**Draft Report on Political Violence, Natural Disasters and Mental Health Outcomes: Developing Innovative Health Practices and Interventions in Nepal, 2007**

**Date: 2007**

**Background**

In Nepal, little is known about the psychosocial and mental health status of rural people and is a largely neglected because of social stigma, inadequate infrastructure resources including as personnel and health facilities, and a virtual absence of formal mental health services in rural areas, where the vast majority of the population live. On the other hand, most of the people do not use mental health services for the treatment of mental health problems, and mental health professionals are used only for problems of severe psychoses. The public’s attitudes towards mental illness are fear and rejection.

**Methods**

This research was conducted during September, 2007 to February, 2008. This study included 720 (240 in each district) randomly selected adults. The study employed both qualitative and quantitative methods; however, this report presents the findings of the quantitative study only. Four standardized instruments (WHODAS, BDI, BAI and PTSD) and five context specific instruments such as functioning assessment (FA), psychosocial and mental health (PMHP) scale, psychosocial stressor and social impact (PSSI) of conflict, resource and coping methods (RCM) and exposure scale (ES) were used.

**Results**

The primary finding illustrates 27.5% depression, 22.9% anxiety and 9.6% PTSD symptoms among the sample population living in areas of conflict. The prevalence of depression and anxiety were much higher than that observed in high income countries. However, the prevalence of PTSD symptom was comparable to that seen in high income countries. The prevalence of mental health outcomes is higher among females, Dalit caste, widow/widowers, elderly people and people residing in Dang district. Exposure to traumatic events during the past six months preceding the survey was low. Use of existing community resources was moderate; the most commonly preferred resources were receiving encouragement, love and affection, receiving advice from neighbor or community people, receiving employment opportunities and receiving financial support. Regarding the impact of conflict in the community, the most commonly mentioned positive changes were that it helped to: increase women’s participation and empowerment, decrease caste discrimination, decrease gender discrimination, increase women’s to be awareness of their rights, and decrease landlord system. Similarly, the most frequently reported areas of negative impact in the community were: hampered in the business/industry, created unemployment and other obstacles in work place, increased disobedience in students and the fear and terror among the teachers and increased looting and robbery. Significant association was found between psychosocial and mental health outcomes with socio-demographic and exposure variables. The multivariate analysis revealed that being female, older, of Dalit caste, illiterate, not having sufficient clothing and people residing in Dang district were risk factors for having BAI, BDI, PTSD and PMHP symptoms. We found association between use of local resources and status of mental health status. People with above cut off score for PTSD, BAI and BDI were more likely to use individual and community resources than were people below the cut off score.

**Conclusions**

To address the high prevalence rate of psychosocial and mental health problems in female, Dalit caste, aged population, poor (without proper clothing), illiterate and people residing in Dang district, an effective community psychosocial intervention should be planned and carried out immediately. An extensive longitudinal research should be conducted on national level focusing mainly on female, people of Dalit caste, aged population, poor (without proper clothing) and people residing in conflict affected areas. Moreover, the national and international community, government ministries, donor agencies, UN agencies and other stakeholders should get involved without delay for psychosocial interventions in post conflict situation in Nepal.

**Keywords:** mental health outcomes; mental health problems; natural disasters; political violence.