Mental health and wellbeing in post conflict setting: A study from highly conflict affected area in Nepal

Keywords: Conflicts, Mental health, Welfare, QOL

Purpose of this Research] The aim of this research was to establish the prevalence of post conflict mental health problems among victims of the severe, 10-year armed conflict in Nepal, in order to determine the mental health consequences of such conflicts. This study was also designed to provide information about the quality of life and subjective wellbeing of people affected by armed conflicts.

Methods] An exploratory, descriptive study was conducted to explore mental health problems and their effects on the quality of life (QOL), as well as on the wellbeing of people affected by the conflict in Nepal. The research comprised three aspects. In research 1, the Beck Depression Inventory (BDI) was used to assess and compare categories of depression in participants from a conflict-affected area (n = 75) and a non-conflict-affected control group (n = 25). In research 2, the WHO-Quality of life Brief Scale (WHO QOL) was used to assess and compare social, physical, psychological, and environmental component of the quality of life in participants from a conflict-affected area (n = 50) and a non-conflict-affected control group (n = 25). In research 3, the Subjective Wellbeing Inventory (SUBI) was used to collect data from participants that only included people from a conflict-affected area (n = 50). Data were analyzed using Microsoft Excel and SPSS programs for Windows.

Results] Research 1: Results of the research 1 indicated that in the conflict affected group, 29% (n = 22) of the 75 participants were suffering from severe, 38% (n = 28) moderate, 21% (n = 16) mild, and 12% (n = 9) minimal levels of depression, as defined by the BDI. In the control group 8% (n=2) of the participants were suffering from severe, 28% (n=7) moderate, 24% (n = 6) mild and 40% (n=10) minimal levels of depression, as defined by the BDI. Thus, 67% of participants (n = 50) in the conflict-affected group had clear indications of depression; it was 24% higher than in the control group. Among all the female participants, 82% had some degree of depression. Research 2: Total and sub-domain scores of the WHO QOL Brief Scale in the conflict-affected group were significantly lower than in the control group (p< .01), with the exception of the social relationship domain. Moreover, the score of satisfaction with
life (Q1) domain was significantly lower in the conflict-affected group compared to the control group. Satisfaction with health (Q2), a major domain of QOL was also lower (p< .01) in the conflict-affected group compared to the control group. Research 3: Results indicated that the mean scores on most subjective wellbeing dimensions in the conflict-affected group were below, suggesting that people affected by the conflict were not living happily. But four dimensions such as, General Well-being, Positive Affect, Expectation-achievement Congruence; Confidence in Coping, Primary Group Concern carried high mean value. Moreover, results indicated no significant differences in mean scores between male and female participants, with the exception of the transcendence dimension.

**[Discussion]** The finding of this research indicated that nearly 67% of the sample population from a conflict-affected area was suffering from a level of depression higher than in the population, which was not exposed to a conflict. This research also indicated that females in conflict areas were more at risk for mental health problems than male counterparts. Research 2 examined physical, environmental, psychological and social domains of conflict affected people, and results indicated that the QOL of people in conflict affect areas was poorer then in non-affected people. These results suggest that the 10-year conflict had a highly negative effect on the QOL of respondents that were exposed to the conflict. Nevertheless, the total score of the QOL Brief Scale of female participants was comparatively better than that of males. The reason for this may be the increasing empowerment of women. In Nepal conflict is considered as one of the most intransigent obstacles for the development of Nepal. Yet, the long-term impacts of conflict on individual health and wellbeing have rarely been examined. The result of SUBI has clarified that people completely lost their coping capacities as a result of threats and chaos of conflict. Prolong conflict affected the various part of wellbeing issues of peoples.

**[Conclusion]** The evidence provided in this research demonstrates the importance of considering mental health and wellbeing as significant aspects of human life. In particular, it is suggested that mental health services of conflict-affected nations should be integrated into the general health service system of the country, such that these services can benefit conflict-affected groups in the population. It is also suggested that the capacity of national health services in conflict affected nations should be increased to serve the basic needs of people that have are victims of conflicts, and to improve their quality of life and wellbeing.