International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Psychological Factors Affecting the Mental Health of Internally Displaced Persons (IDPs) in Manipur: A Thematic Literature Review

Dr Chongtham Khogendra Singh[1], Irungbam Manisana Singh[2], Lakshmi Mongjam[3]

[1]Assistant Professor, DM College of Teacher Education, Imphal, Manipur
[2,3]Research Scholar, Department of Teacher Education, Manipur University, Canchipur

Abstract

Internal displacement resulting from armed conflict and ethnic violence poses a serious threat to psychological well-being, particularly among populations living in prolonged conditions of insecurity and deprivation. This thematic literature review examines the psychological factors affecting the mental health of internally displaced persons (IDPs), with particular emphasis on the experiences of displaced populations in Manipur, India, following the ethnic violence that began in May 2023. The review synthesises evidence from studies conducted in Manipur and other conflict-affected settings, focusing on trauma-related disorders, anxiety, depression, social isolation, family separation, socioeconomic deprivation, coping strategies, and barriers to mental health-care utilisation. The literature indicates a substantial burden of psychological morbidity among IDPs in Manipur, with PTSD and generalised anxiety emerging as major concerns. Trauma exposure, including witnessing property destruction and loss of family members, is strongly associated with adverse psychological outcomes. Women, children, and individuals experiencing family separation appear particularly vulnerable. Furthermore, inadequate shelter, food insecurity, limited livelihood opportunities, poor sanitation, safety concerns, and restricted access to healthcare contribute to persistent psychological distress. In contrast, adaptive coping strategies, social and family support, economic improvement, and culturally appropriate interventions such as yoga and meditation may promote psychological resilience and recovery. The review also highlights significant institutional barriers, including inadequate mental-health infrastructure, shortages of trained professionals, fragmented referral systems, financial constraints, stigma, and the absence of a comprehensive national policy framework for IDPs in India. The findings emphasise that addressing the mental health of IDPs requires an integrated, trauma-informed, culturally responsive, and community-based approach that combines psychological care with family support, socioeconomic rehabilitation, and systemic policy interventions.

Keywords: Internally Displaced Persons; Mental Health; Psychological Distress; Post-Traumatic Stress Disorder; Anxiety; Ethnic Conflict; Manipur; Trauma; Coping Strategies; Psychosocial Support

1. Introduction

Armed conflict and forced internal displacement severely disrupt human well-being and health systems (Lakshmi, 2024; Yumnam & Dasgupta, 2017). In the northeastern state of Manipur, India, which has experienced over four decades of ongoing ethnic and political unrest, violent ethnic clashes erupted on May 3, 2023, between the Meitei and Kuki tribes (Yumnam & Dasgupta, 2017; Lakshmi, 2024). This crisis resulted in more than 150 fatalities and the internal displacement of over 60,000 individuals, many of whom were forced to relocate to congested relief camps across the region (Lakshmi, 2024). Internally displaced persons (IDPs) in this setting endure profound psychological stressors—including trauma, anxiety, depression, and social isolation—which are heavily compounded by the sudden loss of home, identity, and stability (Rajkumari et al., 2024). To understand the multi-layered determinants of mental health in this population, it is critical to contextualise their experiences within a broader public health framework and a thematic synthesis of global empirical evidence.

Conflict is a critical social determinant of health, directly shaping health outcomes and undermining healthcare delivery systems (Yumnam & Dasgupta, 2017). Ongoing conflict in regions such as Manipur deepens existing health inequalities, erodes basic human rights, breaches medical neutrality, and creates a destructive progression from continuous, life-threatening stress to chronic physiological and psychological disease (Yumnam & Dasgupta, 2017). Furthermore, the legal status of IDPs introduces a unique complexity: unlike refugees who cross international borders, IDPs remain within their home nations, often without receiving necessary protection or systemic aid from their own governments, effectively rendering them "aliens within their own nation" (Mandal, 2018). The lack of a standardised national IDP legal and policy framework across many Asian states, including India, Pakistan, and Myanmar, heightens this legal vulnerability and structural abandonment, leaving their mental and physical healthcare largely uncoordinated (Mathur, 2020).

Against this background, there is a need for an integrated understanding of the psychological factors shaping the mental health of internally displaced persons (IDPs) in conflict-affected settings, particularly in Manipur, where recent ethnic violence has led to widespread displacement and prolonged stays in relief camps. Although existing studies have documented PTSD, anxiety, psychological distress, and other consequences of conflict and displacement, the evidence remains dispersed across psychological, social, socioeconomic, familial, and health-system dimensions. Therefore, this thematic literature review synthesises available evidence from Manipur and comparable conflict-affected settings to examine the key psychological and contextual determinants of mental health among IDPs, identify vulnerable groups and protective factors, and highlight barriers to accessing mental health and psychosocial support. By bringing these dimensions together, the review seeks to provide an integrated evidence base for trauma-informed interventions, community-based mental health services, socioeconomic rehabilitation, family support, and policy responses aimed at promoting long-term psychological recovery and resilience among IDPs in Manipur.

2. Methodology

2.1 Review Design

This study employed a thematic literature review to synthesise empirical and conceptual evidence on the psychological factors affecting the mental health of internally displaced persons (IDPs), with particular emphasis on conflict-affected populations in Manipur, India. A thematic approach was considered appropriate because the available literature spans diverse study designs, populations, geographical settings, and psychological outcomes. The review therefore sought not only to summarise individual

studies but also to identify recurring patterns, relationships, vulnerabilities, protective factors, and structural barriers that influence the mental health of IDPs.

The review was guided by the following broad questions: (i) What psychological problems are commonly experienced by IDPs affected by armed conflict and ethnic violence? (ii) What demographic, social, familial, and socioeconomic factors are associated with psychological distress among IDPs? (iii) What coping and protective factors contribute to psychological resilience and recovery? (iv) What institutional and health-system barriers limit access to appropriate mental-health and psychosocial support?

2.2 Literature Search Strategy

Relevant literature was identified through searches of major academic and scholarly databases, including Google Scholar, PubMed, Scopus, and Web of Science, where available. Additional relevant publications were identified by examining the reference lists of key articles and reports. The search focused particularly on literature addressing internal displacement, armed conflict, ethnic violence, psychological distress, PTSD, anxiety, depression, coping, resilience, psychosocial support, and mental health service utilisation. Search terms were combined using Boolean operators such as "AND" and "OR". Representative search combinations included: "internally displaced persons" AND "mental health"; "IDPs" AND PTSD; "internal displacement" AND anxiety OR depression; "conflict-affected populations" AND psychological distress; "internally displaced persons" AND coping OR resilience; and "Manipur" AND "internally displaced persons" AND mental health. Searches were tailored to the requirements of individual databases.

2.3 Eligibility Criteria

Studies were considered eligible when they addressed one or more psychological, social, socioeconomic, familial, or health-system factors associated with the mental health of internally displaced or conflict-affected populations. Particular attention was given to studies examining PTSD, anxiety, depression, psychological distress, trauma exposure, social isolation, family separation, coping strategies, resilience, socioeconomic insecurity, and access to mental-health services.

Priority was given to peer-reviewed empirical studies, review articles, and relevant scholarly publications that provided substantive evidence on conflict-induced displacement. Literature on Manipur was prioritised because of the review's geographical focus, while studies from other conflict-affected regions were included to provide comparative and contextual evidence.

Studies were excluded if they were unrelated to internal displacement or conflict-associated mental health, lacked sufficient information to address the review questions, or focused exclusively on populations or outcomes outside the scope of the review.

2.4 Study Selection and Data Extraction

The identified literature was screened for relevance based on the title, abstract, and, where necessary, the full text. Relevant publications were subsequently examined in greater detail to determine their contribution to the review objectives. Particular attention was given to the study population, geographical setting, research design, psychological outcomes, major risk and protective factors, and principal findings. For each relevant publication, information was organised around the following domains:

1. **Study characteristics** – author(s), year, geographical setting, and research design;
2. **Population characteristics** – IDPs, refugees, children, women, adolescents, or other conflict-affected groups;
3. **Psychological outcomes** – PTSD, anxiety, depression, psychological distress, somatic symptoms, and related outcomes;

4. **Risk and vulnerability factors** – trauma exposure, gender, age, family separation, socioeconomic deprivation, insecurity, and displacement-related stressors;
5. **Protective and coping factors** – family and social support, adaptive coping, economic improvement, religion, and community-based support; and
6. **Service and policy factors** – availability of mental-health services, health-system barriers, stigma, referral mechanisms, and policy limitations.

2.5 Thematic Synthesis

A thematic synthesis approach was used to organise and interpret findings across the selected literature. Initially, recurring concepts and psychological outcomes were identified from individual studies. Related concepts were then grouped into broader categories, which were refined into overarching themes representing the major determinants of mental health among IDPs.

The synthesis resulted in five principal thematic domains:

1. **Psychiatric morbidity and trauma-related psychological disorders**, including PTSD, anxiety, depression, and psychological distress;
2. **Intersectional vulnerabilities**, particularly those associated with gender, childhood, and family separation;
3. **Structural and socioeconomic determinants**, including inadequate shelter, food insecurity, unemployment, poor sanitation, safety concerns, and restricted access to healthcare;
4. **Coping strategies and therapeutic or protective factors**, including adaptive coping, social and family support, economic recovery, yoga, meditation, and community-based interventions; and
5. **Institutional and systemic barriers**, including shortages of mental-health professionals, inadequate infrastructure, fragmented referral systems, financial barriers, stigma, and weaknesses in IDP protection and policy frameworks.

Thematic findings were compared across geographical contexts to identify areas of convergence and divergence. Evidence from Manipur received particular interpretive emphasis, while international studies were used to contextualise the psychological consequences of conflict and displacement and to identify potentially transferable intervention strategies.

2.6 Quality and Relevance of Evidence

The interpretation of evidence considered the methodological characteristics and contextual relevance of the identified studies. Greater emphasis was placed on peer-reviewed empirical studies that clearly reported their study populations, methods, and psychological outcomes. Particular consideration was given to studies directly examining IDPs and to research conducted in contexts comparable to Manipur. Because the literature included heterogeneous study designs and outcome measures, the findings were synthesised thematically rather than statistically.

2.7 Ethical Considerations

As this study involved the analysis and synthesis of previously published literature and did not involve collecting primary data from human participants, ethical approval and informed consent were not required. All published sources used in the review were appropriately acknowledged and cited.

2.8 Limitations of the Review Method

The review has several methodological limitations. First, the heterogeneity of the available literature, in terms of study designs, populations, geographical settings, measurement instruments, and psychological outcomes, limits direct comparisons across studies. Second, Manipur-specific research remains relatively limited compared with evidence from some other conflict-affected settings. Third, the thematic nature of

the review does not permit estimation of pooled effect sizes or causal relationships. Finally, publication and selection bias cannot be entirely ruled out. Nevertheless, the thematic synthesis provides an integrated understanding of the psychological, social, economic, and institutional factors shaping the mental health of IDPs and identifies priorities for future research and intervention in Manipur.

3. Results

3.1 High Prevalence of Psychiatric Morbidity and Trauma-Related Pathology

The primary psychological consequence of ethnic violence and displacement is a marked increase in psychiatric morbidity, particularly post-traumatic stress disorder (PTSD) and generalised anxiety. In a community-based cross-sectional study of IDPs in relief camps in the Imphal East District of Manipur, Rajkumari et al. (2024) estimated that 65.8% of the displaced population met the diagnostic criteria for PTSD. Additionally, 24.8% of respondents experienced moderate generalised anxiety, while 15.2% suffered from severe generalised anxiety (Rajkumari et al., 2024).

These elevated rates are directly linked to severe trauma exposure during the crisis; specifically, 75.8% of respondents witnessed the destruction and burning of their properties, 9.4% witnessed the deaths of family members or close friends, and 8.1% experienced physical trauma at the time of displacement (Rajkumari et al., 2024). Furthermore, demographic analyses reveal that female gender, age between 20 and 59 years, marital status, and post-conflict employment status are significantly associated with PTSD, while generalised anxiety is significantly linked to marital status and witnessing property destruction (Rajkumari et al., 2024).

These high rates of psychiatric morbidity are consistent with findings from other global settings of conflict-induced displacement. In a study of 430 IDPs across three camps in Darfur, Sudan, researchers observed a 54% prevalence of PTSD symptoms and a 70% prevalence of general psychological distress (Hamid & Musa, 2010). Similarly, in the Republic of Georgia, cross-sectional epidemiological surveys reported a 23.3% probable prevalence of PTSD, a 14.0% prevalence of depression, and a 10.4% prevalence of generalised anxiety disorder (Makhashvili et al., 2014).

Importantly, these psychological disorders have a compounding effect on physical functioning; psychiatric comorbidities are significantly associated with severe somatic distress and with a 6.4% to 15.9% increase in functional disability among conflict-affected persons (Comellas et al., 2015; Makhashvili et al., 2014). In Lebanon, studies conducted during the early stages of the 2006 war also documented an acute anxiety prevalence of 25.8%, which was significantly associated with being female, experiencing bombing while fleeing, and being surveyed on days of bad political news (Yamout & Chaaya, 2011).

3.2 Intersectional Vulnerabilities of Gender, Childhood, and Family Separation

Displacement-induced psychological distress is strongly mediated by intersecting socio-demographic factors, with women, children, and separated families disproportionately vulnerable. Historically, internally displaced women (IDW) have borne the brunt of conflict due to systemic gender-based discrimination, high rates of domestic and sexual violence, and the absence of targeted legal protections (Mandal, 2018). In Manipur, the ongoing clashes have involved severe sexual violence and assault against women and young girls, leaving devastating and long-lasting scars on their collective and individual psyches (Lakshmi, 2024). This gendered vulnerability is reflected in psychiatric indices globally: female gender is significantly associated with higher PTSD and generalised anxiety scores in Manipur (Rajkumari et al., 2024), elevated somatic symptoms in Darfur (Hamid & Musa, 2010), higher rates of chronic depression and disability in Georgia (Makhashvili et al., 2014), and elevated risks of acute war-induced anxiety in Lebanon (Yamout & Chaaya, 2011).

Displaced children constitute another highly vulnerable subgroup in protracted conflict zones. In Manipur, decades of armed conflict have severely heightened children's emotional vulnerability, increasing the risk of injury, death, family separation, and developmental disruptions (Bhawmik et al., 2019). Similar patterns are observed in East Africa; in the Burayu camp in Ethiopia, IDP children face severe socioeconomic and physical insecurities, including inadequate access to clothing, shelter, clean water, food, and healthcare due to financial barriers (Kemei et al., 2023). These material deficiencies expose children to ongoing traumatic events, elevating their risk of prolonged PTSD, developmental delay, and clinical depression (Kemei et al., 2023). In the Democratic Republic of Congo, war-induced displacement has similarly been shown to cause severe, long-term psychological harm among displaced adolescents compared with their non-displaced peers (Mels et al., 2010).

Furthermore, family structures are a primary mediator of mental health. In Manipur, 18.7% of relief camp residents are actively separated from their families, which significantly compounds their isolation and distress (Rajkumari et al., 2024). In Ukraine, clinical intake data for IDPs and transit refugees in Poland showed severe anxiety, depression, and acute sleep disturbances (Rizzi et al., 2022). Crucially, the Ukrainian data demonstrated that proximity to family members or consistent communication with them serves as an essential protective factor that enhances psychological resilience, underscoring the importance of treating family cohesion as a clinical priority (Rizzi et al., 2022).

3.3 Structural Determinants: Socioeconomic Deprivation and Basic Needs Insecurity

The psychological toll of displacement is not merely a product of the initiating violent event; it is sustained and exacerbated by the daily stressors of material deprivation in relief camp environments. In northern Uganda, cross-sectional surveys of IDPs in the Gulu and Amuru camps found physical and mental health scores markedly lower than international instrument norms, with poor outcomes directly linked to a lack of basic goods and services, including chronic food insecurity, the unavailability of basic sanitation products such as soap, and a pervasive lack of safety within the camps (Roberts et al., 2009). This material-psychological link is further supported by qualitative data from Ethiopia, where IDP children and parents experienced chronic distress, anxiety, and trauma due to severe basic needs insecurity, including inadequate shelter, poor sanitation facilities, a lack of clean drinking water, and financial barriers to accessing essential healthcare (Kemei et al., 2023).

Economic impoverishment and a lack of livelihood opportunities in camps are a primary driver of chronic, post-displacement distress. In Darfur, a staggering 72% of IDPs reported severe dissatisfaction with their living conditions, which was statistically associated with a total lack of employment, unsuitable provided food items, and persistent security threats around camp boundaries (Hamid & Musa, 2010).

Conversely, longitudinal data underscore that socioeconomic rehabilitation is a necessary precursor to mental health recovery. In Ambon, Indonesia, a longitudinal study of IDPs over consecutive years found that although initial conflict exposure had a severe negative psychological impact, individual economic growth and the subsequent improvement in material well-being over a one-year period were the strongest predictors of positive mental health and long-term psychological adaptation (Saragih Turnip et al., 2016). This highlights that clinical mental health interventions cannot succeed in a socioeconomic vacuum.

3.4 Coping Typologies and Therapeutic Modalities

Displaced populations employ a diverse array of cognitive, behavioural, and clinical coping strategies to navigate the chronic stress of displacement, with varying degrees of therapeutic efficacy. In a large-scale study of 3,600 adults in the Republic of Georgia, Saxon et al. (2017) examined the relationship between coping strategies and mental health outcomes. The study found that adaptive coping strategies—such as

the intentional use of humour, seeking active emotional and social support, active coping, acceptance, and turning to religion—were statistically associated with significantly lower rates of PTSD, depression, and anxiety. In contrast, maladaptive coping strategies—including behavioural and mental disengagement, cognitive denial, emotional venting, substance abuse, and gambling—were strongly associated with poorer clinical outcomes and a prolonged course of psychiatric illness (Saxon et al., 2017).

In Manipur, clinical practitioners have advocated integrating traditional mind-body therapies to alleviate trauma. Specifically, the structured practice of yoga—which incorporates physical postures, breath regulation, ethical concepts, dietary guidelines, relaxation techniques, and meditation—has been proposed as an exceptionally valuable, accessible, and cost-effective complementary therapy to reduce PTSD, clinical anxiety, and depression among ethnic violence survivors in relief camps (Lakshmi, 2024). These non-pharmacological interventions are critical, particularly given their capacity to regulate the autonomic nervous system and down-regulate hyperarousal symptoms.

Furthermore, evidence from post-conflict Ukraine shows that clinical psychotherapy must be paired with community-based programmes that facilitate social adaptation, foster mutual understanding between IDPs and host communities, and build robust social support networks, all of which are essential to sustainable recovery and integration (Singh et al., 2021).

3.5 Institutional and Systemic Barriers to Mental Health Care

A profound and persistent treatment gap persists for displaced populations, driven by widespread health-system barriers and a severe paucity of evidence-based psychosocial support in low- and middle-income nations. Rapid appraisal studies in the Republic of Georgia identified significant institutional bottlenecks that prevent IDPs from utilising available mental health services, despite high rates of clinical need. These systemic barriers include inadequate insurance coverage for mental and behavioural disorders, fragmented or non-existent identification and patient-referral pathways, chronic underfunding of psychiatric facilities, acute shortages of trained mental health professionals, poor health information systems, and high patient out-of-pocket costs (Murphy et al., 2018). These systemic deficits are compounded by severe social stigmatisation surrounding mental illness, which acts as a powerful psychological barrier to care-seeking (Murphy et al., 2018).

These systemic failures are compounded by the broader legal and regulatory environment. Across Asia, current scholarship reveals an ongoing policy vacuum on IDP rights and health equity, marked by a distinct lack of legal accountability for health systems in conflict zones (Mathur, 2020). In India, despite a history of localized internal displacement, there is no specialised statutory law or unified national policy to address the health and psychological needs of displaced persons, leaving them dependent on ad hoc state relief packages and non-governmental interventions (Mandal, 2018). This policy vacuum ensures that mental health support remains highly fragmented, transient, and structurally decoupled from standard primary healthcare networks (Mathur, 2020).

4. Discussion and Recommendations

The synthesis of the literature demonstrates that internal displacement in Manipur is not merely a transient humanitarian crisis but a severe public health emergency that inflicts long-lasting psychological trauma across generations. The high prevalence of PTSD (65.8%) and generalised anxiety in Manipur camps (Rajkumari et al., 2024) requires an immediate, coordinated transition from ad hoc emergency aid to a structured, multi-level public health and policy intervention. Addressing these needs requires both systemic policy reforms and targeted clinical interventions.

4.1 Systemic Policy Recommendations

1. **Develop Statutory IDP Protections:** India must address the prevailing legal and policy vacuum by enacting a comprehensive national statutory framework for IDPs that explicitly codifies and guarantees their fundamental right to physical and mental healthcare, including special protections for internally displaced women and children (Mandal, 2018; Mathur, 2020).
2. **Integrate Services into Primary Care:** State health departments must integrate evidence-based mental health and psychosocial support services (MHPSS) directly into primary healthcare clinics near relief camps, utilising task-shifting models to train community health workers and address acute professional shortages (Murphy et al., 2018).
3. **Establish Economic Reintegration Programs:** Policymakers must recognise the social determinants of health by integrating psychiatric care with structured economic reintegration and vocational training. Longitudinal evidence shows that restoring livelihoods and individual economic security is a fundamental clinical driver of psychological adaptation and long-term recovery (Kemei et al., 2023; Rajkumari et al., 2024; Saragih Turnip et al., 2016).

4.2 Targeted Clinical Recommendations

1. **Deploy Specialised Trauma-Informed Therapy:** Specialised trauma-informed counselling and psychotherapy protocols must be deployed systematically within relief camps to manage the acute burden of PTSD and generalised anxiety (Hamid & Musa, 2010; Rajkumari et al., 2024).
2. **Implement Complementary Yoga & Mind-Body Programs:** Clinical providers should implement and support culturally appropriate, cost-effective mind-body therapies, particularly structured yoga and meditation programmes, which have demonstrated physiological benefits in mitigating trauma-related hyperarousal, anxiety, and depressive symptoms among conflict survivors in Manipur (Lakshmi, 2024).
3. **Prioritise Family Preservation:** Relief camp administrative policies must prioritise the preservation of family structures and reunification efforts, as maintaining family cohesion represents an invaluable, natural protective factor that significantly enhances individual psychological resilience and social adaptation (Rizzi et al., 2022; Singh et al., 2021).

5. Conclusion

Internal displacement arising from armed conflict and ethnic violence poses a profound and ongoing threat to mental health. The evidence reviewed in this study indicates that IDPs experience a complex mix of trauma-related psychological disorders, socioeconomic insecurity, family disruption, social isolation, and limited access to appropriate mental health services. In Manipur, the psychological consequences of the 2023 ethnic violence are particularly concerning, with available evidence indicating a substantial burden of post-traumatic stress disorder and generalised anxiety among people in relief camps. These psychological difficulties are closely linked to experiences of violence, property destruction, loss and separation from family members, displacement, and persistent insecurity.

The review further demonstrates that mental health outcomes among IDPs cannot be understood solely in terms of exposure to the initial conflict. Psychological distress is sustained by post-displacement conditions, including inadequate shelter, food and livelihood insecurity, poor sanitation, safety concerns, unemployment, and restricted access to healthcare. Women, children, and individuals experiencing family separation are particularly vulnerable and therefore require targeted psychosocial and social protection

measures. At the same time, adaptive coping strategies, family and social support, economic improvement, and culturally appropriate mind-body practices may contribute to resilience and psychological recovery.

A major implication of the review is that mental-health interventions for IDPs should not be confined to conventional clinical treatment. Effective responses require an integrated, trauma-informed, culturally responsive, and community-based framework that combines mental-health and psychosocial support with family preservation, livelihood restoration, socioeconomic rehabilitation, and strengthened community support systems. Mental-health services should be integrated into primary healthcare and made accessible within or near relief camps, while trauma-informed counselling and other evidence-based interventions should be prioritised for individuals experiencing severe psychological distress.

The review also highlights the need for stronger institutional and policy mechanisms to protect the health and rights of internally displaced populations in India. The absence of a comprehensive national framework for IDPs, together with shortages of trained mental-health professionals, fragmented referral systems, financial barriers, stigma, and inadequate mental-health infrastructure, can substantially restrict access to care. Addressing these structural barriers is therefore essential to achieving sustainable psychological recovery.

Overall, the mental health of IDPs in Manipur should be recognised as a long-term public health, humanitarian, and social protection priority rather than a temporary consequence of displacement. Future research should generate more longitudinal, locally grounded evidence, particularly on vulnerable groups, protective factors, intervention effectiveness, and long-term psychological outcomes. A coordinated response involving government agencies, healthcare providers, mental health professionals, civil society organisations, and affected communities is essential to move beyond immediate relief towards sustained recovery, resilience, dignity, and the social reintegration of internally displaced persons.

Funding Statement

This research was funded by the Indian Council of Social Science Research (ICSSR), Government of India, under Grant No. ICSSR-RMM-2024-8416. The funder had no role in the study design, analysis and interpretation of the literature, manuscript preparation, or the decision to submit the article for publication.

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