



Capacity Building in Mental Health through Well Being Volunteers Program

Shivanand Y^{1*}, Aravind Raj E¹, Kavita J¹, Padmavathy D², Manoj Kumar S³ and Prabha C⁴

¹Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences (NIMHANS), India

²Department of Nursing, National Institute of Mental Health and Neurosciences (NIMHANS), India

³Department of Clinical Psychology, National Institute of Mental Health and Neurosciences (NIMHANS), India

⁴Department of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), India

Abstract

Introduction: Volunteering is any activity in which time is given to assist another individual, group, or organization. There is a growing concern about mental health in India due to the inaccessibility of services. NIMHANS, being a premier institute for mental health, is devising innovative approaches to mental health care to reach the unreachable.

Materials and Methods: The objective of this study was to evaluate the outcome of the well-being volunteer program. This study used a descriptive cross-sectional research design, and 136 trained volunteers were included in the study. A questionnaire and the Volunteer Motivation Inventory scale were used to collect the data from the WBVs. SPSS software was used to analyze the data.

Results: The majority of trained volunteers actively participated in the WBV training program to improve their knowledge of mental health.

Conclusion: The results of this study emphasize the significance of the role of volunteers in the field of mental health.

Keywords: Well-Being Volunteers; Community Mental Health; Capacity building

OPEN ACCESS

*Correspondence:

Aravind Raj, Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, Karnataka 560029, India, Tel: +91-9901652974; E-mail: aravind.nimhans@gmail.com

Received Date: 07 Mar 2023

Accepted Date: 21 Mar 2023

Published Date: 27 Mar 2023

Citation:

Shivanand Y, Aravind Raj E, Kavita J, Padmavathy D, Manoj Kumar S, Prabha C. Capacity Building in Mental Health through Well Being Volunteers Program. World J Psychiatry Ment Health Res. 2023; 6(1): 1032.

Copyright © 2023 Shivanand Y. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Prevalence of mental disorder and burden

Mental health problems are widespread in all countries. One in every eight people worldwide has a mental disorder. The prevalence of various mental disorders varies by gender and age. Anxiety and depressive disorders are the most common in both men and women. Mental, neurological, and substance use disorders were estimated to account for one in every ten DALYs (10.1%) worldwide in 2019. 5.1% of the global burden was attributed to mental disorders. Another 3.5% was accounted for by neurological disorders, while substance use disorders accounted for 1.5%. In all countries, the burden of mental disorders spans the entire life course, with early beginnings in childhood with developmental disorders and childhood behavioral issues and continuing into adulthood and old age with depressive and anxiety disorders. Overall, the most significant burden is carried during childhood and adolescence. Mental health problems are also underserved [1].

Gaps in public mental health and budget allocation for mental health

Significant gaps and imbalances in information and research, governance, resources, and services characterize mental health systems worldwide. At the same time, mental health services, skills, and funding seem to be in short supply. These gaps are significant because they can severely hinder a country's response to mental health. Mental health and mental health systems worldwide stated that mental health needs are high, responses are insufficient, and the availability of affordable essential psychiatric medications is limited, particularly in low-income countries. Most people with diagnosed mental health problems go untreated. In all countries, gaps in service coverage are adversely affected by differences in care quality. Other health issues are frequently given preference over mental health; community-based mental health care is constantly underfunded in mental health budgets. On average, countries invest less than 2% of their healthcare budgets in mental health.

Around half of the world's population lives in countries where only one psychiatrist serves a

population of 200,000 or more. 71% of people with mental illness do not receive mental health services. Most countries spend Less than 20% of their mental health budget on community mental health services. In middle-income countries, psychiatric hospitals still contribute to more than 70% of mental healthcare expenditures [2].

Scarcity of mental health professionals

Many countries face severe shortages of mental health professionals. There are shortages of mental health nurses, psychiatric social workers, psychiatrists, psychologists, counselors, and other paid mental health workers in India. Around half of the world's population lives in countries where only one psychiatrist serves a population of 200,000 or more. Other trained mental health care providers who use psychosocial interventions are even scarcer. In low-income countries, there is less than one mental health worker of any kind per 100,000 population, compared with more than 60 in high-income countries, the median across all countries is 13 mental health workers per 100,000 population). Across all income groups, most mental health workers are nurses, who comprise 44% of the global workforce for mental health. Across all income groups, there is a significant shortage of specialized mental health workers for children and adolescents, with just three mental health workers per 100,000 population and a median rate as low as 0.01 per 100,000 population in low-income countries. In these countries, the mental health workforce for children and adolescents is almost non-existent [3]. The scarce skills are compounded because few non-specialist doctors, nurses, and clinical officers have been trained to recognize and treat patients with mental health conditions in primary health care. In this background, there is a growing concern about mental health in India due to the inaccessibility of services. Community-based mental health care is consistently underfunded. With a lack of human resources in the mental health field, most community people cannot access health and mental health services. Thus, many countries face the challenge of providing adequate human resources for delivering essential mental health services. The overwhelming worldwide shortage of human resources for mental health, particularly in low-income and middle-income countries, is well established [4]. Many low- and middle-income countries face a health workforce crisis, and the scarcity of human resources and training is similarly overwhelming for mental health [5]. There is a dire scarcity of healthcare staff all over the world. The health worker shortage poses many problems for achieving the health-related Millennium Development Goals. Few countries followed the job-shifting strategy, using qualified healthcare volunteers to seek health problems [6]. Trained health volunteers will provide essential and culturally inclusive health messaging, empowering people to make conscious decisions and expanding access to life-saving curative steps in their communities. Health Volunteers in the health field also supplement expert service delivery, but they may also be effective workers of social change by identifying unmet social needs. They may not have a formal medical background, but they are well-trained and offer health care in their neighborhoods [7].

Background of current the study

Due to the inaccessibility of services, there is a growing concern about mental health in India. NIMHANS, a premier institute in the mental health field, is devising innovative approaches to mental health care to reach the unreachable. One such initiative is creating volunteers in the community who are interested in working for the cause of mental health. Department of Psychiatric Social Work, in

collaboration with the NIMHANS Center for Well-Being (NCWB), has taken this initiative to train the volunteers to provide curative, preventive, and promotive services in the community. The scope for the trained volunteers is not limited to the hospital-based curative component of psychosocial and rehabilitation care but also expands to preventive and promotive programs in schools, colleges, and the community. In this background, the current study attempts to understand volunteers' Motivation to join the Program and evaluate their satisfaction with the program and the output delivered by them followed by the program.

Need of the volunteering in community mental health

The available literature also emphasized the need for volunteering in the field of health and mental health and their contribution to and well-being of the community. This study shows light on available literature. Participation in formal volunteering has positive outcomes across multiple psychological domains, including higher psychological well-being, greater self-esteem, and fewer depressive symptoms [8]. The social model for health promotion was developed by Fried et al. [9]. Post-volunteering produces positive outcomes because it increases volunteers' engagement in social, physical, and cognitive activity. Regarding social activity, engagement in formal volunteering has been linked with social connectedness; older volunteers have been found to have more people they could turn to for help than their non-volunteering counterparts the effects of volunteering on psychological well-being [10]. Volunteering fosters skill growth and improves an individual's quality of life. Volunteering can also be intended to make connections for future careers. Several volunteers have received specialized training in their fields, such as health, mental health, education, or emergency rescue [11]. Therefore, we need a perspective that focuses on the volunteer and the changes one goes through while volunteering because it will help us design volunteer programs and promote them so they attract committed volunteers, who will then continue their service for a longer time or develop other volunteering opportunities.

Volunteering in the health sector

There is a dire shortage of healthcare staff all over the world. The health worker shortage poses many problems for achieving the health-related Millennium Development Goals. Few countries followed the job shifting strategy, like using qualified health care volunteers to have sought health problems [6]. Trained health volunteers will provide essential and culturally inclusive health messaging, empowering people to make conscious decisions and expanding access to life-saving curative steps in their communities. Health volunteers in the health field also supplement expert service delivery, but they may also be effective workers of social change by identifying unmet social needs. They may not have a formal medical background, but they are well-trained and offer health care in their neighborhoods [6,7].

Volunteers in mental health

Volunteers are rendering interventions in different areas of mental health. They provide psychosocial support to individuals, groups, and the community, promoting mental health by conducting various mental health awareness programs in the community; some studies suggest that interventions delivered by skilled volunteers can potentially prevent mental health issues like psychological stress and distress. It is a beneficial method with a scarcity of qualified mental health professionals to resolve evolving mental health issues in developing countries.

Motivation to volunteer

Volunteer work encourages the person to participate in psychological growth and enhance their self-esteem, thus fulfilling an enhancement function; volunteer work serves the purpose of allowing the individual to engage in psychological development. Youth volunteer for several reasons, including wanting to be more involved in society, being proactive in helping a community, and "giving back" to society. Volunteering will help employed youngsters, students, and people working in various sectors improve their skills and increase their chances of landing a career in sustainable development. A primary motivation for a young person may be helping others. In contrast, secondary motivation may include personal growth or career enhancement [12]. Motivation has shown that volunteering has multiple benefits for volunteers [13-15].

Other-oriented volunteering is more often associated with better health outcomes such as social well-being, lower depression, and better overall mental health [16]. The motives are self-oriented [17]. Even found a relationship between volunteering and mortality rate four years later, with volunteers living longer than non-volunteers, but only when their motives were other-oriented.

Background of well-being volunteers' program

The Well-Being Volunteers (WBVs) program was initiated in 2016. In collaboration with the NIMHANS Center for Well-Being (NCWB), the Department of Psychiatric Social Work has taken the initiative to train the volunteers to provide curative, preventive, and promotive services in the community. Every year, a batch of 40 to 50 volunteers is trained in mental health. The trained volunteers provide mental health interventions at the curative, preventive, and promotive levels. The volunteers include teachers, IT professionals, youth, NGO workers, people in business, retired persons, homemakers, etc. The training program modules include different ways and approaches to identifying and treating mental illness, counseling skills; stress management; suicide prevention; school mental health, and positive mental health. A participatory methodology that includes brainstorming, group discussion, group activity, role play, videos, and field demonstrations are used to train volunteers. The workshops are conducted in different modules on Saturdays as half-day workshops. All the modules are covered in four months. After attending all the modules, the volunteers are certified as well-being volunteers and can provide mental health services under the guidance and supervision of professionals from NIMHANS.

Review of Literature

Research on reasons for volunteering

Volunteering could improve people's mental health, including the elderly. Volunteering increases access to physical and therapeutic services, which help people, cope with stressful emotions, including stress and anxiety. Social integration is attributed to voluntary action on depression in the elderly [18]. Volunteering is linked to improved wellness, a longer life span, lower mortality, higher levels of contentment, and lower levels of functional dependency and depressive symptomatology. The impact of volunteering on older people who work and volunteer for more prolonged periods has higher happiness levels [19]. As self-reported well-being and satisfaction were assessed, volunteer service contributed to greater well-being [20]. Volunteering has been found to reduce mortality while improving self-reported fitness, mental well-being, personal satisfaction, human connection, positive habits, and coping abilities [21].

Research on volunteerism in health and mental health

Volunteering has been linked with higher levels of impact on physical health, leading to better outcomes through cardiovascular mechanisms [8,9]. Volunteering can bring change to psychological well-being and improve self-rated health [10]. Volunteering has positive impacts on loneliness, life satisfaction, and wellness. Volunteers have a lower rate of dying [22]. The impact of a model volunteer home visitation program on teenage parenting outcomes was studied. The study found that the volunteer home visitation program significantly increased certain parenting conditions [23]. Aimed to assess mental health awareness program efficacy and attitude in community volunteers towards mental illness, results indicate that perceived dangerousness was greatly diminished and attitude stigma and discrimination towards persons with mental illness showed significantly decreased [24]. Analyzed the impact of other-oriented and self-oriented volunteering on health outcomes in the long run. The findings showed that all types of volunteering were positively linked to improved health outcomes [25]. Regarding mental health, volunteering can develop psychological aspects (e.g., self-esteem, self-efficacy) that help manage stress [26]. It can promote positive mood and affect and reduce negative affect [18]. There is growing consensus that engaging in moderate levels of volunteering (e.g., ~100 h per year or 2 h to 3 h per week) is needed to experience mental health benefits [8,27]. However, the evidence is less definitive regarding the threshold necessary to experience physical health benefits. Volunteering can lead to social connectedness and a sense of belonging, mitigating depressive symptoms [18]. Volunteering can lead to better self-rated health and better mental health. There seems to be an association between volunteering and health. Because volunteering promotes social integration, volunteers report better mental health than non-volunteers and better physical health, especially for senior volunteers [10]. Older adult volunteers who feel their involvement in volunteering has a higher quality of life, greater life satisfaction, and lower levels of depression [28,29]. There is a lower suicide risk for volunteers with good mental health [30].

Research on motivation and wellbeing

The awareness roles continue to be active in health and mental health volunteers using their service experience to achieve self-development, learning, and diversity in their lives [31]. Volunteering may have mental health benefits for various reasons, especially for older people. Volunteering increases access to physical and therapeutic services, which have been shown to help people cope with stressful conditions, including depression and anxiety [32].

Benefits of volunteering

Volunteering people gain work experience, develop personally and socially, and cultivate their skills [33]. A review by showed that volunteering prevents delinquency and decreases stress because it promotes the development of protective social networks. Moreover, volunteering promotes trust, tolerance, empathy, and respect for the common good. By volunteering, people say that they have developed their skills, improved their knowledge and well-being, and made new friends [11]. Volunteers also have better academic performance and hiring rates than non-volunteers [34,35]. The benefits of volunteering for both physical and mental health [8-21]. Volunteer work is associated with increased happiness, higher self-esteem, greater life satisfaction, and more successful accomplishment of tasks, which correlate with positive mood and lead to higher self-esteem and life satisfaction [36].

The above literature highlights the importance of volunteers and volunteerism in the health and mental health field. However, the use of volunteers in a tertiary hospital and its outcomes were not reported in the current literature. Thus, the current study focused on the outcome of one such program run by a tertiary hospital through its Center for Well-Being.

Theoretical Frame Work

Self-determination theory

Self-determination Theory is a macro theory concerned with innate psychological needs and human motivation quality [37]. Self-determination theory proposes three basic human needs: Autonomy, competence, and relatedness. Autonomy refers to being accessible and trustworthy to one's values. Competence is the feeling of being valuable and able to act upon the world in ways that generate positive changes. Finally, relatedness refers to the need for close interpersonal relationships [38]. Needs satisfaction is crucial for psychological growth, a sense of integrity, and well-being, representing a powerful motivational force [39].

The functional approach

The functional approach to volunteering focuses on the interaction between the reasons why people volunteer and the environmental characteristics that allow them to satisfy these motivations. The primary assumption of the functionalist theory of volunteering is that "people can and do perform the same action in the service of different psychological functions" [40].

Methodology

Need for the study

The Well-Being Volunteers (WBVs) program was initiated in 2016. A batch of 40 to 50 volunteers would be trained in mental health every year. The trained volunteers provide mental health interventions at curative, preventive, and promotive levels. In order to understand the effectiveness of the services rendered by the WBVs, it is important to understand the outcome of the Program both in terms of the content of the WBV program and the implementation of the services of the trained WBVs. The current study would help consolidate the activities carried out for and by the WBVs.

Methods

The objective of this study was to evaluate the outcome of the Well-Being Volunteer Program. The trained volunteers provide mental health interventions at the curative, preventive, and promotive levels. In order to understand the outcome of the services rendered by the WBVs, it is important to understand the effectiveness of the program both in terms of the content of the WBV program and the implementation of the services of the trained WBVs. The current study would help consolidate the activities carried out for and by the WBVs. This study used a descriptive cross-sectional research design, wherein all 136 volunteers were included as the study's sample. Out of these, 95 volunteers participated in the study. Data were collected from the volunteers who attended the WBV program, which was initiated by NCWB and the Department of Psychiatric Social Work NIMHANS and based on the inclusion criteria. A Questionnaire on to understand the outcome of the Well Being Volunteers program was developed for the purpose of the study, and the Volunteer Motivation Inventory Scale consisting of 10 domains to understand the motivation of the volunteers was used in the current study. SPSS software was used to analyze the data. Descriptive statistics, including frequency

distribution, central tendency measures, and deviation, were used to describe the variables. Appropriate inferential statistics, including the McNemar-Bowker chi-square test, were used to compare the dependent and independent variables. Ethical clearance was obtained from the department sub-ethics committee. The participants have explained the purpose and nature of the study. Informed consent was obtained from the participants. The participants were informed that they were free to drop from the study at any given point in time without having to give any explanations for the same.

Results

Sociodemographic profile of the participants

The mean age of the respondents was 43.5 12.7 years, with a range of 20 to 73 years. Overall, 65.3% of respondents were females, and 50.5% were graduates. 43.1% of respondents learned about the Well-Being Volunteer Program through their friends. 27.4% of respondents got to know about the program from social media, 21.1% of respondents through Well-Being Volunteers, and 8.4% from print media.

Table 1 describes the descriptive statistics of various subsections of the VMI inventory. The descriptive statistics results indicate that values were considered the most important motivation, followed by reciprocity and understanding.

The results of the independent sample t-test to find out the difference in the mean score of the social dimensions of the Volunteer Motivation Inventory between genders showed that there was a statistically significant difference in the mean score of the social dimensions of the VMI between males ($M=2.9$ 0.75) and females (2.4 0.86), where the male had a higher score in the social dimensions of the Volunteer Motivation Inventory. There was no significant difference in the mean score of another dimension of VMI between genders.

Level of satisfaction on well-being volunteer's program

60% and 38.9% of the respondents reported that they were very satisfied and satisfied with the program content. 75.8% of respondents reported being highly satisfied with the program's methodology.

Knowledge on various dimensions of the training program

Table 2 shows results of McNemar-Bowker Bowker test to find out the difference in the level of knowledge on psychosocial competencies before and after attending the Well-Being Volunteer Training Program. The results showed that the change in level of knowledge was statistically significant (McNemar-Bowker test value =54.13, $df=3$, $p<0.001$). 48.4% of respondents reported that their knowledge level had increased from some extent to great extent after the training program.

Knowledge on stress management, basic counselling skills and suicide prevention strategies before and after attending well-being volunteer program

The results showed that their improved level of knowledge in stress management was statistically significant (McNemar-Bowker test value =60.74, $df=3$, $p<0.001$). 55.8% of respondents reported that their stress management knowledge level had increased from some extent to a great extent after the training program. The results showed that their improved knowledge of basic counseling skills is statistically significant (McNemar-Bowker Bowker test value =52.03, $df=3$, $p<0.001$). 46.3% of respondents reported that their basic counselling skills knowledge level had increased from some extent to

Table 1: Descriptive of volunteer motivation inventory.

Sub section	N	Range	Minimum	Maximum	Mean	Std. Deviation
Values	95	2.20	2.80	5.00	4.00	0.53
Recognition	95	3.60	1.20	4.80	3.22	0.62
Social Interaction	95	4.00	1.00	5.00	3.20	0.83
Reciprocity	95	4.00	1.00	5.00	3.92	0.78
Reactivity	95	3.25	1.75	5.00	3.45	0.78
Self-Esteem	95	3.40	1.60	5.00	3.53	0.75
Social	95	3.80	1.00	4.80	2.63	0.85
Career Development	95	3.50	1.00	4.50	2.71	0.66
Understanding	95	2.80	2.20	5.00	3.97	0.59
Protective	95	3.80	1.20	5.00	2.93	0.80

Table 2: Knowledge on psychosocial competencies among children before and after attending program.

Knowledge on psychosocial competencies among children before attending WBVs Program	Has your knowledge on psychosocial competencies among children improved after attending WBV training Program								McNemar Bowker test		p value
	Not at all		To some extent		To great extent		Total		54.1	3	P<0.001
	N	%	N	%	N	%	N	%			
Not at all	0	0	9	9.5	10	10.5	19	20			
Some extent	1	1.1	23	24.2	46	48.4	70	73.7			
To great extent	0	0	3	3.2	3	3.2	6	6.3			
Total	1	1.1	35	36.9	59	62	95	100			

Table 3: Organizing stress management program and volunteer motivation.

Organized stress management program	N	Social Dimension		t Value	df	p value
		Mean Score	SD			
Yes	38	2.9	0.83	2.780	93	0.007
No	57	2.4	0.81			(p<0.05)

a great extent after the training program.

64.2% of respondents reported they did not have knowledge of suicide prevention before attending the program. 50.5% of the respondents reported that the program significantly improved their knowledge of suicide prevention from some extent to a great extent after attending the WBV training program. 61.1% significantly improved their knowledge level in identifying mental health disorders, and treatment had increased from not at all to some extent after the training program.

Programs on mental health and stress management carried out after the training program

46.4% of the respondents reported that they were able to conduct mental health-related programs for children based on what they learned in the WBV training program. 53.6% of the respondents reported that they did not conduct mental health-related programs for children.

29.5% of the respondents reported that they conducted 1 to 5 programs. 7.4% of respondents reported that they conducted 6 to 10 programs. 6.3% of respondents reported that they conducted 16 and above programs.

40% of the respondents could conduct a stress management program based on learning in the WBV training program. 23.2% of the respondents conducted 1 to 5 programs. 8.3% of the respondents conducted 6 to 10 programs.

Application of stress management strategies

97.9% of the respondents reported that the training program's stress management module helped them manage stress at an individual level after attending the program. 93.7% of the respondents reported that the stress management module helped them to manage stress at the family level after attending the program. 76.8% of the respondents reported that the training program's stress management module helped Well-Being Volunteers manage stress levels at the workplace.

Referrals

90.5% of the respondents reported that the WBV training program helped identify and refer persons with mental health Problems to NIMHANS, NCWB, and other mental health professionals.

71.6% of the respondents reported that they made referrals for 1 to 10 persons. 6.3% of respondents reported referrals for 11 to 20 persons. 2.1% reported 21 to 30 referrals. 20% of respondents reported no referrals.

Involvement in patient care activities of NIMHANS

27.4% of the respondents reported being involved in patient care activities in the inpatient care services of NIMHANS. 22.1% of the respondents reported being involved in outpatient care activities of NIMHANS.

Table 3 shows the results of the independent sample t-test to find out the difference in the mean score of the social dimension of the

Volunteer Motivation Inventory between respondents who organized the stress management program and those who did not.

The results showed that there was a statistically significant difference ($t=2.780$, $df=93$, $p<0.05$) in the mean score of the Social Dimensions of Volunteer Motivation Inventory between those who organized the Program (2.9 ± 0.83) and those who did not organize the program (2.4 ± 0.81). There was no significant difference in the mean score of other dimensions of the Volunteer Motivation Inventory between those who organized the program and those who did not organize the program.

Discussion

Sociodemographic profile of the participants

In the present study, the majority of the respondents are females compared to males. Results of one more study also corroborates this finding which indicate that females are more active in volunteering activities than males which are corroborated with other similar findings that females are more active comparing to men in participation in volunteering [40]. Educative level in results indicates this study's results corroborating with previous study which found that literacy was significant in predicting knowledge and participation in volunteering [41]. The above study supports the present study findings that shows that higher educated and higher professional have significant contributions in volunteering.

Training methodology

The research study suggested that rather than more formal lecture-style approaches, teaching should concentrate on doing by role playing. This strategy was aimed at non-professionals with little formal experience [42]. The above study supports the findings of the present study where all the respondent's showed satisfaction on the participatory methodology used in the program such as role play, group activity, group discussions, games and case discussions. The participatory methodology allowed them not only to actively participate during the session but also to get involved in every bit of the session and internalize the skills discussed in each module.

Benefits of volunteering

Volunteering contributes to a person's physical, social, and emotional well-being. Numerical data focused on the health and mental health effects of volunteering has been established by a systematic review and meta-analysis. International Association of Volunteers Efforts (IAVE) is continuously making efforts to join volunteers and motivating volunteers to conduct activities in community, giving importance for rendering services for needy people community, its working in the area of health mental health knowledge development, leadership, advocacy. Volunteering can have mental health effects, especially for the elderly. Volunteering helps people have access to physical and psychological assets [18]. Voluntary work leads to greater health benefits [19]. Volunteering increases access to physical and therapeutic services, which have been shown to help people cope with stressful emotions including depression and anxiety [32]. Volunteering for both physical and mental health [8-22]. Volunteer work is associated with increased happiness, higher self-esteem, greater life satisfaction, and more successful accomplishment of tasks, which correlate with positive mood, and lead to higher self-esteem and life satisfaction [36].

The above study supports the present study where volunteers actively participated in WBV training program to improve their

knowledge in mental health and interested in rendering services in mental health field in the community. This program enhanced the knowledge of volunteers on mental health and benefited the volunteers in personal and social life. It has also helped in early identification of mental health problem, addressing about the mental issue through various modes in community such as referral services, counselling services, stress management program at work place and suicide prevention awareness program.

Level of participation of volunteers

Volunteering for at least 200 h was also linked to improved psychological well-being and physical conditioning and enhances mental health. Psychiatric Mental Health Nurses who are active in their communities are in a unique position to meet the mental health needs of volunteers [43]. In the current study too, it is found that there is an increase in volunteers' knowledge and level of understanding in areas related to chronic psychiatric illness, enhancing the quality of care provided by the volunteers, and helping them maintain interest in their role. Efficacy of anti-stigma approaches after four weeks improved terms of increasing awareness mental health and decreasing stigmatizing behaviors was low, highlighting the need for more comprehensive intervention that look at long-term effects as well as the usage of booster interventions for long-term survival [44]. Higher mental wellbeing awareness predicts a greater propensity to partake in anti-stigmatizing behaviors, which may be hampered by a feeling of community belonging. This suggests that stigma-related awareness and behaviors are related in a bidirectional and complementary way, with changes in one affecting the other [45]. Similar to the above studies on involvement of volunteers in mental health awareness program to reduce stigma and discrimination in the community, majority of wellbeing volunteers conducted various mental health awareness programs in community such as Mental Health Stalls, stress management, suicide prevention programs, awareness activities like street play, organized anti-stigma awareness programs etc. These activities created awareness in community, motivated people to get the proper treatment for mental illness and, secure the rights of the persons with mental illness.

Motivation and volunteering

Comparison between volunteer motivation and the activities carried out by the volunteers in the current study shows that Social Dimensions of Volunteer Motivation Inventory had some influence on the volunteering activities carried out by the volunteers. The variables in the social dimension clearly mentions about the volunteer's contacts through which they joined the program. So, the difference could be because of this reason that those who had more score on social dimensions were participating more in volunteering activities compared to those who scored less. The volunteering activities are initiated by the volunteers immediately after completing the training program. Though the volunteers were not uniform in terms of number and areas of volunteering activities, they chose their area of interest and performed the volunteering activities in that respective area effectively. For example, volunteers who were working with children in schools and colleges were able to do more of children related programs. Volunteers who were in IT sector were able to organize and conduct programs related to stress management. Volunteers who were interested in patient care activities were more involved in providing care for persons with mental illness. So, the Well Being Volunteers Program has given a wider scope for volunteers to choose their area of work followed by the training program and the

continuous supervision by the trainers also helped them to plan the activities effectively.

Impact of COVID -19 pandemic on well-being volunteering activities

Despite the level of motivation and interest to volunteer in mental health services, the COVID-19 pandemic has become a huge barrier for the volunteers to perform their regular volunteering activities. For example, the volunteers who were volunteering in inpatient services of NIMHANS could not continue their services due to the restrictions. However, the volunteers were providing online support for the needy in consultation with the supervisors.

Integration of mental health component in volunteer training

From current study it is very evident that involvement of volunteers in mental health training and providing services is helped in addressing the gap between the demand and available mental health resources. So, inclusion of similar mental health contents in the existing volunteer training programs organized by various Government and Non-Governmental Organizations at national and international level would help in successful integration of mental health component in the training. This will ensure effective delivery of promotion of mental health services and prevention of mental disorders at community level.

Conclusion

Results of present study and the available literature suggest that engaging in voluntary services improves mental health knowledge. WBV program which is initiated by NCWB and Department of Psychiatric Social Work has provided opportunity to volunteers to participate in the program. Through this program, volunteers gained knowledge on mental health and conducted various mental awareness programs in community. The findings of this study emphasize the significance of the role of volunteers in the field of mental health.

Acknowledgement

We would like to acknowledge Department of Psychiatric Social Work NIMHANS and NIMHANS Center for Well Being [NCWB]. We would also like to acknowledge the participants well -Being Volunteers.

References

1. WHO. Mental disorders. 2022.
2. WHO. World Mental Health Report. Transforming mental health for all. 2022.
3. WHO. Mental Health ATLAS 2020.
4. Lund C, Breen A, Flisher AJ, Kakuma R, Corrigall J, Joska JA, et al. Poverty and common mental disorders in low and middle income countries: A systematic review. *Soc Sci Med*. 2010;71(3):517-28.
5. Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: Scarcity, inequity, and inefficiency. *The Lancet*. 2007;370(9590):878-89.
6. Nullis-Kapp C. Health worker shortage could derail development goals. *Bull World Health Organ*. 2005;83(1):5-6.
7. Narasimhan V, Brown H, Pablos-Mendez A, Adams O, Dussault G, Elzinga G, et al. Responding to the global human resources crisis. *The Lancet*. 2004;363(9419):1469-72.
8. Anderson ND, Damianakis T, Kröger E, Wagner LM, Dawson DR, Binns MA, et al. The benefits associated with volunteering among seniors: A critical review and recommendations for future research. *Psychol Bull*. 2014;140(6):1505.
9. Fried LP, Carlson MC, Freedman M, Frick KD, Glass TA, Hill J, et al. A social model for health promotion for an aging population: Initial evidence on the experience corps model. *J Urban Health*. 2004;81(1):64-78.
10. Piliavin JA, Siegl E. Health benefits of volunteering in the Wisconsin longitudinal study. *J Health Soc Behav*. 2007;48(4):450-64.
11. Wilson J. Volunteering. *Annu Rev Sociol*. 2000;215-40.
12. Stukas AA, Snyder M, Clary EG. Understanding and encouraging volunteerism and community involvement. *J Soc Psychol*. 2016;156(3):243-55.
13. Clary EG, Snyder M, Stukas AA. Volunteers' motivations: Findings from a national survey. *Nonprofit Volunt Sect Q*. 1996;25(4):485-505.
14. Geiser C, Okun MA, Grano C. Who is motivated to volunteer? A latent profile analysis linking volunteer motivation to frequency of volunteering. *Psychol Test Assess Model*. 2014;56(1):3.
15. Handy F, Cnaan RA, Brudney JL, Ascoli U, Meijs LC, Ranade S. Public perception of "who is a volunteer": An examination of the net-cost approach from a cross-cultural perspective. *Voluntas: Int J Volunt Nonprofit Organizat*. 2000;11(1):45-65.
16. Yeung JW, Zhang Z, Kim TY. Volunteering and health benefits in general adults: Cumulative effects and forms. *BMC Public Health*. 2018;18(1):1-8.
17. Konrath S, Fuhrel-Forbis A, Lou A, Brown S. Motives for volunteering are associated with mortality risk in older adults. *Health Psychol*. 2012;31(1):87.
18. Musick MA, Wilson J. Volunteering and depression: The role of psychological and social resources in different age groups. *Soc Sci Med*. 2003;56(2):259-69.
19. Morrow-Howell N, Hinterlong J, Rozario PA, Tang F. Effects of volunteering on the well-being of older adults. *J Gerontol B Psychol Sci Soc Sci*. 2003;58(3):S137-45.
20. Borgonovi F. Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness. *Soc Sci Med*. 2008;66(11):2321-34.
21. Casiday R, Kinsman E, Fisher C, Bambra C. Volunteering and health: What impact does it really have. London: Volunteering England. 2008;9(3):1-3.
22. Jenkinson CE, Dickens AP, Jones K, Thompson-Coon J, Taylor RS, Rogers M, et al. Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. *BMC Public Health*. 2013;13(1):1-0.
23. Barnett B, Duggan AK, Devoe M, Burrell L. The effect of volunteer home visitation for adolescent mothers on parenting and mental health outcomes: A randomized trial. *Arch Pediatr Adolesc Med*. 2002;156(12):1216-22.
24. Abayomi O, Adelufosi AO, Olajide A. Changing attitude to mental illness among community mental health volunteers in south-western Nigeria. *Int J Soc Psychiatry*. 2013;59(6):609-12.
25. Yeung JW, Zhang Z, Kim TY. Volunteering and health benefits in general adults: Cumulative effects and forms. *BMC Public Health*. 2018;18(1):1-8.
26. Lin KM, Cheung F. Mental health issues for Asian Americans. *Psychiatr Serv*. 1999;50(6):774-80.
27. Carr D. Volunteering among older adults: Life course correlates and consequences. *J Gerontol B Psychol Sci Soc Sci*. 2018;73(3):479-81.
28. Wahrendorf M, Blane D, Matthews K, Siegrist J. Linking quality of work in midlife to volunteering during retirement: A European study. *J Popul Ageing*. 2016;9(1):113-30.
29. McMunn A, Nazroo J, Wahrendorf M, Breeze E, Zaninotto P. Participation

- in socially-productive activities, reciprocity and wellbeing in later life: baseline results in England. *Ageing Society*. 2009;29(5):765-82.
30. Rosato M, Tseliou F, Wright DM, Maguire A, O'Reilly D. Are volunteering and care giving associated with suicide risk? A census-based longitudinal study. *BMC Psychiatry*. 2019;19(1):1-0.
 31. Gidron B. Volunteer work and its rewards. *Volunt Adm*. 1978;11(3):18-32.
 32. Xavier FM, Ferraz M, Marc N, Escosteguy NU, Moriguchi EH. Elderly people's definition of quality of life. *Braz J Psychiatry*. 2003;25:31-9.
 33. Lockstone-Binney L, Holmes K, Smith K, Baum T. Volunteers and volunteering in leisure: Social science perspectives. *Leisure Studies*. 2010;29(4):435-55.
 34. Bromnick R, Horowitz A, Shepherd D. The Benefits of volunteering for psychology students. *Psychol Teach Rev*. 2012;18(2):47-51.
 35. Smith K, Holmes K, Haski-Leventhal D, Cnaan RA, Handy F, Brudney JL. Motivations and benefits of student volunteering: Comparing regular, occasional, and non-volunteers in five countries. *Can J Nonprofit Soc Economy Res*. 2010;1(1):65-81.
 36. Thoits PA, Hewitt LN. Volunteer work and well-being. *J Health Soc Behav*. 2001;42(2):115-31.
 37. Deci EL, Ryan RM. Self-determination. *Corsini Encyclopedia Psychol*. 2010.
 38. Weinstein N, Ryan RM. When helping helps: Autonomous motivation for prosocial behavior and its influence on well-being for the helper and recipient. *J Pers Soc Psychol*. 2010;98(2):222.
 39. Ryan RM, Deci EL. On happiness and human potentials: A review of research on hedonic and Eudaimonic well-being. *Annu Rev Psychol*. 2001;52:141.
 40. Clary EG, Snyder M, Ridge RD, Copeland J, Stukas AA, Haugen J, et al. Understanding and assessing the motivations of volunteers: A functional approach. *J Pers Soc Psychol*. 1998;74(6):1516-30.
 41. Barke A, Nyarko S, Klecha D. The stigma of mental illness in Southern Ghana: Attitudes of the urban population and patients' views. *Soc Psychiatry Psychiatr Epidemiol*. 2011;46(11):1191-202.
 42. Reiff R, Riessman F. The indigenous nonprofessional: A strategy of change in community action and community mental health programs. Report number 3.
 43. Sneed RS, Cohen S. A prospective study of volunteerism and hypertension risk in older adults. *Psychol Aging*. 2013;28(2):578.
 44. Mehta N, Clement S, Marcus E, Stona AC, Bezborodovs N, Evans-Lacko S, et al. Evidence for effective interventions to reduce mental health-related stigma and discrimination in the medium and long term: Systematic review. *Br J Psychiatry*. 2015;207(5):377-84.
 45. Mutiso VN, Musyimi CW, Nayak SS, Musau AM, Rebello T, Nandoya E, et al. Stigma-related mental health knowledge and attitudes among primary health workers and community health volunteers in rural Kenya. *Int J Soc Psychiatry*. 2017;63(6):508-17.