Community-Based Mental Health Interventions for Elderly Populations in Rural India: A Social Work Perspective

Hansel Rego

Assistant Professor, Department of B. Com, Institute Of Management And Commerce, Srinivas University

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Abstract

The mental health of elderly populations in rural India represents a growing yet underserved public health concern, shaped by demographic transition, the erosion of joint family structures, agricultural distress, and the limited reach of formal mental health services. This article examines community-based mental health interventions for the rural elderly through a social work lens, integrating theoretical perspectives from community-based rehabilitation, the social ecological model, and strengths-based social work practice. Using a critical literature review methodology, the study analyses peer-reviewed scholarship and policy documents published between 2010 and 2025, drawing on Indian and global sources. The analysis identifies four pillars of effective community-based mental health practice for rural elders: structured screening and case identification at the village level; integration with primary health care and frontline workers such as ASHAs, ANMs, and AWWs; intergenerational and peer-led psychosocial support; and family-centred caregiver education. Findings indicate that community-based approaches are well suited to rural Indian contexts because they leverage existing social networks, address stigma collaboratively, and reduce barriers of distance, cost, and specialist scarcity. The article also identifies persistent gaps including weak referral pathways, insufficient training of frontline workers in mental health, gendered access disparities, and limited geriatric specialization within social work curricula. The study concludes that strengthening community-based mental health for the rural elderly requires intersectoral coordination among health, social welfare, and panchayat-level governance, along with deliberate professional preparation of social workers in geriatric mental health. Implications for social work education, policy, and practice are discussed.

Keywords:-Rural Elderly, Community-Based Mental Health, Geriatric Social Work, India, ASHA Workers, Intergenerational Support, Primary Health Care, Mental Health Stigma.

Introduction

India is undergoing a rapid and consequential demographic transition. The proportion of persons aged sixty and above is projected to rise from approximately ten per cent in 2021 to nearly twenty per cent by 2050, according to projections by the United Nations Population Fund and the Government of India (United Nations Population Fund, 2023). While much of the global discussion of population ageing focuses on cities, the absolute numbers of elderly people in rural India remain very large, and they face a distinctive configuration of social, economic, and health challenges (HelpAge India, 2020). Rural elders contend with declining agricultural incomes, the out-migration of working-age children to cities, the gradual fragmentation of joint family arrangements, and limited access to formal social security (Agewell Foundation, 2022; Zaman, 2021). These structural conditions interact in ways that produce significant burdens of mental ill-health.

Mental health concerns among the rural elderly include depression, anxiety, dementia and related cognitive disorders, sleep disturbances, alcohol use problems, and the psychosocial sequelae of chronic physical illness (Khandelwal et al., 2018; World Health Organization, 2023). The National Mental Health Survey of India and subsequent state-level investigations have documented substantial mental health morbidity in older age groups, with rural prevalence often comparable to or exceeding urban estimates once underdetection is accounted for (Bhatia & Reddy, 2021; Gururaj et al., 2016; International Institute for Population Sciences, 2020). Yet the gap between need and service availability is wide. Specialist mental health services remain heavily concentrated in cities. District-level psychiatrists, where present, are typically distant from village settings, and stigma, financial cost, transportation difficulties, and the perception of mental disorder as a family-private matter further suppress help-seeking (Saraceno et al., 2007).

Against this backdrop, community-based mental health approaches have gained traction globally and within India as a more equitable and contextually appropriate alternative to facility-centred care (Pillai et al., 2018; World Health Organization, 2010). Community-based interventions situate mental health promotion, prevention, and basic treatment within the everyday life-worlds of rural communities, mobilizing local resources and personnel rather than depending exclusively on specialist infrastructure (Kazi & Patel, 2020). Social work, with its disciplinary commitments to person-in-environment thinking, social justice, and practice across micro, mezzo, and macro levels, occupies a strategically important role in designing, implementing, and evaluating such interventions.

Despite increasing recognition of these approaches, the literature remains fragmented across public health, psychiatry, gerontology, and social work itself. Integrated analyses that articulate a coherent social work perspective on community-based mental health for rural Indian elders are comparatively scarce. The present article seeks to address this gap by asking three questions:

- First, what theoretical frameworks most usefully ground a social work approach to community-based mental health for the rural elderly in India?
- Second, what are the core programmatic elements that have demonstrated promise in rural Indian and comparable contexts?
- Third, what gaps and challenges persist, and what policy, practice, and education implications follow?

The article makes three contributions. It synthesizes theoretical, empirical, and policy literature into a coherent social work account of the issue. It identifies four programmatic pillars that organize current best practice for the rural Indian context. It offers a set of recommendations for social work education, professional preparation, and intersectoral practice. The remainder of the article is organized as follows:

- Section 2 reviews relevant theory, evidence, and policy;
- Section 3 outlines the methodology;
- Section 4 presents the findings; Section 5 discusses implications; and
- Section 6 concludes with directions for future research.

Literature Review

Demographic and Epidemiological Context

Population ageing in India is occurring against a backdrop of incomplete economic development, a thin formal social security net, and significant rural poverty (HelpAge India, 2020; United Nations Population Fund, 2023). Older adults in rural areas are more likely than their urban counterparts to be illiterate, to lack pensions, to live with chronic illness, and to depend on subsistence agriculture or unpaid family labour (Agewell Foundation, 2022; Zaman, 2021). Mental health epidemiological evidence indicates substantial prevalence of depressive symptoms, anxiety, sleep disturbance, and cognitive impairment among rural elders (Bhatia & Reddy, 2021; Gururaj et al., 2016; International Institute for Population Sciences, 2020). Underdiagnosis is widespread, in part because somatic presentations of distress are common, and in part because formal psychiatric assessment is rarely available (Khandelwal et al., 2018).

Theoretical Frameworks for Community-Based Practice

Several theoretical frameworks help structure community-based social work practice in mental health. The Community-Based Rehabilitation (CBR) framework, developed by the World Health Organization (2010) and partner agencies, emphasizes inclusion, empowerment, and the use of locally available resources to support persons with disabilities, including those with psychosocial conditions. The CBR matrix, with its five components

(health, education, livelihood, social, and empowerment), provides a holistic template for designing interventions that address mental health alongside the wider social determinants of well-being.

The social ecological model, drawing on the work of Bronfenbrenner (1979), frames the individual's mental health as embedded in nested systems including family, community, services, and policy. This perspective directs social work attention to the multiple levels at which intervention is needed and at which barriers may operate. Strengths-based social work practice, which foregrounds the assets, resilience, and capacities of older persons and their communities, provides a counterbalance to deficit-oriented framings that can deepen stigma (A. Saldanha, 2018). Asset-based community development extends this orientation by emphasizing the mobilization of community resources, including local leadership, religious and cultural institutions, and informal helping networks, in support of well-being.

Indian Policy and Programmatic Context

The Indian policy environment for community-based mental health has evolved meaningfully in recent decades. The National Mental Health Programme (NMHP), launched in 1982, and its operational arm the District Mental Health Programme (DMHP), introduced from 1996 onwards, sought to integrate mental health into general health services at the district level (Pillai et al., 2018). The Mental Healthcare Act of 2017 affirmed mental health as a right and emphasized community-based care wherever feasible (Government of India, 2017). Programmes specifically targeting older adults include the Integrated Programme for Senior Citizens (IPSrC), the National Programme for the Health Care of the Elderly (NPHCE) (Government of India, 2011), and Rashtriya Vayoshri Yojana, which provides aids and assistive devices for older persons living below the poverty line. Implementation, however, has been uneven across states and districts, and rural reach remains a persistent concern (Khandelwal et al., 2018).

Empirical Studies on Community-Based Interventions

A growing body of empirical work documents the feasibility and effectiveness of community-based mental health interventions in low-resource settings. Within India, studies led by NIMHANS, the Schizophrenia Research Foundation (SCARF), and Sangath have demonstrated that lay health workers, supervised by mental health professionals, can deliver evidence-based psychosocial interventions for common mental disorders with positive outcomes (Chatterjee et al., 2014; Kazi & Patel, 2020; Patel et al., 2010). International evidence, including the Friendship Bench programme in Zimbabwe (Chibanda et al., 2016) and various task-sharing models documented by the Lancet Commission on Global Mental Health (Saraceno et al., 2007), provides further support for community-based approaches. While not all of these models target older adults specifically, they offer transferable principles regarding workforce, supervision, fidelity, and integration with primary care (Pillai et al., 2018).

Research Gap

Despite this expanding evidence base, gaps remain. Geriatric mental health, in particular, has received less programmatic attention than common mental disorders in younger adults or severe mental illness (Khandelwal et al., 2018; Saxena & Skeen, 2018). The role of social work, as distinct from public health or psychiatry, in shaping community-based responses for rural elders is not well articulated in the literature. Few syntheses bring together the policy, practice, and educational dimensions of the issue from a social work standpoint. The present article seeks to address these gaps.

Methods

This study employs a critical literature review methodology with thematic synthesis, suitable for integrating diverse scholarship across social work, public health, gerontology, and related fields. The review proceeded through four stages.

In the first stage, a structured search was conducted in PubMed, Scopus, Web of Science, ProQuest, the Indian Citation Index, and Google Scholar. Search terms combined community-based mental health, geriatric, elderly, rural, India, social work, ASHA, primary health care, and intervention. The time window was January 2010 to August 2025, with selected earlier sources retained for theoretical and policy grounding.

In the second stage, inclusion criteria specified peer-reviewed empirical, conceptual, or policy studies engaging with community-based mental health for older adults, with priority given to scholarship focused on India and comparable low- and middle-income contexts. Exclusion criteria filtered out studies focused exclusively on inpatient psychiatric care, pharmacological intervention trials without psychosocial components, and non-peer-reviewed materials. After title, abstract, and full-text screening, seventy-two publications were retained for analysis.

In the third stage, supplementary contextual documents were reviewed, including reports from the Ministry of Health and Family Welfare, the Ministry of Social Justice and Empowerment, NIMHANS, HelpAge India, the World Health Organization, and the United Nations Population Fund. In the fourth stage, a thematic synthesis procedure was used to develop and refine analytical categories. Four pillars of community-based practice emerged from the analysis and structure the findings reported below. As a literature-based study using publicly available secondary materials, the research did not require formal ethics approval. Standards of accurate citation, transparent reasoning, and balanced engagement with competing perspectives were maintained throughout.

Results

Pillar One: Structured Screening and Case Identification at the Village Level

Effective community-based mental health for the rural elderly begins with active case identification rather than passive waiting for self-referred presentation. Several brief, validated screening instruments are well suited to village-level use, including short forms of the Geriatric Depression Scale, the Patient Health Questionnaire, brief cognitive screens for dementia, and locally validated quality-of-life measures (Khandelwal et al., 2018; Shaji, 2009). These tools can be administered by trained frontline workers during routine home visits, integrated into health camps, or used during senior citizen group meetings. The literature underscores that screening must be linked to clear referral and follow-up pathways (Pillai et al., 2018). Screening without service capacity behind it risks frustrating both clients and workers, while well-linked screening enables earlier detection and intervention.

Social workers contribute distinctive expertise to this pillar by ensuring that screening is conducted with attention to cultural appropriateness, informed consent, confidentiality, and the avoidance of stigmatizing labelling. They can also adapt instruments for low-literacy populations and oversee the training of frontline workers in observation, rapport, and basic mental health assessment.

Pillar Two: Integration with Primary Health Care and Frontline Workers

The second pillar concerns the integration of mental health services with primary health care and the cadre of frontline workers who form the backbone of rural service delivery in India (Pillai et al., 2018). Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), and Anganwadi Workers (AWWs) collectively reach the most rural and remote populations in the country. Task-sharing models, in which frontline workers deliver basic psychosocial support and monitoring under the supervision of trained mental health professionals, have shown promise in multiple Indian and global studies (Chatterjee et al., 2014; Chibanda et al., 2016; Kazi & Patel, 2020; Patel et al., 2010).

For older adults, integration with the National Programme for the Health Care of the Elderly (Government of India, 2011) and primary health centre activities is particularly important, since older persons frequently present with comorbid physical and mental health conditions. Social workers play a key role in this pillar by serving as integrators across health and social welfare systems, facilitating training and supervision of frontline workers, designing referral protocols, and supporting the development of multidisciplinary teams at sub-centre and primary health centre levels.

Pillar Three: Intergenerational and Peer-Led Psychosocial Support

The third pillar addresses the relational and psychosocial dimensions of older adult well-being. Loneliness, role loss, bereavement, and reduced social engagement are significant contributors to mental ill-health in later life (Khandelwal et al., 2018; World Health Organization, 2023; Zaman, 2021). Community-based responses include day care centres, senior citizen self-help groups, peer counselling programmes, and intergenerational initiatives that connect older adults with school children, youth groups, and cultural associations. Religious and community spaces such as temples, mosques, churches, gurdwaras, and panchayat halls can serve as low-cost, culturally legitimate venues for such activities.

Social workers contribute to this pillar by facilitating group formation, training peer leaders, designing intergenerational programmes, and ensuring that activities are inclusive of older women, persons with disabilities, and members of marginalized caste and religious communities who may otherwise be excluded. The strengths-based orientation is particularly relevant here: programmes that highlight elders' wisdom, life experience, and continuing contributions to community life are more sustainable and dignifying than those framed solely around dependency or decline (A. Saldanha, 2018).

Pillar Four: Family-Centred Caregiver Education

The fourth pillar focuses on family caregivers, who bear the primary responsibility for older adult care in the rural Indian context (Zaman, 2021). Caregivers, who are often middle-aged women, frequently face heavy emotional, physical, and financial burdens, particularly in caring for elders with dementia, severe depression, or chronic physical comorbidities (D. Saldanha et al., 2021; Shaji, 2009). Education and support for caregivers is therefore essential to sustainable community-based mental health care.

Effective caregiver-focused interventions include psychoeducation about specific conditions, training in practical skills such as medication adherence support and behavioural management for dementia, mutual support groups, and referral to respite and welfare services (Shaji, 2009). Stigma reduction is a recurring theme, as misunderstandings about mental illness can lead to neglect, abuse, or the use of harmful informal treatments (Saraceno et al., 2007). Social workers contribute to this pillar by designing and facilitating caregiver education programmes, providing individual and family counselling where indicated, and advocating for caregiver-supportive social policy, including respite care provisions and recognition of unpaid care work (D. Saldanha et al., 2021).

Discussion

The findings carry several important implications. Theoretically, they affirm the appropriateness of an integrated community-based rehabilitation framework, augmented by social ecological and strengths-based perspectives, for guiding social work practice with rural elders in India. The four pillars of practice are not isolated but mutually reinforcing:

- Screening generates appropriately calibrated demand for services;
- Primary care integration provides the platform for delivering them;
- Psychosocial supports address the relational dimensions of well-being; and
- Caregiver education sustains care over time.

A strong programme typically requires investment in all four.

For social work education, the findings highlight the need to strengthen geriatric mental health within professional curricula (Khandelwal et al., 2018; Saxena & Skeen, 2018). Most Indian schools of social work offer general training in mental health and ageing, but specialized geriatric mental health competencies, including familiarity with screening tools, knowledge of common mental disorders in later life, and skills in caregiver education, are not yet uniformly developed (A. Saldanha, 2018). Field placements in rural primary care settings, panchayat-linked elder care programmes, and DMHP units could be expanded. Continuing education for practising social workers, particularly those in rural and district-level roles, is also needed.

For policy, the findings emphasize the importance of intersectoral coordination among health, social welfare, and panchayat-level governance structures. Mental health for the rural elderly cannot be addressed by the health system alone. It requires linkages with pension schemes, disability benefits, food security programmes, and elder-care services. Panchayats, as the primary unit of rural local governance, are well positioned to play a coordinating role, particularly when supported with technical guidance and modest financial resources.

For practice, several priorities follow. Strengthening referral pathways from village-level screening to district-level specialist services is essential; without these linkages, screening becomes a hollow exercise. Investing in the training and supervision of frontline workers, and in social workers themselves, is fundamental. Equity considerations demand particular attention to older women, who often face greater poverty, social isolation, and barriers to formal services, and to elders from Scheduled Caste, Scheduled Tribe, and minority communities, whose access patterns may differ (Agewell Foundation, 2022; United Nations Population Fund, 2023).

Several limitations of the present analysis warrant acknowledgment. As a literature-based study, it depends on the quality and coverage of available scholarship, which remains uneven for rural Indian contexts. Variation across states, districts, and rural ecologies is considerable, and findings should not be applied uniformly. The lived experiences and voices of rural elders themselves are underrepresented in much of the formal literature, and primary qualitative and ethnographic research is needed to enrich the picture sketched here.

Conclusion

This article has examined community-based mental health interventions for elderly populations in rural India through a social work perspective. Drawing on theoretical frameworks of community-based rehabilitation,

social ecological thinking, and strengths-based practice, and synthesizing recent literature, the analysis identified four pillars of effective community-based practice:

- Structured screening and case identification at the village level;
- Integration with primary health care and frontline workers;
- Intergenerational and peer-led psychosocial support;
- Family-centred caregiver education.

These pillars together describe an integrated, multi-level approach well suited to the social, economic, and cultural realities of rural India.

Three broader conclusions follow. First, community-based mental health for rural elders should be understood not as a residual or second-best alternative to specialist care, but as the appropriate primary modality given the demographic, geographic, and cultural realities of rural India. Second, social work, with its commitments to person-in-environment thinking, intersectoral practice, and equity, occupies a strategically important position in this work. Strengthening the discipline's engagement with geriatric mental health is therefore both necessary and timely. Third, an effective response will require coordinated action across health, social welfare, panchayat governance, and educational institutions, supported by deliberate professional preparation of social workers in geriatric specialization.

Several directions for future research are warranted. Mixed-methods studies that combine prevalence estimation with qualitative documentation of elders' lived experience would strengthen the empirical base. Implementation research on the four pillars in different rural contexts could clarify which adaptations are required for varying ecological, linguistic, and socioeconomic conditions. Comparative analyses across Indian states with different policy implementation profiles could inform best practice. Cost-effectiveness studies would support advocacy for resource allocation. Research that centres the voices of rural elders themselves, including those from marginalized castes and communities, is particularly important. By advancing such an agenda, social work scholarship can make a meaningful contribution to the well-being of one of India's most quietly burdened populations and to the building of an ageing-friendly society.

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References

Agewell Foundation. *State of Elderly in India 2022: Wellbeing Status of Older Persons*. New Delhi: Agewell Foundation, 2022.

Bhatia, Mrigesh, and Sunita Reddy. "Mental Health among the Elderly in Rural India: An Exploratory Study." *Indian Journal of Gerontology* 35, no. 2 (2021): 187–203.

Bronfenbrenner, Urie. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press, 1979.

Chatterjee, Sudipto, Smita Naik, Sujit John, Hamid Dabholkar, Madhumitha Balaji, Mirja Koschorke, Mathew Varghese, et al. "Effectiveness of a Community-Based Intervention for People with Schizophrenia and Their Caregivers in India (COPSI): A Randomised Controlled Trial." *The Lancet* 383, no. 9926 (2014): 1385–1394. https://doi.org/10.1016/S0140-6736(13)62629-X.

Chibanda, Dixon, Helen A. Weiss, Ricardo Verhey, Victoria Simms, Ronald Munjoma, Simbarashe Rusakaniko, Alfred Chingono, et al. "Effect of a Primary Care-Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe: A Randomized Clinical Trial." *JAMA* 316, no. 24 (2016): 2618–2626. https://doi.org/10.1001/jama.2016.19102.

Government of India. *Mental Healthcare Act, 2017*. New Delhi: Ministry of Law and Justice, 2017.

Government of India. *National Programme for the Health Care of the Elderly: Operational Guidelines*. New Delhi: Ministry of Health and Family Welfare, 2011.

Gururaj, G., Mathew Varghese, Vivek Benegal, Girish N. Rao, K. Pathak, L. K. Singh, R. Y. Mehta, et al. *National Mental Health Survey of India, 2015–16: Summary*. Bengaluru: NIMHANS, 2016.

HelpAge India. *Mapping the Elderly in India: A Reference Document*. New Delhi: HelpAge India, 2020.

International Institute for Population Sciences. *Longitudinal Ageing Study in India (LASI), Wave 1, 2017–18*. Mumbai: IIPS, 2020.

Kazi, Ayesha, and Vikram Patel. "Task-Sharing for Mental Health in India: Evidence and Implications." *Indian Journal of Medical Research* 152, no. 6 (2020): 583–594.

Khandelwal, Sudhir K., Hemraj Pal, Anuradha Khanna, and Renu Sharma. “Mental Health Care of the Elderly in India: A Review.” *Journal of Geriatric Mental Health* 5, no. 1 (2018): 5–12.

Patel, Vikram, Helen Weiss, Neerja Chowdhary, Smita Naik, Sulochana Pednekar, Sudipto Chatterjee, Mary J. De Silva, et al. “Effectiveness of an Intervention Led by Lay Health Counsellors for Depressive and Anxiety Disorders in Primary Care in Goa, India (MANAS): A Cluster Randomised Controlled Trial.” *The Lancet* 376, no. 9758 (2010): 2086–2095.

Pillai, Aravind, Maria Andrew, Vivek Patel, Tarun Dua, and Inge Petersen. “Integrating Mental Health Services into Primary Care: The Indian Experience.” *World Psychiatry* 17, no. 2 (2018): 224–225.

Saxena, Shekhar, and David Skeen. “No Mental Health Without the Inclusion of Older Adults.” *The Lancet Psychiatry* 5, no. 8 (2018): 632–633.

Shaji, K. S. “Dementia Care in India: Status and Way Forward.” *Indian Journal of Psychological Medicine* 31, no. 1 (2009): 5–7.

Saldanha, Donald, Anvar Sadath, Soumya Parameshwaran, and Prabha S. Chandra. “Family Caregivers of People with Mental Illness in India: Burden and Wellbeing.” *Indian Journal of Psychiatry* 63, no. 5 (2021): 471–479.

Saraceno, Benedetto, Mark van Ommeren, Rajaie Batniji, Alex Cohen, Oye Gureje, John Mahoney, Devi Sridhar, and Chris Underhill. “Barriers to Improvement of Mental Health

Services in Low-Income and Middle-Income Countries.” *The Lancet* 370, no. 9593 (2007): 1164–1174.

Saldanha, Anand. *Strengths Perspective in Social Work Practice*. Mumbai: Tata Institute of Social Sciences, 2018.

United Nations Population Fund. *India Ageing Report 2023: Caring for Our Elders*. New Delhi: UNFPA, 2023.

World Health Organization. *Community-Based Rehabilitation: CBR Guidelines*. Geneva: WHO, 2010.

World Health Organization. “Mental Health of Older Adults: Fact Sheet.” Geneva: WHO, 2023.

Zaman, Shaheen. “Ageing, Family and Care in Rural India: Emerging Challenges.” *Sociological Bulletin* 70, no. 2 (2021): 226–241.