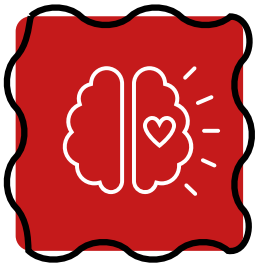
cbm

Evaluation Summary

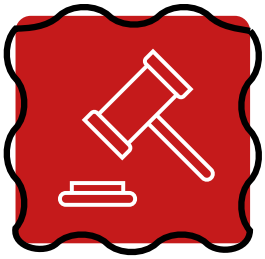
Influencing local governments to prioritise community mental health in Nepal

FROM AWARENESS TO ACTION:
HOW THE KARNALI MENTAL HEALTH PROJECT INCREASED GOVERNMENT COMMITMENT TO COMMUNITY MENTAL HEALTH

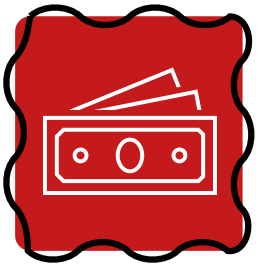
Outcomes: The project's influencing efforts produced measurable changes in government commitment to community mental health and community outcomes:



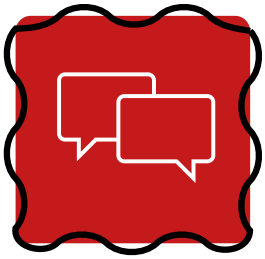
6,280 **people** received MHPSS (mental health and psychosocial support)



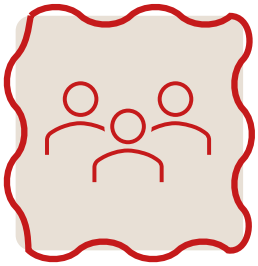
10 **municipalities** adopted mental health policies



13 **municipalities** integrated mental health into annual plans and budgets



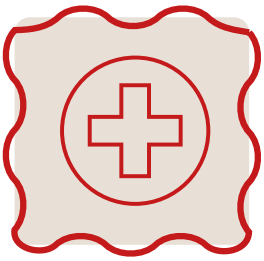
55 **health facilities** provided mental health and psychosocial support



7 **Local Disability Coordination Committees** included representatives of people with mental health conditions in the committee

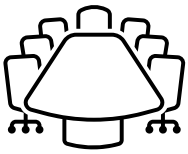
149 **people** received psychosocial disability identity cards

79 **people** were enrolled in the government health insurance scheme



48 **people** were linked to specialised mental health treatment services

> **Municipalities continued investing** in psychotropic medicines, community mental health services, and policy implementation.

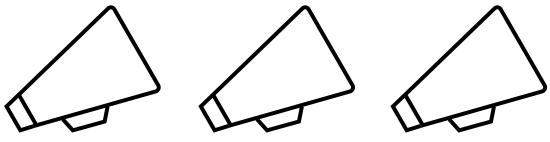


> **Local governments increasingly led** planning, coordination, and oversight of mental health initiatives.

> **Participants reported** improved wellbeing, reduced treatment costs, and high satisfaction with mental health services.

> **Provincial and municipal investment in mental health increased.**

> **Mental Health Self-Help Groups became recognised partners** in municipal mental health planning and advocacy.



> **People with mental health conditions** became more actively involved in advocacy, planning, and decision-making through MHSHGs and Project Steering Committees.

In Nepal's Karnali Province, mental health has traditionally received limited attention within local government planning and budgeting processes. Although communities faced significant mental health and psychosocial needs, services were often under-resourced, and responsibility for mental health was not clearly embedded within local governance systems.

The Karnali Mental Health Project (KMHP), implemented by CBM partner, the Centre for Mental Health and Counselling (CMC) Nepal, recognised that achieving sustainable improvements in community mental health required more than service delivery alone.

It required influencing local governments to recognise mental health as a public responsibility and invest in long-term solutions.

About the project

Project name: Karnali Mental Health Project (KMHP)

Project period: 2023-2026

Location: Surkhet, Dailekh, and districts, Nepal.

Funder: CBM Australia with support of the Australian Government through the Australian NGO Cooperation Program (ANCP).

Implementer: Centre for Mental Health and Counselling (CMC) Nepal

Project Overview:

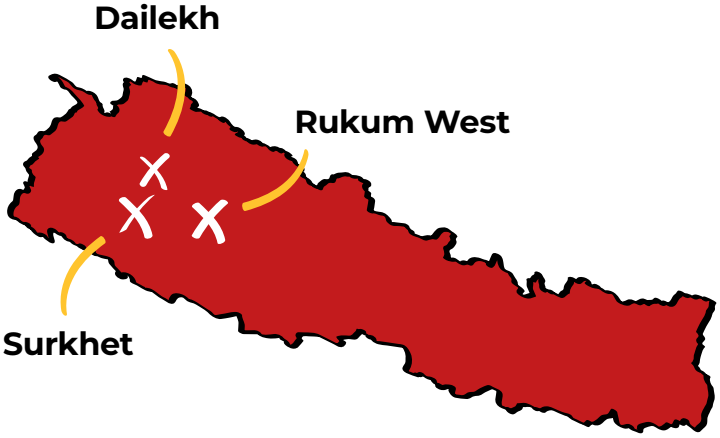
The KMHP was implemented between 2023 and 2026 to improve access to community-based mental health and psychosocial support (MHPSS) services across selected municipalities in Surkhet, Dailekh, and Rukum West districts in Nepal.

Funded by CBM Australia with the support of the Australian Government through the Australian NGO Cooperation Program (ANCP), the project was implemented by CMC Nepal in partnership with local governments, health systems, community-based organisations, and OPDs.

The project combined service delivery, systems strengthening and strategic advocacy to improve access to quality mental health services while increasing government ownership and investment.

A core principle of the project was meaningful participation, ensuring that Organisations of People with Disabilities (OPDs), including people with psychosocial disabilities and people with lived experience of mental health conditions, actively contributed to advocacy, planning, implementation and monitoring.

Through strategic advocacy, relationship-building, and evidence-based engagement, the project successfully shifted mental health from a peripheral issue to a local government priority.



Front image: **Self-Help Group members outside a health clinic in Rukum West, Karnali Province.**

The Challenge

At the start of the project, many municipalities faced significant challenges in prioritising and addressing MHPSS:

- Mental health was not prioritised in municipal policies, annual plans, and budgets, resulting in limited government ownership and investment in MHPSS trained personnel and systems for service delivery.
- Awareness of the social and economic impacts of mental health conditions was low.
- Mechanisms for coordinating mental health responses across sectors were weak or absent.
- The participation of OPDs and people with lived experience of mental health conditions in local planning and decision-making on mental health was low.
- Stigma, discrimination, and lack of awareness of psychosocial disabilities reduced help-seeking behaviour and meaningful participation of people with lived experience.
- OPDs and Mental Health Self-Help Groups (MHSHGs) had limited capacity and opportunities to influence policies, advocate for rights, and engage in government decision-making.

Without government ownership, gains in service provision would be difficult to sustain beyond project support.

Influencing strategy 1:

Building trusted relationships with government

Rather than engaging municipalities solely as service delivery partners, KMHP invested in long-term relationships with local government leaders and health authorities. This approach helped strengthen government ownership of MHPSS and created opportunities for sustained collaboration and influence.

The project established several mechanisms for ongoing engagement, including:

- OPDs and representatives of people with lived experience participated in quarterly project steering committee meetings chaired by the Municipal Chairperson or Mayor.
- Involvement in joint review and planning meetings.
- Dedicated municipal focal persons to strengthen coordination and follow-up.
- Ongoing dialogue with elected representatives and technical staff.
- Regular advocacy meetings and formal delegations with municipalities, led by MHSHGs and OPDs, raising issues related to access to mental health services, disability rights, social protection, and budget allocation.

These platforms created opportunities for sharing first-hand experiences that helped build trust and influence continuous discussion, problem-solving, and joint decision-making.

Over time, mental health became viewed not as a project activity, but as a municipal responsibility.

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Strategy 1: Result

> MHSHGs became recognised partners in municipal mental health planning and advocacy.

Local governments increasingly took ownership of mental health planning and oversight, while recognising OPDs and people with lived experience as important partners. Together, these efforts lay the foundation for stronger policy and budget commitments.

Influencing strategy 2:

Translating evidence into policy action

A key success factor was the project's ability to present evidence in ways that were meaningful and actionable for local decision-makers

Through advocacy meetings, service data, community feedback, and project results, municipalities gained a clearer understanding of:

> The prevalence and impact of mental health conditions.

> Gaps in existing mental health and psychosocial support services.

> The benefits of integrating mental health into primary healthcare.

> The important role local governments can play in responding to community needs.

> The perspectives and experiences of people with lived experience, MHSHGs, and OPDs, including the challenges they face in the absence of inclusive mental health policies and services.

> Community priorities and recommendations, articulated by OPDs, to promote disability inclusion, strengthen mental health policies, and increase budget allocations.

This evidence-informed approach helped move discussions beyond awareness and towards concrete policy decisions.

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Strategy 2: Result

10 municipalities developed mental health policies, exceeding the target of six.

13 municipalities integrated mental health into annual plans and budgets, achieving **163%** of the target.

This achievement demonstrated growing political commitment and institutional recognition of mental health as a development and public health priority.

Influencing strategy 3:

Demonstrating practical solutions

The KMHP did not simply advocate for greater government commitment; it demonstrated what effective community mental health support could look like in practice.

The project strengthened local capacity by training:

- Mental Health Gap Action Programme (mhGAP) health workers.
- Community Psychosocial Workers (CPSWs).
- Female Community Health Volunteers (FCHVs).
- School personnel.

Municipalities also engaged MHSHG and OPD members as resource persons in the different training activities facilitated by the project.

OPDs, MHSHGs, and people with lived experience also played a central role in demonstrating sustainable, community-based mental health support. Through peer support, community awareness, referrals, livelihood initiatives, training, and advocacy, they supported recovery while showcasing approaches that municipalities could sustain beyond the project.

Working alongside the National Federation of the Disabled Nepal (NFDN), the KMHP supported efforts to advance disability rights and mainstream psychosocial disability within local government policies and systems. By supporting people with psychosocial disabilities to obtain disability identity cards (enabling access to social protection schemes such as free health insurance), receive specialised treatment, and engage in livelihood opportunities, the project demonstrated how coordinated government action can improve inclusion and wellbeing.

Through a collaborative model involving both government and project-supported staff, municipalities were able to see tangible improvements in service accessibility and quality.

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Strategy 3: Result

- **55** health facilities delivered MHPSS services, exceeding the target of 21.
- **6,280** people received MHPSS
- **149** people received psychosocial disability identity cards.
- **79** people were enrolled in the government health insurance scheme.
- **48** people were linked to specialised mental health treatment services.

Participants reported improved wellbeing, reduced treatment costs and high satisfaction with services. Improved service accessibility and quality demonstrated the benefits of community-based mental health care, helping build confidence in the model and reinforcing the case for continued investment.

Caption: Women gather during a Self-Help Group meeting to share experiences, provide peer support, and discuss community priorities.

Influencing strategy 4:

Encouraging government investment

A major objective of the project was to move beyond donor-supported activities and encourage municipalities to finance mental health themselves.

Drawing on lived experience and community evidence, OPDs and MHSHGs advocated directly with municipal governments and submitted formal recommendations calling for increased investment in mental health services, psychotropic medicines, social protection, and community-based MHPSS.

As relationships and confidence grew, municipalities began allocating resources for:

- Counselling services.
- Psychotropic medicines.
- Suicide prevention activities.
- Mental health treatment support funds.
- Community awareness activities.
- Full-time staff to support mental health promotion at municipal levels.

This represented a significant shift from external dependency towards local financing and accountability.

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Strategy 4: Result

- Provincial and municipal investment in mental health increased
- Municipalities continued investing in psychotropic medicines, community mental health services, and policy implementation.

Mental health became embedded within municipal budgeting processes, increasing the likelihood that services would continue beyond the life of the project.

Influencing strategy 5:

Strengthening community–government connections

The project recognised that sustainable change requires stronger connections between communities and decision-makers.

Through awareness forums, referral networks, disability coordination mechanisms, and advocacy activities, KMHP created opportunities for community concerns to be heard by local authorities.

The project created dialogue platforms that brought together local governments, health workers, OPDs, MHSHGs, and community members, promoting mutual trust, collaborative problem-solving, and joint decision-making on mental health priorities.

Caption: **Project participants marching on World Suicide Prevention Day to raise awareness of mental health and advocate for inclusive, community-based MHPSS.**

A total of 38 advocacy actions were undertaken, many jointly with municipal actors.

The project strengthened the capacity of Local Disability Coordination Committees (LDCCs), contributing to the inclusion of psychosocial disability within seven LDCCs.

This has helped increase recognition of mental health and disability rights within local governance structures.

One MHSHG member was also elected representative of local government.

Strategy 5: Result

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- 7 Local Disability Coordination Committees included representatives of people with mental health conditions.
- People with mental health conditions became more actively involved in advocacy, planning and decision-making through MHSHGs and Project Steering Committees.

Community mental health became more visible within public decision-making processes, while local governments became more responsive to mental health needs.

Key Lessons

The KMHP demonstrates that successful community mental health outcomes require strategic influence as much as technical expertise.

Key lessons include:

- Sustained engagement builds trust and ownership.
- Evidence is most effective when linked to practical solutions.
- Demonstrating results helps secure political commitment.
- Joint advocacy strengthens accountability between communities and governments.
- Local financing is a critical indicator of sustainable change.
- Early planning for sustainability and project exit increases the likelihood that governments will continue financing and implementing mental health services after project completion.
- Continuous advocacy and evidence sharing are necessary to sustain political commitment.

A foundation for sustainable change

The KMHP provides a strong example of how targeted influencing strategies can transform government commitment to community mental health. By combining advocacy, relationship-building, evidence-sharing, and capacity strengthening, the project successfully encouraged local governments to adopt policies, allocate budgets, and take greater responsibility for mental health service delivery.

The result was not only improved access to community-based mental health support, but also stronger local ownership and a more sustainable foundation for future mental health investments across Karnali Province.

CBM Australia acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP).

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