Vulnerability and Resistance in Lubhu, Nepal.
A qualitative assessment of a rural/urban community for the protection and promotion of mental health and well being following the 2015 earthquake.

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The full report seeks to assess the impacts that the 2015 Nepal earthquake had on the mental health and psychosocial wellbeing of Lubhu residents, a semi rural town in the Kathmandu Valley. Working in association with **Chhahari Nepal for Mental Health,** I undertook an investigation into how mental distress is expressed within a Nepali context and what formal and informal support sources exist for those experiencing mental distress – at a micro and macro level.

Through a culturally grounded, qualitative assessment, conducted via semi structured interviews and observations, I explored the immediate and mid term effects the earthquake had on psychological wellbeing from a social determinants of health perspective. The overall objectives of the study into post-earthquake mental health and psychosocial support (MHPSS) are as follows:

1. Using interviews and observations, identify the impacts of the 2015 earthquake on the residents of Lubhu in terms of:

i) Overall mental health and wellbeing.
ii) The social determinants of mental health and wellbeing (including housing, livelihoods, social relationships and roles) in this community.

2. Using interviews and observation, identify the positive, desirable sources of support available to residents of Lubhu in the 12 months following the 2015 earthquakes.

3. Critically assess any ongoing gaps or areas of unfulfilled need regarding mental health and wellbeing support in this community.

For my investigative research, I had the assistance of Chhahari in gaining access to the Lubhu community, through a Chhahari Executive Board Member who was a resident of the town. I spent time with community members, conducting semi-structured interviews. This allowed for the progressive development of early research questions through the lived experiences of participants and enabled the narrative data collected, to be directed by the participants' perspectives (Bryman, p.470, 2012). I was able to extrapolate trends from the emerging data and explore these within a wider narrative of post disaster mental health issues and existing psychosocial challenges in contemporary Nepal. I was given access to Chhahari's existing contacts in mental health and social work NGOs as well as mental health professionals working in the greater Kathmandu with whom to speak with-in more detail- about specific themes emerging from my data analysis. This provided some level of triangulation. This opportunistic sampling method was the most appropriate method in the situation as it was very flexible and encompassing.

My findings show that social support is fundamental in facilitating mental wellbeing and community resilience in the face of a disaster. The networks of social capital that exist at a community level can compound the negative effects of trauma and provide psychosocial strength to those that utilise them. There is however no single approach to promoting mental wellbeing and it must be understood as part of a larger and complex sociocultural phenomenon. Factors such as stigma, lack of understanding of mental distress and lack of funding to health services can all act to mitigate support sources.

The impacts and suffering arising from the trauma of the earthquake have generated an increased need to establish and deliver effective mental health and psychosocial support to those who have been affected. This can be viewed as both a challenge and an opportunity: immediate assistance was needed as a matter of priority, but the need for longer term support for those suffering from the effects of trauma related to the earthquake, and mental distress in general, was clearly highlighted. Thus too was the need to restructure and develop the existing mental health care systems to create a more effective and encompassing structure, as well as need to de-stigmatise mental distress and encourage those experiencing mental distress to access support services.

Understanding the socio-cultural factors that impact on the attitudes towards mental health is inherently important in understanding the patterns of existence and utilization of support systems and services. As Brenman et al. (2014) make reference to: attitudes towards health, particularly mental health, are substantiated through religion, magical and traditional cultural beliefs. It is therefore imperative to examine how unique cultural factors interplay with people's understanding and explanation of both the construction of the self and how this relates to mental health and expressions of mental distress - as well as looking at mental health from a purely biomedical perspective. Kohrt and Harper (2008) have analysed the construction of the self in Nepal in terms of a mind-body division and through these interpretations of the self, in a Nepali context, it can be argued that, much like the Western prominence of Cartesian duality with regards to mind-body distinction, the mind and the body are distinct and are also seen as separate entities in Nepal (Harper and Kohrt, 2008; Brenman et al., 2014). This duality has major implication for the perception of mental illness and the subsequent expressions of help-seeking behaviour, social interactions and service provision especially when related to stigmatisation of mental health issues.