

A BRIEF INTRODUCTION TO SAWAB



36 Years of a Sustained Silent Movement of Healing
Rooted in Compassion, Science, Service and Transformative Change
in Community Mental Health

36 Years of Silent Service, Scientific Innovation and Systemic Impact

In the wounded yet resilient heart of Kashmir, where generations have grown up amid conflict, natural disasters and silence, SAWAB (Supporting Always Wholeheartedly, All Broken-hearted) was born. Not in boardrooms or ivory towers, but in villages, homes, rickety shelters and valleys, SAWAB began as a lifeline for those psychosocially stranded and weighed down by trauma.

For over three and a half decades, SAWAB has remained a quiet but powerful force in the realm of community mental health, working not through headlines or fanfare, but through relentless dedication, scientific innovation and community-rooted action. Founded by Dr. Mushtaq Ahmad Margoob amid acute sociopolitical turmoil and humanitarian crisis in Kashmir, SAWAB has since evolved into a globally relevant and locally grounded model of healing, empowerment and evidence-based service delivery. It is not a conventional charity-based NGO model; rather, it is an out-of-the-box, self-supported, innovative, ever-evolving, collaborative and sustained community intervention initiative.

From Amelioration to Innovation

SAWAB's journey has been one of addressing the unmet needs of the neglected, needy and suffering, not just by offering care, but by pioneering cost-effective, scalable and replicable mental health strategies. These have proved especially valuable in low-resource and conflict-affected settings. Yet, perhaps more significantly, SAWAB's work has enriched global trauma treatment protocols and influenced community service delivery models, many of which have been adapted in some of the most developed regions of the world.

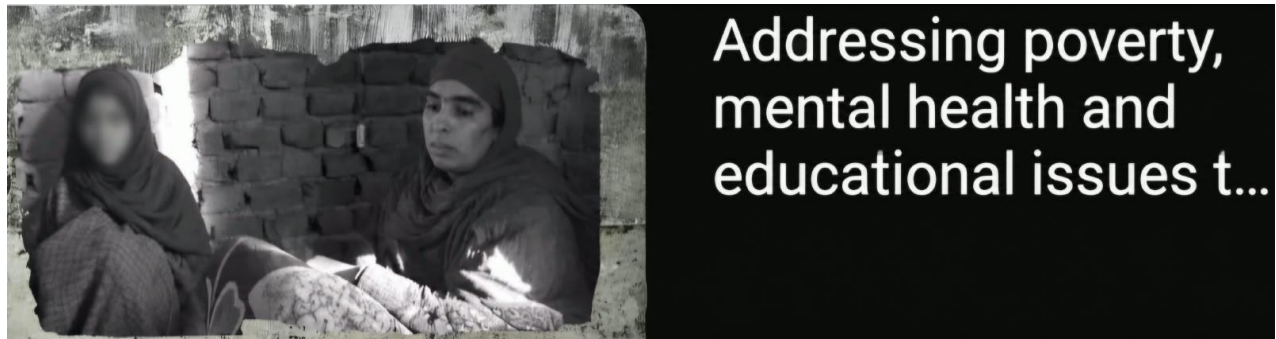
Lived Experiences: From Life's Wounds to Meaningful Living Through Transformative Support, Healing and Resilience

Life is fleeting, but its true meaning lies in the lives we touch, the suffering we alleviate and the hope we restore. Guided by this enduring philosophy, SAWAB has cultivated a distinctive tradition of commemorating World Mental Health Day not merely through customary one-day or week-long observances, but through sustained, meaningful initiatives that translate its annual message into compassionate action and lasting change.

The World Mental Health Day 2026 theme, "Lived Experiences Heard: Real Voices, Real Change," resonates profoundly with SAWAB's decades-long commitment to placing the voices, experiences, dignity and aspirations of suffering individuals and communities at the very heart of mental healthcare.

For SAWAB, commemoration is not a ceremonial event but a continuing commitment; compassion is not merely an emotion but a responsibility translated into action; and lived experience is not simply a story to be heard, but a powerful force for healing, empowerment and transformation. After all, the true measure of our service lies not in the occasions we celebrate, but in the suffering we relieve, the lives we transform and the hope we leave behind.

The two documentary links below, with their accompanying text, serve as illustrative examples of the process. A continuing series of such cases will follow as Lived Experiences, for awareness, stakeholder mobilisation, education and inspiration, aimed at putting in place feasible collective measures for healthy and positive community transformation.



Documentary 1 (Addressing poverty, mental health and educational issues):
https://youtu.be/7MjJOGrHysI?si=C2K_xLsao5OwgfNg

Constraining bodily injury, even when temporary, is not only physically devastating but also psychologically isolating, leading to poor quality of life, depression and other mental health problems. Reduced mobility can make it hard to leave the house and carry out activities important for one's survival. Improvements in mental health, through attention to real-life needs, can assist recovery from physical injury and help in returning to work sooner. The strength of one's social support network is a potentially modifiable factor that may significantly affect recovery after injury. Identifying such socially weak members of our community offers an opportunity for intervention to positively influence an otherwise poor quality of life, in many cases that of the whole family, if the affected person happens to be the sole breadwinner. SAWAB's approach of making our lives more meaningful to others by understanding their lived adverse experiences also resonates with this year's World Mental Health Day theme. Let us look for such persons around us, or even far from us, and help them with respect and love in whatever way possible.



Documentary 2 (Making Our Lives Meaningful):
https://youtu.be/Y3wTkNnIJ6s?si=m_LOCYpnqkBHZ1HS

Mental health cannot be protected by clinical services alone. Evidence suggests a strong cyclical relationship between poverty and mental illness: poverty increases the risk of developing mental illness, and the presence of mental illness also increases the risk of descending into poverty. Community interventions promoting security, education, societal welfare and health safety nets are critical to the protection of the mental health of populations, thereby enabling the optimal development of human potential. The Sustainable Development Goals (SDGs), a collection of 17 interlinked global goals including no poverty, zero hunger, good health, quality education and gender equality, were set up in 2015 by the United Nations General Assembly and are intended to be achieved by 2030. A scientific assessment released in 2022 stated that the world is not on track to achieve the SDGs by 2030 and concluded that the SDGs have so far had only limited effects on global, national and local governance. SAWAB's research has established that efforts to address the burden of Common Mental Disorders (CMD) in low- and middle-income country settings like Kashmir, where only 12% of people with mental-health-related issues are getting professional help, will remain severely limited if service activities are restricted to formalised, institution-based, individual-level interventions alone.

Community interventions promoting security, education, societal welfare and health safety nets are critical to the protection of the mental health of populations, thereby enabling the optimal development of human potential. Such evidence-based, participatory, cost-effective interventions are scalable through community participatory efforts to achieve a better and more sustainable future for all, as envisaged by the United Nations General Assembly under the Sustainable Development Goals (SDGs).

Domains of Work

SAWAB predominantly operates across five interconnected domains, which it calls the “Care Compass,” so that a single need can open into many forms of care.

Community

For over three decades, SAWAB has placed Kashmir's communities at the heart of its mission, reaching people whose lives have been profoundly shaped by prolonged conflict, recurring natural disasters, displacement, poverty, geographical isolation and the often-unspoken burden of psychological suffering. From remote mountain hamlets and snowbound villages to conflict-affected neighbourhoods and disaster-ravaged settlements, SAWAB has sought to bring compassionate psychosocial support into the familiar spaces of everyday life, where suffering is often endured silently and professional help remains beyond reach. Working through trusted local relationships, community volunteers, families and grassroots networks, its interventions have endeavoured to transform communities from passive recipients of assistance into active partners in recognising distress, overcoming stigma, strengthening resilience and sustaining recovery. Rooted in Kashmir's traditions of mutual support, collective endurance and shared humanity, SAWAB's community-centred approach affirms that healing does not begin or end within hospital walls; it grows wherever trust is restored, suffering is heard and people come together to care for one another.



A global community of mental health innovators

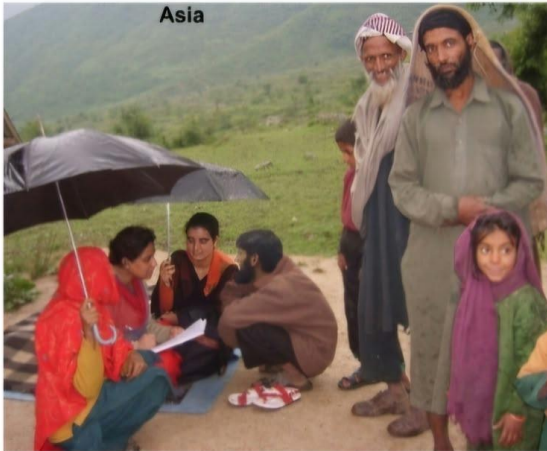
Testing an Innovative Low Cost Model for Improving Mental Health Services in a Rural District in Kashmir

Project type: Program

Objective: To improve identification and treatment of mental disorders in youth

Brief description:

Use of trained lay healthcare workers and technology to overcome limitations in the delivery of mental health services to youth



Task sharing
Technology
Prevention and promotion
Detection and diagnosis
Treatment, care and rehabilitation
Training, education and capacity building
Children and adolescents
All disorders
Community

The Mental Health Innovation Network is jointly headquartered at:



Grand Challenges Canada
Grands Défis Canada

BOLD IDEAS FOR HUMANITY™

LONDON
SCHOOL OF
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& TROPICAL
MEDICINE



The Department of Mental Health
and Substance Abuse
World Health Organization
Avenue Appia
1211 Geneva 27
Switzerland
London School of Hygiene and
Tropical Medicine Keppel Street
London
WC1E 7HT UK

Documentary Film "Rainbow in Haze - From Kashmir to Canada"

<https://youtu.be/FXbTBJ8FdHY?si=26aZl2rxdN-UufDK>

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PIONEERING PSYCHOSOCIAL COMMUNITY CARE INITIATIVE

SAWAB

(Supporting Always Wholeheartedly, All Broken-hearted)

SAWAB, as the State's first community-based psychosocial and mental healthcare outreach initiative, was started in the early 1990s as a largely one-person mobile mental health service in response to escalating psychosocial distress and an unprecedented rise in psychiatric disorders across Jammu and Kashmir.

SAWAB has grown into a committed community mental health service and research organization that works to provide awareness about mental health problems, provide access to counselling and deliver expert psychiatric treatment and free medication to the needy at their door steps, besides accessing the impact of such intervention of providing effective and affordable community-based care and treatment on the overall mental and physical wellness of the sufferers.

To widen its reach, SAWAB entered into collaboration with the Voluntary Medicare Society, on 10th October, 2011 to establish its specialty unit for mental health. SAWAB initiative has provided a unique opportunity for community skill development through innovative community participatory service delivery in any unfamiliar community setting with nonexistent community mental health service on one hand and disaster related enormous need on the other.

NATURAL DISASTER RELATED COMMUNITY MENTAL HEALTH INTERVENTION



Clinical

Prof. (Dr.) Mushtaq Ahmad Margoob, working through SAWAB under extraordinarily challenging circumstances in a conflict-affected, economically disadvantaged region (beginning from a stigmatised psychiatric hospital with rudimentary infrastructure, scarce resources and inadequate basic amenities), transformed formidable adversity into an enduring mission of compassionate clinical care, community outreach and scientific inquiry.



The relentless commitment to reaching the unreached, particularly the impoverished, traumatised, marginalised and forgotten populations of Kashmir, has carried mental healthcare beyond hospital walls into remote villages, disaster-stricken communities and the homes of those who might otherwise never have received professional help.



Dissociative disorder -----	49%	M-25.93% F 74.07%	R -29.63	U 70.37
Anxiety disorders -----	4.2%	M-20% F-80%	R-20%	U-80%
PTSD-----	2.52%	M-33.3% F-66.6%	R-66.6	U.33.3

Margoob MA, The pattern of child psychiatric disorders in Kashmir. JKPractitioner1996;3:4,233-236.

Amid prolonged conflict, recurring disasters, pervasive stigma and severe resource constraints, what might once have seemed an impossible undertaking gradually evolved into a sustained movement

integrating clinical service, psychosocial rehabilitation, community empowerment and meaningful research. It is a remarkable testimony to the power of perseverance, scientific conviction and humanitarian compassion that, even in the most deprived circumstances, meaningful healing can be fostered, human dignity restored and locally rooted experiences transformed into valuable contributions to global mental health.



Alongside his contributions to transforming Kashmir's historically neglected psychiatric services into a modern tertiary mental healthcare and research institution, Prof. Margoob's pioneering work on trauma, resilience, coping, disaster psychiatry and culturally grounded, self-reliant psychosocial interventions has attracted international professional recognition.



Kashmir Snowstorm Disaster, 19 February 2005: Beyond Crisis Response

Kashmir Snow Storm Disaster-Feb19,2005, Beyond Crisis Response:

The Imperative for Sustained, Long-Term Psychosocial Support- The compelling need to move beyond short-lived, reactive crisis interventions towards sustained, compassionate, and comprehensive psychosocial care is powerfully illustrated by the following experience of a mother and son who survived a devastating snowstorm. Their story underscores why the psychological consequences of disasters demand enduring commitment, not merely an immediate response



As it was a cold winter day with 7-10 feet of snow already having accumulated outside, the boy was playing with his sister inside their mud house, 'Kotha', when with a big bang the whole structure collapsed and both got trapped inside with his sisters' body falling under rubble in the opposite direction.

The boy unsuccessfully kept on struggling to reach his sister who was crying and repeatedly asking for water till she died and the boy was lying near her dead body for two days under 30-40 feet snow, when he was finally rescued.

52 yr old female along with her 60 year old husband got trapped in a collapsed cowshed during the 2005 waltengo (South Kashmir) snowstorm.

After a great struggle labouring out of the storm struck village through the devastated structures, uprooted trees and heavy snow with feet occasionally touching dead bodies underneath, after an ordeal of many hours they reached the neighbouring village to find to her dismay that out of nine family members only their 10 year old youngest son was alive.

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A Prophetic Warning from 1993: Kashmir's Drug Addiction Crisis Foretold Three Decades Ago

Rising Kashmir

An objective landmark in the field of psychiatry

Mehak Dhaar Published at March 30, 2015 10:59 AM

Book: The Menace of Drug Abuse in Kashmir Author: Dr. Mushtaq Ahmad Margoob Publisher: KBT

Dr. Mushtaq Margoob's contribution to psychiatry has been worth a mention, both in terms of pioneering and development. The one man army of the said brain has made enormous research, rehabilitation and ground work, especially in the disturbed and conflict zone like ours. The present book is an objective landmark in the field of psychiatry and has attracted limelight from around the world. The book focuses on the general drug epidemics and menace globally and particularly gives attention to the drug scenario in Kashmir. This book may catch the attention of a particular group; of intellectuals, mental health experts and the researchers of the field but the fact stands that this book is a uniquely important source of facts about the said issue and the solutions and ways to tackle the epidemic, if followed are surely to generate the most yielding results. **Review** The worst epidemic in the global history is the international drug abuse. More than 40 million people globally take drugs and approximate sum of \$180 billion dollars annually are spent by the edicts on the purchase and use of drugs. Drug abuse is a cause-effect relationship and metaphorically, it is the insect that destroys the very existence of the abused person and ends him in all folly. **Part I** History is root and roots history; this part of the book gives the historic context of the discovery, use, abuse and the spread of the drugs globally and particularly in Jammu and Kashmir. It is the chronological study of the cultivation, sale, transaction and circumstantial routes to the abuse. **Part II** Deals with the trends of drug abuse across the globe that differs in context and consideration across cultures. It further deals with the consequences of the said epidemic that of course are as important to know. Additionally it deals with the various age groups so engrossed into drugs. **Part III** This part of the book is most important and the most important aspect of the epidemic. It deals with its management and all the possible ways and means to deal with it and tackle the position in such a way that it gets totally abstracted. **Kashmir context** The menace of drug addiction in Kashmir can be traced back to late 1960's. With the coming of the foreign nationals to Regional Engineering College, the use of opiate began. Apart, there is intensive cannabis (charas) and poppy production in south Kashmir. There is the abuse of opiate, heroine, cannabis, cocaine and a number of sedatives. The number of rehabilitation centers is low, though increasing and many people have been de-addicted and

A Prophetic Warning from 1993: Kashmir's Drug Addiction Crisis Foretold Three Decades Ago

More than three decades ago, Prof. Mushtaq Ahmad Margoob, through his pioneering research on drug abuse in Kashmir, sounded an alarm whose disturbing relevance today cannot be overstated. In his landmark study, "Drug Abuse in Kashmir – Experience from a Psychiatric Diseases Hospital," published in the Indian Journal of Psychiatry (1993; 35(3):163–165), Margoob and Dutta warned that the emerging drug menace was continuing and assuming alarming proportions, even as declining hospital attendance risked concealing its true magnitude due to beginning of militancy and ban on drugs and alcohol promulgated by some armed gunmen groups.

The study concluded with an extraordinarily prescient warning:

"The if all stakeholders do not act proactively against the menace the situation will eventually become explosive. Urgent steps must be taken to curb it before it is too late."

Today, as Kashmir struggles with the devastating human, familial and societal consequences of substance addiction, those words resonate not merely as a scientific prediction, but as a painful reminder of the immense cost of delayed preventive action. What was identified as an emerging threat in 1993 has evolved into a grave public health and humanitarian challenge. Yet the future need not repeat the failures of the past. Through SAWAB's longstanding commitment to community-rooted mental healthcare, trauma-informed prevention, early intervention, compassionate rehabilitation and sustained recovery, the imperative remains clear: we must transform decades of scientific evidence into decisive collective action—before another generation pays the price of our inaction.



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Engaging Key Stakeholders

A key step in the planning and implementation of SAWAB’s community mental health work has always been encouraging the engagement of key stakeholders. The main community stakeholders have several core tiers, including individuals with lived experience; health, education and social-activity community leaders; local government and private officials; and Imams and other faith-healing practitioners of the community.

Reaching out to people in the community.

All community stakeholders both at collective as well as at individual levels have multi-dimensional roles in getting community psychosocial and mental health problems addressed. The smallest acts of individual contribution with compassion may go unnoticed, yet they often leave the deepest impressions, touch the most hearts, and create the most enduring legacies.



Reaching out to people in the community: all community stakeholders, at both collective and individual levels, have multidimensional roles in getting community psychosocial and mental health problems addressed. The smallest acts of individual contribution, made with compassion, may go unnoticed, yet they often leave the deepest impressions, touch the most hearts and create the most enduring legacies.

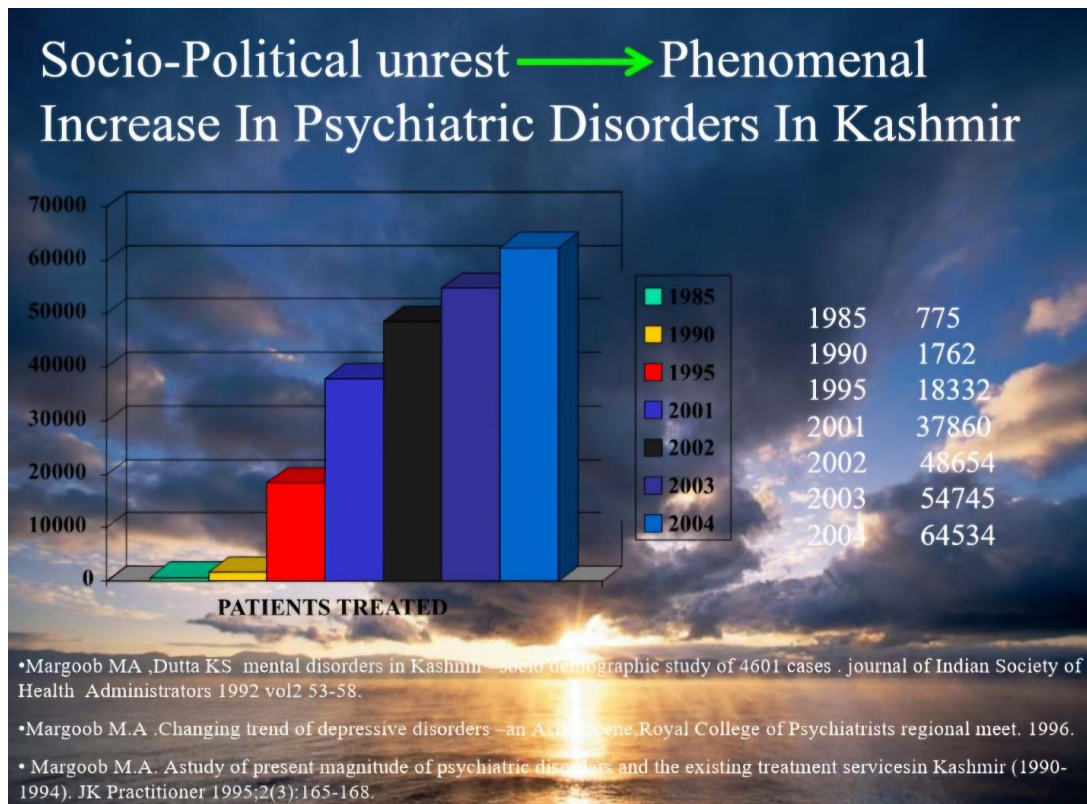
Research

Science Emerging from the Reality of Human Suffering

One of SAWAB's defining contributions has been its commitment to generating scientific knowledge from circumstances that were often difficult to study and inadequately represented in international psychiatric literature.

During the early 1990s, the rapidly escalating demand for psychiatric care in Kashmir highlighted the limitations of relying exclusively on hospital-based observations. People who reached psychiatric services represented only a proportion of those experiencing psychological difficulties. Many others continued to suffer within their families and communities because of stigma, poverty, geographical barriers, limited awareness or the absence of accessible services. Recognising this gap, Prof. Margoob and his team pursued research into the prevalence, clinical presentation and changing patterns of psychiatric disorders, including depression, anxiety, trauma-related disorders, childhood mental-health problems and substance-use difficulties. This work helped document the mental-health consequences

of prolonged adversity in Kashmir and challenged the assumption that the psychological sequelae of mass trauma were negligible or inadequately understood in resource-constrained, non-Western settings.



Socio-political unrest and the phenomenal increase in psychiatric disorders in Kashmir: patients treated: 1985: 775; 1990: 1,762; 1995: 18,332; 2001: 37,860; 2002: 48,654; 2003: 54,745; 2004: 64,534.

Man-made disaster situation 1989-

Jammu and Kashmir has been witnessing a continuous socio-political unrest for more than 25 years, with thousands of people dead, maimed and mutilated, many missing or confined, thousands of children orphaned, and women widowed, a colossal damage to the property, and a damage to the cultural ethos including en-masse migration of a minority community



Man-made disaster situation, 1989: Jammu and Kashmir has been witnessing continuous socio-political unrest for more than 25 years, with thousands of people dead, maimed and mutilated, many missing or confined, thousands of children orphaned and women widowed, colossal damage to property, and damage to the cultural ethos, including the en masse migration of a minority community.

A particularly significant milestone was the development of a substantial body of research on traumatic stress and disaster-related mental health. The resulting peer-reviewed publication supplement in *JK-Practitioner*, comprising more than twenty original research articles, represented an important effort to document the experiences of a population exposed to multiple forms of adversity and impoverishment under exceptionally difficult research and service conditions in a low- and middle-income country setting of the world: South Asia.

RESEARCH ENDEAVORS ARE A MUST TO DEVELOP AND TAILOR MENTAL HEALTH SERVICES ACCORDING TO THE SPECIFIC NEEDS AND GROUND REALITIES

spectrum
The First Supplement to *JK-Practitioner*
Traumatic Stress/Symptoms & Solutions
South Asian Experience
Supplement to *JK-Practitioner*,
Supplement 1 Volume 13, 2006



The first supplement to *JK-Practitioner* is published. We are encouraged to see the overwhelming response to this publication from the scientific community. Within no time, the request by the National Center for PTSD (USA) to index and abstract its contents in the PILOTS Database has been a source of pride for the editors. The National Center has emerged as the world's leading research and educational center of excellence on PTSD and the PILOTS database is their online index to the world psycho trauma literature.

The leading lights in Psychiatry both domestic and International have pleasant words for us.

The supplement presents the research carried out by Dr. Mushtaq A. Margoob (Guest Editor for the issue) and his colleagues on various aspects of Traumatic Stress. Traumatic stress has its various forms and can victimize anyone, be it a child, an adult or the doctor himself. Dr. Margoob's inroads into these various dimensions of this disorder is thought provoking and should get a long way in our understanding and management of post traumatic stress and disorders related to it. This scholarly document should prove of immense help to the researchers, doctors, mental health professionals, policy makers and social scientists.

Fulltext of articles are available online at www.mesind.ms.in

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**US Department of Veterans Affairs
National Center for PTSD**

Dear Dr. Abbas,

We were delighted to receive the recent supplement to *JK-Practitioner* devoted to "Traumatic Stress: Science, Symptoms & Solutions - South Asian Experience". We are in the process of indexing its contents in the PILOTS Database, our online index to the worldwide psychotrauma literature. To facilitate this, are you able to provide us with the article abstracts in electronic form, or direct us to an online source for them?

Many thanks,

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**National Centre for Post traumatic Stress Disorder
-International Trauma Literature**

1. **Margoob, Mushtaq A;** Khan, Akash Yousuf; Mushtaq, Huda; Shaukat, Tasneem
PTSD symptoms among children and adolescents as a result of mass trauma in South Asian region: experience from Kashmir. JK-Practitioner, 13(Supplement 1): 545-548, 2006. ISSN: 09718834. PILOTS ID Number: 80039 view Database Record

2. **Margoob, Mushtaq A;** Ahmad, Shiekh Ajaz
Community prevalence of adult post traumatic stress disorder in South Asia: experience from Kashmir. JK-Practitioner, 13(Supplement 1): 518-525, 2006. ISSN: 09718834. PILOTS ID Number: 80033 Abstract: PTSD is one of the many responses to trauma. Previously believed by many to be prevalent only in the west, it has recently been understood to be of worldwide occurrence. Little, however, has so far been documented about PTSD from the developing world. A community study was undertaken, aiming at evaluation of the presence and magnitude of adult PTSD in a region from South Asia. The survey was done in all the 6 districts of Kashmir, selecting a total of 2391 adult subjects randomly. They were assessed using DSM-IV based MINI neuropsychiatric interview. Assessment yielded a current PTSD rate of 7.27 percent and lifetime PTSD rate of 15.19 percent. Importantly the rates in males and females were comparable. The implications of such high rates and possible interventional strategies are discussed. [Author Abstract] KEY WORDS: PTSD, developing world, community, prevalence, mass trauma view Database Record

Mostly working from a stigmatized primitive setup hospital, without even basic amenities for ordinary research, Dr Margoob has relentlessly strived with sincerity and perseverance against all odds to create world class Knowledge to better understand and even agonizing mental conditions and their alternate treatment modalities. His systematic analysis of the impact of adverse conditions on human well being has led to some fascinating details and observations to help us understand some of the mysteries of Post Traumatic Stress Disorder (PTSD) in the developing world. The first major research work from South Asia on traumatic stress (Published in 2006 in the first supplement to *JK Practitioner*, with more than two dozen original research articles) has been highly appreciated around the globe. *Executive Editor.*

AMERICA

- Majority of the study subjects predominantly experienced or witnessed a single trauma, that too mostly with a moderate conditional risk for PTSD (Kessler et al 1995 & Breslau et al 1996)
- Community based studies using trained clinicians for assessment of prevalence of trauma and PTSD among a traumatized population are rare, not only in the developing world but even in highly industrialised and wealthy nations like the USA (including disasters like 9/11), mainly because of enormous expenses and time demands of such studies.

(Breslau N. The epidemiology of Post Traumatic Stress Disorder: What is the extent of problem? *J Clin Psychiatry* 2001; 62(Suppl 7: 16-22).

POST TRAUMATIC STRESS DISORDER: CULTURE SYNDROME OF THE WEST OR A HIDDEN DIAGNOSIS FOR THE REST

Margoob M.A. Editorial, *JK Practitioner*, Vol. 13, Suppl. 1, 1:S7- S92006,



SOUTH ASIA- KASHMIR

- Study population living in a mass trauma situation for more than last 18 years, with a lifetime prevalence of traumatic events in 58.69 percent (males = 59.51%, females = 57.39%), firing and explosions being the commonest traumatic events encountered in 81.37%. (Margoob et al, 2006).
- Inability to rehabilitate the people led to high prevalence, marked severity and protracted duration of post traumatic stress disorder.
- A current PTSD rate of 7.27 percent and lifetime PTSD rate of 15.19 percent is alarming, afflicting males and females equally.

(Margoob M.A., Shiekh Ajaz A. Community prevalence of adult PTSD in South Asia-experience from Kashmir. *JK Practitioner*, Vol. 13, Suppl. 1, S28-S25 2006).



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CONGRESS OF PSYCHIATRY
MEXICO, 27–30 SEPTEMBER, 2018



PRESIDENTIAL SYMPOSIA FACULTY



Erika Dobrev-Derer

University of Melbourne
USA

| Plenary Panel Chair



Mushtaq Margoob

Institute of Mental Health Sciences,
Government Medical College
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Plenary Panel Chair



Norman Sartorius

Association for the Improvement of
Mental Health Programmes
Switzerland

| Plenary Panel Chair



Thomas Schuler

Institute for Personalized Psychiatry and
Mental Health Care
Germany

| Plenary Panel Chair



Donna Stewart

University of Toronto, CAMH
Canada

| Plenary Panel Chair



Dan Stein

Stellenbosch University
South Africa

| Plenary Panel Chair



• **Dan Stein**, Professor & Chair, Department of Psychiatry, University of Cape Town, Director of the Medical Research Council (MRC) Unit on Anxiety Disorders, and Visiting Professor of Psychiatry at Mt. Sinai Medical School in the United States. Author of a major academic reference in psychiatry—The Text Book of Anxiety Disorders—Washington (DC): American Psychiatric Publishing; 2000 (particularly useful as a historical reference for understanding the evolution of PTSD conceptualization, its conditioning and the integration of biological and psychosocial models).

• **Paul Salkovskis**, Professor of Clinical Psychology and Applied Science & Clinical Director of the Maudsley Hospital Centre for Anxiety Disorders and Trauma; Director, Oxford Institute of Clinical Psychology Training and Research (one of the leading pioneers in the development and advancement of Cognitive Behavioural Therapy (CBT)).

Path-breaking, widely recognised work has extended to the longer-term consequences of traumatic experiences, including PTSD, treatment response, cognitive functioning and the neurobiological dimensions of psychiatric disorders. Its continuing commitment to longitudinal follow-up reflects an understanding that recovery cannot always be adequately evaluated through short-term symptom reduction alone. Functioning, relationships, quality of life, social participation and the ability to rebuild one's life are equally important dimensions of meaningful recovery.

Greater Kashmir

Recognition of a Breakthrough Research

Dr Mushtaq Ahmad Margoob's path-breaking research work on treatment of stress and trauma related disorder was widely appreciated at the 12th World Congress of Biological Psychiatry

By: [Greater Kashmir](#) | [Srinagar](#) | Jun 26 2015



Global research efforts to underpin factors relevant to exact cause of various psychiatric disorders continue to be confronted with ambiguity. Major impediments in appropriate, evidence-based treatment of mental disorders are lack of biological markers that could play an important role in the early identification and management of many of them.

Hope is emerging that with the latest brain research, the puzzle that why are some individuals more likely than others to develop depression or a stress related disorder and why do only some patients respond while others fail to respond to the same treatment in the face of similar levels of traumatic stress exposure and available support, may soon be better understood. Path breaking research by Dr Margoob and his team has for the first time provided some deeper insights into the whole phenomenon as was reflected at the just concluded 12th World Congress of Biological psychiatry at Athens, Greece, June 14-18, 2015: "Interaction between neurobiological and ethno-cultural factors in PTSD treatment response, recovery and resilience, is there a link?"

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www.psychiatrictimes.com

STRESS AND TRAUMA

AUGUST 2018

Treatment-Resistant PTSD

Continued from page 17

treated with ECT who had MDD and comorbid borderline personality disorder, PTSD, or both ($n = 75$), and a matched group but with MDD alone without comorbidities ($n = 75$).¹² The medical records were reviewed to determine treatment response and estimate CGI-improvement (CGI-I). Study findings showed no statistically significant difference in the CGI-I response rates between the 2 groups ($P > .017$). Limitations of the study were that no specific measures of PTSD were used other than the c-CGI-I, the retrospective design, and that the group of interest was heterogeneous (with comorbid borderline personality disorder, PTSD, or both).

The only clinical trial available in the literature for ECT in PTSD is an open-label non-controlled trial.²³ Participants ($N = 20$) had severe, chronic, and treatment-resistant PTSD as evidenced by failure to respond to 4 or more adequate antidepressant trials, as well as 12 sessions of cognitive behavior therapy. This is also the only study that measured PTSD with the Clinician-Administered PTSD Scale (CAPS) as the primary measure. CAPS scores for the sample mean decreased by 34% ($P < .001$). The authors also reported that the correlation between improvement in CAPS and MADRS was low, suggesting that benefits for PTSD were independent from depression improvement.

This data seems encouraging; however, the overall evidence is still limited as this study was small and

uncontrolled. No randomized controlled clinical trials exist at the time. Thus, routine clinical use of ECT for PTSD cannot be recommended, at least not yet. The available studies either have small sample size or design limitations or both. However, most available evidence is positive, although publication bias could not be ruled out. The available evidence warrants further research in this area to provide definitive answers.

Conclusion

The preliminary data on the role of ECT in PTSD seems promising. However, I would caution that although most studies are positive suggesting a helpful effect of ECT in PTSD, the studies so far are preliminary and publication bias (where negative studies may not have been published) cannot be ruled out.

Thus, definitive, well-powered, randomized controlled clinical trials to confirm or revoke the initial results are warranted, given the severe burden, grave suffering, and lack of remission with standard therapeutics in many patients with PTSD. Modification of the clinical trials using the innovative technique of trauma memory arousal to deconsolidate memories shortly before an ECT session may prove to be more fruitful in future clinical trials.

On the clinical side, there is not enough evidence to support the use of ECT for PTSD. However, since PTSD is commonly comorbid with other disorders where ECT is clinically indicated (such as depression and schizophrenia), comorbid PTSD should not dissuade the clinician from treating patients with ECT who are otherwise clinically appropriate to benefit from ECT.

Dr. Tsaou is the principal investigator (PI) of the Low Amplitude Seizure Therapy (LAP-ST) randomized clinical trial and prior PI on a proof of concept LAP-ST clinical trial. He is currently a co-investigator on the LAP-ST study funded by MICA, but did not make any monetary or salary support from MICA or other device or pharmaceutical companies part 5 sponsor for any of the studies. Dr. Tsaou received research support from the Veterans Administration, and a grant from ABB Corporation, and the NIH (past 5 years).

Disclaimer: The views expressed are those of Dr. Tsaou and do not represent Medical College of Georgia or the Department of Veterans Affairs.

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REVIEW ARTICLE

COXATION

Brain stimulation in posttraumatic stress disorder

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Brain stimulation in posttraumatic stress disorder

and subcortical areas (Deng, Peterchev, & Lisanby, 2008; Issler et al., 2010; Leskovic et al., 2009).

Cranial electrotherapy stimulation (CES)

Cranial electrical stimulation (CES) technology has been used to treat anxiety, sleep difficulties, depression, addictions, and related conditions since early in the twentieth century. However, there are no published studies of CES for PTSD. A meta-analysis conducted at the Harvard School of Public Health concluded that CES was significantly more effective than sham treatment in improving anxiety but that inconsistent interpretation of these data (Klavansky et al., 1995). Recently, better controlled studies have been performed, which may be relevant in considering this treatment for PTSD. A double-blind placebo-controlled study of 33 dental patients assessed whether CES could be useful for reducing anxiety during routine dental procedures, and found significant reductions of anxiety in the active CES group (Winick, 1999). These results are further supported by an open-label study of 12 patients with Generalized anxiety disorder that found that CES showed promise in reducing anxiety (Bystriksky, Kerwin, & Feusner, 2008). Recently, a feasibility study of CES

bilateral ECT could help to improve PTSD symptoms as well as depressive symptoms (Hannetta & Malik-Ahmad, 2006). Subsequently, a prospective study of 20 patients with severe, chronic, extensively antidepressant-refractory PTSD, who received a fixed course of six bilateral ECT treatments twice weekly as outpatients, reported mean improvements of 40% on the Clinician Administered Posttraumatic Stress Disorder Scale with an 87% response rate (Margolis, Ali, & Andrade, 2010). Treatment gains were maintained at 4-6 month follow-ups and improvements in the core symptoms of PTSD were deemed to be independent of improvements in depression. A retrospective study examining outcomes of ECT in patients with comorbid MDD and PTSD compared pretreatment and posttreatment symptoms using the Montgomery-Åsberg Depression Rating Scale and the PTSD Checklist, to determine that ECT led to significant improvement in symptoms of major depression, with some amelioration of PTSD symptoms (Wu, 2007).

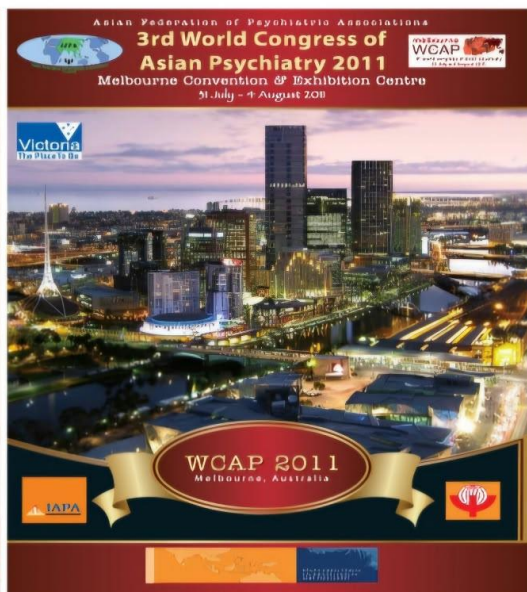
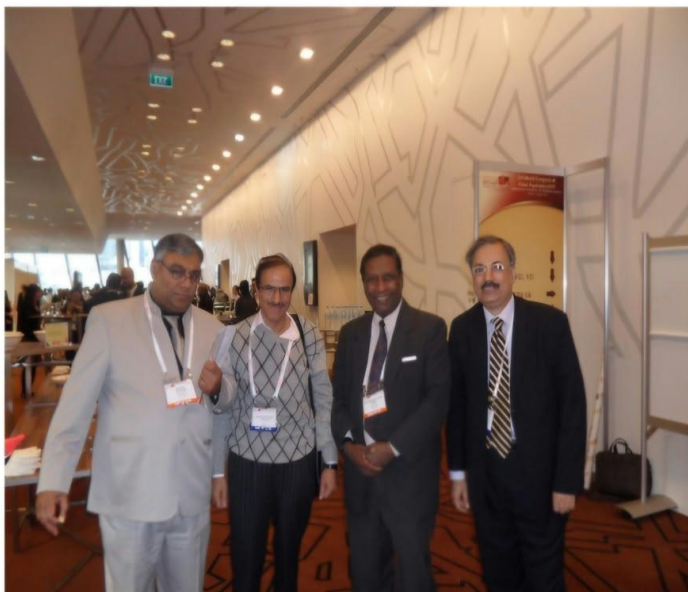
These studies suggest that ECT may improve core symptoms of PTSD independent of improvement in depression, and may be a useful treatment option for patients with severe, chronic, treatment refractory PTSD.



Global Minds, Shared Expertise: Advancing Understanding and Management of the Mental Health Consequences of Disasters.

Long Term Mental Health Consequences of Natural versus Manmade Disasters –A South-Asian Experience from Kashmir
Prof.Mushtaq A. Margoob-India

Special Symposium – 3rd World Congress of Asian Psychiatry, Melbourne, 31 Jul-4 Aug, 2011



LMH 2015
8th Leadership in
Mental Health Course



Long term post-disaster mental health needs



Some of the pioneering research related to brain and biological intervention and genetic studies is distinguished by its originality and its contributions to the scientific understanding of trauma, resilience and treatment response, and has attracted appreciation from international experts and invitations to

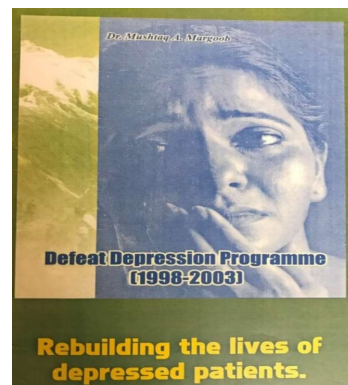
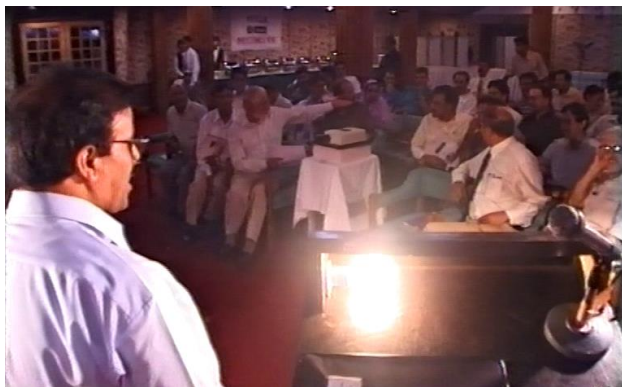
present these findings at prestigious global scientific forums. Some of these investigations represent potentially rare contributions to the international scientific literature, demonstrating how rigorous, locally rooted research undertaken under extraordinarily challenging circumstances can enrich global knowledge and inform compassionate mental healthcare worldwide. The broader significance of SAWAB's research lies in its effort to connect scientific inquiry with practical service delivery. Research is not regarded as an academic exercise detached from human needs; it is a means of identifying problems more accurately, evaluating interventions, informing policy and improving the quality of care.



Academic

Capacity Building Amid Crisis: The Defeat Depression Programme

Between 1998 and 2003, SAWAB ran its successful Defeat Depression Programme, a strategic response to the severe scarcity of mental health professionals across the region. The programme trained non-psychiatric clinicians, including faculty, medical trainees and frontline doctors, to identify and manage common mental disorders. Described by participants as a highly impactful, out-of-the-box “multiplying hands” initiative, it significantly upgraded, as they reported, the mental healthcare capacity of general healthcare systems. Even without formal psychiatric training, participants perceived that this approach had empowered general clinicians to provide informed, evidence-based care, a model now recognised as critical in integrated mental healthcare worldwide.



Over the decades, SAWAB has facilitated community-based experiential learning for postgraduate psychiatry trainees, providing invaluable firsthand exposure to the lived realities of underserved populations through its outreach interventions and mental healthcare delivery programmes in remote, geographically challenging and difficult-to-reach areas of Kashmir. This longstanding educational approach broadly resonates with the National Medical Commission’s (NMC) more recent emphasis on community-oriented postgraduate medical training, mainly district hospital postings intended to familiarise trainees with grassroots healthcare needs, challenges and service-delivery realities.



At the Line of Control



Rehabilitation

Restoring Dignity and Supporting Long-Term Recovery and Resilience

Another shining example of SAWAB's long-term, innovative, post-natural-disaster psychosocial and mental healthcare service delivery is its continued follow-up of survivors of the Waltengo Nard snowstorm (February 2005), one of the few such population-wide disaster/trauma studies in the world.



In reality, apart from the first one or two months following the disaster, when relief agencies descended upon the affected communities in a largely knee-jerk response, the survivors' immediate needs and long-term concerns remained largely unaddressed. Gradually, they were abandoned, offered false hopes and promises that remained unfulfilled, and made increasingly dependent on external assistance. Their inherent coping capacities were weakened, their traditional support systems disrupted, and the very social fabric that had sustained their communities was progressively eroded and fragmented.

For many survivors, life in the aftermath of the disaster became another deeply traumatic experience in itself. They have continued to struggle with deprivation, impoverishment and deplorable living conditions. Broken promises, persistent uncertainty about their own safety and that of their loved ones, and a profound sense of helplessness in the face of continuing adversity further compound their psychological distress and suffering.

The tragedy, therefore, did not end when the disaster subsided. For almost half of the survivors, suffering has been compounded by the very circumstances of neglect, uncertainty, deprivation and abandonment that followed.

Feb.2014



19 February 2014: 10th death anniversary at the mass grave site of the snowstorm victims.

Two decades later, their continuing abandonment and vulnerability raise serious concerns about the adequacy and sustainability of post-disaster rehabilitation, underscoring the need for transparent, accountable and survivor-centred policies. This pathbreaking, compassionate and scientifically grounded approach, combining sustained psychosocial support with longitudinal assessment over two decades, has not only helped inform and strengthen local mental health interventions but also holds immense potential to enrich the global discourse on disaster psychiatry and trauma science.

The anticipated publication of the 20-year outcome trajectories of the entire surviving population cohort in the coming months is expected to offer rare and invaluable insights into the enduring psychological consequences of disasters, the evolving pathways of trauma and resilience, and the transformative significance of sustained, community-based psychosocial care.

Sustained CME and Community Engagement

Continuing Medical Education (CME) and community engagement have remained cornerstones of SAWAB's mission across the decades. These efforts have consistently provided scientific, ethical and culturally sensitive training to medical professionals, civil society workers and community stakeholders. The momentum has only grown, as is evident in the CME events conducted in recent consecutive years, which stand as yet another clear testimony to SAWAB's enduring relevance and commitment to creating evidence, sharing knowledge and building capacity.

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Kashmir's Healers Confront A Generation In Grief

At a Srinagar conference, doctors and citizens faced the harsh rise of suicide, addiction, and trauma among Kashmiri youth, and the fragile resilience that still flickers in their lives.

Syed Mohammad Burhan

Srinagar: When psychiatrist Mushtaq Marghoob walked to the front of a Srinagar auditorium on August 23, the afternoon light caught the silver in his hair.

For three decades, he has silently witnessed what violence does to the human mind in Kashmir. He is not a man of flourish, yet his words carry weight. That August afternoon, he spoke not like a lecturer,

but like someone who has spent years listening to patients unfold their pain, piece by piece. The hall was filled with doctors, teachers, journalists, and students attending a program on

Handling Emerging Mental Health Challenges Among Adolescents and Youth. SAWAB, the organization Marghoob founded in the 1990s to take psychiatry beyond clinics, had partnered with SKIMS Medical

College, IMHANS-K, and the Voluntary Medicare Society. The seating was formal, but the mood was raw. Everyone knew they were meeting in a valley already braving the brunt. Then came the numbers.

Moderator Prof. Abdul Majid recalled a Médecins Sans Frontières survey: one in five Kashmiris lives with a psychiatric disorder. Suicides have risen steadily since then, from half a case | [More on P6](#)



NEWS

Access to Mental Healthcare in the Community: A Milestone Initiative

Empowering Communities through Mental Health: Srinagar Conference Sets the Agenda

KV NEWS NETWORK

SRINAGAR: In a step towards strengthening mental health infrastructure and community outreach, a highly successful conference titled "Access to Mental Healthcare Services in the Community" was held under the leadership of renowned Psychiatrist Dr. Mushtaq Ahmad Marghoob, Founder of SAWAB, in collaboration with the Voluntary Medicare Society (VMS).

The conference brought together a distinguished array of mental health professionals, public health experts, community leaders, and NGO representatives, all committed to transforming mental healthcare into a community-driven, accessible, and stigma-free service.

The event was graced by Dr. Fazl Wani Parrey, Principal, SKIMS Medical College, as Chief Guest, and Dr. Afrana Anjum, Deputy Director, Health

Services Kashmir, as Guest of Honour. Dr. Suhail Maqbool, representing the Founder of VMS, also shared valuable insights.

The keynote was delivered by Professor Ashok Malla, an international authority on community mental health. Professor Malla emphasized the urgent need for localized, culturally appropriate, and sustained models of community-based mental health care.

Expert deliberations upon different aspects of Mental Health and community outreach include Dr. Mushtaq Ahmad Marghoob, Founder, SAWAB, Prof. Arshad Husain, Professor of Psychiatry, IMHANS-K, Dr. Abdul Majid, Professor of Psychiatry, SKIMS Medical College, Dr. Zaid Ahmad Wani, Professor of Psychiatry, Dr. S. Muhammad Salim Khan, Professor of Community Medicine, GMC, Srinagar, Dr. Ashfaq Ahmad Bhat, Professor of Community Medicine, SKIMS Medical College, Dr. Abdul Majid Gani, Former Professor of Community Medicine, SKIMS, Dr. Nizamuddin, Assistant Professor of Psychiatry, SKIMS Medical College, Dr. Intiaz Mansoor, Senior Consultant Psychiatrist, SAWAB, Dr. Majid Shafi, State Nodal Officer, Mental Health, Dr. Bushra Intiaz, Consultant Psychiatrist, SAWAB, Dr. Deeba Nazir, Consultant Psychiatrist, Tele-MANAS, IMHANS, Miss Aeliman, Clinical Psychologist and Coordinator, SAWAB, Dr. Mr. Masood, Resident, Dept. of Psychiatry, SKIMS Medical College.

Discussions focused on gaps in existing mental healthcare delivery, integrating services into primary care, early intervention, and strengthening community resilience.

Leading NGOs also played a key role, with Médecins Sans Frontières (MSF), represented by Miss Janna Rokka, and Chinara International, represented by Mr. Javed Hujam, showcasing innovative community-based psychosocial interventions for underserved populations.

The event drew an enthusiastic and diverse audience—community leaders, educators, healthcare workers, students, media professionals, and social activists—who expressed strong commitment to supporting inclusive mental health initiatives.

The conference reaffirmed the resolve of SAWAB and its partners to decentralize mental healthcare, reduce stigma, and empower communities through advocacy, policy engagement, and evidence-based practices. It also underlined SAWAB's pioneering role in bridging the treatment gap and leading the mental health movement in the region.

SAWAB's holds event under CME on Youth Mental Health

KV NEWS NETWORK

SRINAGAR: SAWAB (Supporting Always Wholeheartedly All Brokenhearted), an innovative, holistic initiative focused on improving mental health care, rehabilitation, and research, in collaboration with the Voluntary Medicare Society (VMS), the Department of Psychiatry, SKIMS Medical College, and IMHANS-K Child Guidance and Wellbeing Centre, hosted a CME.

The theme of the event was: "Handling Emerging Mental Health Challenges Among Adolescents and Youth Mental Health Crisis in the Community," a statement issued by the organisation said.

This CME continued SAWAB's annual series of professional capacity-building educational initiatives, bringing together cutting-edge research, global and local expertise, and diverse stakeholders to create a true feast of learning. The aim was to foster actionable strategies to strengthen mental health care systems.

The event reflected SAW-



AB's ongoing commitment across its three pillars: Clinical Care, Research, and Rehabilitation, while highlighting its initiatives to build capacity among mental health professionals and community stakeholders alike.

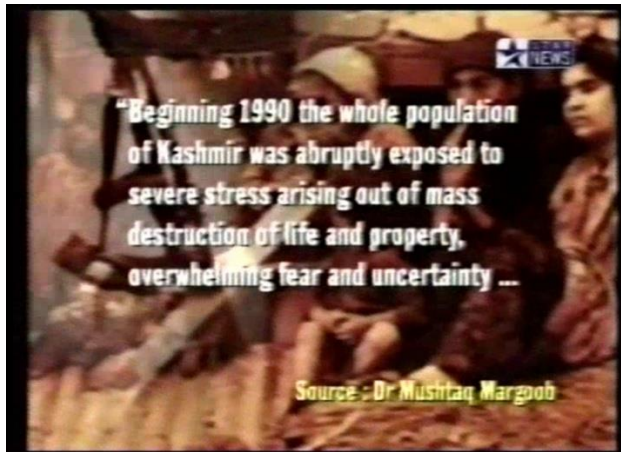
Founded by Prof. Mushtaq Ahmad Margoob, the region's most celebrated psychiatrist, a renowned clinician, and a leading authority on mental health in Kashmir, SAWAB was established in the early 1990s to address a critical gap in the mental health delivery system. It aimed to provide much-needed relief to communities for whom clinical care and rehabilitation were once a distant dream.

SAWAB's multifaceted programs include neuro-

rehabilitative care for specially-abled children at the Voluntary Medicare Society (VMS), Bemina, community-based mental health services, evidence-based research, national and international collaborations, grassroots and tertiary-level capacity-building programs, and academic opportunities for both early-career and advanced medical professionals. Its community-based initiatives have been recognised by the WHO as innovative and sustainable interventions in resource-limited settings. Prof. Margoob and his team work directly in some of the most vulnerable communities, ensuring services are accessible, practical, and grounded in lived experiences.

The Role of Media: Partnering for Awareness and Advocacy

Media, from the earlier days of print journalism to today's digital platforms, has played a pivotal role in SAWAB's outreach and advocacy efforts. By demystifying mental health issues, reducing stigma and amplifying the voices of the affected, media has served as a vital ally in changing public perceptions and nudging policy action. SAWAB has also proved instrumental in holding governments accountable for their obligations towards mental health, an area long neglected despite its foundational role in overall human wellbeing. This includes SAWAB's public interest litigation (PIL), filed in the High Court in late 2003, about the extremely poor facilities at the sole psychiatric care facility for Kashmir, Ladakh and adjoining areas of Jammu province.



Key Collaborations

Voluntary Medicare Society (VMS): SAWAB plays an active role in providing mental healthcare services and neurorehabilitation, ensuring that mental health is embedded in recovery and long-term care. Notably, the Voluntary Medicare Society is the first NGO to have implemented and adopted the SAWAB model of holistic rehabilitation, including through its very helpful livelihood programmes. These have completely transformed the lives of persons with physical or mental challenges and their families, through the restoration of self-respect, confidence and mental wellbeing.



Institute of Mental Health and Neurosciences, Kashmir (IMHANS-K), GMC Srinagar, and the Department of Psychiatry, SKIMS Medical College, Bemina: As eminent government centres for mental healthcare and postgraduate training in Kashmir, these institutions have been significant partners over the years in developing and disseminating state-of-the-art medical educational programmes and protocols.

CHINAR International (Child Nurture and Relief): Collaborating on community psychosocial transformation, especially for child development, youth education and resilience-building.



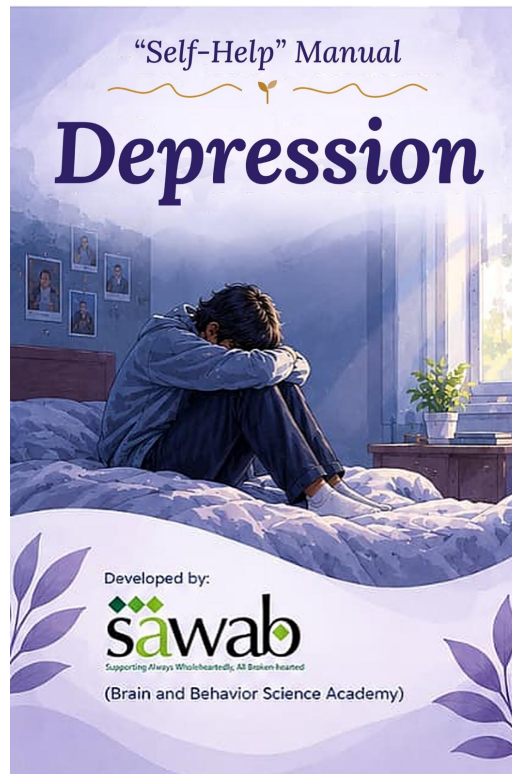
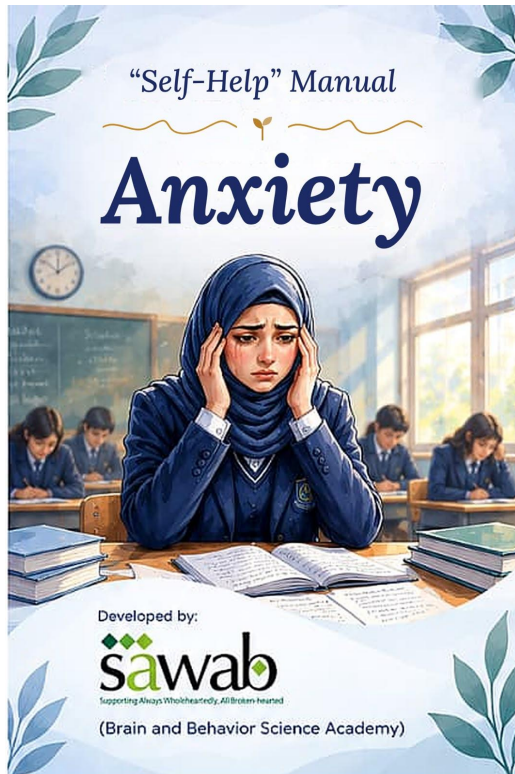
A two-day Psychological First Aid workshop, Srinagar, held by CHINAR International in collaboration with SAWAB – Brain and Behaviour Science Academy.

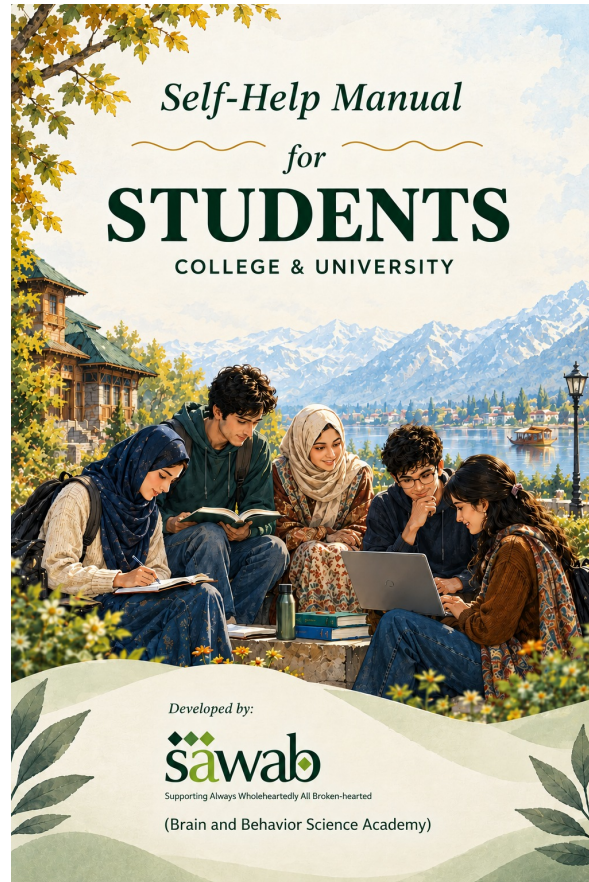
Educational Institutions: With schools across the valley, SAWAB conducts preventive mental health workshops, trains teachers, and integrates early detection and referral systems. In addition, for more than a decade it has ensured free admission for marginalised and poor students in private schools through a mutually agreed understanding between the Private Schools Association and SAWAB.

These partnerships ensure that healing is not limited to clinical settings, but woven into homes, schools, mosques and rehabilitation centres.

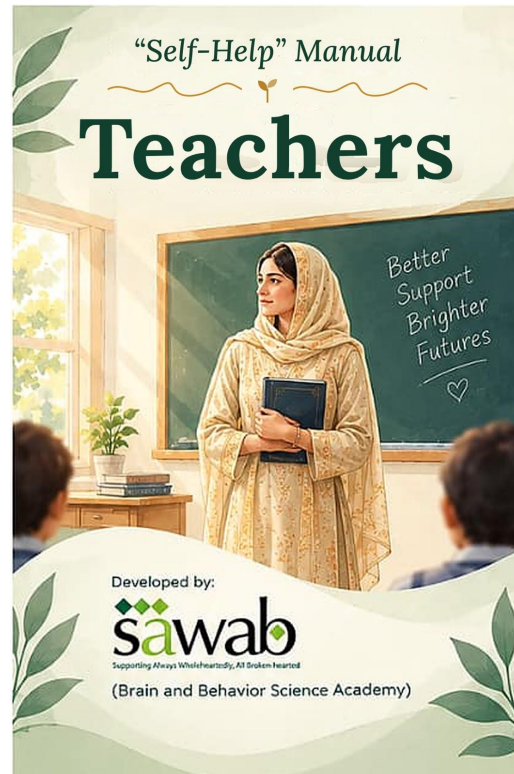
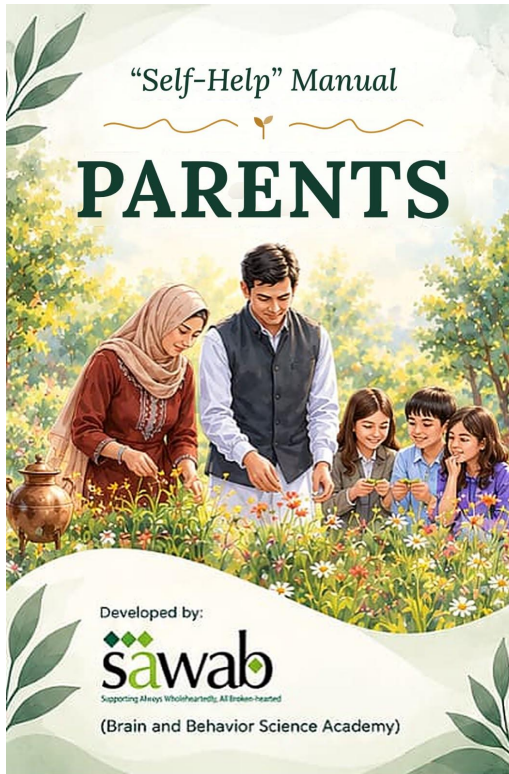
Empowering Minds, Supporting Families, Nurturing Educators and Building Resilience

In Kashmir, where generations have endured the psychological burden of conflict, uncertainty and profound social change, SAWAB recognises mental health awareness, education and self-empowerment as essential pathways to healing and resilience. Translating this conviction into meaningful action, SAWAB's dedicated core team has spent several months painstakingly developing a series of culturally sensitive, evidence-informed self-help manuals addressing anxiety, depression, parenting challenges and teachers' mental wellbeing. These resources offer practical guidance to students, parents, caregivers and educators, recognising that emotionally supported families and resilient teachers are fundamental to nurturing healthier future generations. Particular emphasis is placed on supporting teachers who, amid Kashmir's unique psychosocial challenges, serve not merely as educators but as anchors of emotional stability, resilience and hope for vulnerable young minds, often while confronting their own stress and exhaustion.





Soon to be made freely available through SAWAB’s website, these manuals seek to bring accessible mental health knowledge into homes, classrooms and communities, while emphasising that self-help complements, rather than replaces, professional care when required. Rooted in SAWAB’s enduring philosophy of compassionate service, this initiative aspires to transform awareness into empowerment, adversity into resilience, and everyday spaces of learning and living into enduring sanctuaries of emotional wellbeing and hope. SAWAB’s continued holistic approach reflects an unwavering belief: that every broken-hearted soul is worthy of wholehearted support, and that resilience is not just possible but inevitable when nurtured in compassion and care.



COMPILED BY SAWAB TEAM MEMBERS:

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