

Amelioration of Psychological Issues As A Consequence of Psychosocial Trauma in Youth of Ex-FATA/Swat (Protracted Conflict Area)

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Executive Summary

Psychosocial trauma caused due to conflict or terrorism has deep seated impact on human psychology. It has been widely ignored as compared to material losses that are easily quantifiable. The impact of Post-Traumatic Stress Disorder (PTSD) particularly, on the youth hailing from terror-affected areas in the tribal belt and Swat is significant. Terrorism is a part of a well-designed strategy of psychological warfare. It makes the youth mentally weak, disorganized, intolerant, and frustrated. Policy-makers need to realize such detrimental PTSD effects since a depressive youth population would be unproductive as well as a drag on sustainable peace and growth of the country. Countering the psychological effect of PTSD is imperative to ensure success. An integrated health response strategy to address the psychosocial trauma based on following is recommended:-

- Incorporating PTSD factor in Khyber Pakhtunkhwa Youth Policy (2016).
- Psychosocial and mental disorder treatment programme should be a part of the Comprehensive Health Units under the Prime Minister's Quick Impact Programme.
- Special quota for physical disability caused by conflict to be enhanced in Disabled Persons (Employment and Rehabilitation) (Amendment) Act, 2015.
- Relief, Rehabilitation & Settlement Department of KPK should give a timeline to the local administration of North Waziristan for the completion of overdue assessment survey of damages.

Issue to be analyzed

The tribal/Swat youth have been a victim of psychosocial trauma owing to terrorism and counter-terrorism campaigns, causing wide range of behavioural disorders, thus making difficult their integration back into normal life. There is a need to examine the impact of psycho-social trauma on the mental health of affected youth in order to be able to suggest suitable remedies.

Analysis

Ex-FATA and Swat youth have been suffering from severe-to-moderate symptoms of psychosocial trauma in the form of PTSD during the conflict and post-conflict phases. A varied array of PTSD symptoms are observed in individual's behaviour experiencing anxiety, distrust, depression, hopelessness, nervousness, lack of concentration in thinking-and-learning process. If the PTSD is not healed timely, it may cause prolonged mental disorder, reducing the most-productive young human lot into a liability for the state.

The severity of PTSD may last for a considerable time or may retrigger itself after an interval. It creates physical-mental complexities during the crucial phase of natural process involving development of the body organs. The stress-related hormones may cause cardiac problems at the prime age, when the youth are already undergoing physical and behavioural changes.

Destruction of schools in ex-FATA, students' killings at Army Public School Peshawar, Bacha Khan University, and International Islamic University are few of the gruesome examples of violence in educational institutes, which have aroused fear, distress, and anxiety among the students, especially the females. Such frightening incidents drift the youth away from their real goals; causing inflexible and unstable attitudes, and unbalanced emotional behaviours.

Terror acts cause painful separation of the youth from their families or loved ones. Their horrifying impact weakens the emotional bonds that are essential for the youth to elevate their sense of security, self-esteem and self-reliance during their psychological growth. Harmful impact of the traumatic events may also be gauged by the fact that the affected youth become reluctant to participate in routine life activities, and avoid discharging their socio-civic responsibilities. The outcome is reflected in their feelings of social isolation, toxic stress, and inclination to drug addiction, crimes and psychological instability.

Psychosocial trauma may act as a pushing factor, persuading the susceptible youth to adopt extremist views.¹ Feelings of social disparities, dissatisfaction, sense of marginalization, and deprivation among the vulnerable youth, can easily be exploited by the militant elements, by treating their psychosocial disorders in the guise of so-called religious therapies. In this scheme of things, instability is factored out by insecurity, generating frustration among the tribal youth. In Pakistan, this provided grounds to Pashtun Tahafuz Movement to justify their demands in the name of social justice. They already have unfriendly sentiments towards the civil and military establishment.

Problems to Address the PTSD

- The successive governments have taken few short-term measures based on public-private partnerships — Mental Health and Psychosocial Support (MHPSS) initiative for IDPs in Bannu with the logistical support of the Army Field Hospital — to address psychosocial issues of tribal youth mainly during the migration phase. However, permanent framework or long-term plan is missing in the rehabilitation phase to heal the prolonged PTSD for psychological recuperation. Mental health-care response is “not sufficient”² to meet the current challenges especially at the district level in ex-FATA and Swat. Local communities tend to seek private consultations for mental disorders in other big cities.
- Before the 18th Amendment, the federal Ministry of Youth Affairs formulated the National Youth Policy in 2008. It was followed by the National Youth Development Framework 2020, prepared by the PTI government. However, the violence related PTSD factor has been ignored. No intervention strategies have been suggested in these frameworks to mitigate the psychosocial harms of trauma by meaningfully engaging the ex-FATA and Swat youth in the post-conflict period. Contrarily, the entire focus centers around socio-economic and political empowerment of the youth. The policy suggests to bridge the gap between educational and labour market realities by developing technical skills.
- The National Health Vision Pakistan 2016-2025 defines the mental ailment in the context of “marginalization, deprivation and alienation, along with, other biological mental diseases.”³ The psychosocial trauma (emotional and behavioural disorder), emanating from prolonged conflict/terror acts, is altogether missing in the Health Vision. This shows lack of integrated health policy within the existing structure of mental disorder treatment. This clearly indicates imbalance between psychosocial trauma response and mental health-care strategy in the entire Health Vision.

¹ Randy Borum, *Psychology of Terrorism* (Tampa: University of South Florida, 2004), 30-32; Also see, Valerie De Marinis & Eolene Boyd-MacMillan, “A mental health approach to understanding violent extremism,” June 3, 2019, European Commission, (accessed March 12, 2021).

² Muhammad Tahir Khalily, “Developing an integrated approach to the mental health issues in Pakistan,” *Journal of Interprofessional Care* (2011): 378.

³ National Health Vision (2016-25), Ministry of National Services, Regulations & Coordination, 5.

- Department of Tourism, Sports, Culture, Archaeology, Museums and Youth Affairs of KPK has prepared a very comprehensive “Khyber Pakhtunkhwa Youth Policy in 2016”⁴ prior to FATA’s merger into Khyber Pakhtunkhwa. The policy indicates the “psychological trauma and attitude issues”⁵ faced by the IDPs during the migration phase. Besides, under the third chapter (Strategizing Youth Empowerment in KPK) of the Youth Policy, there appears just a reference to the report titled Post-Crisis Needs Assessment (PCNA 2010) for ensuring the delivery of basic services. However, in the recommendation section of the same chapter, the Youth Policy only suggests “building the culture of peace, positive self-image, and national identity for the youth.”⁶ Measures for the PTSD management have not been incorporated in that portion. Thus, no intervention plan has been conceived in the entire policy to address psychosocial trauma in the post-conflict or rehabilitation phase.
- In order to mitigate the effects of PTSD, the PCNA-2010 report suggests “psychosocial support-efforts, community-based mental-care programme, psychosocial care of crisis-survivors, and rehabilitation care for the disabled.”⁷ However, after ten years of the publishing of PCNA report, the ground realities show various lapses and discrepancies at the implementation level, coupled with demand-supply gap, as evident by the facts that only one newly-raised trauma centre exists in Kurram district for the whole tribal region and only one Burn, Trauma and Plastic Unit at Zakir Khan Shaheed Hospital covers the entire Swat.
- The federal government plans to establish 68 Comprehensive Health Units (CHU) under Prime Minister’s Quick Impact Programme (QIP) for rendering medical facilities to all seven tribal districts of ex-FATA with the provision of “specialists’ medical and surgical doctors, gynecologists, ambulance service and laboratories experts.”⁸ However, the delivery of psychosocial support treatment by the professional team (psychiatrists and psychologists) has not been catered for in the CHU programme to address the psychosocial trauma.
- Departments of Zakat, Ushr, Social Welfare, Special Education & Women Empowerment Department of KPK have not taken any measures towards establishing special schools or centers in ex-FATA for the tribal youth, who underwent psychological disability during conflict period, especially for the youth of North Waziristan.
- Though six years have passed after the Zarb-e-Azb operation in North Waziristan, people of the region are still looking towards the government for the reconstruction of their destroyed homes and business infrastructure, seeking compensation for the damage during the operation. In this context, the local administration is duty-bound to conduct assessment survey of the damages, but that is “yet to be completed.”⁹ Only on conclusion of this survey, the PDMA would be able to make compensations to the

⁴ Khyber Pakhtunkhwa Youth Policy in 2016, Government of Khyber Pakhtunkhwa.

⁵ Khyber Pakhtunkhwa Youth Policy in 2016, 48.

⁶ Khyber Pakhtunkhwa Youth Policy in 2016, 52.

⁷ Post-Crisis Needs Assessment Khyber Pakhtunkhwa & Federally Administered Tribal Areas, Local Government, Elections & Rural Development department, KPK, September 2010, <http://lgkp.gov.pk/wp-content/uploads/2014/03/10.-Consolidated-report-on-the-Post-Crisis-Needs-Assessment-for-KP-and-FATA.pdf>

⁸ “K-P plans 68 health units in seven merged districts,” *Express Tribute*, May 11, 2019.

⁹ Adnan Bitani & Niala Mohammad, “6 Years After Pakistani Military Operation, Some in North Waziristan Still Await Damage Surveys,” *Voice of America*, August 15, 2020, <https://www.voanews.com/extremism-watch/6-years-after-pakistani-military-operation-some-north-waziristan-still-await-damage>

affected populace. Moreover, there are still “15,222 IDPs families”¹⁰ out of total “97469 families,”¹¹ awaiting return to their villages in North Waziristan.

- The National and International Nongovernmental Organizations are more inclined to provide general health-care than rendering services for treating the PTSD.

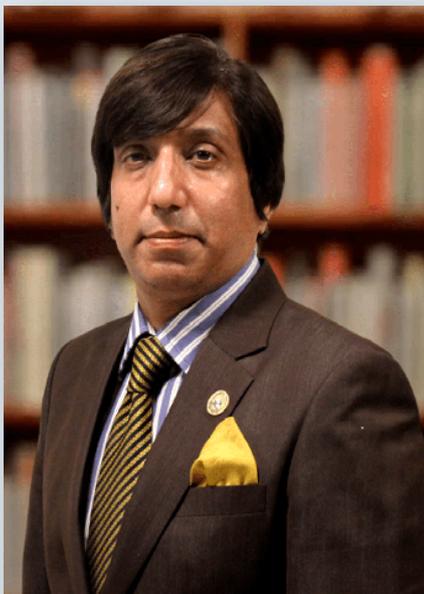
Recommendations

- There should be an integrated health response system in the future health policy, wherein the psychosocial trauma response needs to be equally addressed, along with, the existing structure of mental health treatment for biological diseases. In this regard, the Ministry of National Health Services, Regulations and Coordination should introduce changes in the existing pattern of mental treatment in the National Health Vision by incorporating a comprehensive “Psychosocial Action Plan for Vulnerable Youth (PAPVY).” This suggested Plan should be based on bio-psychosocial model for healing mental disorders, while undertaking thorough assessment of terrorism-induced strain on individual’s behaviour.
- Department of Tourism, Sports, Culture, Archaeology, Museums and Youth Affairs of KPK should update the Pakhtunkhwa Youth Policy (2016) while formulating “Youth Engagement Strategy for Psychosocial Resilience (YESPR).” The YESPR should be based on programmes including: capacity-building of youth on normal responses to trauma; supportive counseling programmes (six-month long) for youth and families; community-based support group for behavioural therapy; psycho-education for anger and stress management through Narrative Exposure Therapy (NET); and psychosocial support for bereavement.
- Under the Prime Minister's Quick Impact Programme, National Health Services, Regulations and Coordination in collaboration with the Department of Health of KPK should introduce psychosocial and mental disorder treatment programme as a part of the Comprehensive Health Units. This calls for the establishment of psycho-traumatic counselling centers in all districts of ex-FATA and Swat, having a team of specialist professionals like psychologists, psychiatrists, psychiatric nursing staff, psychosocial workers, and therapists.
- In the backdrop of physical disability caused by conflict, Prime Minister’s Office should either consider enhancing the special quota for tribal/Swat youth from two per cent to four per cent in the Disabled Persons (Employment and Rehabilitation) (Amendment) Act, 2015, or create provisions to materialize the commitment made in the Act by making the quota equal to the percentage of disability.
- Relief, Rehabilitation & Settlement Department of KPK should give a timeline to the local administration of North Waziristan district to expedite and accomplish the long overdue assessment survey of damages in the district as soon as possible. This step may develop space for timely completion of the ongoing rehabilitation programme for the IDPs that would ultimately help in pacifying the PTSD.

¹⁰ Bitani & Mohammad, “6 Years After Pakistani Military Operation.”

¹¹ “Disrupted Education In Pakistan,” Borgen Magazine, September 27, 2014, <https://www.borgenmagazine.com/disrupted-education-pakistan/>

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