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# **Income-Generation Work Programs in Psychiatric Rehabilitation**



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**Income-Generation Work Programs  
In  
Psychiatric Rehabilitation**

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## **Income-Generation Work Programs in Psychiatric Rehabilitation**

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## *Foreword*

Persons with psychiatric disabilities face impairments in psychosocial and cognitive functioning that affect their vocational outcomes, including the ability to make vocational choices, acquire vocational skills, obtain or sustain open employment, and workplace performance. To address these needs, many Indian psychiatric rehabilitation centers offer various vocational rehabilitation services, including supported and sheltered employment opportunities, assistance in self-employment, vocational skills training, community/home-based work programs, and hospital/institutional-based work programs. These services are provided in daycare centers, halfway homes, long-stay residential centers, sheltered workshops, vocational training units, and community-based rehabilitation settings.

Many Indian centers also offer institution-based Income-Generation Work Programs (IGWPs) relevant to their settings. Though institution-based paid work programs are primarily meant for lower functioning persons with psychiatric disabilities, these work programs serve as the first step towards work participation, developing basic work skills, and offering paid work involvement for unemployed clients. However, literature describing the various types of IGWPs adopted and practiced is deficient. The book “Income-Generation Work Programs in Psychiatric Rehabilitation” tries to close this gap by compiling practice-based evidence from Indian psychiatric rehabilitation centers. It offers a closer look into stakeholder involvement and practices in starting and sustaining IGPWs in Indian context. This book is highly recommended for those working towards rehabilitating persons with psychiatric disabilities.

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## *Preface*

This book covers the practice-based evidence in facilitating income generation through work involvement for clients availing psychiatric rehabilitation services at various rehabilitation centers in India.

This work is the outcome of the Ph.D. study of the first author, who visited several mental health rehabilitation centers, including government and non-governmental organizations involved in the vocational rehabilitation of persons with psychiatric disabilities. From the experience of visiting these organizations and having been involved in vocational rehabilitation activities carried out at psychiatric rehabilitation services of the National Institute of Mental Health and Neuro Sciences, the author attempts to provide an overview of 'income-generation work programs' carried out by these centers for facilitating vocational rehabilitation of persons with psychiatric disabilities. Further, the author theorizes how other centers can initiate similar programs and/or convert existing work programs into income-generation programs for persons with psychiatric disabilities undergoing vocational rehabilitation.

This booklet has been written for mental health professionals and organizations working towards the vocational rehabilitation of persons with psychiatric disabilities. It aims to facilitate the provision of income-generation work programs, especially in settings where such services are non-existent.

## *Acknowledgment*

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We are grateful to all the Heads/ Directors/ Management for allowing the author to visit their mental health rehabilitation centers and understand the pragmatics of running income-generation work programs for persons with psychiatric disabilities.

We are indebted to all the clients, staff, and faculties of the following centers for their cooperation:

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- Spastic Society of Karnataka (Bengaluru)
- The Association for the Mentally Challenged (Bengaluru)
- The Banyan (Centre for Emergency care & recovery) (Chennai)

## Table of Contents

<b>Glossary.....</b>	<b>7</b>
<b>Part One: Income-Generation Work Programs (IGWPs).....</b>	<b>8</b>
1.1 Introduction.....	8
1.2 Practice-based evidences from Indian rehabilitation centers.....	9
<b>Part Two: Green Skills Program (GSP) - A case study .....</b>	<b>16</b>
2.1 Background of GSP .....	16
2.2 Range of products .....	16
2.3 Participants of GSP .....	16
2.4 Calculation & distribution of profits.....	20
<b>Part Three: Translating work programs into IGWPs .....</b>	<b>23</b>
3.1 Starting an IGWP.....	23
3.2 Implementing an IGWP.....	25
3.3 Challenges & Facilitators of IGWPs.....	31
3.4 Benefits of IGWPs.....	32
<b>Part Four: Role of stakeholders in IGWPs.....</b>	<b>33</b>
4.1 Stakeholders involved in IGWPs.....	33
4.2 Role of vocational trainers.....	34
4.3 Role of Mental Health Professionals.....	35
4.4 Role of caregivers.....	35
<b>Part Five: Summary &amp; Recommendations .....</b>	<b>37</b>
<b>References .....</b>	<b>39</b>



## *Glossary*

<b>Term</b>	<b>Meaning</b>
Clients/ persons with psychiatric disabilities	Persons diagnosed with any mental illness or intellectual development disorders availing psychiatric rehabilitation services.
Daycare center	Centers that render treatment and rehabilitation interventions for clients on an out-patient or semi-residential basis.
Psychiatric Rehabilitation	A process aimed at enabling persons with psychiatric disabilities to attain and maintain optimal physical, sensory, intellectual, psychological, environmental, or social function levels.
Rehabilitation centers	Organizations offering psychiatric rehabilitation services.
Vocational Rehabilitation	A process aimed at facilitating vocational skills training, employment and income-generation, returning to work, or preventing the loss of the work.
Vocational training unit/ Vocational training center	Centers that offer work programs to train clients in vocational and pre-vocational skills, provide an opportunity for work involvement, and offer remuneration to clients for work.

## **Part One: Income-Generation Work Programs (IGWPs)**

### **1.1 Introduction**

Vocational rehabilitation forms a predominant part of psychiatric rehabilitation services. Vocational rehabilitation facilities include vocational training centers, daycare centers, and sheltered workshops run by select government-run psychiatric hospitals and Non-Governmental Organizations (NGOs) [henceforth named 'rehabilitation centers']. The type of work program offered depends on the client's interests, preferences, abilities, and availability of resources. There is a gradual expansion of Income-generation work programs (IGWPs) as a part of vocational rehabilitation services. IGWPs differ from usual work programs as they involve producing marketable products that can be sold to generate revenue and profit. Thus, adding a component of being 'livelihood-oriented' to a 'therapy-oriented' work program. Despite differences, clients' work involvement and skills development remain the primary focus of all work programs.

The Psychiatric Rehabilitation Services (PRS) at the National Institute of Mental Health and Neuro Sciences (NIMHANS) also runs several IGWPs for clients, such as making candles, bakery products, craft items, running a healthy snacks café and photocopying shop, and preparing eco-friendly products. Based on our experience at NIMHANS and having visited various rehabilitation centers, we elaborate on IGWPs and discuss various related aspects.

### **1.2 Practice-based evidence from Indian rehabilitation centers**

#### ***Range of IGWPs***

Indian rehabilitation centers run a diverse range of IGWPs which are grouped under the following categories – the manufacture of household consumables; paper, textile, jute, and handicraft products; animal husbandry and horticulture; food products; and running shops (Table 1).

**Table 1: IGWPs at various rehabilitation centers**

<b>IGWP</b>	<b>PRODUCTS/ ACTIVITIES</b>
<b>Household consumables</b>	Candle Making
	Preparing phenyl, washing, and cleaning powder
	Areca leaf disposable plates and bowls
	Tamarind cleaning
	Umbrella assembling
<b>Paper products</b>	Sanitary napkins
	Paper bags, envelopes, medicine covers, greeting cards
	Notepads, paper pens, file cover
	Desk organizer, paper holder, pen holder
<b>Textile products</b>	Paper plates and bowls
	Bags – sling bag, backpack, laptop bags, travel bags
	Hospital dress and towels, client dress, curtains
	Pillow and cushion cover, curtain holders, doormats
	Aprons, handkerchief sets, puja carpets
<b>Handicraft products</b>	Handloom – dinner set mats, stole
	Macramé thread napkin holder and knit bags
	Mattie craft bookmark and letter pad
	Jewelry – earrings, bangles, hairbands, necklace
	Garland – artificial flowers and satin
	Woolen pouches and mat weaving
	Candles, key chain, pen stand, cotton wicks
	Soft toys, flower making
	Vase painting, glass painting, Diya (mud lamp) painting
	Clay pots, decorative items, fridge magnets, and clay ornaments
	Eco-friendly Holi colors, eco-friendly rangoli kits
	Carpentry - Wooden mobile stand, wooden table organizers
	Pottery - lamps, candle holders, flowerpots and tubs, cups, and mugs
	<b>Food products</b>
Snacks – murukku, spicy peanuts, mixtures, pickles	
<b>Jute products</b>	Bags – laptop bags, file covers, tiffin bags, shopping bags, purses
	Jute yoga mats
<b>Animal Husbandry</b>	Cow and goat rearing, cow-dung fertilizers, dairy products
<b>Horticulture</b>	Seasonal vegetables, manure preparation, maintaining gardens & plants
<b>Running Shop</b>	Petty shops – moveable shops for the nearby community
	Canteen – daily use grocery items
	Café – meals, beverages

### ***Criteria for selecting an IGWP***

IGWPs are primarily selected based on market demand and sales value. For example, two centers made jute products due to demand arising from the local ban on single-use plastics. One center made files that were supplied to a nearby hospital. Another center made saplings that were gifted to dignitaries in their organization. Other factors governing the selection of an IGWP were - interest, ability and experience, and ease of doing, and included activities such as paper cover making, tailoring, embroidery, arts and crafts, and cooking. Availability of resources was another factor governing IGWP selection. For example, a rural center had adopted animal husbandry, dairy, and horticulture. Certain IGWPs were started to meet the center's requirements or cater to clients' needs. For example, a canteen run by inmate clients of a residential center sells daily care items such as toiletries, grooming items, and packaged groceries. Few centers had tailoring, printing, and photocopying units catering to in-house needs.

### ***Procurement of raw materials***

Raw materials were procured from wholesale markets and nearby shops, which offered competitive prices. Centers procured the raw materials weekly or monthly based on their requirement and availability of funds. Many centers practiced bulk purchases. For example, non-perishable raw materials unavailable locally were purchased in bulk, such as jute, textiles, and raw materials for handicraft items (beads, threads, wool). Purchasing in bulk also helped reduce the input cost. Most centers practiced need-based procurement and procured the required raw materials on receipt of orders. For example, folders for a conference; plates and bowls for an event; and seasonal products such as Holi and Diwali kits.

### *Strategy of pricing*

Some centers practiced competitive pricing for products that were available in the market. Centers priced their products lower than market rates to improve the quantum of sales. Other centers priced products based on production-related variables (input cost, labor cost, indirect costs). A fixed amount or percentage was added to the cost of raw material/ input cost or the cost of finished product/ production cost (accounting for labor charges and indirect costs) to arrive at the final price. Examples include:

- ✓ Rs. 30-50 added to the input cost
- ✓ Rs. 10-15 more than the cost of the finished product
- ✓ 10% above the total cost of raw materials
- ✓ 20% higher than the production cost

**Following is an example of pricing a jute file practiced by one of the centers:**

<b>Item</b>	<b>Quantity</b>	<b>Price (Rs.)</b>
Jute	35 cms	43.00
Zip	40 cms	2.00
Runner	2 no.	4.00
Velcro	4 inches	8.00
Nada	1 ½ m	3.50
Tag & logo	1+1	4.00
Thread & needle	10 m	4.00
Stitching charges		20.00
<b>Cost price/total</b>		<b>88 ~ 90</b>
	<b>90+45</b>	<b>135</b>
<b>Selling price</b>		

### ***Mechanism of sales***

The most typical sales modality was sales stalls during fests in schools and colleges and exhibitions organized during festivals in various apartments and companies. Some centers had fixed buyers, such as pharmaceutical companies and shopkeepers, who bought paper medicine covers or paper bags in bulk. Few centers tied up with companies or jewelry shops that purchased gift products for their employees/customers during the festive seasons. Some centers had sales counters, petty shops, or a café to sell products to the members of nearby communities and their own staff and residents.

### ***Advertisement and marketing***

Most centers relied on social media platforms (Facebook and WhatsApp), communication via E-mail lists, or word of mouth. Few centers formed a Limited Liability Partnership (LLP), family fellowship society and trust, and trade brands to facilitate product sales. One center was in the process of developing a website for online sales.

### ***Accounting***

In most centers, the existing dedicated departments or administrative offices handled the financial matters directly and other matters. While in others, accountants or administrators were responsible for maintaining the accounting and financial records. In-charges of respective activities or sections, prepared and submitted the required raw materials list for funding approval from management/ Institute. Some centers had a mechanism to withdraw advance for meeting the expenses towards IGWP. The funds were available for use over a while, and bills of expenditure were usually required to be submitted with the balance amount. In other instances, the expenditure was done 'out-of-pocket' by trainers, and the bills were submitted for reimbursement later. The supervisors/ trainers kept a record of the amount, the number of materials procured, the quantity used, and the number of products made and sold.

### ***Funding & Partnership***

Many centers ran IGWP from the center's fund. Few centers had used CSR (Corporate Social Responsibility) funds and funds from partner NGOs to establish or run IGWP. Example: CSR funds from companies were used to set up two IGWP units, one for making cost-effective sanitary napkins and another for manufacturing disposable bowls and plates from areca leaf. One center used to start IGWP using a well-wisher's donation, which was used as revolving funds to prepare products and sustain the IGWP activities through income from sales. Only three centers partnered with other organizations to provide technical support such as design and marketing. One center made a Limited liability partnership (LLP) (legal arrangement followed by business entities) for running IGWP.

### ***Demand & Sales of products***

Centers mostly made products of steady demand, such as food, textile, and handicraft products. Seasonal products usually involve items used during festive seasons, such as Holi colors during Holi and diyas and rangoli colors during Diwali. Some centers have built a support network in the local community (neighbors, apartments, shops, companies) to sell seasonal or bulk products, especially during festivals. All centers relied on individual buyers for regular sales. The general public, college, and school students would buy the products during exhibitions. Friends, family, relatives, and neighbors would buy from centers having their sales outlets. Many centers stated that they had unsold stocks due to poor sales.

### ***Incentives for clients***

Both token economy and monetary incentives were used to motivate and reinforce the client's work involvement. The majority of centers provided monetary incentives to the clients involved in IGWP. One center practiced token economy and used pre-fixed points (where 1 point was considered equivalent to ₹1), which could be earned by participation in various vocational activities and exchanged for snack items or items of daily use (such as soap, oil,

washing powder). Most centers gave incentives monthly. The monetary incentives ranged from ₹20 to ₹6,000 per month. Two centers running vocational training centers paid salaries ranging from ₹7500 to ₹15000 to the permanently employed recovered clients. Some centers used detailed objective criteria, formulas, or proforma to rate the selected indicators to calculate incentives. While other centers used subjective ratings based on observation by vocational trainers/staff, and two centers relied only on client attendance.

Centers used various indicators to decide the quantum of incentives, which were either related to the client's attendance (including days worked and hours worked) or work (including work productivity, work performance, competence, improvement, involvement, and the number of items made). Centers calculated incentives using one or a combination of these indicators (Table 2).

**Table 2: Strategies for incentivizing clients**

Center	Mechanism used
A.	Two mechanisms were used: <ol style="list-style-type: none"> <li>1) 60% of the total profits from the sales were shared with clients based on their attendance and work productivity</li> <li>2) Fixed incentives were paid based on the number of completed products (Ex: ₹15 for making 100 paper covers)</li> </ol>
B.	A fixed amount is given after the completion of 1 year of training based on monthly attendance
C.	Fixed token for each item made, recorded as points (1 point equivalent to ₹1) on a daily basis, which can be exchanged for rewards (primarily snacks). Example of points assigned: <ul style="list-style-type: none"> <li>▪ 1 point/10 (big) and 1 point/25 (small) paper covers</li> <li>▪ 50 points (big) and 30 points (small) cloth bags</li> <li>▪ 20 points (big) and 10 points (small) door mats</li> </ul>
D.	At the daycare center: ₹1/day for attendance + ₹50/activity + ₹500 – ₹5000 for work productivity (efficiency of work and improvement) At the residential center: ₹50 – ₹500/ month based on attendance and work productivity



E.	<p>Incentives are calculated using the formula (in google sheet) =  [(level incentive/ no. of working days × no. of days worked) + attendance incentive + incentives for extra hours worked]</p> <ul style="list-style-type: none"> <li>▪ Level incentive: Level I – ₹200; Level II – ₹400; Level III – ₹600; Level IV – ₹1000; Level V – ₹1500; Level VI – ₹2000</li> <li>▪ ₹5/day paid for attendance and</li> <li>▪ ₹5/hr for extra hours of work</li> </ul>
F.	<p>At the residential center:</p> <ul style="list-style-type: none"> <li>▪ Salary = ₹3000 - ₹5000 based on the type of work</li> <li>▪ Stipend = ₹500 - ₹1500 based on the type of work</li> <li>▪ Incentives = ₹200 - ₹500 based on hours worked</li> </ul> <p>At the vocational training center:</p> <ul style="list-style-type: none"> <li>▪ Salary = ₹7500 - ₹8000 (fixed amount)</li> <li>▪ Stipend = ₹2500 - ₹4000 based on work done</li> <li>▪ Incentives = ₹500 - ₹2500 based on hours worked</li> </ul>
G.	<p>At the daycare center:  A fixed amount for each item made. Ex: clients involved in making eco-pens get ₹ 2/pen, client on sales counter gets ₹ 1/pen sold</p> <p>At the vocational training center:</p> <ul style="list-style-type: none"> <li>✓ Clients are given points each day from 1-50 (attendance - 10 points, level of work - 20 points, and work behavior - 20 points); total points are multiplied by 5</li> <li>✓ Clients handling machines get a fixed salary of ₹10000 – ₹15000 based on years of experience</li> </ul>
H.	Profits shared with clients based on their involvement
I.	80% of the total profits are shared with clients based on involvement
J.	₹2000 - ₹6000 per month based on attendance and work productivity
K.	Fixed incentive based on attendance
L.	Incentives are calculated based on a self-developed proforma that assesses attendance, work performance, self-help skills, and social behavior
M.	Incentives based on duration and level of involvement

## **Part Two: ‘Green Skills Program (GSP)’ – A case study**

### **2.1 Background of GSP**

In 2017, Dr. Madhumita Puri (Executive Director of Delhi-based NGO 'Trash to cash India'), along with their local NGO partner 'Craftizen foundation' approached NIMHANS to start an activity for clients that would be aimed both at skills training and generating income. With Institutional approval, PRS, NIMHANS formalized the partnership with Craftizen foundation to start an IGWP for clients and was named - 'Green Skills Program (GSP).' The model of collaboration between these organizations is depicted in figure 1.

### **2.2 Range of products**

The range of products includes 'eco-friendly Holi colors' (Holi colors made from recycled flowers), 'eco-friendly Diwali kits' (Rangoli colors made from recycled flowers and hand-painted diyas), 'eco-pens' (made with newspaper and old magazines), and 'paper-dust products' such as T-light holders, coasters, wall-plaques (made from dough of cardboard dust) [Figure 2].

### **2.3 Participants of GSP**

Clients participating in GSP included inpatients (persons admitted in various psychiatric wards of NIMHANS) and day-boarders (availing daycare services from 9 AM to 4 PM). The day boarders also included persons from the state government home for persons with Intellectual and Developmental Disabilities (IDD). The effective working hours of GSP were from 9:30 AM to 3:30 PM, including lunch hour (1-2 PM). Most participants were involved for 1-2 hours in GSP, and some also participated in other vocational activities at PRS. Only a few participants worked for the entire working hours in GSP but also attended other activities such as morning prayers and yoga classes. The trainer trained all the participants in the green skills section. Few were trained in groups, while others were trained as and when they joined.



Figure 1: Inter-organizational collaboration for implementing GSP



Eco-friendly Holi colors



Mud lamps and rangoli colors



Stencils for creating rangoli patterns

Figure 2: Range of products



**Eco-pens**



**Coasters**



**T-light holders**



**Wall plaque with leaf design**

**Figure 2: Range of products**

Participants were initially trained to separate flower petals by hand and then gradually use scissors to cut the petals. Next, they were taught to segregate the flower petals based on color and spread them on newspapers for drying. Later, shift the dried petals to a sealed package and spread the new petals for drying. They were trained in other steps such as grinding, mixing, weighing, and packaging through learning-by-doing and hand-holding. The trainer also taught mud lamp painting. Training sessions were conducted by the NGO personnel to train in the preparation of eco-pens and paper-dust products.

Not everyone was able to learn all the steps of the activity or perform all the activities and hence were involved in doing different steps or activities as per their preference and abilities. A few clients were also unwilling to do certain tasks. Ex: few were unable to grind the flower petals as that involved handling a machine; few refused to mix colors due to dust and soiling of clothes; some only preferred painting the mud lamps or separating the flower petals.

#### **2.4 Calculation & distribution of profits**

The profits were calculated by subtracting the raw material cost from the total income through sales of various products. The expenditure on facilities (space and electricity) was not considered while calculating the profits as NIMHANS is a government institute, and the actual expenditure is nil. The honorarium cost was also not included as the Craftizen foundation covered those, and the program still needed to be developed enough to sustain these costs. The details are elaborated on in subsequent paragraphs.

**2018:** A profit of ₹30,000 was made (Jan 2018 to March 2018) from the first batch of Holi color kits made and sold under the aegis of GSP. The strategy adopted to calculate the profit share was based on dividing all the participants into various groups based on their overall performance (Table 3). The trainer who supervised the participants during the production process divided the participants into five groups. Mental health professionals overseeing the

day-to-day functioning of GSP mutually decided the amounts that could be given to each group's members. The superintendent of the state government home for persons with IDD requested to give the incentives in kind. They were taken out for shopping, and items such as tracksuits and sports shoes were purchased by pooling the money of all state home participants. Therefore, we were unable to reinforce their productivity differentially. All the participants received their share of the profits in a public function organized in April 2018.

**2019:** Profits of ₹1,28,200 were made (May 2018 to April 2019) and distributed to 34 GSP participants. Each participant received ₹500 to ₹8,600 during a public function organized in June 2019. To calculate the per person's share, the production cycle of each product was subdivided, and points were assigned to each phase based on their complexity. Each participant was assigned points as per the performance during each phase. The share of profits was determined by multiplying the total points by a multiplier amount. An example of participants involved in the production of 'Eco-friendly Diwali kits' is given in Table 4. For the participants who were involved in making various products, the amounts from all activities were totaled. While most of the participants wanted their share of profits in cash, three of the day-boarders had their bank accounts and wanted their share via bank transfer. At the superintendent's request, the participants of the state home for persons with IDD received their share in kind. They were given formal dresses, sandals, belts, bicycles, and movie tickets.

**Table 3: Strategy for calculating the share of profits in 2018**

<b>Group</b>	<b>Number of participants</b>	<b>Amount/ member</b>
<b>I</b>	6	₹2400
<b>II</b>	5	₹1500
<b>III</b>	4	₹1000
<b>IV</b>	4	₹750
<b>V</b>	7	₹200 to 4 members and ₹100 to 3 members

**Table 4: Strategy for calculating the share of profits in 2019**

<b>Participant</b>	<b>Phase I: Grinding petals (10)</b>	<b>Phase II: Mixing rangoli colors (10)</b>	<b>Phase III: Diya painting (20)</b>	<b>Phase IV: Packagi ng (10)</b>	<b>Total points (50)</b>	<b>Multiplier (50)</b>	<b>Total Amount (₹)</b>
<b>A</b>	10	10	20	10	50	50	2500
<b>B</b>	0	10	10	10	30	50	1500
<b>C</b>	0	10	0	10	20	50	1000
<b>D</b>	0	0	0	10	10	50	500



## **Part Three: Translating work programs into IGWPs**

### **3.1 Starting an IGWP**

Several factors need to be well thought out to start an IGWP or to translate an existing work program into IGWP:

***Identify a suitable IGWP*** – Various factors need to be considered while selecting an IGWP, such as the required resources (financial, material, human), clientele functioning levels, and the final product's market demand. These factors are vital to ensure adequate finances, regular raw materials supply, appropriate staff availability, activity as per the client's functioning levels, and good sales of products. For example, if the selected IGWP is very difficult, the low-functioning clients will find it hard to learn. Whereas, if the IGWP consists of several easy-to-hard steps, clients with varying functionality levels can be involved in specific steps. Another way is to have a mix of simple (paper covers and gift bag making, packaging, and assembling work) and complex (handling machines for printing, tailoring, or baking) IGWPs. Clients can be allocated based on their capabilities or previous experience (such as some women can find it easier to handle an oven or sewing machine due to previous exposure to the activity). At the same time, certain easy activities, such as making paper covers, might productively engage many clients. However, they will not generate revenue proportionate to efforts or can only be sold to selected customers (such as pharmacies for dispensing medicines). Thus, balancing various factors and selecting an IGWP suited to the requirements of the client and center is challenging and requires well-thought planning and decision-making.

***Financial resources*** – Funding will be required to set up an IGWP unit and its maintenance. Both direct costs (raw materials, machinery, staff salaries) and indirect costs (space, water, electricity) must be considered. Funding is a significant challenge. Once the IGWP unit is established, the income from the sales of the products can be used as revolving funds to ensure the continuity of the IGWP. Centers can also look for donations from well-wishers or funds

from NGOs or CSR (Corporate Social Responsibility) from corporates to initiate or sustain IGWP units. Selecting an IGWP with good profit margins can help centers generate more revenue, thus adding to the distributable surplus, which can further be used to incentivize clients involved in IGWP or sustain and set up new IGWPs.

**Material resources** - Once the IGWP is selected, the needed raw materials and their sources must be identified. This will include making a list of items needed, identifying the procurement sources, purchasing, and shifting the raw materials to the center. The material resources also involve other necessary equipment (machines, instruments, containers, cupboards, etc.). For example, certain activities may need more space, while others might need specific machinery (manufacturing paper plates or bowls).

**Human resources** - The human resources primarily include vocational trainers (to train the clients) and Mental Health Professionals (MHPs) based on need or setting (such as psychiatric social workers or psychiatric nurses might be essential for a residential setting rehabilitation setting). The number of vocational trainers can be estimated based on the clientele and skills needed for the selected IGWP. The work aptitude of the trainer is more essential than the educational qualification. The trainer must be caring, friendly, and polite with the clients. They should have good communication and interpersonal skills. They must assign work as per the client's capabilities, pay adequate individual attention, handhold clients, and encourage work involvement through reinforcement and motivation.

**Prospective customers** – Several questions about the sale of the products must be addressed beforehand, such as who will buy the product? Where will they buy it from? And why would they choose the product compared to those available from the market? The answers will help streamline and select IGWPs with good demand in the internal market (such as a hospital-run center running a bakery that prepares bread that can be utilized for inpatients; a center having colleges nearby can run a café that sells snacks or a photocopy shop; a residential center running

a canteen to sell items of daily use) or having some distinctiveness that can compete with the external market. Products with good internal demand are better placed in terms of having better sales chances and earning good profits. For example, suppose a selected IGWP (cloth bags or file covers) is commonly available in nearby markets at lower prices. In that case, there is a high likelihood that the product will not have good sales, resulting in low profits and unsold inventory. Therefore, keeping the target buyers in mind will help customize the product and assist in determining the production quantities as per the anticipated sales proportion.

***Systemic barriers and anticipated challenges*** – Setting up any new program might face several organizational barriers, such as delays in getting necessary permissions. Additionally, a new program will have its own challenges, such as identifying additional space and hiring new staff with required skills; IGWP is no exception. Anticipating a few future challenges will help resolve them by taking appropriate measures or finding ways to deal with them. Centers venturing into this area can also learn from the experiences of other centers running IGWPs, sheltered workshops, or similar activities in diverse settings.

### **3.2 Implementing an IGWP**

#### ***Core phases of implementing an IGWP***

Implementing an IGWP can be broadly classified into three core phases:

- a) Planning & Procurement
- b) Production & Pricing
- c) Marketing & Sales

Each phase comprises further tasks that are elaborated on in subsequent paragraphs:

**(a) Planning & Procurement** – After selecting an IGWP, the raw materials required for the IGWPs must be enlisted and purchased. For this, centers must plan a mechanism for estimating and procuring the required raw materials. The concerned tasks of this phase are:

- **Market surveys** – A market survey is the primary step to identifying the sources of raw materials. All raw materials may not be available from the same source. Thus, for each IGWP, several sources have to be recognized.
- **Identify cost-effective sources** – This will involve identifying the cost-effective sources amongst the available markets, considering the distance (time factor), travel cost, and the price of raw materials.
- **Procuring the raw materials** – A mechanism for transporting the raw materials to the IGWP unit had to be in place. Perishable raw materials (such as vegetables for a café) might need more frequent procurement. Thus, tie-ups can be made with certain vendors who can send the required items at desired intervals. The vocational trainer or any IGWP staff can coordinate it.
- **Payment** – A mechanism for payment to raw material suppliers and transport costs must be chalked out. In centers where no dedicated department handles financial matters, a staff/ member will have to be identified to handle bills and payment related matters.

**(b) Production & Pricing** – This phase includes all the steps of making a finished product and includes the following tasks:

- **Taking work orders or setting quantity/day** – Products can be made on an order basis or regularly. The quantity produced per day or month can be pre-decided if the product is made regularly.
- **Training and supervising clients** – The clients involved in IGWPs must be trained in each step. They can be divided into various teams based on their interests and capabilities.
- **Quality control** – Suitable mechanisms must be in place to ensure the quality control of products, especially if they are food items or other perishable items.
- **Product pricing** – The product's sales price must be finalized based on the input and other indirect costs, keeping an adequate profit margin to cover the client's incentives.

**(c) Marketing & Sales** – Marketing helps portray the product's highlights to buyers. A product can be pitched as a pocket-friendly quality product against the traditional concepts of pity purchase (purchasing for charity). The phase consists of the following tasks:

- **Identify target buyers** – This step includes categorizing whom we are planning to sell the products to (ex: college students), where we can sell the products to them (during college fests), and how we can advertise the product to the target buyers (using marketing strategies such as pamphlets, social media posts).
- **Select sales strategies** – Some strategies include running an in-house sales outlet at the rehabilitation facility, putting stall sales during fests or festivals in companies or colleges, tie-ups with retail chains, and online sales. Digital payment mechanism such as UPI and card machines will need to be set-up for product sales.
- **Marketing of products** – Products can be marketed using posters or pamphlets circulated via social media platforms, making a video campaign, or through e-mail groups.
- **Transportation for sales** – Taking the product to the sales venue will require planning, human and financial resources, arrangement for transportation, and necessary permissions.

***Other associated tasks for implementing an IGWP***

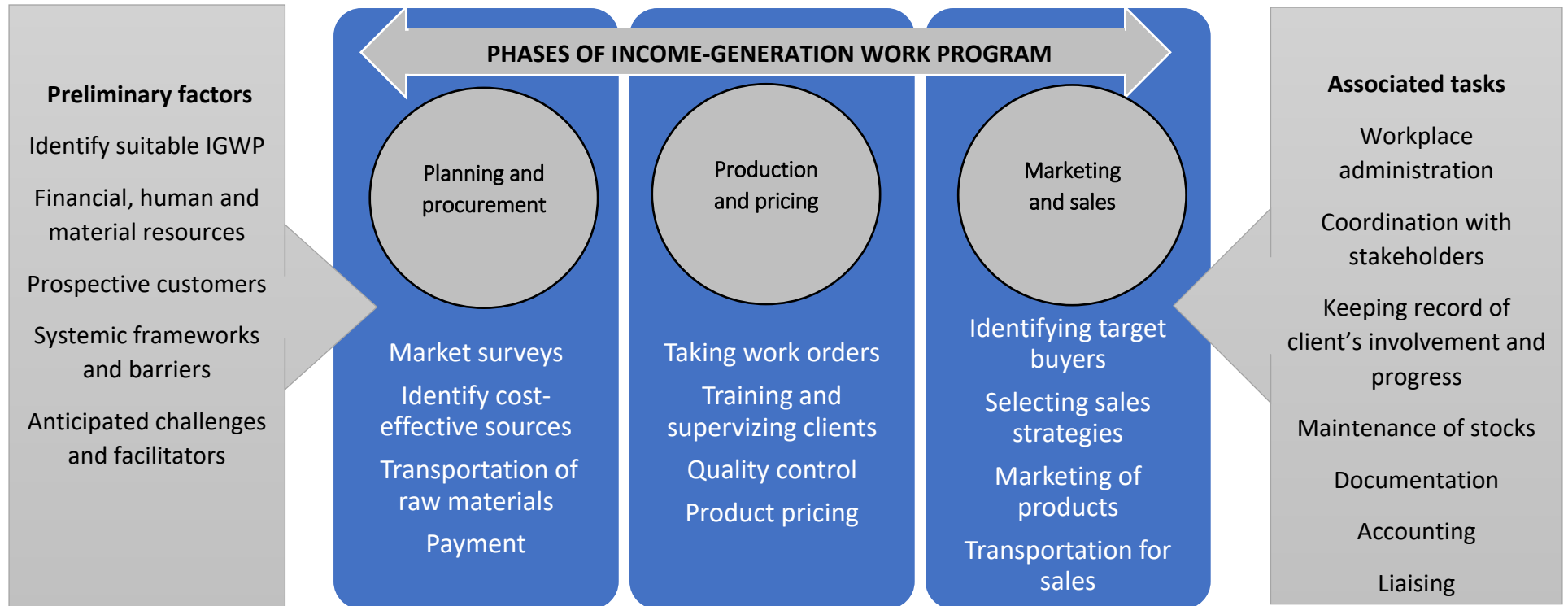
In addition to the core phases and sub-steps, additional tasks associated with sustaining an IGWP include:

- **Workplace administration** – It involves all the tasks and activities essential to ensuring the smooth functioning of the IGWP. Such as giving orientation to new clients, assigning tasks, supervising all activities, ensuring no workplace hazards, etc.
- **Coordination with stakeholders** – This will involve coordinating (written or verbal) with partners, caregivers, administrative members, and other authorities. For example,

coordinating with the administration staff to calculate and distribute profits; procure raw materials from partners or dealers on time.

- **Keeping a record of the client's involvement and progress** – Monitoring the client's involvement and progress is crucial. The progress can be monitored based on selected criteria or tools and recorded correctly (such as attendance, work involvement, and the number of items made). A systematic observation helps understand the strengths to be built on and identify the difficulties to be resolved.
- **Maintenance of stocks and inventory** – All raw materials and finished products will be part of stocks that must be stored appropriately to prevent damage. An inventory of all moveable (raw materials, final product) and immovable (table, chairs, almirah) assets utilized in IGWP should also be maintained.
- **Documentation and record-keeping** – Documentation is vital to all programs. A few things to start with are production and sales records, raw materials received, orders received, delivery details, client attendance, inventory status, and expenses incurred.
- **Accounting** – Handling and documenting finances in itself is a humongous task. Proficient personnel is required to maintain the accounting of IGWP, as it involves financial transactions at various levels (calculation of tax on pricing and sales, bank transfers to various dealers, keeping account of income and expenses).
- **Liaising** – Liaison is essential to overcome internal limitations and boost sales. The liaison can be with other organizations, stakeholders, and community members. For example, organizations can make trade brands or partnerships; liaise with key community members to spread awareness about client capabilities.

All the core phases and tasks associated with implementing an IGWP are depicted in figure 3.



**Figure 3: Preliminary factors, core phases, and associated tasks of starting and implementing an IGWP**

### **3.3 Challenges and Facilitators of IGWPs**

Running an IGWP comes with its own challenges, beginning with identifying a suitable IGWP, arranging financial and material resources, and hiring qualified staff. Sustaining IGWPs is immensely challenging due to constantly changing and technologically advancing markets, fluctuating product demand, risk of unsold products and appropriate storage issues, and the need for continual handling and accounting of finances. The rehabilitation facilities are constrained by various additional factors (such as space shortage, inadequate resources, and lack of trained professionals), which can influence the number and type of work programs, including the adoption and functioning of IGWPs.

Centers may need more business and marketing expertise for better sales and profits. The factors hindering good sales can be the lack of unique products that customers want to buy, competition with industries making similar products with better specifications and selling at a lower price, and difficulty catering to bulk orders at short notice. Sales seasonality (not preparing products for year-round sales), restricted sales outlets, and non-availability of online sales are other concerns related to sales of products. The perception of product quality and doubts about products not being prepared by clients but by the trainer instead can also influence the customer's buying decision.

Some of the facilitators can be to select some interesting and engaging activities. A good IGWP team, including a dedicated trainer, cooperation among all stakeholders, and goal-directed leadership, is the crux of any IGWP. Providing flexible and friendly working environments ensures self-motivated involvement. Regular reinforcements and incentives can further help to enhance motivation levels.



### **3.4 Benefits of IGWPs**

#### ***Monetary incentives***

IGWPs help publicize the client's potential among the public and generate revenue which is a potential source of income for clients who cannot advance to mainstream employment. The revenue earned from IGWP has been documented to sustain the vocational rehabilitation units and offer remunerations to clients involved in making the products. Monetary incentives for clients involved in IGWPs are a pragmatic practice adopted by many rehabilitation centers. The monetary incentives reinforce participation, boost motivation, and contribute to the client's income. Irrespective of the quantity, the monetary incentives were considered rewarding, facilitating a sense of achievement and self-respect. The monetary incentives are valuable to support their family and buy certain daily needs items and medicines.

Monetary incentives can be a motivating and rewarding experience for the clients because:

- (a) it recognizes the client's capabilities
- (b) incentives are usually linked with the client's work involvement and work outcomes. Thus, motivating them to continue to work and improve further
- (c) incentives for work enable them to view themselves as equivalent to a counterpart who 'works and earns' (i.e., develop a worker identity)
- (d) incentives can be used to buy specific items of choice, leading to intrinsic happiness. Thus, the quest to do such things more often would mean needing the incentives and indulging in incentive-earning behavior, i.e., working more or better to earn more.

#### ***Non-monetary benefits***

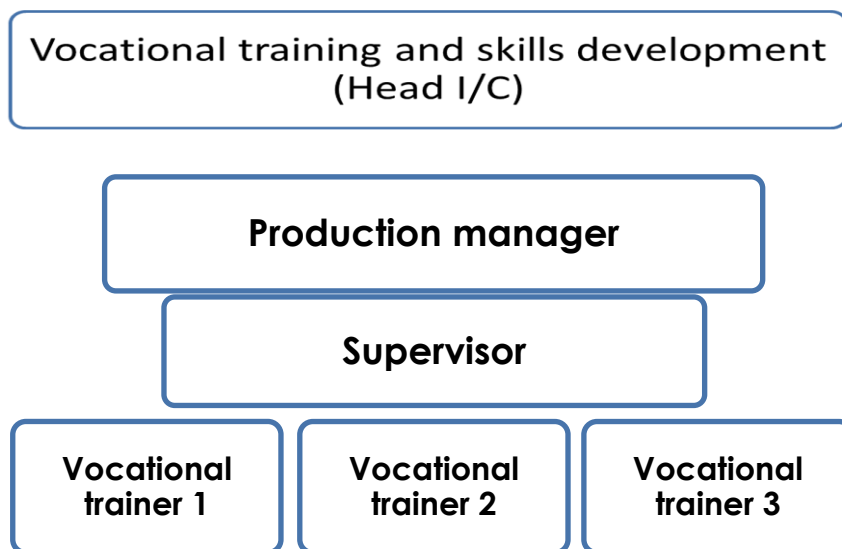
Studies have reported that working clients had lower symptom severity, re-hospitalization rates, duration of hospital stay, significantly higher self-esteem and perceived quality of life, and better overall functioning than those who did not work. Descriptive studies of daycare

settings in India reported that a structured routine with varied activities, including skills training activities and work programs, provides a stimulating learning environment. It helps to improve social behavior and sustains the interest of the clients. Our study showed that IGWPs provide an opportunity for work participation, showcase capabilities, productive engagement, socialization, peer learning, enhance motivation, develop team spirit and a sense of responsibility, advancement of skills (work-related, cognitive, behavioral, and social skills), and build self-esteem and self-confidence. Numerous studies have documented the clinical and social benefits of work and its vital role in the recovery of persons with psychiatric disabilities.

## Part Four: Role of stakeholders in IGWPs

### 4.1 Stakeholders involved in IGWPs

The stakeholders of IGWPs include clients, caregivers, vocational trainers, administration staff, social workers, staff nurses, psychologists, and psychiatrists. Nurses and Psychologists were mainly part of residential rehabilitation facilities. The staffing pattern and posts varied drastically across the centers concerning the number of professionals, type/ qualification of professionals, and the ratio of clients to staff. An example of a staffing model for the vocational and skills training unit from one of the centers is depicted in figure 4.



**Figure 4: A model of staffing for the vocational training unit**

Faculty members oversaw the vocational/ skills training unit in government-run academic centers. IGWP was governed by management (board members or administrative departments) in the NGO sector. Clients' progress was monitored by social workers, psychologists, nurses, and psychiatrists (depending on availability). Two centers hired placement officers to facilitate supported employment/ self-employment opportunities. Vocational trainers and supervisors were involved in training clients in vocational skills.

Qualifications of vocational trainers varied across the center and even in the same center. In most centers, the minimum qualification of vocational trainers was only schooling (secondary or senior secondary). These centers also had vocational trainers who had done diploma, graduation, or certificate courses. Other centers had a minimum qualification of diploma or graduation or certificate courses in specific vocational skills. Each vocational trainer, on average, supervised 5 - 25 clients.

#### **4.2 Role of vocational trainers**

The vocational trainer is central to any IGWP, plays a significant role in implementing the IGWP, and performs various client-related, program-related, and miscellaneous responsibilities (Table 5). The vocational trainers play a crucial role across IGWP phases such as doing market surveys, estimating finances, procuring raw materials, training clients, monitoring product quality, maintaining stocks, taking and coordinating orders, shifting products for sales events, tallying sales, keeping records of clients' involvement, and at some centers even marketing and liaison.

#### **4.3 Role of Mental Health Professionals (MHPs)**

MHPs from the field of Psychiatry, Psychiatric Nursing, Psychiatric Social Work, Clinical Psychology, Psychosocial Rehabilitation, and Occupational Therapy are involved in the planning and execution of vocational rehabilitation services. The MHPs refer clients for various vocational rehabilitation services, including IGWPs, and work collaboratively to improve client outcomes. The key professionals supervising designated IGWPs can monitor the overall functioning and perform the leadership role. The responsibilities might include:

- Planning and decision-making
- Tracking client-related outcomes
- Ensuring the best usage of human and material resources

- Assigning responsibility and synchronizing team efforts
- Developing team spirit and motivation among sub-ordinates
- Ensuring adequate training and skills enhancement of the sub-ordinates
- Ensuring quality control and standards of performance
- Ensuring constant communication and coordination between the stakeholders

#### **4.4 Role of caregivers**

Many stakeholders other than MHPs implement an IGWP, including non-health professionals such as administration staff, NGO personnel, and caregivers. Caregivers are the mainstay of long-term care and play a crucial role in the rehabilitation process of the clients. Caregivers can play a proactive role in deciding and developing rehabilitation services. Involving caregivers in IGWPs has various advantages:

- (a) they have lived-in experiences in handling the clients
- (b) they can appreciate client difficulties better
- (c) they are a readily available resource

This vital resource can be tapped into by employing them as vocational trainers in various IGWPs. Involving caregivers is a mutually beneficial arrangement. They can be easily trained on-job because they have a good understanding of clients and personal experience managing them. Caregivers are adept at connecting with people, providing personal support, and teaching necessary skills. The employment, in turn, can help caregivers financially. Involvement in IGWPs can also equip some caregivers to consider home-based IGWPs in the future.

**Table 5: Responsibilities of vocational trainers in IGWPs**

Client-related	<p>Train the clients</p> <p>Assign tasks and provide hand-holding/guidance to all the clients</p> <p>Ensure the use of safety precautions wherever required</p> <p>Prevent any injuries/self-harm to clients</p> <p>Monitor client progress and behavior</p> <p>Maintain a record of client attendance, involvement, and performance</p> <p>Promote teamwork, cooperation, and motivation among clients</p> <p>Report difficulties and challenges to supervisors</p>
Program-related	<p>Ensure the smooth functioning of the program</p> <p>Anticipate requirements and place indent/order to designated sources</p> <p>Buy/procure required raw materials from various sources</p> <p>Plan activities as per the anticipated per-day task completion rate</p> <p>Ensure the completion of production targets within stipulated time-period</p> <p>Quality check before shifting for sales to replace defective products</p> <p>Coordinate sales logistics (shifting, tallying products sold and received back)</p> <p>Proper storage and damage prevention of unsold items</p>
Miscellaneous	<p>Record-keeping (maintain records of raw materials received/purchased from various sources, number of products prepared, sold, and unsold inventory)</p> <p>Maintenance of stock and inventory</p> <p>Coordinating with stakeholders</p> <p>Accounting</p> <p>Liaising</p>

## **Part Five: Summary & Recommendations**

Work in any form (productive, meaningful, or creative activities) promotes gainful engagement, socialization, hope, and self-esteem, aligning with the vision of recovery. Work programs are integral to vocational rehabilitation programs at various psychiatric rehabilitation centers. This indicates the utilization of work programs to address the clients' vocational needs, including the 'need to work,' 'need for income generation,' and promote recovery. This list of various IGWPs practiced will help provide an overview, aid in selecting or adopting culturally/geographically relevant livelihood models, and implement them. Based on resources, cultural sensitivities, and ground realities, the centers can translate existing work programs into IGWPs or establish new IGWP units. We have discussed factors, phases, tasks, challenges, and facilitators of IGWPs. We anticipate this information will help attain a basic idea about IGWPs, where to start, and how to implement them. MHPs can replicate IGWPs in General Hospital Psychiatry Units (GHPUs) and community-based settings. MHPs can support clients and their family members in taking-up IGWPs as self-employment or home-based rehabilitation activity.

Centers reporting higher profits made regular or unique products and/or had fixed buyers and/or got orders from government departments. A few centers have taken a step ahead by partnering with other organizations to market products, forming a Limited Liability Partnership (LLP), forming trade brands, and developing a website to facilitate sales. Active collaboration is required between stakeholders at various levels to sustain an IGWP. The centers need to focus on product innovation, quality, and pricing. Joint ventures with businesses can offer a professional understanding of the supply chain and available market to run sustainable IGWP. Sales partnerships with local retail chains and e-commerce platforms can be explored.

All rehabilitation centers used the evidence-based practices of monetary incentives and the token economy to sustain clients' interest and boost motivation. Using various reinforcement techniques is essential to motivate and encourage the client to be active in his/her rehabilitation

process and enhance the client's feeling of being competent. A combined approach of incentivization that considers attendance and work can be the most appropriate strategy for incentivizing rather than prioritizing attendance or work performance, especially where clients have different needs and functionality and are at different stages in their readiness to participate in various vocational activities.

It was found that family caregivers (predominantly mothers) were actively involved in IGWP. Many of them were also employed as vocational trainers and gained the required skills on the job. It was a mutually beneficial arrangement for the centers and families. The centers benefited from a pool of people sensitive to clients' needs, and the employment helped the families financially. Such family caregivers cum staff were better positioned to liaise with other families. The family members can be involved more often in rehabilitation settings as they are a readily available and under-utilized resource. Involvement in IGWP could also pave the way for a proactive contribution of families in deciding or developing the services and considering self-employment ventures or home-based IGWP in the future.

The centers registered under National Trust can avail of funds for running daycare centers (Vikas scheme) and marketing (Prerna scheme). As per the mandate of the National Trust, such a center only caters to persons with a primary diagnosis of mental retardation, autism, cerebral palsy, and multiple disabilities. Other centers may consider using the 'Deendayal Disabled Rehabilitation Scheme (DDRS)' and other flagship programs of the Government of India, such as 'skill India.' Support from the government and corporates, such as mandating a certain percentage of internal requirements to be procured from rehabilitation centers, will facilitate the adoption of more IGWPs and contribute to client's income. Also, the centers running IGWPs must consider scientifically studying and documenting the contributory aspects of IGWPs and related practices.



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