

# Militarization and Mental Health: History and Intervention in Indian-Administered Jammu & Kashmir

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## Abstract

Decades of war, militarization, and ongoing struggle for self-determination in Indian-Administered Kashmir have resulted in a mental health crisis in the region. Appropriate psychological screening tools are needed, along with advocacy, treatment, and other psychosocial resources for the complex individual and collective trauma experienced by many Kashmiris.



## Geopolitical & Historical Background of Conflict

The origins of the conflict in Jammu & Kashmir date back to 1947 when India gained independence from British colonial rule and Pakistan was founded (Sehgal, 2011). Four wars have been fought over Kashmir by the two South Asian nuclear giants, while China and India continue to battle over Ladakh. Since the 1990s there has also been resilient political and armed struggle for self-determination by Kashmiris in India-Administered Jammu & Kashmir (Dar & Deb, 2020; Pandit, 2019).

## Sociocultural Implications of Conflict

Endless political insecurity, militarization, and armed conflict have resulted in a region where hundreds of thousands are dead, missing or displaced, unemployment affects one-fourth of the population, education and healthcare are systemically underserved, and basic human rights and freedoms are threatened (Bhat, 2019; Housen et al., 2019).

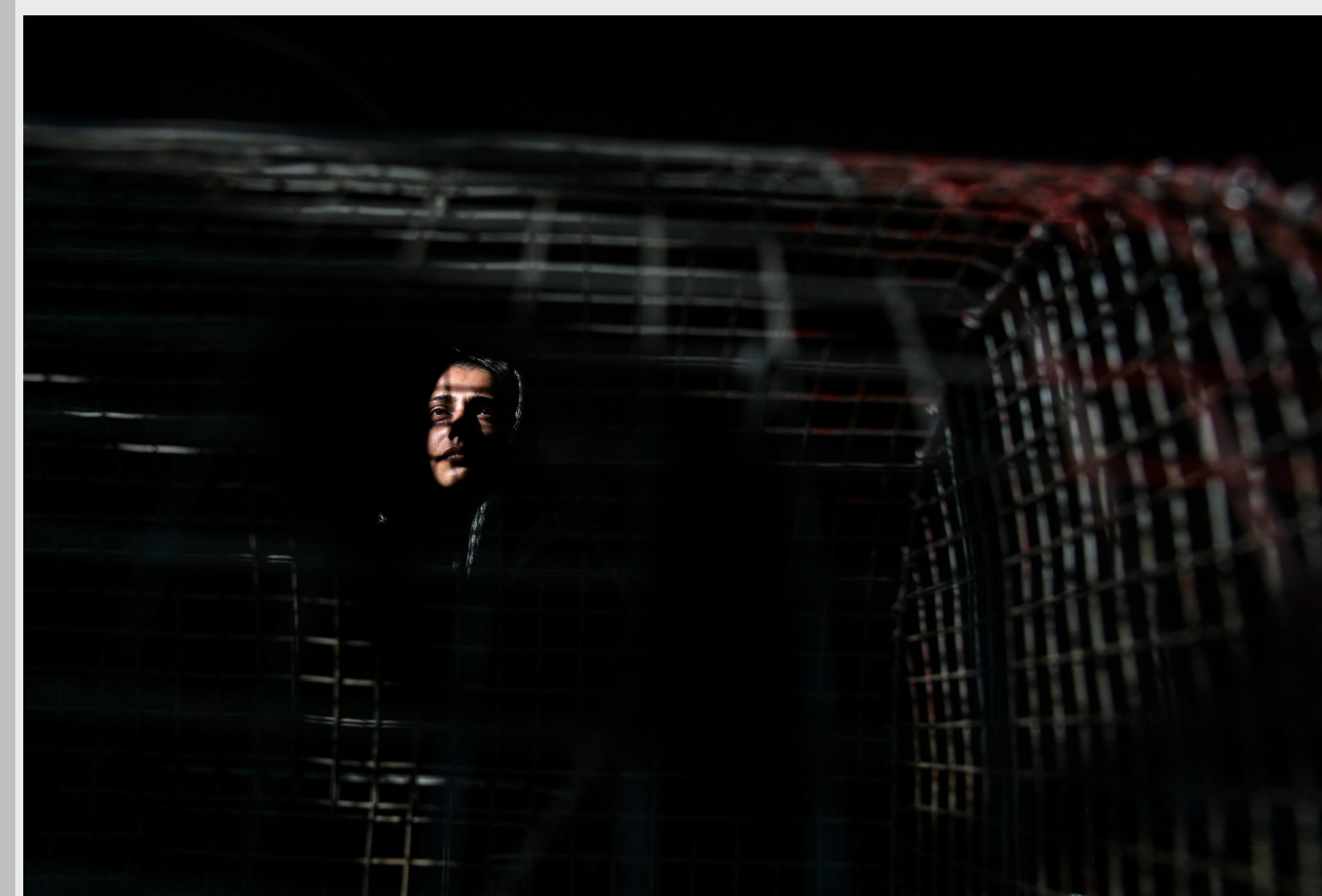
## Militarization and Mental Health: Childhood and Adolescence

Children and young adults are often the face of the *kanni-jang* (stone-throwing) protest movement in the Kashmir Valley, regularly facing the tanks and soldiers of the Indian Army and risking imprisonment (Ganie, 2020). Almost half of all children in Kashmir have witnessed a family member being killed and nearly 60% will develop PTSD at some point during their lives (Mushtaq et al., 2016).



## Militarization and Mental Health: Adulthood

- A recent study conducted with university students in the Kashmir Valley revealed that 99.7% of the participants reported exposure to conflict (Dar & Deb, 2020).
- A 2016 report by Médecins Sans Frontières found that a majority of Kashmiri adults – 93 percent – have experienced conflict-related trauma, with an average adult witnessing eight traumatic events during their lifetime. More than 70 percent of Kashmiri adults have also experienced or witnessed the sudden or violent death of someone they knew.
- Housen et al. (2017) study of adults in 10 Kashmiri districts revealed 45% reported symptoms of severe mental distress (depression, anxiety, and PTSD).



## Current Resources

- Mental health services in Kashmir remain minimal, with most organizations being funded by humanitarian groups that train health workers to become counselors (Malla et al., 2019).
- A lack of psychosocial resources, has resulted in heavy reliance on psychiatric diagnoses and an over-prescription of medication in Kashmir (Varma, 2012).
- Substance abuse is prevalent in Indian-Administered Jammu & Kashmir with individuals relying on benzodiazepines, opioids, and cannabis to self-medicate complex psychopathology (Mushtaq et al., 2016).

## Recommendations

- Development of contextualized reliable and validated instruments for mental health screenings (Housen et al., 2018).
- Focus on youth-oriented interventions
- Incorporation of religious leaders and spaces in mental healthcare
- International advocacy, humanitarian support, and cross-cultural cooperation to aid Kashmiri mental health activists in developing community-based psychosocial interventions.
- Collaborative peace and demilitarization advocacy.