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Income Generation Programs for Patients at Psychiatric Rehabilitation Centers

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Abstract

'Income Generation Programs (IGPs)' for patients are practiced at psychiatric rehabilitation centers for vocational training or productive engagement. IGPs are similar to work programs with the added benefit of the opportunity to generate revenue and contribute to patients' income. Based on our experience and visits to several psychiatric rehabilitation centers running IGPs, we conceptualize how existing work programs can be translated into IGPs and/or new IGPs can be established. We also discuss the benefits of IGPs, the facilitators, challenges and various stakeholders' roles.

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Introduction

The 'National Mental Health Survey, 2015-16' reported significant morbidity among patients in the productive age group of 30–49 years, affecting their work-life.[1] Recent legislations direct the Government to undertake services and programs for vocational rehabilitation (VR) and employment of patients.[2,3] However, in many states, the VR facilities and psychiatric rehabilitation services in general, including daycare centers, residential centers (halfway and long-stay homes), sheltered workshops and community-based rehabilitation settings are minimal and limited to cities.[1,4]

VR services in India are offered as part of psychiatric rehabilitation services in selected government-run psychiatric hospitals and Non-Governmental Organizations (NGOs).[5,6] There is a gradual expansion of daycare services, vocational skills training activities and paid work activities in psychiatric hospitals.[7,8] The predominant VR facilities include occupational therapy units, vocational units and sheltered workshops.[9,10]

Many work programs have been implemented as a part of VR in psychiatric rehabilitation facilities to help patients attain their vocational goals. The type of VR program offered depends on the patient's interests, preferences, abilities and availability of resources. Despite differences, work involvement and skills development remain the primary focus of all VR programs. Studies have reported that working patients 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.[11-13]

Many work programs at various VR settings involve patients in producing saleable products. We use the term 'Income Generation Programs (IGPs)' to denote similar work programs intended at productive engagement or vocational training of patients that result in marketable products. The Psychiatric Rehabilitation Services (PRS) at the National Institute of Mental Health and Neuro Sciences (NIMHANS) provides various IGPs for patients, such as making candles, bakery products, craft items, running a healthy snack café and preparing eco-friendly products.[14] During field visits to several psychiatric rehabilitation centers, it was noted that centers offered a diverse range of IGPs for patients, including paper, textile, and jute products, handicraft and food items, household consumables, animal husbandry and running shops.[15] In addition to the therapeutic effects of work, these IGPs were used to generate revenue to contribute to the patient's income and sustain the IGPs. Based on our experience at NIMHANS and having visited centers practicing IGPs, we elaborate on IGPs and discuss various related aspects.

Benefits of IGPs for Patients

Monetary Incentives

IGPs help publicize the patient's potential among the public and generate revenue which is a potential source of income for patients who cannot advance to mainstream employment. The revenue earned from IGP has been documented to sustain the VR units and offer remunerations to patients involved in making the products.[16] Monetary incentives for patients involved in IGPs are a pragmatic practice adopted by many rehabilitation centers.[17] The monetary incentives reinforce participation, boost motivation and contribute to the patient's income. Irrespective of the quantity, the monetary incentives were considered rewarding, facilitating a sense of achievement and self-respect.[18] The monetary incentives are valuable to support their family and buy certain daily need items and medicines.[18,19]

Monetary incentives can be a motivating and rewarding experience for the patients because: (a) it recognizes the patient's capabilities; (b) incentives are usually linked with the patient'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

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 patients.[20,21] IGPs 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), build self-esteem and self-confidence.[18] Numerous studies have documented work's clinical and social benefits and its role in recovery.[22-24]

Translating Work Programs into IGPs – Preliminary Factors to be Considered

IGPs, similar to any work program for patients, can be run at daycare centers, vocational training units, sheltered workshops, and as home-based activities. However, IGPs slightly 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 the existing philosophy of being 'therapeutic-oriented' for patients. Several factors need to be well-thought-out to start an IGP or to translate an existing work program into IGP:

Identify a Suitable IGP – Various factors need to be considered while selecting an IGP, 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 patient's functioning levels, and good sales of products. For example, if the selected IGP is very difficult, the low-functioning patients will find it hard to learn. Whereas, if the IGP consists of several easy to hard steps, patients 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) IGPs. Patients 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 patients. 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 IGP suited to the requirements of patient and center is challenging and requires well-thought planning and decision-making.

Financial Resources – Funding will be required to set up an IGP 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 IGP unit is established, the income from the sales of the products can be used as revolving funds to ensure the continuity of the IGP. Centers can also look for donations from well-wishers or funds from NGOs or corporate social responsibility (CSR) from corporates to initiate or sustain IGP units. Selecting an IGP with good profit margins can help centers generate more revenue, thus adding to the distributable surplus, which can further be used to incentivize patients involved in IGP or sustain and set up new IGPs.

Material Resources - Once the IGP 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 patients) 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 IGP. The work aptitude of the trainer is more essential than the educational qualification. The trainer must be caring, friendly and polite with the patients. They should have good communication and interpersonal skills. They must assign work as per the patient's capabilities, pay adequate individual attention, handhold patients and encourage work involvement through reinforcement and motivation.

Prospective Customers – Several questions about the sale of the products must be addressed before-hand, 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 IGPs 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 IGP (cloth bags or file covers) is commonly available in the 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 sets of challenges, such as the need for identifying additional space and hiring new staff having required skills; IGP 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 IGPs, sheltered workshops, or similar activities in diverse settings.

Phases of IGP

The process of IGP can be broadly classified into three core phases: a) Planning and procurement, b) Product processing, c) Marketing and sales. Each phase comprises of further tasks that are elaborated in subsequent paragraphs:

Phase I: Planning and Procurement – After selecting an IGP, the raw materials required for the IGPs have to be enlisted and purchased. For this purpose, centers have to 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 identify the sources of raw materials. All raw materials may not be available from the same source. Thus, for each IGP, 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 of transporting the raw materials to the IGP 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. It can be coordinated by the vocational trainer or any IGP staff.

Payment – A mechanism for payment to raw material suppliers and transport costs has to be chalked out.

Phase II: Production and 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 Patients – The patients involved in IGPs have to 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. The products can be priced keeping an adequate profit margin that could appropriately cover the patient's incentives and IGP cost.

Phase III: Marketing and 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:

Identifying Target Buyers – This step includes categorizing whom we are planning to sell the products (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 and social media posts).

Selecting 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 shops and online 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 also require planning, human and financial resources and required permissions.

Implementing an IGP - Other Associated Tasks

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

Workplace Administration – It involves all the tasks and activities that are essential to ensure the smooth functioning of the IGP. Such as giving orientation to new patients, 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 Patient's Involvement and Progress – Monitoring the patient'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, 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 the part of stocks that must be stored appropriately to prevent any damage. An inventory of all moveable (raw materials, final product) and immovable (table, chairs, almirah) assets utilized in IGP 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, patient attendance, inventory status and expenses incurred.

Accounting – Handling and documenting finances in itself is a humongous task. Proficient personnel are required to maintain the accounting of IGP, 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 patient capabilities.

All the phases and tasks associated with IGP are depicted in Figure 1.

Challenges and Facilitators of IGPs

Running an IGP comes with its own set of challenges beginning from identifying a suitable IGP, arranging financial and material resources, and hiring qualified staff. Sustaining IGPs 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 IGPs.

Centers may lack business and marketing expertise, leading to limited 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.[25] The perception of product quality and doubts about products not

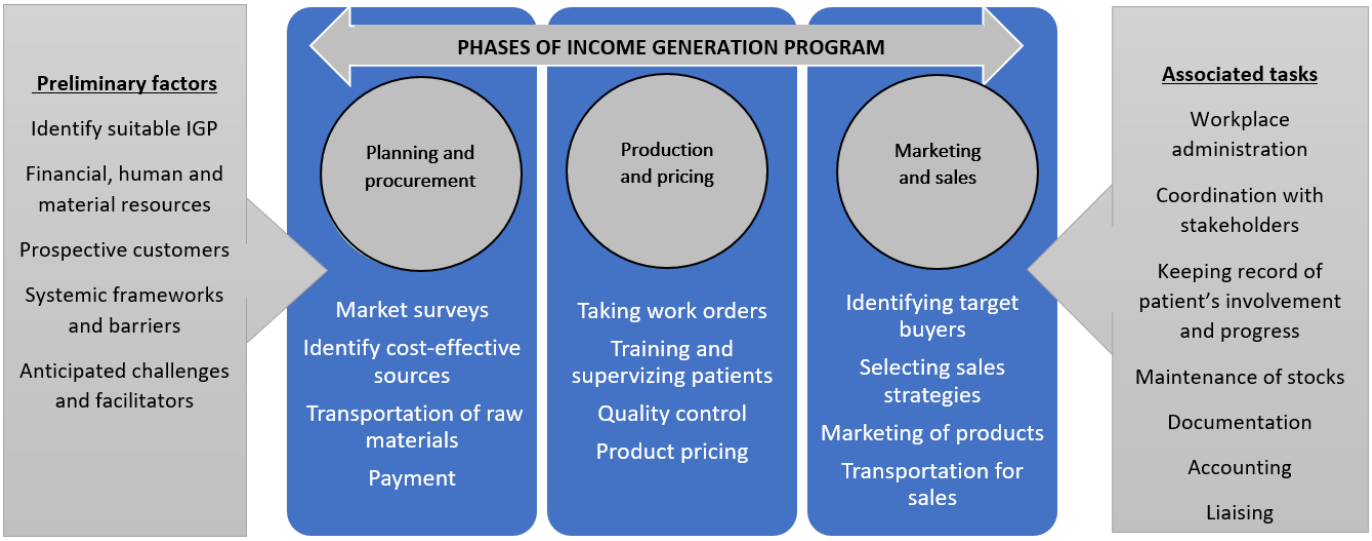

Figure 1: Preliminary factors, phases, and associated tasks of IGPs

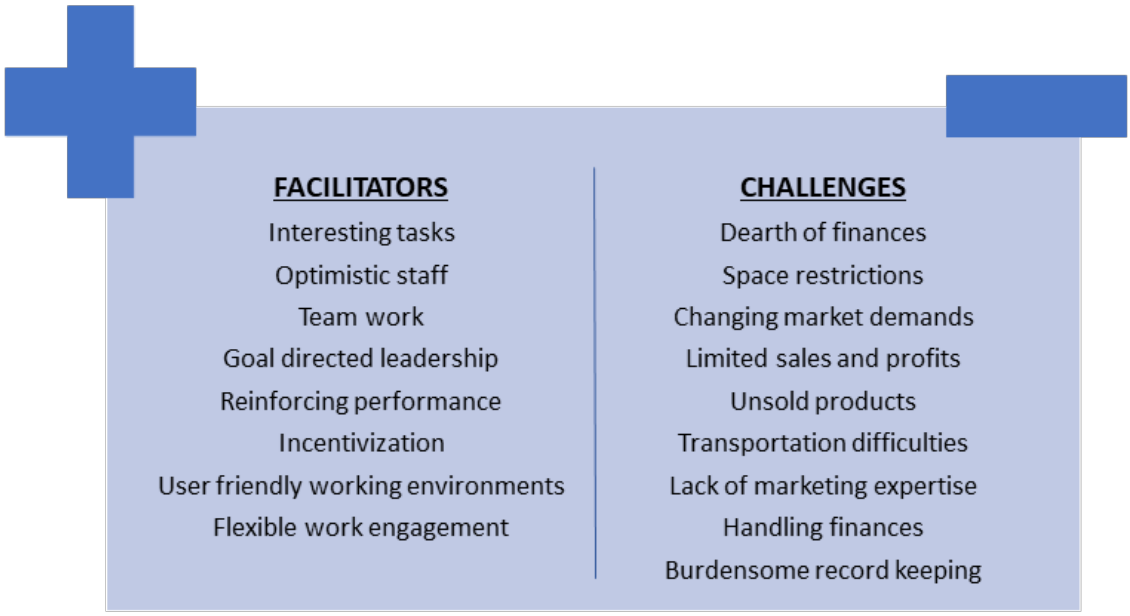

Figure 2: Facilitators and challenges associated with IGPs

being prepared by patients but the trainer instead can also influence the customer's buying decision.[14]

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

The challenges and facilitators are summarized in Figure 2.

Role of a Vocational Trainer in IGPs

The vocational trainer is central to any IGP, plays a significant role in implementing the IGP, and performs a range of patient-related, program-related and other miscellaneous responsibilities (Table 1). The vocational trainers play a key role across IGP phases such as doing market surveys, estimating finances, procuring raw materials, training patients, monitoring product quality, maintaining stocks, taking and coordinating orders, shifting products for sales events, tallying sales, keeping records of

Table 1: Responsibilities of vocational trainers in IGPs

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

patients' involvement, and at some centers, even marketing and liaison.

Role of Mental Health Professionals (MHPs) in IGPs

MHPs from the field of psychiatry, psychiatric nursing, psychiatric social work, clinical psychology, occupational therapy are involved in the planning and execution of VR services. The MHPs refer patients for various VR services, including IGPs and work collaboratively to improve patient outcomes. The key professionals supervising designated IGPs can monitor the overall functioning of IGP and perform the leadership role. The responsibilities might include:

- Planning and decision-making
- Tracking patient-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

Role of Caregivers in IGPs

Many stakeholders other than MHPs implement an IGP, 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 patients. Caregivers can play a proactive role in deciding and developing rehabilitation services.[26] Involving caregivers in IGPs have various advantages: (a) they have lived-in experiences in handling the patients; (b) they can appreciate patient difficulties better; (c) they are a readily available resource. This vital resource can be tapped into by employing them as vocational trainers in various IGPs. Involving caregivers is a mutually beneficial arrangement. They can be easily trained on-job because they have a good understanding of patients and personal experience in 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 IGPs can also equip some caregivers to consider home-based IGPs in the future.

Conclusion

Work programs form an integral part of vocational rehabilitation programs at various psychiatric rehabilitation centers. These work programs usually include manufacturing marketable products. The centers can translate existing work programs into IGPs or establish new IGP units based on resources, cultural sensitives and ground realities. We have discussed factors, phases, tasks, challenges and facilitators of IGPs. We anticipate that this information will help attain a basic idea about IGPs, where to start and how to implement it. The therapeutic benefits of work are very well documented. IGPs take a step ahead to address the 'need for livelihood' of patients, in addition to addressing the 'need for work.' A viable and sustainable IGP can be beneficial to earn good profits and involve multiple stakeholders, including caregivers. There is a need to document information on IGPs that are practiced at various centers. This will facilitate the uptake of similar initiatives across centers. There is also a need for structured guidelines, supportive schemes, and policies to promote the adoption of IGPs.

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