**Conflict and Mental Health: A Cross-Sectional Epidemiological Study in Nepal**

**Date: 2013**

**Background**

Globally, mental health problems constitute a serious public health problem, contributing 14 % to the global burden of disease. The aim of this epidemiological study was to identify prevalence rates of mental health problems, factors associated with poor mental health and protective and risk factors in a post-conflict situation in Nepal.

**Methods**

This cross-sectional study was conducted among 720 adults in 2008. A three-stage sampling procedure was used following a proportionate stratified random sampling strategy. The outcome measures used in the study were locally validated with Beck Anxiety Inventory (BAI),

Beck Depression Inventory (BDI), Post-Traumatic Stress Disorder (PTSD)—Civilian Version (PCL-C) and locally constructed function impairment scale, resources and coping.

**Results**

Of the sample, 27.5 % met threshold for depression, 22.9 % for anxiety, and 9.6 % for PTSD. Prevalence rates were higher among women (depression, OR 2.14 [1.52–3.47]; anxiety, OR 2.30 [1.45–3.17] and PTSD, OR 3.32 [1.87–5.89]) and older age categories (depression, OR 1.02 [1.01–1.04]; anxiety, OR 1.04 [1.03–1.05] and PTSD, OR 1.02 [1.0–1.03]). Respondents who perceived more negative impact of the conflict (e.g., hampered the business/industry; hindered in getting medical treatment, etc.) in their communities were more at risk for depression (OR 1.1 [1.06–1.14]), anxiety (OR 1.05 [1.01–1.09]) and PTSD (OR 1.09 [1.04–1.14]). Other risk factors identified in the study were ethnicity, district of residence and poverty (lack of clothing, medicine and information via radio at home).

**Conclusions**

Overall, the prevalence rates of depression and anxiety in the sample are comparable to, or lower than, other studies conducted with populations affected by conflict and with refugees. However, the findings underscore the need to address the current lack of mental health care resources in post-conflict rural Nepal, especially for marginalized populations.

**Keywords:** mental health; Nepal; political violence; PTSD; risk factors.