



Breaking Barriers, Building Hope: Dr. M. Sarada Menon and the Humanization of Psychiatry in India

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Abstract

The first woman psychiatrist was Dr. M. Sarada Menon, who significantly transformed the way mental health care was approached in India. She was a pioneer who dedicated over sixty years of her life to new avenues of treating mental health, bettering hospitals, reaching out to the communities, and acting in favour of better laws. When she received MBBS and MD in general medicine, she then trained in psychiatry at the All-India Institute of Mental Health (NIMHANS).

She transformed the way psychiatric care was provided and shifted the focus of giving people a place in asylum to providing a complete system that emphasized on rehabilitation, respect and patient rights. She implemented outpatient clinics, special units and economic therapy centre. In 1984, she assisted in the foundation of the Schizophrenia Research Foundation (SCARF), which was accredited by WHO as a mental health research and education centre.

SCARF adopted a broad strategy, which involved medical assistance, community psychiatry, anti-stigma campaigns that influenced mental health care in the world. She was also significant in policy alteration, served in humanitarian and international roles, encouraged gentle care and re-establishing mentally ill individuals into society. She won the Padma Bhushan and numerous other awards and she is known as the mother of Psychiatric Rehabilitation in India. In this paper, the author examines her life, work and enduring legacy and how her thoughts helped psychiatry become more human, mental health services more extensive in communities, and future generations of professionals encouraged to deliver caring and inclusive services.

Keywords: First female psychiatrist in India, Psychiatric rehabilitation, Women in medicine, Community psychiatry, SCARF, Patient dignity and rights, Anti-stigma initiatives.

Research Objectives:

- To investigate the role of Dr. M. Sarada Menon changing the art of Indian psychiatry to not only keep people safe in institutions but also assist them in returning to the community.
- To investigate how she has made mental health care in India more accessible and of better quality through her policies and changes in hospitals such as the introduction of outpatient clinics, special psychiatric units, and rehab centres.
- To consider the way in which SCARF was developed and expanded as an example of a model that connects the research, treatment, rehabilitation, and attempts to decrease stigma in Indian mental health care.

- To find out which contributions Dr. Menon made in his life to achieve a better attitude towards patients, empower women in medicine, transform the mental health system in India and the entire globe, and inspire young psychiatrists who are still young.

Introduction:

Through her life and work, Dr. Mambalikalathil Sarada Menon was a pioneer that transformed the mental health care in India. Her high grades in her early life and career led to being the first female psychiatrist in the nation. She combined her practical medical experience with an excellent leadership approach and shifted the psychiatric hospitals, benefiting individuals in communities, and educating people about it¹. She is also a social worker and established Schizophrenia Research Foundation (SCARF) in 1984, which is a non-profit organization in Chennai that supports the victims of Schizophrenia and other mental disorders. She not only enhanced the field of psychiatry by being respectful to patients, conducting research, and making a change, which is never forgotten, but also defied gender stereotypes, which is still inspiring to many individuals working in the mental health field today. In 1992, she received Padma Bhushan, which is the third highest civilian award in India, owing to her contribution in the society².

Formative Years and Personal Life of Dr. Sarada Menon:

Sarada Menon was born on April 5, 1923, in Mangalore, Karnataka in a Malayali family and she was the last born to eight children. Her father was a judge and this meant that their family was constantly in motion, which affected her early life. When he was posted to Chennai that was then known as Madras, little Sarada accompanied him and attended school there. She received education in Good Shepherd School where she has initiated her educational journey and Christ Church Anglo-Indian Higher Secondary School. These schools assisted her to form a good working character and adore love learning. When she was completed with one year of high school, she enrolled in Women Christian College in Chennai³ which was a popular women college of the day, and graduated with excellent grades. Her education during these years showed how smart she was and made her stand out in a time when many women were not encouraged to pursue higher education, especially in traditional families. Later on, Sarada married Sreekumara Menon, who was an officer in the Indian Police Service. Their marriage was built on respect and support for each other, especially since she had a tough career in medicine and psychiatry⁴. Sadly, her husband passed away before her, but she continued to handle her professional and social responsibilities with strength and commitment.

From Medicine to Mental Health: Sarada Menon's Historic Path:

She finished her MBBS at Madras Medical College in 1947. She did her residency at Irwin Hospital, New Delhi (which is now Lok Nayak Jai Prakash Narayan Hospital). Then she joined Madras Medical Service in 1951 to start her career at Pittapuram Mission Hospital, Andhra Pradesh. She simultaneously studied for the post - graduate degree of MD in General Medicine which she obtained in 1957. Subsequently, she successfully completed the Diploma in Psychological Medicine⁵ from the All-India Institute of Mental Health (later NIMHANS, Bengaluru) as part of their third graduating batch, in 1959. In doing so, she became the first woman psychiatry specialist in India.

Following her training, she joined the Institute of Mental Health (then known as Government Mental Hospital) in Kilpauk, Chennai in 1959 and in 1961 became its superintendent. She superannuated from the institution in 1978. As the first woman in the country to become a specialist in psychiatry, she mixed careful medical training with caring leadership. She changed the way mental health services work by using her skills in both patient care and running organizations.

Breaking new ground in mental health care in India: The time of Dr. M. Sarada Menon:

The 1960s in India was a time of major change in mental health care. During this decade, there was a worldwide change in how psychiatry was viewed. Rather than merely confining people with mental illness in institutions, a more humane and treatment-oriented approach was adopted. This translated to the establishment of outpatient mental health clinics in India, psychiatry units were established in general hospitals and the first community mental health services began. These occurred in conjunction with new and exciting advances in psychiatry around the world; such as with new drugs and greater emphasis on treatment and rehabilitation. This movement started at the Madras Mental Hospital currently known as the Institute of Mental Health in Chennai, under the leadership of Dr. M. Sarada Menon, the first woman to be chosen as the head of the institution. She turned the hospital into one of the first multidisciplinary psychiatric centers under her authority. Special clinics like Child Guidance Clinic, which started as a project of Dr. O. Somasundaram (who had trained in child psychiatry in the UK), were set up along with neuropsychiatric, geriatric, epilepsy, adolescent, and neurosis clinics⁶. Such efforts marked a significant shift in the conventional care approach that is based on asylum and instead provided focused and scientifically-aware interventions.

At the onset of the tenure of Dr. Menon, the institution had a lean workforce with approximately 14 medical officers on board besides the superintendent, deputy superintendent and the resident medical officer. Three of them were actual trained psychiatrists though the rest, based on their long-term practical experience, helped a great deal in working with patients. The Administrator was in charge of administrative duties, and more and more allied professionals were brought in to provide a comprehensive care and rehabilitation environment, including psychologists, social workers, nurses, statisticians, pharmacists, occupational and recreation therapists, physiotherapists, children teachers, and even garden supervisors, photographers, and dieticians. Such growth was a reflection of the belief Dr. Menon had about the importance of teamwork and the fact that she insisted on focusing on the social and rehabilitative aspects of the field of psychiatry and not the medical aspect. The hospital was in the face of mammoth problems. By 1961, the inpatient population had grown almost to 2,800, many times the authorized capacity of 1,800⁷. In spite of this congestion, Dr. Menon brought about extensive reforms. She coordinated the formal establishment of a Psychiatry Department, she added outpatient services to make mental health care more accessible out of the hospitals, and she began to establish regional mental health centers within all the district hospitals in Tamil Nadu. These were pioneering steps towards ensuring that mental health care is made more accessible and is taken to the community.

The Industrial Therapy Centre was established in 1970 under the inspirational leadership of Dr. M. Sarada Menon who was the head of the Institute of Mental Health in Chennai. This

program was one of the first in India, with Tamil Nadu government permission and the assistance of generous donors, to provide people with mental health problems employment opportunities and help them better their social capabilities. Dr. M. Peter Fernandez was selected as the inaugural Medical Officer in charge and ensured that the program enjoyed a solid medical and therapy support at the very beginning. The ITC, in contrast to the traditional Custodial care, was established as a non-profit centre with its use aimed at therapy and rehabilitation, and the patients were provided with the opportunity to engage in significant activities based on their abilities. The point behind this was that structured work and acquiring new skills would not only contribute to patients spending their time but also give them confidence, feelings of worth and purpose that would be added to their medical care. The ITC became vibrant as time went by in job-related affairs. Various divisions were created in the centre with the objective of providing therapy as well as skills training. These were a soft toy making unit, a wire bag unit, an incense stick making unit, a paper cover making unit, a chalk piece production unit, a soap making section, a flour mill area to grind daily kitchen requirements of IMH and a candle making unit. The bakery was one of the most successful segments as it provided fresh bread to the hospital on a daily basis. Later on, the bakery also started making biscuits, cakes and other sweets and it served not only the IMH canteen but also the customers who were outside of the facility making it become a major self-sustaining activity in the facility. The ITC became a revolutionary initiative in the Indian mental health system under the leadership of Dr. Menon and its purpose was no longer to keep people confined in the facility but to help them heal and integrate into the community. It demonstrated her greater vision that mental illness could not be used to deprive an individual of his dignity, capability of working, or participation in the society.

Another significant input to professional development was done by Dr. Menon. She established a Medical Library which was a great resource to the doctors as well as the students, and she also ensured that the hospital was used as a trainee facility to students undertaking psychology, sociology, and social work. With the assistance of research and collaboration with educational establishments, she managed to make the hospital a place to keep patients and make it a place to learn and be creative. The IMH engaged in the key mental health research conducted by the World Health Organization (WHO) during her time there. She left IMH in 1978, but continued her service to the community by being active with rehabilitation centres and palliative care units.

From Stigma to Support: The Journey of the Schizophrenia Research Foundation (SCARF):

In the year 1984, she, along with Dr. R. Thara⁸ and Dr. S. Rajkumar, founded Schizophrenia Research Foundation (SCARF), a non - profit non - governmental organization, for the rehabilitation of people afflicted with schizophrenia and other mental disorders⁹. She was also SCARF's first director until she stepped down in 1995.

Schizophrenia is not, as is commonly supposed, split personality or multiple personality disorder. It's the scientific term for what is commonly referred to as insanity. "The relative non-visibility of the condition is a problem. It's only when people start ignoring their personal hygiene or having major hallucinations that the family is willing to admit that something is wrong. And that's the acute stage," says Dr. Thara¹⁰.

Over the years, the Schizophrenia Research Foundation (SCARF) has grown into a comprehensive research and service-oriented institution in the field of mental health. Today, it stands as one of the very few Indian organizations to be officially recognized by the World Health Organization (WHO) as a Collaborating Center for Mental Health Research and Training¹¹, underscoring its global credibility and impact. The SCARF team is multidisciplinary in nature, consisting of psychiatrists, clinical psychologists, psychiatric social workers, rehabilitation specialists, occupational and vocational therapists, as well as administrative and support staff. The wide range of professionals will provide patients with a holistic care that extends past symptom management to encompass social, psychological and occupational rehabilitation¹². The services offered by SCARF reach the treatment of schizophrenia and other serious mental disorders, but the focus is on the vocational rehabilitation, as it allows a person to become functional and self-sufficient. SCARF is now a leading center of study of community psychiatry in India. It also develops new forms of linking individuals being cared in hospitals with those who are helping them in their localities. Being a WHO Collaborating Centre demonstrates that it does not only offer services but also assists in creating and sharing knowledge. The Foundation is also significant in the training of mental workers, health workers and students undertaking psychiatry, psychology and social works. It also spearheads awareness campaigns and minimization of stigma regarding mental health to make the society more aware of it. By collaborating with organizations both locally and internationally, SCARF has funded numerous research projects that contribute valuable knowledge to the worldwide knowledge about mental health. With a primary emphasis on assisting individuals to recover, SCARF has devised an approach that has seen the participation of community members, the family of the patients, and the professionals such as social workers, psychologists, and vocational therapists, among other professionals, such as the psychiatrists. This collaboration not only enhances treatment outcomes, but also ensures that mental health care is sustainable through integrating it into existing community systems. In its numerous initiatives, SCARF has established itself as one of the models in India, leading the way in mental health research, service provision, community empowerment, and rehabilitation.

Objectives:

- Carry out research on the biological, social and psychological aspects of schizophrenia.
- Treat and rehabilitate schizophrenic people, as well as seek to prevent or lessen disability.
- Introduce community outreach programs in cities slums and in rural regions to administer treatment and create awareness.
- Encourage the general population to educate themselves about schizophrenia to create more awareness, early detection and decrease social stigmas.
- Organize training programmes for different groups of workers on identifying and managing mental illnesses.
- Advocate strongly with the Government and key organizations for policies and programmes that support people with mental disabilities¹³.

Although SCARF primarily addresses mental health in general, with a special focus on schizophrenia, the organization also runs initiatives aimed at promoting positive mental

health. These programs emphasize strengthening values, managing stress, and related areas. As part of its anti-stigma drive, SCARF has developed manuals on mental health, the role of family support, and methods for dealing with emotional and behavioural issues in children. They have also produced pamphlets and films to help reduce the fear and hesitation surrounding the acceptance and treatment of mental illnesses. Dr. Thara suggested that the government should initiate a large-scale awareness campaign, similar to the leprosy campaign, to educate the public. While the Persons with Disabilities Act of 1996 does recognize mental illness as a disability, government efforts have so far largely remained focused on physical handicaps and intellectual disabilities.

Supporter of Recovery, Champion of Patient Respect, and Community Mental Health:

Dr. M. Sarada Menon altered the manner in which mental health services were delivered in India. She did not simply lock people up, but treated them with respect, assisting them to recover and involved communities in caring about them. She believed that curing mental health concerns entailed not only medicine, but also returning people back to the society and treating them well.

She also significantly thought of introducing occupational therapy and job training to mental health facilities. They encouraged patients to participate in activities such as weaving, woodworking, sewing, gardening and craft work. These activities did not only make them feel better but also enabled them to acquire skills that they could employ to get employment in the future. Such preparation enabled the patients to become independent since they went back to their communities. She also established halfway homes and workshops where patients could go back to living independently after being released out of hospital. These places enabled patients to feel secure as they regained their self-confidence, learned to cope with daily activities, and returned to the society without feeling pressured to do everything on their own.

The second important aspect of her work was the emphasis on the respect towards the patients and the rights representation. Dr. Menon was actively resisting such inhuman practices as incarcerating patients excessively, imposing restraints unnecessarily, and neglecting their fundamental needs¹⁴. Rather, she advocated compassionate care, engagement, and the acknowledgement of patients as individuals with promise and not medical conditions. Her initiatives to aid the population to fit in the society were revolutionary in India. Through linking the treatment with employment opportunities, family ties, and community acceptance, she demonstrated that being mentally ill did not mean that a person was disowned by everyone. The rehabilitation sections at the hospitals were used as a means of imparting patients with useful skills and the stigma associated with mental health issues were minimized, as patients proved to be part of the society in some useful way¹⁵. By her efforts, Dr. Sarada Menon not only transformed mental health institutions into a place of healing and learning but also assisted individuals in understanding that mentally ill people could recover, work, and live with dignity.

Beyond Psychiatry: Humanitarian and Global Contributions:

Dr. M. Sarada Menon is not only a psychiatrist but also a better person who worked to make hospitals better. She was also the Vice-President of the Chennai branch of the Indian Red Cross Society, and was actively engaged in assisting during disasters, creating community

awareness about health, and assisting with community programs. Through her work with Red Cross, we have seen how she is even more passionate about assisting the people and how she is committed to issues of social concern, most of which are associated with mental health. Additionally, she was appointed to serve in one of the state government panels with an aim of reforming prisons. In this speech, she emphasized on the necessity of treating prisoners with empathy, providing them mental health services in prison, and emphasis on how to re-integrate inmates into the society rather than merely punishing them. Her thoughts played a role in developing more progressive methods of running prisons in Tamil Nadu.

On the international scene, Dr. Menon participated in the world fellowship of schizophrenia and allied disorders (WFSAD)¹⁶, an international association whose mission is to assist schizophrenic patients and their families. She participated in the global mental health care discourse through this organization and advocated the rights of patients as well as stigmatization of mental illness in all parts of the world¹⁷. Her relation to WFSAD assisted in connecting the transformations that occurred in the Indian psychiatry with the best practices globally, and that is where she played the role of connection between local action and global mental health movements.

Shaping Mental Health Policy: Public Awareness and Anti-stigma work:

Dr. M. Sarada Menon was extremely committed to demolishing the misconceptions and prejudices regarding mental health conditions. She made it a point early on that the negative attitudes might be more damaging to individuals than the conditions themselves, and thus, she made it a point to continue to inform people that mental illnesses are medical conditions, much like diabetes or high blood pressure, and that they were curable¹⁸. Dr. Thara explains that it is only through the Schizophrenia Research Foundation (SCARF) and her own outreach that she continued to emphasize that mental illnesses are medical conditions, similar to diabetes or high blood pressure, curable. She reached out to the people by speaking, organizing awareness campaigns, featuring on radio and television programs, and placing newspaper ads to convey this significant message. She ensured that her speech resonated with ordinary people by not using complex words but simple and straightforward language. Dr. Menon also encouraged the use of theatre, movies and documentaries to combat the non-indigenous stereotypes in order to establish a sense of understanding and compassion within the society. She was also involved in training families, caregivers and community leaders to get support systems of patients more humane and knowledgeable. This continued initiative allowed the change in the culture, as the topic of mental health became more widespread in urban and rural India.

Dr. Menon also made a significant contribution to the development of the larger mental health policies in India, besides her community and clinical work. She belonged to different professional organizations and advisory committees, where she argued on the changes in laws and regulations. One of the most important aspects of her work was her appeal to abandon the use of hospitals or asylum, which used to have an effect of disregard and isolation on victims and instead, community-based services and care that emphasized on respect, recovery, and reintegration into society. Her work was used to lay the foundation in terms of policy change to bring India to the world standards in mental health care. She struggled to make people see that patients had their rights and that the government was obliged to offer patients the treatment that was convenient, gentle, and affordable. These

principles she promoted such as community psychiatry, recovery and respect towards patients can be observed in the fact that mental health services in India have continued to be modernized, although in later forms of the Mental Health Act, such as in later versions of the Mental Health Act, the modernization has continued.

Mother of Psychiatric Rehabilitation: The Legacy of Dr. M. Sarada Menon:

Dr. M. Sarada Menon transformed Indian psychiatry in numerous significant aspects, which are significant up to date. When mental health problems usually implied that individuals were locked up, neglected, or looked down upon, Dr. Menon worked with a lot of compassion, sensitivity, and respecting the rights of his clients. She opposed such brutal practices as the use of unwarranted restraints and demanded that mentally challenged people should not be treated differently than any other person. She advocated that there was a transition out of merely attending to the patients in the hospitals to a community-based approach to the mental health. She established programs to assist individuals, halfway houses, and clinics within neighborhoods in a bid to ensure that patients resume their lives and limit loneliness that tends to accompany mental illness. This shift brought Indian psychiatry to the same level with the rest of the world and it also made mental health care available in both the urban and rural regions. Dr. Menon also began the Schizophrenia Research Foundation (SCARF), which was one of the first agencies in India to carry out mental health research and assistance to individuals. With her help, SCARF came to be considered by the World Health Organization as the center that incorporated medical treatment with social rehabilitation and job trainings as well as with educating the population. As the first female psychiatrist in India, Dr. Menon broke through obstacles in a field mostly dominated by men. Her role as a leader and her work in teaching and building institutions inspired many young women doctors to go into psychiatry, creating opportunities that were not common before.

Dr. M. Sarada Menon has greatly advanced mental health research through many different studies. Her work covers topics like schizophrenia, anxiety, depression, and new clinical methods in mental health care.

1. Dermatoglyphic Fluctuating Asymmetry and Symmetry in Familial and Non-Familial Schizophrenia¹⁹.
2. Social and Clinical factors in the outcome of Schizophrenia²⁰.
3. Prochlorperazine in the Treatment of Chronic withdrawn Schizophrenics²¹.
4. Social workers in a psychotherapeutic setting workshop on behavior modification held at Government Mental Hospital, Madras²².
5. The faces of depression²³.
6. A Clinical Trial of Pimozide (R6238) in anxiety state²⁴.

Dr. Sarada Menon has been the recipient of numerous prestigious awards in recognition of her outstanding contributions to psychiatry and social rehabilitation. In 1992, the Indian government gave her the Padma Bhushan award. She helped different state and national governments create mental health policies, and her efforts at IMH and SCARF were key in bringing mental health treatment to district hospitals throughout Tamil Nadu, something no other state in India has achieved. The government of Tamil Nadu also awarded her with the Avvaiyar Award. Moreover, she was the winner of the State Best Doctor Award by Tamil Nadu and the Best Employer Award by the Indian government. In addition, she was internationally recognized, received a Special Award of the International Association of

Psycho-Social Rehabilitation and the "For the Sake of Honor" Award of the Rotary Club, indicating her life-long interests in mental health and the assistance of patients. In her outreach activities and high-level advocacy, Dr. Menon affected many patients and their families and left an outstanding mark in the mental health system in India. Due to her revolutionary contribution, she is regarded as an icon of Indian psychiatry and is frequently referred to as the "Mother of Psychiatric Rehabilitation" in India. Not only did her work transform the mental health care in India but also made the society evolve to be understanding, tolerant and compassionate to individuals with mental illnesses. Her work will always inspire other mental workers and emphasize the significance of commitment, diligence and creativity in enhancing medical care.

Conclusion:

M. Sarada Menon passed away on December 5, 2021, at 98 years of age, having remained engaged in psychiatry and teaching most of her 90s. Her life was not merely to become the first female psychiatrist in India but to be a reformer, educator, and good healer who transformed the perceptions and approach of people toward mental illnesses. Directing the Institute of Mental Health, initiating SCARF and gaining respect and assistance to people with mental health issues, she made psychiatry a much more caring and community-oriented profession. She assisted in relating medicine to real life and creating trust between herself and the patients and their family and a role model to the upcoming psychiatrists. Dr. Menon was the recipient of numerous awards in the country and she is more likely to be remembered as kind and devoted. She is an icon of courage, will and optimism in Indian healthcare. Even today, in many organizations and regulations, her influence can be found, and she transformed the lives of many, which earned her the nickname of "Mother of Psychiatric Rehabilitation in India".

References:

1. Yella, S. A. (2019). M. Sarada Menon. *Telangana Journal of Psychiatry*, 5(2), 164–166. <https://doi.org/10.18231/j.tjp.2019.035>
2. "Padma Awards". Ministry of Home Affairs, Government of India. 2016. Archived from the original (PDF) on 15 November 2014. Retrieved 3 January 2016.
3. Available from <http://bravewomensofindia.blogspot.com/2016/12/msaradamenon.html>
4. Mangala R. The madam I knew. *J Med Evid* 2022; 3:96-8.
5. Nizamie, S. H., et al. (2010). History of psychiatry in India. *Indian Journal of Psychiatry*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146221/>
6. Somasundaram O, Ratnaraj P. Kilpauk Mental Hospital: The Bethlem of South Asia- A recall of its history prior to 1970. *Indian J Psychiatry* 2018; 60(Suppl 2): S183-S191. Doi: 10.4103/psychiatry.
7. Somasundaram O, Ratnaraj P. Kilpauk Mental Hospital: The Bethlem of South Asia - A recall of its history prior to 1970. *Indian J Psychiatry* 2018; 60(Suppl 2): S183-S191. Doi: 10.4103/psychiatry.
8. Thara, R. (2022). Dr. Sarada Menon: A tribute and eulogy. *Indian Journal of Psychiatry*, 64(1), 106–107. <https://pubmed.ncbi.nlm.nih.gov/35400737/>
9. "SCARF Schizophrenia Exchange". Patients Engage. 2016. Retrieved 23 May 2016.

10. Umachandran, S. (2004, January 29). Fighting myths about mental illness. The Hindu. <https://www.thehindu.com>
11. "WHO Collaborating Centre for Mental Health Research and Training". World Health Organization. 2016. Retrieved 23 May 2016.
12. Schizophrenia Research Foundation (SCARF). (2019). SCARF: Caring for the Mind – a journey [e-book / institutional history]. (PDF). <https://scarfindia.org/scarfmedia/scarf-e-book.pdf>
13. Available from <http://www.scarfindia.org/scarf-and-its-philosophy/>
14. Menon, M. S. (oral history / interview). Oral history interview with Sarala/Sarada Menon. SAADA / archival interview, 2020. <https://www.saada.org/item/20201120-6421>
15. Kakunje, A., et al. (2021). History of psychiatric rehabilitation in India. Archives of Rehabilitation and Mental Health (2021).
16. Patricia Telesnicki (2005). "The Power of the Family Movement: Sharing the Knowledge". Newsletter. World Fellowship for Schizophrenia and Allied Disorders (WFSAD). Retrieved 23 May 2016.
17. Patricia Telesnicki, The Power of the Family Movement: Sharing the Knowledge
18. Umachandran, S. (2004, January 29). Fighting myths about mental illness. The Hindu. <https://www.thehindu.com>
19. Ponnudurai R, Menon MS, Muthu M. Dermatoglyphic fluctuating asymmetry and symmetry in familial and non-familial schizophrenia. Indian J Psychiatry 1997;39(3):205-11.
20. M. Sarada Menon, V. Ramachandran. Social and Clinical factors in the outcome of Schizophrenia. Indian J Psychiatry 1976; 18:45-51.
21. M. Sarada Menon. Prochlorperazine in the Treatment of Chronic withdrawn Schizophrenics. Indian J Psychiatry 1961; III (3).
22. Sunder Das S, Sarada Menon M, Gita Menon, Girija Kamakshi, Geetha Krishnan, Saraswathi K. Social workers in a psychotherapeutic setting workshop on behaviour modification held at Government Mental Hospital, Madras. Int J Soc Psychiatry. 1980;26(2):109-17. Doi: 10.1177/002076408002600206.
23. Sarada Menon M. The faces of depression. J Assoc Physicians India. 1977; 25(10): 695-701.
24. V. Ramachandran, M. Sarada Menon. A Clinical Trial of Pimozide (R6238) in anxiety state. Indian J Psychiatry 1977;19(3):79-82.