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What matters for sustainable psychosocial interventions and who decides? Critical ethnography of a lay counselling program in Nepal

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ABSTRACT

Lay counselling, or the delivery of talk-based therapeutic support by people without a clinical degree, is gaining popularity as a way of addressing global shortages of mental health professionals. In Nepal, lay counselors have made significant contributions to mental health and psychosocial care over the last two decades, particularly in the aftermath of major emergencies. However, research on the longer-term integration and sustainability of lay counselling interventions remains limited. This ethnographic study explored the meaning and importance of sustainability to different stakeholders in a lay counselling program implemented following Nepal's 2015 earthquake. We conducted participant observation in the everyday lives of five counsellors as well as four focus group discussions and 51 semi-structured interviews with counsellors and other key stakeholders. Our analysis revealed significant discrepancies in perceptions of sustainability; while organizations involved in implementing the program described it as a sustainability success due to continued government financing, counsellors emphasized their own and the government's failure to sustain high-quality service delivery in practice. Program-level barriers included inadequate budget and remuneration, lack of clinical supervision, and poor integration within existing systems. We also identified wider sociopolitical influences on sustainability, including the social positioning of counsellors, low understanding and acceptability of counselling, and a rapidly changing political landscape. These findings reveal the need for a critical approach to sustainability in global mental health, warning against superficial engagement that prioritizes continuity of government financing over quality of care and workers' rights. Advocating for an ecological orientation within sustainability research, we also discuss the importance of looking beyond program design factors to consider how local and national sociopolitical dynamics influence frontline service provision.

1. Introduction

Task-shifting to lay community members is gaining popularity as a way of addressing shortages of qualified mental health professionals globally (Kohrt and Mendenhall, 2015). The role of lay providers has been particularly championed in the delivery of psychosocial interventions, which generally encompass non-medical forms of support such as counselling (Connolly et al., 2021). There is evidence that lay counsellors can make unique contributions toward Global Mental Health (GMH) priorities, including reducing stigma, acting as a bridge between underserved communities and mental health professionals, generating demand for services, and assisting in cross-cultural translation of mental health concepts (Chase, 2021; Connolly et al., 2021; Joshi et al., 2014; Malla et al., 2019; Mutamba et al., 2013; Padmanathan and De Silva, 2013). Accordingly, leading figures in the field of GMH increasingly frame psychosocial interventions delivered by lay providers as the foundation of effective mental health systems (Patel et al., 2018).

Despite this widespread support, there is growing awareness of the challenges of sustaining lay counselling interventions in practice. Even counselling interventions that demonstrate significant positive results in clinical trials frequently fail to be sustained after the initial trial phase (Chase et al., 2022; Jacobs et al., 2021; Leocata et al., 2021). This trend is apparent in Nepal, where lay counselling has been practiced for over two decades. Significant investments in developing and testing

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culturally contextualized lay counselling interventions have yielded ample research publications (Jordans et al., 2019; Jordans and Sharma, 2004; Kohrt et al., 2015; Sharma and van Ommeren, 1998; Tol et al., 2005). Yet there are few examples of psychosocial interventions that have been sustained longer than a few years. Most often, interventions are implemented by non-governmental organizations (NGOs) and then handed over to the government after the trial phase, with the intention that the government will continue to run them without additional resources; the long-term outcomes of such programs have rarely been explored or documented. Nepal has thus proved fertile ground for studying interventions that do not go on to benefit the public long-term.

Recent social science contributions in GMH have drawn attention to the ethical implications of these failures of sustainability, which may negatively impact both providers and beneficiaries of interventions (Chase, 2023; Leocata et al., 2021; Maes, 2015). The work of Leocata et al. (2021) highlights the social and moral dimensions of psychosocial caregiving, pointing out that lay providers often support vulnerable people within their own social networks and may therefore experience the cessation of care provision in profoundly personal ways. Their argument resonates with critiques in the wider field of global health of "instrumentalist" approaches that construe community workers as a treatment 'delivery mechanism' rather than social agents in their own right (Ahmed et al., 2022; Kane et al., 2020; Maes, 2017; Maes et al., 2015). To better understand both the risks and opportunities of task-shifting to lay counsellors in GMH, scholars have called for further ethnographic research into the views and experiences of lay providers themselves (Leocata et al., 2021; Maes et al., 2014).

To address this gap, we conducted an ethnographic study focused on perceptions of sustainability in one of the most ambitious lay counselling interventions implemented in Nepal to date. The "Community-Based Psychosocial Support Program" (hereafter CBPSP) was developed through a collaboration between Nepal's Department of Women and Children (DWC) and several NGO actors. Beginning in 2016, it established 32 psychosocial support centers (PSCs) in 14 districts. Because of the early commitment of the government to long-term financing of PSCs, the CBPSP was heralded as one of the first truly sustainable psychosocial initiatives in the country. Yet while the budget for the CPBSP continues to be provided by the DWC today, an ethnographic study of the program's implementation (2016–2017) revealed that a number of counsellors had ceased clinical service provision within the program's first year (Chase et al., 2022).

Building on this earlier research, we conducted an ethnographic study focused on sustainability within the CBPSP from 2022 to 2023. In framing our study, we explicitly sought to avoid reductive technical conceptualizations of lay counsellors, which might limit the scope of the research to problems of program design. We have opted instead for an approach informed by Das and Das' (2006) conceptualization of "local ecologies of care." Although ecological frameworks have been most widely used to conceptualize the mental health needs of intervention beneficiaries, we advocate in this article for their relevance in understanding the experiences of frontline service providers. Das and Das (2006) recognize care-providers as embedded in dynamic and interactive systems, drawing attention to the relationships at multiple levels that come to bear on the services they deliver. Practically speaking, this led us to look beyond program-design factors to the wider social and political dynamics affecting the sustainability of the CBPSP.

Our research asked, How do different stakeholders in the CBPSP – including counsellors, beneficiaries, and program implementers – understand sustainability? What factors have supported or hindered the sustainability of the CBPSP? And how do failures of sustainability impact counsellors and their clients? In what follows, we draw on ethnographic evidence to not only describe barriers to the sustained delivery of this specific intervention, but to raise critical questions about what it means for a psychosocial intervention to be sustainable and who has the power to decide. We demonstrate how the reductive operationalization of "sustainability" as "government financing" by more powerful actors can lead to unintended consequences for those on the frontlines of care. Paradoxically, we argue, the pursuit of a narrow vision of sustainable psychosocial intervention can be used to justify working conditions that render continued high-quality service delivery impossible.

2. Methods

2.1. Study setting and intervention

After the major earthquake of 2015, Nepal's parliament called for the first time for the provision of psychosocial support to the public. The DWC collaborated with several local and international NGOs to develop the CBPSP. The program was designed to be implemented through an existing network of women's cooperatives overseen by the DWC. In the pilot stage, selected women's cooperatives in 14 earthquake-affected districts chose one member to receive training as a psychosocial counsellor (6 months training) and up to five members to be trained as community psychosocial workers (CPSWs; 1–4 weeks training), who supported the counsellor through community outreach. NGO partners provided initial investment, clinical training, and supervision to counsellors for the first year of the program before handing full ownership over to the government. A Standard Operating Guideline was also prepared in consultation with relevant technical agencies and circulated to PSCs.

Each cooperative received 165,000 NPR (about $1200 USD) annually from the DWC to run the program, including maintaining the physical space of the PSC. Counsellors and CPSWs were deemed "volunteers," and received only a small "motivational incentive" of around 7000 NPR ($70) and 2000 NPR ($20) per month, respectively. This low budgetary allocation was justified in the name of "sustainability," as government partners claimed they were unable to commit to financing a more costly program (Chase et al., 2022).

Shortly after the CBPSP was launched, the country underwent a historic political shift. Following the promulgation of a new constitution, the country transitioned from a centralized system of government to a federal system. District-level offices of the DWC previously overseeing the program were dissolved. As discussed below, this created significant challenges for the administration of the program.

2.2. Data collection

This study adopted an ethnographic methodology with a focus on developing a rich, contextualized account of the experiences and perspectives of lay counsellors. The research was conducted in two stages. In stage one, guiding interviews were conducted with all consenting counsellors and other actors directly involved with the program to gather general information and elicit a narrative account of barriers and facilitators to sustainability. Preliminary analysis of stage one material involved tabulating findings on key features and current status of all PSCs in order to make an informed decision about which sites to focus on in Stage Two.

Stage Two involved in-depth ethnographic case studies with a subset of counsellors. Counsellors were purposively selected to capture the widest variety of contexts in terms of both social demographics (e.g., dominant caste/ethnicity of the community) and the current functional status of PSCs (from inactive to fully operational). This stage was carried out in a collaborative manner with the full participation of the counsellors based on informed consent. Researchers spent one week shadowing each of the counsellors and taking detailed ethnographic field notes on aspects of their everyday life and social context. In each site, individual interviews were conducted with counselling beneficiaries and chairpersons of local women's cooperatives and focus group discussions (FGDs) were organized with community stakeholders such as health professionals, local government officials, and staff at relevant organization/community groups. All interviews were recorded with

permission.

Most interviews, fieldwork, and analysis were conducted by Tiwari and Limbu, both young Nepali women who are graduate students in anthropology. Shrestha led and supervised fieldwork and conducted several interviews and two case studies herself. She had strong rapport with the counsellors, having been one of the trainers of the CBPSP initially. Chase travelled with Shrestha to conduct one of the ethnographic case studies in a community where she had previously conducted ethnographic fieldwork (2016–2017). Chase and Shrestha's involvement in the research allowed pre-existing knowledge and relationships developed over the course of 6 years to inform the fieldwork and analysis. However, Chase's identity as a White American academic and Shrestha's as former trainer meant that they may have been associated by participants with forms of social and economic power, inhibiting some participants from speaking honestly about negative aspects of their experience.

2.3. Analysis

Interview recordings were transcribed and translated into English in the process. Tiwari and Limbu read through all transcripts to familiarize themselves with the data and then conducted a thematic content analysis of interview data (Green and Thorogood, 2004). Codes were developed by the whole team through a combination of inductive and deductive processes; we initially used the CHW AIMS framework to identify broad categories potentially relevant to the optimal functioning of community-based health interventions (e.g., training, supervision, remuneration (Ballard et al., 2018). We then added additional categories to capture salient themes emerging from counsellors' own accounts. In particular, we noted that existing frameworks did not capture the impact of counsellors' positioning within their communities or wider sociopolitical dynamics. Coding of interview data was then completed manually using a shared spreadsheet. Ethnographers coded their field notes independently.

2.4. Ethical considerations

This research obtained approval from Nepal Health Research Council (NHRC) and Durham University. A strict protocol was followed for obtaining informed consent and protecting participant privacy. All place and person names included in this article are pseudonyms.

3. Findings

Altogether, our team conducted five ethnographic case studies, four FGDs (n = 36), and semi-structured interviews with 36 counsellors, six counselling beneficiaries, and nine key stakeholders. Participants unanimously emphasized the value of the CBPSP and the need for this type of support in Nepali communities, in particular for vulnerable groups affected by domestic violence, drug and alcohol addiction, natural disasters, and the COVID-19 pandemic. The majority of PSCs (27/32) continued to receive an annual budget from the DWC. Yet despite ongoing community and financial support for the program, we found that most of these PSCs were not functioning as intended. Ethnographic fieldwork was instrumental in discovering that even counsellors who claimed that their centers were operational had in practice long ceased to provide regular counselling to clients, instead offering referrals and educational activities on an ad hoc basis.

In what follows, we elaborate key themes that emerged during analysis. We begin with a discussion of the conflicting meanings of sustainability expressed by different stakeholders in the program and go on to discuss some of the barriers to sustainability articulated by counsellors as well as their personal and professional impacts. Informed by Das and Das (2006), we consider not only issues of program design, but also social and political relations that came to bear on counsellors' ability to continue practicing. To offer a more nuanced portrait of counsellors' complex and varied experiences, we supplement our discussion of key themes with two in-depth ethnographic case studies drawing on excerpts from fieldnotes; these are each written in the first person by the ethnographer who conducted the fieldwork.

3.1. Conflicting visions of sustainability

Our research revealed multiple conflicting definitions of sustainability[2] endorsed by CBPSP stakeholders. On one hand, stakeholders at DWC and partner agencies deployed a narrow meaning of sustainability as continued government financing. For example, one member of DWC explained,

> We say the program is sustainable and is continuing based on the budget allocated to the PSCs every year. The PSCs and women cooperatives submit the documents of the program completion and budget expenditure details to DWC at the end of the fiscal year and claims for the budget for the next fiscal year. Out of 32 PSCs, 27 have received the budget this year. The other five failed to apply for the budget because the counsellors of those centers could not run this program effectively.

From the perspective of government actors we interviewed, then, the CBPSP was a model of sustainability, and any failures to continue delivering services were blamed on individual counsellors.

Counsellors, on the other hand, contested this reductive vision, endorsing a broader understanding of sustainability as the continued delivery of safe and effective counselling services. Counsellors emphasized that continued budget allocation was not enough to achieve sustainability. "Only a big budget won't make the program sustainable," one counsellor summarized, "for the program to be sustainable and successful we also need good planning, support from the implementing partners and other existing structures, timely refresher trainings and supervision, and adoption of new methods to deliver our ideas in the community."

Counsellors described a range of personal sacrifices and creative adaptations they had made to keep a minimum of activities going at PSCs. For example, in the absence of clinical supervision and referral pathways, some formed a group chat on social media to discuss possible solutions for challenging cases. One counsellor, frustrated by the lack of technological and material support for raising community awareness about her service, began writing songs related to psychosocial problems. Yet despite such initiatives, almost all counsellors agreed that their PSCs failed to meet their standard of sustainability. In what follows, we present key themes from their accounts of barriers to continued high-quality service delivery.

3.2. Program-level barriers to sustainability

3.2.1. Insufficient budget

From counsellors' perspective, the most significant factor affecting sustainability was insufficient budget allocation. Counsellors described their inability to meet clients' expectations – including support in the form of snacks during community sessions, transportation to the PSC, and purchasing medications – due to budgetary constraints. This has added challenges for counsellors to continuing their counselling service. One explained,

> It feels unethical to invite community people for your program and not to provide any snacks. The people expect snacks and allowance.

[2] In formal and NGO settings, the term "sustainability" is translated as दगिो - दगिोपना (*digo-digopana*), which literally means "continuation" or "stability." However, counselors generally use the terms नरिन्तरता (*nirantarta*) or चलरिहने (*chalirahane*), both of which are verbs and convey a sense closer to "continuation" or "ongoing."

> We do not have a budget for the allowance but at least we should be able to provide tea and biscuits to them. But we cannot even afford to do that under a limited budget. The people would not coordinate with us if we could not provide them with any of these; they would not come. And in the eyes of DWC it appears that the counsellors failed to run programs. The situation on the ground is different from making plans in the office.

The budget allocated for counsellor remuneration was also universally deemed inadequate. In some cases, low incentives led to tensions with family members, who refused to support counsellors in this work. One counsellor shared, "The budget is not even enough to meet the personal expenses. We could contribute nothing to the family even after working for the whole month."

More recently the program announced plans to replace monthly incentives with compensation of Rs. 500 per counselling session. According to the DWC, this major policy shift was made in order to have proper indicators for the payment of incentives to counsellors and to avoid bulk payment of 7000 to those who are not working. According to counsellors, this policy fails to grasp the scope of their work, missing the vital educational aspects of their role in working to create awareness about psychosocial problems in the community, and there is no provision for travel to home visits in a context where clients are not regularly visiting centers due to lack of accessibility. Overall, many counsellors have ceased to deliver services – either officially or unofficially – because of remuneration-related frustrations.

3.2.2. Lack of ongoing clinical supervision, training, and oversight

The CBPSP had no long-term plan for offering clinical supervision and training to counsellors once the government assumed full ownership after the program's first year. Counsellors expressed profound discouragement at losing the material, clinical, and moral support system they had initially had access to through the early involvement of NGOs with expertise in the psychosocial field. Every counsellor who participated in an interview expressed a need for more supervision. Counsellors emphasized the impact this lack of support could have on clients, particularly in the absence of referral mechanisms for complex cases. One counsellor said,

> We do not have the updated training for counselling. As a result, we are practicing the same method we learned 7 years ago in the six-month training program. There is no nearby hospital or specialized counselor to whom we can refer the cases. If there is a critical case, there is no channel forward for the treatment of the clients.

Counsellors also described encountering new kinds of cases in the community that they did not feel equipped to handle. These experiences demotivated counsellors and provoked ethical concerns.

In addition to insufficient training and supervision, the situation was further exacerbated by the high expectations placed on counsellors. They were expected to identify and screen individuals in need of mental health and psychosocial support, connect them to healthcare facilities and support systems, and provide immediate care to those in need. This challenge was compounded by the lack of adequate referral options within health and protection systems. Moreover, newly trained young counsellors, who were often still developing their sense of agency, often faced difficulties in establishing trust within the community.

Interestingly, we noticed geographic disparities in counsellors' ability to access alternative sources of clinical guidance. Counsellors located near Kathmandu often availed themselves of informal support and mentorship, for example, by visiting their trainers at local NGOs, referring cases directly to psychiatrists and hospitals they had come to know through their training, and meeting with one another to share experiences. Counsellors in more remote areas, by contrast, described lacking this access and attendant feelings of isolation.

Beyond the absence of clinical guidance, counsellors bemoaned the lack of administrative oversight of their activities. Presently, PSCs are operating under the leadership of the DWC office in Kathmandu despite the fact that all regional DWC offices were dissolved with the shift to federalism. As a result, counselors do not have any person or institution to connect with for seeking assistance at the local, district, and provincial levels. The DWC also moved from a monthly report submission requirement to an annual report, meaning that counsellors only get feedback on their work once per year. As a result of these developments, counsellors described feeling left alone and ignored, with one summarizing, "We are wondering who is responsible for us." The lack of oversight was also associated with irregularities and misconduct. One counsellor shared, "I know that DWC has been sending the budget to the center every year but the cooperative has not appointed a counsellor and no orientation programs have been conducted since I left the program." In short, counsellors stressed the importance of ongoing training, supervision, and administrative oversight to the continued provision of ethical and effective psychosocial support.

3.2.3. Lack of appropriate infrastructure

Counsellors described the lack of appropriate PSC infrastructure as an additional challenge to long-term sustainability. Program guidelines specified that women's cooperatives should provide a counselling room that was private, well-lit and ventilated. While cooperatives initially received some financial support toward achieving this, most nonetheless struggled to obtain a private space for counselling, particularly given that any existing cooperative buildings had usually been damaged by the 2015 earthquake. During the establishment period, some cooperatives rented rooms for the PSC, but this proved unsustainable within the regular annual budget.

Over the longer term, some cooperatives made an effort to access free community space through collaborations. For example, one cooperative lobbied the local government to gain access to an underutilized room at the post office. However, reliance on the voluntary provision of community space also created instability and tensions. In one case, a senior cooperative member initially agreed to provide a space for the PSC but later requested the room back, arguing that she could be renting it out for an income. The cooperative then transferred all equipment to the local government office. However, the office failed to provide a suitable space and instead used the PSC equipment for their own purposes. Eventually the cooperative managed to rent another space, but their equipment was no longer in useable condition. This led to conflict between the counsellor and other cooperative members, who began pressuring the counsellor to purchase furniture from her own pocket to furnish the new space they were paying for. In at least one case, a counsellor who had been forced to vacate a community space ended up running her counselling activities out of her own home.

Where PSCs did have an allocated space, counsellors often emphasized that it was not fit-for-purpose. Our observations within PSCs showed that counsellors lacked basic resources such as laptops, flip charts, printed materials, and folders. They also struggled to achieve privacy. During ethnographic observation at one center, we observed a boy feeling uncomfortable entering the counselling room because its door was linked with the women's cooperative office where all cooperative members were attending a general meeting. The boy eventually quickly rushed through to the counselling room, looking downward in embarrassment. Yet as the rooms were attached, we could easily hear what he was sharing with the counsellor in room next door.

3.2.4. Poor integration with existing systems

The CBPSP was established through women's cooperatives under the DWC, and did not have any formal link with health and social care systems. While PSC management committees were initially formed to improve coordination with other actors, at the time of our research all of these had ceased to function. Reasons for the discontinuation of the committees included lack of clarity about the responsibilities of the committee and lack of funds to provide travel stipends for members to attend meetings. Some counsellors felt that committee members did not

take their work seriously given that they were only lay counsellors and not health professionals.

A number of counsellors independently forged connections with existing structures, for example, coordinating to run activities in local schools or establishing referral pathways with health posts, police stations, and NGOs working in their area. One counsellor who was also a teacher advocated to establish a counselling room in the school and spent two periods a day providing counselling support to the students. Counsellors found coordination with local health posts particularly beneficial, enabling their beneficiaries to access free medicines and increasing the status of the PSC in the eyes of the community.

However, in the absence of official integration, these links mostly proved transient. In order to make the CBPSP more sustainable, both counsellors and beneficiaries suggested formally integrating the program within health posts. One counsellor explained,

> I feel that the health post would be the appropriate place to locate the center. The health post is accessible for all the wards in the municipality. Many cases of mental health also do come to the health post. The health post also provides medicine. It would be easy to deliver the services from there.

According to another counsellor, many clients show symptoms of both physical and mental problems, so it would be easier to get an accurate diagnosis if these two forms of support were available in one place. It was further suggested that this would reduce the stigma attached to seeking counselling support.

3.3. Social and political dynamics affecting sustainability

3.3.1. Relationships within local Women's cooperatives

Women's cooperatives in Nepal have long been construed by the government as cost-free vehicles for national development projects (Government of Nepal Ministry of Co-operative and Poverty Alleviation, n.d.). However, it quickly emerged that many cooperatives did not possess the skills or resources to administer the CBPSP effectively. Most had been formed exclusively as credit and savings groups in which women took on voluntary posts on a rotating basis without pay. None had prior knowledge of psychosocial counselling. This led at times to challenging dynamics between counsellors and other cooperative members, with some describing a complete lack of support and unrealistic demands from their cooperatives.

These dynamics had important implications for service delivery given the structural power invested in women's cooperatives, as one counsellor emphasized:

> I successfully led numerous programs and handled cases. However, my experience working under the women's cooperative deteriorated over time. Despite my resignation as a counsellor … it has not been officially acknowledged. The cooperative exercises control over the budget and all center-related decisions, lacking transparency.

As this counsellor implies, we documented several instances where cooperatives failed to report that counselors had resigned from their post in order to continue to receive a budget from the DWC. Several other counsellors described being expected to fulfill extra cooperative duties alongside their counselling responsibilities in exchange for having been put forward for counselling training. Such relational strains could be a decisive factor in determining whether counsellors were able to continue providing high-quality services in their communities.

3.3.2. Local and national political tensions

Nepal's rapidly changing political landscape emerged as another salient barrier to sustainability of the CBPSP. Following federalization and the formation of local-level governments, CBPSP budgets began to be allocated through local government offices. During this time, counsellors described facing discrimination and non-cooperation based on their political party affiliations. One counsellor shared,

> I faced challenges in obtaining my allowance due to the mayor belonging to a different political party. I even enlisted the help of an influential individual to exert pressure on the mayor to allocate the budget for the PSC. I recall that, after significant effort, the mayor agreed to release my salary, but he made it clear that his decision was solely influenced by my persistence.

The extent of local government support also depended upon the degree of interest and understanding of elected representatives, who often did not perceive psychosocial care as falling within the remit of their responsibility. One counsellor told us, "When I requested assistance from both the ward office and the municipality, they responded by saying, 'This is not our responsibility; these sorts of issues are handled by NGOs and INGOs.'" Counsellors thus often had to become lobbyists in order to access PSC budgets. Yet even when cooperation with elected representatives was secured, this could collapse following the next round of elections.

These political barriers to continued service delivery could take heavy a toll on counsellors. One participant bitterly recounted, "It was a challenge to explain the purpose of this program to the mayor and the bureaucrats. I also faced the humiliation of an administrative officer of the local government, who threw away my documents when I went to request the budget for this program." Another counsellor shared her frustrations in detail:

> Many times, we have given written letters to the municipality and ward office mentioning the psychosocial program, its importance, and its usefulness at our place but they did not listen to us … I got tired of visiting these offices and lobbying for the budget. The situation worsened so much that the local government tried to appoint a person as a counsellor in my place … It was because of the political rifts between the two dominant parties that we did not get enough support from the local government. I tried so many times to convince the representatives that psychosocial counseling is not a political program and it benefits the people of all the strata and political parties. But still, [they were] not ready to hear us. I have not received my salary for 16 months.

While budget distributing mechanisms have now changed again—-with DWC allocating budgets directly to cooperatives—many counsellors still have not received their incentives from this period. This has in some cases created a rift between the PSCs and local governments that impinges on counsellors' ability to continue providing services.

Beyond these local-level dynamics, key stakeholders we interviewed also pointed to dynamics among national government agencies as underlying some of the problems associated with the CBPSP. One reason cited for the program's insufficient budget was the lack of adequate budget allocated to the Ministry of Women, Children and Senior Citizens, under which the DWC and the CBPSP program operates. One participant shared, "Even though our Ministry has many sectors of humanitarian needs, we still receive the lowest budget. I don't know why, maybe the government of Nepal does not feel this Ministry is as important as others or if it does not trust us. It's hard to understand." In short, political tensions at both local and national levels had a bearing on counsellors' ability to continue service delivery.

3.3.3. Social positioning of counsellors within the community

The social positioning of counsellors within their communities emerged as another salient influence on sustainability, in part because it mediated relationships with local actors who controlled resources and decision-making. As the ethnographic case study in Box 1 attests, counsellors from socioeconomically advantaged groups appeared better able to access resources that facilitated their continued work. Counsellors whose husbands and other relatives possessed strong financial and educational backgrounds were also more likely to receive family support for their roles. Because most counsellors were married women with a heavy burden domestic responsibilities, such family support proved a

Box 1
Ethnographic Case Study: The Importance of Counsellors' Social Positioning

I met Shanti for the first time at the taxi station in the small market near her village of Mani Gaun. As we walked the 20 min to her home together, many locals greeted her with the formal "Namaste," showing their respect. It was immediately clear to me that in this ethnically diverse village, Shanti was privileged both in terms of her caste background and her socioeconomic class. She explained to me that she had long worked on women's and children's issues and described her experience of advocating for herself professionally:

> After federalism in Nepal, local governments discontinued [certain social service] roles, prompting nationwide protests in Kathmandu. I actively participated and personally lobbied our local government head to retain the position … Eventually, the former head agreed to appoint me as an assistant staff in the [local government office].

Today Shanti is still employed in this local government post and also engages in commercial farming with her husband, who maintains a decent income. This financial background allows her to work part-time as a psychosocial counsellor despite the low incentive offered. Shanti's role in the local government involves supporting protected individuals and liaising with the women's cooperative. Therefore, people in her village perceive her as a government official who is capable of arranging material assistance for those in need.

This social and political capital was on full display when, later in our week together, I organized an FGD with local stakeholders in Shanti's PSC. As participants began to gather for the discussion, I noticed Shanti instructing the head of the women's cooperative about how to convince the local government office to allocate the next round of annual budget for the PSC. During the FGD, Shanti continually interrupted participants' discussion to add her own thoughts, demonstrating her confidence and status. When our discussion had finished, one of the participants, an elected representative from the marginalized Dalit caste background, asked Shanti about an upcoming income generation training offered by the local government office, adding deferentially, "Please, don't forget me to count in for the training." When I later interviewed the women's cooperative leader in Mani Gaun, she confirmed that she believed "educated individuals" like Shanti could make a positive contribution through the PSC.

In sum, the fact that Shanti's PSC continues to operate appears to owe much to her influential position within the community, which allowed her to mobilize resources and exercise authority in decision-making in her local government and women's cooperative. However, it also appeared that few local people were aware of the PSC or the services it offers. Interviews with counselling beneficiaries revealed that none those interviewed were currently receiving counselling sessions, and FGD participants expressed a desire for more inclusive and active services. Shanti avoided introducing me to others as someone studying the PSC, explaining, "People think that I receive ample money for this program. They don't understand how complicated and challenging work is. So, I don't want to talk about this program in the village." Thus, even where counsellors' exercise personal initiative and social influence to keep PSCs minimally operational, they appeared unable to sustain high-quality service delivery.

Box 2
Ethnographic Case Study: The Influence of Sociocultural Understandings of Illness

It took 5 h to reach Rita's village. Since it was my first time in area, I asked the boy sitting next to me on the bus if he knew her. I was pleasantly surprised when he answered, "Of course I know her, who doesn't know her here?" He told me that the bus conductor would lead me to her home if I told him her name. Soon, I discovered that most of the people in the bus knew her, though it was only later that I came to understand the source of Rita's local fame.

The bus stopped exactly in front of Rita's home, where she met and welcomed me. We sat for some time at the shop near her house. Noticing me as a visitor, some neighbors stopped to ask who I am. Rita replied, "She is our *Mam* [female professional] from Kathmandu, come for research about my work. She has come to understand how I heal people with spirit possession (*chhopne rog*)." I was surprised to hear Rita describe her work in these terms, but assumed she was simply using local idioms so that people would understand more easily. Yet in the evening, as Rita and I discussed my research plans, she used the term again: "One school principal is asking me to conduct one class. The girls there are experiencing spirit possession." I knew that instances of mass possession in schools are a common phenomenon in rural Nepal, and one that counsellors and ritual healers understand in very different ways (Sapkota et al., 2014; Seale-Feldman, 2022).

The next day, the counsellor introduced me to one of her beneficiaries and again told her that I have come to do research about her work on possession. I was concerned to hear the counsellor use this term even when discussing her work with a client. When I conducted an individual interview with the beneficiary, she, too, used the term *chhopne* many times. She described Rita as a spirit medium (*mata*) and told me about her power. She further described the spiritual mediation practice Rita had told her to follow, assuring her that these methods would help maintain peace and prosperity at her home. Rather than describing Rita as a counsellor, she spoke about her as an influential healer who also did social service.

In the other interviews I conducted over the course of my week in the village, beneficiaries repeated similar sentiments about the *mata.* Some of them shared how Rita helped them and corrected the things at their home by chanting mantras and performing rituals. In the FGD, I realized that people were not aware of Rita's counselling role and perceived her exclusively as an influential healer.

In all these ways, it became clear to me that Rita's PSC was not fulfilling its intended purpose, despite the fact that she continued to serve her community in a therapeutic capacity. In the absence of ongoing training and supervision, Rita had for years equated her role as a counsellor with her role as a renowned local spirit medium. Her experience reflects the extent to which counsellors working in isolation may depart from training and clinical practice guidelines, and hence the importance of ongoing oversight and support. Overall, Rita's case serves to further challenge narrow understandings of "sustainability" as the continued allocation of a budget by government actors, revealing the divergent unintended outcomes this can lead to.

crucial determinant of their ability to continue to deliver services.

3.3.4. Sociocultural Understandings of mental health and psychosocial problems

In Nepal, mental health and psychosocial problems are frequently understood in social or spiritual terms, with many illnesses attributed to bad spirits or curses from a clan deity. People thus often seek solutions by visiting shamans, mediums, or the church, and by making offerings to the clan god and in temples. Counsellors sometimes framed these cultural orientations toward illness as a barrier to their continued practice. One counsellor explained,

> The major challenge I am facing as a counselor is that people don't accept or believe in counseling. A boy I know had depression. I told his parents to take him to see a psychiatrist because he has symptoms of depression, but they did not take him for treatment. Instead, the boy committed suicide after going to the shaman (*dhaami jhaankri*).

Interestingly, counsellors sometimes shared spiritual attributions of the problems they were addressing to varying extents. The case study in Box 2 describes how one counsellor went so far as to integrate spirit mediumship in her counselling practice.

Another influential aspect of the wider sociocultural context is that some mental health and psychosocial problems are highly stigmatized in Nepal. People with these problems are often referred to using the derogatory term for "crazy" (*paagaal*) and perceived to be dangerous. Some counselors described fear of stigma as a major barrier to clients visiting PSCs, forcing counsellors to travel to clients' homes to deliver services. Some counsellors even described experiencing stigma themselves because of their work. One told us, "The people in the community did not trust me in the initial year and called both my client and me mad. They called counselling unnecessary." Another elaborated,

> The people in the community who do not understand about psychosocial problems refer to … our center as "the organization that works for crazy people." They even referred to such people as "spoiled people" and even passed comments to us that we would be also spoiled by working in such a center and with such people. Even educated and aware people passed such derogatory comments on us.

In the experience of counsellors, then, conflicting views of illness can be a barrier to continuing to provide high-quality counselling services in communities.

4. Discussion

Our findings reveal an important gap between formal definitions of sustainability in the field of GMH and the way sustainability is routinely operationalized in practice in psychosocial interventions. Literature on sustainability emphasizes not only continued resources, but also the continuation of intended benefits of programs after external funding has ceased (Shelton et al., 2018). Patel et al. (2011) suggest five thematic areas encompassed in sustainability, including government and policy, human resources and training, programing and services, research and monitoring, and finance. Yet in practice, we found that finance is often the sole metric by which donors, technical agencies, and government actors evaluate the sustainability of lay counselling interventions. This reductive understanding of lay counselling is not unique to Nepal, but is apparent even in policy documents such as the latest World Mental Health Report, which writes of one case study: "after the program's success the primary care facilities covered staff costs, so ensuring sustainability" (World Health Organization, 2020, p. 132).

By contrast, lay counsellors who took part in our study emphasized that long-term government financing did not translate into sustained intervention benefits for communities. Most of those we interviewed had ceased providing formal counselling, offering educational activities only in an ad hoc manner. Moreover, counsellors emphasized gaps in their clinical knowledge, oversight, and referral mechanisms that seriously jeopardized the quality of the care they were able to provide. The inadequate budget allocated for staff and infrastructure costs created personal and professional challenges for counsellors, who often found themselves unable to meet the expectations of their families and clients alike. Paradoxically, the adoption of untenable working conditions was justified in the name of "sustainability" at the program's outset (Chase et al., 2022).

It is essential to note that this outcome was strongly shaped by the I/NGO-led culture of development in Nepal. On one hand, community expectations of support after emergencies may be particularly high in this context, where international NGOs and humanitarian organizations have long engaged community members by providing compensation in the form of food, travel expenses, and daily allowances. On the other hand, growing recognition of the limitations of these interventions—which prioritize immediate, measurable impact over long-term infrastructure development—have created a strong motivation to shift to government ownership. Going forward, it is important to critically consider the role of I/NGOs in mental health service development and to create a service ecosystem that treats participants consistently. Establishing uniformity and standards for any logistical support provided to the community would ensure equitable treatment and encourage more balanced participation.

Despite these challenges, many counsellors opted to stay in their roles and provide some level of (mostly non-clinical) services to their communities. Some invested their own resources in the center and many went to great lengths to lobby for continued funding, establish referral pathways, raise community awareness, and secure donations of space and equipment. These findings dovetail with a wider literature on the potential adverse effects of deploying lay community workers without adequate remuneration or support. A growing body of qualitative and ethnographic research suggests these providers frequently go above and beyond to invest personal resources in supporting clients despite the fact that they are unsalaried and socioeconomically disadvantaged themselves (Ahmed et al., 2022; Hampshire et al., 2017; Loeliger et al., 2016; Maes, 2017). Moreover, consistent with recent research on moral experiences of lay counsellors, our participants voiced considerable distress and discouragement when these challenges led to the failure to sustain high-quality service delivery (Leocata et al., 2021).

Our findings thus support calls for a reconceptualization of the role of lay providers. In the field of global health, lay community workers are too often viewed instrumentally as an "'extra pair of hands' to be called upon to provide 'technical fixes,'" rather than as social actors with agency and expertise in their own right (Kane et al., 2020, p. 9). As Ahmed et al. (2022) note, interventions implemented within this paradigm often deploy lay providers as a low-cost alternative to systemic change, inadvertently enabling or exacerbating systemic inequalities. In the case of the CBPSP, this approach arguably served the powerful actors implementing these programs—who were able to claim the program as a success—to a greater extent than counsellors and beneficiaries.

As an alternative to this instrumentalist approach, we have proposed that an ecological orientation such as that outlined by Das and Das (2006) in India might more productively guide attention to sustainability in lay counselling programs. This view moves us beyond a narrow transactional vision of sustainability, wherein counsellors continue to deliver services in exchange for the continuation of motivating incentives, toward the question of what it takes for counsellors to establish and maintain a niche within local ecologies of care. The latter clearly requires more than labor on the part of individual counsellors; it also depends upon dynamic relationships within local and higher-order social and economic systems. We suggest this ecological perspective may be particularly important in the case of counselling, a form of labor that is inherently emotional and relational.

From this standpoint, for lay counselling interventions to be genuinely sustainable, counsellors need to be part of a wider ecosystem that is supportive and conducive. Our findings suggest that a conducive ecosystem will include ongoing training and supervision from more

senior mental health professionals, channels for receiving and making referrals, integration within wider systems such as healthcare or education, and appropriate equipment and infrastructure, in addition to adequate salaries. These program design recommendations are consistent with recent guidelines and research evidence on optimizing community health worker programs (Ahmed et al., 2022; Ballard et al., 2018; WHO, 2018)

Ensuring the sustainability of psychosocial interventions may also require looking beyond program design to the local and national sociopolitical dynamics. Counsellors do not merely need to be trained and motivated but also structurally and systemically enabled. In a context of extreme political flux, care must be taken to ensure that mechanisms for remuneration and monitoring do not rely on unstable political alliances or foment tensions. Community-based organizations (such as women's cooperatives) may be affected by political instability and ill-equipped to handle the administration of clinical programs. In a context of intense rural-urban inequity, counsellors working in remote areas may require additional clinical support and resources to operate at a similar level to their counterparts in cities. Finally, attention to intra-government dynamics, such as the low value attributed to social protection compared with health programs, should also guide decision-making about sustainable program governance. The majority of counsellors we interviewed recommended integration of the CBPSP within the health system as a way forward.

Taken together, our findings suggest the need for a more robust working definition of sustainability in GMH practice. Government budget allocation for interventions cannot be understood as an end in itself. The push for rolling out and sustaining psychosocial care at scale needs to be balanced against other priorities, including workers' rights and quality of care. This is essential in order for lay counselling interventions to serve not only the short-term needs of governments and I/NGO actors to demonstrate progress, but the longer-term goal of promoting mental wellbeing among the world's most marginalized.

4.1. Limitations

This was a short-term ethnographic research project with limited budget and thematic scope. We were only able to conduct participant observation for short durations with five counsellors; thus, although our project builds on prior ethnographic work, our grasp of on-the-ground realities for most counsellors involved in the program remains limited. Given that one of the researchers was involved in the program's conceptualization, implementation, training delivery and training manual development, researcher positionality may have had some influence on counsellor's accounts and participation. This is an important limitation of study findings. However, efforts were made to clearly express the current role of the researcher as such – independent of donors and policy makers – to all potential participants.

In addition, given the functioning status of PSCs, we struggled to recruit counselling beneficiaries to our study and those we did recruit frequently had limited memory of their counselling experiences that had occurred years prior. Hence, we did not feel able to generalize about perspectives of people receiving counselling services based on the data we had collected. Furthermore, we were not able to include perceptions of CPSWs. Although we initially hoped to elicit CPSW views in our ethnographic case studies, once in the field we found that most CPSWs had had such brief training and involvement in the program that they were unable to offer an informed perspective on the program so many years later. Finally, some relevant ethnographic findings had to be omitted in order to protect the anonymity of counsellors in this small-scale program.

5. Conclusion

This ethnographic case study illustrates the need for a critical approach to sustainability in the field of GMH. Superficial engagements with sustainability can lead to programs that continue to function on paper but not in practice, ultimately serving powerful actors implementing interventions to a greater extent than frontline service providers and beneficiaries. There is a risk that the rhetoric of sustainability can be used to justify compromises on other agendas, including quality of care and workers' rights. We have advocated adopting an ecological orientation in sustainability research that conceptualizes lay providers' ability to provide sustained support as a reflection of their dynamic relationships with actors at multiple levels. This approach necessitates looking beyond program-design factors to the local and national sociopolitical dynamics that come to bear on frontline service provision.

CRediT authorship contribution statement

Parbati Shrestha: Writing – original draft, Supervision, Project administration, Methodology, Conceptualization. **Aruna Limbu:** Writing – original draft, Project administration. **Kusumlata Tiwari:** Writing – original draft, Project administration. **Liana E. Chase:** Writing – review & editing, Supervision, Methodology, Funding acquisition.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

Ahmed, S., Chase, L.E., Wagnild, J., Akhter, N., Sturridge, S., Clarke, A., Chowdhary, P., Mukami, D., Kasim, A., Hampshire, K., 2022. Community health workers and health equity in low- and middle-income countries: systematic review and recommendations for policy and practice. Int. J. Equity Health 21 (1), 49. https://doi.org/10.1186/s12939-021-01615-y.

Ballard, M., Bonds, M., Burey, J.-A., Dini, H.S.F., Foth, J., Furth, R., Fiori, K., Holeman, I., Jacobs, T., Johnson, A., Kureshy, N., Lyons, J., Malaba, S., Palazuelos, D., Raghavan, M., Rogers, A., Schwarz, R., Zambrun, J.P., 2018. CHW AIM: Updated Program Functionality Matrix for Optimizing Community Health Programs. https://doi.org/10.13140/RG.2.2.27361.76644.

Chase, L., 2023. The double-edged sword of 'community' in community-based psychosocial care : reflections on task-shifting in rural Nepal. Anthropol. Med. https://doi.org/10.1080/13648470.2022.2161765.

Chase, L.E., 2021. Psychosocialisation in Nepal: notes on translation from the frontlines of global mental health. Medicine Anthropology Theory 8 (1), 1–29.

Chase, L., Shrestha, S., Sidgel, K., Rumba, S., Gurung, D., 2022. Valuing community workers in global mental health: critical ethnography of a psychosocial intervention in post-earthquake Nepal. Stud. Nepali Hist. Soc. 27 (2), 317–352.

Connolly, S.M., Vanchu-Orosco, M., Warner, J., Seidi, P.A., Edwards, J., Boath, E., Irgens, A.C., 2021. Mental health interventions by lay counsellors: a systematic review and meta-analysis. Bull. World Health Organ. 99 (8), 572–582. https://doi.org/10.2471/BLT.20.269050.

Das, V., Das, R.K., 2006. Pharmaceuticals in urban ecologies: the register of the local. In: Petryna, A., Lakoff, A., Kleinman, A. (Eds.), Global Pharmaceuticals: Ethics, Markets, and Practices. Duke University Press, pp. 171–206.

Government of Nepal Ministry of Co-operative and Poverty Alleviation. (n.d.). Department of Co-operative. Retrieved March 28, 2019, from http://www.deoc.gov.np/index.php.

Green, J., Thorogood, N., 2004. Qualitative methods for health research. SAGE Publications, London.

Hampshire, K., Porter, G., Mariwah, S., Munthali, A., Robson, E., Owusu, S.A., Abane, A., Milner, J., 2017. Who bears the cost of "informal mhealth"? Health-workers' mobile phone practices and associated political-moral economies of care in Ghana and Malawi. Health Pol. Plann. 32 (1), 34–42. https://doi.org/10.1093/heapol/czw095.

Jacobs, Y., Myers, · B., Van Der Westhuizen, C., Brooke-Sumner, · C., Sorsdahl, · K., 2021. Task sharing or task dumping: counsellors experiences of delivering a psychosocial

intervention for mental health problems in South Africa. Community Ment. Health J. 57, 1082–1093. https://doi.org/10.1007/s10597-020-00734-0.
Jordans, M.J.D., Luitel, N.P., Garman, E., Kohrt, B.A., Rathod, S.D., Shrestha, P., Komproe, I.H., Lund, C., Patel, V., 2019. Effectiveness of psychological treatments for depression and alcohol use disorder delivered by community-based counsellors: two pragmatic randomised controlled trials within primary healthcare in Nepal. Br. J. Psychiatr. 215 (2), 485–493. https://doi.org/10.1192/bjp.2018.300.
Jordans, M.J.D., Sharma, B., 2004. Integration of psychosocial counselling in care systems in Nepal. Intervention 2 (3), 171–180.
Joshi, R., Alim, M., Kengne, A.P., Jan, S., Maulik, P.K., Peiris, D., Patel, A.A., 2014. Task shifting for non-communicable disease management in low and middle income countries - a systematic review. PLoS One 9 (8), e103754. https://doi.org/10.1371/journal.pone.0103754.
Kane, S., Radkar, A., Gadgil, M., McPake, B., 2020. Community health workers as influential health system actors and not "just another pair of hands.". Int. J. Health Pol. Manag. x, 1–10. https://doi.org/10.34172/ijhpm.2020.58.
Kohrt, B.A., Jordans, M.J.D., Koirala, S., Worthman, C.M., 2015. Designing mental health interventions informed by child development and human biology theory: a social ecology intervention for child soldiers in Nepal. Am. J. Hum. Biol. 27 (1), 27–40. https://doi.org/10.1002/ajhb.22651.
Kohrt, B.A., Mendenhall, E. (Eds.), 2015. Global Mental Health: Anthropological Perspectives. Left Coast Press.
Leocata, A., Kleinman, A., Patel, V., 2021. When the trial ends: moral experiences of caregiving in a randomized controlled trial in Goa, India. Anthropol. Med. 28 (4), 526–542. https://doi.org/10.1080/13648470.2021.1893656.
Loeliger, K.B., Niccolai, L.M., Mtungwa, L.N., Moll, A., Shenoi, S.V., 2016. "I have to push him with a Wheelbarrow to the clinic": community health workers' roles, needs, and Strategies to improve HIV care in rural South Africa. AIDS Patient Care STDS 30 (8), 385–394. https://doi.org/10.1089/apc.2016.0096.
Maes, K., 2015. Task-shifting in global health: mental health implications for community health workers and volunteers. In: Kohrt, B.A., Mendenhall, E. (Eds.), Global Mental Health: Anthropological Perspectives. Left Coast Press, pp. 291–308.
Maes, K., 2017. The Lives of Community Health Workers: Local Labor and Global Health in Urban Ethiopia. Routledge.
Maes, K., Closser, S., Kalofonos, I., 2014. Listening to community health workers: how ethnographic research can inform positive relationships among community health workers, health institutions, communities. American Journal of Public Health 104 (5), 5–9. https://doi.org/10.2105/AJPH.2014.301907.
Maes, K., Closser, S., Vorel, E., Tesfaye, Y., 2015. Using community health workers: discipline and hierarchy in Ethiopia's women's development army. Annals of Anthropological Practice 39 (1), 42–57.
Malla, A., Margoob, M., Iyer, S., Majid, A., Lal, S., Joober, R., Issaoui Mansouri, B., 2019. Testing the effectiveness of implementing a model of mental healthcare involving trained lay health workers in treating major mental disorders among Youth in a conflict-ridden, low-middle income environment: Part II results. Can. J. Psychiatr. 64 (9), 630–637. https://doi.org/10.1177/0706743719839314.
Mutamba, B.B., Van Ginneken, N., Smith Paintain, L., Wandiembe, S., Schellenberg, D., 2013. Roles and effectiveness of lay community health workers in the prevention of mental, neurological and substance use disorders in low and middle income countries: a systematic review. BMC Health Serv. Res. 13 (1), 1–11. https://doi.org/10.1186/1472-6963-13-412/FIGURES/3.
Padmanathan, P., De Silva, M.J., 2013. The acceptability and feasibility of task-sharing for mental healthcare in low and middle income countries: a systematic review. Soc. Sci. Med. 97 (2013), 82–86. https://doi.org/10.1016/j.socscimed.2013.08.004.
Patel, P.P., Russell, J., Allden, K., Betancourt, T.S., Bolton, P., Galappatti, a., Hijazi, Z., Johnson, K., Jones, L., Kadis, L., Leary, K., Weissbecker, I., Nakku, J., 2011. Transitioning mental health & psychosocial support: from short-term emergency to sustainable post-disaster development. Humanitarian action Summit 2011. Prehospital Disaster Med. 26 (6), 470–481. https://doi.org/10.1017/S1049023X1200012X.
Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P.Y., Cooper, J., Eaton, J., Herrman, H., Herzallah, M.M., Huang, Y., Jordans, M.J.D., Kleinman, A., Medina-Mora, M.E., Morgan, E., Niaz, U., Omigbodun, O., et al., 2018. The Lancet Commission on global mental health and sustainable development. Lancet 392 (10157), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X.
Sapkota, R., Gurung, D., Neupane, D., Shah, S., Kienzler, H., Kirmayer, L.J., 2014. A village possessed by "witches": a study of possession and common mental disorders in Nepal. Cult. Med. Psychiatr. 38, 642–668.
Seale-Feldman, A., 2022. The possibility of translation: turning Ghosts into psychosomatic disorders in Nepal. South Asia: Journal of South Asia Studies 45 (1), 130–145. https://doi.org/10.1080/00856401.2022.2014156.
Sharma, B., van Ommeren, M., 1998. Preventing torture and rehabilitating Survivors in Nepal. Transcult. Psychiatr. 35 (1), 85–97. https://doi.org/10.1177/1363461510368892.
Shelton, R.C., Cooper, B.R., Stirman, S.W., 2018. The sustainability of evidence-based interventions and practices in public health and health care. Annu. Rev. Publ. Health 39, 55–76. https://doi.org/10.1146/annurev-publhealth-040617-014731.
Tol, W.A., Jordans, M.J.D., Regmi, S., Sharma, B., 2005. Cultural challenges to psychosocial counselling in Nepal. Transcult. Psychiatr. 42 (2), 317–333.
WHO, 2018. WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes.