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Impact of Involving Low-Literacy Persons in Psychosocial Rehabilitation Work: A New Strategy for Effective Inclusion

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Abstract
In recent years, the call for inclusive practices has extended beyond education and politics into the field of psychosocial rehabilitation. A growing concern in this area is the shortage of trained personnel, which affects the ability to reach individuals in need of psychosocial support, especially in developing communities. This review explores the potential impact of involving low literacy persons - individuals with limited formal education or reading skills - in psychosocial rehabilitation work. Low-literacy persons, when properly trained, can offer valuable assistance in community-based rehabilitation by acting as peer supporters, caregivers, and advocates. The global call for inclusion supports this approach as an innovative model for empowering disadvantaged groups while addressing workforce shortages in psychosocial services. This article critically discusses the benefits, challenges, and implications of such inclusion, highlighting it as a promising new strategy for sustainable rehabilitation. It adopts a qualitative, descriptive approach, analyzing existing scholarly works, institutional reports, and international policy documents related to inclusion, literacy, and psychosocial rehabilitation. The primary achieving aim was to understand how low-literacy persons can effectively participate in psychosocial rehabilitation work as a new strategy for more effective inclusion and capacity expansion.
Keywords: psychosocial rehabilitation, low-literacy, strategic inclusion, service users, capacity expansion

Introduction
Psychosocial rehabilitation plays a vital role in helping individuals with disabilities, trauma, or mental health challenges reintegrate into the society. However, a persistent challenge in this field is the shortage of skilled professionals to meet the increasing demand for rehabilitation services. According to Morgan and Patel (2022), many developing countries face critical manpower gaps in mental health and social care sectors, leading to delays and limited access to support for vulnerable populations. One proposed strategy to address this shortage is to involve low-literacy persons - individuals who possess limited formal education but demonstrate strong interpersonal, cultural, and caregiving skills.

These persons are often embedded within their communities and have firsthand knowledge of local social dynamics.

Nguyen (2018) explains that their involvement in community health and rehabilitation efforts can significantly extend service reach, particularly in under-resourced areas. The idea is not to replace professionals but to complement them by involving trained low literacy individuals in basic supportive roles such as assisting clients with daily tasks, conducting home visits, facilitating peer groups, or offering emotional encouragement. This approach not only boosts manpower but also fosters inclusion by giving low-literacy individuals meaningful participation in social work.

Furthermore, the global call for inclusion, as supported by the United Nations Sustainable Development Goals (SDG 10: Reduced Inequalities) (United Nations, 2020), encourages societies to provide equal opportunities for all, including those often excluded due to literacy or educational limitations (Stevens, 2023). In this sense, involving low-literacy persons in psychosocial rehabilitation is both a social innovation and an inclusive development strategy. This therefore sets the foundation for the review, emphasizing how inclusion can simultaneously solve the problem of workforce shortages in psychosocial rehabilitation while empowering marginalized individuals. The article will examine who low-literacy persons are, their potential contributions, and how their integration can transform rehabilitation practices for the better.

Conceptual clarifications

For the sake clarity and smooth understanding of this exposition, certain concepts will be defined, explaining what they mean in this article.

Low literacy persons

Low literacy persons in this article describes individuals or persons who were not opportune to attend any high school or tertiary institution and as such has low mental capacity or reasoning, low ability of scientific knowledge with below average mental strength to articulate and think deep, but are endowed with good natural wisdom that manifests in all aspects of their lives.

Inclusion

This is the practice of ensuring that individuals from all backgrounds, abilities and identities are actively welcomed, valued and given equal access to opportunities to participate in the social, spiritual, cultural, moral and economic life of the society. This entails that new inclusion strategy focuses on respecting and involving everyone from all facets of life irrespective of their capacity and mental strength.

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Literacy and psychosocial rehabilitation

The issue of literacy has long been associated with an individual's capacity to participate fully in social and economic life. However, recent research has expanded this concept, showing that even individuals with low literacy levels can contribute meaningfully to community development when given structured opportunities and proper training. Anderson (2020) noted that low literacy persons possess experiential knowledge, empathy, and resilience; qualities that are highly valuable in psychosocial rehabilitation work.

Lopez and Grant (2019) explained that psychosocial rehabilitation requires both technical knowledge and human connection. While professionals provide diagnosis and clinical support, community-based rehabilitation depends heavily on trust, communication, and consistency - areas where low-literacy individuals can excel. They can act as peer counsellors, interpreters, and support assistants, especially in communities where cultural or language barriers exist. The literature also highlights the shortage of trained personnel in psychosocial and mental health services. Morgan and Patel (2022) emphasized that developing nations face significant workforce challenges, with many programmes depending on volunteers or underqualified workers. Involving low-literacy persons, when paired with adequate supervision, could help close this manpower gap. Ekblad (2020) highlighted that in mental health sector, to increase mental health literacy and human rights among new-coming, low-educated mothers with experience of war were involved: in fact it was a culturally, tailor-made group health promotion intervention with participatory methodology addressing indirectly the children.

Furthermore, Nguyen (2018) suggested that community empowerment and inclusion of under-educated populations can lead to sustainable rehabilitation outcomes, as it allows services to reach remote or marginalized groups. Globally, there is a movement toward inclusive rehabilitation models, where community members, regardless of educational background, play an active role in social recovery processes. Harrison and Lee (2021) described inclusion as not just a policy but a human rights principle that ensures everyone can contribute to and benefit from social systems. Integrating low-literacy individuals into psychosocial rehabilitation therefore aligns with the broader goals of equality, accessibility, and participation.

However, Stevens (2023) cautioned that inclusion must be guided by ethical considerations and quality assurance. Low-literacy workers should not be exploited or given responsibilities beyond their training. Instead, institutions should adopt models that recognize their potential while maintaining service standards. Training workshops, mentorship, and simplified manuals have been identified as effective tools to support this

integration (Carter & Bell, 2022). In summary, the reviewed literature demonstrates that involving low-literacy persons in psychosocial rehabilitation is both a practical and inclusive innovation. It addresses workforce shortages, enhances community engagement, and strengthens the human aspect of therapy. Yet, its success depends on institutional support, ethical safeguards, and continuous training.

Impact of low literacy on the psychosocial rehabilitation ecosystem

The impact of involving low-literacy persons in psychosocial rehabilitation represents an innovative and inclusive strategy for addressing both human resource shortages and social inequality. The reviewed literature consistently emphasizes that psychosocial rehabilitation thrives on empathy, patience, and trust - qualities that are not limited to the formally educated. By adopting inclusion-oriented approaches, institutions can expand their operational efficiency and enhance their community credibility. This model not only fulfills the call for global inclusion but also strengthens local capacity and resilience. Ultimately, integrating low-literacy persons into psychosocial rehabilitation work redefines what it means to be "qualified" - recognizing practical wisdom, cultural understanding, and lived experience as powerful tools for recovery.

Above all, the involvement of low-literacy persons in psychosocial rehabilitation generates impacts across multiple levels, including the following.

a) Individual level: For the low-literacy individuals involved as peer supporters or co-designers, benefits include enhanced self-efficacy, skill development, reduced internalized stigma, and pathways to employment. Ali et al. (2024) studies examining peer supporters with learning disabilities found that involvement helped participants discuss their views on mental health, what recovery means, and the impact of peer support on them. Being positioned as a helper rather than solely a recipient transforms identity and self-concept.

b) Service user level: For service users receiving support from peers with similar literacy backgrounds, benefits include improved engagement, enhanced health literacy, reduced treatment dropout, and greater satisfaction. Drebing (2025) underlined that peer support specialists can recognize clients at risk for dropout and intervene to address ambivalence about treatment

c) Service level: Involvement leads to more accessible service design. When low-literacy individuals participate in service design, they identify barriers that professionals overlook: paperwork difficulties, inaccessible forms, literacy-dependent procedures, and stigma around literacy limitations. The universal precautions approach - designing all materials for the lowest literacy level - emerges directly from user input.

d) System level: At broader system level, involvement challenges the exclusionary structures that perpetuate disparities. The WHO Quality Rights e-training (WHO, 2025) has demonstrated positive, large effects in reducing negative attitudes toward individuals with mental health conditions and psychosocial disabilities, and can contribute to reduced stigma and greater alignment with rights-based approaches. Funk et al. (2025) emphasized that involving low-literacy individuals as trainers and advocates within such initiatives amplifies their impact. The World Health Organization's (2025) framework on rehabilitation services further emphasizes that meaningful inclusion of marginalized populations requires systemic accommodation and participatory governance.

Strategic implementation framework for inclusion of low-literacy individuals

Implementing meaningful involvement of low-literacy persons in psychosocial rehabilitation requires a strategic approach grounded in four principles:

1. From consultation to co-production: Involvement must move beyond token consultation to substantive co-production. This means low-literacy individuals should participate in governance structures, service design, training delivery, and evaluation - not merely advisory groups. Pramartha et al. (2025) contributed by saying that the distinction, as articulated by the developers of the digital mental health platform, is between "task–technology misfits" identified by professionals and solutions co-developed with local stakeholders.
2. Universal precautions plus targeted supports: The universal precautions approach - designing all materials and procedures for the lowest literacy level - should be standard practice in psychosocial rehabilitation. However, this must be supplemented with targeted supports, including drop-in rooms for form assistance, literacy support embedded within mental health settings, and peer tutoring programmes.
3. Multiple pathways to participation: Recognizing that low-literacy is heterogeneous, services should offer multiple pathways for involvement. This may include formal peer support specialist roles, advisory group membership, training and education programmes, and informal community leadership. Certification requirements should be flexible, valuing experiential knowledge alongside formal credentials.
4. Systems-level advocacy: Individual-level involvement must be complemented by systems-level advocacy. This includes advocating for funding to support accommodations, policies that recognize lived experience as qualification, and research that includes low-literacy participants in its methods and measures. As Funk et al. (2025) demonstrate, rights-based e-training can shift attitudes at scale, but such initiatives must be co-led by those with direct experience of exclusion.
5. Practice pilot programmes should be developed embedding peer supporters with low literacy within existing psychosocial rehabilitation services. Training curricula should

be adapted to be accessible to individuals with low literacy, using multimodal methods (visual, oral, experiential) rather than relying on written texts (Montenegro & Lima, 2021).

Evidence of reality check in psychosocial rehabilitation service centre

The review of available literature and policy frameworks revealed several key realities regarding the involvement of low-literacy persons in psychosocial rehabilitation. These include:

1) Workforce shortage and capacity gap: One of the most consistent findings is the severe shortage of qualified professionals in psychosocial rehabilitation, particularly in low- and middle-income regions. Morgan and Patel (2022) found that many rehabilitation centres are under-resourced, with over 40% unable to meet patient demand. This gap has prompted organizations to rely on para-professionals, community volunteers, and caregivers. In this context, involving low-literacy persons offers a feasible way to expand the workforce and ensure service continuity in under-served areas.

2) Unique contributions of low-literacy persons: Low-literacy individuals often come from the same communities as the patients they serve. This gives them cultural awareness, empathy, and communication advantages that highly trained professionals might lack. Anderson (2020) observed that clients tend to respond more positively to helpers who understand their lived experiences. Similarly, Lopez and Grant (2019) emphasized that trust and emotional connection are fundamental elements of psychosocial recovery, and local helpers, regardless of their literacy level, can foster that bond effectively.

3) Inclusion as a social strategy: The inclusion of low-literacy persons also aligns with the United Nations' Sustainable Development Goal 10, which calls for reducing inequalities by promoting participation for all. By recognizing their value, institutions not only bridge manpower gaps but also fulfill social justice and inclusion mandates. Harrison and Lee (2021) argued that inclusive rehabilitation practices foster community ownership, reduce stigma, and encourage sustainability.

4) Training and ethical considerations: While inclusion presents many benefits, it also poses challenges. Stevens (2023) warned that improper task delegation or lack of structured training could compromise service quality. Therefore, training programmes must be adapted to suit the educational level of participants, emphasizing practical, visual, and scenario-based learning. Regular supervision and mentorship should also be built into the model to maintain ethical and professional standards.

5) Long-term impact and sustainability: Evidence from community-based programmes in parts of Africa and Asia suggests that involving low-literacy persons increases the reach of psychosocial services by up to 35% (Carter & Bell, 2022). When these individuals are properly supported, they can act as bridges between professionals and clients, extending the scope of care to those who might otherwise be excluded. In

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summary, the findings confirm that involving low-literacy persons is both a practical necessity and a moral imperative. It transforms rehabilitation from a strictly medical process into a community-driven movement that empowers everyone, regardless of educational background.

6) The strongest evidence for involving low-literacy individuals in psychosocial rehabilitation services and mental health services comes from interventions designed with and for this population. A randomized controlled trial of a culturally adapted CBT programme designed for non-literate women with perinatal depression in rural Sierra Leone found that 79% of CBT participants achieved depression remission compared to 34% of controls (OR 7, 95% CI 4 to 16; $p<0.001$), with effects sustained through nine months postpartum (Kleban et al., 2025). This study demonstrates that low-literacy-adapted interventions delivered by trained lay counsellors can achieve outcomes comparable to or better than standard treatments, and that such interventions can be delivered at scale in resource-limited settings (Kleban et al., 2025).

Conclusion

The involvement of low-literacy persons in psychosocial rehabilitation services represents a new strategy for effective inclusion, not merely as an accommodation for a marginalized subgroup, but as a transformative approach that benefits individuals, services, and systems. Low literacy is not a fixed deficit but a feature of social environments that systematically exclude. By involving those most excluded in redesigning the systems that exclude them, outcomes that professionally designed services cannot achieve may be attained. The evidence, while still emerging, is promising. Peer support by and for individuals with learning disabilities challenges stigma and reduces loneliness. Literacy-adapted interventions achieve outcomes comparable to standard treatments. Participatory design produces solutions that professionals alone would not conceive. Rights-based training can shift systemic attitudes, and flexible peer support roles can address treatment engagement. What is required now is not more research demonstrating that the problem exists - the 54% to 76% statistic is nearly two decades old but remains unchanged - but systematic implementation of strategies that work. Involving low-literacy persons in psychosocial rehabilitation is not charity or tokenism. It is a strategic necessity for achieving the inclusive, recovery-oriented systems that mental health and psychosocial rehabilitation services claim to provide.

Recommendations

The following recommendations are proposed:

1. Structured training programmes: Governments and NGOs should create short-term, simplified training modules to equip low-literacy individuals with essential psychosocial and ethical skills.
2. Mentorship and supervision: Professionals should oversee community helpers to ensure quality and safety while providing continuous learning opportunities.
3. Policy integration: Ministries of Health and Social Welfare should institutionalize the inclusion of low literacy persons within national rehabilitation frameworks to expand manpower sustainably.
4. Community sensitization: Awareness campaigns should be conducted to reduce stigma associated with low literacy and promote the value of inclusion in health and rehabilitation systems.
5. Further research: More empirical studies are needed to evaluate long-term outcomes, service quality, and the social impact of this inclusion strategy. In conclusion, the integration of low-literacy persons into psychosocial rehabilitation is not only an innovative manpower solution, it is also a pathway to social inclusion, empowerment, and shared responsibility in community health.

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