


Chapter 9

Mental Health: A Global Issue Affecting the Pattern of Life in Kashmir

Shazia Ali

 <https://orcid.org/0000-0003-3116-9194>
*Sheri-Kashmir Institute of Medical Sciences,
India*

Amat Us Samie

*Superspeciality Hospital Shireen Bagh,
Government Medical College, Srinagar, India*

Asma Ali

Independent Researcher, India


Aashiq Hussain Bhat

*Cancer diagnosis and research Centre, Sheri-
Kashmir Institute of Medical Sciences, India*

Tariq Mir

*Institute of Hospitality and Management,
Srinagar, India*

Barre V. Prasad

 <https://orcid.org/0000-0003-2332-8220>
All India Institute of Medical Science, India

ABSTRACT

Global health issues are a global burden and are relatively common in industrialized societies. The World Health Organization and researchers have developed and rebuilt tools to report the burden of disease affecting mortality and health of the people. Apart from America and Europe, which are at an average of global burden for mental health disease, in some regions it is a major priority to be addressed globally. In South East Asia, one of the affected regions is Kashmir, Northern Indian. Disasters have manifested in various forms encompassing the natural calamities of earthquake, flood, landslides and manmade calamities of violence. Trauma due to manmade calamities has taken over as a leading cause of morbidity and mortality among the most productive working age group of 12-35 years. The chapter aims to understand the patterns of resilience in people surviving war and conflict in Kashmir over last 60 years. The focus is on the young population of society. Generations in Kashmir have faced the psychosocial impact of ongoing political conflict since the 1980's.

DOI: 10.4018/978-1-7998-8544-3.ch009

INTRODUCTION

A healthy mental condition is described as a normal standard of life in which a person realises his/her own abilities coping with the hardships of life, working productively and, fruitfully, and is able to contribute to his/or community ("world Health Organization," 2001d). Mental illness is an abnormal affair or health condition that is defined by any change in thinking, mood or behaviour associated with distress and/or impaired functioning ("US Dept. of Health and Human Services," 1999; Kessler et al., 2005). Mental disorders affect people from all countries and societies involving people from all age groups, men and women; poor and rich; urban and the rural populations. People living in conflict zones experience more mental disorders. Recently, the world has received an increased change in terms of warfare and violence to civil society resulting in unstable situations. Introduction of advanced weapons have resulted in grave human concerns. People are disappeared, tortured, forced to migrate, and starved to death. Globally, mental health disorders are among the leading causes of illness and disability. Mental illness leads to decreased productivity and has a negative impact on the quality of life of affected individuals and their families ("World Federation for Mental Health," 2015). Annually, over 450 million people have been reported to be affected by mental disorders, and only a few have access to cure. There are barriers to accessing the treatment created by social stigma and negligence. Mental health is determined by several factors of psychological illness and is influenced by society governed by political instability leading to number of events (Miller et al., 2010; Silove et al., 2014; Steel et al., 2009; Summerfield et al., 2000).

The chapter presents the support that strengthens the patterns of resilience in people who have survived war and conflict in Kashmir (India) over the last 60 years. Peace in Kashmir has been repeatedly interrupted due to conflicts between India and Pakistan. Generations in Kashmir have faced the psychosocial impact of ongoing political conflict from last 60 years. There are reports of human rights violations and their impacts. There has been research, though limited, on losses faced by the community, psychosocial impacts of exposure to violence and impact on mental health, socio-economic functioning and health service usage. In Kashmir, many women have lost their husbands to the conflict. Currently, it is believed that there is no reliable, comprehensive and factual survey about the number of widows and orphans in Kashmir. There are different estimates by different sources. Over the years, people living in Kashmir have been accustomed to the circumstances and have adapted themselves to survive in such situations. Gradually, the role of civil society becomes imperative to increase support systems, especially related to health services, children's needs care and persons with disabilities and women should be protected.

OVERALL POPULATION SCENARIO AND CONFLICTS IN KASHMIR VALLEY

The Kashmir Valley is situated in north region of the Indian state of Jammu and Kashmir between Jammu (to the south) and Ladakh (to the east) with the line of control (border with Pakistan) along its northern and western borders. It covers a geographical area of 15,948 km², with a population density of 430/km². The total population is 6.9 million, with 73% living in rural areas and 27% living in urban centers (2011 census). The majority (97%) of the population is Muslim, with Hindus, Sikhs, Buddhists and Christians making up the other 3% ("Human Rights Watch," 2006). Since partition of India in 1947, the Kashmir has faced political instability. Following three Indo-Pakistani wars (1947, 1965 and 1971) and one Indo-Chinese war (1962), the wars were consequences of an internal movement for determining freedom. In 1989, an insurgency began, resulting in 27 years of movement of gun-men group (fighting

8 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/mental-health/276017

Related Content

The Stress and Adjustment in the Family of Intellectually Disabled Children

Babita Prusty (2018). *Autism Spectrum Disorders: Breakthroughs in Research and Practice* (pp. 60-87).

www.irma-international.org/chapter/the-stress-and-adjustment-in-the-family-of-intellectually-disabled-children/189339

Humanoid Robots: Future Avatars for Humans through BCI

Si Zhang, Jinglong Wu and Qiang Huang (2017). *Improving the Quality of Life for Dementia Patients through Progressive Detection, Treatment, and Care* (pp. 267-286).

www.irma-international.org/chapter/humanoid-robots/168937

Transition to Gainful Employment of High School Students With ASD

KayDee Caywood and Dominique Langford Rousseau (2018). *Autism Spectrum Disorders: Breakthroughs in Research and Practice* (pp. 245-265).

www.irma-international.org/chapter/transition-to-gainful-employment-of-high-school-students-with-asd/189350

Technological Issues in Emotional and Mental Health

Suresh K., Manimozhi G. and Elango M. (2021). *Research Anthology on Mental Health Stigma, Education, and Treatment* (pp. 83-93).

www.irma-international.org/chapter/technological-issues-in-emotional-and-mental-health/276013

Chronic Stress and Chronic Pain: Disability After Trauma and Global Trends

Branislav Starcevic (2019). *Chronic Stress and Its Effect on Brain Structure and Connectivity* (pp. 90-95).

www.irma-international.org/chapter/chronic-stress-and-chronic-pain/219999