs. V	Bengaluru - Karnataka	RDD v/s BPAD	➤ Receptionist Office assistant	*Liaised Vacancy	HAL Public School
13	Mrs. C	Bengaluru - Karnataka	BPAD	<ul style="list-style-type: none"> <li>➤ Receptionist</li> <li>➤ Supervisor</li> </ul>	Open Vacancy	1. Sai Garments
					Liaised Vacancy	2. Adigas
					*Liaised Vaccancy	3. Narayana Education Society



14	Ms. R	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Assistant</li> <li>➤ Sales Executive</li> <li>➤ Data Entry Operator</li> </ul>	Liaised Vacancy	1. Aloft – JW Marriott, Bengaluru – Laundry Assistant (Refereed and Placed in this job)
15	Mr.SP	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Back end technical help</li> <li>➤ Office assistant</li> </ul>	Open vacancy	<ol style="list-style-type: none"> <li>1. Royal Enfield</li> <li>2. Café Coffee Day</li> <li>3. ISKCON, Bengaluru</li> </ol>
16	Ms. R	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Assistant</li> <li>➤ Receptionist</li> </ul>	Open Vacancy	1. Shree Kurpalya Charitable Trust – Office Assistant. Later referred for Skill training
17	Mr.HP B	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Computer technician</li> <li>Computer teaching</li> </ul>	Liaison	<ol style="list-style-type: none"> <li>1. Nithya sadhana Vocational Training Centre</li> <li>2. Bio-medical Engineering Department, NIMHANS</li> </ol>
18	Ms. U	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Content Writer</li> <li>➤ Data Entry operator</li> </ul>	*Liaised Vacancy	<ol style="list-style-type: none"> <li>1. Technology Headlines, Bengaluru – Content Writer</li> <li>2. Origin &amp; Learning – Content Writer</li> <li>3. Oxour Management Services pvt ltd. – Content Writer, (Refereed and Placed in this job)</li> </ol>

19	Mr.J	Bengaluru - Karnataka	BPAD & OCD	<ul style="list-style-type: none"> <li>➤ Software Engineer</li> <li>➤ EMBDED system Engineer</li> <li>➤ Aircraft related Engineering</li> <li>➤ HR Admin</li> <li>➤ Supervisor</li> </ul>	Open Vacancy	<ol style="list-style-type: none"> <li>1. National Centre for Disease Informatics &amp; Research – Computer Programmer</li> <li>2. Invensis pvt. ltd, Bengaluru – Computer Programmer</li> <li>3. True weight – QA engineer</li> <li>4. Blazeclan, Bengaluru – Software programmer</li> <li>5. Indian Institute of Science, Bengaluru – Intern, stack developer</li> <li>6. Saral Jobs.com, Bengaluru - Digital marketing/Diamond consultant job</li> <li>7. Barclays – IT – Software Engineer/Programmer post</li> </ol>
20	Mr.G	Bengaluru - Karnataka	BPAD	<ul style="list-style-type: none"> <li>➤ Office assistant</li> <li>➤ Accountant</li> <li>➤ Attender</li> </ul>	Open Vacancy	<ol style="list-style-type: none"> <li>1. Vani Vilas College, Mandya.</li> <li>2. Taluk office, Mandya for the post of data entry operator</li> <li>3. Mandya Medical College</li> </ol>
21	Mr.D	Bengaluru -	F20	<ul style="list-style-type: none"> <li>➤ Office assistant</li> <li>➤ Content writer</li> </ul>	Open Vacancy	<ol style="list-style-type: none"> <li>1. Shri Udyog Consultancy services</li> </ol>

		Karnataka		➤ Proof reader		
22	Mr.A S	Bengaluru - Karnataka	F20	Voice and non-voice processing	Open Vacancy	1. Co-joint services 2. KCIC Agency, NIMHANS
23	Mr.M K	Bengaluru - Karnataka	F20	➤ Office Assistant ➤ Clerk ➤ Data Entry Operator	-	On request information provided on work from home options 1. Digital India Programme – Data Entry 2. E- Marketing (Marketing via Blog)
24	Mr.K B	Bengaluru - Karnataka	F20	➤ Software Engineer ➤ HR Manager ➤ Data Entry Operator ➤ Teaching	NA	When recruited into the study client was keen on getting into competitive employment, later changed his decision and decided not to work & informed wants to continue his studies.
25	Mr.HP	Kolar/ Bengaluru - Karnataka	F20	➤ Home Nursing Assistant ➤ Office Assistant ➤ Attender	*Liaised Vacancy	1. Sumukha Facilitators Pvt. Ltd, Bengaluru – Home Nursing Assistant, (Refereed and Placed in the this job)
26	Mr.D N	Bengaluru	BPAD	➤ Office Assistant	Open	1. ICICI Insurance company, Bengaluru

		- Karnataka		➤ Clerk ➤ Date Entry Operator	Vacancy	- Executive
27	Mr.G	Bengaluru - Karnataka	F20	➤ Unskilled manual work	Liaised Vacancy	1. IFB, Bangalore 2. Kithur Raani Chenamma Stadium, Jayanagar – Assistant post
28	Ms. P	Bengaluru - Karnataka	F20	➤ Software developer	Open Vacancy	1. Hewlett Packard Enterprises, Bangalore 2. NIMHANS Project recruitment as IT Co-ordinator 3. Talents for ecommerce 4. NIMHANS Project recruitment for IT Programmer 5. Terralogic 6. Toshiba Sthira IT Solutions
29	Mr. N	Bengaluru - Karnataka	BPAD/O CD	➤ Software engineer	Open Vacancy	1. ABB, Bangalore 2. BOSCH, Bangalore NIMHANS Central Government recruitment for Electrical Engineer
30	Mr. DJ	Bengaluru	F20	➤ Content writer	Open	1. NIMHANS Project recruitment

		- Karnataka			Vacancy	2. Talents for ecommerce 3. Diamond consultants
31	Mr. V	Bengaluru - Karnataka	F20	➤ Unskilled manual work	Open Vacancy	1. Dance School, Ulsoor 2. KCIC Agency 3. BMRCL
32	Mr.R	Bengaluru - Karnataka	F20	Unskilled manual work	Liaison	1. Dheeru's Gym – Cleaning Assistant, (Refereed and Placed in the this job)
33	Mrs. NT	Bengaluru - Karnataka		➤ Home Nursing (child Care) ➤ Cooking Assistant ➤ Sales staff ➤ Receptionist ➤ Security guard	Liaised Vacancy	1. Stylo Hair Fixing pvt. Ltd, Bengaluru- Receptionist, (Refereed and Placed in this job)
					Liaised Vacancy	2. M K Travel Agency – Receptionist
					*Liaised Vacancy	3. Yamaha Showroom – Sales Staff
					*Liaised Vacancy	4. Unique Security Agency – Security Guard
					*Liaised Vacancy	5. SRS Security Agency – Security Guard
34	Mr.SD	Bengaluru Karnataka	F20	➤ Software Engineer	Liaised Vacancy	1. Aloft – JW Marriott – Bellanduru – Technician - Software Assistant

35	Mrs. N S	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Software Tester</li> <li>➤ HR Manager</li> </ul>	Open Vacancy	<ol style="list-style-type: none"> <li>1. National Centre for Disease Informatics &amp; Research – Computer Programmer</li> <li>2. Invensis pvt. ltd, Bengaluru – Computer Programmer</li> <li>3. True weight – QA engineer</li> <li>4. Blazeclan, Bengaluru – Software programmer</li> <li>5. Indian Institute of Science, Bengaluru – Intern, stack developer</li> <li>6. Saral Jobs.com, Bengaluru - Digital marketing/Diamond consultant job</li> <li>7. Barclays – IT – Software Engineer/Programmer post</li> <li>8. Inventure Academy, Bengaluru – HR Manager</li> <li>9. Cadence, Bengaluru – Lead Design Engineer, Principal Engineer</li> <li>10. Byju's, Bengaluru – Online Mentoring</li> </ol>
36	Ms. N	Bengaluru	F20	<ul style="list-style-type: none"> <li>➤ Teaching</li> </ul>		

	N	Karnataka		➤ Translator	Open Vacancy	Refereed for work from home option – Translation work – English to French vice versa in below mentioned institutes  1. French Institute of Foreign Languages, Bengaluru 2. Indian Institute of Foreign Languages, Bengaluru
37	Mr. S S	Bengaluru - Karnataka	F20	Software Engineer	Liaised Vacancy	1. Aloft -JW Marriott - Bellanduru
					Open vacancy	2. SAP Labs
					Liaised Vacancy	3. Team Leese
38	Mrs. G	Ramanaga r/ Bengaluru - Karnataka	BPAD	➤ Security ➤ Attender ➤ Home Nursing Assistant	Liaised Vacancy	1. Home Nursing Assistant – Ramnagara Later Patient decided not to work because of some family issues.
39	Mr. R D	Bengaluru -	F20	Unskilled manual work	Liaised Vacancy	1. Café Coffee Day

		Karnataka				
40	Mr.J	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Receptionist</li> <li>➤ Data entry operator</li> </ul>	Open Vacancy	1. Western Colour
41	Mr.H C G	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Photocopy assistant</li> <li>➤ Office assistant</li> </ul>	NA	Refereed for Skill training -Unnati Skill Training Centre
42	Mr. M I	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Software Developer</li> <li>➤ HR Manager</li> <li>➤ HR Recruiter</li> </ul>	Open Vacancy	<ol style="list-style-type: none"> <li>1 National Centre for Disease Informatics &amp; Research – Computer Programmer</li> <li>2 Invensis pvt. ltd, Bengaluru – Computer Programmer</li> <li>3 True weight – QA engineer</li> <li>4 Blazeclan, Bengaluru – Software programmer</li> <li>5 Indian Institute of Science, Bengaluru – Intern, stack developer</li> <li>6 Saral Jobs.com, Bengaluru - Digital marketing/Diamond consultant job</li> <li>7 Barclays – IT – Software Engineer/Programmer post</li> </ol>



						<p>8 Inventure Academy, Bengaluru – HR Manager</p> <p>9 Cadence, Bengaluru – Lead Design Engineer, Principal Engineer</p> <p>10 Byju's, Bengaluru – Online Mentoring</p> <p>11 BEL, Bengaluru - Recruitment of Electronics Engineer</p> <p>12 ISRO, Bengaluru - Multiple job vacancy - Admin/ Non-technical</p> <p>13 . ADA - Scientific officer - Engineer background – Any ware in India</p> <p>14 National Technical Research organization- Scientist B - Computer science – Any ware in India</p> <p>15 Akshara Enterprises Pvt LTD, Hyderabad - Network admin, Database and Linux</p> <p>16 VVV Infotech, Hyderabad – Software programmer</p> <p>17 HTC GLOBAL SERVICES PVT LTD, Hyderabad – Computer</p>
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						programmer
43	Mr. S	Bengaluru - Karnataka	BPAD	➤ House keeping Gardening	*Liaised Vacancy	1. HARA spare parts pvt.ltd., Bengaluru – Lift Operator
44	Mr.K K	Bengaluru - Karnataka	BPAD	➤ Electrician ➤ Data entry operator ➤ Office assistant	Liaised Vacancy	1. Narayana Institute of Health, Bengaluru 2. RG Jalappa Hospital
45	Mr. VJ	Bengaluru - Karnataka	F20	➤ Supervisor ➤ Assistant HR	Liaised Vacancy	1. Aloft – JW Marriott, Bengaluru – On Job Trainee (Software), (Refereed and Placed in the this job)
46	Mr. S	Bengaluru - Karnataka	F20	➤ Data Entry Operator ➤ Billing ➤ Cashier	Liaised Vacancy	1. Narayana Institute of Health, Whitefield, Bengaluru – Account Assistant
47	Mr.SK	Bengaluru - Karnataka	F20	Data entry operator	-	Drop out from the study
48	Ms. V M	Bengaluru -	F20	➤ Teaching Research assistant	*Liaised Vacancy	1. BYJUS 2. Internship at Neurochemistry

		Karnataka				Department, NIMHANS
49	Mr. K R	Bengaluru - Karnataka	BPAD	<ul style="list-style-type: none"> <li>➤ Office Assistant</li> <li>➤ Supervisor</li> <li>➤ Attender</li> </ul>	*Liaised Vacancy	1. KHPT – Karnataka Health Promotion Trust, Bengaluru – Hub Agent (Supervisory level job)
50	Mr.R	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Lift operator</li> </ul>	Liaised Vacancy	1. KCIC Agency
51	Ms. S	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Receptionist</li> <li>➤ Data Entry Operator</li> <li>➤ Sales Executive</li> </ul>	Open Vacancy	<ol style="list-style-type: none"> <li>1. S.K Jewelers – Sales Assistant</li> <li>2. SN Info media pvt.ltd – Receptionist</li> <li>3. Youth Jyothi pvt.ltd – Data Entry Operator</li> </ol>
52	Mr.J	Bengaluru - Karnataka	F20	<ul style="list-style-type: none"> <li>➤ Receptionist</li> <li>➤ Computer Billing</li> <li>➤ Office Assistant</li> </ul>	*Liaised Vacancy	1. Sri SG Trust, Bengaluru – Office Assistant Also refereed for skill training
53	Ms. D	Bengaluru -	BPAD	<ul style="list-style-type: none"> <li>➤ Data Entry</li> <li>➤ Sales Executive</li> </ul>	*Liaised Vacancy	<ol style="list-style-type: none"> <li>1. S.K Jewelers – Sales Assistant</li> <li>2. SN Info media pvt.ltd – Receptionist</li> </ol>

		Karnataka		➤ Receptionist		3. Youth Jyothi pvt.ltd – Data Entry Operator
54	Mr. MV	Bengaluru - Karnataka	BPAD	➤ Technical office assistant ➤ Data entry operator	Liased Vacancy	1. Nithya sadhana Vocational Training Centre
					Liased Vacancy	2. IFB Bangalore
					Open Vacancy	3. Hebbal Consultancy
55	Mrs. NG	Bengaluru - Karnataka	BPAD	➤ Child care assistant ➤ Manual tasks	Open Vacancy	1. Anganwadi Helper 2. Cleaning staff in Mall
56	Ms. SC	Bengaluru - Karnataka	F20	➤ Teaching ➤ HR Manager	*Liased Vacancy	1. Biju's, Bengaluru – Online Mentoring
					Open Vacancy	2. IT Hub, Bengaluru – Computer faculty
					Liased Vacancy	3. Nitya Saadhana – Teacher Refereed and placed in this job
57	Mr. GK	Bengaluru - Karnataka	BPAD	Lift operator	Liased Vacancy	1. KCIC Agency, NIMHANS

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58	Mr. SR	Bengaluru - Karnataka	F20	➤ Manual tasks Clinic attender	*Liaised Vacancy	1. SANSCOG Project under NIMHANS.
59	Ms. K J	Bengaluru - Karnataka	BPAD	➤ Domestic Help ➤ Cleaning work	Liaised Vacancy	1. Shree Annapoorneshwari PG, Bengaluru – PG cleaning assistant Referred and placed in the above job 2. Domestic Helper job – at a faculty’s home in NIMHANS quarters Jayanagar, Bengaluru, (Refereed and Placed in the this job)
60	Mr. S H	Bengaluru - Karnataka	F20	➤ Office assistant ➤ Sales assistant	Open vacancy	Refereed for Skill Training Canara Bank Skill Training Centre
61	Mr. E K	Hasana - Karnataka	BPAD	➤ Attender ➤ Ward Boy ➤ Assistant	Open Vacancy	1. S& S infotech, Hasana – Tele marketing job
62	Mr. S R	Bengaluru - Karnataka	F20	➤ Teaching – Primary School ➤ Assistant	Liaised Vacancy	1. Narayana Institute of Health, Bengaluru – Billing Assistant

				➤ Supervisor		
63	Mr. SR	Bengaluru - Karnataka	F20	Housekeeping staff		Shri Vinayaka Agency, NIMHANS

- **Liaised vacancy – Complete specific job-related support has been provided in finding job opportunity, contacting employer, preparing for the interview/appearing for interview/follow up service till the end of work tenure. Liaised and illness status has been revealed to the employer as per the participants consent & reasonable accommodation provided as per the patient’s preferences.**
- **\* Liaised vacancy – Liaised and illness status has been not revealed to the employer as per the patient’s preference.**
- **Open vacancy – General vocational related support has been provided i.e. pre – vocational training, resume building, methods of searching job, interview preparation, counseling services for patient/caregivers, available job opportunity details etc.**

The above table shows the list of individuals with mental illness who are undergone the vocational rehabilitation process - Vocational Assessment and Vocational Counseling and the work done by the team and procuring a job in the competitive market for them.

**Table -14: Placement Status of Participants in Study (n = 63)**

<b>Variable</b>	<b>n (%)</b>
Placed	32 (50.8)
Active attempts made	17 (27.0)
Referred for pre vocational training	7 (11.1)
Dropout from the study	7 (11.1)

The above table show the placement status of the Participants who have participated in the study. It can be observed that around 50.8% of them were successfully placed in Competitive Jobs. In 27% of them active attempts to place them in Competitive Jobs was made, 7% each of them were referred for pre-vocational training and dropped out of the study.

**Table -15: List of participants with severe mental disorders who were referred for Vocational skill training**

<b>SI. No/ Project Recruitment No.</b>	<b>Name of the client</b>	<b>Training Mode</b>	<b>Training Centre/Institute Name</b>	<b>Suggested Skill Training</b>
1/8	Mr.PK	Offline – Face to Face	NIIT computer training institute, Bengaluru	Computer Basics and Internet
2/23	Mr. MK	Offline – Face to Face	PMKY- Pradhanamantri Koushalya Vikas Yojana Training Centres - Bengaluru NIIT - Bengaluru	Computer Basics/Digital Marketing
3/41	Mr. HCG	Offline – Face to Face	Unnati Skill development Center- Bengaluru	General Skill Training
4/42	Mr. MI	Online	iffcoyuva.com	Re Skilling– Software
5/50	Mr. R	Offline – Face to Face	NIMHANS, PRS, Bengaluru	Lift Operation
6/54	Mr. MV	Offline – Face to Face	Canara Bank Institute of Information Technology – Bengaluru	Computer Hardware & Networking
7/63	Mr. SR	Offline – Face to Face	NIMHANS, PRS, Bengaluru	Cleaning



**Table -16: List of participants placed in different company/org./institute for gainful employment**

SI. No./ Project Recruitm ent No	Patient Name	Joining date	No. of days Job Sustained	Designation	Pay/pm.	Vacancy Mode
1/5	Mr. RK. S	05-03-2018	90	Office Assistant	₹ 5,000/-	Liaised Vacancy
2/4	<b>Mr. P U*</b>	01-04-2018	470	CCTV monitoring assistant	₹ 17,800/-	Liaised Vacancy
3/7	Mr. TP	02-04-2018	180	Gardner	₹ 14,500/-	Liaised Vacancy
4/3	Mr. M	20-04-2018	01	Fashion Assistant	₹ 14,000/-	Liaised Vacancy
5/17	Mr. H P. B	27-05-2018	03	Assistant Teacher	₹ 4,000/-	Liaised Vacancy
6/20	Mr. G	15-07-2018	60	Accountant	₹ 10,000/-	Open Vacancy
7/13	Ms. C	01-07-2018	60	Supervisor in Garments	₹ 10,000/-	Open Vacancy
8/15	Mr. SP	20-08-2018	20	Sales Executive	₹ 15,000/-	Open Vacancy
9/21	Mr. DJ	14-08-2018	90	Security Supervisor	₹ 15,000/-	Open Vacancy
10/16	Ms. R	17-09-2018	04	Assistant	₹ 15,000/-	Open Vacancy
11/19	<b>M. J*</b>	Not revealed	90	Repair service technician (Part	Based on the services he	Open Vacancy

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				time job)	provides	
12/14	Ms. R.	06-09-2018	90	Laundry Assistant	□4,000/-	Liaised Vacancy
13/22	Mr. A S	18-08-2018	05	BPO executive	□8,000/-	Open Vacancy
14/26	Mr. D N	1-03-2019	170	Executive	□13,000/-	Open Vacancy
15/32	Mr. RK	1-10-2018	90	Helper	□4,000/-	Liaised Vacancy
16/25	Mr. HP	2-10-2018	85	Care taker in a home (Nursing Assistant)	□11,000/-	*Liaised Vacancy
17/49	Mr. K R	1-09-2018	210	Semi-Skilled/Hub Agent	□16,000/-	*Liaised Vacancy
18/29	<b>Mr. N*</b>	Not revealed	120	Engineer, Associate level	□13,000/-	Open Vacancy
19/18	<b>Ms. U*</b>	15-07-2019	36	Instruct Designer	□1,00,000/-	*Liaised Vacancy
20/30	<b>Mr. DJ*</b>	November 2018	90	Creative content writer	□48,000/-	Open Vacancy
21/45	<b>Mr. V J*</b>	12-01-2019	200	On Job Trainee (Software)	□4,000/-	Liaised Vacancy
22/01	Mr. N K	01-02-2019	15	Security Supervisor	□15,000/-	Liaised Vacancy
23/33	Ms. N T	04-10-2019	03	Receptionist	□10,000/-	Liaised Vacancy
24/59	Ms. K	21-02-2019	03	House Keeping	□6,000/-	Liaised Vacancy

25/43	Mr. S	06-03-2019	02	Lift Operator job	₹7,000/-	*Liaised Vacancy
26/60	Mr. S H	01-02-2019	10	Sales Executive	₹10,000/-	Open Vacancy
27/44	Mr. K K	18-03-2019	04	Accountant	₹12,000/-	Liaised Vacancy
28/28	<b>Ms. P*</b>	01-03-2019	60	Senior Software Developer	Not revealed	Open Vacancy
29/55	Mrs. NG	03-06-2019	01	House Keeping staff	₹9,000/-	Open Vacancy
30/51	Ms. S	01-05-2019	03	Tele Caller	₹9,000/-	Open Vacancy
31/53	Ms. D	05-5-2019	07	Receptionist	₹9,000/-	Open Vacancy
32/56	<b>Ms. SC*</b>	01-05-2019	110	Skilled/Teacher	₹10,000/-	Liaised Vacancy

- **\* - Currently continuing the job & functioning well.**
- **\* Liaised vacancy – Liaised and illness status has been not revealed to the employer as per the patient’s preference.**
- **Liaised vacancy – Complete specific job-related support has been provided in finding job opportunity, contacting employer, preparing for the interview/appearing for interview/follow up service till the end of work tenure. Liaised and illness status has been revealed to the employer as per the participants consent & reasonable accommodation provided as per the patient’s preferences.**
- **Open vacancy – General vocational related support has been provided i.e. pre – vocational training, resume building, methods of searching job, interview preparation, counseling services for patient/caregivers, available job opportunity details etc.**

**Table -17: showing the list of Details of number of Days Sustained in Job**

**No. of days sustained in the job - participants**

<b>Variables</b>	<b>Median (Range)/ n (%) *</b>
No of days sustained in Job (n = 32)	60 (399)
Currently Employed (out of 32)	9 (14.29) *
Participants who experienced Adverse Events after joining Job (out of 32)	16 (25.4) *
Number of days sustained in job:	
• Without Adverse Events:	• 75 (398)
• Post Adverse Event:	• 26 (209)

The above table shows that the median number of days participants sustained in a job was 60 days (32 of them who were employed). 14.29% of them continued to be currently employed. 25.4% of them experienced some adverse events after joining the job such as: Interpersonal issues at work place relapse of symptoms, adjustment issues at work place and termination due to unplanned leaves. In these participants who dropped out of the job post placement due to adverse events, the median number of days they sustained in the job was 26 days. Those who experienced an adverse event sustained the job for lesser number of days (26) as compared to those who did not experience any adverse event (75 days).

**Post Placement support provided:**

- Travelling along with client
- Liaising with employer for reasonable accommodation
- Support in procuring disability benefits
- Support with adjusting to new workplace culture and colleagues
- On call support to employer and participant
- Motivating the participant to sustain employment

**Reasonable accommodation provided:**

- Flexible working hours
- Slow/gradual exposure to work
- Single supervisor
- Flexibility in availing leaves
- Weekly off
- Day-time shifts
- Individual work assignment with specific instructions
- Less stress on deadlines
- Flexibility in task completion time
- Work from home options
- Minimal social interaction in job profile
- Minimal workplace distraction- noise, over-involvement of supervisors and colleagues causing stress

**Adverse events leading to drop out from employment:**

- Termination from employer due to poor performance
- Termination from employer due to significant behavioral problems or IPR issues with colleagues
- Due to relapse of symptoms
- Termination from job to due to unplanned extended leaves

**Non-adverse events leading to drop out from employment:**

- Poor motivation
- Geographical distance
- Non-preference of job profile/roles assigned
- Completion of contract period

**TABLE 18. QUANTITATIVE OUTCOME VARIABLES OF PARTICIPANTS PROVIDED JOB PLACEMENT OVER A PERIOD OF 6 MONTHS (Wilcoxon Sign Rank Test)**

	<b>BASELINE (n=32)</b>	<b>6 MONTH- (n=29)</b>		
<b>VARIABLE</b>	<b>MEAN (SD)</b>	<b>MEAN (SD)</b>	<b>z VALUE</b>	<b>p-VALUE</b>
IDEAS	5.91 (2.82)	4.69 (2.17)	<b>-2.35</b>	<b>0.02*</b>
VAS RECOVERY	7.92 (1.09)	8.24 (0.79)	-1.576	0.12
VAS EFFICACY	7.34 (1.32)	7.93 (1.07)	-1.622	0.12
SOFS	17.97 (4.40)	20.83 (5.51)	<b>-3.27</b>	<b>0.01*</b>
BREF COPE	61.19 (6.91)	63.56 (8.26)	-1.425	0.15

- \*p value:  $\leq 0.05$

The above table shows the data relating to quantitative variables of participants provided with job placement over a 6-month-period. It can be observed that over a period of 6 months the Disability score significantly reduced (z-value: -2.35, p-value: 0.02) and Socio-occupation functioning significantly improved over the 6 months (z-value: -3.27, p-value: 0.01) in this group of participants.

**TABLE: 19 - QUANTITATIVE OUTCOME VARIABLES OF PARTICIPANTS NOT PLACED OVER A PERIOD 6 MONTHS (Wilcoxon Sign Rank Test)**

	<b>BASELINE (n=31)</b>	<b>6 MONTH- (n=24)</b>		
<b>VARIABLE</b>	<b>MEAN (SD)</b>	<b>MEAN (SD)</b>	<b>z VALUE</b>	<b>p-VALUE</b>
IDEAS	7.23 (2.17)	6.71 (2.27)	-0.97	0.33
VAS RECOVERY	7.31 (1.09)	7.75 (0.94)	-1.85	0.06
VAS EFFICACY	7.10 (1.04)	7.25 (1.03)	-0.75	0.46
SOFS	20.23 (4.80)	23.58 (4.90)	<b>-2.85</b>	<b>0.004*</b>
BREF COPE	60.13 (9.19)	62.92 (7.45)	-0.76	0.45

\*p-value: ≤ 0.05

The above table shows the data relating to quantitative variables of participants not placed over a 6-month-period. It can be observed that the Socio-occupational functioning significantly improved (z-value of -2.85, p-value of 0.004) from baseline to 6 months in this group of participants.

**TABLE:20- DATA OF PARTICIPANTS WHO COMPLETED 12-MONTH FOLLOW-UP (n = 8)**

<b>Variable</b>	<b>Participants (n)</b>
Not working	5
Actively attempted	2
Continued to work	1

The above table shows the data of participants who completed 12 months follow up. 5 participants were not working at the end of 12 months while active attempts of placement was done for 2 participants and 1 participant continued to work. As the numbers of participants whose data collected at 12 months was

in single digits and as most of them were not Working, further quantitative statistical analysis was not considered.

## **QUALITATIVE DATA:**

### **THEME 1: WORK PERFORMANCE**

The participants enumerated a number of themes relating to their work performance that included their job profile, roles assigned to them, the feedback they have received from their employers, their relationship with members at work, etc. The sub-themes and the quotes detailing these are described below.

#### **SUBTHEMES:**

**1. Job profile-** The participants gave a detailed description of the job role, the duties involved, location of job and the designation.

*“I work as a gardener, from 8 to 4:30. I get salary for about Rs.14500. I work near Thunga hostel madam”- Mr.TP*

**2. Relationship with employer/supervisor-** The participants described the relationship shared with the employer or supervisor, including the feedback and support provided by them.

*“it was good actually. He was telling me to try and avoid medicines and join some yoga sessions and like that. He had told me that it is high time that you stop taking medicines and that you are alright. He was good actually”- Mr.SP*

**3. Relationship with colleagues-** The participants described the interpersonal relationship with colleagues at work place.

*“..no madam, that was not the issue. The problem was about my colleague there. So that person never liked me and few files went missing, some fees amount went missing and some girl’s marks card went missing. That person started blaming me when I was not at all the in charge for any of it”- Mr.G*

**4. Cognitive deficits-** The participants described the cognitive difficulty as per one’s own awareness or as provided as a feedback by the employer.



*“I feel some slowness is there madam, but apart from that it is ok. Elangovan sir says I have to learn things more quickly and do work fast, that’s all”- Mr.PU*

**5. Illness factors related job difficulty-** The participants narrated various job related difficulties hindering from working to full potential or sustaining employment such as drowsiness, negative symptoms, relapse of symptoms, etc.

*“I was feeling very lazy actually, I was not feeling like getting up and going only, I was feeling lazy but actually it was as if someone might be involved in it, like they would be stopping me from going to job or something like that”- Mr.SP*

**6. Reasonable accommodation-** The participants listed work related adjustments or modifications provided on request from the team and the client’s own understanding of possible adjustments that could be made to facilitate working in full potential.

*“yes madam, very much. When I had problems with one supervisor sir also you helped and spoke to Madam, and even when I came to Delhi, you were able to talk to them to shift my work from there to here”-Ms.RM*

**7. Salary-** the detailed account by participants regarding the remuneration received for working, including difficulty to receive the same.

*“..they had told they would pay Rs.10000, which was ok for me. They are yet to give the last month’s pay”- Ms.CL*

**8. Job growth-** the potential job growth foreseen by the participants in the current job profile held.

*“I was first working with the CCTV unit the BME department, they shifted me to telephone unit then, I was worried that I may lose my job but then doctors told me that it was ok and I am very thankful about it. I was hoping to get an increment as I finished one year here”- Mr.PU*

**9. Disclosure of illness-** Participants recount of the concerns regarding disclosure of mental illness, the potential advantages and disadvantages of disclosure and level of disclosure.

*“...madam, the person who got me the job knew I take medicines and he told me not to tell others. I feel that person was a problem in general madam, so I think knowing the illness would not have made a difference”- Mr.G*

**10. Other Job-related difficulty-** any other job related difficulty hindering full potential of the participant as described by them.

*“..madam firstly, it was a great place and Dr Aarti was of great help but what happened was that person called me to come and then I could not go as my father fell ill. And also that place is very far madam. I stay in Sanjay Nagar and this place is like Electronic city. He did say that after training he will put me to their Banashankari shop but I still couldn't make it”- Mr.MV*

## **THEME 2 - PERCEIVED BENEFITS OF PARTICIPATING IN THE STUDY**

The participants enlisted a number of benefits of participating in the study including the relationship with the therapist, social welfare benefits counseling, job placement, improvement in their skills etc. The details of the sub-themes are presented below with quotes:

### **SUB-THEMES:**

**1. Job placement and referral-** The participants reported the benefits of participation was through placement in a job, referral to jobs through liaised or open vacancies.

*“You gave me job openings and interview details, and also got me an interview here. Thank you”- Ms.CL*

**2. Job related skill development-** Participants felt that they understood the need for skill development to facilitate job growth or placement by being a part of the program.

*“This was the first time I went for work. I also started practicing on computers after you guided and gave homework”- Ms.RM*

- 3. Cognitive aids-** The participants enlisted some of the cognitive aids suggested by the team that have been helpful to them such as reminders, dairy keeping, etc.

*“I followed the time table to study and sleeping pattern as you had said. I was able to concentrate also. When I discussed with you about not remembering what I had read you said that I can write down in short form and revise. I tried that and it worked. Even exam tips like writing what I know first and then filling the others later helped me in the first round this time”- Mr.NK*

- 4. Social skills development-** The participants enumerated various job related social skills including interview skills that they had gained through the program.

*“u also taught me how to answer interview questions, did interviews with me and also came with me to one interview”- Mr.GLD*

- 5. Therapeutic relationship-** The participants reported that the relationship that the participant shared with the therapist was as important aspect of the program.

*“You would call me and ask me how I was. Because my mother had a heart attack and I had to take care of her. I was worried. You said to continue same medicines and come when everything is ok. That helped because I did not leave medicines and came late but I was able to apply for exams also”- Mr.NK*

- 6. Coping-** participants felt that they had noticed an improved in their work place stress management skills at the end of the program.

*“in the current job, [u helped me] to manage stress and [u were] always in touch with me to know how I am feeling”- Mr.KR*

- 7. Independent living skills-** participants reported that they had gained independent living skills through the program such as travelling alone to work, money management, etc.

*“Yes, I feel I will become financially independent as well once I start earning now”- Ms.PD*

8. **Structured activity-** the participants reported that having a structured daily routine was a major benefit from the whole program

*“when I was told that I had to maintain a routine even to take medications, it helped as I have been able to look for jobs after that. I have been less drowsy after following a routine”- Ms.SK*

9. **Impact of Job on recovery-** the participants pointed out that there was a positive impact of being employed on their recovery journey such as identifying life goals, improved self-esteem, better relationships with family members, etc.

*“I am fine now, no problems at home also. Being in a job is important to save money for myself and my son. I have pledged some gold, so to recover that I need money”- Ms.CL*

10. **Caregiver attitude-** The participants felt that the behaviour and attitude of their caregivers had noticeably changed in due course of counselling, they were reportedly more understanding of the participant’s illness, their difficulties in procuring and sustaining jobs, etc.

*“..after you met my brother for the first time, my family understood my problem. They supported me more. My brother also explained to my mother that I should not be given too much stress. Now if I am studying they help me. My brothers are very supportive and give me tips”- Mr.NK*

11. **Psychoeducation-** The participants felt that a very important benefit from the program was gaining knowledge about their illness and skills, including their strengths and limitations.

*“I kind of always knew but you did tell me more details about my illness and that was crucial I believe”- Mr.DJ*

**12. Health advise-** The participants reported that the advise received from the therapist regarding other health related concerns including life style modifications were beneficial to them.

*“I did to know more about my illness and my diet. I am following diet as suggested by you. I am making changes, trying to go for walk also”-*

*Mr.RM*

**13. Expectation of continued support-** The participants reported their expectations from the team at the end of termination, which mainly included continued support with regard to vocational rehabilitation.

*“I want your support till I get the job. I have asked for Bangalore posting only so that I am close to NIMHANS”- Mr.NK*

**14. Motivation-** The participants felt that they felt encouraged and motivated by the team to seek, sustain and retain employment.

*“I would say it was enriching because I felt the biggest difference when I was involved in work, which makes me want to go back to it and feel independent”-*

*Mr.MK*

**15. Benefits counselling-** The participants felt that the counselling regarding disability welfare benefits was a crucial benefit from the program.

*“..actually to be frank, I used to not get free medicines madam, you helped me with that and now I take free medicines from the hospital. Though job is my priority I think some needs are done.. that disability letter you have told me about, if I get that it may be helpful”- Mr.SH*

**10. DISCUSSION AND INTEPRETATION OF RESULTS:**

- **Important Need:** This employment programme was the most felt need of the participants and meeting their needs was important work. In a study conducted by Durgoji S et al, 2019, it was found that work was seen as the most important predictor of quality of life among patients with Schizophrenia. Work was seen as to improve self-satisfaction and self-esteem, being a source of income, facilitating socialization and improving social value.
- **Feasibility of Tool:** This is also the first time that an assessment tool for vocational potential was tested, founded to be feasible, useful. The tool can provide individualized data which is the strength of the tool. The tool can be administered by Masters level Mental Health Professionals at the hospital and community setting.
- **Feasibility of Counseling Module:** The Counseling module was found to be feasible as it helped clients to get a job in the open market. The components such as ‘Exploring client and Family concerns and expectations regarding vocational issues’, ‘Focus on identifying participants strengths and job matching’, ‘Working with the Employer: to reasonably accommodate a participant with mental illness and explaining the process of employing a participant with mental illness’, ‘Post Placement support including job retention, problem solving’ were some of the important components of the counseling module which produced the desired results of job placement in this study.
- **Feasibility of Employment Programme:** The Employment programme was found to be feasible as it showed good placement and job sustenance rates in background of overall low employment rates low in India. The dimensions of feasibility as measured in other studies (Wuest J, Merritt-Gray M., Dubé N., Hodgins MJ., Malcolm J., Majerovich JA., Scott-Storey K., Ford-Gilboe M and Varcoe C., 2015) such as Acceptability, Approach, Structure and Process, Implementation, Demand, Integration, Adaptation, Efficacy Potential and Practicality have all been looked into in this study and

presented in the results. The programme was found to be acceptable and practical, under the conceptual framework on Vocational Rehabilitation; it had a clear structure and process and was implemented as per pre-designated procedures; there was a high demand for this programme; it integrated various stakeholders for adaptation and success of this programme. Liaison with employers showed that they were supportive and getting a job was not considered a barrier, however retaining the job due to a number of adverse events was found to be challenging. The results of this study show that placement status (50.8%) and job sustenance period (60 days) is better than earlier Individual Placement and Support (IPS) studies, (Lehman AF et al, 2002 & Lehman, A. F., Goldberg, et al, 2002). Further the results show that participants who have been placed showed reduced disability scores and better social-occupation functioning over the period of the employment programme. The reason for reduced socio-occupation functioning scores in participants who were not placed could be that some of them were referred for skill training and others were actively engaged in finding a job placement. Qualitative feedback also reiterated that the programme was beneficial to the participants.

- **Challenges:** Managing the expectations of different stakeholders (participant, caregiver, employer) involved in the participant care to successfully provide job placement in the open market was a challenge. Many a times, the participants and caregivers had different expectations of job roles they would want to get placed in. Further the employer had his own set of criteria which at times did not fit the client's profile. This was one of the reasons that the team to succeed to provide employment only to 50% of the participants. The research team however believes that not being able to place the remaining 50% of the participants is not a failure but every step of working with the participants for finding for a job, engaging the participant and job placement was a step of maturity on how to engage the participant more gainfully in a job scenario. Thomas TL et al, 2019 in their study to understand the challenges faced by persons with severe mental illness with professional degrees in obtaining and maintaining employment identified factors to be either facilitators for work or hindering. Facilitators for

obtaining and maintaining employment included personal strengths, social support, accommodative work environment, disclosure, support from mental health professionals and services. Factors that were identified as hindering for obtaining and maintaining employment included symptoms of the illness, side effects of medications, stigma, poor social support, academic under-achievement, disjointed work history, poor workplace environment and specific cultural, gender issues which are very similar to the themes identified in our qualitative interviews with participants at termination.

- **Strengths of the Study:** The costs of conducting this employment programme was low as compared to any of the structured Employment programmes that are funded in the United States and United Kingdom Government. With two Masters level educated Mental Health Professionals, this programme could provide results of employment rates and job sustenance better than that of other Western country IPS models. Thus the programme has the potential of replication in the Community level by training masters level mental health professionals under the District Mental Health Programme. This would help provide vocational rehabilitation to many participants with mental illness in the community at the District level.
- **Limitations of the Study:** The study did not assess how many participants had parallel therapy. Further the researchers observe that if referred to therapy, possibly the employment rates could have been better. Further the motivation, Rehabilitation readiness and efforts to seek job was not assessed periodically, which could have varied over the 12 months period.
- **Policy Implications:** The Rights with Persons with Disability Act 2016 (Chapter 4, Sec 20-21) talks about ‘Non-Discrimination in Employment’ and ‘Equal Opportunity’. This study shows that it is feasible to implement these sections of the Act in the community where participants with mental illness can not only get placed in the Competitive Job market on ‘At-par’ salaries, but also sustain their jobs with reasonable accommodation provided by the employers.



## 11. CONCLUSION:

The Employment programme (Vocational Potential Tool, Counselling Module and process of Employment) was found to be feasible as it showed good placement and job sustenance rates in background of overall low employment rates low in India. Liaison with employers showed that they were supportive and getting a job was not considered a barrier, however retaining the job due to a number of adverse events was found to be challenging.

## 12. SUMMARY:

**Background:** A number of persons with severe mental illnesses are unable to prepare for, find or keep a job due to factors linked to their illness as well as psychosocial. In such a scenario, a structured employment programme would help support eligible recovered persons with mental illness.

**Methodology:** A structured Employment Programme was designed for persons with Severe Mental Disorders (SMD's; whose CGI score was 4 or less) including (1) developing and assessment of the vocational potential of the participants, (2) developing and providing vocational counselling, (3) networking and liaising with prospective employers, (4) providing job related training and placement and (5) providing continued support for job retention and fulfilling employment goals for 6 months. Job placement status, Social Occupational Functioning, Coping and Disability (quantitative data) and benefits of enrolling in the employment programme (qualitative data) were assessed. The socio demographic details were analyzed using descriptive statistics and the outcome variables were analyzed using descriptive statistics [Median (range), n (%)] Wilcoxon Sign Rank test due to small sample size. The qualitative reports were audio-recorded, transcribed and content analyzed.

**Results:** The Vocational Potential Assessment Tool and the Vocational Counselling Module developed had good face and content validity. It was found to be useful and easy to use by other mental health professionals. A total of 40 employers who were contacted & liaison with for providing job placement and

reasonable accommodation. Out of 63 participants recruited into the study, 32 (50.8%) participants were placed in competitive jobs, 17 (27.0%) were actively attempted for placement, 7 (11.1%) were referred for skill training and 7 (11.1%) dropped out from the study. The median number of days participants sustained in a job was 60 days (32 of them who were employed). 14.29% of them continued to be currently employed at the end of the project. 25.4% of them experienced some adverse events after joining the job such as: Interpersonal issues at work place relapse of symptoms, adjustment issues at work place and termination due to unplanned leaves. Those who experienced an adverse event sustained the job for lesser number of days (26) as compared to those who did not experience any adverse event (75 days). On Wilcoxon Sign Rank test, the Disability score significantly reduced (z-value: -2.35, p-value: 0.02) and Socio-occupation functioning significantly improved over the 6 months (z-value: -3.27, p-value: 0.01) amongst those who were placed in the study over a period of 6 months.

**Conclusion:** The Employment programme (Vocational Potential Tool, Counselling Module and process of Employment) was found to be feasible as it showed good placement and job sustenance rates in background of overall low employment rates in India. Liaison with employers showed that they were supportive and getting a job was not considered a barrier, however retaining the job due to a number of adverse events was found to be challenging.

<p><b>13. CONTRIBUTIONS MADE TOWARDS INCREASING THE STATE OF KNOWLEDGE IN THE SUBJECT:</b></p>
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There were three scientific papers presented using the outcome of the study at different stages:

1. Harish N, Chilamatur V, Jagannathan A, Kumar C N, Thirthalli J, Chaturvedi S K, Kumar D, Bholra P, Muliya K P, Thanpal S, Angothu H, Jayarajan D, Feasibility of Implementing a Structured Vocational Rehabilitation Program for Persons with Severe Mental Disorders in a Tertiary Care hospital in India (2018), Original Oral Research Paper Presented at the Annual Congress on Mental Health, Paris, 2018.

2. Harish.N, Thirthalli.J, Kumar C N, Jagannathan A, Development of a tool to assess the vocational potential of persons with severe mental disorders (2017), Original Oral Research Paper Presented at the World Association Of Psychosocial Rehabilitation Conference, Abu Dhabi, 2017.
3. Jagannathan A, Nikitha Harish, Venkatalakshmi C, Jagadisha T, Naveen Kumar C, Devvarta K, Bhola P, Krishna Prasad M, Sivakumar T, Angothu H, Radhakrishnan G, Jayarajan D and Chaturvedi SK. Employment Programme For Persons With Severe Mental Disorders: Disability To Functionality Approach. Oral Presentation in Asia Pacific Social Work Conference 2019, Bengaluru – September 17 – 19 2019.

#### **14. MANPOWER TRAINED IN THE PROJECT:**

Senior Research Fellow:

- Ms. Nikitha Harish (From June 5<sup>th</sup> 2017 to August 31<sup>st</sup> 2019)
- Ms. Venkatalakshmi C (From June 1<sup>st</sup> 2017 to August 31<sup>st</sup> 2019)

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**16. PROCUREMENT/USAGE OF EQUIPMENT:**

**Table -17: showing the details of procurement/usage done under the project Procurement/usage details done under the project**

S. No	Name of Equipment	Make/ Model	Price FE/₹	Date of Installation	Utilization rate %	Remarks regarding maintenance/ breakdown
1	HP LAPTOP	HP 15-AY543TU SI No: CND73379R M	35,127,11/-	8/10/2017	75%	Functioning Well
2	HP Laser Jet printer	M1005	13,900.00/-	8/10/2017	75%	Functioning Well
3	Seagate Hard Disc1TB	Back up Plus slim 2.5” NH8K4M552	6,050.00/- -	8/10/2107	10%	Functioning Well
4	Mobile	SAMSUNG FM GURU	1420.00/- -	22/07/2017	80%	Functioning Well



**APPENDIX- 1 NIMHANS Ethics Committee approval letter**

 **NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES**  
(INSTITUTE OF NATIONAL IMPORTANCE)  
P.B. NO.2900, HOSUR ROAD, BENGALURU - 560 029 (INDIA)

Dr. Santosh K. Chaturvedi  
Professor of Psychiatry  
Dean & Member Secretary  
IEC (Behavioural Science Division)

Off: 26995004  
Fax: 91-80-26564830/26566811  
email: [deannimhans@yahoo.com](mailto:deannimhans@yahoo.com)  
[skchatur@hotmail.com](mailto:skchatur@hotmail.com)

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No. NIMHANS/2<sup>ND</sup> IEC (BEH.SC.DIV.)/2016 Date: 15.12.2016

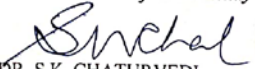
1. Name of the investigator:	Dr. Aarti Jagannathan, Assistant Professor, Dept. of Psychiatric Social Work
2. Reference number of the investigator:	Letter dated 30-08-2016
3. Title of the proposal submitted for ethical clearance:	<b>FUNDED PROJECT – MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT, GOVERNMENT OF INDIA</b>  Title of the Research Project: "Feasibility Testing of Employment Programme on Work Performance of Persons with Mental Illness".
4. Nature of the proposal submitted for ethical clearance:	Research Project
5. New Review <input checked="" type="checkbox"/> Revised Review <input type="checkbox"/> Expedited Review <input type="checkbox"/>	
6. Duration of the Proposed Project:	Two and half years
7. Date of Ethics Committee meeting held:	22 <sup>nd</sup> October, 2016
8. Date of previous review, if revised application:	NA
9. Clear statement of the decision reached:	

At the Ethics Committee Meeting held on 22<sup>nd</sup> October, 2016 members of the Committee reviewed the research project and study related documents and discussed the ethical issues involved. After consideration, Committee decided to approve the research project in-principle.

A letter to this effect was sent to you seeking certain clarifications/documents vide letter dated 2.11.2016. In response to this, you have submitted required clarifications/documents vide letter dated 24-11-2016. Hence, the Research Project and study related documents are approved with respect to ethical aspects.

**Decision of the IEC:**

*The Research Project and study related documents are approved with respect to ethical aspects.*

  
DR. S.K. CHATURVEDI,  
DEAN AND MEMBER SECRETARY  
IEC (BEHAVIOURAL SCIENCES DIVISION)  
Copy to: A.A.O (Project) – for kind information with a copy of the project proposal



**APPENDIX- 2 -Detailed Informed Consent Form – English version**

**Informed Consent Form – PATIENT/CARE-GIVER**

**TITLE: FEASIBILITY TESTING OF EMPLOYMENT PROGRAMME  
ON WORK PERFORMANCE OF PERSONS WITH MENTAL ILLNESS  
WHO ARE UNDER REGULAR TREATMENT**

I, Dr Aarti Jagannathan and my co-investigators in this study are from the Psychiatric Rehabilitation Services, NIMHANS. The present study, funded project by the Ministry of Social Justice and Empowerment, Government of India, will be conducted at NIMHANS, Bangalore. It involves a feasibility testing of an employment programme for persons with severe mental disorders who are under regular treatment; Assessment, Counseling and Follow-up.

**Information to the patient:**

We understand that you are suffering from a mental illness and are currently under treatment for the same. We understand that due the illness you find it difficult to find or keep a job, which may add to stigma. In such a scenario, a supported employment programme would help you in finding a job. In this study we are aiming to test the feasibility of an employment programme which will assess counsel and follow-up persons with Severe Mental Disorders (SMD) in the process of helping them procure jobs in the community.

Your consent is sought to take part in the study. If you consent to take part in the study, the researcher will conduct a few assessments of your current functioning, provide you vocational counseling sessions and help you find and maintain a job, with the help of members of the Psychiatric Rehabilitation Services, NIMHANS. The number of counseling sessions largely depends on the needs expressed by you during the course of assessments. Some assessments and sessions will also include your primary care-giver as their involvement may be crucial to your vocational rehabilitation. Even after you find a job, we would further need to conduct assessments, till up to six months into your work period. Overall, you may need to provide the researcher, about 4 hours over 4 sessions for completing the assessments at NIMHANS. During the course of the study, with your consent, we would also be contacting your employer at intervals of every 3 months to understand your performance in the job. Please note that with your consent, the employer will be intimated about your illness status before employment into the organization, so that necessary accommodations can be made from the side of the employer.

Please note that you have a right to refuse to take part in the study at any time. You will continue to receive the best available treatment from the institute even if you refuse to take part/drop out of the study or even if you drop out of a particular workplace/begin working yourself. Please also note that the information you are going to divulge to us will be kept in utmost confidentiality. The summary of every counseling session will be noted down in your Medical Records Department (MRD) file. Kindly note that the study does not guarantee employment; every participant is encouraged to also find a job through his/her own effort. The results of the study will be published as a report for the Ministry of Social Justice and Empowerment, Government of India and/or in

academic/scientific journals. While doing so, it will be assured that your identity will not be revealed in any manner.

**Undertaking by the researcher:**

Your consent to participate in the above study is sought. You have a right to refuse consent or withdraw the same during any part of the study without giving any reason. I undertake to maintain complete confidentiality regarding the information obtained from you during the course of the study. Your illness status will not be disclosed to your employer without your prior permission. If you have any doubts about the study, please feel free to clarify the same. Even during the study you are free to contact the investigators for clarifications if you desire so. The phone number of the researcher is given below:

<b>Principal Investigator Name</b>	<b>Phone Number</b>
Dr Aarti Jagannathan	+91-80-26995230

**Consent:**

I/we have been informed in a language understandable to me/us, about the procedures of the study. The possible risks too have been explained to me/us as stated in the information. I/we have understood that I/we have the right to refuse my/our consent or withdraw it any time during the study without adversely affecting my/my relative's treatment. I am/we are aware that by subjecting to this investigation, I/we will have to give more time to assessments and counseling sessions by the investigating team and that these do not interfere with the benefits.

I/We, \_\_\_\_\_, the undersigned, give my/our consent to be a participant of this investigation/study program.

Signature of the Patient

Signature of Caregiver

(Name and Address)

(Name and relationship with the patient)

Signature of the Researcher  
(Name and Designation)

Signature of witness  
(Name and Designation)

Date:

Place:

## APPENDIX- 2. a

### Informed Consent Form – Expert

#### **Title: FEASIBILITY TESTING OF EMPLOYMENT PROGRAMME ON WORK PERFORMANCE OF PERSONS WITH MENTAL ILLNESS WHO ARE UNDER REGULAR TREATMENT**

#### **Information to the Expert:**

We understand that you are a mental health service professional working in the area of rehabilitation of persons suffering from mental disorders. Employment programmes help persons with mental disabilities integrate back into society by being gainfully employed and contributing to their family/community. However a number of persons with severe mental illnesses due to various factors are unable to prepare for, find or keep a job. In such a scenario, a supported employment programme would help support eligible recovered persons with mental illness through assessment of their vocational potential, by providing vocational counselling and guidance, securing suitable employment and providing continued support through their employment tenure. In this study we are attempting to test the feasibility of an employment programme for persons with severe mental disorders who are under regular treatment.

The present study, funded project by the Ministry of Social Justice and Empowerment, Government of India, will be conducted at NIMHANS, Bangalore by myself, Dr Aarti Jagannathan and my co-investigators from the Psychiatric Rehabilitation Services, NIMHANS. It will be conducted in three phases:

Phase I : Development and Validation of Vocational Potential Assessment

Phase II : Development and Validation of Counselling module

Phase III : Feasibility Study

Your consent is sought to take part in **Phase I/II (Development of Vocational Potential Assessment/ Counselling Module)** of the study. If you consent to take part in this phase of the study, the investigator will interview you along with other participants or individually. In this interview, the interviewer will discuss problems that you think persons with SMD's have in finding/seeking, maintaining/retaining the employment and possible strategies to facilitate the employment process. The information collected from you will be helpful in developing the Vocational Potential Assessment/ Counselling Module which in turn would help participants with mental illness help in finding and maintain a job. This would involve meeting the researcher for 2-3 hours on selected dates in a group/ individually and this session would be audio taped/videotaped.

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Please note that you have a right to refuse to take part in the study at any time. Please also note that the information you are going to divulge to us and the audio/video tapes will be kept in utmost confidentiality.

### **Undertaking by the researcher:**

Your consent to participate in the above study is sought. You have a right to refuse consent or withdraw the same during any part of the study without giving any reason. I undertake to maintain complete confidentiality regarding the information obtained from you during the course of the study. If you have any doubts about the study, please feel free to clarify the same. Even during the study you are free to contact the researcher for clarifications if you desire so. The phone number of the researcher is given below:

<b>Researcher Name</b>	<b>Phone Number</b>
Dr Aarti Jagannathan	+91-80-26995230

### **Consent:**

I have been informed in a language understandable to me/us, about the procedures of the study. The possible risks too have been explained to me/us as stated in the information. I/we have understood that I/we have the right to refuse my/our consent or withdraw it any time during the study without adversely affecting my/my relative's treatment. I am/we are aware that by subjecting to this investigation, I/we will have to give more time to assessments and counseling sessions by the investigating team and that these do not interfere with the benefits.

I, \_\_\_\_\_, the undersigned, give my/our consent to be a participant of this investigation/study program.

I, \_\_\_\_\_, the undersigned, give/do not give consent for my interview to be audio/video taped.

Signature of the Expert  
(Name and Designation)

Signature of Researcher (Name  
(Name and Address))

Date:

Place:

**APPENDIX- 3**

**Tools of the study**

**IDEAS**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FOLLOW UP TIMELINE: \_\_\_\_\_

<b>Domain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Self care</b>					
<b>Interpersonal activities</b>					
<b>Communication and Understanding</b>					
<b>Work</b>					
<b>Duration of illness</b>					
<b>Total (A+B)</b>					

**APPENDIX- 3.a**

**SOFS**

**The Social-Occupational Functioning Scale (SOFS):  
A Brief Measure of Functional Status in Persons with Schizophrenia**

Name:

Date:

Informant:

Item No	Ability	1	2	3	4	5
1	Bathing and Grooming					
2	Clothing and Dressing					
3	Eating, Feeding and Diet					
4	Neatness and Maintenance Activities					
5	Conversational Skills					
6	Social Appropriateness/Politeness					
7	Social Engagement					
8	Money Management					
9	Orientation/Mobility					
10	Instrumental Social Skills					
11	Recreation/Leisure					
12	Work					
13	Respect for Property					
14	Independence and Responsibility					

**General Rating Scale**

Score 1: **No impairment** : Patient's behavior is appropriate to his social cultural background.

Score 2: **Mild impairment**: Minor deviations or problems are evident occasionally (once or twice a week), but patient corrects/attends to them when prompted. Patient is able to carry out routine work independently.

Score 3: **Moderate impairment**: There are obvious deviations or problems that occur frequently (3 to 4 times a week). Patient needs to be reminded to carry out the appropriate behaviors.

Score 4: **Severe impairment**: There is marked deviation from the norms of behavior appropriate to his/her social cultural background and the patient usually requires assistance to carry out the behaviors.

Score 5: **Extreme impairment**: Patient resists or is incapable of performing expected behavior even when assistance is offered. Patient requires constant supervision.

**APPENDIX- 3.b**

**Brief COPE (PTLDS)**

These items deal with ways you've been coping with stress in your life, specifically any problems associated with your overall health in the past several months. If you have not had any health problems in the last several months, then rate the items based on how you have been coping with any stress in your life, across the past several months. There are many ways to try to deal with problems. These items ask what you've been doing to cope with these problems. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it.

Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

- 1 = I haven't been doing this at all**
- 2 = I've been doing this a little bit**
- 3 = I've been doing this a medium amount**
- 4 = I've been doing this a lot**

I am answering these questions based on (please check one):  Overall health problems  
 Other, non-health stressors

- |  |         |
|--|---------|
| 1. I've been turning to work or other activities to take my mind off things.         | 1 2 3 4 |
| 2. I've been concentrating my efforts on doing something about the situation I'm in. | 1 2 3 4 |
| 3. I've been saying to myself "this isn't real."                                     | 1 2 3 4 |
| 4. I've been using alcohol or other drugs to make myself feel better.                | 1 2 3 4 |
| 5. I've been getting emotional support from others.                                  | 1 2 3 4 |
| 6. I've been giving up trying to deal with it.                                       | 1 2 3 4 |
| 7. I've been taking action to try to make the situation better.                      | 1 2 3 4 |
| 8. I've been refusing to believe that it has happened.                               | 1 2 3 4 |
| 9. I've been saying things to let my unpleasant feelings escape.                     | 1 2 3 4 |
| 10. I've been getting help and advice from other people.                             | 1 2 3 4 |
| 11. I've been using alcohol or other drugs to help me get through it.                | 1 2 3 4 |

Page 1 of 2



**Brief COPE (continued)**

- |  |   |   |   |   |
|--|---|---|---|---|
| 12. I've been trying to see it in a different light, to make it seem more positive.  | 1 | 2 | 3 | 4 |
| 13. I've been criticizing myself.  | 1 | 2 | 3 | 4 |
| 14. I've been trying to come up with a strategy about what to do.  | 1 | 2 | 3 | 4 |
| 15. I've been getting comfort and understanding from someone.  | 1 | 2 | 3 | 4 |
| 16. I've been giving up the attempt to cope.   | 1 | 2 | 3 | 4 |
| 17. I've been looking for something good in what is happening.   | 1 | 2 | 3 | 4 |
| 18. I've been making jokes about it.   | 1 | 2 | 3 | 4 |
| 19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. | 1 | 2 | 3 | 4 |
| 20. I've been accepting the reality of the fact that it has happened.  | 1 | 2 | 3 | 4 |
| 21. I've been expressing my negative feelings.   | 1 | 2 | 3 | 4 |
| 22. I've been trying to find comfort in my religion or spiritual beliefs.  | 1 | 2 | 3 | 4 |
| 23. I've been trying to get advice or help from other people about what to do.   | 1 | 2 | 3 | 4 |
| 24. I've been learning to live with it.  | 1 | 2 | 3 | 4 |
| 25. I've been thinking hard about what steps to take.  | 1 | 2 | 3 | 4 |
| 26. I've been blaming myself for things that happened.   | 1 | 2 | 3 | 4 |
| 27. I've been praying or meditating.   | 1 | 2 | 3 | 4 |
| 28. I've been making fun of the situation.   | 1 | 2 | 3 | 4 |



## **Appendix- 4**

### **FGD SCRIPT**

**No of sessions: 1**

**Time: 1 – 2 hours**

Good morning/evening and welcome to our session. Thank you for taking time to join our discussion.

This is one of number of sessions that we are holding in NIMHANS. The purpose of this study is to test the feasibility of an Employment Programme on work performance of persons with Mental Illness who are under treatment. The information collected from you will be helpful in modifying and validating the vocational assessment proforma developed to understand the vocational potential of a person with severe mental illness.

There are no right or wrong answers but rather differing points of view. Please feel free to share your point of view, even if it differs from what others have said.

Before we begin, let me remind you of some of our procedures. Please speak loudly. We are video recording the session because we do not want to miss any of your comments. If several people are talking at the same time, we will miss your comments. Please also note that the information you are going to divulge to us and the audio/video tapes will be kept in utmost confidentiality.

Well, lets begin. We have placed name cards on the table in front of you to help us all remember each other's name. Let us first find out some more about each other by going around the room. Tell us your name, where you live, and what are the areas of concerns in employment for persons with severe mental illnesses.

(Participants go around the room and the introduction game is conducted. Participants get to know each other and discuss areas of concerns in employment for persons with severe mental illnesses. The moderator facilitates discussion in the group).

Now that we have discussed your areas of concerns in employment for persons with severe mental illnesses, I would request you to List the most important

aspects concerning various skills to be assessed to consider employment of persons with severe mental disorders as written in a paper before you .

(Participants list the needs in the paper and read them out in the larger group. The moderator makes a note of them in a chart paper stuck in the room).

Are there any other skills to be assessed that we have left out? (Moderator initiates the discussion...)

Now we shall cluster the common skills for assessment under one column. Could the group members help me in listing the common skills for assessment from this chart paper that can be put under one heading?

(Participants identify the common skills for assessment from the list and discuss them in the larger group. The moderator makes a note of them in a chart paper that is stuck in the room).

Now that we have groups of common skills for assessment, can we give a title to each of these columns?

(Participants discuss the titles for each of the groups consisting common skills for assessment - with the larger group. The moderator makes a note of them in a chart paper that is stuck in the room).

Next I would like each of the group members to define what they mean by each of these titles that we have discussed for the groups of needs.

(Participants give their interpretation of the titles for each of the groups consisting of common skills for assessment. The moderator makes a note of them in a chart paper that is stuck in the room).

The moderator then puts forth the following questions to the larger group and initiates discussion among the group members:

What other domains should be included in assessment of vocational potential?

What are the practical difficulties in applying the scales across various centers?

What could be the possible limitations in application by minimally trained staff?

Thank you for your contributions. I would like to summarize whatever we have discussed in the sessions/s. (Moderator summarizes the session contents).

(In case the group has not brought up certain skills required for assessment, as drafted in VPAS, I would ask them whether of those items mentioned in the draft are relevant for assessment of skills for employment and the reasons for the same)

I thank you again for taking out time to participate in this discussion. Your sharing will help us in the modification and validation of the vocational assessment proforma, developed to understand the vocational potential of a person with severe mental illness.

a. In case of any clarifications you can contact us or your doctor at any point of time. Our contact number is - +9180- 26995230/+91-9480658637

## **APPENDIX-5**

### **VALIDATION FORMAT OF THE VOCATIONAL POTENTIAL ASSESSMENT TOOL AND VOCATIONAL COUNSELLING MODULE**

Respected Sir/Madam,

As a mental health service professional you may be aware that Employment programmes help persons with mental disabilities integrate back into society by being gainfully employed and contributing to their family/community. However a number of persons with severe mental illnesses due to various factors are unable to prepare for, find or keep a job. In such a scenario, a structured employment programme would help support eligible recovered persons with mental illness through assessment of their vocational potential, by providing vocational counselling and guidance, securing suitable employment and providing continued support through their employment tenure. In background of the same, we are attempting to test the feasibility of an employment programme for persons with severe mental disorders who are under regular treatment through our study titled, **“Feasibility testing of Employment programme on work performance of persons with mental illness who are under regular treatment.”**

The Study is funded by Central Sector Scheme (research and training), Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India. In the initial phases of the study, for the Development of Vocational Potential Assessment Tool and Vocational Counseling Module, mental health professionals, caregivers, participants and employers were interviewed to obtain responses regarding various aspects affecting vocational outcomes in persons with severe mental disorders. Based on the response obtained, a draft tool and a vocational counseling module for persons with severe mental disorders was developed.

You have been approached as you are an expert in this field. We request you to kindly go through the tool and the module and give in your comments and suggestions on how valid (Face and Content Validity) the entire tool and the module are, keeping in view the aim of the study.

Thanks in anticipation.

## VALIDATION FORMAT OF THE VOCATIONAL POTENTIAL ASSESSMENT TOOL AND VOCATIONAL COUNSELLING MODULE

Attached herewith is the tool items and the detailed manual for assessment. In background of the same do you feel that the Themes and Sub-themes in the Vocational Potential Assessment tool has an appropriate theoretical base and content in keeping with aim of study? Please indicate: Appropriate (A) or Not Appropriate (NA) against each topic

### 1. DAILY FUNCTIONING

Sub Themes	Possible Response Bias							Cultural suitability		4 point Likert		Comments
	Always agree	Social desirable response	Carelessness	Tendency to be uncertain	Speedy response	Not answering when in doubt	No bias	A	NA	A	NA	
Personal hygiene												
Grooming												

Eating												
Moving around												
Travelling in public transport												
Driving/ Riding vehicle/s												
Basic money management												
Bank transactions												
Day to day decision making												

**2. JOB RELATED SOCIAL SKILLS**

Sub Themes	Possible Response Bias							Cultural suitability		4 point Likert		Comments
	Always agree	Social desirable response	Carelessness	Tendency to be uncertain	Speedy response	Not answering when in doubt	No bias	A	NA	A	NA	
Can initiate conversations												
Can keep up with conversations												
Interview skills												

Differentiating formal and informal social situations													
Interaction with Superiors													
Interaction with colleagues													
Team player													

**3. JOB RELATED COGNITIVE SKILLS**

Sub Themes	Possible Response Bias							Cultural suitability		4 point Likert		Comments
	Always	Social desirable	Carelessness	Tendency to be	Speedy	Not answering	No	A	NA	A	NA	



	agree	response		uncertain	response	when in doubt	bias					
Memory related difficulties												
Task completion without moving around												
Task completion in stipulated time												
Attention towards task												

Attention towards instructions given												
Planning the task												
Task specific decision making												
Task specific problem solving												

**4. WORK BEHAVIOUR (to be assessed to only those with positive employment history)**

Sub Themes	Possible Response Bias							Cultural suitability		4 point Likert		Comments
	Always agree	Social desirable response	Carelessness	Tendency to be uncertain	Speedy response	Not answering when in doubt	No bias	A	NA	A	NA	
Punctual to work												
Regularity												
Takes initiative												
Manages conflicts at work												
Flexibility												

Reliable												
Difficulty level												

**5. JOB READINESS**

Sub Themes	Possible Response Bias							Cultural suitability		4 point Likert		Comments
	Always agree	Social desirable response	Carelessness	Tendency to be uncertain	Speedy response	Not answering when in doubt	No bias	A	NA	A	NA	
Willingness to work												
Motivation to sustain work												
Side-effects												

of Rx												
Compliance												
Symptoms												
Insight												

**6. JOB RELATED DETAILS**

Sub Themes	Possible Response Bias							Cultural suitability		4 point Likert		Comments
	Always agree	Social desirable response	Carelessness	Tendency to be uncertain	Speedy response	Not answering when in doubt	No bias	A	NA	A	NA	
Place of work												
Designation												
Nature of												

work												
Duration of work												
Salary												
Reason to leave job												
Gap in employment												

**7. FAMILY AND CLIENT PERSPECTIVE**

Sub Themes	Possible Response Bias							Cultural suitability		4 point Likert		Comments
	Always agree	Social desirable response	Carelessness	Tendency to be uncertain	Speedy response	Not answering when in doubt	No bias	A	NA	A	NA	

Family efforts												
Client efforts												
Family expectations												
Client Expectations												
Family's knowledge of skills												
Client's knowledge of skills												

## 8. TYPE OF JOB

Sub Themes	Possible Response Bias							Cultural suitability		4 point Likert		Comments
	Always agree	Social desirable response	Carelessness	Tendency to be uncertain	Speedy response	Not answering when in doubt	No bias	A	NA	A	NA	
Nature of job												
Interests that can be gainful												



**Qualitative sub theme**

Statements	Cultural Suitability		Comments
<b>Request for reasonable accommodation</b>	A	NA	
What requests would you make to the employer regarding accommodations/flexibilities to be made/given for you before beginning your new job? Such as, flexible work hours, single shift, no night duties, monthly once off for follow ups, etc.			
What requests would you make for the employer regarding some relaxations for you that may not be needed immediately but may be required after joining the job? Such as graded work exposure, work from home options, multiple small breaks, etc.			
<b>Logistic reasons for not being gainfully employed</b>			

Have there been certain reasons for not being able to seek a job in the past, such as poor transport facilities in your home area or the particular geographical location of your home which has been making travelling difficult for you?			
Do you belong to a particular community that has made it difficult for you to get a job as others look down upon you, or do you belong to a community that prevents certain genders from working?			

Attached herewith is the module for vocational counselling. In background of the same do you feel that the Themes, Sub-themes and approaches in the module has an appropriate theoretical base and content in keeping with aim of study? Please indicate: Appropriate (A) or Not Appropriate (NA) against each topic.

	Theme	Sub-theme	Approach/Techniques	Cultural suitability		Comments
				A	N	
1	Initiating Vocational Counseling (With	Exploring client/family concerns regarding vocational issues  Focusing goals on vocational issues	<b>Relationship Building-</b> Establishing rapport			

	Client and Family)		based on vocational potential assessment scale	<p><b>Supportive counseling-</b> allowing ventilation, paraphrasing, summarizing</p> <p><b>Problem Solving-</b> active direction finding in a collaborative manner, direction implementation, homework tasks</p>				
2	Psychosocial support (With Client and Family)		Support from immediate family Support from neighbors/friends/ relatives	<p><b>Psychosocial counseling-</b> explorative techniques, circular and reflective questioning.</p>				
3	Vocational Goals (With		Discrepancy between client’s vocational potential and expectations by client and family	<p><b>Person centered approach-</b> dealing with</p>				

	Client and Family)			disparities, correction of disparities in behaviour, actions and goals.				
4	Employer Perspective (With employer)	<p>Understanding regarding mental illness.</p> <p>Understanding the potential of people with mental illness to be gainfully employed.</p> <p>Understanding the need for reasonable accommodation for people with SMD.</p>		<p><b>Networking and Liaison-</b> identifying possible employers, establishing rapport.</p> <p><b>Education-</b> exploring current understanding regarding mental illness, providing information, re-evaluating new understandings</p>				
5	Employer Expectations	<p>Job matching between client and employer</p> <p>Qualities of an employee</p>		<b>Networking and Liaising-</b> continued				

	(With employer)		Employee performances	communication with identified employers, exploring their current needs.  <b>Problem Solving-</b> Active direction finding, planning.				
6	Job vacancy (With client, family and employer)		Creating oppurtunities.  Filling in for vacancies.  Realistic expectations	<b>Networking and Liaising-</b> reflecting on information imparted during Psychoeducation sessions.  <b>Problem solving-</b> dealing with disparities between employer's expectations and client's abilities, decision making.				
7	Stigma		Perceived stigma.	<b>Supportive</b>				

	(With client and employer)	Stigma experienced at previous workplace.  Expected stigma in new work environment.  Stigma anticipated by employer	<b>counseling-</b> active listening, reflecting, validating concerns.				
8	Type of payment/salary (With Client, Family and employer)	Monetary incentives.  Performance based incentives- monetary, verbal.  Over-time incentive.  Incentives for working during holidays/ weekends.	<b>Networking and Liaison-</b> exploring ideas of employer and the client, requesting for reasonable accommodations. <b>Problem solving-</b> active direction finding, working on disparities if any.  <b>Behavioural Management</b> Identifyin Reinforcement use of reinforcements.				
9	Job allocation (With client	Allocation of job roles.  Mitigating work stress.	<b>Problem solving-</b> Collaborative decision-making.				

	and employer)			<p><b>Stress management- identifying current</b> coping mechanisms, dealing with dysfunctional coping mechanisms, facilitating healthy coping strategies.</p> <p><b>Behavioural Management-</b> modification of dysfunctional behaviors, reinforcement.</p>				
1	Placement (With client)	<p>Resume building.</p> <p>Mock interviewing.</p> <p>Answering difficult interview questions- example- explaining gap in the resume.</p>		<p><b>Behavioural Management-</b> Modeling, shaping.</p> <p><b>Case Manager Approach-</b> Handholding for resume building, applying for jobs.</p>				

1	Post placement (With client, family and employer)		<p>Negotiating for long-term reasonable accommodation.</p> <p>Retention of employment</p> <p>Termination of support</p>	<p><b>Problem solving-</b> crisis intervention.</p> <p><b>Networking and Liaison-</b> continued communication with employer, support to both employer and client, gradual withdrawal of support.</p>				
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**Appendix- 6**

**VOCATIONAL POTENTIAL ASSESSMENT TOOL**

**(For persons with severe mental disorders)**

Name:	Contact address:	
Age:        years	E-mail-	
Gender: Male/Female/Others		Phone-
Caste:		
Diagnosis:	Duration of illness:        years	
Education:	Duration of current unemployment:	
Disability certification: Yes/In process/No	Willingness to disclose MI to employer: Yes/No	
Vocational training received: Yes/In process/No	Duration of Vocational Training:	
Languages known:	Exact technical vocational skill, if any:	
CGI Score: 1-Not at all ill   2- Borderline mentally ill   3- Mildly ill   4-Moderately ill 5-Markedly ill   6-Severely ill   7-Extremely ill		
Date of assessment:	Assessed by:	



The following areas are to be assessed on the basis of current functioning:

\*1-no disability, 2-mild disability, 3-moderate disability, 4-severe disability

**I. DAILY FUNCTIONING:**

	1	2	3	4	Remarks
<b>Personal hygiene</b>					
Bathing					
Brushing					
Menstruation Hygiene					
<b>Grooming</b>					
Clothing					
Hair care					
Shaving					
Combing					
Habits, if any					
<b>Eating</b>					
Routine meal time					
Fluid intake					
<b>Moving around</b>					
Navigating in home area					
Navigating exits/cubicles					
Finding toilets					
Following safety/traffic rules					



<b>Travelling in public transport</b>				
Travelling alone in bus/metro				
Travelling in auto rickshaw				
Calculation of time taken to travel				
<b>Driving/ Riding vehicle/s</b>				
Knowledge of driving/riding				
Valid driving license (mention type)				
Driving alone				
<b>Basic money management</b>				
Recognizing currencies				
Planning expenditure				
Using ATM				
Net banking/ PayTm/ etc				
Bank transactions				
<b>Day to day decision making</b>				
Making simple day to day decisions				

**II. JOB RELATED SOCIAL SKILLS:**

	1	2	3	4	Remarks
<b>Verbal/Non-verbal skills</b>					
Eye-to-eye contact					
Social smile					
Greeting					
Appropriate voice modulation					



Inappropriate gestures/smiling					
<b>Can initiate conversations</b>					
Conversations with both known and unknown people					
Usage of appropriate and meaningful words					
Knows when to stop conversations					
<b>Can keep up with conversations</b>					
Keeps a track of topic being discussed					
Continues meaningful conversations					
<b>Interview skills</b>					
Body language/posture					
Gestures					
Spontaneous meaningful responses					
<b>Differentiating formal and informal social situations</b>					
Differentiating					
Modifying behaviour accordingly					
<b>Interaction with Superiors</b>					
Taking instructions					
Seeking help					
Being assertive					
<b>Interaction with colleagues</b>					
Seeking help					
Being Assertive					
Maintaining gender boundaries					



<b>Team player</b>					
Being a team member					
Understanding common goal					
Filling in others' roles when required					

**III. JOB RELATED COGNITIVE SKILLS: (\* some items based on previous employment/vocational training history)**

	1	2	3	4	Remarks
<b>Memory related difficulties</b>					
Remembering important events/information					
Retrieving information learnt before					
<b>Task completion without moving around</b>					
Sitting for 45 minutes-1 hour*					
Taking breaks of 15 minutes after 2-3 hours of productive work*					
<b>Task completion in stipulated time</b>					
Completing tasks before deadline*					
<b>Attention towards task</b>					
Focusing on task for 45 minutes-1 hour					
Ignoring environmental distractions					
Comprehending instructions*					
Implementing instructions to actions*					
<b>Planning the task</b>					
Planning steps of a task					
Foreseeing obstacles in task completion					



<b>Task specific decision-making and problem solving</b>					
Task related decision making					
Solving problems					
Able to foresee results/outcomes					

**IV. WORK BEHAVIOUR: (to be assessed to only those who have previous employment/vocational training history)**

	1	2	3	4	Remarks
<b>Punctual to work</b>					
Managing a routine					
Time management					
<b>Regularity</b>					
Regularity to work					
Taking planned leaves					
<b>Takes initiative</b>					
Taking new roles and responsibilities					
Trying for job growth					
<b>Manages conflicts at work</b>					
Recognizing stressors at work					
Managing stressors at work					
Managing conflicts with colleagues					
<b>Flexibility</b>					
Shifting job duties as per work place needs					
Changing one's job expectations as job availability					



Reliable					
Dependable					
Trustworthy					
Difficulty level					
Ability to do physical strenuous tasks					
Ability to do complex cognitive tasks					

**V. JOB READINESS:**

	1	2	3	4	Remarks
Willingness/motivation to work					
Actively seeking jobs in community					
Attending interviews					
Striving to maintain the job					
Side-effects of medications					
Tremors					
Drowsiness					
Cognitive dullness					
Others if any, mention					
Adherence to treatment					
Compliance					
Regularity to follow-ups/sessions					
Symptoms					
Likelihood of symptoms affecting the job					
Insight about illness					



Knowledge about one's mental illness					
Insight into one's limitations					
Insight into one's strengths					

**VI. JOB RELATED DETAILS: Details of previous employment (Recent first)**

Place of previous work	Designation	Nature of work	Duration of work	Salary	Reason to leave job	Remarks

**VII. FAMILY/CLIENT FACTORS:**

	1	2	3	4	Remarks
<b>Family efforts</b>					
Attempts made by family to seek job for patient					
Willingness to continue attempts					
Willingness to engage actively in vocational rehabilitation process					
<b>Client efforts</b>					
Willingness to engage actively in vocational rehabilitation process					
Making active attempts to seek a job					





<b>Family expectations</b>				
Expecting the client to be in a particular type of job only				
<b>Client Expectations</b>				
Expecting to be in a particular type of job only				
<b>Family's knowledge of skills</b>				
Degree of discordance between patient's skills as per domain II and III and family's expectations				
<b>Client's knowledge of skills</b>				
Degree of discordance between patient's skills as per domain II and III and patient's expectations				

**VIII. JOB MATCHING:**

1. Timings- Full-time/Part time
2. Location-
3. Maximum distance from home area- \_\_\_\_\_ Km

**4. List out jobs as per individual assessment-**

\*Type- Highly skilled, Skilled, Semi-skilled, Unskilled

Preferred job	Interests	Type



**PROVIDE DESCRIPTIVE RESPONSES FOR THE FOLLOWING ITEMS:**

Request for reasonable accommodation	→ What requests would you make to the employer regarding accommodations/flexibilities to be made/given for you before beginning your new job? Such as, flexible work hours, single shift, no night duties, monthly once off for follow ups, etc.
Logistic reasons for not being gainfully employed (List the reasons)	→ Poor transport- → Geographical barriers in the home area- → Satisfied with the disability pension- → Not employed due to stigma about illness- → Socio-cultural factors- → Others, if any-
Any other information/comments by caregiver, important regarding vocational aspects	

**DISCUSSION:**



## Appendix- 7

### MANUAL FOR VOCATIONAL ASSESSMENT TOOL

#### General instructions for assessment.

1. Any Mental Health Professional can carry out the assessment after the client has been assessed to be fit for vocational inputs by a trained clinician.
2. Assessment responses to be inclusive of client, family and also employer where possible.
3. All details need not be filled in a single session.

Probable guiding questions to probe for responses:

#### IX. DAILY FUNCTIONING:

To assess the index patient on four major points-

1. No disability- Independent
2. Mild- Requires minimal supervision
3. Moderate- Slightly dependent
4. Severe- Completely dependent

- ➔ To explore with care-giver: Can you comment about his/her ability to groom?
- ➔ Does she know about menstrual hygiene?
- ➔ How does he/she manage her daily activities?
- ➔ Is he/she able to move around and travel alone?
- ➔ Does he/she require your help to manage money?
- ➔ Can he/she manage a bank account, do they have one?
- ➔ Does he/she ask your help to make daily decisions?
- ➔ How many cigarettes does he/she smoke?
- ➔ Are there any other habits such as nail biting or nose picking that you find to be inappropriate?
- ➔ To explore with patient: Do you have any difficulty to travel alone?
- ➔ Are you able to use your bank account?
- ➔ Do you smoke cigarettes/bedis? Do the numbers increase when you are stressed at work?

#### Scoring key:

1. No disability- Manages one's hygiene without any reminders, is able to travel alone in public transport, is independently able to do bank transactions and manage money effectively.
2. Mild- Requires some verbal reminders about personal hygiene and grooming, some assistance in travelling and doing bank transactions.
3. Moderate- Requires repeated reminders about personal hygiene and grooming, depends on family members for travelling and doing bank transactions but manages one's account.



4. Severe- Depends completely on family members for activities of daily living and is severely disabled in the particular domain

#### **X. JOB RELATED SOCIAL SKILLS:**

**To assess the index patient on four major points-**

1. **No disability- Adequate**
2. **Mild- Requires minimal training/partially present**
3. **Moderate- Requires training in most areas**
4. **Severe- Inadequate/Significant deficits**

- ➔ **To explore with patient:** Are you able to talk to new people or do you have difficulties?
- ➔ Are you able to keep up with a group of people who are discussing a common topic of your interest?
- ➔ Are you able to answer in interviews or do you have certain difficulties?
- ➔ Do you have any difficulty interacting with colleagues or supervisors? Any problems you had at a previous workplace?
- ➔ Did the HR at any previous workplace report of any complaints against you?
- ➔ Are you able to manage with colleagues and supervisors who can be unfair to you, such as overloading you with work, or being rough only on you?
- ➔ Are you able to say a "NO" to tasks when you are aware that it is not your job role?
- ➔ **To explore with care-giver:** Have you noticed him/her to have difficulty in social situations, if yes what are those?
- ➔ Does he maintain an appropriate distance when interacting with others?
- ➔ Does he/she do inappropriate gestures or smiles to oneself in social situations?
- ➔ Can he/she differentiate formal and informal social situations?
- ➔ Have you had complaints from previous employers/supervisors about his/her behaviour at work?
- ➔ Were there any complaints that you were informed about by the HR in the previous workplace?
- ➔ Does he/she lose track of conversations when you discuss among family members?
- ➔ **If previous employer can be contacted:** Is he/she a team player?
- ➔ Were there any behavioural problems at work that were difficult to manage?

#### **Scoring key:**

1. No disability- Is able to make new friends, initiates conversations, interacts well with colleagues and supervisors, is assertive when required, is able to decline unreasonable demands at work place. Is a team player and gets along with others in the team.
2. Mild- initiates conversations with only known people, slow to establish relationships, takes time to interact with colleagues and supervisors, understands that the demands at work are unreasonable but is unable to decline or say a no, gets along with only some team mates.



3. Moderate- Has certain difficulties in social situations including difficulty in interacting with colleagues and supervisors, has very poor assertive skills, does not gel with team mates, prefers to work alone.
4. Severe- Has poor social skills including gesturing and mannerisms, cannot understand gender boundaries, cannot work in a team.

**XI. JOB RELATED COGNITIVE SKILLS:** (\* some items based on previous employment/vocational training history)

**To assess the index patient on four major points-**

1. No disability- Adequate
2. Mild- Requires minimal reminders/aids
3. Moderate- Requires various cognitive aids
4. Severe- Inadequate/Significant deficits

- ➔ **To explore with patient:** Do you have any memory related difficulties?
- ➔ Do you have difficulty sitting for extended periods of time?
- ➔ Do you feel like taking multiple breaks at work even after small durations of work?
- ➔ Do you have difficulty paying attention towards tasks or instructions being given to you?
- ➔ Are you able to plan tasks according?
- ➔ Do you have difficulties in making decisions at work?
- ➔ Have you ever been told that the outcomes of your decisions are not satisfactory?
- ➔ **To explore with care-giver:** Does he/she have difficulty remembering information or tasks?
- ➔ Does he/she have difficulty paying attentions towards instructions or tasks?
- ➔ Does he/she have difficulty making decisions at work and complain to you?
- ➔ Have you received any memory related complaints from previous employer?
- ➔ **If previous employer can be contacted:** Did you have any problems when he/she was employed?
- ➔ Was he/she paying attentions towards tasks assigned?
- ➔ Did he/she have any difficulty in making decisions or planning a tasks or problem solving at work?

**Scoring key:**

1. No disability- Is able to concentrate on work for extended periods of time, comprehends instructions, plans and completes tasks assigned, is able to make independent work related decisions.
2. Mild- Is able to pay attention towards tasks for about 30 minutes to 45 minutes only, can comprehend instructions but has slight difficulty in converting them into actions, requires verbal reminders to complete tasks, seeks help of supervisors to make work related decisions and can only see few challenges in a decisions, has poor long term planning.
3. Moderate- comprehends only simple instructions, requires supervision for task completion, important work related decisions have to be made by supervisors, has poor planning skills, can plan only simple tasks.
4. Severe- has significant difficulty in doing work for more than 15-30 minutes, requires close supervision for task completion, comprehends only simple instructions with less steps involved, cannot make decisions at work or plan task.



**XII. WORK BEHAVIOUR:** (\*to be assessed to only those who have previous employment/vocational training history)

To assess the index patient on four major points-

1. No disability- Independent
2. Mild- Requires minimal supervision
3. Moderate- Slightly dependent
4. Severe- Completely dependent

- ➔ To explore with the care-giver: Does he/she go to work regularly?
- ➔ Have you received any complaints from work about his/her absenteeism?
- ➔ Have you received any complaints from work about fights with others?
- ➔ Has any complaint being given on the patient?
- ➔ Can he/she do only physical tasks or also complex tasks?
- ➔ To explore with the patient: Did you have any difficulties at previous work place?
- ➔ Can you tell me about some stressors you had at previous work place?
- ➔ What causes stress to you at work?
- ➔ Are you able to manage stress? How?
- ➔ Were there any sort of complaints against you?
- ➔ Were you promoted or given due appraisal, if not were there any reasons given for the same?
- ➔ Were you able to take up new work related roles?
- ➔ If previous employer can be contacted: Did he/she a reliable worker?
- ➔ Did he/she have any issues with other colleagues?
- ➔ Is he/she flexible at work?

Scoring key:

1. No disability- from available work history, he/she is regular to work/vocational training, is easy going at work, had been given a positive feedback about one's work, can do both or either one, complex mind tasks and strenuous physical task. Recognizes stress and manages adequately.
2. Mild- as per available work history, was present to work most days than not, would take only planned leaves, was easy going with most peers at work, would recognize stressors but was poorly managing stress.
3. Moderate- Regularity to work is poor, would take leaves and later inform the employer/trainer, mingles only with some colleagues, picks up verbal fights with some colleagues over trivial issues, poor management of stress.
4. Severe- Irregular to most jobs held in the past, extended periods of leave, family has received multiple complaints from employer about fights with other colleagues (mention if a legal complaint has been filed/if there was history of physical assault at work), maladaptive coping mechanisms are present.

**XIII. JOB READINESS:**

To assess the index patient on four major points-

1. No disability- Present
2. Mild-Partially Present



**3. Moderate-Ambivalent (verbally gives positive reports but takes no actions)**

**4. Severe- Absent**

- **To explore with the patient:** Do you feel ready to be in a job?
- Have you been looking out for jobs?
- Have you been able to attend any interviews?
- Have you been having any side effects that you think are due to medicines?
- Have the side effects been stopping you from seeking a job or affected your previous job?
- Do you follow the treatment plan as advised?
- Have you been regular to follow-ups with the doctor?
- How are your mental health concerns?
- Do you think you have mental health problems?
- **To explore with care-giver:** Do you think he/she is ready for a job?
- Are there any concerning side effects of medicines that you have noticed?
- Does he/she take medicines as advised?
- Do you accompany him/her for regular follow-ups?
- Does he/she agree about having a mental illness?
- How are the mental health problems?

**Scoring key:**

1. No disability- Feels ready for a job, has been applying for jobs of interest, has been attending interviews or preparing for interviews, has insight into the illness and is compliant into treatment regimen.
2. Mild- Feels ready for a job, applies for jobs, attends only few interviews, has insight into the illness but requires assistance from the family members regarding medications and follow-up.
3. Moderate- Verbally reports of wanting a job, but expects family/treating team to apply for jobs, does not attend interviews or goes unprepared, requires family members to accompany for follow-up, give medications and has only partial insight.
4. Severe- Feels one is not ready for job but wants to work as family wants patient to work, patient does not apply for jobs nor attend interviews, has no insight, medications and follow-up have to be monitored by the family,

**XIV. JOB RELATED DETAILS:**

- **To explore with both patient and family regarding:** Previous employment details, the nature of work, the salary, source of job, reasons to leave the job, timeline of employment history.

**XV. FAMILY/CLIENT PERSPECTIVE:**

**To assess the index patient on four major points-**

1. No disability- Adequate
2. Mild-Partially present
3. Moderate-Ambivalent (verbally gives positive reports but takes no actions)
4. Severe- Absent



- ➔ **To explore with the family:** What have been the efforts made by family to seek employment for the patient in the past and currently?
- ➔ Does the family members have any expectations about the type of job, nature of job that patient has to be in or the salary that he/she would receive.
- ➔ Are the family members aware of patient's strengths and weaknesses?
- ➔ **To explore with the patient:** Can you tell me about the efforts you have made to find a job?
- ➔ Do you have certain expectations about the job you want to be in, like the profile of the job or salary?
- ➔ Can you tell me about your strengths and weaknesses?

**Scoring key:**

1. No disability- both client and family have adequate understanding about client's skill set, are willing to take up any jobs that are available in view of client's current skill set, family and client are willing to engage actively in the rehabilitation process.
2. Mild- client and family have some insight into the client's skill sets, are willing to engage in the rehabilitation process, but need to be motivated, are not open to all jobs available as per current skills set, require multiple sessions for re-orientation on the same.
3. Moderate- Client and family over estimate or underestimate client's skill set, both client and family want a specific type of job only, preferably white collar jobs only, place the onus of employment on the treating team.
4. Severe- Client and family 's expectations from client are not in concordance with client's current skill set, are not very flexible in terms of job options for client, resistance to suggestions of the team.

**XVI. JOB MATCHING: To fill in details accordingly**

5. Timings- Full-time employment or Part time options
6. Location- City or area
7. Maximum distance from home area- to be filled in approximate kilometers
8. **List out jobs as per individual assessment-**  
\*Type- Highly skilled, Skilled, Semi-skilled, Unskilled

Preferred job	Interests	Type
Job that the patient/care-giver thinks is suitable for the patient to do	Certain hobbies that the therapist/ patient/ caregiver thinks can be economically gainful.	Mention if the job preferred or interests are highly skilled, skilled, semi skilled or unskilled.





TYPE OF JOB	Highly skilled	Skilled	Semi skilled	Unskilled
Nature of job	<p>Capable of working effectively of exercising considerable independent judgment Supervision work of skilled workers and of discharge duties with responsibility.</p> <p>Example- Head Head Clerk, accountant, Head cashier, beautician, stenographer, engineer, manager, etc.</p>	<p>Should have a certified qualification for a particular trade. Has hands on Practical knowledge.</p> <p>Example: receptionist, carpenter, electrician, plumber, fitter, data-entry operator, tailor, cook, mechanic, etc.</p>	<p>Should have hands on Practical knowledge about a trade but is not certified.</p> <p>Example: lineman, book binder, office assistant.</p>	<p>Should do operations that involve the performance of simple duties, which require the experience of little of no independent judgment.</p> <p>Example: peon, house keeping, helper, loader, unloader.</p>
Interests that can be gainful	<p>Having a professional degree obtained as an area of interest that can be a gainful employment option.</p>	<p>Having hobbies/ interests that are certified and which can be gainful employment options.</p>	<p>Having practical skills with no certification that can be gainful employment options.</p>	<p>Having general skills can be gainful employment options</p>



**PROVIDE DESCRIPTIVE RESPONSES FOR THE FOLLOWING ITEMS:**

<p>Request for reasonable accommodation</p>	<p>➔ What requests would you make to the employer regarding accommodations/flexibilities to be made/given for you before beginning your new job? Such as, flexible work hours, single shift, no night duties, monthly once off for follow ups, etc.</p> <p>List out the requests that have to made to the employer</p>
<p>Logistic reasons for not being gainfully employed (List the reasons)</p>	<p>➔ Poor transport- ➔ Geographical barriers in the home area- ➔ Satisfied with the disability pension- ➔ Not employed due to stigma about illness- ➔ Socio-cultural factors- ➔ Others, if any-</p>
<p>Any other information/comments by caregiver, important regarding vocational aspects</p>	<p>To explore with the care-giver if they want to comment or give any other information, other than items in the scale</p>

**DISCUSSION:**

**Notes of discussion with the supervisor**

**ACTION PLAN:**

**Short term, Long term plans- including employment or training or day care or referral back to the treating time if patient is not yet ready for employment**



## Appendix- 8

### VOCATIONAL COUNSELLING MODULE

(For persons with severe mental disorders)

Name:	Contact details:
Age:            years	
Gender: Male/Female/Others	
Diagnosis:	Date of Vocational Potential Assessment:
Date of beginning of Sessions:	Date of placement:

#### INITIAL PHASE:

- *Establishing rapport-* building the relationship
- *Assessment of vocational potential using the tool.*
- *Understanding of psycho-social situation of the patient-* explorative techniques, circular and reflective questioning.
- *Exploring client/family concerns regarding vocational issues-* allowing ventilation, paraphrasing, summarizing.
- *Explain the process of vocational counseling-* focusing on a person-centered approach, dealing with disparities, actions and goals.
- *Focus on having sessions with both the client and at least one family member.*
- *Discuss regarding disclosure of illness to the employer-* pros and cons of the same.
- *If patient and family do not want to disclose the illness of the patient give home-work tasks such as identifying jobs in the community/mutual contacts/ job advertisements*

#### TARGETS/GUIDELINES FOR VOCATIONAL COUNSELLING



**MIDDLE PHASE: (Parallel sessions with employer and client)**

- ***Focus on identifying a prospective employer-*** identifying possible employers, establishing rapport.
- ***Employer Education-*** exploring current understanding regarding mental illness, providing information, re-evaluating new understandings.
- ***Explore employer expectations-*** discuss regarding job opportunities that the patient would fit in, focus on developing realistic expectations on the client.
  
- ***Explore with patient and family the job roles they are willing to consider-*** focus on realistic job expectations as per findings in the assessment.
- ***Discuss regarding available job opportunities with the prospective employer.***
- ***Discuss regarding patient's and family's anxieties about patient-*** explorative and circular questioning to elicit responses regarding perceived stigma, stigma by relatives, other family members.
- ***Explore regarding patient's and family's anxieties about prospective employment-*** stigma they are expected at work place, stigma anticipated by the employer- Validate concerns.



**INTERVENTION PHASE: Sessions with employer and client with family**

- **Discussion with employer regarding the process of employing the patient-** explore regarding type of remuneration, internship, transition into work roles.
- **Exploring ideas of employer and the client, requesting for reasonable accommodations-** Problem solving- active direction finding, working on disparities if any, discussing leaves, over time incentive.
- **Discuss with client regarding coping strategies- Problem solving-** Collaborative decision-making.  
**Stress management- identifying current** coping mechanisms, dealing with dysfunctional coping mechanisms, facilitating healthy coping strategies.  
**Behavioural Management-** modification of dysfunctional behaviors, reinforcement.
- **Job placement-** Resume building, Mock interviewing, Answering difficult interview questions- example- explaining gap in the resume- **Behavioural Management-** Modeling, shaping, **Case Manager Approach-** Handholding for resume building, applying for jobs.



## FOLLOW UP AND TERMINATION PHASE:

### *Post placement sessions-*

- **Focusing on job retention-** Encouraging client to continue employment, liaising with employer, being a bridge between the client and the employer, providing constant feedback to be provided to the client, linking the employer and the care-giver.  
**Contact with employer/client-** alternative days immediately after placement > once a week for one month after placement > twice a week two months after placement > once a month thereafter for 6 months post placement.
- **Problem solving-** networking and liaising with employer where required, focusing on reasonable accommodation if required, creating a support system for the client at work, encouraging caregiver to be a co-therapist.
- **Continued support-** to client, employer and caregiver.

### *Termination sessions-*

- Gradual withdrawal of regular contact made by the team and focusing on follow up by client once a month or when necessary with team.
- Building up support at work place- employer, caregiver and colleagues.

# NIMHANS – DEPD PROJECT FINAL REPORT (2017 – 2019)

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## Appendix- 9

### WORK PERFORMANCE ASSESSMENT OF PARTICIPANTS TO BE FILLED IN BY THE SUPERVISOR

Name of the employee- \_\_\_\_\_

Company- \_\_\_\_\_

Designation- \_\_\_\_\_ Tenure of employment- \_\_\_\_\_

Month of assessment- \_\_\_\_\_ Name of the supervisor- \_\_\_\_\_

<b>Punctuality and absenteeism at work place</b>	
Please comment on the punctuality of your employee in terms of	
1. Reporting to work everyday	
2. Regularity to work	
3. Availability during work hours	
4. Leaving work at a designated time everyday	
Please comment on the leave pattern of your employee	

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1. Frequency of leaves?	
2. Prior information before taking leaves?	
On comparison with your other employees how much would you rate the punctuality of your employee on a scale between -5 to +5? (+5 being the highest and -5 being the lowest)	

<b>Appropriate Dressing and hygiene maintenance at work place</b>	
Please comment on your employee's dressing as per work place rules.	
Please comment on your employee's grooming at work place.	
Please comment on his/her self/care and hygiene as appropriate to work place?	
On comparison with your other employees how much would you rate the dressing and hygiene (as per work place rules) of your employee on a scale between -5 to +5? (+5 being the highest and -5 being the lowest)	



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<b>Comprehension of instructions and actual execution of work given</b>	
Comment on the ability of your employee to understand work related instructions.	
Comment on the ability of your employee to learn new work related skills.	
Comment on the ability of your employee to seek clarification and help from others to complete a given task.	
Comment on your employee's motivation towards work initiation and completion.	
What would you comment on the mobility/travelling skills of this person (if job role requires the same)?	
Comment on the technical knowledge of your employee relating to the assigned job role.	
On comparison with your other employees how much would you rate the comprehension of	

## NIMHANS – DEPD PROJECT FINAL REPORT (2017 – 2019)

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instructions of your employee on a scale between -5 to +5? (+5 being the highest and -5 being the lowest)	
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<b>Level of supervision and mentoring required at workplace</b>	
Please comment on your employee's level of supervision required	
1. Ability to finish simple tasks without frequent prompting.	
2. Ability to finish complex tasks without frequent prompting.	
3. Over all ability to do work with minimal or no assistance from supervisor.	
4. Following the safety standards at work if involving machinery.	
On comparison with your other employees how much would you rate the level of supervision and mentoring of your employee on a scale between -5 to +5? (+5 being the highest and -5 being the lowest)	

## NIMHANS – DEPD PROJECT FINAL REPORT (2017 – 2019)

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<b>Interpersonal relationships at workplace</b>	
What have you observed regarding your employee's ability to initiate and to maintain appropriate relationship with colleagues at workplace?	
What have you observed regarding your employee's obedience and relationship with authorities?	
What would you comment on the employees skills as a "Team Player"?	
On comparison with your other employees how much would you rate the interpersonal abilities of your employee on a scale between -5 to +5? (+5 being the highest and -5 being the lowest)	

As an immediate supervisor for this person, how much you would rate for his or her overall performance in assigned work when compared to other employees? (+5 being the highest and -5 being the lowest)	
Any other comments you would want to make?	

## Appendix- 10

### Qualitative report - interview questions

#### Feedback on Vocational Programme

1. What do you know about the vocational programme?
2. In what way vocational assessment has been helped you? (I.e. understanding your vocational potential, weakness/strengths).
3. How far did the vocational assessment/counselling meet your needs.
4. Do you think vocational assessment is an essential component of vocational rehabilitation? Yes/No, Please explain.
4. Have you identified any gaps in your knowledge/awareness about the vocational programme & its benefits since the first session?
5. Please give at least one example of when you feel you have used the knowledge/skills that gained through the vocational assessment/counselling sessions. Explain.
6. Please give at least one example when you felt that the knowledge/skills gained over the sessions benefited to your care giver. Explain.
7. Were the counselling sessions adequately prepared you to put your knowledge/learning into practice? (i.e Insight about the illness, work behavior & job-related required skills etc.)
9. Do you think vocational counselling sessions helped you in overcoming of work-related behavior Deficits? Yes/No, explain
10. Is vocational counselling helped you to live independently in the community.
11. Is reasonable accommodation provided for you through the counselling helped you anyway? Yes/No, explain –

12. Did the things which you & your family members learnt in the counselling sessions benefited you in retaining/maintaining the current job?

(i.e. appropriate monitoring of medication, healthy diet, Psycho education etc)

13. Did the things which you learnt through the counselling sessions helped you in job growth/putting efforts for that?.

15. At what stage/phase of the sessions you felt that counselling given you the best support/help? (i.e. before placement/after placement/interview phase/follow –up phase. Explain

16. Do you want to suggest any changes/modifications/inputs to the vocational assessment tool for further effective implementation of it.

17. Do you want to suggest any changes/modifications/inputs to the vocational counselling sessions for further effective implementation of it.

### **Placement related factors:**

1. What is your job profile involves, please explain.
2. Did you faced any challenges in your job, Yes/No, explain (far from home, lack of knowledge/skills/un upgraded skills/ethical or moral issues/ issues with colleagues. etc).
3. How is your relationship with your superiors/colleagues, please explain
4. Did the salary the you are getting meet your needs? Please explain
5. Did you faced any difficulties with regard to salary (i.e. less salary then the fixed amount/delay in payment/mode of payment/deduction –ESI/PF/any bank transaction related issues.) Yes/No, Explain
6. How is your working conditions/environment – (i. e skills set as per the job requirements, work behaviour, social & cognitive skills , environment al factors - proper ventilation/light/water facility/equipment’s to full fill the tasks/place for sitting & do the work/peacefulness/healthy competition etc.

7. Did the working timings convenient for you (i.e. enough breaks, fixed hours of work, week off, other leave facilities etc.)
8. Did you satisfied with your work/job, Yes/No – Explain
9. If No, what are the factors that can be changed/things can be done in order to get the job satisfaction (from your side, family, employer and the therapist)

**Outcome of Job Placement:**

1. In your opinion what are the outcomes of the job placement. Explain
2. How is your recovery after the placement – (i.e. daily functioning, personal motivation, monetary benefits, family support & security, social support etc.)
2. How you are able to manage the things from the initiation of the sessions to till today (i.e. medication/adherence to treatment/inter personal skills/motivation/confidence etc.
3. How is your coping skills. Explain
4. Did you felt any noticeable gaps in your coping ability/skills (i.e. cordial & positive relationship with self/with family members/colleagues & superiors)?
5. Did you faced any stress in handling the job (i.e. work load/problem in managing routine/punctuality/un upgraded skills/distance to reach the place/issues with colleagues - superiors/salary- financial related issues/ unhealthy work environment/shifts/inadequate infrastructure/lack of motivation - confidence etc.)? Explain.