Social Entrepreneurship in Mental Health: A Study on Community-Run Systems in India with a Focus on the Mental Health Action Trust (MHAT)

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ABSTRACT:
The present study explores the effectiveness of community-run mental health systems in India, specifically the Mental Health Action Trust (MHAT), in addressing the mental health treatment gap and promoting social inclusion. The research employs a case study approach, providing an in-depth examination of the MHAT model, its implementation, and impact. Multiple data sources, including document analysis, semi-structured interviews, and direct observations, were used to ensure the validity of the study findings. The study highlights the potential of community-run mental health systems to bridge the mental health treatment gap in India through a collaborative model involving trained lay counsellors, peer support groups, and community awareness programs. The findings underscore the need for investment in non-specialist health workers and stigma reduction efforts. The study concludes that community-run mental health systems, such as MHAT, can promote mental health equity and social inclusion in India by improving access to mental health services, reducing stigma, and empowering communities to address their mental health needs. This study contributes to the growing body of research on social entrepreneurship in mental health care, highlighting the potential of community-run mental health systems as innovative and sustainable solutions to address the mental health treatment gap in India.

1. Introduction

An essential element of general health and wellbeing is mental health, is often stigmatized and inadequately addressed globally. This issue is particularly pronounced in India, where a significant In mental health services, there is a treatment gap. A significant portion of the populace in need of mental health treatment does not receive the necessary care. Lack of funding has put traditional mental health treatment systems in India under strain, trained professionals, and infrastructure, making services inaccessible and unaffordable for many. Consequently, innovative strategies are needed to bridge India's mental health treatment gap and enhance the quality and accessibility of care. Recognizing this societal issue, the Mental Health Action Trust (MHAT), a social enterprise, proposed a novel solution. MHAT developed a community-run mental health system, an innovative approach to mental health problems that is grounded on social entrepreneurship, which involves creating sustainable and innovative solutions to social problems (Nicholls & Cho, 2015). This study examines the potential of social entrepreneurship and community-run mental health systems as viable solutions to India's mental health treatment gap. It presents a case study of MHAT, a non-profit organization based in Kerala, India, that has successfully implemented a mental health system managed by the community. The paper first provides an overview of The gaps in mental health care in India and the drawbacks of conventional mental health care systems. It then discusses social entrepreneurship and its potential application in mental health care. Finally, it presents the case study of MHAT, including its operational model, programs, and impact. The primary The purpose of this study is to assess how well MHAT works to address mental health issues. treatment gap and its potential as a model for India.

2. Background on Mental Health Issues in India

In India, mental health problems are pervasive and pose a significant public health concern. The country faces a considerable treatment gap, with over 197 million people affected by mental disorders (Gururaj et al., 2016). Due in large part to a lack of educated specialists, an inadequate mental health infrastructure, and the stigma attached to mental health, people with mental diseases do not receive the right care. issues (Charlson et al., 2018; Kakuma et al., 2011). Community-based mental health Interventions have surfaced as a viable means of tackling these issues and enhancing the availability of mental health services care.

India is home to more than 1.3 billion people. faces significant challenges in addressing mental health issues. Mental disorders affect people in many ways; among them, The most prevalent disorders are anxiety and

depression. (Gururaj et al., 2016). The prevalence of mental health problems in India is made worse by the intricate interactions between social, cultural, and economic elements that support the growth and persistence of these conditions (Kumar & Tiwari, 2020).

The stigma surrounding mental health problems remains a significant barrier to care in India, as it often leads to discrimination, social exclusion, and reluctance to seek help (Kermode et al., 2010). Additionally, services for mental health are predominantly concentrated in urban areas, making access to care difficult for individuals living in rural and remote regions (Patel & Thara, 2003).

India's The mental health care system lacks adequate funding, with mental health spending accounting for 1% or less of the entire health budget (Murthy, 2011). This limited investment contributes due to the lack of mental health care experts and the dearth of mental health care available nationwide country (Patel et al., 2018).

The mental health treatment gap is a significant concern In India, between 70 and 92 percent of those with mental health disorders not receiving adequate care (Murthy, 2011). Several factors contribute to this gap.In light of the challenges and barriers identified in India's mental health care system, it becomes evident that there is a need for a comprehensive understanding of the existing literature on this subject. This will allow us to identify gaps in knowledge, understand the effectiveness of current interventions, and inform future strategies. Therefore, the following section will provide a detailed literature review on the topic.

3. Literature Review

The intricate and multifaceted nature of the state of mental health in India demands a comprehensive examination to elucidate the condition of mental health services today, the encountered challenges, and potential areas for future research. This literature review explores key insights from recent studies and reports, illuminating the various aspects of mental health in India.

Kafczyk and Hämel (2021) critically analyse the public policy strategies governing the state of mind of senior citizens in India. Their study reveals a significant strengthening of community-based primary mental healthcare since 2007. However, the authors underscore a lack of integrated perspectives across policy fields,emphasizing the requirement for integrated approaches to handle the various facets of mental health.

Tanaka et al. (2018) conducted a qualitative investigation into the stigma experienced by Filipinos dealing with mental health issues. The study, based on interviews with 39 participants, revealed that cultural traits andlack of mental health care availability contribute to stigma. This stigma impacts social networks, economic survival, and exacerbates mental health problems. The authors suggest that context-specific strategies are needed to effectively reduce stigma.

Sanghvi and Mehrotra (2022) conducted a comprehensive review of Indian study on adults seeking treatment for mental health concerns. Their findings highlight a scarcity of research on strategies to improve the help-seeking behavior. The authors conclude that, In the Indian setting, asking for assistance frequently takes the form of a family-centered decision-making process.

A UNICEF report (2021) underscores the long-term COVID-19 pandemic's effects on children's and youth's mental health in India. It raises concerns about the enduring pandemic's effects on mental health, urging attention to this critical aspect of public health.

Multiple sources (The Wire, 2023; Health Issues India, 2019) highlight the difficulties with implementation and finances that India's mental health programs. Despite the large treatment gap and the high prevalence of mental health illnesses exceeds 70%, emphasizing the urgent need for innovative strategies and increased resources to bridge this gap.

Various articles (World Economic Forum, 2018; Vivek N. D., 2019) provide insights into how mental health is perceived in India. While there is considerable sympathy for mental health sufferers, widespread stigmatization persists. Vivek N. D. (2019) emphasizes the urgent need to close the significant disparity in mental health care in India, emphasizing the stark contrast between the current ratio of psychiatrists (0.2 per 100,000) in India and the global average (three per 100,000).

(Devika Mehra et al., 2022) the study systematically reviewed mental health interventions related to early adolescence from 2010 to 2020. It assessed Eleven programs: one digital, one community-based, and nine

based in schools. Curriculum in schools, often life skills-based, showed positive impacts on. The authors advocated for a whole-school approach, emphasizing its potential to enhance signs of depression, mental capacity, stress related to school, and general wellbeing school atmosphere and different mental health consequences. While supporting They called for the creation of a more thorough mental health program and focused treatments for early and out-of-school adolescents, as well as school-based screening programs.

In the systematic review by (Hoeft TJ et al., 2017) the authors examined Using task sharing to address mental health issues in low-resource and remote locations. They found that Primary care physicians and community health workers were key in task sharing, with technology aiding mental health specialists. They emphasized the role of provider education, supervision, and community partnerships, but noted unaddressed challenges like confidentiality. They concluded that task sharing could enhance mental health services in low-resource and rural areas.

Despite the growing body of literature on mental health in India, there remains a notable research gap concerning effective interventions to improve help-seeking behaviour, especially within the framework of the COVID-19 outbreak. Furthermore, additional research is imperative to comprehend the impact of financial and implementation challenges on mental health programs. Strategies to bridge the treatment gap in mental healthcare should be explored, along with initiatives aimed at lowering the widespread stigma attached to mental health in India.

Given the complexities and challenges outlined in the literature review, it is clear that innovative and community-centric approaches are required to close the treatment gap for mental health in India. One such approach that has shown promise is the establishment of mental health systems managed by the community. In the part that follows, we'll examine the state of community-run mental health systems in India, exploring their structure, effectiveness, and potential as a sustainable solution to increase access to mental health care and reducing stigma.

The State of Community-Run Mental Health Systems in India

India’s community-run mental health system is grappling with issues related to the availability, accessibility, and quality of care. Both governmental and non-governmental organizations are implementing various initiatives and programs to bolster community-based mental health services. According to the National Mental Health Survey of India, which was carried out in 2022, 83% of people with mental health disorders in the country, with the majority not receiving any mental health care (Gururaj et al., 2016). In response to this, The National Mental Health Programme was established by the Indian government in 1982, and the Mental Healthcare Act was introduced in 2017. (Gupta & Sagar, 2018). With an emphasis on community, the National Mental Health Programme seeks to offer all residents with easily accessible, reasonably priced, and high-quality mental health care. -based services. The Mental Healthcare Act emphasizes the necessity of care that is provided in the community and gives people with mental illness to seek treatment and access care services without discrimination.

Social enterprises the Mental Health Action Trust (MHAT), for example are also contributing to developing Indian community-based mental health services. MHAT possesses initiated programs to raise awareness and comprehension about mental health issues among the general public, training primary care health workers, and establishing community-based mental health services. Even with these initiatives, there remain several challenges in implementing community-based India's mental health services. These include a dearth of mental health specialists, insufficient financing and resources, a lack of knowledge, and the stigma attached to mental illness., and cultural beliefs about mental health (Kakuma et al., 2011; Kermode et al., 2010; Lund et al., 2012). Therefore, there is a need to address these challenges and enhance community mental health services to offer equitable and accessible care to people who suffer from mental health issues.

The Significance of Community-Run Mental Health Systems

Community-run mental health systems have become a viable strategy for managing the rising burden of mental illness in low- and middle-income nations., including India (Patel et al., 2018). These systems prioritise providing local mental health services, making use of non-specialist healthcare providers, and leveraging community resources to improve accessibility and affordability (Eaton et al., 2011). The significance of

community-run psychological well-being systems can be understood through their potential to address the treatment gap, reduce the burden on specialised services, and promote social inclusion.

One of the main advantages of community-run mental health systems is their potential to close the treatment gap by providing underprivileged communities with mental health care, particularly in rural and remote areas (Shidhaye et al., 2015). In addition, by utilising task-shifting strategies and training health professionals who are not specialists, including community health workers, teachers, and lay counsellors, these systems can provide essential mental health services in areas with limited access to specialised care (Kakuma et al., 2011).

Furthermore, Community-based mental health programs can lessen the workload for specialised mental health services, allowing professionals to focus on more complex cases (Patel et al., 2007). By incorporating mental health services into settings for primary healthcare, these systems can improve the efficiency and cost-effectiveness of service delivery (Lund et al., 2012).

Community-run mental health systems also contribute to social inclusion and stigma reduction by promoting community engagement and raising mental health awareness (Semrau et al., 2015). In addition, involving community members in mental health care delivery and decision-making processes can help challenge misconceptions, foster acceptance, and create supportive environments for people in good mental health issues (Kermode et al., 2010).

Therefore, community-run mental health systems hold significant potential in filling the treatment gap for mental illness, reducing the burden on specialised services, and promoting social inclusion.

Social Entrepreneurship in Promoting Community-Run Mental Health Systems

Social entrepreneurship has been increasingly recognised as a promising approach to addressing social problems, including mental health. In social entrepreneurship, novel and sustainable approaches to societal issues are developed. Social entrepreneurs work to improve society by tackling problems like mental health, education, healthcare, and poverty. (Dees, 1998).

Mental health is a significant social problem that has an impact on people, families, and communities all around the world. The World Health Organization (WHO) estimates that one in four individuals worldwide suffer from mental health illnesses, with low- and middle-income nations being the most affected. affected (WHO, 2021). Mental health disorders can result in a lower standard of living and a higher morbidity and mortality, and substantial economic costs.

Community-run mental health systems are typically led Developed by people who have personal experience with mental illness and are intended to be culturally aware and responsive to the community's needs. Community-run mental health systems have shown promising results in lowering the stigma attached to mental illness and increasing access to mental health care, and increasing community engagement in mental health (Campbell, 2021).

Social entrepreneurship can play a crucial role in promoting community-run mental health systems. Social entrepreneurs can help create and sustain community-run mental health systems by providing financial and technical support, developing innovative solutions, and facilitating partnerships between community members, the government, and other stakeholders (Kramer et al., 2020). Social entrepreneurship can also help promote the sustainability and scalability of community-run mental health systems by developing sustainable business models, measuring and evaluating impact, and advocating for policy change (Dees, 1998).

Several examples demonstrate the potential of social entrepreneurship in promoting community-run mental health systems. One such example is Mental Health Action Trust (MHAT), a social entrepreneurship initiative promoting community-run mental health systems. MHAT is a nonprofit organization dedicated to enhancing mental wellness. services in India.

4. Research Methodology

Research Design

This study's research design was a case study methodology, focusing on India's Mental Health Action Trust (MHAT) serves as a model for addressing the nation's mental health problems. (Yin, 2014). The Using a case

study technique enables a thorough analysis of the MHAT model, its implementation, and its impact on the community, enabling a comprehensive understanding of its effectiveness in addressing the disparity in mental health care in India (Baxter & Jack, 2008).

Data Sources and Collection Methods Multiple data sources were used to ensure the trustworthiness and validity of the study findings (Yin, 2014). These sources included:

- Document Analysis: A review of relevant documents, such as MHAT's annual reports, policy papers, training manuals, and program evaluations, provided insights into the organisation's goals, strategies, and outcomes (Bowen, 2009).
- Semi-structured Interviews: Key informant interviews with MHAT co-founders, mental health professionals, and community stakeholders offered valuable perspectives on the implementation and impact of the MHAT model (DiCicco-Bloom & Crabtree, 2006).
- Observations: Direct observations of MHAT's community-based programs and interactions with service users and their families provided a firsthand account of the organisation's activities and their effects on the target population (Kawulich, 2005).

Data Analysis

The data collected from various sources were subjected to thematic analysis, which made it possible to identify common themes and patterns (Braun & Clarke, 2006). The analysis followed a systematic process, including the following steps:

- Familiarisation with the Data: Reading the gathered information again and again to fully comprehendits context and content (Braun & Clarke, 2006).
- Coding: Assigning descriptive codes to segments of the data to highlight key ideas and concepts (Saldaña, 2015).
- Developing Themes: Grouping the codes into more general themes that address the research and convey the core of the data objectives (Braun & Clarke, 2006).
- Reviewing and Refining Themes: Revisiting the data to make that the themes found appropriately reflect the facts, and to refine the themes as needed (Braun & Clarke, 2006).
- Reporting the Findings: Presenting the results of the analysis in a coherent and organised manner, supported by relevant quotes and examples from the data (Braun & Clarke, 2006).

MENTAL HEALTH ACTION TRUST: A CASE STUDY

The non-governmental organization Mental Health Action Trust (MHAT) was established. established in 2008 in Kerala, India. It aims to provide comprehensive Providing easily available mental health services to marginalized and underserved communities, with a focus on raising awareness of mental health issues, closing the treatment gap for mental health illnesses, and empowering communities to address their mental health needs (MHAT, n.d.). MHAT's approach involves incorporating mental health services into settings for primary healthcare through collaboration with government institutions, other NGOs, and the local community (Isaac, 2012).

MHAT's primary strategy revolves around task-shifting, a process where health professionals who are not specialists, such as community health workers and volunteers, are trained to deliver mental health services under the guidance of mental health specialists (Isaac et al., 2016). This approach enables MHAT to extend mental health services for outlying and underprivileged-poor settings while maintaining quality and effectiveness (Rathod et al., 2013).

Working Model of MHAT

MHAT's model is cantered on an integrated, community-based approach to mental health services, emphasizing collaboration, task-shifting, and capacity-building. Task-shifting is a critical aspect of MHAT's model, enabling mental Health care delivery in environments with limited resources (Isaac et al., 2016). It involves training and supervising non-specialist healthcare providers, including community health workers,

nurses, and primary care physicians, to provide basic mental health care services (Patel et al., 2018). MHAT's task-shifting model has successfully increased The accessibility of services for mental health in the communities it serves and enhanced the ability of primary healthcare professionals to recognize and treat common mental illnesses (MHAT, n.d.).

Community engagement and awareness programs are critical to MHAT's approach. MHAT conducts regular awareness campaigns and workshops to enhance psychological well-being literacy, challenge stigma and encourage the use of assistance (MHAT, n.d.). By involving community members, including The families of service consumers, in creating and delivering these programs, MHAT fosters a feeling of empowerment and ownership among the target population (Armstrong & Steffen, 2017).

Collaboration and partnerships form the foundation of MHAT's working model. MHAT actively collaborates with local health systems, government agencies, as well as non-governmental organizations to guarantee the sustainability and scalability of its programs (MHAT, n.d.). This collaboration includes partnering with integrating mental health services into the current health and social care system through primary healthcare facilities, educational institutions, and other community-based organizations systems (Patel et al., 2018). Through these partnerships, MHAT expands the reach of its services and contributes to the development of a more adaptable and comprehensive system of mental health services in India (Armstrong & Steffen, 2017).

Capacity-building is a crucial component of the approach known as Mental Health Action Trust (MHAT). The company focuses on training and upskilling mental health professionals, non-specialist health workers, and community members (MHAT, n.d.). Health professionals that are not specialists, like community health workers, lay counsellors, and volunteers, are trained to provide fundamental mental health services administered under the direction and control of mental health specialists. This tactic enables MHAT to expand mental health services. provisions while maintaining quality and effectiveness (Rathod et al., 2013).

MHAT's interventions include community-based psychiatric care, psychosocial rehabilitation, and efforts to raise public awareness about stigma and enhance mental health literacy (MHAT, n.d.). The organization also emphasizes research and evaluation to ensure evidence-based practices and continuous improvement (Isaac, 2012).

MHAT offers the following services to address mental illness issues and sustain the model:

- Counselling
- Psychotherapy
- Life and Recovery Coaching
- Mental Health Education
- Wellness Program for Corporates.

On the sustainability of the model, Dr Kumar (co-founder of MHAT) said,

> *"Our primary focus is the community with disadvantaged patients, so people go through a screening process before being taken into our program. Proper screening helps us optimise our limited resources. However, we continuously receive complaints or demands from people that better off and are being excluded. They say mental illness is such a devastating thing. How can we keep them out when they are willing to pay? So, in 2014, we set up a service, not community based but based in Calicut headquarters, which we call 'Centre For Psychotherapy'. So, anybody from anywhere in India or abroad can register, pay a fee (donation) and have a face-to-face consultation or over video conferencing. Video conferencing is increased in the Covid-19situation. The second we realised through our operational and experiences that there is a huge need for educational courses, many students came to us for training. So, we have started some short- and medium-termeducational courses to address the demand: paid courses and internship programmes. These courses are also available online. In addition, in 2018, we started a wellness programme for corporates, which is also in great demand in the present scenario. Together, these initiatives probably contribute to around 20% of our expenditure. It's not huge, but better than the 100% dependency on donations."*

In summary, the working model of MHAT is based on a collaborative, community-driven approach that focuses on task-shifting and capacity-building to provide mental health services in areas with limited resources.

This particular model has effectively addressed mental health issues in India and serves as an example for other countries with poor and moderate incomes.

Outcomes of MHAT's interventions

Based on the document analysis, interviews, and observations, several vital outcomes of MHAT's interventions emerged. First, the task-shifting model has increased The accessibility of mental health care in remote areas and marginalised communities, enabling more individuals to access care (Padmanathan& De Silva, 2013). Interviewees reported that the training and supervision provided by MHAT had improved the ability of primary healthcare professionals to recognize and treat common mental illnesses.

Second, MHAT's community engagement and awareness programs have led to greater mental health literacy, reduced stigma, and increased help-seeking behaviours among community members (Armstrong & Steffen, 2017). Observations of community workshops and awareness campaigns revealed active participation from clients and their relatives, reflecting a sense of ownership and empowerment in addressing mental health needs.

The MHAT model is primarily known for recovery and rehabilitation; a volunteer-led community help the patients and their families recover and rehabilitate. Their psychotherapy-based treatment is very effective in the case of treatment of an addicted patient. Sharing her recovery and rehabilitation from depression, Blessy Suman (MHAT Volunteer) said,

> *"Initially, I mistook it for mood swings, but later, things got harder. Even though I was surrounded by joy, I could not feel anything that made me happy. It was as if I had forgotten to recognise my sentiments, how to smile and cry. The worst thing was that no one understood my situation. Often, I went to bed praying that Godwould spare my life for another deserving person's life. I VISITED MY GYNAECOLOGIST when I could not take any more emotional suffering. Her advice was, "Eat and sleep well, and take calcium pills if needed."When I suggested to my family that I would visit a psychologist, there was a big "No" for that. One day I sat on a park seat, tears streaming down my face, and I began writing my sentiments; crying after months was incredibly soothing. One day, my husband saw that paper and thought about how he might help me. Luckily he introduced me to the MHAT psychotherapist, and I must say, initially, it was not easy; gradually, I realisedthat I needed to adjust my habits. With guidance, I started step by step reclaiming my identity. I started basic activities like writing dairy, walking, meeting friends, outing with family etc. With proper counselling, medicine, and family support, I began to feel like I could survive, and I survived.*

People going through any mental disorder lose the meaning of their life and always try to keep themselves away from society, losing confidence, self-respect and motivation. The recovery story of 'Blessy Suman' discussed above is a good example where at one point in time, she was thinking about ending her life, and after treatment, she is not only living but found the meaning of her life.

In 15 years of operation, MHAT has treated 19000 people with mental health issues, with its wide network of 1050 plus volunteers. Gradually MHAT is expanding its services beyond Kerala, although through its online platform, MHAT is globally accessible.

It was also observed that in the process of delivering better mental health (social value creation), MHAT is growing in many ways, such as diversification into mental health education, volunteer network expansion, number of centres added, collaborations etc.

Challenges faced by MHAT

Despite the positive outcomes, several challenges emerged from the data. One The main issue is the scarce supply of both money and people resources, constraining MHAT's ability to scale up its programs and reach more communities (Patel et al., 2018). Interviewees also highlighted the ongoing stigma surrounding mental health, which sometimes hindered the effective implementation of community-based interventions.

Another challenge identified was the need for ongoing oversight and assistance for non-specialist healthcare providers, as they may experience increased workload and stress when providing mental health care in addition to their regular duties (Kakuma et al., 2011). Additionally, some interviewees expressed concerns about the sustainability of MHAT's programs, emphasising the need for greater collaboration with local health systems and stakeholders to ensure long-term impact.

Lessons learned from the MHAT case study

The MHAT A case study provides insightful information about the potential of community-run mental health systems to address mental health issues in India. Key lessons learned include:

- The importance of task-shifting as a method to improve mental health services accessibility health carein environments with limited resources (Padmanathan& De Silva, 2013).
- The importance of involving the community and awareness programs in fostering mental health literacy and reducing stigma (Armstrong & Steffen, 2017).
- Collaborating with local health systems and stakeholders is necessary To guarantee the sustainability and scalability of community-based mental health interventions (Patel et al., 2018).

These lessons can inform the development of similar initiatives in additional low- and middle-income nations, supporting the worldwide initiative to close the mental health treatment gap.

Implications for Community-run mental health systems in India

The case of MHAT offers significant implications for developing community-run mental health systems in India. First, the task-shifting model's success highlights The ability of non-specialist healthcare providers to offer mental health services in environments with limited resources (Padmanathan& De Silva, 2013). This finding supports the need for policy initiatives and investments in the direction and training of non-specialist healthcare providers in order to increase access to mental health services in India.

Second, the positive outcomes of MHAT's community engagement and awareness programs emphasise the significance of incorporating clients, their families, and the broader community in treatments for mental health (Armstrong & Steffen, 2017). This reinforces the need for adopting a participatory approach in designing and implementing mental health programs, promoting ownership and empowerment among the target population.

Comparison with other community-based mental health interventions

MHAT shares several similarities with other successful Community-based interventions for mental health, such as the MANAS trial in India (Patel et al., 2010) & Zimbabwe's Friendship Bench initiative (Chibanda et al., 2016). These initiatives also employ task-shifting, community engagement, and collaboration with local health systems to provide mental health services in areas with limited resources.

However, the MHAT model differs in its focus on rural and marginalised communities, where the treatment gap is often more comprehensive and mental health services are less accessible (MHAT, n.d.). This emphasis on reaching underserved populations underscores the potential of community-run mental health systems to contribute to health equity and social inclusion.

Strengths and limitations of the MHAT model

The MHAT model has several strengths, including its community-based approach, task-shifting model, and emphasis on community engagement and awareness. These elements have contributed to increased improved mental health, decreased stigma, and easier access to mental health services literacy in the communities served by MHAT (Armstrong & Steffen, 2017).

The MHAT The comprehensive approach to mental health care known as the (Mental Health Action Trust) model emphasises a range of strengths. That has contributed to increased improved mental health, decreased stigma, and easier access to mental health services literacy in the communities served by MHAT (Armstrong & Steffen, 2017). Some of the key strengths of the MHAT model that emerged after analysis are the following:

- Person-centred approach: The MHAT model places the individual at the centre of their care, tailoringtheir treatment to their unique needs and preferences.
- Holistic approach: The model recognises that having good mental health involves more than just symptoms but includes multiple factors such as physical health, social support, and life circumstances that canimpact one's mental well-being.
- Community-focused: The MHAT model recognises the importance of building strong and supportive communities in order to avoid mental disease and advance mental health.

- Recovery-oriented: The paradigm supports the idea that mental illness recovery is possible and supports individuals in their journey towards recovery.
- Culturally sensitive: The MHAT model recognizes the significance of cultural influences on mental health and seeks to provide culturally sensitive care that respects diverse cultural backgrounds.
- Evidence-based: The MHAT model is grounded in research-based practices and interventions, ensuring individuals receive the most effective and appropriate care for their mental health needs.

Overall, the MHAT model provides a thorough and caring method of providing mental health services that empowers individuals to take an active role in their recovery and promotes the well-being of communities.

While the MHAT The mental health (Mental Health Action Trust) model has several strengths, there are also some limitations to consider. As noted earlier, the availability of financial and human resources is a significant constraint, limiting the potential for scaling up the program to reach more communities (Patel et al., 2018). Some of the potential limitations include the following:

- Resource-intensive: The MHAT model may require significant resources, including funding, trained professionals, and community engagement, which may be challenging to obtain in some areas.
- Limited accessibility: The MHAT model may not be accessible to all individuals due to various factors, such as geographic location, language barriers, and cultural differences.
- Stigma and discrimination: Despite the MHAT model's focus on reducing stigma and discrimination surrounding mental health, these issues may persist and impact individuals' willingness to seek care.
- Lack of focus on specific mental health disorders: The MHAT model may not provide sufficient attention to specific mental illnesses, including schizophrenia or bipolar disorder, that may require more targeted interventions.
- Limited evidence: While the MHAT model is grounded in evidence-based practices and interventions,there may be limited research on the model's effectiveness as a whole.
- Lack of standardisation: The MHAT model's person-centred approach may result in variations in care delivery, limiting standardisation across different care settings.

It is important to note that these limitations do not negate the strengths of the MHAT model but rather highlight areas for improvement and further consideration in mental health care delivery.

Strengths and Limitations

The study under discussion presents several strengths. It employs a comprehensive methodology, leveraging a collaborative community-based model with trained lay counsellors, peer support groups, and community awareness programs. The case study design offers profound insights into the Mental Health Action Trust (MHAT), its interventions, outcomes, challenges, and growth. The paper underscores the creation of social value, with a focus on mental health equity and social inclusion. Practical recommendations for scaling up such systems are provided, including investment in non-specialist healthcare providers and local systems and stakeholders, and efforts to mitigate mental health stigma. However, There are certain limitations to the study. Among them is the inability to be generalized. due to the singular case study, the absence of a control group, potential biases, limited quantitative data mentioned, and the need for addressing long-term sustainability.

5. Conclusion

The MHAT case study demonstrates the potential of social enterprises to reduce the disparity in mental health care in India through community-based mental health interventions. MHAT's task-shifting model, community engagement, and awareness programs have led to improved mental health, decreased stigma, and easier access to mental health services literacy among underserved populations. Despite the challenges faced by MHAT, the positive results and lessons discovered can guide the creation of similar social enterprise initiatives in other countries with poor and moderate incomes.

To fortify The community-based mental health system in India system, increased investment is needed in the training and oversight of non-specialist healthcare providers, who are essential in the delivery of mental health

services in resource-limited settings. Moreover, enhanced collaboration and integration with local health systems and stakeholders can ensure the sustainability and scalability of social enterprise-based mental health interventions. Additionally, social enterprises should integrate efforts to lessen stigma around mental health and raise awareness in their community-based mental health programs.

MHAT's interventions as a social enterprise aim to offer easily accessible, reasonably priced, and culturally competent mental health services services to individuals and families in the community while promoting community engagement, empowerment, and ownership of mental health issues. By implementing these recommendations and building upon the successes of MHAT, social enterprises can continue to positively impact Mental health services in resource-constrained environments, such as India.

Overall, the MHAT case study highlights how community-run mental health systems can help close the treatment gap in mental health in India. additionally other low- and middle-income countries. Furthermore, community-based mental health interventions can contribute to the global endeavor to advance equity in mental health and social inclusion through continued investment, collaboration, and innovation.

Scope for Future Research

Despite the contributions of this study, a few areas need for additional investigation.

i. Firstly, Further study is required to evaluate the long-term effects. and sustainability of community-run mental health systems, particularly in resource-limited settings.

ii. Secondly, there is a need to explore the experiences and perspectives of In community-based mentalhealth, service consumers, their families, and non-specialist healthcare providers interventions.

iii. Thirdly, research can focus on developing context-specific models that incorporate cultural and social factors when developing and implementing mental health programs.

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