

PSYCHOSOCIAL PROBLEMS IN THE KASHMIR VALLEY

A Field Note Discussion

Following observations are based on my work in the valley of Kashmir
from 2003 till 2010 & subsequent visits in 2019& 2022

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ABSTRACT:

The emergence of psychosocial problems in the valley is a phenomenon which began in the aftermath of the conflict about two decades ago, resulting in a spurt in mental illness and the recent explosive rise of drug abuse (opioids) in the valley; unlike the prevalence of inhalants a decade ago.

This article is an attempt to actualize the present enormity of the prevalence of the above issues, and their adverse impact in the populace in the valley. It also raises concerns on emerging problems related to the following

- *Domestic Violence,*
- *Abuse (emotional/ physical/ sexual),*
- *Suicides and*
- *Gender Equity -a matter commonly overlooked.*

All the above psychosocial issues are primarily social problems in nature. Unfortunately, too much focus is given on a clinical approach, instead of addressing it from a holistic social perspective.

The very term – psychosocial emerges from the psyche (mind) and social (society) and both of these two factors have led to a steep incline in the problems over the past years. More important due to the prolonged stressful conditions leading to erosion in values, a casualty has been the very basic personality of people especially the youth. Today they are caught between the declining family ties and the pressure placed on them by their colleagues. This leads in many instances to insecurity which is carried with them into their adult lives.

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Any approach in addressing the above will have to be done by local social work professionals who have a vision and compassion along with a willingness to interact with the local community.

INTRODUCTION:

Any approach in addressing any psychosocial issue cannot be done in isolation but has to be viewed in its context. Environment plays an important role and comprises of -

- I.** Natural Environment (Involves weather, climate, living species(society/ families/ people/ animals and natural resources)
- II.** Built Environment (made by humans, such as agriculture conversions or rapid urbanizations. With current human interventions many natural environments have been acquired some level of being “Built”. Man’s incursion into the natural habitat of the environment has set up several artificial set up which has threatened the very cultural/ societal fabric of today and led to an erosion of values and relationships¹

As one looks into the past – the climate, cultural / societal values and relationships proved to be more clean, transparent and authentic as what one sees around in the world today. Today’s values can be summed up around accumulating wealth and power which can be visualized in the hectic lifestyle around us with people engrossed on their phones. Authentic relationship and trust is at a low premium.

As a youngster (50+ years ago) I recall sitting with my father by the fireplace in Srinagar as he talked about the “good old days” when life was more laidback, the quality of life good and more economical, and currency then in Rupees / Anna; and Society more stable with people living in harmony. Fifty years hence, I wonder what today’s young generation will be able to write about events in their life and the legacy that they would leave for their children.

Changes in the Kashmir Valley:

The following table pertains to Kashmir from the changes I have observed since my first visit in 1969. Readers may wish to add on.

THE DECLINE OF NATURAL ENVIRONMENT – RISE OF BURNT ENVIRONMENT – Over time

Year	Natural Environment (Weather, climate, Society, family, values)	Built Environment (Weather, climate, Society, Family, values being affected of the erosion of mankind’s urbanization/ technology)
1969 (3 months)	More natural beauty visible – Dal Lake waters blue, less weeds, more fish, and water sports. Weather pleasant (snowed in May’69 Pluralistic open society No security Wooden low fences around educational institutions Less traffic. Life more laidback People warm and friendly	TV Tower on Sankaracharya hill in Srinagar under construction No other memory of man’s urbanization
2003-09	Natural beauty on the decline, more pollution with the Dal lake affected	Armed security presence More Homogenous society High cemented walls around educational institutions The high incidence of mental illness in the valley (especially among women) People fearful / low trust Sporadic violence
June’19 (3 weeks)	Decline in the natural beauty	Security still present Lockdowns (law & order, covid Widespread use of mobiles / internet. Fear/ Distrust prevalent Sporadic violence Mental illness still high – with stigma
May’22 (2 weeks)		Political lockdowns and COVID Sudden spurt of drug abuse (opioids) Tourism spurt, bad for natural beauty

The contents of the above table can be adapted for each city as it highlights the important role that the environment plays on us as individuals and with the passage of time it’s going to worsen in terms of psychosocial stressors. More important it reveals the corrosive effect of the Built Environment on Society/ people and values among others.

On the flip side, in countries where the natural environment is nurtured and limits set on the built environment, the best in the individual is brought out without compromising on his / her beliefs / values.

LOCAL BACKGROUND:

Much has been said about how the valley went through an emotional traumatic nightmare after the conflict and its aftermath resulting in countless of people (mostly women) are being afflicted mentally; and of substance abuse among youth.

A. Mental Illness (MI):-

Key findings of a study by MSF (Medecins sans Frontiers in 2015 revealed the following

- 1.8 million (45%) adults in the Kashmir Valley have significant symptoms of mental distress.
- Approximately 1.6 million adults (41%) in the valley diagnosed to have depression.
- An estimated 1 million adults (26%) in the valley have anxiety related disorders.
- Nearly 1 in 5 adults (19%) or 771,000 individuals in the Valley have PTSD. ²

The prolonged lockdown due to the socio political situation and COVID have heightened the situation.

B. Substance Abuse:

- J&K has about 6 Lakh people affected by drug related issues about which 90% heroin users are 17-33 years of age.³
- 84% of substance abusers in Srinagar & Anantanag were primarily on Heroin.
- JK is gripped in narco terrorism as the international drug mafia is smuggling drugs through the Line of Control (LOC) and International Border (IB) to sell a small consignment in this region and the remaining consignment in Punjab.⁴
- The Outpatient attendance of substance abusers (opioids) in the local IMHANS hospital exceeds 100 youth per day and at this rate will escalate in the months / years to come.

A menacing danger lurking around is the growing influence of the drug mafia which in the context of a border state of JK has significant social/ political overtones if not addressed now. The drugs have been mainly brought from across the border, and since the local youth do not have opportunities of travelling outside the valley, another danger with the surge in tourism is that in the months/ years to come this could be another source.

Urgent action is necessary here lest the situation blows up to be as bad as Punjab and Gujarat where the issue has been politicized.

Besides the above there are several hidden social issues which are yet to see light – abuse, domestic violence, emergence of suicides, all highlighting an erosion of basic family values which need to be addressed from a holistic angle at the earliest. Most of the victims are young

girls who suppress their stress, some of them sharing the tensions with their friends / family or a few with the Psychiatrists.

Present Scenario of Social Work viz a viz Psycho Social Problems in the Valley

The following observations are based on my work experience in the valley & subsequent visits -

- More of a remote controlled / office driven approach with visits made to the community. The danger this carries is that it can be “donor driven”.
- Too much focus is given to pathology / medical based approach which I consider to be the “tip of the iceberg” (clinical symptoms). This tends to be hospital based and only adds to the social stigma, with many of the clients/ families suffering silently at home.
- Many NGOs that are working in the valley are evolved around “Peace” and “Education” (with the odd exception), and as such no real impact is made in the actual Psychosocial problems existent in the community.
- Most of the Social Work graduates find it difficult to secure a job in their field leading to many of them pursuing a B.Ed. Career and working as Teachers.
- Research Surveys are conducted by many Intl NGOs/ Local Scholars but no sustainable impact in the community is visible.
- No cohesive approach by the local establishment in addressing the psychosocial problems. Right now each NGO is working on their own with no accountability apart from that to the outside donor.
- A real and present danger which needs to be addressed sensitively is the growing distancing of relationships within the family structure and the increased influence of peers on the youth of today.

5. Suggested Strategies to address the psychosocial problem:

Given the fact of its strategic border location any long-term approach has to be done by the local social work professionals with the active support and involvement of the community, one that is devoid of any political overtones. This would involve -

- Setting up a platform of Professionals across various fields, with the Social Work Department providing the leadership. Members could be from – Social Welfare Dept. Educationists, Psychiatrists, Law Enforcement officials & Lawyers to ensure that -

- ❖ The drug crisis is curtailed and that there is no threat from antisocial / political elements. .
- ❖ They will be able to access more support from Donors (NGOs/ Corporate Sector) and ensure transparency and accountability.
- ❖ Provide the necessary guidance and protection to all engaged in preventive community work from being misconstrued as having political overtones as also from the dangers of the drug mafia.

However, safeguards need to be set to ensure there is transparency /integrity here in terms of ones accountability to the investors as also to the NGOs / Community

- Initiating community based holistic projects where the psychosocial problems can be addressed and resolved at the community doorstep. This enhances acceptability of the social work expertise, dispels the social stigma, solves the problem (at the early stage) and acts as a precursor in moving out among the people. More important it involves the support of the community leading to goal ownership and long-term sustainability.
- Identify and allocate each District / Block to an NGO work in the alleviation of psychosocial problems. A unified approach will help in solving the current psychosocial crisis and address the social stigma. (I recall my first job in Mumbai around 1974-75 in the field of leprosy. Each NGO was given a ward by the Municipality to address issues of Survey, Education & Treatment SET, and in time the incidence of leprosy was brought down). The same yardstick can be used here.
- Develop a long term strategy from within the valley to ensure that over the years the twin objective of addressing the actual psycho social needs of people are met (impact) as also professional social workers are employed
- Given the widespread problem of Mental Illness and Drug Addiction plans need to be made in setting up Rehab Care Centres which could be managed by Social Workers with medical visits by Psychiatrists to address the medical symptoms. Such clients and their families need care, support and emotional counsel. Given the natural beauty of the valley these centres can be held in a rustic rural setting which is bracingly healthy. It will help if the local village residents are involved. If planned and implemented well it can serve as a model for the rest of the country.

- Long term plans need to also be made in restoring the clients to their families, or in providing training/ securing jobs to enable them get back on their feet.
- Set up Counsellors in all the Educational Institutions with the help of the Education Department. This is especially important in the current surge in the incidence of drug abuse as also other emotional issues which the youth will be struggling with.
- Establishment of a Documentation Centre under the aegis of the Social Work Dept. of JK University with support of the NGOs/ Medical / Educational Dept. to systematically record the progressive number of MI & Drug Cases identified/treated/ successfully rehabilitated across the valley as of now. Later when other issues arise they can be systematically documented.
- Seek advisory help from well-wishers outside the valley who are experts in the field of Law, Psychiatry, and Rehab Care, which will prevent the local professionals in Kashmir from getting 'burnt out. The internet can be beneficial here. But the ownership is of the local professionals.

The Future

The above strategies if collectively and unitedly done will go a long way in solving the existing psychosocial problem and prevent it from escalating further. Once the innate fear and social stigma is removed further problems will emerge and the social work fraternity in liaison with their medical colleagues will be able to handle it.

5 YEAR PROJECTION

Bearing this in mind the following 5-year projection is envisaged, where -

- All districts of Kashmir Valley will be covered by an NGO working in close liaison with the “Nambardars” and mature village residents (preferably women).
- The Social Work Department would be able to adopt certain urban wards/ villages to place their students for practical training.
- A Platform of concerned professionals is set up to ensure that the community needs are addressed and that anti-social elements are kept at bay.
- There would be a wider and warmer recognition of Social Workers.
- Decline in Social Stigma.
- More psychosocial issues such as abuse, domestic violence, suicides which have been hidden hitherto will surface and be dealt with sensitively.
- Peace, comfort and trust in the lives of hurting people and their families.

It would be good for all the stakeholders in the valley to meet once a quarter and share their specific successes achieved and challenges faced.

In conclusion any long-term social strategy in helping people / communities emerge out of their Problems can be achieved with the following perspective kept in mind; hence the stress on a community-based approach (villages, urban wards, and education institutions located therein) -

*Go to the people,
Live with the people,
Learn from the people,
Plan with the people.
Start with what they know,
Build on what they have,
Teach by showing, learn by doing.
Not a showcase but a pattern,
Not piecemeal but integrated,
Not odds and ends, but a system.
Not to conform, but to transform.
Not relief, but release.*

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