



Did you know?

[Mental health](#) is an essential part of health and well-being. Social connection, family support, safe environments and access to trusted care are important factors rooted in people's everyday lives. However, healthcare support remains medicalised and heavily concentrated in health facilities. It is pertinent for governments to look beyond treatment alone and consider how local systems can identify needs earlier, strengthen community support and make care more accessible.

In the WHO South-East Asia Healthy Cities Network, **Dhulikhel, Nepal**, and **Kalasin, Thailand**, offer two complementary examples of how municipalities and their partners approach this.

Case Study: Dhulikhel, Nepal



Source: [Orbit Alpine Adventure](#)

Bringing Mental Health Closer to the Community

Dhulikhel Municipality has increasingly integrated mental health into its Healthy City approach, including the development of [Mental Health and Counselling Policy](#), expanded services and community-based psychosocial support. Rather than relying solely on specialist services, the municipality is working to bring mental health support closer to where people live and seek care.

Bringing psychosocial support into primary health care

A central feature is Dhulikhel's **municipal psychosocial counselling service**, established through a counselling centre in Ward 7 and linked to the wider municipal health system.

Primary health-care workers receive mental-health training and psychosocial counsellors provide support through ward-level health facilities and communities. People requiring additional care can be referred to primary health-care centres or Dhulikhel Hospital. Essential mental-health medicines are also available through health facilities, helping to reduce treatment costs and out-of-pocket expenditure.

Between **2020 and 2024, the programme provided psychosocial support to 325 people**, including populations affected by conflict. ([Dhulikhel Municipality](#))

The municipality further provides mental health training to **female community health volunteers, school teachers, community groups and elected representatives**, strengthening the community outside the health sector. Thus, persons receiving psychosocial support not only get counselling, group discussions, one-on-one sessions and home visits, but also benefit from a strong civic network and support groups.

Through a continuum of efforts in the healthcare system and community, Dhulikhel ensures **continuity of care and sustained community-based psychosocial support**.



Dhulikhel municipal psychosocial counselling service. Source: [Dhulikhel Municipality](#)

Using local data to identify needs earlier

Dhulikhel has also embarked on the use of local health information to identify mental-health needs among younger people.

Through its **digital health census**, the municipality identified mental-health of school-age children as a critical concern. In response, the government has planned **screen-time counselling for school children**, alongside training for teachers to support counselling efforts. These initiatives pay particular attention to girls and marginalized students to ensure that vulnerable populations receive equitable care and support.

Concurrently, research is being conducted on adolescent mental health, including school-based mental health initiatives and factors associated with self-harm among adolescents.

By utilising local data to identify emerging concerns, the municipality is moving beyond response and building systems for prevention.

Together, these efforts demonstrate how the local government can effectively connect **data, primary health care and community support** to develop a holistic ecosystem for mental-health.



Case Study: Kalasin, Thailand



Source: [Patwajee Srisuwan](#)

Building Communities of Care

In Kalasin, mental well-being is closely linked to **social connection, community participation and the ability of local networks to support people through periods of vulnerability.**

The municipality's Healthy City approach emphasizes collaboration among local government, health services, communities and other local networks.

Caring for older people — and the communities around them

One of Kalasin's distinctive case studies is its **community-based care system for elderly dependents.**

The municipality surveys housebound, bedridden and dependent older people to assess their needs whilst village health volunteers are trained to support in elderly-dependent care. This care system developed with municipal staff, village health volunteers and community volunteer groups, has reached **36 communities**, covering around **40,000 people.**

The support extends beyond physical care. Community caregivers make regular home visits to check on their well-being, monitor their health, and assist in making the home environment more comfortable. Support and encouragement is also provided to family members to ease the caregiving burden.

This illustrates an important dimension of mental well-being: **social connection and compassionate care are essential when illness, dependency or ageing limits participation in everyday life.**



Muang Nam Dam volunteering group. Source: [Patwajee Srisuwan](#)

Supporting dignity at the end of life

In Kalasin, the [Foundation for Happiness at the End of Life \(โครงการสุขสุดท้ายที่ปลายทางชีวิต\)](#) raises awareness of **end-of-life planning** and supports trained volunteers to visit older and seriously ill people at home, providing practical and emotional support to individuals and their families. This initiative facilitates important conversations and reframes end-of-life care as one of **dignity, relationships, emotional support and community participation**.

The municipality also supports the [Kalasin School for the Elderly](#), where older residents can meet, stay active and participate in **weekly body–mind well-being activities**.

Together, these initiatives support **dignity, social connection and quality of life in later life** — showing how communities can help people remain connected and supported through aging and end-of-life.



Kalasin School for the Elderly. Source: [Kalasin School for the Elderly](#)

Coordinating a response to mental-health crises

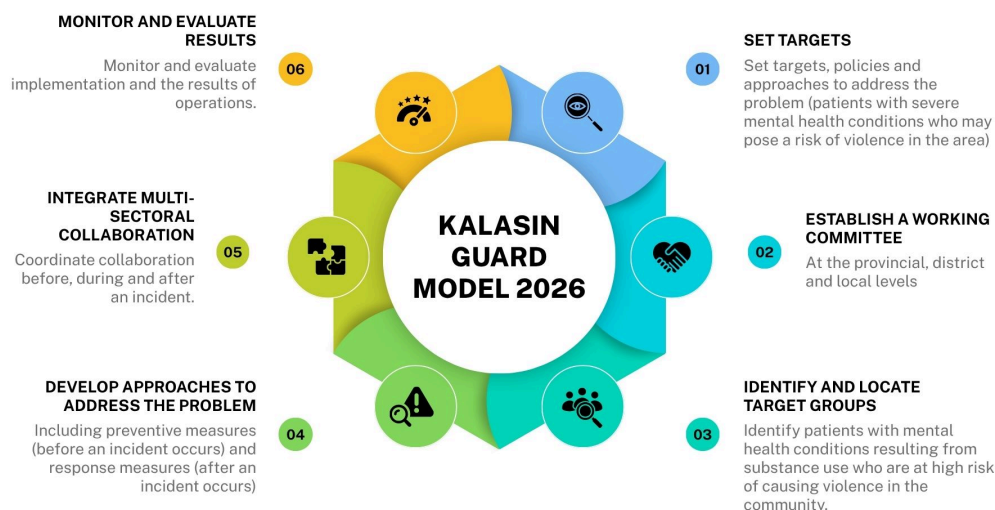
Kalasin is also strengthening its response to mental-health challenges through the [Kalasin Guard Model](#).

The model brings together public health services, local authorities, police, emergency responders, families and communities in response to people experiencing severe psychiatric symptoms associated with substance use.

Rather than treating a crisis solely as a hospital or law-enforcement issue, the approach connects **risk identification, crisis response, treatment, rehabilitation and community reintegration**.

Since it was rolled out in 2026 , **112 people with psychiatric conditions associated with substance use have been identified, of whom 11 were assessed as having a high risk of violence and brought for treatment**, while the remaining persons were supported through community-level monitoring and care.

The model demonstrates how coordinated local action can extend from identifying risk to treatment and follow-up, while involving families and communities closely in the response.



Kalasin Guard Model 2026 Steps and Procedures. Source: [Kalasin PRD, 2026](#)



Kalasin Guard Model 2026 Kick Off Meeting. Source: [Kalasin PRD, 2026](#)

From Mental Health Services to Mentally Healthy Communities

Dhulikhel and Kalasin approach mental health from different entry points, but their experiences point to a shared lesson: **mental health is not the responsibility of the health sector alone.**

In Dhulikhel, mental health is being brought closer to primary care and communities, with increased precision in identifying needs through the use of local data.

In Kalasin, community volunteers, families and local institutions play important roles in the ecosystem supporting aging, dependency and end of life, while cross-sector collaboration supports people experiencing acute mental-health crises.

Both experiences highlight the importance of **local capacity, early action, continuity of support and social connection.**

For Healthy Cities, this means thinking about mental health not only in terms of services, but also in terms of the environments and relationships that surround people throughout their lives.

A mentally healthy city is one where people can access care when they need it — but also where communities have the knowledge, networks and capacity to help people stay connected, supported and well.

Building mentally healthy cities begins with building communities that care.

Editor's Pick



Can cities help young people thrive?

Explore the evidence behind designing cities that support youth mental health and well-being — from safe public spaces and social connection to supportive schools, inclusive policies, and youth-centred urban planning.

[Read more](#)

Stay tuned for more inspiring stories from our healthy cities network in our next update!

Share with us your city's best practices!

[Email Us](#)

WHO South-East Asia office and Regional Laboratory on Urban Governance for Health and Well-being are pleased to invite you to join South-East Asia Region Healthy Cities Network.

More information and details [here](#)

Recommended Resources

Selected resources supporting this issue's theme

[WHO World Mental Health Report](#)

[World mental health today: latest data](#)

Further Reading & References

Dhulikhel Municipality. (2026). *City's Health Development Plan for the South-East Asia Healthy Cities Network*.

Dhulikhel Municipality. (n.d.). *Healthy City, Dhulikhel*. Retrieved from

[https://dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/documents/Healthy%20city%20Dhulikhel_compressed.pdf#:~:text=Mental%20health%20is%20equally%20important%20component%20of,Health%20Training,%20Centre%20\(NHTC\)%20accredited%20training%20course.](https://dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/documents/Healthy%20city%20Dhulikhel_compressed.pdf#:~:text=Mental%20health%20is%20equally%20important%20component%20of,Health%20Training,%20Centre%20(NHTC)%20accredited%20training%20course.)

Dhulikhel Municipality. (n.d.). *Progress toward Community Health / Health Intervention*. Retrieved from

<https://dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/documents/DHulikhel%20health%20intervention%20%281%29.pdf#:~:text=Bhanjyang.%20%E2%96%AA%20Co-nstructed%20three%20basic%20health%20service,counseling%20center%20at%20Ada%20Bazar%20Ward%207.>

Kalasin Municipality. (2026). *City's Health Development Plan for the South-East Asia Healthy Cities Network*.

Kalasin Provincial Public Relations Office. (2026). *Kalasin Guard Model: Community protection from severe psychiatric incidents through local collaboration*. Retrieved from <https://kalasin.prd.go.th/th/content/category/detail/id/33/iid/467490>

Patwajee Srisuwan. (n.d.). *The Kalasin Municipality and its Communities of Care for Elderly Dependents*. Retrieved from <https://en.peacefuldeath.co/the-kalasin-municipality-and-its-communities-of-care-for-elderly-dependents/#:~:text=On%20a%20different%20note%2C%20the%20Foundation%20for,sick%20dependents%20in%20the%20community%20are%20created.>

Department of Urban and Regional Planning, Faculty of Architecture, Chulalongkorn University, Bangkok, Thailand

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