

Research Paper

## A Study on Occupational Balance Among Different Mentally Ill Patients in Tamil Nadu

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### ABSTRACT

**Background:** Mental illnesses encompass a range of conditions that significantly affect individuals' mood, thinking, and behavior, leading to challenges in daily functioning and quality of life. Occupational balance, a vital concept in occupational therapy, emphasizes the need for equitable engagement across work, leisure, self-care, and rest to enhance mental well-being. However, the relationship between mental illnesses and occupational balance remains underexplored in diverse populations. **Aim:** To evaluate occupational balance among individuals with different mental illnesses in Tamil Nadu, and to compare occupational balance across gender, socio-economic status, and diagnostic categories. **Methods:** This cross-sectional study included 150 participants with mental illnesses, selected through convenient sampling. Occupational balance was assessed using the Occupational Balance Questionnaire. Data analysis involved descriptive and inferential statistics to compare occupational balance across demographic and clinical variables. **Results:** The findings revealed no significant difference in occupational balance between male and female participants ( $p=0.990$ ) or across socio-economic status groups ( $p>0.05$ ). However, a significant difference was observed between individuals with psychosis and personality disorders ( $p=0.045$ ), indicating greater occupational imbalance in the psychosis group. No significant differences were found between psychosis and neurosis or between neurosis and personality disorders. **Conclusion:** This study highlights the influence of specific mental health diagnoses on occupational balance, with psychosis having a greater impact compared to personality disorders. Gender and socio-economic status did not significantly affect occupational balance. These findings emphasize the need for diagnosis-specific interventions to improve occupational balance in individuals with mental illnesses.

**Keywords:** Occupational Balance, Mental Illness, Psychosis, Socio-Economic Status, Occupational Therapy

Mental illness, often referred to as "mental health disorders," encompasses a diverse range of conditions that significantly impact an individual's mood, thinking, and behavior. These disorders include depression, anxiety, schizophrenia, eating disorders, and addictive behaviors, among others. Mental illnesses are typically

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characterized by persistent symptoms that interfere with daily functioning, relationships, and overall quality of life. While some conditions may be episodic, others can be chronic or relapsing in nature, complicating the management of these disorders and the well-being of those affected (American Psychiatric Association, 2013).

The prevalence of mental health issues is a growing concern globally. According to the World Health Organization, nearly 19.86% of adults worldwide experience some form of mental illness, with 4.91% suffering from severe conditions (World Health Organization, 2017). In India, approximately 14% of the population is affected by mental health disorders, with Tamil Nadu specifically reporting significant prevalence rates. Approximately 7 lakh individuals in Tamil Nadu are affected by severe mental illness, while 70 lakh experience common mental health disorders (National Institute of Mental Health and Neurosciences, 2020). These statistics underscore the urgent need for effective mental health interventions and robust support systems to improve the lives of those living with these conditions.

Occupational balance, a crucial concept in occupational therapy, refers to the ability of individuals to distribute their time effectively across various daily activities such as work, leisure, self-care, and rest. Maintaining a balance between these activities is essential for mental health and overall well-being. Imbalances in occupational engagement can lead to heightened stress, diminished life satisfaction, and impaired recovery in individuals with mental health disorders (Bejerholm et al., 2010). Ensuring a balanced engagement in meaningful occupations is essential for facilitating recovery and promoting mental wellness (Magnusson et al., 2021).

This study seeks to explore occupational balance among different groups of individuals with mental illness in Tamil Nadu. By comparing experiences across gender, socio-economic backgrounds, and specific mental health conditions, this study aims to provide valuable insights into how occupational balance can be optimized for therapeutic interventions. The findings will contribute to improving the quality of life and therapeutic outcomes for individuals struggling with mental health disorders.

**Aim:** To evaluate the occupational balance among individuals with different mental illnesses in Tamil Nadu.

### *Objectives*

- To assess the occupational balance among individuals with different mental illnesses in Tamil Nadu.
- To compare the occupational balance across various categories of mental illnesses in Tamil Nadu.

## **METHODOLOGY**

A total of 150 mentally ill patients were selected from psychiatric hospitals, de-addiction centers, and psychiatric homes in Tiruchirapalli. Participants were chosen based on the inclusion and exclusion criteria. Informed consent was obtained from the primary caretakers of the patients, ethical clearance was obtained from IEC of JKK Munirajah Medical Research Foundation, B. Komarapalayam with Ref. No. IEC/OT-16-2023. The Occupational Balance Questionnaire was administered to the participants to assess their occupational balance. The collected data was systematically tabulated and analyzed using statistical methods to derive meaningful results, facilitating a better understanding of the occupational balance in individuals with mental illness.

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This study employed a cross-sectional design to assess the occupational balance among mentally ill individuals. A cross-sectional study design is appropriate for evaluating the relationship between various factors at a single point in time, providing a snapshot of the participants' current occupational balance (Eklund & Argentzell, 2016). The study included a total of 150 participants, a sample size selected to ensure adequate statistical power to detect significant differences and trends in the occupational balance of the participants (Bejerholm et al., 2010). Participants were selected using a convenient sampling technique, a non-probability method commonly utilized in clinical settings where random sampling may not be feasible due to accessibility.

The study was conducted over six months. It was carried out in Asthma Hospitals and Research and Shanthivanam Home for Mentally Ill, Tiruchirapalli. These settings were chosen for their comprehensive psychiatric care and diverse patient populations, providing an ideal environment for assessing occupational balance in individuals with mental health conditions.

Participants were selected based on specific inclusion and exclusion criteria. Inclusion criteria included individuals diagnosed with mental illness by a psychiatrist, participants aged between 18 and 65 years, and both male and female patients. Exclusion criteria included individuals with physical disabilities and participants below 18 years or above 65 years. These criteria ensured that the study sample consisted of individuals who could provide relevant insights into their occupational balance.

Data collection was performed using the Occupational Balance Questionnaire developed by Dur et al. (2016). The questionnaire contains 10 items, each with three response options, and was validated by qualified occupational therapists. Suggestions from the therapists were incorporated to enhance the questionnaire's validity and reliability (Dur et al., 2016). The collected data was systematically tabulated and analyzed using statistical methods to derive meaningful results, facilitating a better understanding of the occupational balance in individuals with mental illness (Wagman et al., 2021).

### DATA ANALYSIS AND RESULTS

**Table 1: Demographic Details of Participants**

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	104	69.3%
	Female	46	30.7%
Diagnosis	Psychosis	74	49.3%
	Neurosis	66	44.0%
	Personality Disorder	10	6.7%
Socio-Economic Status	Upper Class	2	1.3%
	Upper Middle Class	47	31.3%
	Lower Middle Class	45	30.0%
	Upper Lower Class	42	28.0%
	Lower Class	14	9.3%

**Table 2: Comparison of Occupational Balance Between Genders**

Gender	N	Mean	Standard Deviation	t-value	p-value
Male	104	19.712	3.61	0.60	0.990
Female	46	19.674	3.44		

**Table 3: Multiple Comparison Between Diagnostic Categories**

Variable	(I) Diagnosis	(J) Diagnosis	Mean Difference (I-J)	Std. Error	p-value
Disorders	Psychosis	Neurosis	0.7785	0.5963	0.194
		Personality Disorder	2.4027*	1.1867	0.045
	Neurosis	Psychosis	-0.7785	0.5963	0.194
		Personality Disorder	1.6242	1.1952	0.176
	Personality Disorder	Psychosis	-2.4027	1.1867	0.045
		Neurosis	-1.6242	1.1952	0.176

**Table 4: Multiple Comparison Between Socio-Economic Status**

Variable	(i)se status	J)se status	Mean difference (i-j)	Std error	Significant
Socio-Economic Status	Upper class	Upper middle class	-.2447	2.5725	.924
		Lower middle class	-.0111	2.5749	.997
		Upper lower class	-.8095	2.5788	.754
		Lower class	1.1429	2.6934	.672
	Upper middle class	Upper class	.2447	2.5725	.924
		Lower middle class	.2336	.7431	.754
		Upper lower class	-.5648	.7566	.457
		Lower class	1.3875	1.0849	.203
	Lower middle class	Upper class	.0111	2.5749	.997
		Upper middle class	-.2336	.7431	.754
		Upper lower class	-.7984	.7645	.298
		Lower class	1.1540	1.0904	.292
	Upper lower class	Upper class	.8095	2.5788	.754
		Upper middle class	.5648	.7566	.457
		Lower middle class	.7984	.7645	.298
		Lower class	1.9524	1.0996	.078
	Lower class	Upper class	-1.1429	2.6934	.672
		Upper middle class	-1.3875	1.0849	.203
		Lower middle class	-1.1540	1.0904	.292
		Upper lower class	-1.9524	1.0996	.078

**RESULTS AND DISCUSSION**

Table 1 provides a summary of the demographic characteristics of the participants. A total of 150 patients were included in the study, with a higher proportion of males (69.3%, n=104) compared to females (30.7%, n=46). Participants were diagnosed with psychosis (49.3%, n=74), neurosis (44.0%, n=66), and personality disorders (6.7%, n=10). Regarding socio-economic status, the distribution included upper class (1.3%, n=2), upper middle class (31.3%, n=47), lower middle class (30.0%, n=45), upper lower class (28.0%, n=42), and lower class (9.3%, n=14).

Table 2 and Graph 1 illustrate the comparison of occupational balance between male and female participants. The mean occupational balance score for males was 19.712 (SD = 3.61), while for females it was 19.674 (SD = 3.44). The statistical analysis (t-value = 0.60, p =

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0.990) indicates no significant difference between males and females regarding occupational balance. These findings align with previous studies, which suggest that gender may not substantially influence occupational engagement or balance among individuals with mental health conditions (Bejerholm et al., 2010).

Table 3 shows the multiple comparisons between diagnostic categories. There was no significant difference in occupational balance between patients with psychosis and neurosis (mean difference = 0.7785,  $p = 0.194$ ) or between neurosis and personality disorders (mean difference = 1.6242,  $p = 0.176$ ). However, a significant difference was observed between psychosis and personality disorders (mean difference = 2.4027,  $p = 0.045$ ). These findings suggest that individuals with psychosis may experience greater impairments in occupational balance compared to those with personality disorders. This aligns with research emphasizing the impact of psychosis on functioning and engagement in daily activities (Wagman et al., 2021).

Table 4 compares occupational balance across socio-economic statuses. No significant differences were observed between any socio-economic groups (e.g., upper class vs. upper middle class, lower middle class vs. lower class;  $p$ -values  $> 0.05$ ). These results indicate that socio-economic background does not significantly influence occupational balance in individuals with mental illness, contrasting some prior studies that have suggested a potential impact of economic constraints on occupational engagement (Dur et al., 2016).

The findings reveal that occupational balance among individuals with mental illness is influenced more by the type of diagnosis than by gender or socio-economic status. Specifically, individuals with psychosis exhibited significantly lower occupational balance compared to those with personality disorders. This may be attributed to the pervasive cognitive and social impairments associated with psychotic disorders, which hinder participation in meaningful activities (Eklund & Argentzell, 2016). In contrast, gender and socio-economic status did not significantly affect occupational balance, suggesting that the challenges faced by individuals with mental illness in maintaining occupational balance transcend these demographic factors.

The lack of significant differences between males and females may reflect the universal impact of mental illness on functional abilities, irrespective of gender (Magnusson et al., 2021). Similarly, the absence of differences across socio-economic groups highlights the shared struggles in achieving occupational balance among individuals with mental health conditions, potentially due to the overarching impact of mental illness on occupational roles (Smith et al., 2010).

### **CONCLUSION**

The study findings suggest that gender and socio-economic status do not significantly impact occupational balance in individuals with mental illness. However, the type of diagnosis plays a role, with psychosis showing a significant difference in occupational balance compared to personality disorders. These results highlight the importance of considering the specific diagnosis when assessing and planning interventions for occupational balance in individuals with mental health conditions. Further research with a larger sample size may help confirm these findings and explore potential interventions tailored to different diagnostic groups.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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