"A Study to Assess the Level of Knowledge on Government Schemes and Welfare Benefits for Mentally ILL Client Among Care Givers of Mentally ILL at SMVMCH, Puducherry"

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Abstract:
Background: *Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.*
Objectives: *The aim of the study is to assess the level of knowledge among caregivers regarding government schemes and welfare benefits for mentally ill clients and to assess the association among caregivers knowledge on welfare benefits for mentally ill client with their demographic variable.*
Research design and approach: *Descriptive study was carried out with 50 sample of mental ill patient's undergone schemes with their consent. The samples were chosen by non-probability sampling technique. The study was conducted in Sri Manakula Vinayagar Medical College and Hospital. The level to assess the caregivers was improved the knowledge of mental health schemes and welfare. About the 30% of participants reported that they no awareness about the mental health schemes rarely. The largest group 45% use the quite often. This suggest that mostly participants use coping strategies occasionally, but consistent use is not common. Among the 72% reported about experiencing and awareness about mental health schemes and welfare benefits.*
Key Words: *perceived image, welfare benefits, mentally ill client, mental health.*

I. INTRODUCTION

Many people who have a mental illness do not want to talk about it. But mental illness is nothing to be ashamed of! It is a medical condition, as like heart disease or diabetes. And mental health conditions are treatable. We are continually expanding our understanding of how the human brain works, and treatments are available to help people successfully manage mental health conditions[1].

STATEMENT OF THE PROBLEM
"A Study to assess the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill at SMVMCH, Puducherry"

OBJECTIVES
1) To assess the level of knowledge among caregivers regarding government schemes and welfare benefits for mentally ill clients.
2) To assess the association among caregivers knowledge on welfare benefits for mentally ill client with their demographic variable.

Methods and Materials:
This chapter describes the research methodology followed by assess the level of knowledge

among caregivers regarding government schemes and welfare benefits for mentally ill clients. It deals with research approach, research design, setting of the study, population, sample, sample size, sampling technique, criteria for sample selection, plan for data collection and tools and instruments.

Section -A: The demographic data consists of 10 items seeking information about Age in years, Gender, religion, Educational Qualification, Occupation, Family Monthly income, Socio Economic Status, Residence of the patient, Type of Family, Marital status, Type of marriage, Family history of psychiatric illness, Duration of illness, Patient is under any regular treatment, Patient is under any regular Scheme

Section B: Assessment of the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill.
Description of tools: It consists of 20 questions related to assess the knowledge of caregivers of mentally ill client Nil=0, Mild=1, Moderate=2, Severe= 3.

Section C: Association of the level of knowledge on government schemes and Welfare benefits for mentally ill client among care givers of mentally ill with
Selected demographic variables.

Research approach: Quantitative research approach was selected for the present study
Research design: Descriptive Research design
Setting of the study: The study was conducted at Sri Manakula Vinayagar Medical College and Hospital, Puducherry (kalitheerthalkuppam)
Population: The target population for this study comprises of the care givers and mentally ill.
Sample: The study sample was caregivers of mentally ill client in SMVMCH who meet the inclusion criteria
Sample size: 60 caregivers of mentally ill client
Sample technique: Simple random sampling technique
Inclusion criteria

All caregivers of mentally ill client, including both male and female.
Caregivers of mentally ill client, who are all available at the time of data collection
Caregivers of mentally ill client, at various stages of mental illness.

Exclusion criteria

- Caregivers of mentally ill client who are not directly involved in the care of their mentally ill family members.
- Caregivers of mentally ill client who are not resident of Puducherry.

- Caregivers of mentally ill client who are not willing to participate in the study.

Data collection procedure: Formal approval was obtained from Institutional Ethical Committee. The purpose of the study was explained to the participants before starting the data collection. 60 samples were selected based on inclusion criteria through purposive sampling technique. The researcher introduced themselves and explain about the purpose of the study to the patients and get consent from the patients.

Table 1: Frequency and percentage wise distribution of demographic variables of care givers of mentally ill.

(N=60)

Sl no:	Demographic Variables	Number of Frequency(N)	Percentage (%)
1	**Age in years**		
	a) 20-30years	28	46.7
	b) 30-40years	21	35
	c) 40-50years	10	16.7
	d) 50-60 years	1	1.7
2	**Gender**		
	a) Male	26	43.3
	b) Female	34	56.7
3	**Religion**		
	a) Hindu	27	45

	b) Christian	27	45
	c) Muslim	6	10
4	**Educational Qualification**		
	a) Primary	8	13.3
	b) secondary	41	68.3
	c) Graduation	11	18.3
	d) Post graduation	0	0
5	**Occupation**		
	a) Daily wages	13	21.7
	b) Govt Sector	39	65
	c) Private sector	8	13.3
6	Family monthly income		
	a) < Rs.5,000	10	16.7
	b) 5,000 - 10000	35	58.3
	c) Rs. 10,001-20,000	12	20
	d) >25,000	3	5
7	**Socio Economic Status**		
	a) Low economic status	11	18.3
	b) Middle economic status	46	76.7
	c) High economic status	3	5
8	**Residence of the patient**		
	a)Rural	42	70
	b)Urban	18	30
9	**Type of Family**		
	a) Nuclear family	34	56.7
	b) Joint family	26	43.3
10	**Marital status**	7	11.7
	a) Single married	52	86.7
	b)Widow	1	1.7
11	**Type of marriage**		
	a)Consanguineous marriage	18	30
	b) Non – consanguineous marriage	42	70
12	**Family history of psychiatric illness**		
	a)Yes	30	50
	b)No	30	50
13	**Duration of illness**		
	a) <6 months	13	21.7
	b)6- 14 months	40	66.7
	C)2-4 years	7	11.7
14	**Patient is under regular treatment**		
	a)Yes	46	76.7
	b) No	14	23.3
15	**Patient is availing any government welfare scheme**		
	a)Yes	22	36.7
	b)No	38	63.3

The demographic profile of respiratory disorder patients in a lateral position, based on a sample of 60 individuals, reveals several key characteristics. The majority of patients are aged between 20 and 30 years, comprising 46.7% of the sample, followed by the 30-40 years age group at 35%. A smaller proportion of patients are in the 40-50 years (16.7%) and 50-60 years (1.7%) age ranges.

In terms of gender, there is a slight predominance of females (56.7%) over males (43.3%). The religious composition is nearly equal, with both Hindu and Christian patients representing 45% each, while Muslims make up 10% of the sample.

Educationally, most patients have completed secondary education (68.3%), while 18.3% are graduates, and 13.3% have only primary education. None of the patients hold a post-graduate degree. Regarding occupation, a large proportion (65%) work in the government sector, followed by daily wage earners (21.7%) and private sector employees (13.3%).

Family monthly income shows that the majority of patients (58.3%) come from families earning between Rs. 5,000 and Rs. 10,000, while 20% belong to families with an income of Rs. 10,001-20,000. A smaller proportion (16.7%) have a monthly family income below Rs. 5,000, and only 5% come from families with a monthly income exceeding Rs. 25,000. Socio-economic status reveals that most patients (76.7%) belong to the middle economic class, while 18.3% are from low economic backgrounds, and only 5% belong to the high economic status category.

In terms of residence, 70% of patients live in rural areas, while 30% reside in urban settings. A majority of patients (56.7%) come from nuclear families, while 43.3% belong to joint families. The marital status of patient shows that 86.7% are married, 11.7% are single, and 1.7% are widowed. When examining the type of marriage, 70% of the patients are in non-consanguineous marriages, while 30% are in consanguineous unions.

Additionally, all patients (100%) report a family history of psychiatric illness. The duration of the illness varies, with the majority (66.7%) having suffered from respiratory disorders for 6-14 months, followed by 21.7% who have had the illness for less than 6 months, and 11.7% who have been affected for 2-4 years. This demographic data provides valuable context for understanding the socio-economic and cultural factors that may influence the health status and treatment outcomes of these patients

Table 2: Frequency and percentage wise distribution of the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill.

(N=60)

S.NO	Level of knowledge	Frequency (n)	Percentage %
1.	Adequate	0	0
2.	Moderate	10	16.7
3.	Inadequate	50	83.3

The majority of participants, 83.3% (50 individuals), had inadequate knowledge, while 16.7% (10 participants) demonstrated moderate knowledge. None of the participants (0%) had adequate knowledge. These findings highlight the need for efforts to improve knowledge and awareness in the group.
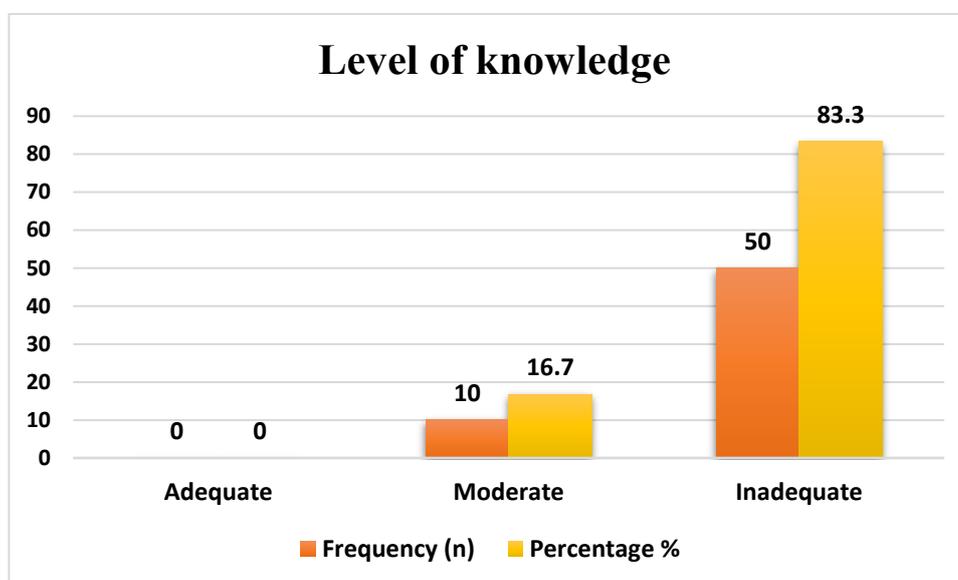

Table 3: Association of the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill with selected demographic variables.

(N=60)

Sl no	Demographic variables	Level of knowledge						X^2 - value
		Adequate		Moderate		Inadequate		
1	Age in years	(N)	(%)	(N)	(%)	(N)	(%)	
	a) 20-30years	0	0	4	6.7	24	40.0	X^2 = 8.480 Df =3
	b)31-40years	0	0	4	6.7	17	28.3	P= 0.034
	c)41-50years	0	0	2	3.3	8	13.3	(S)*
	d)51-60years	0	0	0	0.0	1	1.7	
2	**Gender**							
	a) Male	0	0	4	6.7	22	36.7	X^2 = 0.054
	b)Female	0	0	6	10.0	28	46.7	Df = 1 P= 0.816 (NS)
3	**Religion**							
	a) Hindu	0	0	6	10.0	21	35.0	X^2 = 1.867 Df =2
	b) Christian	0	0	4	6.7	23	38.3	P= 0.393 (NS)
	c)Muslim	0	0	0	0.0	6	10.0	
4	**Educational**							

	Qualification							$X^2 = 6.857$ Df = 2
	a) Primary	0	0	0	0.0	8	13.3	P= 0.041
	b) secondary	0	0	8	13.3	33	55.0	(S)*
	c)Graduate	0	0	2	3.3	9	15.0	
	d)Postgraduate	0	0	0	0.0	0	0.0	
5	**Occupation**							$X^2 = 0.462$
	a) Daily wages	0	0	2	3.3	11	18.3	
	b) Govt Sector	0	0	6	10.0	33	55.0	Df = 2 P= 0. 794 (NS)
	c)Private Sector	0	0	2	3.3	6	10.0	
6	**Family Monthly income**							$X^2 = 1.800$ Df =3 P= 0.615
	a) <Rs.5.000	0	0	1	1.7	9	15.0	(NS)
	b)5,000-10000	0	0	7	11.7	28	46.7	
	c)10,001 – 20000	0	0	1	1.7	11	18.3	
	d)>25,000	0	0	1	1.7	2	3.3	
7	**Socio Economic Status**							$X^2 = 1.926$
	a) Low economic status	0	0	3	5.0	8	1303	
	b) b) Middle economic status	0	0	6	10.0	40	66.7	Df=2 P=0.382 (NS)
	c)High economic status	0	0	1	1.7	2	33	
8	**Residence of the patient**							$X^2 = 0.000$ Df =1 P= 1.000 (NS)
	a)Rural	0	0	7	11.7	35	58.3	
	b)Urban	0	0	3	5.0	15	25.0	
9	**Type of Family**							$X^2 = 0.054$ Df =1 P= 0.816 (NS)
	a)Nuclear family	0	0	6	10.0	28	46.7	
	b)Joint family	0	0	4	6.7	22	36.7	
10	**Marital status**							$X^2 = 0.244$ Df =2 P= 0.885 (NS)
	a)Single	0	0	1	1.7	6	10.0	
	b)Married	0	0	9	15.0	43	71.7	
	c)Widow	0	0	0	0.0	1	1.7	
11	**Types of marriage**							$X^2 = 0.000$
	a)Consanguineous	0	0	3	5.0	15	25.0	
	b)Non-Consanguineous marriage	0	0	7	11.7	35	58.3	Df =1 P= 1.000 (NS)
12	**Family history of psychiatric illness**							$X^2 = 3.634$ Df =2 P= 0.162 (NS)
	a)Yes	0	0	10	16.7	50	83.3	
	b)No	0	0	0	0.0	0	0.0	
13	**Duration of illness**							$X^2 = 3.634$ Df =2 P= 0.162 (NS)
	a)<6 months	0	0	0	0.0	13	21.7	
	b)6-14months	0	0	8	13.3	32	53.3	
	c)2-4 years	0	0	2	3.3	3.3	8.3	
14	**Patient is under regular treatment**							$X^2 = 3.652$
	a)Yes	0	0	10	16.7	36	60.0	Df=1 P= 0.056 (NS)
	b)No	0	0	0	0.0	14	23.3	
15	**Patient is availing any government welfare scheme**							$X^2 = 5.742$ Df =1 P=0.017 (S)*
	a)Yes	0	0	7	11.7	15	25.0	
	b)No	0	0	3	5.0	35	58.3	

* Significant at P≤ 0.05 level; 12 = Constant

Table shows that there is s ignificant association of age, educational

status, patient is under any regular scheme with the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill.

II. Discussion:

The study was conducted study to assess the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill at SMVMCH, Puducherry. This chapter deals with the discussion on the study's findings interpreted from the statistical analysis. The findings are discussed in relation to the study's objectives, related literature and hypotheses specified in this study.

The first objective to assess the level of knowledge among caregivers regarding government schemes and welfare benefits for mentally ill clients.

The study finding revealed that 83.3% (50 individuals), had inadequate knowledge, while 16.7% (10 participants) demonstrated moderate knowledge. None of the participants (0%) had adequate knowledge. These findings highlight the need for efforts to improve knowledge and awareness in the group.

The second objectives to associate the level of knowledge on welfare benefits for mentally ill client among caregivers with their demographic variables.

The data showed that there is a significance association of age, educational status,

patient is under any regular scheme with the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill.

Description on demographic variables of the sample in the study:

Out of 60 study subject the findings are; Majority of the subjects were 18 to 60 years old, <60 years accounting for (72.5%) of the sample, while smaller groups included those aged over 20 years 913%), 30-34 years (9.5%), and 35-39 years (5%). The sample consisted of (67%) males and (33%) females. Hinduism was the predominant religion among participants, with (99.5%) identifying as Hindu and only (0.5%) as Muslim. Most participants had a primary education (67.5%), followed by secondary education (19%), while (2%) held diplomas and (11.5%) were graduates. Laborers formed the largest occupational group at (52.5%), followed by farmers (20.5%), with unemployed individuals accounting for (27%). Among participants, (72%) were married, with smaller portions being unmarried (12%), widowed (8%), and separated (8%). A majority had a family income between Rs.5000-10,000 (64.4%), while the remaining (36%) earned Rs.10001-20,000. Nuclear families were common among participants, representing (77.7%) of the sample, while joint families accounted for (22.5%). (46.5%) of households had fewer than five members; (35%) had four members, and (17.5%) had three members or fewer.

SECTION A: Description of demographic variables of care givers of mentally ill.

Majority of the subjects 60 [23%], had inadequate knowledge [27%] had moderate knowledge and 20% had adequate knowledge regarding mentally ill client.

A Jagannathan Int J Soc Psychiatry. 2020 Sep:66(6):607-613. 10.1177/ 002076 4020

9182 78 2020 May 30.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 issues .To test the feasibility of a supported employment program to help persons with severe mental disorders obtain and sustain employment A supported employment program was developed for persons with severe mental disorders with components of (a) assessment of vocational potential, (b) vocational counselling, (c) networking and liaison with prospective employers, (d) job-related training and placement and (e) continued support for 6 months. Job placement status, social occupational functioning and disability (quantitative data) and benefits of enrolling in the employment program (qualitative data) were assessed.

Section: B Assessment of the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill.

Frequency and percentage wise distribution of the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill. Most participants, 83.3% (50 individuals), had inadequate knowledge, while 16.7% (10 participants) demonstrated moderate knowledge. None of the participants (0%) had adequate knowledge. These findings highlight the need for efforts to improve knowledge and awareness in the grou

Indian J Psychol Med 2020 Aug 20:42(5):435-444. Collection 2020 Sep. Severe mental illnesses lead to deterioration in the life skills of the patient, resulting in socio-occupational dysfunction and low rates of employment. The purpose of this study was to explore attitudes, knowledge, and barriers to employment as experienced by patients and their caregivers in India. The association in the knowledge regarding government schemes and welfare benefits l were tested by using like age, gender, religion, education status, marital status, occupation, monthly income, type of family, type of house, the number of people living in a house, method of solid waste disposal, awareness of solid waste management, and education on proper waste disposal management

with level of knowledge regarding domestic solid waste disposal among residents through had shown statistically no significant.

Section: C Association of the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill with selected demographic variables.
Association of the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill with selected demographic variables. **Significant at P≤ 0.05 level; 12 = Constant**

SUMMARY:
The present study was conducted in SMVMCH at Puducherry. The purpose of the study was explained to the participants before starting the data collection. Formal approval was obtained from Institutional Ethical Committee. The purpose of the study was explained to the participants before starting the data collection. 60 samples will be select based on inclusion criteria through convenient sampling technique. The researcher introduced herself and explained about the purpose of the study to the patients and get consent from the patients.

Major finding of the study

According to the age, majority of patients are aged between 20 and 30 years, comprising 46.7% of the sample, followed by the 30-40 years age group at 35%. A smaller proportion of patients are in the 40-50 years (16.7%) and 50-60 years (1.7%) age ranges. In terms of gender, there is a slight predominance of females (56.7%) over males (43.3%). The religious composition is nearly equal, with both Hindu and Christian patients representing 45% each, while Muslims make up 10% of the sample.
Educationally, most patients have completed secondary education (68.3%), while 18.3% are graduates, and 13.3% have only primar y education. None of the patients hold a post-graduate degree. Regarding occupation, a large proportion (65%) work in the government sector, followed by daily wage earners (21.7%) and private sector employees (13.3%). Family monthly income shows that the majority of patients (58.3%) come from families earning between Rs. 5,000 and Rs. 10,000, while 20% belong to families with an income of Rs. 10,001-20,000. A smaller proportion (16.7%) have a monthly family income below Rs. 5,000, and only 5% come from families with a monthly income exceeding Rs. 25,000. Socio-economic status reveals that most patients (76.7%) belong to the middle economic class, while 18.3% are from low economic backgrounds, and only 5% belong to the high economic status category. In terms of residence, 70% of patients live in rural areas, while 30% reside in urban settings. A majority of patients (56.7%) come from nuclear families, while 43.3% belong to joint families. The marital status of patient's shows that 86.7% are married, 11.7% are single, and 1.7% are widowed. When examining the type of marriage, 70% of the patients are in non-consanguineous marriages, while 30% are in consanguineous unions. Additionally, all patients (100%) report a family history of psychiatric illness.
The duration of the illness varies, with the majority (66.7%) having suffered from respiratory disorders for 6-14 months, followed by 21.7% who have had the illness for less than 6 months, and 11.7% who have been affected for 2-4 years.
The study finding revealed that 83.3% (50 individuals), had inadequate

knowledge, while 16.7% (10 participants) demonstrated moderate knowledge. None of the participants (0%) had adequate knowledge. There is a significance association of age, educational status, patient is under any regular scheme with the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill.

III. CONCLUSION

The present study assessed the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill at SMVMCH, Puducherry. The study findings concluded that majority of the care giver had inadequate knowledge on government schemes and welfares benefits for mentally ill client. There is a significance association of age, educational status, patient is under any regular scheme with the level of knowledge on government schemes and welfare benefits for mentally ill client among care givers of mentally ill

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NURSING IMPLICATIONS

The findings of this study have significant implications for nursing practice, education, administration, and research in improving caregivers' knowledge about government schemes and welfare benefits for mentally ill clients.

Nursing Education

☐☐ Nurse educators should design and conduct educational programs to enhance caregivers' understanding of available government schemes and welfare benefits for mentally ill clients.

☐☐ Educators should emphasize the importance of integrating welfare benefits as part of the holistic care plan for mentally ill clients and guide caregivers on how to access these resources effectively.

☐☐ Training should also include practical methods for identifying mental health needs in clients and educating caregivers on the proper channels to obtain financial and welfare support.

Nursing Practice

☐ The study's findings can help nursing personnel recognize the gaps in caregivers' knowledge regarding available government schemes and welfare benefits for mentally ill clients.

☐ Nurses can play a vital role in educating caregivers about mental health-related benefits and guiding them on navigating the application processes for these services.

☐ Nurses should actively involve caregivers in the care process by informing them about available support, offering assistance in applying for benefits, and ensuring caregivers are aware of resources for ongoing support.

Nursing Administration

☐ In-service education programs should be organized to inform nursing staff about government schemes and welfare benefits available for mentally ill clients. These programs should equip caregivers with practical knowledge about accessing these schemes.

• Awareness programs could focus on the importance of understanding government welfare benefits and encouraging timely referrals to social work services or government agencies for assistance.

☐ Administrators should advocate for resources such as training sessions and informational workshops on government schemes to ensure caregivers are empowered to provide comprehensive care to mentally ill clients.

Nursing Research

☐ The findings of this study can guide the development of evidence-based protocols aimed at increasing caregivers' awareness and knowledge about government schemes and welfare benefits for mentally ill clients.

☐ Future nursing research can explore the effectiveness of specific interventions (e.g., informational workshops, online resources, caregiver training) in improving caregivers' knowledge and the outcomes for mentally ill clients.

☐ Research could also examine how increased awareness of government benefits impacts the quality of care, well-being, and overall support for mentally ill clients and their families.

IV. RECOMMENDATIONS

☐ A similar study could be conducted with a larger and more diverse sample to improve the generalizability of the results.

☐ Future research could explore the relationship between the caregiver's level of knowledge about government schemes and the mental health outcomes of the mentally ill clients they care for.

☐ Additionally, exploring how different demographic factors influence caregivers' knowledge could be insightful.

☐ Further studies should assess the impact of government welfare benefits on improving the overall quality of life for mentally ill clients and their families, focusing on both immediate and long-term effects.

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