



ORIGINAL RESEARCH PAPER

Psychiatry

AWARENESS AND UTILIZATION OF DISABILITY BENEFITS AMONG PERSONS ATTENDING DAYCARE AT PSYCHIATRIC REHABILITATION SERVICES, NIMHANS, BENGALURU.

KEY WORDS: Chronic mental illnesses, Dayboarders, Disability benefits, Stigma

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ABSTRACT

Background – Patients are awarded numerous disability benefits, including disability pension by government of India. However, there is poor awareness regarding the same among patients and caregivers, especially in rural and semiurban areas of India.
Aims & Objectives - To study awareness and utilization of disability benefits among the persons attending daycare at Psychiatric Rehabilitation Services, NIMHANS.
Material & Methods - All the files of dayboarders were retrieved and searched for disability assessment. The clients and their families were assessed for their knowledge on disability certificate, benefits and utilization.
Results - Only 40% of the dayboarders were availing disability benefits. Most common benefits availed by the dayboarders was disability pension.
Conclusions – Stigma related to mental illnesses, poor awareness regarding provision of disability benefits, and red tapism in government offices were the major barriers in utilization of disability benefits.

INTRODUCTION

Since time immemorial persons suffering from mental illnesses have been stigmatized by the society. This phenomenon is still rampant through out the world, especially in developing countries like India (1). Chronic mental illness leads to significant disability and is a major contributor to global burden of disease (2). According to WHO, 15% of the world's population, experience some form of disability. Approximately, 15% of the Indian population is afflicted with some kind of psychiatric disorders (4). Disability under the Persons with Disabilities Act, 1995, mental illness means a 'disorder of the mind that results in partial or complete disturbance in the person's thinking, feeling and behaviour which may also result in recurrent or persistent inability or reduced ability to carry out activities of daily living, self-care, education, employment and participation in social life' (5). Psychiatric disorders like Schizophrenia, Major Depressive Disorder, Obsessive Compulsive Disorder, Bipolar affective Disorders and substance abuse are the leading causes of disability worldwide (6). Mental illnesses have far reaching ramifications on patients as well as caregivers. These patients are also susceptible to various kinds of abuse and human rights violations (7). Patients suffering from chronic mental illnesses require intensive psychiatric rehabilitation services for reintegration in community (8). Patients suffering from severe mental illnesses are given certification using IQ Assessment and Indian Disability Evaluation and Assessment Scale (IDEAS). There is provision of various disability benefits for such patients, from Ministry of Social Welfare, Government of India. Measure of disability in psychiatric disorders is quiet challenging because of its waxing and waning course and multifactorial etiology (9). Indian disability evaluation and assessment scale (IDEAS) was developed by the Rehabilitation Committee of the Indian Psychiatric Society to measure psychiatric disability (10). Such patients are awarded numerous disability benefits, including disability pension by government of India. Different studies have reported poor awareness about disability benefits among patients as well as caregivers (11,12). Therefore majority of the patients suffering from psychiatric illnesses are not able to avail disability benefits.

AIMS & OBJECTIVES:

This research was conducted with following objectives-

1. To assess the severity of disability in the mentally ill patients.

2. To study awareness and utilization of disability benefits among the persons attending daycare at Psychiatric Rehabilitation Services, NIMHANS, Bengaluru.

MATERIAL AND METHODS:

All the files of dayboarders attending daycare services at NIMHANS, Bengaluru were retrieved retrospectively and searched for disability assessment. Issue of disability certificates was verified from the Medical records Department at NIMHANS. The clients and their families were assessed for their knowledge on disability certificate, benefits and utilization. The details collected included sociodemographic details, psychiatric diagnosis, IQ/IDEAS global score, disability percentages and data regarding the utilization of disability benefits.

OBSERVATION & RESULTS:

Table No 1. Sociodemographic details of the Dayboarders

Males	35
Females	18
USES (Upper Socioeconomic Status)	4
MSES (Middle Socioeconomic Status)	39
LSSES (Lower Socioeconomic Status)	10
Married	9
Single	41
Seperated	3

Table No 2. Nature of Psychiatric disorders

Schizophrenia & other psychosis	22
Affective disorders	5
OCD	3
Intellectual disability	20
Others	3

Table No 3. Disability Certificate availed

Yes	32 (60.37%)
No	21 (39.62%)

Table No 4. Awareness regarding disability benefits

Yes	49 (92.45%)
No	4 (7.5%)

Table No 5. Availing disability benefits

YES	21 (39.62%)
NO	32 (60.37%)

Table No 6. Types of Disability benefits availed

Disability Pension	17 (32%)
Bus pass	12 (22.64%)
IT Exemption	1 (1.8%)
Multiple benefits	8 (16%)

Table No 7. Reasons for not availing benefits

Not interested	12 (22.64%)
Ignorance	2 (3.7%)
Under process	9 (16.97%)
Other reasons	2 (3.7%)

DISCUSSION:

Out of total 53 Dayboarders assessed, 66% were males. The main reason could be that the belief that men are expected to work and earn a living. Secondly, there is gender discrimination in our country. Society in general is more sympathetic towards male patients suffering from mental illnesses. Mentally ill females are generally ostracized by the society and abandoned by their family members (13). Most of the patients were from urban areas. This can be explained by the fact that there is poor awareness regarding recognition of signs and symptoms of mental illnesses in rural areas (14).

The most common diagnosis was schizophrenia and other psychosis (41.5%) followed by intellectual disability (37.43%). Schizophrenia accounted for majority of disability certifications. In cases of mental retardation majority of the certifications were availed by patients suffering from moderate to severe mental retardation. Majority of the dayboarders (92.45%) were aware about the disability benefits. This could be due to the fact that dayboarders attending the daycare services at NIMHANS, Bengaluru are treated by dedicated team of mental health professionals and are routinely psychoeducated about availing disability benefits. However, Disability certificate was availed by 60% of the Dayboarders. Only 40% of the dayboarders were availing disability benefits. The most common benefits availed by the dayboarders was disability pension (32%) followed by Bus pass (22.64%). Only 1 person was availing IT exemption! Most common reasons for not availing disability benefits is limited awareness about the type of benefits available. Most of the patients who couldn't avail disability pension were from rural areas. Most of the dayboarders know only about the provision of disability pension and bus pass. Difficulty in getting papers forwarded in Tehsildar's office is another reason. However, scenario in other parts of the country is rather grim. Psychiatric rehabilitation services are still in infantile state in our country (15). Studies have documented difficulty in getting disability certificates due to ignorance about PWD act, stigma regarding psychiatric disorders and red tapism in government machinery (16). In India mental health care is not given much importance in the public health sector. Hence, needs of mentally ill patients are largely ignored (17).

LIMITATIONS OF THE STUDY:

1. The major limitation of our study was its retrospective nature.
2. Sample size of the study was small.
3. Most of the patients were of urban background.

CONCLUSION:

The needs of patients suffering from mental illnesses have been largely ignored by policy makers and the government. Such patients should be provided holistic medical services including rehabilitation. Stigma and attitude towards mental illnesses are the major barriers in effective utilization of disability benefits. Hence, concept of disability and disability benefits should be imparted at the very beginning of the career of the mental health professionals including doctors. Additionally, effective implementation of these benefits requires close coordination between all the major players i.e. patients, caregivers, mental health professionals and policy makers.

REFERENCES:

1. Math SB, Nirmala MC. Stigma haunts persons with mental illness who seek relief as per disability act 1995. *Indian J Med Res* 2011;134:128-30.
2. Chaudhury PK, Deka K, Chetia D. Disability associated with mental disorders. *Indian J Psychiatry* 2006;48:95-101.
3. Organization WHO. *World Report on Disability*; 2011.
4. Math SB, Chandrashekar CR, Bhugra D. Psychiatric epidemiology in India. *Indian J Med Res*. 2007;126:183-92.
5. Persons with disabilities (Equal Opportunities, Protection of Rights and Full Participation Act; 1995) Available from URL:<http://www.amarseva.org/htm/disability-act.htm>.
6. Murray CJL, Lopez AD, editors. (1996) *The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*. Cambridge (Massachusetts): Harvard University Press. 990 p.
7. Math SB, Gowda GS, Basavaraju V, Manjunatha N, Kumar CN, Philip S, Gowda M. The rights of persons with disabilityact, 2016: Challenges and opportunities. *Indian J Psychiatry* 2019;61, Suppl 54:809-15.
8. Thara R. Measurement of psychiatric disability. *Indian J Med Res*. 2005;121:723-4.
9. Kashyap K, Thunga R, Rao AK, Balamurali NP. Trends of utilization of government disability benefits among chronic mentally ill. *Indian J Psychiatry*. 2012;54:54-8.
10. IDEAS (Indian Disability Evaluation and Assessment Scale) - A scale for measuring and quantifying disability in mental disorders. India: Indian Psychiatric Society; 2002. The Rehabilitation Committee of the Indian Psychiatric Society.
11. Singh A, Nizamie SH. Disability: the concept and related Indian legislations. *Mental Health Reviews*. 2004.
12. Singh A, Nizamie SH. Disability: the concept and related Indian legislations. *Mental Health Reviews*. 2004.
13. Sharma I, Pathak A. Women mental health in India. *Indian J Psychiatry* 2015;57, Suppl S2:201-4.
14. Shihabuddeen Ismail TM, Gopinath PS. Possible psychosocial intervention in GHPU in India. *Indian J of Psychol Med* 2003;26(2):11-14.
15. Pathak A, Chaturvedi SK. A Systematic Review of interventions in Psychiatric Rehabilitation. *International Journal of Medical Investigations* 2015; Vol 4; num 3; 272-281.
16. Karkal S Ravichandra, Shihabuddeen Ismail TM. Disability benefits for persons with mental illness in India: Challenges for implementation and utilization. *Delhi Journal of Psychiatry* 2014; vol 17; num 2: 248-252.
17. Maj M. The rights of people with mental disorders: WPA perspective. *Lancet* 2011;378:1534-5.