



**University of Dundee**

## **Pradhan Mantri Kaushal Vikas Yojana (PMKVY)**

Thekkumkara, Sreekanth; Jagannathan, Aarti; Sivakumar, Thanapal

*DOI:*  
[10.1177/0253717621997180](https://doi.org/10.1177/0253717621997180)

*Publication date:*  
2022

*Licence:*  
CC BY-NC

*Document Version*  
Publisher's PDF, also known as Version of record

[Link to publication in Discovery Research Portal](#)

*Citation for published version (APA):*  
Thekkumkara, S., Jagannathan, A., & Sivakumar, T. (2022). Pradhan Mantri Kaushal Vikas Yojana (PMKVY): Implications for Skills Training and Employment of Persons With Mental Illness. *Indian Journal of Psychological Medicine*, 44(2), 173-176. <https://doi.org/10.1177/0253717621997180>

### **General rights**

Copyright and moral rights for the publications made accessible in Discovery Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from Discovery Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

### **Take down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

# Pradhan Mantri Kaushal Vikas Yojana (PMKVY): Implications for Skills Training and Employment of Persons With Mental Illness

Sreekanth Nair Thekkumkara<sup>1</sup> , Aarti Jagannathan<sup>1</sup> and Thanapal Sivakumar<sup>2</sup> 

According to the Persons with Disabilities Act, 1995, and the Rights of Persons with Disabilities Act (RPWD), 2016,<sup>1</sup> mental illness is recognized as a disability. In India, most employment programs for persons with disabilities (PwD) focus on locomotor, visual, and hearing disabilities.<sup>2,3</sup> For the first time, the RPWD Act 2016 offered government job reservations for persons with benchmark disability because of mental illness. The Mental Health Care Act 2017 (MHCA)<sup>4</sup> mandates the government to provide “hospital and community-based rehabilitation establishments and services” for persons with mental illness (PWMI). Currently, rehabilitation services are in infancy and do not exist in many tertiary care hospitals.<sup>5</sup> Most rehabilitation facilities are residential.<sup>5</sup> Many rehabilitation facilities are run by the nongovernmental organizations sector and are located in South India.<sup>5</sup> The family needs to pay a fee to avail services.<sup>5</sup> Because of lack of availability, accessibility, and affordability, rehabilitation facilities are out of reach of families of PWMI.<sup>5</sup>

Employment is a critical felt need of PWMI and caregivers.<sup>3,6-10</sup> Employment positively impacts symptom reduction, functioning, self-esteem, and community integration.<sup>11,12</sup> It is an indicator of wellbeing and is related to social and symptomatic recovery.<sup>13</sup>

As compared to Western countries, the employment outcome is better for persons with schizophrenia in India because of family support, support from workplace colleagues, and work availability in the informal sector.<sup>14</sup> The employment rates for persons with schizophrenia are better in rural than urban areas.<sup>13,15</sup> In both urban and rural areas, many PWMI are employed in informal jobs that do not require much education or skills.<sup>13,15</sup> Although jobs in the informal sector are easier to get and generate additional income, it is insufficient to meet personal or family needs.<sup>16</sup> A critical predisposing factor for taking up informal jobs may be low education status<sup>17,18</sup> and lack of skills. In rural areas, many people may not pursue higher studies because of social factors

and lack of opportunities. Besides, for a sizeable proportion of patients, severe mental illness (SMI) typically has its onset during adolescence or early adulthood and disrupts education.<sup>19</sup> This has ripple effects, leading to poor social functioning, lack of employment, and low income.<sup>20</sup>

Indian families take the initiative of employing PWMI based on their understanding of abilities and clinical status. Families may employ PWMI in family establishments,<sup>18</sup> through acquaintances, or by utilizing local resources (including government programs, resources from nongovernmental organizations, self-help groups, and cooperative societies) available to the general public.<sup>16,21</sup> Even when performance was below-par, employers in the unorganized sector did not always dismiss PWMI but paid them according to the work output.<sup>18</sup>

Significant employment barriers for PWMI include a lack of suitable jobs, stigma, discrimination, lack of supportive working environment,<sup>21</sup> and lack of skill training centers.<sup>21,17</sup> Individual

<sup>1</sup>Dept. of Psychiatric Social Work, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, Karnataka, India. <sup>2</sup>Dept. of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, Karnataka, India.

**HOW TO CITE THIS ARTICLE:** Thekkumkara SN, Jagannathan A and Sivakumar T. Pradhan Mantri Kaushal Vikas Yojana (PMKVY): Implications for Skills Training and Employment of Persons With Mental Illness. *Indian J Psychol Med.* 2022;44(2):173–176.

**Address for correspondence:** Thanapal Sivakumar, Dept. of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka 560029, India. E-mail: drt.sivakumar@yahoo.co.in

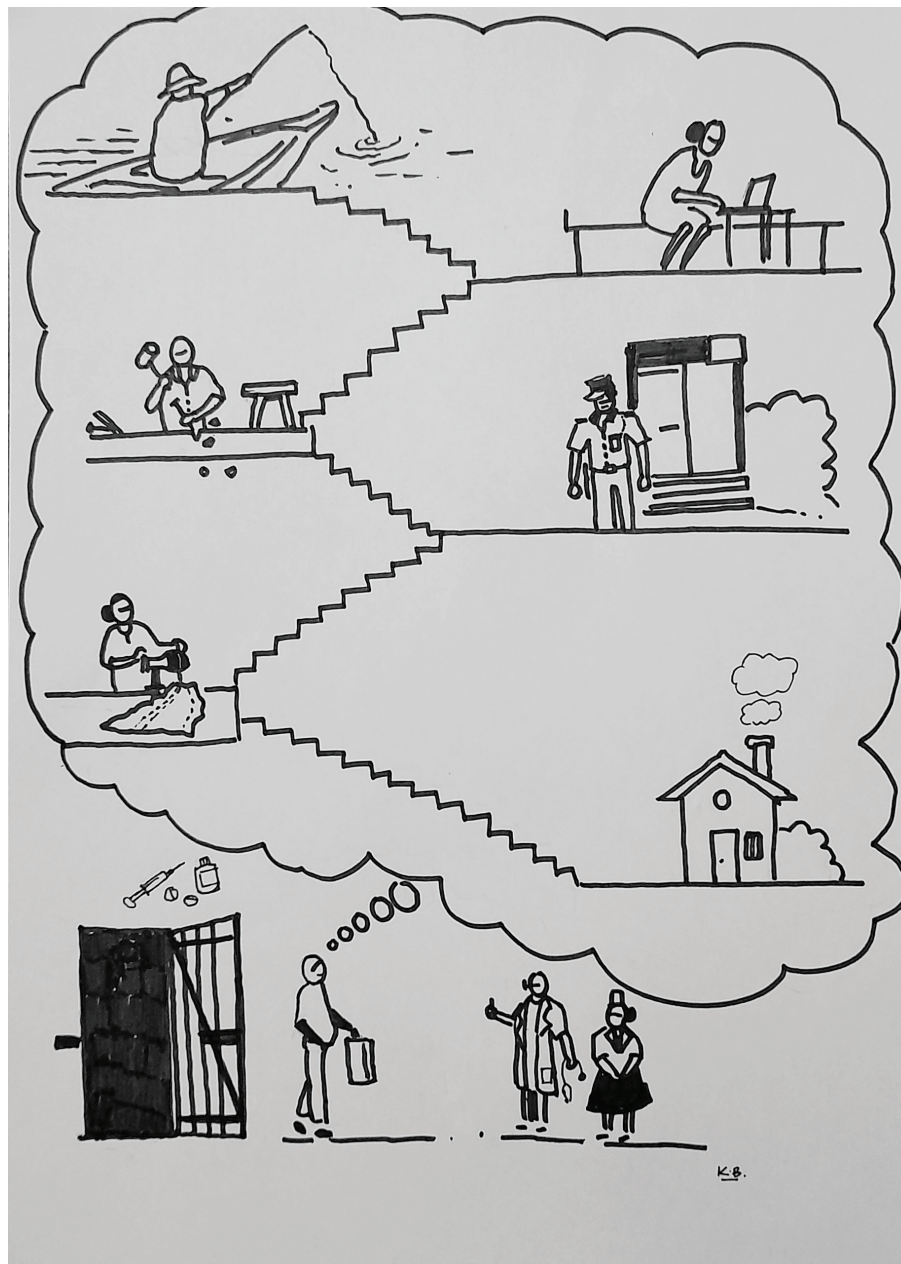
**Submitted:** 8 Dec. 2020  
**Accepted:** 3 Feb. 2021  
**Published Online:** 25 Mar. 2021



Copyright © The Author(s) 2021

Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution- NonCommercial 4.0 License (<http://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

**ACCESS THIS ARTICLE ONLINE**  
Website: [journals.sagepub.com/home/szj](http://journals.sagepub.com/home/szj)  
DOI: 10.1177/0253717621997180



## “Skill India” and Pradhan Manthri Kaushal Vikas Yojana (PMKVY)

The Government of India has launched the “Skill India” program to empower youth with skill sets to boost their employability and productivity. It offers courses across 40 sectors aligned to the industry’s standards and the government, under the National Skill Qualification Framework. PMKVY is implemented by the National Skills Development Corporation (NSDC) across the country under the guidance of the Ministry of Skill Development and Entrepreneurship (MSDE). The details of PMKVY centers and available vocational courses in the respective locality are available at the PMKVY website.<sup>26</sup>

Any unemployed Indian citizen in the 18 to 35 years age group can apply for PMKVY. The training is offered free of cost. Preferably, the candidate needs to enroll in a center near their residence specified in the Aadhaar card. Candidate details are linked to the Aadhaar card. A candidate can choose only one course under PMKVY. PMKVY benefits candidates who are either school/college dropouts or unemployed. Upon completing the training, the candidate gets a government certificate to help avail loans and microcredit for self-employment. Job placement services are also offered.

Sharada Prasad Committee (2016) pointed out that most of the PMKVY training was short-term in duration, with no proper recognition of the prior learning of the candidate, and low placement rates (12%). The Committee recommended that PMKVY pay attention to job opportunities available in the market, select appropriate vocational courses in the center, and provide training in skills relevant to the local job market. A trained candidate’s salary was between Rs. 5,000 and 10,000, where the Committee recommends training that can offer a high wage between Rs. 40,000 and 50,000.<sup>27</sup>

Despite all these concerns, the training under this flagship program is free of cost and widely available across the country, without any stringent requisites to enroll. MHPs can offer PMKVY to PWMI, and a proportion of people are likely to benefit.

placement and support (IPS) and other supported employment approaches are evidence-based practices for employment for PWMI.<sup>11</sup> Because of the shortage of mental health professionals (MHP) and rehabilitation facilities, it is challenging to implement IPS model with high fidelity across the country.<sup>22</sup> However, even in resource-constrained settings, certain principles of supported employment, like welfare benefits counseling, respecting personal preferences, and follow-along supports<sup>11</sup> can be followed for facilitating employment for PWMI.

Although the Government of India gazette on disability certification<sup>23</sup> does not restrict certification to SMI, most

disability certificates for mental illness are issued for SMI.<sup>24</sup> As per the National Mental health survey (NMHS; 2015–16), schizophrenia and bipolar affective disorders are priority disorders requiring disability assessment and rehabilitation interventions.<sup>25</sup>

NMHS recommends creating rehabilitation facilities at district and state levels, provision of facilities for re-skilling, and protected employment for PWMI.<sup>25</sup> As skills training helps PWMI find better employment prospects, NMHS recommended the utilization of flagship government programs like “Skill India” to facilitate re-skilling of PWMI to promote employment.<sup>25</sup>

A skill council for PwD is working with PMKVY to adapt training needs and methodologies for PwD.<sup>26</sup> The RPWD Act 2016, clause 2(y) describes reasonable accommodation for PwD, where necessary, and appropriate modification and adjustment in the training centers, such as flexible work timing frequent breaks, and clause 19(2d) recommends that PwD can avail loans at concessional rates. Persons disabled with mental illness can apply for PMKVY as PwD to avail the benefits under the RPWD Act 2016.<sup>1</sup>

## PMKVY and PWMI

As the PMKVY training centers are present across the country PWMI can avail services from a center near their residence. This will help save travel expenses. As the training is provided free of cost, there is no additional financial burden.

A specialized psychiatric rehabilitation facility is considered an “entrapping niche” because of natural exclusionary processes in the setting, where social interaction is dominated by other patients and MHP.<sup>28</sup> Patients attending specialized psychiatric rehabilitation facilities are labeled, and this promotes stigma.<sup>28</sup> There is a risk of people becoming chronic and comfortable in the setting.<sup>28</sup> There is little expectation of personal progress.<sup>28</sup> There are limited chances of learning skills and expectations that would help the patients move on to mainstream life.<sup>28</sup>

In contrast, a mainstream skills training center like PMKVY can serve as an “enriching niche” to help PWMI progress further.<sup>28</sup> The center offers opportunities to learn skills and has a path to career progress.<sup>28</sup> PWMI are likely to benefit from the activity schedule and daily routine. The process of going to the center involves a range of activities such as waking up on time, getting ready, traveling to the center, learning new skills, practicing them, and gaining a sense of purpose. It can also offer an opportunity to socialize with peer groups over age-appropriate issues (like the latest movie or latest phone). PWMI can discuss their problems in a nonjudgmental atmosphere without the tag of a “patient,” get positive social role models, gain perspective about others’ difficulties, and arrive at solutions. The inclusive environment positively impacts social inclusion, self-esteem, symptom control,

and quality of life.<sup>11,29</sup> The time-limited nature of training, real-life exposure,<sup>30</sup> and job prospects on completing training can motivate PWMI to acquire skills and progress on the road to recovery.<sup>31-33</sup>

A potential problem with sending PWMI to mainstream centers like PMKVY is the risk of them being labeled as a “patient” and stigmatized.<sup>21</sup> This can happen by behavioral oddities, medication side effects, or observing a patient taking medicine in the center.<sup>21</sup> There is a risk of being ridiculed or discriminated against. These stressors may lead to relapse.<sup>21</sup> MHP need to liaise with PMKVY officials to ensure that patients are offered “reasonable accommodation” and are not discriminated against.

A disability certificate is mandatory for availing any benefits. A disability certificate is issued in government hospitals by a designated medical authority. In India, the private sector offers 85% of the total health care.<sup>25</sup> Many persons disabled with mental illness are under treatment from the private sector. As they are not certified for disability, they cannot avail of welfare benefits.<sup>34</sup> In PMKVY, any PWMI can enroll without a disability certificate; a disability certificate can help a candidate avail “reasonable accommodation” or any other benefits.

## Role of Mental Health Professionals

In India, families and PWMI look up to MHP. Because of the paucity of rehabilitation facilities, MHP find it challenging to offer rehabilitation inputs. As a free government-aided program available across the country, PMKVY can be considered a rehabilitation tool by MHP in resource-constrained settings where a multidisciplinary team may not be available.

MHP need to liaise with the PMKVY center in their locality and collect the following details: courses offered, training duration, enrolment process, necessary documents, minimum qualifications, and contact details. MHP can display the pamphlets/posters in OPD/clinic/ward. Eligible PWMI can be encouraged to visit the nearest PMKVY center and get information. The PMKVY staff may have several myths about PWMI. A personal visit to the center helps MHP establish rapport and understand available resources. MHP can sensitize the PMKVY team to mental health issues like

handling stress. MHP need to educate PMKVY team about mental illness and that PWMI can lead normal lives with treatment and psychosocial interventions. MHP can invite the PMKVY staff to address PWMI/family and clarify doubts.

It is advisable that patients who express a need for vocational rehabilitation, have prevocational skills, and likely perform well in a PMKVY center be referred first. If the PMKVY staff have a positive experience with the first PWMI, they will be open to taking additional PWMI. MHP need to follow-up periodically with the PMKVY center to understand the progress made by PWMI in different domains (including vocational skills, communication skills, making friends, punctuality, grooming, and cognitive skills). Proactive follow-up will help address challenges (including interpersonal problems with staff/colleagues, medicine side-effects, motivation, and other behavior issues) in liaison with PMKVY center staff. Ongoing support by MHP will help improve employment outcomes.<sup>30</sup>

## Conclusion

PMKVY is the flagship program for skills training of unemployed youth of the country. The program can help skill and employ PWMI aged 18 to 35 years. MHP need to liaise with the PMKVY center in their locality.


### Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

### ORCID iDs

Sreekanth Nair Thekkumkara  <https://orcid.org/0000-0002-0004-5554>

Thanapal Sivakumar  <https://orcid.org/0000-0000-0002-9498-9424>

## References

1. Rights of Persons with Disabilities Act, 2016. Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Ministry of Law and Justice, Government of India. [https://www.indiacode.nic.in/handle/123456789/2155?view\\_type](https://www.indiacode.nic.in/handle/123456789/2155?view_type)

- =search&sam\_handle=123456789/1362. Accessed January 8, 2021.
2. Narahariseti R and Castro MC. Factors associated with persons with disability employment in India: A cross-sectional study. *BMC Public Health* 2016; 16(1): 1–8.
  3. Ramasubramanian C. Special employment exchange for persons with psychiatric disability. *Indian J Psychol Med* 2008; 30(2): 75.
  4. The Mental Health Care Act, 2017. Ministry of Law and Justice, Government of India. [https://www.indiacode.nic.in/handle/123456789/2249?view\\_type=search&sam\\_handle=123456789/1362](https://www.indiacode.nic.in/handle/123456789/2249?view_type=search&sam_handle=123456789/1362). Accessed January 8, 2021.
  5. Chavan BS and Das S. Is psychiatry intervention in Indian setting complete? *Indian J Psychiatry* 2015; 57(4): 345–347.
  6. Balaji M, Chatterjee S, Brennan B, et al. Outcomes that matter: A qualitative study with persons with schizophrenia and their primary caregivers in India. *Asian J Psychiatry* 2012; 5(3): 258–265.
  7. Gandotra S, Paul SE, Daniel M, et al. A preliminary study of rehabilitation needs of in-patients and out-patients with schizophrenia. *Indian J Psychiatry* 2004; 46(3): 244–255.
  8. Grover S, Avasthi A, Shah S, et al. Indian psychiatric society multicentric study on assessment of healthcare needs of patients with severe mental illnesses. *Indian J Psychiatry* 2015; 57(1): 43–50.
  9. Nair S, Jagannathan A, Kudumallige S, et al. Need for micro-finance self-help groups among women family caregivers of persons with mental disability in rural India. *Ment Health Soc Inclusion* 2018; 22(1): 34–45.
  10. Waghmare A, Sherine L, Sivakumar T, et al. Rehabilitation needs of chronic female inpatients attending day-care in a tertiary care psychiatric hospital. *Indian J Psychol Med* 2016; 38(1): 36–41.
  11. Drake RE, Bond GR, and Becker DR. *Individual Placement and Support: An Evidence-Based Approach to Supported Employment*. Oxford Scholarship Online, 2012; 1–204. OI:10.1093/acprof:oso/9780199734016.001.0001; ISBN-13: 9780199734016.
  12. Jagannathan A, Harish N, Venkatalakshmi C, et al. Supported employment program for persons with severe mental disorders in India: A feasibility study. *Int J Soc Psychiatry* 2020; 66(6): 607–613.
  13. Srinivasan TN and Thara R. How do men with schizophrenia fare at work? A follow-up study from India. *Schizophr Res* 1997; 25(2): 149–154.
  14. Isaac M, Chand P, and Murthy P. Schizophrenia outcome measures in the wider international community. *Br J Psychiatry* 2007; 191: 571–577.
  15. Suresh KK, Kumar CN, Thirthalli J, et al. Work functioning of schizophrenia patients in a rural south Indian community: Status at 4-year follow-up. *Soc Psychiatry Psychiatr Epidemiol* 2012; 47(11): 1865–1871.
  16. Ravilla S, Muliya K, Channaveerachari N, et al. Income generation programs and real-world functioning of persons with schizophrenia: Experience from the thirthahalli cohort. *Indian J Psychol Med* 2019; 41: 482–485.
  17. Jaleel F, Nirmala BP, and Thirthalli J. A comparative analysis of the nature and pattern of employment among persons with severe mental disorders. *J Psychosoc Rehabil Ment Health* 2015; 2(1): 19–25.
  18. Srinivasan L and Tirupati S. Relationship between cognition and work functioning among patients with schizophrenia in an urban area of India. *Psychiatr Serv* 2005; 56(11): 1423–1428.
  19. Reddy Annapally S, Jagannathan A, Kishore MT, et al. Feasibility testing of a supported education program for students with severe mental disorders. *Int J Soc Psychiatry* 2020. <https://doi.org/10.1177/0020764020926224>.
  20. Kiragasur RM, Kondapuram N, Lakshman Naik DS, et al. Educational problems and outcome among outpatients with psychiatric disorders attending a tertiary neuropsychiatric center. *J Psychosoc Rehabil Ment Health* 2016; 3(1): 9–13.
  21. Samuel R, Abirame S, and Jacob KS. A qualitative study exploring the lived experience of unemployment among people with severe mental illness. *Indian J Psychol Med* 2020; 42(5): 435–444.
  22. Bond GR, Becker DR, Drake RE, et al. A fidelity scale for the individual placement and support model of supported employment. *Rehabil Couns Bull* 1997; 40(4): 265–284.
  23. Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016. Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India. [https://upload.indiacode.nic.in/showfile?actid=AC\\_CEN\\_25\\_54\\_00002\\_201649\\_1517807328299&type=notification&file-name=Guidelines%20notification\\_04.01.2018.pdf](https://upload.indiacode.nic.in/showfile?actid=AC_CEN_25_54_00002_201649_1517807328299&type=notification&file-name=Guidelines%20notification_04.01.2018.pdf). Accessed January 8, 2021.
  24. Jadhav P, Sivakumar T, and Gupta A. Sociodemographic and clinical profile of patients receiving disability certificates as per rights of persons with disabilities act 2016 for psychiatric, neurological, and neurosurgical disorders at tertiary care center. *J Psychosoc Rehabil Ment Health* 2020. <https://doi.org/10.1007/s40737-020-00196-3>.
  25. Gururaj G, Varghese M, Benegal V, et al.; N collaborators group. National Mental Health Survey of India, 2015-16, Summary. NIMHANS Publ [Internet] 2016; 128. <http://indianmhs.nimhans.ac.in/Docs/Summary.pdf>.
  26. Ministry of Skill development. Pradan Manthri Kuashal Vikas Yojana. [www.pmkvyofficial.org](http://www.pmkvyofficial.org). Accessed January 8, 2021.
  27. Committee Sharada Prasad. PMKVY. <https://www.mygov.in/group-issue/ministry-skill-development-invites-suggestions-sharada-prasad-committee-report/>. Accessed January 8, 2021.
  28. Rapp CA and Goscha RJ. *The Strengths Model: A Recovery-Oriented Approach to Mental Health Services*. 3rd ed Oxford University Press, 2011; 9780199910007.
  29. Burns T, Catty J, Becker T, et al. The effectiveness of supported employment for people with severe mental illness: A randomized controlled trial. *Lancet* 2007; 370(9593): 1146–1152.
  30. John S, Aravind Raj E, Baseema K, et al. A case report on feasibility and outcomes of supported employment in a person with mental illness in South India. *J Psychosoc Rehabil Ment Health* 2017; 4(1): 117–124.
  31. Anthony WA. A recovery-oriented service system: Setting some system level standards. *Psychiatr Rehabil J* 2000; 24(1): 159–168.
  32. Slade M. The journey of recovery: Moving through tokenism to meaningful change. *Psychiatsche Praxis* 2011; 38(S 01): 152–164.
  33. Ramon S, Zisman-Ilani Y, and Kaminskiy E. Shared decision making in mental health: Special issue of the Mental Health Review Journal. *Ment Health Rev J* 2017; 22(3): 149–151.
  34. James J, Basavarajappa C, Sivakumar T, et al. Swavlamban health insurance scheme for persons with disabilities: An experiential account. *Indian J Psychiatry* 2019; 61(4): 369–375.