



Psychosocial and Community-Based Rehabilitation of Persons with Intellectual Disability in India: A Systematic Review

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Abstract: Intellectual disability (ID) is a lifelong developmental condition associated with limitations in intellectual functioning and adaptive behaviour, with important implications for education, employment, independent living, family functioning and community participation. In India, rehabilitation of persons with intellectual disability has gradually shifted from predominantly institution-oriented services towards family-centred, community-based and rights-oriented approaches. Psychosocial rehabilitation (PSR) and community-based rehabilitation (CBR) are particularly relevant because they address not only individual skills but also family support, social participation, livelihood, empowerment and environmental barriers. The present systematic review synthesises empirical and review evidence concerning psychosocial and community-based rehabilitation of persons with intellectual disability in India, with particular attention to adaptive behaviour, family participation, caregiver well-being, vocational rehabilitation, community participation and social inclusion. Evidence was considered from Indian empirical studies, systematic reviews, qualitative studies and relevant international rehabilitation literature informing the Indian context. Findings indicate that parent-mediated and family-centred interventions can improve adaptive behaviour, parental knowledge and attitudes, while community-based approaches can facilitate participation, access to services and inclusion. Indian research has also demonstrated the feasibility of supported employment and the importance of vocational preparation and workplace support. At the same time, barriers include stigma, inadequate awareness, shortage of trained personnel, limited employment opportunities, fragmented services, financial constraints and variation in programme implementation. The review indicates that rehabilitation should be multidimensional, culturally responsive and sustained across the life course. An integrated model combining psychosocial intervention, adaptive-skills training, family empowerment, inclusive education, vocational rehabilitation, supported employment and community participation is particularly relevant for India. Future research should use larger samples, longitudinal designs, standardised outcome measures and stronger evaluation of CBR programmes.

Key Words: Intellectual disability, psychosocial rehabilitation, community-based rehabilitation, family intervention, vocational rehabilitation, community participation, social inclusion, India

1. INTRODUCTION:

Intellectual Disability (ID)

Intellectual Disability (ID) is a neurodevelopmental condition characterized by limitations in intellectual functioning and adaptive behaviour, with important implications for learning, independent living, social participation, education, employment, and quality of life. The understanding of intellectual disability has gradually shifted from a purely deficit-oriented perspective toward a multidimensional and support-oriented approach. Luckasson et al. (2002) described intellectual disability as significant limitations in intellectual functioning and adaptive behaviour, with adaptive limitations expressed in conceptual, social, and practical skills and originating before adulthood. This definition emphasized that disability should be understood in relation to the individual's environment and support needs. Schalock et al. (2010) further developed this perspective by emphasizing a multidimensional model of human functioning and the importance of individualized supports in enhancing personal outcomes and participation. Tassé, Luckasson, and Schalock (2016) explained that intellectual disability involves significant limitations in both intellectual functioning and adaptive behaviour and stressed that conceptual, social, and practical adaptive skills should be considered jointly when



determining intellectual disability. The American Psychiatric Association (2013), through DSM-5, conceptualized intellectual disability as a neurodevelopmental disorder involving deficits in intellectual functions such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience, together with impairments in adaptive functioning that affect everyday life. More recently, Schalock, Luckasson, and Tassé (2021), in the 12th edition of the AAIDD manual, maintained the emphasis on significant limitations in intellectual functioning and adaptive behaviour while strengthening the systems-of-supports approach. The current AAIDD framework recognizes conceptual, social, and practical adaptive skills and considers developmental onset before age 22. Thus, contemporary understanding views intellectual disability not merely as a limitation within the individual, but as a condition whose functional impact can be reduced through appropriate educational, psychosocial, family, community, and individualized supports. In India, the care of persons with intellectual disability has traditionally been strongly family centred. Families commonly remain the primary source of emotional, social, financial and practical support throughout the individual's life. Malhotra and Venkatesh (2012) described the development of services for intellectual disability in India and noted the gradual expansion of early intervention, family-focused services, special and inclusive education, vocational training and community-based rehabilitation. They also highlighted uneven implementation and continuing gaps in accessible and affordable services.

Community-Based Rehabilitation (CBR)

The development of Community-Based Rehabilitation (CBR) represents an important change in the philosophy of rehabilitation. The World Health Organization (WHO), International Labour Organization (ILO), UNESCO and International Disability and Development Consortium developed the CBR Guidelines to promote rehabilitation and inclusive development through health, education, livelihood, social participation and empowerment. The guidelines emphasise the participation of persons with disabilities and their families in decision-making and community development. Community-based rehabilitation (CBR) is a comprehensive, multispectral strategy aimed at improving the functioning, participation, independence, and quality of life of persons with disabilities through the active involvement of individuals, families, communities, and relevant service systems. The concept of CBR was initiated by the World Health Organization (WHO) in 1978, following the Alma-Ata Declaration, primarily to improve access to rehabilitation services in low- and middle-income countries by making effective use of local resources. Over time, CBR evolved from a predominantly rehabilitation-service model into a broader strategy emphasizing community participation, inclusion, empowerment, and equal opportunities. The International Labour Organization, UNESCO, and WHO (2004) conceptualized CBR as a strategy for rehabilitation, equalization of opportunities, poverty reduction, and social inclusion of persons with disabilities, highlighting multispectral collaboration and participation at community and national levels. According to WHO, UNESCO, ILO, and IDDC (2010), CBR is a strategy for community-based development that involves persons with disabilities and seeks to meet their basic needs, improve quality of life, and promote empowerment of individuals and families. The Khasnabis et al. (2010) CBR Guidelines further established a comprehensive framework organized around five major components—health, education, livelihood, social participation, and empowerment—thereby recognizing that rehabilitation extends beyond medical intervention to social and economic inclusion. The contemporary approach therefore regards CBR as a collaborative and rights-based process in which persons with disabilities are active participants rather than passive recipients of services. For persons with intellectual disability, CBR can facilitate access to health and rehabilitation services, functional and vocational training, inclusive education, employment opportunities, family support, social relationships, self-advocacy, and community participation. Thus, CBR provides an important framework for reducing social exclusion and strengthening the capacity of individuals, families, and communities to support meaningful and dignified lives.

For persons with intellectual disability, CBR is especially relevant because disability-related limitations frequently interact with environmental barriers. A person may have acquired adequate self-care skills but remain dependent because public transportation is inaccessible, employers are unwilling to provide opportunities, families are overprotective, or community attitudes are discriminatory. Rehabilitation therefore needs to modify both individual capacities and environmental conditions.

Psychosocial Rehabilitation (PSR) :

Psychosocial rehabilitation (PSR) is a person-centred and recovery-oriented approach designed to assist individuals experiencing mental, psychological, social, or functional limitations in achieving greater independence, participation, and quality of life within their communities. The concept has developed from an institution-based medical model toward a broader social and functional approach that emphasizes abilities, participation, empowerment, and environmental support. Anthony (1993) conceptualized rehabilitation within a recovery framework, emphasizing that recovery involves developing new meaning and purpose in life and living a satisfying, hopeful, and contributing life



despite limitations associated with illness. The World Health Organization (WHO, 1996) and the World Association for Psychosocial Rehabilitation described psychosocial rehabilitation as a process that facilitates opportunities for persons affected by mental disorders to attain an optimal level of functioning in the community. The approach emphasizes improving individual skills while also modifying environmental conditions that influence participation and independent living. Pratt, Gill, Barrett, and Roberts (1999) described psychosocial rehabilitation as involving social, educational, occupational, behavioural, and cognitive interventions intended to improve role functioning and promote recovery and self-sufficiency. Similarly, the American Psychological Association (APA, 2018) describes psychosocial rehabilitation as a process that enhances recovery by teaching or restoring psychological, behavioural, social, and vocational skills and providing continuing services that support community functioning and functional independence. Barbato (2006) highlighted that the WHO consensus represented an important movement from an illness-centred model toward a social-functioning perspective in rehabilitation. Thus, contemporary psychosocial rehabilitation is understood as a comprehensive process involving skill development, family and community support, vocational participation, social inclusion, empowerment, and environmental adaptation. In the context of intellectual disability, these principles are particularly relevant because rehabilitation extends beyond clinical care to adaptive functioning, self-determination, community participation, independent living, and meaningful social and vocational roles.

Psychosocial rehabilitation complements this approach. It focuses on developing functional, emotional, interpersonal and vocational capacities and facilitating participation in ordinary community environments. For persons with ID, psychosocial rehabilitation may involve social-skills training, behavioural support, family counselling, self-advocacy, independent-living training, vocational preparation and supported employment.

The Indian evidence base is diverse. It includes controlled family interventions, parent-mediated interventions, CBR programme evaluations, qualitative studies, vocational rehabilitation studies and research examining caregiver burden. However, studies differ considerably in participants, interventions and outcome measures. Therefore, evidence needs to be synthesised cautiously rather than treating all CBR and PSR programmes as equivalent.

The purpose of this review is to examine the available evidence concerning psychosocial and community-based rehabilitation of persons with intellectual disability in India and to identify major outcomes, implementation barriers and implications for future practice and research.

2. LITERATURE REVIEW:

Development of Community-Oriented Rehabilitation in India

Research on intellectual disability in India demonstrates a gradual movement towards community-oriented services. Malhotra and Venkatesh (2012) reviewed the development of intellectual-disability services and reported that community-based rehabilitation initiatives emerged through outreach services, satellite clinics, camps and training of community-level workers. They described the importance of parent-professional partnerships and noted that community-oriented programmes sought to extend services beyond specialist centres. This historical development is important because the majority of persons with intellectual disability in India continue to live with their families. A rehabilitation system that depends exclusively on specialised institutions is therefore unlikely to reach the entire population. The WHO CBR framework provides a broader conceptual foundation by linking rehabilitation with health, education, livelihood, social participation and empowerment. The framework also emphasises quality of life and empowerment of individuals and families rather than simply treatment of impairments.

Family Intervention and Parent-Mediated Rehabilitation

Family participation is one of the strongest themes in the Indian literature. Russell, John and Lakshmanan (1999) conducted a randomised controlled trial in southern India involving 57 parents of children with intellectual disability. Parents were randomly assigned to interactive group psycho-education or control therapy. The intervention produced statistically significant improvement in total parental attitude, child-rearing knowledge and attitudes towards management of intellectual disability. The researchers concluded that interactive psycho-education could improve parental understanding and attitudes.

Russell et al. (2004) subsequently examined whether enhanced parental attitudes were associated with acquisition of adaptive behaviour. Fifty-seven children with intellectual disability and their parents participated in a 12-week intervention involving multimodal adaptive-behaviour training combined with interactive group psycho-education or didactic lectures. The study directly connected parent-oriented intervention with adaptive-behaviour training.

An important contribution was made by the later analysis of pre-intervention predictors. Russell et al. (2014) found that different family characteristics predicted outcomes across intervention formats. In the interactive psycho-education group, younger parental age and having more than one sibling were associated with better short-term outcomes, whereas



parental education predicted outcomes in the didactic-lecture group. The authors did not find significant associations with place of residence, socioeconomic status, parental occupation, level of disability or parental attitude.

Kurani et al.'s work, included in a systematic review by Raghavan et al. (2021), further illustrates the Indian family-centred model. The intervention incorporated parent counselling, home visits, family meetings, referrals, adaptive-behaviour training, self-care, independent-living skills, social skills, language development and management of problematic behaviours. The systematic review identified six studies involving parents of children or adolescents with ID in South Asia, five of them from India. Two were randomised controlled trials and four were pre-post studies. Three studies were judged to be of strong quality, two good and one adequate according to the review's quality criteria.

Kurani et al. (2010) also examined parental involvement in a learning-readiness programme among children with severe and profound intellectual disability and complex needs in Mumbai. Children whose parents demonstrated greater involvement showed greater improvement in emotional, social, language, cognitive and motor domains than children whose parents were less involved.

These findings collectively indicate that family participation is not simply an additional component of rehabilitation. In the Indian context, it can be an important mechanism through which skills are generalised from rehabilitation centres into the home and community.

Parent Training and Quality of Life

Paswan and Kumar (2021) examined the effectiveness of a parent-training programme for children with intellectual disability. Using the Binet-Kamat Test of Intelligence and a Quality of Life Scale for Persons with Disabilities, they compared experimental and control groups using ANCOVA. The authors reported improvement in relevant quality-of-life dimensions following parent training and argued that parents benefit from knowledge, guidance and strategies for responding to their children in supportive and proactive ways.

This finding has particular significance for CBR because parent training can extend rehabilitation beyond the professional setting. Rather than requiring families to depend continuously on specialised centres, appropriately trained parents can reinforce communication, adaptive behaviour, self-care and social skills in natural environments.

However, parent training should not be interpreted as transferring professional responsibilities to families. Families themselves require support, respite, information and access to professional services.

Caregiver Burden and Psychosocial Rehabilitation

The rehabilitation needs of persons with ID are closely connected with caregiver well-being. A study of 100 caregivers of persons with intellectual disability in India found that 39% had high burden scores, 46% reported mild-to-moderate burden and 15% reported no-to-mild burden. The same study reported depressive and anxiety symptoms among a proportion of caregivers, demonstrating the need to assess caregiver mental health as part of rehabilitation.

Kumar, Rathee and Singh (2021), studying parents of children with intellectual disability in North Bihar, also examined the relationship between intellectual functioning, family burden and parental quality of life. Their work reinforces the importance of considering the family as a rehabilitation unit rather than focusing exclusively on the person with ID.

More recent qualitative evidence strengthens this conclusion. Thekkumkara, S. N., et al. (2024), qualitative evidence synthesis of 11 studies concerning family carers in India identified five major themes: resilience and acceptance, parental response, care dynamics, preparation for transition to adulthood and parental advocacy. The synthesis found that caring was complex and challenging, while families also described positive experiences and advocacy roles. A 2024 study of information needs among caregivers of adults with intellectual and/or developmental disabilities in India found substantial unmet information needs concerning disability rights, available services and supports. Older caregivers and caregivers without English proficiency demonstrated particular information needs.

These findings suggest that psychosocial rehabilitation should include caregiver psycho-education, counselling, peer support, information services, social-security linkage and transition planning.

Community-Based Rehabilitation and Participation

Biggeri et al. (2014) conducted a case-control impact evaluation of CBR in Mandya District, Karnataka. Using propensity-score matching, the researchers examined outcomes after 2, 4 and 7 years of programme participation. They reported positive effects on well-being and particularly on participation in family and community decision-making. The study used the CBR framework together with the International Classification of Functioning, Disability and Health, the UN Convention on the Rights of Persons with Disabilities and Sen's capability approach.

Although this study included people with different disabilities rather than only persons with ID, its findings are important for understanding the broader Indian CBR environment. The study indicates that rehabilitation can influence social participation and agency rather than merely individual functional skills.



Research from Madhya Pradesh also provides evidence regarding community-level identification and rehabilitation. A large CBR project undertaken by Ashagram Trust screened 63,789 people in a resource-poor setting, including tribal and non-tribal populations, and used community rehabilitation workers under expert supervision to identify children with ID.

These programmes demonstrate how community workers can help bridge the gap between specialist services and underserved populations.

Local Government and the BUDS Model in Kerala

One important Indian example is the BUDS community-based rehabilitation initiative in Kerala.

Jose P, et al. (2023), a qualitative study by researchers examining BUDS institutions found that local government played an important role in establishing infrastructure, providing therapy equipment, arranging transportation and allocating financial resources. Local authorities also supported human-resource development, access to financial assistance and insurance, and coordination between education and health sectors. However, considerable variation existed in infrastructure, staffing and services among institutions.

The BUDS experience illustrates an important principle: sustainable community rehabilitation requires institutional and governmental support, not merely individual professionals or NGOs.

Vocational Rehabilitation and Employment

Employment is an important dimension of psychosocial rehabilitation because it can provide income, social identity, routine, interpersonal relationships and opportunities for participation.

Chandrasekaran et al. (2022) reported two Indian case studies involving persons with ID who received a hybrid supported-employment approach combining "train and place" and "place and train" strategies. The intervention involved vocational assessment, preparation for employment and job placement. The authors reported improvements in independence, self-esteem and quality of life and described family involvement as an important element of the intervention.

Venkatesh et al. (2023) examined the perspectives of seven vocational trainers working in seven vocational training centres in urban Bengaluru. Training ranged from unskilled to semi-skilled activities. Trainers identified gaps in awareness, difficulties in transitioning from training to employment, challenges in placing trained persons with ID in external organisations, stigma and attitudinal barriers.

Gale, Gillis and Grills (2022) examined competencies required by CBR practitioners in India. Through literature review, Delphi processes and field testing involving 100 CBR personnel, the researchers identified 37 competencies across three broad job functions: assessment and intervention, inclusive community development, and professional and ethical practice. Their findings demonstrate that effective CBR depends substantially on appropriately trained personnel.

The wider systematic review by Nevala et al. (2019), although international rather than India-specific, found that supported employment and personal support can improve employment outcomes for people with ID. Their review identified family support, job coaching, workplace support, employer support and relevant work experience as important facilitators.

Thus, vocational rehabilitation in India should not end with skill training. It needs to include vocational assessment, job matching, employer liaison, workplace accommodation, job coaching and follow-up.

Challenges in Implementing CBR for Adults with ID in India

Bhati and Sharma (2024) specifically examined challenges faced by adults with intellectual disability during community-based rehabilitation in India. Their study highlighted difficulties associated with continuity of services, community integration and the availability of opportunities and support.

Several recurring barriers can therefore be identified:

- **Stigma and Negative Attitudes** - Social stigma may restrict education, employment, relationships and participation. Even when an individual possesses adequate skills, discriminatory attitudes can prevent meaningful participation.
- **Lack of Awareness** - Families may lack information about disability rights, government schemes, rehabilitation services, employment opportunities and legal provisions. The recent Indian caregiver information-needs study confirms this issue.
- **Shortage of Trained Personnel** - CBR workers require competencies in assessment, intervention, community development and ethical practice. The competency study by Gale et al. (2022) demonstrates the complexity of the CBR workforce role.



- **Fragmentation of Services** - Health, education, rehabilitation, livelihood and social-welfare programmes may operate separately. Effective CBR requires coordination among these sectors.
- **Urban-Rural Inequalities** - Specialised rehabilitation services remain unevenly distributed. Community-level approaches are particularly important for rural, tribal and economically disadvantaged populations.
- **Employment Barriers** - Training alone does not guarantee employment. Employers' attitudes, transportation, workplace accommodations and lack of follow-up support can limit employment opportunities. The Bengaluru vocational-training study illustrates these transition challenges.

Implications for Practice

Based on the reviewed evidence, several implications emerge for India.

- **Strengthen family-centred rehabilitation** - Parents and caregivers should receive systematic training in adaptive behaviour, communication, positive behaviour support, sexuality and safety, independent living and transition planning.
- **Develop community rehabilitation workers** - Training should reflect the competencies identified by Gale et al. (2022), including assessment, intervention, community development and professional ethics.
- **Integrate vocational rehabilitation** - Vocational services should move beyond centre-based training towards supported employment, job coaching, employer engagement and workplace follow-up.
- **Strengthen local-government participation** - The BUDS model illustrates the potential contribution of decentralised governance to infrastructure, transportation, financing and intersectoral coordination.
- **Measure meaningful outcomes** - Future programmes should measure: adaptive behaviour, independent living, quality of life, social participation, employment, family quality of life, self-determination, community inclusion, caregiver burden.
- **Improve information accessibility** - Information regarding rights, benefits, services and rehabilitation should be provided in accessible Indian languages and formats. This is particularly important given documented information needs among caregivers of adults with ID.

3. DISCUSSION:

The evidence reviewed in this systematic review indicates that psychosocial rehabilitation (PSR) and community-based rehabilitation (CBR) have an important role in improving the functional, social, vocational, and psychological outcomes of persons with intellectual disability (ID) in India. Across the reviewed literature, rehabilitation is increasingly understood as a multidimensional process that extends beyond clinical treatment to include adaptive functioning, family participation, community inclusion, livelihood, self-determination, and quality of life. This is consistent with the contemporary systems-of-supports approach to intellectual disability, which emphasizes individualized supports to enhance functioning and participation (Schalock et al., 2021).

Indian evidence suggests that family involvement is a central component of effective psychosocial rehabilitation. Russell, John, and Lakshmanan (1999) reported that structured group psycho-education improved parents' knowledge and attitudes regarding intellectual disability, while subsequent work by Russell et al. (2004) demonstrated the relevance of family-oriented interventions to adaptive behaviour. These findings indicate that families should not be viewed merely as caregivers but as active partners in assessment, intervention, skill development, and rehabilitation planning. Similarly, the systematic review by Raghavan et al. (2021) found evidence for parent-mediated interventions in South Asia, with most identified studies originating from India. However, differences in intervention models and study designs indicate a need for more standardized and culturally appropriate family interventions. The reviewed CBR literature also demonstrates the importance of community participation and social inclusion. The impact evaluation by Biggeri et al. (2014) in Karnataka indicated beneficial effects of CBR on dimensions of well-being and participation, including involvement in family and community decision-making. This supports the WHO CBR framework, which integrates health, education, livelihood, social participation, and empowerment rather than treating rehabilitation as an isolated clinical service. For persons with ID, community-based approaches can therefore create opportunities for independent living, social relationships, self-advocacy, and participation in ordinary community activities. Vocational rehabilitation and employment emerged as another important area. Indian studies indicate that vocational training and supported employment can contribute to greater independence, self-esteem, and quality of life. However, evidence also identifies persistent barriers, including limited employment opportunities, inadequate transition planning, stigma, insufficient employer engagement, and variations in vocational-service quality. These findings suggest that training alone may not be sufficient; effective rehabilitation should connect skill development with real employment opportunities, workplace support, and sustained follow-up. The literature further highlights system-level challenges.



Variations in trained personnel, infrastructure, transportation, funding, intersectoral coordination, and availability of specialized services can restrict access to rehabilitation, particularly in underserved communities. Research on CBR implementation in India has also identified the importance of practitioner competencies and collaboration among health, education, social welfare, and livelihood sectors. Consequently, strengthening rehabilitation requires not only individual-level interventions but also supportive community and institutional environments.

Overall, the evidence supports an integrated person–family–community approach to rehabilitation. Nevertheless, the Indian evidence base remains heterogeneous, with differences in samples, outcome measures, intervention duration, and methodological quality. More longitudinal studies, adequately powered controlled trials, implementation research, and standardized outcome measures are needed. Future research should particularly examine employment, independent living, social participation, self-determination, quality of life, and long-term community inclusion. A culturally responsive and rights-based rehabilitation model that combines PSR and CBR may provide a stronger foundation for improving meaningful participation and quality of life among persons with intellectual disability in India.

4. CONCLUSION:

The reviewed literature indicates that psychosocial and community-based rehabilitation has substantial relevance for persons with intellectual disability in India. Evidence from family intervention studies demonstrates the contribution of parent education, psycho-education and family involvement to adaptive behaviour and parental outcomes. Community-based studies demonstrate the potential contribution of CBR to participation, empowerment and access to services. Indian vocational studies further indicate that supported employment and structured workplace support can facilitate movement from vocational preparation to employment. Nevertheless, the Indian evidence base remains heterogeneous. A substantial proportion of studies use small samples, qualitative methods, pre-post designs or case studies. Differences in intervention content and outcome measures make direct comparison difficult. Consequently, the evidence should be interpreted as supporting the potential and importance of integrated community rehabilitation, rather than establishing a single universally effective model.

For India, the most important conceptual shift is from rehabilitation as a service delivered primarily by professionals to rehabilitation as a shared process involving the person with ID, family, professionals, community, educational institutions, employers, NGOs and government systems.

Psychosocial rehabilitation should address emotional well-being, social skills, self-determination and relationships. CBR should connect these individual outcomes with education, livelihood, health, social participation and empowerment. Family intervention should strengthen caregivers without placing the entire responsibility for rehabilitation on them. Vocational rehabilitation should extend beyond skill training to job placement and continuing workplace support. Ultimately, rehabilitation should be evaluated not only by the number of individuals receiving services but by whether persons with intellectual disability experience greater independence, participation, meaningful relationships, opportunities for work, family well-being, dignity and inclusion. An integrated, rights-based and community-oriented rehabilitation system therefore provides an important framework for advancing the inclusion and quality of life of persons with intellectual disability in India.

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