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VIEW POINT

Mental health awareness creation in rural communities of Tamil Nadu: The SCARF experience

Vijaya Raghavan*, A. Kulandesu, S. Karthick, S. Senthilkumar, T. Gunaselvi, Kotteswara Rao and R. Thara

Department of Psychiatry, Schizophrenia Research Foundation, Chennai, India

***Correspondence:**
Vijaya Raghavan,
vijayaraghavan@scarfindia.org

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Background: India faces a substantial mental health treatment gap, with national estimates indicating that 70–90% of individuals with mental disorders do not receive adequate care. Contributing factors include stigma, low awareness, cultural beliefs, and limited access to mental health professionals, particularly in rural areas. Delayed or absent help-seeking remains a major concern.

Objective: To describe community-based mental health awareness strategies implemented in rural Tamil Nadu and examine their role in reducing stigma and improving help-seeking behavior.

Methods: The Schizophrenia Research Foundation (SCARF), Chennai, implemented a multi-pronged awareness program under the STEP initiative in Pudukkottai district. Activities targeted diverse groups, including the general public, students, women's self-help groups (SHGs), and frontline workers. Interventions included rallies, street plays, mobile telepsychiatry outreach, signature campaigns, SHG engagement, Anganwadi worker training, school and college programs, and local television advertisements. These approaches aimed to disseminate information, address myths, and promote service utilization.

Results: The use of culturally appropriate, community-based strategies enabled broad outreach and engagement. Public campaigns increased visibility, while interactive formats such as street plays and discussions improved understanding. SHGs and Anganwadi workers facilitated sustained engagement, early identification, and referrals. Youth-focused programs encouraged early awareness, and television advertisements expanded reach. Integration with mobile telepsychiatry improved access to services in remote areas.

Conclusion: Community-based mental health awareness initiatives are essential for addressing stigma and improving care pathways in rural settings. A combination of mass outreach and targeted interventions, supported by accessible services, can effectively reduce treatment gaps. Such models may be applicable in other low-resource settings.

Keywords: community mental health services, social stigma, preventive health services, public health, community psychiatry

Dear Editor,

India continues to face a large gap between the need for mental health care and the services available to people. National studies have shown that a majority of people with mental disorders do not receive appropriate care. The National Mental Health Survey reported a treatment gap ranging from about 70% to more than 90% for different mental disorders in India (1). Stigma, lack of awareness, and limited access to specialists are some of the major reasons for this gap, especially in rural areas. Many people

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continue to attribute mental illness to supernatural causes or personal weakness. As a result, help seeking is often delayed or avoided (2).

The SCARF, Chennai, has been working for several decades in the field of community mental health. As part of the SCARF Tele-Psychiatry in Pudukkottai (STEP) program (3), SCARF has implemented mental health awareness activities in rural districts of Pudukkottai. Our experience suggests that awareness creation is a critical first step in improving help-seeking and reducing stigma. In this letter, we briefly describe our experience and the range of community-based activities used to improve mental health awareness in rural communities.

Our approach is based on the idea that awareness programs should reach people in their everyday social settings. Rural communities are diverse, and a single method may not be effective for all groups (4). Therefore, we used multiple approaches targeting different groups such as the general public, women's groups, students, and frontline workers. These activities were designed to provide basic information about mental illness, address common myths, and guide people towards available mental health services.

One important strategy was organizing public awareness activities such as rallies, street plays, and outreach through a mobile telepsychiatry unit. Rallies were often conducted on important days such as World Mental Health Day to draw public attention to mental health issues. Street plays were used to present common situations related to mental illness and help seeking in a simple and engaging format. The mobile telepsychiatry unit traveled to remote villages and screened short videos in Tamil on mental health topics. These sessions were followed by interactive discussions where community members could ask questions and clarify doubts about mental illness and treatment.

We also conducted signature campaigns aimed at educated youth and community members. In these campaigns, participants publicly pledged their support for mental health awareness and for reducing stigma against people with mental illness. Such activities helped create a sense of shared responsibility in the community.

Women's Self-Help Groups (SHGs) were another important platform for sustained engagement. SHGs already function as trusted community networks in many villages. Regular meetings with these groups allowed discussions about stress, depression, family problems, and other mental health concerns. Training sessions with SHG leaders helped them share mental health information within their communities and encourage people to seek help when needed.

Training programs were also conducted for Anganwadi workers. These frontline workers have regular contact with mothers and children in the community. Training focused on recognizing early signs of common mental disorders, maternal mental health problems, and severe mental illnesses such as psychosis. Anganwadi workers were also guided on how to refer individuals to appropriate services.

Schools and colleges were another key setting for awareness activities. Programs included classroom sessions, group discussions, essay competitions, and street plays. These activities aimed to improve understanding of mental health among students and teachers and to encourage early help seeking among young people.

Finally, local television advertisements were used to reach a wider audience. These short messages provided information about mental health services and emphasized that mental illnesses are treatable conditions. They also highlighted the availability of professional care and encouraged people to seek help without fear or shame. The details of the community awareness activities are presented in **Table 1**.

Our experience suggests that community awareness activities can play an important role in reducing stigma and improving pathways to care. Engagement with local leaders, panchayat representatives, and community workers also helped create a supportive environment for mental health programs (5). The use of a mobile telepsychiatry unit ensured that awareness activities were linked with access to services, even in remote villages.

In conclusion, mental health awareness in rural communities requires a multi-pronged and culturally appropriate approach. Activities ranging from public campaigns to small group discussions each play an important role. Our experience from rural Tamil Nadu shows that combining awareness creation with accessible services can help address barriers to mental health care. Similar community-based approaches may be useful in other low-resource settings aiming to reduce the mental health treatment gap.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

TABLE 1 | Portfolio of community awareness activities by SCARF in rural Tamil Nadu.

Activity	Target audience	Primary objective	Key features
Rallies, mobile telepsychiatry unit and street plays	General public, remote villages	Broad visibility and initial engagement	Activities conducted on important days such as World Mental Health Day; video screenings followed by interactive discussions; street plays addressing mental illness
Signature campaigns	Educated youth and community members	Convert awareness into public commitment	Participants publicly pledge support for reducing stigma and promoting mental health awareness
Self-help group (SHG) trainings	Women in SHGs	Sustained engagement and peer support	Uses existing women's networks for discussion and sharing of mental health information
Anganwadi worker trainings	Frontline workers	Early identification and referral	Training on recognizing common and severe mental disorders and referral pathways
School and college programs	Students and teachers	Youth awareness and early intervention	Classroom sessions, workshops, and street plays
Local television advertisements	General public	Service awareness	Short messages on local cable channels promoting mental health services

Declaration regarding the use of Generative AI

No generative AI tool used.

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