

The Psychological Distress among Youth in Conflict Zone A Case Study of Kashmir Valley, India

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Abstract

Mental, physical and social health are vital strands of life that are closely interwoven and deeply interdependent. Depression is more likely following particular classes of experience – those involving conflict, disruption, losses and experiences of humiliation or entrapment. The World Health Organization has ranked depression as the fourth among the list of the most urgent health problems worldwide and has predicted it to become number two in terms of disease burden by 2020 overriding diabetes, cancer, arthritis etc. The magnitude, suffering and burden in terms of disability and costs for individuals, families and societies are staggering. Mental disorders are universal, affecting people of all countries and societies, individuals at all ages, women and men, the rich and the poor, from urban and rural environments. Mental functioning is fundamentally interconnected with physical and social functioning and health outcomes. Mental health is influenced by displacement through conflict and war, by stresses on families, and by economic adversity.

1. INTRODUCTION

Mental, physical and social health are vital strands of life that are closely interwoven and deeply interdependent. Depression is more likely following particular classes of experience – those involving conflict, disruption, losses and experiences of humiliation or entrapment. The World Health Organization has ranked depression as the fourth among the list of the most urgent health problems worldwide and has predicted it to become number two in terms of disease burden by 2020 overriding diabetes, cancer, arthritis etc. The magnitude, suffering and burden in terms of disability and costs for individuals, families and societies are staggering. Mental disorders are universal, affecting people of all countries and societies, individuals at all ages, women and men, the rich and the poor, from urban and rural environments. Mental functioning is fundamentally interconnected with physical and social functioning and health outcomes. Mental health is influenced by displacement through conflict and war, by stresses on families, and by economic adversity.

For the many persons who face uncertain futures (including those by conflict or disasters), the burden of serious emotional and behavioral disorders afflicts their lives. Many people living amidst the rages of conflict suffer from post-traumatic stress disorder.

Violence is a phenomenon intrinsic to class-based societies which are inherently unequal and oppressive. Violence here may either take implicit forms in the manner of institutionalized oppression and inequality, or a more explicit form of state oppression through the use of state sanctioned institutions, such as the police, the military and courts. It could even assume a more direct form, whereby civilians manage the task of a weakened state through militia groupings. Large scale violence may also take the form of mass uprisings against the oppression of dominant classes.

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How to cite this article: Suriya Hamid, Tooba Farooq Bhat, The Psychological Distress among Youth in Conflict Zone A Case Study of Kashmir Valley, India, J PHARM NEGATIVE RESULTS 2022;13: 1103-1112.

Access this article online

Quick Response Code:



Website:
www.pnrjournal.com

DOI:
10.47750/pnr.2022.13.04.153

Civilians are increasingly being targeted in these episodes of contemporary violence. To reduce military casualties, civilians are used as protective shields; torture, rape and executions are carried out to undermine morale and to eradicate the cultural links and self-esteem of the population. Most civilians witness war-related traumatic events such as shooting, killing, rape and loss of family members. The extent of psychosocial problems that results from this mass exposure to traumatic events can ultimately threaten the prospects for long-term stability in society.

Despite growing evidence over the past two decades of the terror – both of the physical and mental dimensions of war upon civilians – much of post-conflict activity tends to concentrate on physical reconstruction – roads, bridges and buildings. Moreover, even though psychological and psychic injuries can have more damaging, long-term consequences as other injuries from a situation of conflict, they remain undetected and distanced from any plans for rehabilitation. Partly this is because these injuries are difficult to fathom in terms of the enormity of scale and the delayed manifestation of symptoms which can sometimes take years to surface. Physical violence may be easier to identify, name and quantify than psychic or symbolic violence. Kashmir has been regarded by many as heaven on earth. Its splendid beauty and hospitable population is legendary. Over the past 23 years Kashmir became associated with violence.

Mental health is an integral part of overall health and quality of life. Effective evidence-based programs and policies are available to promote mental health, enhance resilience, reduce risk factors, increase protective factors, and prevent mental and behavioral disorders. Innovative community-based health programmes which are culturally and gender appropriate and reaches out to all segments of the population need to be developed. Substantial and sustainable improvements can be achieved only when a comprehensive strategy for mental health which incorporates both prevention and care elements is adopted. Mental, physical and social health, are vital strands of life that are closely interwoven and deeply interdependent. Mental disorders affect people of all countries and societies, individuals at all ages, women and men, the rich and the poor, from urban and rural environments. Depression is more likely following particular classes of experience – those involving conflict, disruption, losses and experiences of humiliation or entrapment. Many people living amidst the rages of conflict suffer from post-traumatic stress disorder.

As a matter of fact, Kashmir remains a bone of contention between India and Pakistan since its inception in 1947 and four major wars have been fought for its control (Bose, 2003; Ganguly, Smetana, Abdullah & Karmazin, 2019). Kashmir is regarded as one of the dangerous places on the planet, where conflicts between the Indian army and Kashmiri militants have become regular affairs for a long time. As a result, the common people living in the border areas of both the countries have been witnessing conflicts

and the civilians get caught in this, more specifically the people living in the violence prone Kashmir Valley (Dar & Deb, 2020a; Scobell, 2001). Today, Kashmir remains divided between Pakistan, India, and China, each control one of its three parts (de Jong, Ford et al., 2008). With the advent of insurgency in 1989, Kashmir has been subject to violence of armed conflict. For the last three decades of violence, more than 100,000 people were killed, at least 10,000 people disappeared and over 7000 mass graves of unidentified people were reported in Kashmir (Dar & Deb, 2020a). The year 2018 was the deadliest in which 586 killings occurred, which included 160 civilian people, 267 armed militants, and 159 armed forces, including police personnel (Bhat, 2019). There is a high level of violence prevalent in Kashmir and common people of region are the major victims of it (Bhat & Rangaiah, 2015; Khan, 2016). They have been exposed to a number of traumatic events which include torture, humiliation, forced labour, spending long hours under curfew, killing of near and dear ones, firing, explosions, sexual violence, maltreatment, kidnapping, firing of pellets and teargas, detention, and so on (Bhat & Rangaiah, 2015; Dar, 2011; Dar & Deb, 2020a, 2020b; de Jong, Ford et al., 2008; Deol & Ganai, 2018; Margooob et al., 2006).

Conflict has a devastating effect on the mental health of people, by fragmenting communities and families and disrupting the development in social, educational, and economic spheres. It brings long-term harm to the physical and psychological health of the people (Alemi et al., 2018; de Jong, Ford et al., 2008). The impact of prolonged violence on the mental health and wellbeing of people has been compounded by natural disasters like earthquakes and floods. Moreover, livelihood factors of unemployment and poverty, as well as poor mental health, have increased affecting the social and other health aspects at the individual, and community levels (Bhat & Khan, 2018; Housen et al., 2017). Security concerns are amongst the dominant themes in the minds of people living in Kashmir. This owes to the fact that death, injury, destruction of property is the notable features of life here due to conflict, disturbances and turmoil for the last 23 years. Many have suffered tragic incidents of a war-like situation, which by their nature are beyond the endurance of common man. Many are witness to bloodshed that is characteristic of such situation. Thousands of people have lost their lives or limbs, and thousands have been rendered orphans and widows. Scores have disappeared. A colossal damage to property is evident. Many educational and healthcare institutions have suffered damages. Those who have survived all this, continue to be reminded of their vulnerability through the media of killings that make the headlines almost daily. Moreover, with disruption of development works consequent upon warlike situation, added concerns are unemployment, poverty, relationships etc. Moreover a vicious circle of events has been created comprising torture, disappearances, displacement, killings, ballistic trauma, etc. paralleled by a state of mind wherein grieving, insecurity, oppression, poverty, uncertainties of career and relationships etc. are the major themes. The

situation in Kashmir can best be described as a “low-intensity conflict”. What predominates in such conflicts is the use of terror to exert social control, if necessary by disrupting the fabric of grassroots; social, economic and cultural relations; the main target of the combatants is often the population rather than the territory and psychological warfare is a central element. As can be expected, the consequences for mental health can be substantial. Kashmir is not merely a law and order problem but there are social, emotional, political and psychological aspects involved.

Before the armed insurgency, the ratio of people in Kashmir suffering from mental health disorders was not different from the regions adjacent to it (Dar & Deb, 2020a; Yaswi & Haque, 2008). The mental health disorders have increased drastically since 1989. It was observed that the number of people attending the psychiatrists in hospitals in 1989 was 1700 which increased to 100,000 people in the year 2017 (Bhat & Khan, 2018). Research has documented a range of mental health disorders among the people of Kashmir due to continuous conflicts such as post-traumatic stress disorder (Bhat & Rangaiah, 2015), depression (Khan et al., 2014), anxiety (Housen et al., 2017), suicide (Ara & Ahad, 2016), obsessive compulsive and panic disorder (Dar, Hussain, Qadri, Hussain & Fatima, 2015), insecurity (de Jong, Van de Kam, et al., 2008), anger (Hassan, Khan & Bhat, 2019), somatoform disorders (Khan et al., 2014), adjustment disorder (Chadda, Malhotra, Kaw, Singh & Sethi, 2007) and substance disorder (Wani & Singh, 2017). The mental health of people living in Kashmir is a serious concern for the policymakers, more specifically, the mental health of the youth who have been exposed to traumatic exposure of conflict throughout their lives. Therefore, the main objective of the present study was to examine the psychological distress among Kashmiri youth and its association with background variables. This focus of this study is to determine the characteristics of stress and anxiety in the non combatant civilian population of Kashmir where a low-intensity conflict has been going on for more than 23 years.

2. Research Methodology

2.1. Study Design

In this study a cross-sectional research design was followed.

2.2. Participants

A sample of 200 Kashmiri youth between 18 and 25 years of age participated in this study. The participants were drawn from 10 districts of the Kashmir Valley by using a multi-stage sampling method for getting representative samples and for capturing the views of youth of different locations so far as their mental health is concerned. The data collection was carried out during April 2022

to May 2022. The recruitment process followed for selection of study subjects is as follows:

Stage I: In this stage, a list of the colleges was prepared, district-wise, and two colleges were selected randomly from each district. Three university campuses were also covered to recruit the participants.

Stage II: Both undergraduate and postgraduate students were covered, irrespective of their year of education in the same institution. Available students were recruited based on their voluntary participation during the field visit. Finally, 200 students were covered for the present study.

2.3. Procedure

The researcher obtained approval from the local educational authority of Kashmir for data collection. Prior to taking part in the study, each participant signed on the consent form. Participants were briefed about the goals of the study as well as their rights as study participants. Data was collected following self

administration method. All the participants completed the questionnaire within 20 min.

2.4. Measures

2.4.1. Semi-structured Questionnaire

The Semi-structured Questionnaire was devised in English by the authors with the aim of collecting data from the study subjects about their background. The questionnaire has five sections on issues like background information; relations with social agents (i.e. parents, family members, friends and teachers); perception about the Kashmir conflict and its impact on health (mental and physical) as well as education; views about perceived solution of the Kashmir issue; and perception about religion and media. The face validity of the semi-structured Questionnaire was checked by three experts in the field. Based on their inputs, it was revised. Further it was subjected to the pilot study and was made minor changes to make some of the questions simple and then it was finalized for final data collection. For writing the present research project report, some items from sections I, II and III were used. Given below is the description of each of these sections:

Section I: There are 5 items in section I and they include the aspects of clinical and behavioral psychology in correlation with cognitive social dissonance.

Section II: There are also 5 items on issues like color psychology in relationship with different social psychology agents of adaptation.

Section III: There are 5 items in section III covering areas like perception about the Kashmir problem and its impact on mental and physical health. The dichotomous items in section II and III were followed by open-ended items.

2.4.2. Mental Health Inventory (MHI-18)

This multi-varied mental health inventory (MHI-18), developed and standardized by Veit and Ware was employed to assess the psychological distress symptoms of anxiety,

depression and loss of behavioral control among the young Kashmiri students. The inventory consists of 15 items. Out of 15 items, 8 are reverse scored. The response ranges from 1 = all of the time to 6 = none of the time. The score of MHI total as well as its sub-scales ranges from 0 to 100. High score indicates higher levels of psychological distress. The Cronbach’s alpha of MHI-18 was found to be 0.72.

2.5. Statistical Analysis

Frequency and percentage were used to describe the clinical and socio psychological background of the sample. Since the data was not normally distributed, Mann-Whitney U test was performed to interpret the results meaningfully. Thematic analysis was done for the analysis of open-ended questions. SPSS 20.0 statistical package was used for the analysis of quantitative data.

2.6. Ethical Aspects

The participants of this study were treated as per the ethical guidelines of APA/ICMR. The approval to carry out the study was obtained from the Ethical Committee of the concerned University. The participation of respondents was voluntary and they were assured about the confidentiality of the information. The date and time for data collection was decided as per the convenience of the authorities of different colleges in Kashmir.

3. Result and Discussion

3.1. Depiction of Psychological Distress Symptoms.

Table 1 indicates the description of psychological distress symptoms wherein the mean score of anxiety was found to be 55.06 (SD=16.78). The mean depression score reported by the students was 57.18 (SD = 14.00). The mean score for loss of behavioral control was 64.58 (SD = 16.12). The score range of psychological distress symptoms reported to be 20–100.

Table 1: Description of anxiety, depression and loss of behavioral control (N = 200).

	Mean	SD	Actual Score Range	Possible Score Range
Anxiety	55.06	16.78	20–100	0–100
Depression	57.18	14.00	20–100	0–100
Loss of Behavioral Control	64.58	16.12	20–100	0–100

Note: SD = Standard Deviation.

3.2. Color Psychology and Behavioral Connotations.

The first intervention was to gauge the human instincts in terms of color psychology. It is a very popular area pertaining to color theory that assigns emotional and psychological connotations between colors and emotions. Many of these meanings are universal because they have an effect on the brain. Color plays an important role in conveying information nonverbally, creating certain moods, and even influencing the decisions people make. Given that 90% of snap judgments are influenced by the psychological effects of color alone, it’s important to know what colors mean and what responses they can elicit. On observing, it was ascertained that there is a strong correlation between the psychological impression carried by people living in conflict zones and color priorities. Colors are the mother tongue of the subconscious. Color psychology is the study of hues as a determinant of human behavior. Ecological valence theory (EVT) asserts that people tend to like or dislike colors based on their associations of the color to other objects or situations that they have strong feelings about. The following graph depicted in Fig.1 shows the color psychological endurance owed of the youth in Kashmir valley. In reference to color psychology, a preference for black color means symbolisms pertaining to mystery, struggle, power, sadness and anger. This factor is a strong indicator of the levels stress and anxiety prevailing in the youth living in conflict zones.

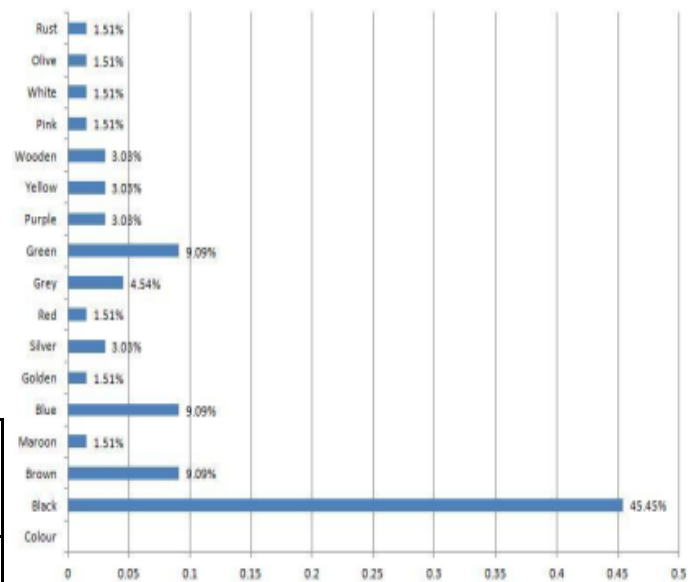


Fig 1: Color preferences among youth living in conflict zone (Kashmir)

3.3. Taste Psychology and Stress Indicators

The taste system provides clues as to how the brain continually process new information and how modifications can ultimately become locked in once development. Taste preference plays an important role in understanding the human behavioral psychology. Recent studies show that stress can actually alter human taste buds, causing to consume more sugary items than the normal intake in order to feel satisfied. A diet high in sugars has been linked to

cognitive impairments, negative neuroplasticity and emotional disorders such as anxiety and depression. Under acute stress the brain requires some 12 percent more energy, leading many to reach for sugary snacks and hence sugar item preference depicting vulnerability or emotional outbursts. Stress also seems to affect food preferences. Numerous studies have shown that physical or emotional distress increases the intake of food high in fat, sugar, or both. The graph in the figure 2 depicts the taste preference of Kashmiri youth within the impact of subconscious mind framework.

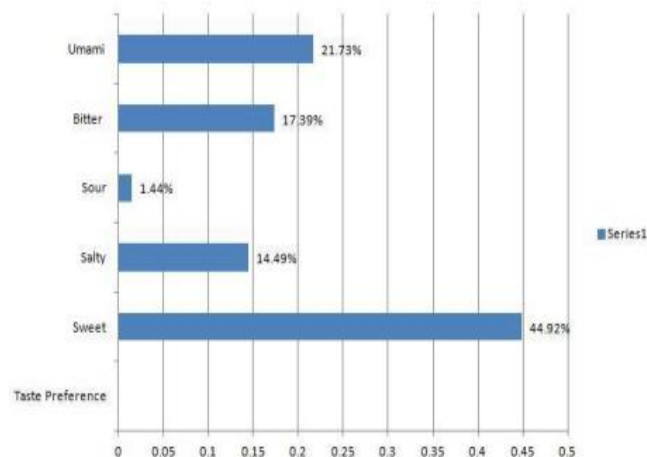


Fig 2: Taste preference in subconscious attitude among Kashmir Youth living in conflict zone.

It is observed that under impact of subconscious attitude, 44.92% of Kashmiri youth prefer sweet items over other food items carrying different tastes. The results are in tandem with the research findings that classify Kashmiri youth to carry extreme emotional stress levels. Almost all the participants 99.7% felt that there is violence in Kashmir. An overwhelming number of students 95.4% felt that they were suffering from psychological distress. As a matter of fact, chronic stress may affect the mesolimbic dopaminergic system and other brain regions involved in stress/motivation circuits. Together, these synergistically potentiate reward sensitivity, food preference, and the wanting and seeking of hyperpalatable foods, as well as induce metabolic changes that promote weight and body fat mass. Individual differences in susceptibility to obesity and types of stressors may further moderate this process.

3.4. Social Psychology Indicator - Cognitive Social Dissonance

The study further reveals that 8% among the stressed Kashmiri youth have developed over the years a strong cognitive social dissonance. This indicates traumatic events can have a profound and lasting impact on the emotional, cognitive, behavioral and physiological functioning of an individual living in conflict zones. No age group can escape the exposure to trauma, and its consequences. As such 20% Kashmiri youth avoid friends and social gatherings, where

as 25% prefer sleeping during day times, 12% carry no hobbies and 10% among the lot care for none. This scenario pushes the youth to a situation technically referred to as Cognitive Social Dissonance and leads to their further alienation.

3.5. Clinical Psychology Indicators

The study reveals that the depression is the major psychological morbidity in Kashmir, given the clinicians trend towards prescribing more antidepressant medications now than in the past. The burden of depression is rising, affecting both the working and social lives of individuals. The prevalence of depression is 55.72%. There is a significant difference in the prevalence of depression among males and females. The situation in Kashmir can best be described as a “low intensity conflict”. A vicious circle of events has been created comprising torture, disappearances, displacement, killings, ballistic trauma, etc. paralleled by a state of mind wherein grieving, insecurity, oppression, poverty, uncertainties of career and relationships etc. are the major themes. In figure 3, it is clearly understood that youth in Kashmir are facing tremendous stress and due to which they have developed severe health issues. To live in a community of total 6 million people, having more than a million depressed patients and more than 100,000 of them thinking in terms of ending their lives is a matter of great concern and a big challenge for any medical professional, working in Kashmir. The situation has become grim due to a very high percentage of chronic post traumatic stress disorder presenting with co-morbid depressive illnesses.

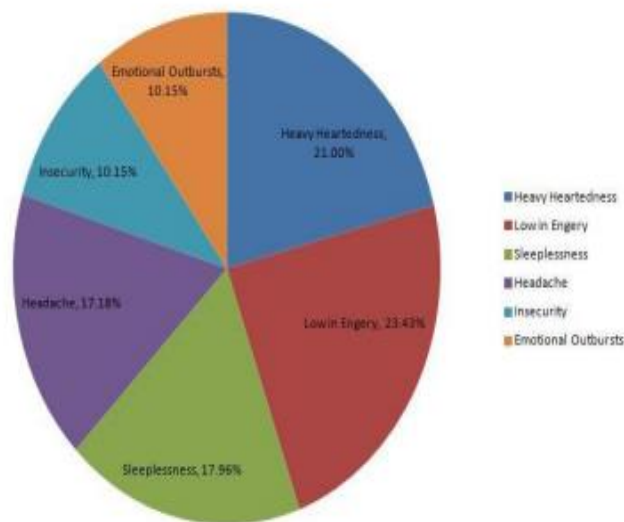


Figure 3: Clinical Psychology Indicators of Depression among Kashmir Youth.

This depiction is in consonance with the psychiatric symptom scales that were useful as screening instruments, because the rationale for most disease screening procedures is to provide a fast, economical method of detecting cases of suspected or

potential illness in the general population.

3.6 Perception of Conflict Zone

The situation in Kashmir can best be described as a “low-intensity conflict”. What predominates in such conflicts is the use of terror to exert social control, if necessary by disrupting the fabric of grassroots; social, economic and cultural relations; the main target of the combatants is often the population rather than the territory and psychological warfare is a central element. As can be expected, the consequences for mental health can be substantial. Kashmir is not merely a law and order problem but there are social, emotional, political and psychological aspects involved. A vicious circle of events has been created comprising torture, disappearances, displacement, killings, ballistic trauma, etc. paralleled by a state of mind wherein grieving, insecurity, oppression, poverty, uncertainties of career and relationships etc. are the major themes. 23% of the valley youth feel relaxed and free of tension when visiting out of the conflict zone. 13.43% feel happy and wish to prolong your stay outside Kashmir for few more days. 10.44% wish like never returning to trouble torn valley. 10.44% of youth populations come upon peace of mind and solace that one cannot find in valley. 26.86% find freedom outside Kashmir to do anything without restriction in any sort. 14.92% wish to get rid of toxic social environment of Kashmir.

3.7 Adaptation to Psychological Distress

Security concerns are amongst the dominant themes in the minds of people living in Kashmir. This owes to the fact that death, injury, destruction of property is the notable features of life here due to conflict, disturbances and turmoil for the last 18 years. Many have suffered tragic incidents of a war-like situation, which by their nature are beyond the endurance of common man. Many are witness to bloodshed that is characteristic of such situation. Thousands of people have lost their lives or limbs, and thousands have been rendered orphans and widows. Scores have disappeared. A colossal damage to property is evident. Many educational and healthcare institutions have suffered damages. Those who have survived all this, continue to be reminded of their vulnerability through the media of killings that make the headlines almost daily. Moreover, with disruption of development works consequent upon warlike situation, added concerns are unemployment, poverty, relationships etc.

Adaptability of the population to such distressing situations is a natural phenomenon. 17.53% of Kashmiri youth take newspaper headlines carrying news of killings and violence as normal. 20.12% perceive social media reporting of shootouts and encounters between security agencies and militants as a part and parcel of daily life. 11.03% find frisking by security personnel part and parcel of the daily routines. 13.63% gauge uncertainty and new government policies as routine. 12.98% find political turmoil and instability ok. 13.63% are concerned about moral degradation. 10.38% find corruption and bureaucracy

repetitive concerns that can't be challenged or castigated in any essence.

3.8. Anger Psychology Indicators

Anger is an intense emotion. It is typically characterized by feelings of stress, frustration, and irritation. It's a perfectly a normal response to frustrating or difficult situations. Anger is a negative feeling state that is typically associated with hostile thoughts, physiological arousal and maladaptive behaviors. It usually develops in response to the unwanted actions of another person who is perceived to be disrespectful, demeaning, threatening or neglectful. Anger is one of the basic human emotions, as elemental as happiness, sadness, anxiety, or disgust. These emotions are tied to basic survival and were honed over the course of human history. In case anger is frequently mobilized, it can undermine relationships and also damage physical health in the long term. Prolonged release of the stress hormones that accompany anger can destroy neurons in areas of the brain associated with judgment and short-term memory, and weaken the immune system.

Anger is a core emotion, but it may manifest differently based on its source. Justifiable anger is moral outrage at the injustices of the world, such as the oppression of human rights or an abusive relationship. Justifiable anger may have benefits in the short term because its intensity can be channeled into action for change. Annoyance anger can arise from the many frustrations of daily life. Aggressive anger is used in situations where one individual attempts to exercise dominance, intimidation, manipulation, or control over another. Temper tantrums are disproportional outbursts of anger when an individual's wants and needs are not fulfilled, no matter how unreasonable and inappropriate. The emotions that fuel revenge may differ across cultures as well, says (Gelfand 2020). In her studies, she has found that anger often drives the vengeful feelings of people in individualistic cultures, while shame powers revenge in collectivist ones. Anger, also known as wrath or rage, is an intense emotional state involving a strong uncomfortable and non-cooperative response to a perceived provocation, hurt or threat.

Research concluded that Kashmiris opted and expressed less verbal aggression than rest of the cross references, although when it came to physical aggression expressions there was significant difference between cultures in reference to physical assault expression and anger outbursts. The most prevailing situations in Kashmiri society is that of annoyance anger and it can arise from the many frustrations of daily life. Aggressive anger is noticed in situations where one individual attempts to exercise dominance, intimidation, manipulation, or control over another. Thus among Kashmiri youth temper tantrums are witnessed and as such are disproportional outbursts of anger when an individual's wants and needs are not fulfilled, no matter how unreasonable and inappropriate.

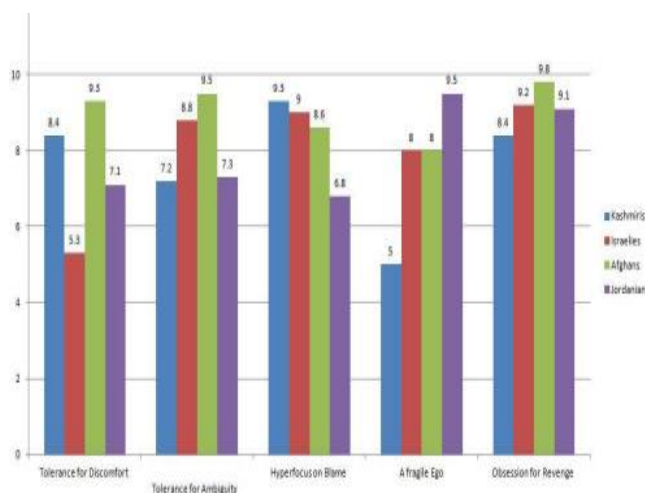


Figure 4: Depiction of cross references of anger psychology and revenge obsessions among people living in different conflict zones across globe.

Note: Standardized (Gelfen, Scale 0-9) used where 0 refers to zero level and 9 refers to extreme level.

4. Research Implication:

The findings of the present study have many implications. First, it gives further evidence concerning positive association between adversity in life and its impact on psychological distress. Secondly, the findings clearly highlight the risk factors for psychological distress among the youth and accordingly, there is a need to sensitize the students, especially male students with a rural background, economically weak and coming from disturbed families, for taking their studies seriously, despite adversities in life, so that they may find suitable work for taking care of family needs and for becoming independent. Third, addressing issues and challenges of Kashmir in creating conducive environment for maintaining peace and harmony is everybody's responsibility, that is local government, teachers, family members and all other citizens of Kashmir including youth. Fourth, authorities of higher learning institutions should arrange to provide mental health support services for addressing the psychological distress of youth who are studying in their institution.

5. Conclusion

Due to continuing conflict in Kashmir during the last 23 years there has been a phenomenal increase in psychiatric morbidity. The prevalence of depression is 55.72%. Mental health is an integral part of overall health and quality of life. Effective evidence-based programs and policies are available to promote mental health, enhance resilience, reduce risk factors, increase protective factors, and prevent mental and behavioral disorders. Innovative community-

based health programmes which are culturally and gender appropriate and reaches out to all segments of the population need to be developed. Substantial and sustainable improvements can be achieved only when a comprehensive strategy for mental health which incorporates both prevention and care elements is adopted. Health services should be able to provide the much-needed treatment and support to a larger proportion of the people suffering from mental disorders than they receive at present: services that are more effective and more humane; treatments that help them avoid chronic disability and premature death; and support that gives them a life that is healthier and richer – a life lived with dignity. Investing in mental health today can generate enormous returns in terms of reducing disability and preventing premature death. There is a need for collective response from the members of all walks of life to evolve multipronged strategy with provision for immediate, short term and long-term objectives for addressing these problems. Mental illnesses do not have only materialistic but also more powerful divine and spiritual solutions. Spiritual leaders (priest, learned scholar, etc.) should communicate with masses about the ground realities and approach to tackle issues such as social problems, drug addiction, suicide, unemployment, etc. by quoting the perfect models of prevention and control. Cultural and religious beliefs which discourage substance misuse or suicide and support self-prevention measures that enhance protective factors can play a key role in prevention of several mental disorders. Spiritual approach can be combined with evidence-based scientific methods of management of most mental illnesses. Health education in educational institutions regarding mental illnesses is essential. Programmes that support and sustain protection need to be in place. Mental illness is not a personal failure. Science and sensibility are combining to bring down real and perceived barriers to care and cure in mental health. Strengthening mental health and resilience not only reduces the risk of mental and behavioral disorders, but also contributes to better physical health, well-being, productive life, social capital, safer environments, and economic benefits. Proper planning is at the heart of successful public policy advocacy initiatives.

6. Recommendations

Minimizing the chronic stress of daily life as much as possible is important for overall health. That's because chronic stress harms health and increases your risk of health conditions such as heart disease, anxiety disorders, and depression. Although stress is an unavoidable part of life, being chronically stressed takes a toll on ones physical and mental health. Fortunately, several evidence-based strategies can help to reduce stress and improve overall psychological well-being. Exercise, mindfulness, spending time with a pet, minimizing screen time, and getting outside more often are all effective methods.

1. Regular exercise may help reduce stress and improve symptoms related to common mental health conditions such as anxiety and depression. Studies have shown that engaging in physical activity helps reduce stress levels and improve mood, while sedentary behavior may lead to increased stress, poor mood, and sleep disturbances
2. Following a nutrient-dense diet and limiting ultra-processed foods may provide your body with the nutrients it needs for optimal health and decrease your risk of deficiencies in nutrients that help regulate stress. Minimizing intake of highly processed foods and beverages and eating more whole foods such as vegetables, fruits, beans, fish, nuts, and seeds can help ensure that your body is properly nourished. In turn, this may improve your resilience to stress.
3. Minimizing screen time may help reduce stress and improve sleep in both children and adults. A number of studies have linked excessive smart phone use and “iPhone addiction” with increased levels of stress and mental health disorders.
4. Certain supplements may reduce stress levels, including magnesium, L-theanine, rhodiola, and B vitamins. An 8-week study in 264 people with low magnesium found that taking 300 mg of this mineral daily helped reduce stress levels. Combining this dose of magnesium with vitamin B6 was even more effective.
5. Self-care is an important part of managing stress. A few simple strategies you may want to try are yoga, lighting candles, taking baths, and reading a good book. Studies show that people who engage in self-care report lower levels of stress and improved quality of life, while a lack of self-care is associated with higher risk of stress and burnout. Taking time for self as it is essential in order to live a healthy life. This is especially important for people who tend to be highly stressed, including nurses, doctors, teachers, and caretakers. Self-care doesn’t have to be elaborate or complicated. It simply means tending to your well-being and happiness.
6. Large amounts of caffeine may increase stress and anxiety, although people’s sensitivity to caffeine varies greatly. Although many studies show that coffee is healthy in moderation, it’s recommended to keep caffeine intake under 400 mg per day, which equals 4–5 cups (0.9–1.2 L) of coffee.
7. Having strong social ties may help you get through stressful times and is important for overall mental well-being. A study that in 163 Latinx young adults in college associated lower levels of support from friends, family, and romantic partners with loneliness, depressive symptoms, and perceived stress. Having a social support system is important for your overall mental health. If you’re feeling alone and don’t have friends or family to depend on, social support groups may help. Consider joining a club or sports team or volunteering for a cause that’s important.

8. It is important to create healthy boundaries in your life by declining to take on more than you can handle. Saying “no” is one way to control your stressors. Not all stressors are within your control, but some are. Putting too much on your plate may increase your stress load and limit the amount of time you can spend on self-care. Taking control over your personal life may help reduce stress and protect your mental health. One way to do this may be to say “no” more often. This is especially true if you find yourself taking on more than you can handle, because juggling many responsibilities may leave you feeling overwhelmed. Being selective about what you take on — and saying “no” to things that will unnecessarily add to your load — can reduce your stress levels.

9. If you find yourself regularly procrastinating, staying on top of your to-do list may help ward off related stress. Another way to take control of your stress is to stay on top of your priorities and avoid procrastinating. Procrastination may harm your productivity and leave you scrambling to catch up. This can cause stress, which negatively affects your health and sleep quality. A study in 140 medical students in China linked procrastination to increased stress levels. The study also associated procrastination and delayed stress reactions with more negative parenting styles, including punishment and rejection. If you find yourself procrastinating regularly, it may be helpful to get in the habit of making a to-do list organized by priority. Give realistic deadlines and work your way down the list. Work on the things that need to get done today and give you self chunks of uninterrupted time. Switching between tasks or multitasking can be stressful in itself.

10. Yoga is widely used for stress reduction. It may help lower stress hormone levels and blood pressure. Yoga has become a popular method of stress relief and exercise among all age groups. While yoga styles differ, most share a common goal — to join your body and mind by increasing body and breathe awareness. Several studies show that yoga helps reduce stress and symptoms of anxiety and depression. Plus, it can promote psychological well-being. These benefits seem to be related to its effect on your nervous system and stress response. Yoga may help lower cortisol levels, blood pressure, and heart rate while increasing levels of gamma amino-butyric acid, a neurotransmitter that’s low in people with mood disorders.

11. Positive touch from cuddling, hugging etc. may help lower stress by releasing oxytocin and lowering blood pressure. These types of contact may help release oxytocin and lower cortisol. In turn, these effects help lower blood pressure and heart rate. Both high blood pressure and increased heart rate are physical symptoms of stress. Interestingly, humans aren’t the only animals that cuddle for stress relief. Chimpanzees also cuddle friends that are stressed.

12. Spending more time outside - whether at your local park or atop a mountain - may help reduce levels of stress and

boost your mood. Studies show that spending time in green spaces such as parks and forests and being immersed in nature are healthy ways to manage stress. A review of 14 studies found that spending as little as 10 minutes in a natural setting may help improve psychological and physiological markers of mental well-being, including perceived stress and happiness, in college-aged people. Hiking and camping are great options, but some people don't enjoy — or have access to — these activities. Even if you live in an urban area, you can seek out green spaces such as local parks, arboretums, and botanical gardens.

13. Deep breathing activates your body's relaxation response, thereby counteracting some of the physical sensations of stress. Mental stress activates your sympathetic nervous system, sending your body into fight-or-flight mode. During this reaction, stress hormones trigger physical symptoms such as a faster heartbeat, quicker breathing, and constricted blood vessels. Deep breathing exercises may help activate your parasympathetic nervous system, which controls the relaxation response. Deep breathing exercises include diaphragmatic breathing, abdominal breathing, belly breathing, and paced respiration. The goal of deep breathing is to focus your awareness on your breath, making it slower and deeper. When you breathe in deeply through your nose, your lungs fully expand and your belly rises. This helps slow your heart rate, allowing you to feel at peace.

14. Spending time with your pet is a relaxing, enjoyable way to reduce stress. studies show that pet owners — especially those who have dogs — tend to have greater life satisfaction, better self-esteem, reduced levels of loneliness and anxiety, and more positive moods. Having a pet may also help relieve stress by giving you purpose, keeping you active, and providing companionship.

15. Practice Mindfulness- Mindfulness describes practices that anchor you to the present moment. Stress reduction techniques that utilize mindfulness include meditation and mindfulness-based cognitive therapy (MBCT), a type of cognitive behavioral therapy. Meditating on a consistent basis, even for short periods, may help boost your mood and decrease symptoms of stress and anxiety. If you'd like to try out meditation, countless books, apps, and websites can teach you the basics. There may also be therapists in your area who specialize in MBCT.

7. Research Connotations and Evidences

Stress has been referred to as the “silent killer” as it can cause heart disease, high blood pressure, chest pain, and an irregular heartbeat (Chilnick, 2008). Telogen effluvium is the result of hair loss caused by stress that can happen up to three months after a stressful event (McEwen, 2003). Stress accounts for 30% of all infertility problems. In women, stress can cause spasms in the fallopian tubes and uterus. In

men, it can reduce sperm count and cause erectile dysfunction (Bouchez, 2018). Researchers have found that stress worsens acne, more so than the prevalence of oily skin (Warner, 2002). Stress can cause weight gain too. The stress hormone cortisol has been found to cause both the accumulation of abdominal fat and the enlargement of fat cells, causing “diseased” fat (Chilnick, 2008). Correlations have been found between stress and the top six causes of death: cancer, lung ailments, heart disease, liver cirrhosis, accidents, and suicide (“How Does Stress Affect Us?”, 2016). In children, chronic stress has been found to negatively impact their developmental growth due to a reduction of the growth hormone in the pituitary gland (Van der Kolk, B. et. al., 2007). The word itself, “stress” stems from the Latin word *stringere*, meaning “to draw tight” (McEwen, 2003). In the event of chronic stress, dominant hormones are released into our brain. These hormones are intended for short-term emergencies and in the event where they exist for extended periods they can shrink, impair and kill brain cells (Wallenstein, 2003). Stress can increase the likelihood of developing blood clots since the blood prepares itself for injuries and becomes “stickier” (Chilnick, 2008). Chronic stress can place pressure on, and cause damage to arteries and organs. This occurs due to inflation in our bodies caused by cytokines (a result of stress) (McEwen, 2003). Stress is also responsible for altering our blood sugar levels, which can lead to fatigue, hyperglycemia, mood swings, and metabolic syndrome (“How Does Stress Affect Us?”, 2016). On a positive note, we can reduce our stress levels by laughing. Having a chuckle, lowers the stress hormones, including cortisol, epinephrine, and adrenaline. Laughing also strengthens our immune system by releasing positive hormones (Wallenstein, 2003). More good news, especially for chocolate lovers—dark chocolate has been found to reduce stress hormones (Wallenstein, 2003).

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