Community Participation in the Delivery of Mental Health Services in a Rural District in South India: Experiences from the STEP Program of SCARF

Dear Editor,

Mental health remains a critical yet often neglected aspect of overall health, especially in rural regions of developing countries,[1] and delivering mental health services in low-resource settings, such as rural areas, presents unique challenges.[2] Community participation, defined as the active involvement of local community members in the planning, implementation, and evaluation of services, leverages existing local resources to enhance service delivery, and is crucial for the sustainability and effectiveness of health interventions, including mental health programs and services.[3]

XXXX (XXXX) has been engaged in community mental health for over 30 years now. One of our important programs was XXXX Telepsychiatry in Pudukkottai (STEP).[4] The STEP program included identifying individuals with severe mental disorders, providing clinical services via telepsychiatry, offering comprehensive psychosocial rehabilitation, and raising awareness about psychosis through community engagement. We have obtained institutional ethics committee approval and written informed consent from the participants for the STEP. During the implementation of the STEP program, we witnessed community participation through various means to help us deliver mental health services. Here, we document the list and description of community participation activities we received during the implementation of our STEP program.

The community's involvement in the STEP program was both enriching and sustainable (**Table 1**). We observed that the community contributed in different ways, such as through the provision of funds, space, workforce, logistics, and support. The provision of community halls free of charge by local members to run clinics and conduct awareness programs was very helpful to the program. Community-led advocacy ensured necessary support and opportunities for vulnerable individuals, highlighting their integral role in creating an inclusive and effective mental health care system. The table below outlines all the ways in which community support was forthcoming.

We faced challenges while mobilizing community participation to facilitate and/or deliver mental health services in the local communities. The most common challenges faced were stigma, misconceptions, and lack of awareness about mental illness, lack of community leaders/influencers' voices toward mental illness, and shortage of trained mental health professionals. Additionally, logistical challenges such as transportation, resource scarcity, and lack of infrastructure posed significant hurdles. To overcome these challenges, we used multi-pronged strategies such as public education campaigns involving local community leaders, collaborating

TABLE 1.

List of Community Participation Activities and their Description Happened During the STEP Project at Pudukkottai District of Tamil Nadu.

Community Participation Activity	Description
Support and use of community halls	• Psychiatric clinics: diagnosis, treatment, and follow-up care • Disability camps: assessing and addressing the needs of individuals with disabilities • Family education programs • Skill training programs: offer training to both patients and caregivers, helping them acquire new skills, enhancing employability, and promoting economic independence • Observations of important health and mental health days
Financial support for events	• Organizing and funding events, demonstrating solidarity and support for mental health initiatives • They sponsored snacks during rallies and programs held in schools and colleges
Promotion of mental health awareness	• Funding for banners • Community members invited XXXX representatives to speak about mental health during the 100 Days Work program
Advocacy for special benefits	• Negotiation for special MGNREGS cards to provide 150 days of employment for persons with disabilities, including those with mental illnesses
Inclusion in Self-Help Groups (SHGs)	• Included persons with mental illnesses in general Self-Help Groups (SHGs) • They facilitate access to subsidy loans and skill training programs, which help individuals develop skills, gain employment, and achieve economic independence
Welfare measures and advocacy	• Community members actively participated in the Grama Sabha, advocating for the allocation of special or extra funds for persons with mental illnesses
Transportation support	• Arranged transport facilities when 108 Ambulance services are unavailable or insufficient • This support is crucial in ensuring that patients receive timely medical care, particularly in emergencies
Suicide prevention initiatives	• The community formed Suicide Prevention Committees at both the panchayat and taluk levels, reflecting its strong commitment to mental health and well-being • These committees conduct special meetings to strategize and implement measures to prevent suicides

with local institutions, training health workers and volunteers from the local communities, fostering local ownership, and building trust by providing continued quality mental health services.

It was clear that community participation is a cornerstone of effective and sustainable mental health interventions, particularly in rural settings where resources are often limited and cultural contexts play a significant role in shaping health behaviors and outcomes.[3,5] Community participation aligns with the important global health principle of task shifting, where lay volunteers and low-level paid health workers could play a crucial role in delivering expanded services in resource-poor settings with limited trained personnel. Community participation can help to identify and support particularly vulnerable individuals who may struggle to access and utilize the existing mental health services.[6] Moreover, community participation is vital for creating health-enabling environments that facilitate effective prevention, care, treatment, and local advocacy.[7]

To date, efforts to promote community participation for improved mental health in India have been fraught with complexity.[8] Various challenges have arisen, including cultural stigmas surrounding mental illness, limited resources, and insufficient infrastructure. Additionally, the diversity of India's population, with its myriad languages, traditions, and socioeconomic conditions, has made it difficult to implement a one-size-fits-all approach. Furthermore, there have been difficulties in training and retaining community health workers and volunteers, as well as in fostering sustained engagement from community members.[9]

Meeting these challenges includes targeted efforts to educate the public, destigmatize mental health conditions, and build capacity among community health workers. It also involved fostering collaboration between government, non-governmental organizations, and local communities to create a supportive and inclusive environment for individuals with mental health needs.[1,10] Mental health professionals should encourage community participation at the individual, group, and community levels. Sustained participation at all three levels is essential to achieve the ideals of democratization of health services.

In conclusion, by actively participating in various aspects of the STEP program's implementation, the community helped address some of the critical challenges in delivering mental health services in a low-resource setting. Furthermore, the practical solutions devised by the community to tackle operational issues highlight the potential for local innovation and problem-solving in enhancing health service delivery.

Declaration of Conflicting Interests

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

Declaration Regarding the use of Generative AI

None used.

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