

Longstanding Conflict in Kashmir and Its Toll on Mental Health

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DOI: 10.5281/zenodo.21620486 | **Volume 01, Issue 01, 2026 | Pages 89-95**

Abstract

Kashmir has enjoyed a special status in the country since the nation's independence. Impact of militant outfits and recruitment of Kashmiri youth, incidents of violence, and civil conflicts between religious groups have all contributed to the disturbance in the valley. Restricted access to resources and opportunities is exacerbated by insecurities and doubts about future personal and social development, as well as by a life marked by constant fear.

Children growing up in the valley live with regular and frequent news of conflicts and violence. Often these involve people from their immediate or extended families, or neighbourhoods. Routine tasks such as going to school, playing in the parks and fields, and accessing the internet are interrupted when security requirements overpower the need to maintain a semblance of a peaceful life. Not all children in Kashmir would have seen violence at first hand, but many would have. All children would have heard events and experiences from adults of witnessing or experiencing violence.

Psychoanalytic theory suggests that rumours leave an indelible mark on the unconscious mind. Rumours are often exaggerated and are a way of coping with trauma through venting one's fears. On the other hand, the one listening to rumours may be deeply concerned about the dangers that await in the outside world. Children listening to such rumours, or even witnessing the hushed tones of adults in the household, sense the fear and anxiety that permeates the very atmosphere around them.

In this context, the paper explores the specific needs of children growing up in conflict zones and the preparation required of teachers to help them grow up in a healthy environment.

Keywords: mental health, Kashmir, school, NEP 2020, teacher's role

1. Introduction

The past decade has seen a significant rise in mental health disorders in Kashmir. The impact of years of turmoil on the valley's environment has led to incidents of mass hysteria. Significantly, there is a marked difference in the incidence rates of mental health disorders among men and women. NEP 2020 envisages an important role of schools in addressing the mental health needs of children. With the rising cases of suicides and psychological disorders, are teachers in the valley prepared to address the mental health needs of school students?

Kashmir has a longstanding history of conflict. Post-independence, the valley has been a site of territorial conflict between India and Pakistan. Military attacks on a border state are not uncommon. Over the past seven decades, reports on conflict in Kashmir include incidents of militant insurgency, armed conflict among civilian groups, protests that are often sponsored by external agencies, and conflicts that have taken a strong religious colour. Political instability and frequent incidents of violence have disrupted civil life in Kashmir. A newspaper report stated that there were over 2000 incidents of stone pelting and violent demonstrations in 2016 (Parvaiz, n.d.).

Since the first internet shutdown in 2012, the erstwhile state of Jammu and Kashmir has witnessed 433 internet shutdowns (www.internetshutdowns.in). This has not only impacted communication but also studies for school and college students. In 2019, schools in Kashmir were shut down for over 30 months. As the COVID pandemic hit the world, online education was organised all over the nation. However, due to internet blockages, studies were severely affected in the Kashmir Valley. Students reported not recognising their friends when schools finally reopened (Masoodi, n.d.).

“Frequent closure of schools and colleges has hampered the educational system in Kashmir. While the academic curriculum has generally remained incomplete because of on-and-off curfews, the quality of education and learning standards have also been compromised. It has also meant less accountability for teachers in maintaining teaching standards. Worse, the frequent and prolonged school closures have adversely affected the socio-psychological behaviour of children and youth. From July 2016 to 30 May 2017, students lost 60% of school days because of shutdowns, curfews and violence.” (Wani, 2019)

Wani (2019) asserts that despite the government's attempt to open schools in 2019, rumours and sometimes misinformation led parents to fear sending their children to schools far from their vicinity. While parents found some support by sending their children to mohalla (neighbourhood) schools, the fear and uncertainty that parents experienced is an indication of the impact of violence and conflict on the mental health of people in Kashmir.

2. Status of Mental Health Illnesses in Youth in Kashmir

There is a universal trend in the increased incidence of mental illnesses. In India, Ganguli (2000) reported a 7.3% prevalence rate of all mental illnesses. The 2015–2016 National Mental Health Survey (NMHS) in India found a prevalence of 10.6% for any mental illness (Murthy, 2017). Hussain (2024) studied ten common mental health disorders in Kashmir. The study found a prevalence of 11.3%, higher than the national prevalence reported above. Further, the study also found that in Kashmir, the prevalence rate in women (12.9%) is higher than among men (8.3%). Significantly, young women in Kashmir are worse affected by mental disorders. Women's Media Centre quoted noted psychiatrist Dr Nabi from IMHANS, Kashmir: "Since women often find themselves the sole manager of the household, sole parent, or caretaker of elders in Kashmir, they suffer more." (The Silent Mental Health Crisis Among Women in Kashmir - Women's Media Centre, n.d.) The report also states that Kashmir has been one of the most militarised regions in the world. The continued presence of troops on the streets has been a cause of anxiety and trauma in women and children.

The Kashmir Mental Health Survey 2015 found that 45% of the adults in Kashmir reported experiencing some form of mental distress (Médecins Sans Frontières (MSF), the University of Kashmir, Institute of Mental Health and Neurosciences (IMHANS), 2016). The incidence of depression among women was reported at 50%, which was higher than in men at 37%. More women (22%) in comparison to men (18%) reported suffering from post-traumatic stress disorder (PTSD).

In June 2019, two girls in a school in the Bani area in Jammu's Kathua district started crying and screaming. They were followed by more than 30 girls who continued to scream and roll on the ground after the morning prayers in school. No cause was found for their behaviour. Earlier, in 2017, incidents of braid chopping by unknown assailants were reported by Kashmiri women (Parveen, 2017). Psychiatrists studying the incidents and the victims involved in them reported these to be indicative of mass hysteria resulting from years of trauma.

Both these incidents indicate the impact of trauma on the mental health of people in Kashmir. It is also important to note that only 12.6% of the patients suffering from mental disorders in Kashmir sought treatment (Hussain, 2024). Most patients are thus living with mental health conditions without seeking external help and support.

3. Childhood, Society and Mental Health

The data presented above highlights that the prevalence rate of mental health-related disorders is higher than the national average. Mental health disorders among adults are often found to have their roots in childhood experiences. This is most extensively covered in the psychoanalytic tradition through the works of Freud and Erikson. Both theorists highlight the importance of resolving critical dilemmas at various stages of childhood for a healthy life later on. Exposure to trauma makes the child feel insecure and unsafe during childhood. Unresolved childhood memories are likely to have a lasting impact on the rest of one's life.

Bronfenbrenner's ecological approach highlights the important role of the child's environment in development. The microsystem includes the home, school and family, with

which the child has the most frequent and intimate interaction. Earlier, we have already discussed reports of frequent closure of schools due to the incidence of violence. In addition, concerns about the safety of young men in the family also affect the lives of children at home. With disruption in school and home, children in Kashmir are likely to be severely impacted. At the macrosystem, the society in which children live, the political climate, and unrest in the community create an unstable environment for the children and youth in Kashmir.

The impact of rumours in conflict-affected regions on mental health has been well documented in Kakar (2007). Psychoanalytic theory posits that rumours have a profound and lasting impact on the unconscious mind. This theory suggests that rumours, often amplified and sensationalised, serve as a mechanism for individuals to cope with trauma by articulating their fears. When people share rumours, they are not merely passing along information; they are engaging in a process of externalising their anxieties and uncertainties.

For the listener, particularly a child, the effect of rumours can be even more significant. Children are highly perceptive to the emotional undercurrents in their environment. When they overhear adults whispering about alarming events or sense the tension in the household, they absorb these emotions, even if they do not fully understand the content of the rumours. The anxiety and fear conveyed through these whispered conversations become imprinted on the child's unconscious mind. This process can create a pervasive sense of dread and insecurity about the world outside, as children intuitively grasp the fear and concern exhibited by the adults around them.

Thus, rumours do not merely function as a means of communication; they are also a psychological tool for managing fear and trauma. The impact on children is particularly profound, as their developing minds are highly sensitive to the emotional climates they experience. The unconscious absorption of these fears can shape their perception of the world, leaving an indelible mark that may influence their behaviour and emotional responses long into adulthood.

Given the emphasis on mental health in NEP 2020, the subsequent section will explore the policy's key principles and recommendations.

4. Principles of NEP 2020

The National Education Policy, released in 2020 by the Ministry of Human Resource Development, Government of India, outlines the path forward for all levels of education in the country.

At the outset, NEP 2020 specifies the principles that guide the education system. These include developing humans and constitutional values, life skills such as communication, cooperation, teamwork, and resilience, and respect for diversity (MHRD, 2020, p. 5). This indicates that NEP 2020 is firmly rooted in the importance of mental health and the role of education in the holistic development of students.

The policy vision places great importance on diversity and inclusion. It specifically recommends paying extra attention and directing resources towards addressing the needs of Socio-Economically Disadvantaged Groups (SEDGs), including those who have been socio-economically challenged on grounds of gender and/or marginalisation. The policy clearly states that the “approach to equity and inclusion must be common across school and higher education (MHRD, 2020, p. 41). In other words, schools, as well as all higher educational institutions, have to make concerted efforts towards the inclusion of children and youth from marginalised sections.

5. Addressing Specific Needs of Kashmir

NEP 2020 recommends that, along with nutrition, children's mental health be given due importance. Recognising that children's learning is affected when they are physically or emotionally unwell, NEP recommends a system inclusive of "well-trained social workers, counsellors, and community involvement. (MHRD, 2020, p. 9) for addressing the mental health needs of children in schools. This indicates, first, that the mental health of school children is not the sole responsibility of teachers. NEP 2020 acknowledges the important role of the community in addressing children's needs. This holds particular relevance for children in the Kashmir valley, where the social and political climate is a notable source of stress for young girls and women.

NEP 2020 recommends the best possible use of resources to ensure quality education across schools. Small schools are encouraged to be a part of school complexes. This will ensure that quality education and services are available in all schools. In section 5.10, the policy recommends the sharing of counsellors across schools. This indicates that teachers will need to collaborate with counsellors to address students' mental health needs. In light of the data surrounding psychological disorders among young women in Kashmir, teachers may require special training. At present, many teacher education programmes offer compulsory/ elective courses in guidance, counselling and mental health. These courses are insufficient in preparing teachers to handle serious psychological disorders. Schools and colleges thus need to regularly communicate with hospitals and health care institutions where well-trained and qualified doctors, psychologists and mental health professionals can address the needs of youth in the community.

At the same time, teachers and school counsellors urgently need to be trained in two key dimensions: first, identification of the first signs of psychological disorders, including but not limited to depression, suicidal ideation, suicidal tendencies, excessive anxiety, and the like; second, talking to students and parents in removing the stigma surrounding seeking help to address psychological disorders. Schools and colleges are most regularly in touch with students and their families and can play an important role in counselling parents to recognise the need for mental health care and support.

In essential curricular aspects, NEP 2020 calls for basic mental health training to be included in the school curriculum for all children. Curriculum will also include teaching the damaging effects of alcohol, tobacco and other drugs. It is the responsibility of the state to implement NEP 2020 and to prepare materials and pedagogical inputs that are relevant to the unique history and culture of Kashmir.

Often, modules on mental health focus on life skills and competencies that are necessary to meet age- and stage-related developmental needs. Many of these are based on the common problems that arise for children as they grow up. These range from academic stress and time management to developing critical thinking and decision-making, and addressing body image issues, among others. The data presented earlier indicates that a significant percentage of youth in Kashmir are struggling with mental health issues that extend beyond the everyday difficulties and challenges. The incidence rate is higher among women than among men. Many of these illnesses find their roots in childhood experiences. These thus require special attention and mental health modules for young women in higher educational institutions, and those in schools need to be developed to address psychological disorders.

It is recommended that these modules first and foremost focus on acknowledging the prevalence of clinical disorders, thereby removing the stigma surrounding mental illness and psychological disorders. As has been mentioned earlier, the percentage of people seeking help when struggling with mental health issues is very low. Open discussions about real or perceived emotional suppression will help children vent their emotions. The collective experience of fear, anxiety and trauma will be shared, and a generation living with PTSD will find vent and release, hopefully in turn, reducing incidents of mass hysteria and suicides.

6. Concluding Remarks

The growing incidents of mental health-related disorders highlight the need for increased intervention and provision of services to address mental illnesses in young women in Kashmir. Educational institutions can play an important role in advocacy and sensitisation regarding the need to seek professional help for severe disorders. However, it is important to note the role of schools as well. The children in Kashmir today have already witnessed conflict and trauma for the past few years. Unresolved fear and anxiety can translate into mental illnesses later in life. Early intervention, coupled with culturally sensitive mental health education, can equip future generations of Kashmiris to cope with adversity and build resilience. Only through a comprehensive and sustained effort can the cycle of trauma be broken, paving the way for a brighter future for Kashmir's youth.

The link between prolonged conflict and mental health issues in Kashmir is undeniable. NEP 2020 provides a promising starting point for addressing the mental health needs of children, particularly young women. However, further research is necessary to develop culturally appropriate mental health interventions and track their effectiveness in the context of Kashmir. Long-term mental health support systems are crucial to ensure the well-being of future generations. By prioritising mental health and fostering a culture of open communication, Kashmir can move towards a future where its youth can thrive.

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Note: The paper was originally presented at a conference on Depression and Suicidal Trends Among Young Female Population in Kashmir, organised by Centre for Women's Studies and Research, University of Kashmir, in Collaboration with and sponsored by Indian Council of Social Science Research (ICSSR), New Delhi, and North West Regional College (NWRC), on 21 May 2024.

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