

## **"EXPLORING MENTAL HEALTH SCENERIO IN KASHMIR"**

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### **Introduction**

Conflict of any kind and nature has a deep impact on societies and economies of the world. Kashmir has witnessed political violence and Human Rights violation since 1989, which has retarded growth and development and also shattered peace spectrum throughout the Kashmir valley. The violence has taken many terrifying forms, including murders, torture, rape of women of an entire village and forced disappearances.

The political violence not only affected the economy and political future of Kashmir valley but it also has a detrimental effect on physical, social and psychological wellbeing of the people living there. Kashmir is witnessing a rise in mental health problems since the last quarter of the 20<sup>th</sup> century and the first two decades of the 21<sup>st</sup> century. Study conducted by Margoob revealed the rise in the number of patients visiting in the sole psychiatric department of mental hospital Srinagar, In the year 1990 the number of patients reported were 1700, within a span of 12 years i.e. in 2002 the number shot up to 48,000 and in December 2004 the number escalated to a total of 62,000 patients (Margoob 1995). Another study conducted by Hassan and Shafi in 2012 revealed the rise of outpatient presentation for mental health in the institute of Mental Health and Neuroscience (IMHANS) in the summer capital, Srinagar, from an average of 100 patients per week in 1980 to between 200 and 300 patients per day in 2013.

Due to the prevalence of ongoing conflict in Kashmir valley there has been a tremendous increase in the psychological morbidity. The result of a Study conducted by Amin and Khan

(2009) revealed the prevalence of depression to be 55.72%. Depression is highest among youth (66.67%) followed by adults (65.33%).

According to a report of MSF in 2015 (doctors without borders) 1.8 million Kashmiri adults suffer from some form of mental distress.

- An average adult in Kashmir witnesses 7.7 traumatic events during their lifetime.
- Of the adult population, 45 percent suffer from mental distress.
- Fifty percent of women and 37 percent of men have probable depression.
- Thirty six percent women and 21 percent of men have a probable anxiety disorder.

Researchers have found that with violence prevailing in the valley for more than two decades has given birth to many psychological problems and psychiatric diseases with PTSD being the most prevalent one. A study conducted by Margoob and Ahmed found that PTSD is highly prevalent in political unrest areas. In 'mass trauma' situation the prevalence of PTSD is 15.19% and 18.51% in one year post disaster assessment (Margoob and Ahmed, 2006).

In a study, done by the Institute of Mental Health and Neurosciences (IMHANS), Kashmir, in collaboration with Action Aid Association with support of Directorate General for Humanitarian Aid and Civil Protection (2016), shows, 11.3 percent of adult population suffers from mental illness in the valley with conflict as the prime reason. The study has also indicated that among the mentally ill patients, 9 percent of those patients had active suicidal tendencies. As per the study, the doctors have found that only a few patients turn up for psychiatric treatment. Saiba Verma, a researcher at Department of Anthropology, Cornell University reports "... the figure only represents the tip of the iceberg as people do not visit mental health experts because of the huge stigma attached to it" (Verma 2009).

The violence in the state has left no stone unturned. Kashmir being the region where maximum populations are Muslims and Islam forbids suicide, still suicidal cases are reported and the number escalates every year. According to a report by SMHS Hospital Srinagar, in year 1998 number of suicide deaths were 167, in 1999 it has gone to 208 and in year 2000 a total of 567 cases were

reported. From April 2003 to March 2004 phenomenal increase in suicide deaths were reported, a total of 729 cases were reported which means a case of 1 or 2 suicide deaths per day (Majid, 2007). In fact in one of the reports it was mentioned that people of Kashmir are still not fully aware of counseling which may help them and their family and friends instead they rely on bio medical treatment for mental health problems that is why 11 percent of population takes benzodiazepines (Kashmir Mental Health Survey Report 2015). This is also one of the reasons for the rapid rise in drug abuse; to escape from the mental pain, anxiety, depression etc.

The ongoing violence has played a huge role in pushing many to drugs which may be seen as a means to escape from the pain of the never ending war. Data from Srinagar's SMHS Hospital- one of the biggest in state- shows an 85% increase in number of drug and substance abuse cases from 410 in 2010 to 759 in 2016 (Pandey, N. Hindustan Times, 2017). According to a United Nations International Drug Control Program (UNDCP 2008) sponsored survey, Kashmir division alone had 70,000 drug addicts, including 4000 women. A recent survey titled, "Community drug abuse study survey in Kashmir" by a renowned psychiatrist, Dr Mushtaq Margoob, and his team asserted that there are 24.32 lakh substance abusers in Kashmir, which includes 2.11 lakh opium, 1.37 lakh cannabis, and around 38,000 alcohol abusers. According to this study, around 35% boys of very prestigious schools from 8th standard to 12th standard use these substances daily

The violence in the valley has affected almost everybody including children, women and old people. The history of violence and conflict however has never given proper attention to women sufferings. Studies conducted revealed that mostly women are affected by ongoing violence. There is an extreme suffering for many women who have no idea whether their husbands are alive or dead, they are termed as half widows. A study conducted by Paul D' Souza in collaboration with AMAN trust which was launched at the Indian Social Institute, New Delhi on June 5, titled "Vulnerabilities of Half widows of Jammu and Kashmir; Role of judiciary, state, civil society and communities" in which 150 households of half widows spread across 140 villages and towns in Jammu and Kashmir were taken. The most sensitive revelation of this was neglected psychological vulnerabilities experienced by half widows. Among them most believed that physical, sexual and mental harassment is part of their fate. Study also found that 21% of the half widows suffer from various mental disorders and are in continuous state of depression (D'Souza 2015).

Women being the silent sufferers of the conflict going on in Kashmir since last 20 years had few more sufferings in their lap. Rape and sexual violence being used as a weapon in armed conflict zones. The accused are never punished for their acts as the new law exempts the armed forces from criminal prosecution for rape and sexual violence in armed conflict regions. Women of Kashmir are frequently raped by Indian security forces; according to a scholar Seema Kazi separatists' militants have also committed rape to some extent, although not comparable in scale with that by Indian state force (Kazi, 2014).

According to a report by a media portal of United Kingdom, between 1990-1994, nearly 500 (Hashmi 2007) women were raped in various parts of Jammu and Kashmir, however this is in accordance with what the state media has reported the actual figure is not known. In the year 2015 and 2016, 595 rape cases were registered in Jammu and Kashmir (Wani, 2017). Apart from the physical effects of rape and the stigma attached to it, there are number of short and long term effects of rape. One of the most common psychological effect is self-blame; victims use this as a coping strategy. Other psychological effects include; PTSD- feeling of severe anxiety and stress, depression, flashbacks of rape as if it is happening again, sleep disorder, eating disorder, anger, guilt and feeling of powerlessness- victims feel the rapist robbed them of control over their bodies.

Children and women of the state are more affected by the continuous violence. Children constitute 38% of Jammu and Kashmir population out of which 2 to 3 percent are orphans (Khan, 2009) and there is only little number of orphanages in the state which has limited capacity to take in inmates. Orphan children are in a continuous state of depression as they have lost everything special in their lives and need special counseling, they must be counseled well but these orphanages lack trained child psychologist and counselors. So, no infrastructure is available in the state for the rehabilitation and protection of these children. A study conducted by Margoob et al in 2006 on children's in orphanages revealed that 13 out of 32 children (40.62%) were diagnosed with PTSD. The recent use of pellet guns has also made children its target as more than half of the pellet victims are children under the age of 15. Too young to face the brutal reality of losing their eyesight, it's difficult for them to cope with this tormenting truth.

Insurgencies, conflict, and violence all being present in Kashmir for a long time in abundance. The feeling of insecurity can be seen in its population particularly in youths of Kashmir. According to Dr. Mushtaq Margoob “ recent incidents in which youths in large number took to streets and demonstrated their adventure of playing with danger was not their mental disease but a psychological state which takes place involuntarily because of continuous excesses, injustices and fear psychosis. He explained such feeling by giving the example of animals who, if chained continuously for quite some time, will attack and try to bite a person or harm him in some way. He said that here (in the Valley) people are continuously being subjected to injustices and violence by police and security forces on the one hand and by militants and terrorists on the other. Poor and unemployed youths do not get opportunities of employment and progress. He said that fear and frustration born from such state of mind instigates them to play with danger. This is what we have seen and felt during the recent months, he said.

### **Conclusion**

The review of research in Kashmir provides evidence that due to continuous violence for more than two decades various mental health problems like stress, depression, anxiety and PTSD needs to be addressed. To deal with these epidemics, international health community and various national health organizations needs to anticipate keeping in mind the alarming mental health consequences Kashmir is facing.

Considering the lack of infrastructure in the state, it is high time for the government to upgrade the existing infrastructure and also build new centers and hospitals especially for the care of mental health. Rehabilitation centers, community health centers and outpost needs to be upgraded and constructed in rural areas so that people has access to these facilities equally all over the state. The government needs to introduce special classes in school and colleges to educate the younger generation about mental health and psychological distress. Seminars and community programmes must be held regularly to inform the general public about mental health issues.

Lack of mental health professionals is another major setback. Medical colleges and Universities needs to increase the existing seats for mental health studies so as to train more and more professionals to fill up the need of the state.

Drug abuse is becoming a new threat to mental health in the state. Rehabilitation centers and awareness programmes is a must now and all governmental and non-governmental organization needs to pay attention to this threat otherwise it will get out of hand like the drug abuse epidemic in Punjab.

Lastly but not the least, mental health will always be under threat as long the violence is not controlled in the state. For the sake of the people it's time for the government to take extra measure to ensure public and property safety so as not to affect the population mentally or physically. The public outcry, protestation, stone pelting, strikes and demonstration can be controlled by force but the root of the problem cannot be solved by government restrictions and forces. The government exist for the people and needs to solve the problem through peaceful policies. Internal aggression, insecurity and discontentment are the three reasons for the public to come out on streets to protest. Solving these problems is must but not by rubber bullets, tear gas or pellet guns but by proper policies, education, security, economic development etc which does not require use of weapons on its own public.

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