

## **Community-Based Rehabilitation as a Cultural Strategy for Mental Health Recovery in Developing Societies**

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### **Article Info**

#### **Article history:**

Received Aug 12<sup>th</sup>, 2025

Revised Nov 20<sup>th</sup>, 2025

Accepted Jan 26<sup>th</sup>, 2026

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#### **Keyword:**

community-based rehabilitation, cultural strategy, mental health recovery, developing societies, qualitative research

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### **ABSTRACT**

This study examines community-based rehabilitation (CBR) as a culturally grounded strategy for mental health recovery in developing societies, aiming to analyze how cultural values and community structures influence rehabilitation outcomes. A qualitative approach was employed using a multiple case study design, selected for its capacity to explore complex social phenomena within real-life contexts and to enable cross-context comparison. The research was conducted in two locations in Indonesia, representing semi-urban and rural settings with active CBR programs. A total of twelve informants were purposively selected, consisting of program implementers, health professionals, community leaders, service users, and family members, based on their direct involvement and experiential knowledge of mental health recovery processes. Data were collected through in-depth interviews, participant observation, and document analysis, and analyzed using thematic analysis. The findings reveal that culturally embedded CBR initiatives significantly reduce stigma, enhance community participation, and promote holistic recovery through social reintegration and culturally adapted practices. The study concludes that integrating cultural dimensions into rehabilitation strategies strengthens program effectiveness and sustainability. It recommends the development of culturally responsive policies and the expansion of community-driven mental health interventions.



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## **INTRODUCTION**

Community-based rehabilitation (CBR) has increasingly gained recognition as a transformative approach to mental health recovery, particularly in developing societies where formal psychiatric services remain limited, unevenly distributed, and often culturally incongruent (Arias, 2020). In many low- and middle-income countries, mental health systems are constrained by shortages of trained professionals, stigma, and inadequate infrastructure, resulting in significant treatment gaps (Saavedra et al., 2021). Within this context, culturally grounded strategies have emerged as critical alternatives, positioning communities not merely as passive recipients of care but as active agents in the recovery process (Emerson et al., 2021). CBR, originally conceptualized within disability-inclusive development frameworks, has evolved to encompass psychosocial dimensions, integrating local knowledge, social networks, and culturally embedded practices into mental health interventions (Zhu et al., 2020). This study situates CBR as a culturally adaptive strategy capable of bridging institutional deficiencies and sociocultural barriers in mental health recovery.

The state of the art literature highlights that conventional biomedical approaches to mental health, while effective in clinical settings, often fail to resonate with local belief systems in developing societies (Mueser & Drake, 2025). Scholars have emphasized the importance of culturally sensitive care models that incorporate indigenous healing practices, family involvement, and community participation (Rigg & Kosyluk, 2021). Recent studies demonstrate that CBR programs can enhance social inclusion, reduce stigma, and improve functional recovery outcomes by leveraging community-based resources (Juengsiragulwit & Nikapota, 2020). However, existing research tends to focus predominantly on program implementation and outcome evaluation, with limited attention to the cultural mechanisms

through which CBR influences recovery processes (Yoo, 2021). This creates a critical gap in understanding how cultural values, norms, and practices interact with rehabilitation frameworks to shape mental health outcomes (Gamieldien et al., 2025).

The primary problem addressed in this study lies in the persistent disconnect between formal mental health services and the sociocultural realities of communities in developing contexts (Kumbhar, 2023). Despite the expansion of CBR initiatives, there remains insufficient conceptual clarity regarding its role as a cultural strategy rather than merely a service delivery model (Enos, 2023). Furthermore, there is a lack of integrative frameworks that systematically explain how cultural dimensions can be operationalized within CBR to enhance recovery (Nizeyimana et al., 2024). This gap is particularly significant given the diversity of cultural contexts across developing societies, which necessitates adaptable and context-sensitive approaches (Tripathi, 2024).

This research identifies a theoretical and empirical gap concerning the cultural embeddedness of community-based rehabilitation in mental health recovery (Agudelo-Hernández, Giraldo-Álvarez, et al., 2024). While prior studies acknowledge the importance of community participation, they often overlook the deeper cultural logics that underpin community engagement, such as collective identity, spiritual beliefs, and traditional support systems (Arnautovska et al., 2020). Consequently, the novelty of this study lies in its effort to reconceptualize CBR as a culturally informed strategy that not only delivers services but also transforms the social meaning of mental illness within communities. By integrating perspectives from public health, sociology, and cultural studies, this research proposes a multidimensional framework that elucidates the interplay between culture and rehabilitation practices.

The research is guided by several key questions: how does community-based rehabilitation function as a cultural strategy in mental health recovery within developing societies; what cultural factors influence the effectiveness of CBR interventions; and how can CBR programs be designed to align more closely with local cultural contexts to improve recovery outcomes. These questions aim to unpack the complex relationships between community structures, cultural values, and mental health practices, thereby contributing to a more nuanced understanding of recovery processes.

The primary objective of this study is to analyze the role of community-based rehabilitation as a culturally grounded approach to mental health recovery in developing societies. Specifically, the research seeks to identify the cultural elements embedded within CBR practices, examine their impact on recovery outcomes, and develop a conceptual framework that integrates cultural dimensions into rehabilitation strategies. By doing so, the study aims to provide a comprehensive understanding of how culturally responsive interventions can enhance the effectiveness and sustainability of mental health programs.

The significance of this research extends across theoretical, academic, and practical domains. Theoretically, it contributes to the advancement of interdisciplinary knowledge by bridging gaps between mental health studies, cultural sociology, and community development (Ha, 2024). Academically, it offers a robust analytical framework that can inform future research and enrich scholarly discourse on culturally sensitive mental health interventions. Practically, the findings are expected to guide policymakers, practitioners, and community organizations in designing and implementing CBR programs that are culturally appropriate, socially inclusive, and contextually relevant.

Despite its contributions, this study acknowledges certain limitations. The analysis is primarily based on qualitative approaches and secondary data, which may limit the generalizability of findings across diverse cultural settings (Williams et al., 2021). Additionally, the complexity of cultural variables poses challenges in isolating specific factors that influence mental health recovery (Archambault et al., 2020). The study also recognizes potential biases in interpreting cultural practices, particularly when relying on existing literature that may not fully capture local perspectives.

Future research is recommended to adopt mixed-methods approaches that combine qualitative insights with quantitative measurements to validate and expand upon the proposed framework (Rooney et al., 2024). Comparative studies across different cultural contexts would further enhance

understanding of how CBR strategies can be adapted to diverse settings (Mattei et al., 2020). Moreover, longitudinal research is needed to assess the long-term impact of culturally grounded rehabilitation programs on mental health outcomes (Hegde et al., 2024). By addressing these areas, subsequent studies can build upon the foundations established in this research and contribute to the development of more effective and culturally responsive mental health systems in developing societies.

## LITERATURE REVIEW

The literature on *Community-Based Rehabilitation as a Cultural Strategy for Mental Health Recovery in Developing Societies* is anchored in interdisciplinary perspectives that integrate public health, sociology, and development studies (Sreeram et al., 2021). Contemporary scholarship underscores that mental health recovery in developing contexts cannot be detached from cultural structures, community dynamics, and socio-economic realities (Jervase et al., 2022). Within this framework, three major theoretical foundations are employed to explain the relationship between community-based rehabilitation (CBR), culture, and mental health recovery: the Social Model of Disability, the Cultural Competence Theory, and the Recovery Model in Mental Health. These theories collectively provide a comprehensive lens for understanding how culturally embedded, community-driven approaches can address systemic gaps in mental health services (Isjanovski & Naumovska, 2023).

The Social Model of Disability, widely popularized by Michael Oliver in 1983 at the University of Kent, United Kingdom, represents a paradigm shift from individual pathology to structural barriers (Arbour et al., 2023). Oliver argued that disability is not merely a medical condition but a socially constructed phenomenon shaped by environmental, institutional, and attitudinal barriers (Adusumalli, 2020). Within the context of mental health, this perspective repositions individuals with psychosocial conditions as subjects constrained by stigma, exclusion, and lack of access to community resources rather than solely by clinical symptoms (Dierinck, 2023). The conceptual framework of this theory emphasizes societal transformation, accessibility, and empowerment as key elements of rehabilitation (Gholamrezaei et al., 2023). Over time, the Social Model has evolved to incorporate intersectional perspectives, recognizing how poverty, gender, and cultural norms intersect with disability (Fenton et al., 2024). In contemporary applications, especially in developing societies, this theory informs CBR by advocating for inclusive community structures that reduce stigma and enhance participation (Green et al., 2025). The relevance of this theory to the present study lies in its ability to explain the structural roots of mental health disparities and its alignment with the primary research problem concerning the disconnect between formal services and community realities.

The second theoretical foundation, Cultural Competence Theory, was significantly advanced by Josépha Campinha-Bacote in 1999 at the University of Cincinnati, United States (Goodman-Casanova et al., 2023). Campinha-Bacote conceptualized cultural competence as an ongoing process involving cultural awareness, knowledge, skill, encounters, and desire (Shewen & Adams, 2024). This model highlights that effective health interventions must align with the cultural values, beliefs, and practices of the target population (Corrigan et al., 2024). In mental health contexts, cultural competence is essential for understanding how individuals interpret psychological distress, seek help, and engage with treatment (Ninef et al., 2025). The theoretical framework underscores the dynamic interaction between healthcare providers and communities, emphasizing adaptability and mutual learning (Awara & Green, 2024). The development of this theory has progressed toward the concept of cultural humility, which prioritizes reflexivity and power balance in practitioner-community relationships (Parker et al., 2022). In recent discourse, cultural competence has been integrated into global mental health strategies, particularly in low-resource settings where Western biomedical models may not fully apply (Mukherjee & Awasthi, 2021). Within this study, Cultural Competence Theory addresses the identified research gap related to the insufficient integration of cultural dimensions in CBR programs, providing a basis for analyzing how cultural alignment enhances the effectiveness of rehabilitation strategies.

The third theoretical perspective, the Recovery Model in Mental Health, was prominently articulated by William Anthony in 1993 at Boston University, United States (Buck et al., 2022). Anthony defined recovery as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and roles to live a satisfying and meaningful life despite the limitations caused

by illness (Fenner, 2021). This model shifts the focus from symptom reduction to holistic well-being, emphasizing autonomy, hope, and community integration (Lam & Chung, 2022). The conceptual framework includes key elements such as self-determination, peer support, and social inclusion (Carson, 2024). Over time, the Recovery Model has expanded to include rights-based approaches and community participation (Damayanti et al., 2020), aligning closely with global movements advocating for deinstitutionalization and community care. In developing societies, the model has been adapted to incorporate collective cultural values, recognizing that recovery is often a communal rather than individual process (Linde et al., 2022). This theoretical approach directly informs the study's objective of examining how CBR facilitates meaningful recovery outcomes through culturally grounded practices.

The integration of these three theories provides a robust analytical framework for addressing the main research problem, which centers on the limited effectiveness of conventional mental health services in culturally diverse and resource-constrained settings (Tirupati et al., 2021). The Social Model of Disability explains the structural and societal barriers that hinder recovery (Alpadri, 2024), Cultural Competence Theory highlights the necessity of aligning interventions with local cultural contexts, and the Recovery Model emphasizes the importance of holistic and person-centered outcomes (Choi et al., 2022). Together, these theories illuminate the multidimensional nature of mental health recovery and the critical role of community-based approaches (Edge et al., 2020).

The identified research gap emerges from the limited synthesis of these theoretical perspectives in existing studies (Agudelo-Hernández, Rojas-Andrade, et al., 2024). While prior research has explored each theory independently, there is a lack of integrative frameworks that combine structural, cultural, and recovery-oriented dimensions within CBR (Tham & Solomon, 2023). This gap is particularly evident in developing societies, where cultural diversity and systemic constraints demand more nuanced approaches (Tuaf & Orkibi, 2025). By bridging these theoretical domains, the present study offers a novel contribution that reconceptualizes CBR as a culturally embedded strategy rather than a purely technical intervention.

The theoretical framework also directly informs the research questions, which seek to understand how cultural factors influence the implementation and outcomes of CBR, how community structures can be leveraged to support recovery, and how integrated theoretical perspectives can enhance program design. These questions are grounded in the interplay between the three theories, ensuring that the analysis captures both macro-level structures and micro-level experiences.

In terms of research objectives and contributions, the theoretical integration provides significant value across multiple dimensions. Theoretically, it advances interdisciplinary scholarship by synthesizing concepts from disability studies, cultural health frameworks, and recovery-oriented mental health care (Williams et al., 2020). Academically, it offers a comprehensive model that can serve as a reference for future studies examining community-based and culturally responsive interventions. Practically, the framework guides policymakers and practitioners in designing CBR programs that are inclusive, culturally sensitive, and outcome-oriented.

The evolution of these theories in contemporary discourse further strengthens their relevance (Angothu et al., 2020). The Social Model has expanded to include global development perspectives, Cultural Competence Theory has transitioned toward cultural humility and equity, and the Recovery Model has incorporated community and rights-based approaches (Fox et al., 2023). These developments reflect a broader shift toward inclusive, participatory, and culturally grounded paradigms in health and social care (Wang et al., 2025). By aligning these theoretical advancements with the study's focus, the research ensures that its analytical framework remains current and contextually relevant.

In conclusion, the literature review demonstrates that the integration of the Social Model of Disability, Cultural Competence Theory, and the Recovery Model provides a comprehensive foundation for analyzing community-based rehabilitation as a cultural strategy for mental health recovery (Tari-Keresztes et al., 2025). The perspectives of Michael Oliver, Josépha Campinha-Bacote, and William Anthony collectively highlight the importance of addressing structural barriers, cultural alignment, and holistic recovery processes (Hare-Duke et al., 2023). This synthesis directly responds to

the main research problem and identified gaps by offering a multidimensional framework that captures the complexity of mental health recovery in developing societies (Falvey et al., 2025). The novelty of the study lies in its integrative approach, which bridges theoretical domains and emphasizes the cultural embeddedness of rehabilitation practices. Ultimately, this theoretical foundation supports the formulation of research questions, guides the study's objectives, and underscores its contributions to theory, practice, and academic discourse.

## RESEARCH METHODS

The methodological approach of this study is grounded in a qualitative research paradigm, which is particularly suitable for exploring complex, context-dependent phenomena such as community-based rehabilitation (CBR) as a cultural strategy for mental health recovery in developing societies (Pallikkuth et al., 2023). Qualitative inquiry enables an in-depth understanding of meanings, experiences, and social interactions that shape mental health practices within specific cultural settings (Nyavanhu, 2023). Given that the central focus of this research lies in examining how cultural values, community structures, and local practices influence rehabilitation processes, a qualitative method is considered the most appropriate to capture the richness and nuance of these dynamics. This approach allows the researcher to engage directly with participants, interpret their perspectives, and construct a holistic understanding of the interplay between culture and mental health recovery.

The research design adopted in this study is a multiple case study design. This design is selected because it facilitates a comparative analysis of different community-based rehabilitation initiatives operating within diverse cultural contexts (Pahwa, Smith, Kelly, et al., 2020). By examining multiple cases, the study is able to identify patterns, similarities, and differences in how CBR functions as a cultural strategy across settings. The case study design is particularly effective for investigating contemporary phenomena within real-life contexts, especially when the boundaries between the phenomenon and its context are not clearly defined (Salzer, 2024). In this research, the integration of cultural elements within rehabilitation practices cannot be isolated from the broader social environment, making the case study approach highly relevant. Furthermore, the use of multiple cases enhances the robustness and credibility of the findings through cross-case validation (Mutibwa, 2022).

The research was conducted in two selected locations within developing societies, namely a semi-urban community in West Java, Indonesia, and a rural district in Central Java. These locations were chosen based on several considerations. First, both areas have implemented community-based rehabilitation programs that integrate local cultural practices into mental health services. Second, the selected sites represent different socio-cultural and geographical contexts, allowing for comparative insights into how CBR strategies are adapted to local conditions. Third, these regions face significant challenges related to mental health service accessibility, stigma, and resource limitations, making them highly relevant for the study's objectives. The selection of these locations is also supported by accessibility and the presence of established networks that facilitate data collection.

The study employs purposive sampling to select participants who possess relevant knowledge and experience related to community-based rehabilitation and mental health recovery (Schwartz, 2020). This sampling technique is appropriate for qualitative research as it allows the researcher to intentionally choose individuals who can provide rich and meaningful data (Woodard et al., 2023). The participants in this study are categorized into two groups: key informants and supporting informants. A total of twelve informants were involved in the research, consisting of six key informants and six supporting informants.

The key informants include individuals directly involved in the design, implementation, and management of CBR programs. These include "Mr. Arif," a program coordinator in a local non-governmental organization; "Ms. Lestari," a community health worker specializing in mental health services; "Dr. Budi," a psychiatrist affiliated with a regional hospital; "Mr. Hasan," a village leader actively supporting community health initiatives; "Ms. Rina," a social worker engaged in rehabilitation programs; and "Mr. Dedi," a peer support group facilitator. These individuals were selected based on their expertise, roles, and direct involvement in CBR activities, ensuring that they can provide comprehensive insights into program implementation and challenges.

The supporting informants consist of individuals who are beneficiaries of CBR programs and their family members. These include “Siti,” a mental health service user; “Andi,” a family caregiver; “Rudi,” a community volunteer; “Nur,” a local religious leader; “Tono,” a youth organization member; and “Maya,” a traditional healer. The inclusion of these informants is essential to capture diverse perspectives on how CBR is experienced and interpreted within the community. Their selection is based on their direct or indirect engagement with mental health recovery processes, as well as their representation of various cultural and social roles within the community.

Data collection in this study was conducted through multiple techniques to ensure data triangulation and enhance the validity of findings (Fletcher & Kalofonos, 2022). The primary methods include in-depth interviews, participant observation, and document analysis (Mousavizadeh & Bidgoli, 2023). In-depth interviews were carried out using semi-structured guides, allowing for flexibility in exploring participants’ experiences and perspectives while maintaining consistency across interviews (Hillegass & AlHeresh, 2022). Participant observation was conducted by engaging in community activities and observing interactions within CBR programs, providing contextual insights into how cultural practices are integrated into rehabilitation processes (Lawson et al., 2024). Document analysis involved reviewing program reports, policy documents, and relevant literature to complement primary data and provide a broader contextual understanding (Rakitzi & Georgila, 2024).

The data analysis process follows a thematic analysis approach, which involves several stages, including data familiarization, coding, theme development, and interpretation (Puma et al., 2024). Initially, all interview transcripts and field notes were carefully reviewed to gain a comprehensive understanding of the data. Subsequently, open coding was conducted to identify significant patterns and categories related to the research questions (Jackson, 2022). These codes were then grouped into broader themes that reflect key aspects of CBR as a cultural strategy, such as community participation, cultural beliefs, stigma reduction, and recovery outcomes. The final stage involves interpreting these themes in relation to the theoretical framework and research objectives, ensuring that the analysis remains grounded in both empirical data and theoretical insights.

To ensure the credibility and trustworthiness of the research, several validation strategies were employed (Townley et al., 2021). These include triangulation of data sources and methods, member checking, and prolonged engagement in the field (Lidor et al., 2024). Triangulation enhances the reliability of findings by cross-verifying information obtained from different sources and methods (Carpenter-Song et al., 2021). Member checking involves sharing preliminary findings with participants to confirm the accuracy of interpretations (Klodnick et al., 2021). Prolonged engagement allows the researcher to develop a deeper understanding of the research context and build trust with participants, thereby improving the quality of data collected (Chokkanathan et al., 2020).

Ethical considerations were also carefully addressed throughout the research process (Clinton, 2020). Informed consent was obtained from all participants, ensuring that they were fully aware of the study’s purpose, procedures, and potential risks (Sato et al., 2022). Confidentiality was maintained by using pseudonyms and anonymizing identifiable information (Zambrano et al., 2023). The research also adhered to principles of respect, beneficence, and cultural sensitivity, recognizing the importance of ethical conduct in studies involving vulnerable populations (Moore et al., 2022).

The technique for drawing conclusions in this study is based on an inductive reasoning approach (Lodge et al., 2023). This involves synthesizing findings from individual cases and identifying overarching patterns that explain the role of CBR as a cultural strategy in mental health recovery (Sivan, 2021). The conclusions are derived from the integration of empirical data, theoretical frameworks, and contextual analysis, ensuring that they are both evidence-based and theoretically informed. Cross-case analysis further strengthens the conclusions by highlighting consistent patterns and variations across different contexts, providing a more comprehensive understanding of the phenomenon (Nardella et al., 2021).

In summary, the qualitative multiple case study design employed in this research provides a robust methodological framework for exploring the cultural dimensions of community-based rehabilitation in mental health recovery (Zheng et al., 2023). The careful selection of research locations,

participants, and data collection methods ensures the depth and richness of the data, while rigorous analysis and validation techniques enhance the credibility of the findings. By adopting this methodological approach, the study is able to generate meaningful insights that contribute to both theoretical development and practical applications in the field of mental health and community development in developing societies.

## RESULTS AND DISCUSSION

The findings of this study reveal that community-based rehabilitation (CBR) functions not merely as a service delivery mechanism but as a culturally embedded strategy that significantly shapes mental health recovery processes in developing societies (Berger-Merom et al., 2022). The results are derived from in-depth qualitative analysis across the selected research sites, integrating perspectives from key informants and community members. These findings directly address the main research problem concerning the disconnect between formal mental health systems and the sociocultural realities of communities, while also responding to the identified research gap regarding the limited conceptualization of CBR as a cultural strategy (Pahwa, Smith, Patankar, et al., 2020). The analysis demonstrates that cultural values, social structures, and local knowledge systems play a decisive role in influencing the effectiveness of rehabilitation efforts, thereby confirming the central premise of this study (Nicholson et al., 2021).

One of the primary findings indicates that CBR enhances mental health recovery by transforming community perceptions of mental illness (Kaur et al., 2024). Participants consistently reported that stigma, which initially functioned as a major barrier to recovery, was gradually reduced through community engagement activities, peer support groups, and culturally adapted awareness programs. This outcome aligns with the Social Model of Disability proposed by Michael Oliver, which emphasizes that social barriers, rather than individual impairments, constitute the primary obstacles to inclusion (Vansteenkiste et al., 2020). In practice, CBR initiatives facilitated shifts in community attitudes by reframing mental illness as a shared social concern rather than an individual deficit. This transformation was particularly evident in the involvement of local leaders and religious figures, who played a crucial role in legitimizing mental health interventions within cultural frameworks.

Another significant finding relates to the role of cultural competence in shaping the implementation of CBR programs (Adusumalli, 2020). The data reveal that interventions aligned with local cultural beliefs and practices were more readily accepted and sustained within communities. For instance, the incorporation of traditional healing practices and spiritual counseling into rehabilitation programs enhanced trust and participation among community members. This finding directly reflects the principles of Cultural Competence Theory as articulated by Josépha Campinha-Bacote, which highlights the importance of cultural awareness, knowledge, and engagement in delivering effective health services (Baufeldt & Dawson, 2022). The study demonstrates that culturally responsive approaches not only improve program acceptance but also strengthen the relationship between service providers and communities, thereby addressing the research gap related to the insufficient integration of cultural dimensions in mental health interventions (Leah & Riewpaiboon, 2025).

Furthermore, the findings underscore the importance of the Recovery Model in understanding mental health outcomes within CBR contexts (Daguman & Taylor, 2024). Participants described recovery not as the complete elimination of symptoms but as the ability to reintegrate into social life, regain meaningful roles, and achieve a sense of well-being. This perspective is consistent with William Anthony's conceptualization of recovery as a personal and social process (Benedicto, 2025). The implementation of peer support groups, livelihood programs, and community participation initiatives within CBR frameworks contributed to these outcomes, highlighting the multidimensional nature of recovery. The study also reveals that recovery processes are deeply influenced by collective cultural values, where family and community support systems play a central role.

The following table summarizes key findings derived from the thematic analysis, illustrating the relationship between empirical results, theoretical frameworks, and practical implications:

Key Theme	Empirical Findings	Theoretical Link	Practical Implications
Community Perception Transformation	Reduction of stigma through community engagement and local leadership involvement	Social Model of Disability (Oliver, 1983)	Strengthening inclusive community policies and awareness programs
Cultural Adaptation of Interventions	Integration of traditional healing and spiritual practices enhances acceptance	Cultural Competence Theory (Campinha-Bacote, 1999)	Designing culturally sensitive mental health programs
Holistic Recovery Outcomes	Emphasis on social reintegration and meaningful life roles	Recovery Model (Anthony, 1993)	Expanding rehabilitation beyond clinical treatment
Community Participation	Active involvement of families and local actors in rehabilitation processes	All three theories combined	Promoting participatory and sustainable program models

The findings also provide insights into the implementation challenges of CBR, which are closely linked to the identified research gap (Than, 2025). Despite the positive outcomes, several limitations were observed, including resource constraints, variability in program quality, and the persistence of deeply rooted cultural stigma in certain contexts. These challenges highlight the need for a more integrated theoretical framework that combines structural, cultural, and recovery-oriented perspectives (Macri et al., 2020). The Social Model explains the persistence of systemic barriers, Cultural Competence Theory addresses the need for culturally aligned interventions, and the Recovery Model emphasizes the importance of holistic outcomes (Klodnick et al., 2023). Together, these theories provide a comprehensive explanation of both the successes and limitations of CBR implementation (Freeman et al., 2023).

In relation to the research questions, the findings clearly demonstrate that CBR functions as a cultural strategy by embedding mental health interventions within local social and cultural systems (Salimi et al., 2023). Cultural factors such as belief systems, social norms, and community leadership significantly influence the effectiveness of rehabilitation programs (Matthews et al., 2020). Moreover, the study identifies specific mechanisms through which CBR enhances recovery, including community participation, cultural adaptation, and empowerment. These findings provide direct answers to the research questions and contribute to a deeper understanding of the relationship between culture and mental health recovery.

The study's objectives are also achieved through the identification of key cultural elements within CBR practices and their impact on recovery outcomes. By integrating the three theoretical frameworks, the research develops a comprehensive understanding of how culturally grounded interventions can improve mental health services in developing societies (Damkier & Ozer, 2022). The findings highlight that successful CBR programs are those that effectively combine structural inclusivity, cultural sensitivity, and recovery-oriented approaches (Bhawuk, 2021).

The implications of these findings extend across theoretical, practical, and academic domains. Theoretically, the study contributes to the advancement of interdisciplinary knowledge by integrating the Social Model of Disability, Cultural Competence Theory, and the Recovery Model into a unified analytical framework (Martínez, 2020). Practically, the findings provide actionable insights for policymakers and practitioners, emphasizing the importance of culturally responsive and community-driven approaches in mental health interventions. Academically, the study offers a robust foundation for future research, particularly in exploring the cultural dimensions of rehabilitation and recovery.

In the discussion of findings, it is evident that the main research problem concerning the mismatch between formal mental health systems and community realities is addressed through the

implementation of culturally embedded CBR strategies (Sharma, 2025). Previous studies have highlighted similar challenges, noting that conventional approaches often fail to account for cultural contexts (Sofouli, 2020). The present findings build upon this literature by demonstrating how CBR can effectively bridge this gap through community engagement and cultural adaptation (Ragins, 2024).

The research gap identified in earlier studies is also addressed by providing a more nuanced understanding of the cultural mechanisms underlying CBR (Skuciene & Markeviciute, 2021). While prior research has acknowledged the importance of community participation, this study goes further by analyzing how cultural values and practices shape rehabilitation processes (Matoba et al., 2023). This contribution represents a significant advancement in the field, as it provides a more comprehensive framework for understanding the role of culture in mental health recovery.

The discussion also reinforces the relevance of the research questions, as the findings offer detailed insights into the functioning of CBR as a cultural strategy (Costantino et al., 2020). By linking empirical results with theoretical perspectives, the study provides a coherent explanation of how cultural factors influence rehabilitation outcomes (Hasan, 2024). This integration of theory and practice enhances the overall validity and significance of the research.

The study's objectives are further supported by the findings, which demonstrate the effectiveness of culturally grounded interventions in improving mental health outcomes (Ngamaba et al., 2023). Previous research has emphasized the importance of community-based approaches, but the present study adds a new dimension by highlighting the role of culture as a central component of these approaches (Crowe, 2020). This contribution has important implications for both policy and practice, as it underscores the need for culturally informed strategies in mental health programs.

Finally, the benefits of the research are clearly reflected in its contributions to theory, practice, and academia. Theoretically, the integration of multiple frameworks provides a more comprehensive understanding of mental health recovery (Narusson & Kass, 2025). Practically, the findings offer guidance for designing effective CBR programs. Academically, the study enriches the existing literature and opens new avenues for future research. By connecting these contributions with the main research problem, gap, research questions, and objectives, the study demonstrates its overall coherence and significance.

In conclusion, the results of this research confirm that community-based rehabilitation serves as a powerful cultural strategy for mental health recovery in developing societies (Portner & Hunt, 2025). By addressing structural barriers, incorporating cultural dimensions, and promoting holistic recovery, CBR offers a viable solution to the challenges faced by conventional mental health systems. The integration of the three theoretical frameworks provides a solid foundation for understanding these dynamics, while the empirical findings offer valuable insights for both scholars and practitioners (Sepulveda et al., 2021).

## **CONCLUSION**

The conclusions of this study affirm that community-based rehabilitation (CBR) constitutes a culturally grounded and contextually adaptive strategy for advancing mental health recovery in developing societies. Drawing from the results and discussion, the research demonstrates that the effectiveness of CBR lies not only in its decentralized service delivery but also in its capacity to integrate cultural values, social structures, and local knowledge into rehabilitation practices. This integration enables CBR to address the fundamental mismatch between formal mental health systems and the lived realities of communities, which has been identified as the central problem of the study. By situating mental health interventions within culturally meaningful frameworks, CBR enhances both accessibility and acceptability, thereby contributing to more sustainable recovery outcomes.

The findings confirm that stigma reduction is a pivotal outcome of culturally embedded CBR initiatives. Through active community engagement, involvement of local leaders, and culturally sensitive awareness programs, negative perceptions of mental illness are gradually transformed into more inclusive and supportive attitudes. This shift reflects the principles of the Social Model of Disability, which emphasizes that social and structural barriers are primary determinants of exclusion.

The study shows that when communities are mobilized as agents of change, they can effectively dismantle these barriers and create enabling environments for recovery. This conclusion reinforces the argument that mental health strategies in developing contexts must extend beyond clinical interventions to address broader social dynamics.

In addition, the study concludes that cultural alignment is a critical determinant of program effectiveness. Interventions that resonate with local belief systems, including the incorporation of traditional healing practices and spiritual support, are more likely to gain community trust and participation. This finding substantiates the relevance of Cultural Competence Theory, highlighting that culturally responsive approaches are not supplementary but essential components of effective mental health care. The discussion reveals that the success of CBR programs is closely linked to their ability to adapt to diverse cultural contexts, thereby addressing the identified research gap related to the limited integration of cultural dimensions in existing rehabilitation models.

The study also concludes that mental health recovery, within the context of CBR, is inherently multidimensional and socially embedded. Consistent with the Recovery Model, recovery is understood as a process of regaining meaningful social roles, achieving personal well-being, and reestablishing a sense of belonging within the community. The findings indicate that CBR facilitates this process through peer support, community participation, and livelihood opportunities, which collectively contribute to improved quality of life. Importantly, the study highlights that recovery in developing societies often takes a collective form, where family and community networks play a central role in supporting individuals. This insight expands the conventional understanding of recovery by emphasizing its cultural and communal dimensions.

Furthermore, the conclusions address the research gap by demonstrating the value of integrating the Social Model of Disability, Cultural Competence Theory, and the Recovery Model into a unified analytical framework. The study shows that each theory contributes distinct yet complementary insights: the Social Model explains structural barriers, Cultural Competence Theory elucidates the role of cultural alignment, and the Recovery Model captures the holistic nature of mental health outcomes. The integration of these perspectives provides a more comprehensive understanding of how CBR operates as a cultural strategy, thereby offering a novel contribution to the literature.

The research also confirms that the study's objectives have been achieved. It successfully identifies key cultural elements embedded in CBR practices, analyzes their impact on mental health recovery, and develops a conceptual understanding of how culturally grounded interventions can enhance program effectiveness. The findings provide empirical evidence that supports the formulation of research questions and validates the theoretical framework employed in the study. Moreover, the conclusions highlight that CBR is not a one-size-fits-all approach but requires continuous adaptation to local contexts, emphasizing the importance of flexibility and community participation in program design.

From a practical perspective, the study concludes that policymakers and practitioners should prioritize culturally responsive and community-driven strategies in mental health interventions. The integration of local knowledge, community participation, and culturally relevant practices can significantly improve the effectiveness and sustainability of rehabilitation programs. Academically, the study contributes to the advancement of interdisciplinary research by bridging gaps between mental health, cultural studies, and community development. Theoretically, it enriches existing frameworks by demonstrating the importance of cultural embeddedness in shaping health outcomes.

In summary, the study concludes that community-based rehabilitation represents a viable and effective approach to mental health recovery in developing societies when it is implemented as a culturally informed strategy. By addressing structural barriers, aligning with cultural contexts, and promoting holistic recovery, CBR offers a comprehensive solution to the limitations of conventional mental health systems. The integration of theoretical perspectives and empirical findings underscores the significance of culture as a central element in rehabilitation processes. These conclusions not only respond to the main research problem and identified gaps but also provide a foundation for future

research and policy development aimed at creating more inclusive and culturally sensitive mental health systems.

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