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The Nexus of Crises: Community Mental Health, Resilience, and National Security in Nepal

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Abstract

Nepal has been a frontier of recurring natural disasters, public health issues, and social and political instability for an extended period. While these crises are very often studied separately, their combined impacts have significant implications for community mental health, social cohesion, and national security. This study focuses on the relationship between disaster exposure, conflict-related stressors, and mental health outcomes in Nepal, and their impact on community resilience and on wider national security dynamics. The research uses a secondary, mixed-methods empirical approach to synthesise existing evidence from epidemiological surveys, qualitative community research, resilience assessments, and governance reports. Quantitative data on the prevalence of mental health conditions are analysed in addition to qualitative findings on coping mechanisms, social capital, and institutional responses in crisis-affected communities. Findings show that both sudden-onset disasters, such as earthquakes, floods, landslides, or slow-onset crises, such as conflict trauma, climate-related stressors, and economic shocks, are adding to increasing psychological distress and burden on local mental health systems. However, communities with stronger social networks, well-functioning community health workers, and sustained engagement from non-state actors exhibit high resilience and rapid recovery. The study concludes that the community's mental health is strongly linked to the resilience of society and the nation's population. It recommends integrating mental health into disaster governance and national security strategy, strengthening primary mental health services, and promoting community-based resilience initiatives as part of Nepal's long-term sustainable development.

Keywords: *Community resilience, disasters, mental health, national security, social conflict*

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Introduction

Mental health has increasingly been recognised as being a critical dimension of national stability, societal resilience and sustainable development, especially in countries facing multiple and overlapping crises such as environmental hazards, public health emergencies and political or social conflict. Although mental health has traditionally been a clinical issue for public health and medical systems, recent research has demonstrated that psychosocial well-being is not simply about individual health outcomes but is intimately connected to collective resilience, governance, human security, and national stability. Studies have shown that generalised psychological suffering can lead to decreased social cohesion and trust in institutions, and increased societal vulnerability to instability and recurrent conflict (International Alert, 2014; Truppa et al., 2024; Paudel et al., 2025). Crises - such as natural disasters, pandemics, economic shocks, conflict, and political volatility create cumulative psychological burdens that can undermine social cohesion, weaken governance capacity, and threaten development trajectories. These impacts are not only at the individual and household levels but also have wider societal implications for recovery processes, institutional legitimacy, and overall state stability.

Nepal is an interesting setting in which to study this complex of crises. The country is among the most hazard-prone in the world and has been plagued by a long history of armed conflict and political instability. Its mountainous terrain and monsoon-driven climate make communities vulnerable to frequent natural hazards, including floods, landslides, droughts, and earthquakes. Among them, the earthquakes in 2015 were especially devastating, with an estimated 8.5 million people affected by the earthquakes, millions of people displaced, and long-term psychological distress (MoHA, 2018). Epidemiological surveys of affected populations undertaken four months after the earthquakes have found high rates of depression (34.3%), anxiety (33.8%), hazardous alcohol use (20.4%), and suicidal ideation (10.9%) (Kane et al., 2018). Qualitative studies also further demonstrate that there is persistent emotional distress, fear of recurrence of the disaster, disruption of their livelihood, and limited access to mental health services among the survivors (KC et al., 2019; Sherchan et al., 2017). These results indicate the high psychosocial impact of disaster exposure in Nepal.

In addition to natural disasters, Nepal faces the legacy of a decade-long armed conflict and ongoing political transitions. Conflict-related research has found strong associations between exposure to political violence and symptoms of anxiety, depression, and post-traumatic stress among affected populations (Kohrt et al., 2012; Luitel et al., 2013). These psychosocial burdens are added to political fragility, uneven development, and social exclusion, which together lead to patterns of vulnerability and exposure. Crises in Nepal, therefore, do not happen in isolation but as part of a continuum of environmental and sociopolitical shocks that, as time goes on, gradually add mental health burdens. The relevance of these dynamics extends far beyond the public health arena. Mental health challenges can lead to decreased civic participation, decreased interpersonal trust, and increased local grievance and breakdown in cooperative behaviours, which are vital in crisis response and recovery (International Alert, 2014; Panday et al., 2021). In fragile contexts, such disruptions may lead to growing susceptibility to misinformation, the polarisation and escalation of conflict, and, therefore, have implications for human security, institutional legitimacy, and national stability.

Background

Mental Health Impacts of Disasters

Disasters in nature are well known as major causes of psychological distress and mental health disorders among affected populations. Research carried out in the wake of the 2015 earthquakes in Nepal showed high levels of mental health problems in those who survived. A representative survey showed that around 34.3% of respondents suffered from symptoms of depression, and 33.8% of them reported symptoms of anxiety. In comparison, 10.9% of them reported having suicidal ideation in the period of four months following the disaster (Kane et al., 2018). These findings indicate the complex, pervasively distributed, immediate, and widespread psychosocial consequences of disaster exposure. Other studies highlight that distress resulting from disasters can extend beyond the immediate trauma and persist for years due to secondary stressors such as displacement, disruption of livelihoods, and uncertainty about future hazards. KC et al. (2019) noted that survivors would often experience prolonged emotional distress, fear of recurrence of the disaster and poor access to mental health support services. Similarly, Sherchan et al. (2017) observed that although humanitarians had to offer psychosocial support to the people, problems with coordination and the lack of integration of mental health services into emergency preparedness frameworks limited the effectiveness of interventions.

Mental Health and Political Conflict

In addition to exposure to disasters, Nepal's decade-long armed conflict from 1996 until 2006 has had long-term psychological consequences for the communities that were affected. Prospective studies between pre- and post-conflict mental health outcomes revealed a significant increase in psychological symptoms. Kohrt et al. (2012) found that the prevalence of anxiety was 26.2% pre-conflict and 47.7% post-conflict, and the prevalence of post-conflict PST was 14.1%. Similarly, high prevalence rates of depression and anxiety were found among conflict-affected populations by Luitel et al. (2013), with women and marginalised social groups being at a higher level of psychological distress. These results suggest that exposure to political violence combines with the aggregate structural factors such as poverty, discrimination and social exclusion to generate long-lasting mental health vulnerabilities.

Community Resilience and Social Capital

Despite the massive psychosocial burdens associated with disasters and conflict, studies have underscored the importance of community resilience in facilitating recovery. Resilience refers to the capacity of people and communities to absorb shocks, adapt to changing circumstances, and recover from crises. Social capital - including networks of trust, cooperation and mutual support - plays an important part in strengthening resilience in crisis-affected environments. Studies conducted in remote communities in Nepal after the 2015 earthquake have shown that robust bonding, bridging, and linking social capital networks played a significant role in disaster recovery and psychosocial coping (Panday et al., 2021). Informal support networks, community leadership, and collaboration with external actors enabled communities to mobilise resources and provide emotional and practical support to affected households. Global research on health emergencies, in turn, emphasises community participation, collective action, and self-organisation as important elements of resilience (van Kessel et al., 2025). However, resilience capacities differ significantly across communities based on the levels of social cohesion, institutional support, and resources.

Mental Health Systems and Governance in Nepal

Whilst the concept of community resilience does provide key mechanisms for coping, the formal mental health system in Nepal is underdeveloped. Assessments of the mental health system of Nepal have highlighted major structural challenges in the form of a shortage of workforce, inadequate funding and disorganised governance arrangements. Paudel et al. (2025) indicate that specialised mental health services are still concentrated mostly in urban centers, which restricts access to rural population groups who are most exposed to disasters and conflict. Furthermore, mental health services have not historically been well integrated into disaster response or the public health system either. Sherchan et al. (2017) found that the mental health and psychosocial support (MHPSS) responses to the 2015 earthquake(s) required considerable international organisation and ad hoc coordination mechanisms. These limitations highlight the need for stronger institutional capacity and for integrating mental health services into disaster governance frameworks.

Although there is valuable information in the existing literature on the mental health impacts of disasters and conflict in Nepal, most studies do not examine these crises in concert but treat them as unrelated processes. Limited research examines the complex interplay among overlapping environmental, political, and socio-economic crises that collectively influence community mental health, resilience, and governance dynamics. Addressing this gap is important for understanding the broader scope of psychosocial well-being in relation to societal stability and national security. This study, therefore, aims to synthesise existing empirical evidence to examine the interaction among crisis exposure, community resilience mechanisms, and mental health outcomes, and to analyse how these dynamics influence broader issues of governance and national stability in Nepal.

Theoretical Basis

This study combines three complementary theoretical perspectives: psychosocial and public mental health theory, resilience and social capital theory, and human security and governance theory. Rather than treating these theories as distinct analytical frames of reference, the study combines them into a conceptual framework to explain the impact of crisis exposure on mental health, how communities respond to such exposure through their resilience mechanisms, and how these dynamics affect broader human security and national stability outcomes.

The framework assumes that populations in Nepal are exposed to multiple and overlapping crises, including natural disasters and social conflict. These crises create psychosocial and public health stressors, for example, trauma, displacement, livelihood disruption, and social uncertainty. Psychosocial and public mental health theory help us understand how these stressors affect the mental health outcomes of individuals and groups. However, the effects of these stressors are not homogeneous. The ability of communities to respond and recover is mediated by resilience mechanisms, particularly those built into social capital networks. Resilience and social capital theory, therefore, offer insight into how communities mobilise resources, maintain cooperation, and support psychosocial recovery following a crisis. At a broader level, these dynamics relate to human security and governance systems. Mental health conditions, levels of social cohesion, and the capacities to cope with resilience influence civic participation, institutional trust, and the capacity of crisis response systems to perform their functions. As a result, psychosocial well-being and community resilience can influence broader outcomes associated with human security and national stability.

Psychosocial and Public Mental Health Theory

Psychosocial models conceptualise mental health not merely as the result of clinical or biomedical factors, but as the outcome of interactions among psychological, social, environmental, and material determinants. These models have a particular relevance in crisis-affected settings, where trauma, displacement, disruption of livelihood, and uncertainty play a part in contributing to increased levels of psychological distress and mental disorders (Kane et al., 2018; KC et al., 2019). Psychosocial approaches have also emphasised the importance of social meaning, cultural norms, coping approaches, and community support systems to mental health responses to crises.

Public mental health theory extends this view to a population perspective, which is concerned with population-level determinants of mental health, such as poverty, marginalisation, stigma, and access to care (Paudel et al., 2025). Public mental health frameworks recognise that crises do not affect all groups equally; exposure and vulnerability are mediated by social position, geographic location, and access to services. Research in Nepal illustrates the interaction between conflict exposure and disaster impacts alongside the socio-economic vulnerabilities, which contribute to more symptoms of anxiety, depression, and stress (Kohrt et al., 2012; Luitel et al., 2013). These frameworks are useful in helping to understand how psychosocial harm can have wider social consequences of stigma, withdrawal, and reduced civic participation - relevant factors that can impact the stability and governance of societies.

Furthermore, psychosocial and public models of mental health have emphasised the temporality of exposure to a crisis. Acute stress reactions may manifest themselves immediately after disasters or violent events, whereas chronic conditions such as anxiety, depression, and trauma-related disorders may last for years. Understanding such temporal dynamics is critical for analysing long-term impacts on livelihoods, social functioning, and resilience.

Resilience and Social Capital Theory

Resilience theory refers to the ability of individuals, households, communities, and institutions to absorb, adapt to, and recover from shocks. Initially developed in the fields of ecology and engineering, the concept of resilience has been widely used in disaster studies, humanitarian action, climate adaptation, and public health research since the 1970s. Contemporary frameworks of resilience are particularly focused on adaptive and transformative capacities, recognising that recovery from crises often requires adjusting and learning at the systemic level rather than returning to pre-crisis conditions (Truppa et al., 2024). In this sense, resilience is understood as a dynamic social process rather than a fixed characteristic. Social capital theory complements resilience theory by recognising the importance of social networks and relationships in facilitating cooperation, collective action, and resource mobilisation (Panday et al., 2021). Social capital is generally categorised as bonding, bridging, and linking networks. Bonding capital refers to the relationships among members of closely connected groups, bridging capital refers to connecting different social groups, and linking capital refers to enabling access to institutions and external resources (KC et al., 2019). These forms of social capital are especially important in crisis-affected communities where opportunities for formal support mechanisms may be limited. Evidence from Nepal has shown that social capital played an important role in post-earthquake recovery through informal support networks, community leadership, and institutional linkages (KC et al., 2019; Panday et al., 2021). Similar findings from global research point to participation, collective learning, self-organisation, and cooperation as important dimensions of community resilience during health emergencies (van Kessel et al, 2025). Conversely, the lack of social capital could become a basis for instability,

mistrust, and conflict, thus underscoring the relevance of resilience theory to understanding broader security dynamics.

Human Security and Governance Theory

Human security theory goes beyond traditional military threats to encompass economic, health, environmental, and political risks that affect the well-being of individuals and communities. Within this framework, to some extent, mental health is closely related to human security as psychosocial harm can impact autonomy, livelihoods, social participation, and overall well-being (International Alert, 2014). Human security perspectives, therefore, make health and mental health focal points of societal stability and sustainable development. Governance theory complements this perspective by analysing the role of institutions in managing aspects of crisis, such as coordinating services, allocating resources, and regulating risk. In Nepal, assessment of the mental health system has shown fragmentation in governance, limited funding and shortage of trained personnel as major constraints in the delivery of mental health services, especially in times of emergency (Paudel et al., 2025). Disaster governance research also identifies challenges in intergovernmental coordination, federal restructuring, and the limited integration of mental health services into disaster response frameworks (Panday et al., 2021). Integrating human security and governance perspectives strengthens the argument that mental health should be considered not only a clinical issue but also a societal and security issue. This combined theoretical framework, therefore, allows the study to interrelate psychosocial well-being, resilience mechanisms, and institutional performance with broader outcomes in relation to human security and national stability.

Methodology

This research employed a secondary empirical approach within a mixed-methods framework to analyse the effects of crisis exposure on community mental health, resilience, and national security dynamics in Nepal. Secondary empirical research is the systematic analysis and synthesis of existing empirical data rather than the collection of new primary data. It involves an examination of previously published quantitative surveys, qualitative studies, and institutional reports to develop new analytical insights and theoretical interpretations. This approach is especially suited to situations in fragile and disaster-affected contexts where logistical constraints, ethical considerations, and security conditions often limit the feasibility of primary fieldwork, yet there is already substantial empirical material across several research domains (van Kessel et al., 2025; Truppa et al., 2024).

The research design combines quantitative and qualitative evidence to provide a comprehensive understanding of the psychosocial impacts of crises and the mechanisms of community resilience. Quantitative sources were primarily population-based mental health surveys conducted in post-earthquake and post-conflict districts of Nepal. Such studies revealed prevalence rates of mental health conditions like depression, anxiety, post-traumatic stress disorder, hazardous alcohol use and suicidal ideation among affected populations (Kane et al., 2018; Kohrt et al., 2012). Qualitative studies were employed to investigate coping behaviours, social solidarity, cultural interpretations of distress, and local structures of mental health support involving community health workers and non-state actors (KC et al., 2019; Sherchan et al., 2017). In addition, documentary and policy materials were analysed to understand disaster governance and institutional coordination, social protection systems, and

the capacity of mental health services in Nepal, particularly in the aftermath of the 2015 earthquakes (MoHA, 2018; International Alert, 2014; Paudel et al., 2025).

Four major categories of empirical research supported the triangulation of findings. These included: Epidemiological surveys of mental health outcomes in a population affected by disaster; Conflict-related epidemiological studies analysing links between trauma exposure and psychological symptoms (Kohrt et al., 2012; Luitel et al., 2013); and Resilience and social capital studies looking at bonding, bridging and linking networks in communities (Panday et al., 2021; KC et al., 2019); and Health system and governance assessments analysing structures of financing, workforce distribution, accountability and institutional co-ordination within Nepal's mental health system (Paudel et al., 2025).

Data were analysed using thematic synthesis, which enabled the convergence of findings from both quantitative and qualitative studies. The analysis was conducted in three general steps. The first key findings were extracted from the selected studies and organised according to the research's main themes: crisis exposure, mental health outcomes, resilience mechanisms, and governance capacity. Second, qualitative findings were inductively coded to identify recurring themes related to psychosocial distress, community resilience, social cohesion, and institutional responses to crises. Third, quantitative findings were summarised descriptively, in terms of reported prevalence rates and patterns of psychological symptoms in crisis-affected populations. These quantitative results were then interpreted using qualitative themes to identify relationships among crisis exposure, psychosocial stressors, and resilience mechanisms. The integration of evidence across several fronts enabled a triangulated understanding of the findings, enhancing the reliability of the analysis and allowing the study to link mental health outcomes to the broader dynamics of resilience and security. Mixed-methods synthesis is increasingly being used in global health, public policy, and human security research because it enables clinical, behavioural, and institutional evidence to be brought together into a coherent analytical framework (Van Kessel et al., 2025).

The use of the secondary mixed-methods approach has several advantages. It provides a way to integrate diverse empirical studies, minimises the ethical and logistical challenges involved in conducting fieldwork in fragile environments, and enables comparison across datasets. In Nepal, where a significant body of research has examined the effects of disasters, conflict exposure, and community resilience, synthesising these sources offers a strong foundation for analysing the relationships among psychosocial well-being, governance capacity, and national stability. However, there are certain limitations of the approach. Because the study is based on previously published research, the analysis is limited by the scope, methodologies, and geographical coverage of the pre-existing datasets. Differences in measurement methods between studies may also limit the ability to compare studies directly. Nevertheless, synthesising available evidence systematically provides valuable insights into the complex interactions among crisis exposure, community resilience, and national security dynamics in Nepal.

Analysis of Findings

Disaster and Conflict Exposure

Nepal's crisis landscape is a mirror of the constant interplay between natural risks and socio-political instability, resulting in complex environments of exposure and long-term

vulnerability. The country is one of the most hazard-prone states in the world due to its geophysical terrain and climatic variability. It is prone to recurrent disasters, including earthquakes, floods, landslides, and droughts (MoHA, 2018). The 2015 earthquakes were one of the most consequential earthquakes, leading to the displacement of close to three million people and the disruption of livelihoods and psycho-social distress long after the shock. Epidemiological assessments conducted 4 months after the disaster indicated that about one-third of the population assessed showed signs of depression (34.3%) and anxiety (33.8%), and 10.9% experienced suicidal ideation (Kane et al., 2018). These findings highlight the importance of acute disasters having immediate mental health consequences as well as having more long-term psycho-social consequences.

Qualitative investigations further suggest that earthquake-affected communities continue to face lingering uncertainty, recurring aftershocks, material damage, and disrupted social networks (KC et al., 2019; Sherchan et al., 2017). Trauma in these environments is hardly limited to single events but rather is influenced by cascading stressors such as displacement, livelihood insecurity, and weakened community ties. Notably, the natural disasters in Nepal tend to coincide with a slower form of crisis, in this case, climate-induced hazards. Research shows a trend toward increasing the frequency and intensity of floods and landslides in mountainous areas and rural landscapes, with disproportionate effects on populations with lower adaptive capacity (Khanal et al., 2024).

The legacy of Nepal's decade-long armed conflict further contributes to these disaster dynamics. Exposure to political violence is a significant risk factor in increasing symptoms of anxiety, depression, and post-traumatic stress in prospective and cross-sectional studies (Kohrt et al., 2012; Luitel et al., 2013). Conflict-related trauma often has lasting psycho-social effects as a result of unanswered grievances, loss, and social fragmentation. Together, exposures to disaster and conflict create uneven accumulations of psychosocial burdens over time and space. These findings are in line with the global literature on complex emergencies, which conceptualises crises not as isolated events but as overlapping phenomena that interact with existing vulnerabilities and institutional weaknesses (Truppa et al., 2024).

Mental Health Burdens in Nepal

The impact of disaster and conflict has contributed to a mass population-wide mental health burden in Nepal. Post-disaster and post-conflict studies indicate high rates of emotional distress, sleep problems, substance misuse, and hopelessness (Kane et al., 2018; KC et al., 2019). These symptoms can manifest as clinical illnesses or subclinical psychosocial problems with functional consequences for social participation and livelihoods. Stigma and cultural views of mental illness also discourage help-seeking behaviours, leading to cycles of unremediated distress (Paudel et al., 2025). Structural and socio-economic factors in mental health are also central. Environmental justice analyses have suggested that the effects of climate and disasters intersect with poverty, geographical isolation and marginalisation, creating an unequal exposure and health risks for vulnerable populations (Khanal et al., 2024). Such inequities suggest that environmental hazards and conflict are not solely responsible for the burden of psychosocial ill-health in Nepal, but rather that this burden is shaped by broader social stratification and development.

Mental health services are extremely under-resourced and geographically concentrated. The mental health workforce is a rarity, specialised mental health services are located primarily in urban centres, and integration of mental health in primary care is incomplete (Paudel et al., 2025). These constraints at the systems level make it difficult to access treatment during and

after crises. The consequences extend beyond individual well-being, and unaddressed psychosocial burdens can undermine household functioning and reduce productivity and participation in society, which in turn affect recovery trajectories. These results are in line with public models of mental health as they relate to social and developmental outcomes, rather than clinical indicators alone. Moreover, mental health burdens associated with disaster and conflict are of a temporary nature: peak conditions may pass, but chronic conditions, such as anxiety, depression, and post-traumatic stress, continue, especially where recovery is slow, or livelihoods continue to be disrupted. This pattern contributes to what some academics have termed "slow violence," where socio-psychological harm accumulates over time in a manner that has less visibility but is no less devastating in terms of the way society functions (International Alert, 2014).

Social Capital, Community Resilience and Recovery

Despite all these burdens, Nepal displays remarkable community resilience, based on social capital, collective organisation, and informal support networks. After the 2015 earthquakes, it was observed that communities with strong bonding, bridging, and linking social capital demonstrated faster recovery and resource mobilisation (Panday et al., 2021). Bonding capital contributed to cohesion within homogeneous groups, bridging capital contributed to cooperation across diverse groups, and linking capital contributed to access to institutional and external support. This multi-layered framework of resilience confirms that recovery depends not only on material assets but also on social relationships and trust. Qualitative studies report on the importance of reciprocity norms, shared identities, and local leadership and community health workers in supporting coping and psycho-social well-being (KC et al., 2019). Community-based organisations, religious institutions, youth groups, and women's collectives often played central roles in providing emotional support, disseminating information, and coordinating services.

International Alert (2014) noted that resilience in Nepal is developed through a range of mechanisms, such as social solidarity, local knowledge, and embedded institutional linkages. It showed that resilience is socially embedded rather than purely individual. There is global evidence supporting these trends. van Kessel et al. recognise self-organisation, participation, learning, and collective action as key elements of community resilience in a health emergency. These capacities strengthen resilience to psychosocial vulnerability by ensuring social cohesion, reducing isolation, and facilitating communication. Importantly, resilience does not entail the absence of distress; rather, it means being able to adapt and function in the face of adversity. However, resilience is unevenly distributed, and communities with low social capital, fragmented networks, or weak institutional linkages face greater challenges in recovery.

Mental Health and National Security

The findings suggest both direct and indirect impacts of Nepal's psychosocial burden on national security. Psychological distress may undermine social cohesion and diminish civic participation, while also fostering distrust in institutions. These are all factors linked to instability, fragility and conflict recurrence (International Alert, 2014). In environments of crisis and/or political polarisation, psychosocial vulnerability could increase susceptibility to grievance mobilisation, misinformation or radicalisation. These pathways align with broader frameworks of human security, which conceptualise mental health as fundamental to society's stability and autonomy (Truppa et al., 2024). Reduced community resilience also impacts the functioning of governance systems during crises. When social capital is compromised, it

becomes harder to cooperate, emergency responses are less effective, and the legitimacy of state institutions may be challenged in Nepal, long reconstruction timelines, bureaucratic delays and coordination gaps after the earthquakes of 2015 led to frustration among the affected populations, illustrating how the performance of governance impacts the psycho-social outcomes and also perceptions of the state capacity (Panday et al., 2021).

Although understudied in Nepal, mental health is also relevant to the operational readiness of security agencies. Research from other crisis-affected settings suggests that unaddressed psychological conditions among the security personnel may impact morale, decision-making, and organisational effectiveness - dimensions directly relevant to national defence. The lack of systematic mental health support for frontline responders, police, and military personnel is one area where there is a need for more empirical consideration and policy attention.

Governance and System Capacity

Governance capacity is an important determinant of the extent to which mental health burdens result in resilience or instability. Nepal's mental health system is still characterised by low funding, lack of integration with primary care, and lack of interagency coordination (Paudel et al., 2025). The health sector has also been hampered by workforce shortages, the disproportionate geographic distribution of health services, and the absence of dedicated emergency mental health protocols for responding to crises. Following the 2015 earthquakes, WHO-supported mental health and psychosocial support (MHPSS) interventions helped address critical gaps. However, the reliance on external agencies highlighted structural weaknesses in domestic systems (Sherchan et al., 2017).

Disaster governance assessments further suggest a lack of coordination, information flow, and accountability due to fragmentation among federal, provincial, and municipal authorities (Panday et al., 2021). While federal restructuring in Nepal has been pursued to devolve power and improve local governance, the transition period has created ambiguity over roles in disaster management and the delivery of health services. Non-state actors, i.e., NGOs, community-based organisations, and international agencies, play significant roles in service provision and resilience-building, sometimes filling state gaps. However, over-reliance on external actors raises sustainability concerns and may undermine state legitimacy where integration is not institutionalised. These findings highlight the point that mental health cannot be isolated from governance and security structures. Effective integration of mental health into disaster and security policies could improve human security and social cohesion and strengthen institutional stability. Failure to do so could perpetuate inequality, lengthen recovery times, and heighten security risks in fragile and hazard-prone environments.

Conclusion

Nepal's experience suggests the interrelatedness of disasters, public health shocks and social conflict, which combine to form cumulative psychosocial burdens with ramifications that extend beyond individual well-being to issues of community resilience, governance capacity and national security. Empirical evidence from post-earthquake and post-conflict studies reveals a high prevalence of depression, anxiety, symptoms of stress and distress amongst affected populations, confirming the generation of crisis-generated mental health impacts, both in the short and in the long term. These burdens are further multiplied by structural vulnerabilities, including poverty, geographical isolation, livelihood disruption and limited

access to mental health services, which, in combination with the mental illness risk, result in the increased risk of protracted recovery and reduced social functioning.

At the same time, the analysis shows that mechanisms of community resilience, which are based on social capital, self-organisation and informal support networks, play a stabilising role in the recovery process from a crisis and contribute to the maintenance of social cohesion. These mechanisms are exercised through the bonds within communities, the bridges between social groups, and the associations of relationships with institutions and external actors. Where such capacities exist, communities are better able to deal with uncertainty, mobilise assistance, and continue to function as a whole. Where they are not, they take longer to recover, and social fragmentation is more likely.

The case of Nepal reflects the need to make mental health an integral part of broader security and disaster governance frameworks. Recognising the psycho-social dimensions of crisis management not only helps reduce the developmental and societal costs of disasters and conflict but also reinforces human security, institutional legitimacy and national stability. For fragile and disaster-prone states, therefore, addressing mental health is not only a clinical or humanitarian imperative, but also a strategic imperative that ensures resilience, good governance, and sustainability. As countries across Asia and Africa increasingly suffer from the effects of climate-induced disasters, political volatility, and public health emergencies, the Nepal experience offers comparative lessons for understanding the linkages and interdependencies between mental well-being, resilience, and national security. In this context, it is now impossible to treat mental health as marginal to security planning; it needs to be treated as a core component of national preparedness and long-term development strategy.

Recommendations

Based on the findings, the study recommends a three-pillar strategy for integrating mental health into crisis management, beginning with the transition of mental health from an ad hoc response to a formal, institutionalized component of national security, disaster governance, and development agendas. This systemic integration requires enshrining MHPSS within emergency protocols and increasing national budget allocations to ensure long-term sustainability and seamless interagency coordination. Furthermore, to reach rural and marginalized populations, the primary healthcare system must be bolstered through the strategic deployment of trained community health workers who serve as a vital first line of defense, providing mental health first aid and culturally appropriate support in areas where formal professionals are scarce. Complementing these institutional efforts, the state should invest in community-led initiatives that leverage social capital to foster cohesion, while simultaneously launching targeted public campaigns to dismantle the stigma surrounding mental health. These interventions must be underpinned by robust data systems that track outcomes, ensuring that future policy remains evidence-based and strictly aligned with national strategic priorities.

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