

## Prevalence of Anxiety and Depression among the Internally Displaced Persons in Manipur

**<sup>1</sup>Chanamthabam Rudrajit Singh; <sup>2</sup>Dr. Ramananda Ningthoujam**

<sup>1</sup>Ph. D. Scholar, <sup>2</sup>Assistant Professor

<sup>1,2</sup> Department of Physical Education and Sports Science, Dhanamanjuri University, India

Corresponding Author: **Chanamthaam Rudrajit Singh**

### Abstract

**Introduction:** Since May 3<sup>rd</sup>, 2023, Manipur, a state located in the northeastern state of India, has witnessed a significant increase in internally displaced persons (IDPs) due to the Meitei-Kuki ethnic conflict. This has led to an increase in internal displacement of people within the state due to violence and instability of both the communities in the safer regions. These IDPs often faced a myriad of challenges related to physical, mental health and well-being. The study aims to explore the prevalence of mental health issues, i.e. anxiety, depression, PTSD and suicidal ideation faced by the IDPs, distribution among the genders, and various age groups to provide evidence on the existing knowledge of mental health in northeast India. **Methods:** The study employs a descriptive-exploratory research design and focuses on the IDPs residing in the formal relief camp of Manipur based on the secondary data available in the Government Official Records. **Results:** Anxiety and depression are highly prevalent among the IDPs. Women, middle-aged individuals, and older individuals are the most affected ones. **Conclusion:** The study highlighted a high prevalence of anxiety, depression, and mixed anxiety depression disorders. If left unattended, these disorders will deteriorate and may ultimately lead to PTSD and suicidal ideation. Addressing all the challenges through accessible health services and further research will be crucial in improving the well-being of the affected populations.

**Keywords:** Internally Displaced Persons; Mental Health Disorder; Psychological Distress; Anxiety; Depression; Middle-aged; Older individuals; Meitei-Kuki conflicts; Manipur

### Introduction

The nature in the world is spreading for peace and prosperity, yet there are wars, and conflicts everywhere. This has resulted in the displacement of the native

persons to different regions, refugees (displaced outside their own country), or internally displaced persons (IDPs), which is displaced inside their own country. Internal displacement has now become a global crisis in the present scenario, increasing by 51% over the past 5 years (IDMC; 2024). Amidst this global burden, Manipur, a state located in the north-eastern state of India, has witnessed an ongoing ethnic conflict between the Meitei community and the Kuki community, which started on May 3, 2023. This conflict has led to the displacement of both communities, thereby contributing to the significant increase in internally displaced persons (IDPs) in the region.

This is the very first time a large displacement has been seen in the history of the state, even though ethnic clashes have been witnessed in the past decades. About 67000 people are being displaced in the state. The experiences of witnessing severe harm, such as the torture of family members, women, and children, the destruction of their homes, killings, extortion, and kidnapping, as well as being separated from loved ones, have caused significant psychological distress for the individuals involved. These traumatic events have severely affected their mental and emotional well-being, which will be exacerbated if left unattended or if appropriate intervention is not provided. W.H.O also states, "Among people who have experienced war or other conflict in the previous 10 years, one in five (22%) will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia." (WHO; 2022)

India is the second most populous developing country in the world. However, from 2008 to 2023, an internal displacement of 1.9 million was recorded (Internal Displacement Monitoring Centre, 2024). And, those people who are exposed to wars or armed conflicts have PTSD symptoms (Bhat and Rangiah, 2015). Debbarma (2022) also noted that the BRU IDPs in Tripura experience severe depression and a mild to moderate level of anxiety. A study shows the prevalence of anxiety, depression, and post-traumatic stress disorder (PTSD) in the Kashmir valley (Housen et al. 2017). Bhan and Bindra (2019) also state that the migrant Kashmiri pandits face a lot of health problems, like skin diseases, due to the change in the geographical environmental conditions. Even though Kashmir has been a conflict zone, the marginalised groups of the IDPs are being neglected. Vries (2001) also states that the mental health of the Tamil refugees and IDPs were poor, and a certain percentage suffered from PTSD and received support socially. Gupta and Singh (2018) also stated that the Government response is minimal despite the availability of evidence of the mental health issues among the tribal populations. When the tribal peoples are being neglected, it is certain that the IDPs from the northeast, mostly tribal, are also most likely to be avoided. Hussain (2006) stated that the seven northeast states of India have a high population of IDPs and have been neglected. However, the evidence on the prevalence of mental health of vulnerable populations induced by conflicts or war is very limited in India, particularly in Manipur. Therefore, this study aims to

explore the prevalence of mental health issues, i.e. anxiety, depression, PTSD and suicidal ideation faced by the IDPs, distribution among the genders, and various age groups to provide evidence on the existing knowledge of mental health in northeast India.

## Methods

**Study Design:** This study employs a descriptive-exploratory research design to assess the prevalence of mental health disorders among IDPs residing in formal relief camps in Manipur.

**Source of data:** For the present study, secondary data for anxiety, depression, PTSD, and suicidal ideation in IDPs were obtained from the government records with permission from the Chief Secretary and the Joint Secretary (Health & Family Welfare). Secondary data from the official Government records were obtained on 19<sup>th</sup> August, 2024, with reference to the letter number. MED-1806/19/2024-HS-HEALTH dated 24<sup>th</sup> May, 2024.

## Result

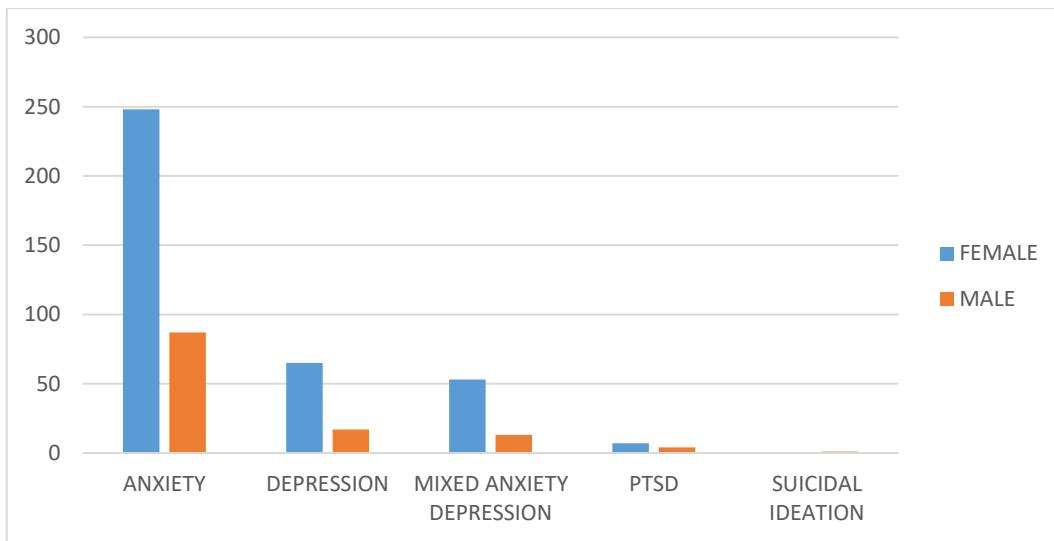
The present study focused on 3971 IDPs residing in 50 formal relief camps in the five districts, i.e. Bishnupur, Churachandpur, Imphal East, Imphal West, and Thoubal districts of Manipur, India. The total number of males and females is 1842 and 2129, respectively. Out of 3971, 495 (12.47%) IDPs had mental disorders of anxiety, depression, PTSD, and suicidal ideation.

Anxiety is a highly prevalent disorder among the common mental disorders, with 335 cases (67.68%), with the highest prevalence in Imphal East (135 cases, 40.30%). Depression (46 cases, 56.79%) and mixed anxiety depression (28 cases, 42.42%) are mostly prevalent in Imphal West. And, PTSD was found in 10 cases in Imphal East, with a single case each of suicidal ideation.

Disorder ↓ / District →	Bishnupur	Churachandpur	Imphal East	Imphal West	Thoubal	Total
Anxiety	23	79	135	84	14	335
Depression	4	1	26	46	5	82
Mixed Anxiety Depression	26		10	28	2	66
Ptsd			10		1	11
Suicidal Ideation			1			1
<b>Grand Total</b>	<b>53</b>	<b>80</b>	<b>182</b>	<b>158</b>	<b>22</b>	<b>495</b>

\*Based on the data collected till April 2024

**Table 1:** District-wise Prevalence of Mental Health Disorders of IDPs in Manipur  
The total number of female (F) IDPs with mental health issues is 373 (75.35%), and male (M) IDPs are 122 (24.65%). In all five districts, women had significantly higher prevalence of mental health issues - Figure 2.



**Figure 1: Gender distribution of IDPs with mental health disorders**

In the present study, the 41-50 age group had the highest prevalence of mental health issues (25.66%), followed by the age group 31-40 (18.18%), and 61-70 (14.75%). These findings show that middle-aged individuals and older adults are the most affected, as shown in Table 2.

Disorder↓ / Age Group→	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	ABOVE 81	Total	%
Anxiety	6	35	71	81	94	22	22	3	1	335	67.68
Depression					18	36	28			82	16.57
Mixed Anxiety Depression	2	3	1	9	11	3	18	16	3	66	13.33
Ptsd					4	2	5			11	2.22
Suicidal Ideation								1		1	0.20
<b>Total</b>	<b>8</b>	<b>38</b>	<b>72</b>	<b>90</b>	<b>127</b>	<b>63</b>	<b>73</b>	<b>20</b>	<b>4</b>	<b>495</b>	<b>100</b>
<b>%</b>	<b>1.61</b>	<b>7.68</b>	<b>14.55</b>	<b>18.18</b>	<b>25.66</b>	<b>12.73</b>	<b>14.75</b>	<b>4.04</b>	<b>0.80</b>	<b>100</b>	

**Table 2: Age-Wise Distribution of Mental Health Disorders**

## Discussion

The findings reveal that 12.47% of IDPs in Manipur suffer from mental health issues, with anxiety (41.875%), depression (10.125%), mixed anxiety depression

(8.25%), PTSD (1.375%), and suicidal ideation (0.125%). These results align with the global study indicating high psychological distress among displaced populations (WHO, 2022).

Despite the extensive research on displacement and mental health, limited studies focus on IDPs in India, particularly in conflict-affected regions like Manipur. Existing literature primarily addresses global displacement trends (Roberts & Browne, 2011), yet few studies examine the specific psychological consequences faced by IDPs due to ethnic conflicts. Moreover, while prior research highlights PTSD, anxiety, and depression among displaced populations (Hassan et al., 2016; Owoaje et al., 2016), there is insufficient data on the prevalence of anxiety, depression, PTSD and suicidal ideation among Manipuri IDPs.

This study reveals that female IDPs 75.35% have a higher prevalence of psychological disorders compared to male IDPs 24.65%, which is consistent with the global studies. Studies have shown that women are at a higher risk and experience psychological distress in the conflict-affected areas due to factors such as sexual violence, caregiving responsibility and economic insecurities (Turrini et al., 2019; Amodu et al., 2020). However, a study by Taha and Sijbrandij (2021) highlighted that no gender differences were found in probable PTSD rates between female and male Iraqi IDPs, but the mean score of common mental disorders cases was higher among females, and they presented with higher levels of somatic and depressive/anxious symptoms.

The 41-50 age group had the highest prevalence (25.66%) of mental health disorders among IDPs, followed by the age groups 31-40 (18.18%), and 61-70 (14.75%), which indicates middle-aged and older individuals are at higher risk. Middle-aged individuals often bear the economic and social burden of displacement, leading to increased stress and anxiety (Porter & Haslam, 2005). Additionally, older adults (60+ years) also showed notable mental health challenges, with previous studies suggesting that elderly IDPs often experience feelings of isolation, abandonment, loss of purpose, and chronic stress (Singh et al., 2018). These findings highlight the importance of age-specific mental health interventions, particularly targeting middle-aged individuals and elderly populations.

Previous studies have reported high rates of PTSD and depression among displaced individuals (Kim et al., 2011; Singh et al., 2018; Hamid and Musa, 2010). Similarly, a meta-analysis by Steel et al. (2009) found that PTSD rates in displaced populations range from 4% to 41%, depending on the severity of conflict exposure and the availability of mental health services. In the present study, PTSD was diagnosed in 11 individuals (2.22%), which appears lower than global estimates. Kim et. al. (2007) also stated that depression and suicide are considerable mental health burdens and challenges for the humanitarian agencies. Although depression was diagnosed in 82 (16.75%) individuals, suicidal

ideation was only found to be prevalent in only 1 individual. However, this could be due to underreporting, lack of mental health awareness, or inadequate screening tools in relief camps. The study finds PTSD cases among IDPs, although anxiety and depression disorders are more highly prevalent. This may result in more cases of PTSD and suicidal ideation in the long run if proper intervention or healthcare access is not provided.

## Conclusion

This study provides evidence of the psychological disorders of the IDPs of Manipur, India, by exploring the prevalence of anxiety, depression, PTSD, and suicidal ideation, gender disparities, and age trends in mental health. The study highlighted a high prevalence of anxiety, depression, and mixed anxiety depression disorders. If left unattended, these disorders will deteriorate and may ultimately lead to PTSD and suicidal ideation. A more detailed investigation of each disorder's various contributing factors is still needed, particularly suicidal ideation and other psychiatric disorders, rather than assessing the common mental health. It is expected that future research should examine longitudinal outcomes and assess the effectiveness of intervention strategies to improve the mental well-being of displaced populations, particularly for vulnerable groups (women, middle-aged, and older individuals). Future research should examine the relationship between physical and mental health. Without a peaceful existence, the overall health of the IDPs will still deteriorate. Addressing all these challenges through accessible health services and further research will be crucial in improving the well-being of the affected populations.

**Ethical Consideration:** The present study is part of the doctoral thesis and was approved by the Institutional Research Committee, D.M. College of Science, Dhanamanjuri University.

**Funding:** The author Chanamthabam Rudrajit Singh is a doctoral fellow of the Indian Council of Social Science Research (ICSSR) with file no. -ICSSR/RFD/24-25/HLTH/GEN/81

**Conflict of Interest** – The authors declare no conflict of interest.

## References

1. Internal Displacement Monitoring Centre. (2024). Global Report on Internal Displacement. Global: Norwegian Refugee Council.
2. World Health Organization. (2022). Mental health in emergencies.
3. Bhat, R. M., & Rangaiah, B. (2015). Exposure to Armed Conflict and Prevalence of Posttraumatic Stress Symptoms among Young Adults in

Kashmir, India. *Journal of Aggression, Maltreatment & Trauma*, 24(7), 740-752.

4. Debbarma, Rebeka, Chandrika Basu Majumdar, and Anjana Bhattacharjee. "Prevalence of Depression and Anxiety in BRU Community: A Study of Internally Displaced Persons Resettled in the State of Tripura." *Science and Culture*, 88 (7-8): 237-24.
5. Housen, T., Lenglet, A., Ariti, C., Shah, S., Shah, H., Ara, S., Viney, K., Janes, S., & Pintaldi, G. (2017). Prevalence of anxiety, depression and post-traumatic stress disorder in the Kashmir Valley. *BMJ Global Health*, 2(4).
6. Bhan, N., & Bindra, S. S. (2019). Effects of migration on the health of kashmiri pandits. *Indian Journal of Public Health Research and Development*, 10(12), 89.
7. de Vries, J. (2001). Mental health issues in Tamil refugees and displaced persons. Counselling implications. *Patient Education and Counseling*, 42(1), 15-24.
8. Gupta, D., & Singh, P. K. (2018). The hidden cost of development—a review of mental health issues of displaced tribal populations in India. *Journal of Public Health (Germany)*, 26(6), 717-723.
9. Monirul Hussain. (2006). Internally Displaced Persons in India's North-East. *Economic and Political Weekly*, 41(5), 391-393.
10. Roberts, B., & Browne, J. (2011). A systematic review of factors influencing the psychological health of conflict-affected populations in low- and middle-income countries. *Global Public Health*, 6(8), 814-829.
11. Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016). Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences*, 25(2), 129-141.
12. Owoaje, E., Uchendu, O., Ajayi, T., & Cadmus, E. (2016). A review of the health problems of the internally displaced persons in Africa. *Nigerian Postgraduate Medical Journal*, 23(4), 161.
13. Kim, G., Torbay, R., & Lawry, L. (2007). Basic health, women's health, and mental health among internally displaced persons in Nyala Province, South Darfur, Sudan. *American Journal of Public Health*, 97(2), 353-361.
14. Singh, N. S., Bass, J., Sumbadze, N., Rebok, G., Perrin, P., Paichadze, N., & Robinson, W. C. (2018). Identifying mental health problems and Idioms of distress among older adult internally displaced persons in Georgia. *Social Science & Medicine*, 211, 39-47.
15. Hamid, A. A. R. M., & Musa, S. A. (2010). Mental health problems among internally displaced persons in Darfur. *International Journal of Psychology*, 45(4), 278-285.
16. Turrini, G., Purgato, M., Acarturk, C., Anttila, M., Au, T., Ballette, F., Bird, M., Carswell, K., Churchill, R., Cuijpers, P., Hall, J., Hansen, L. J., Kösters, M., Lantta, T., Nosè, M., Ostuzzi, G., Sijbrandij, M., Tedeschi, F., Valimaki, M.

Barbui, C. (2019). Efficacy and acceptability of psychosocial interventions in asylum seekers and refugees: systematic review and meta-analysis. *Epidemiology and Psychiatric Sciences*, 28(4), 376–388.

17. Amodu, O. C., Richter, M. S., & Salami, B. O. (2020). A Scoping Review of the Health of Conflict-Induced Internally Displaced Women in Africa. *International Journal of Environmental Research and Public Health* 2020, Vol. 17, Page 1280, 17(4), 1280.

18. Taha, P. H., & Sijbrandij, M. (2021). Gender Differences in Traumatic Experiences, PTSD, and Relevant Symptoms among the Iraqi Internally Displaced Persons. *International Journal of Environmental Research and Public Health* 2021, Vol. 18, Page 9779, 18(18), 9779.

19. Porter, M., & Haslam, N. (2005). Predisplacement and Post displacement Factors Associated With Mental Health of Refugees and Internally Displaced Persons: A Meta-analysis. *JAMA*, 294(5), 602–612.

20. Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & van Ommeren, M. (2009). Association of Torture and Other Potentially Traumatic Events with Mental Health Outcomes among Populations Exposed to Mass Conflict and Displacement: A Systematic Review and Meta-analysis. *JAMA*, 302(5), 537–549.