IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 28, Issue 10, Series 4 (October, 2023) 58-65
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Psychological And Mental Health Challenges Among The Dimasa Kacharis Of Nagaland, India: An Overview

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Abstract
The Dimasa Kachari people of the North Eastern state of Nagaland, India is among the least studied tribal community in the region. This article is an attempt to shed light over the probable cause of increasing in mental health problems from a socio-cultural perspective as well as the mental healthcare landscape of Nagaland state. This article discusses about the different socio-cultural related psychological and mental health challenges among the Dimasa Kacharis such as inequalities, poverty, economic challenges, school dropout among adolescents, social stigmas, taboos and superstitions, effect of covid-19 pandemic and discusses about the lack of facilities, infrastructure, and trained professionals in the state of Nagaland. Based on a critical analysis of literature, the article concludes that the Dimasa Kachari people of Dimapur, Nagaland are underprivileged and facing multiple inequalities and socio-cultural mental health challenges. Specific significance of mental health practice considerations for assessing and treating in the state of Nagaland are discussed. Conclusively, the paper tries to highlight various roles of mental health professionals and recommendations for developing all-inclusive solutions towards the improvement of mental health among the Dimasa Kachari people and tribals in general.
Keywords: *Dimasa Kachari, Nagaland, Northeast India, Tribal Mental Health, Scheduled Tribe*

Date of Submission: 08-10-2023 Date of Acceptance: 18-10-2023

I. INTRODUCTION

According to the Census of India (2011), about 65% or more of the population of India's northeast is made up of tribal people. The Indian Constitution recognises the ST communities as having distinctive cultural or ethnic characteristics. Even while living in the same state, they have worse health indicators and fewer health care facilities than non-ST rural communities, and they frequently reside in designated geographic areas known as ST areas (Ministry of Tribal Affairs, GOI, 2014). In Northeast India, psychological issues have steadily increased. The Northeast people have experienced mental health issues at all ages, from young children in school to elderly adults, because of years of insurgency, military atrocities, frequent violence, human rights violations, ethnic conflicts, substance abuse, isolation, and the drastic change from the traditional and customary way of life to the new modern era (Alee, Hasan & Aijaz, 2018).

Mental Health and India's Scheduled Tribes

The prevalence of mental health disorders among the scheduled tribal population in India is unknown, hence Devarapalli et al. (2020) identified the mental health research studies on ST population in India and organised such data to inform future study. They discovered 32 appropriate research studies and included them in their review. Studies were divided into three main categories, such as access to mental health treatments, common mental health disorders and sociocultural elements, and alcohol and substance use problems.

Gill & Singh (2023) analysed the researches on tribal communities' mental health beliefs and access to care in India. The number of health issues has greatly increased among Indian tribes, but there is a severe lack of information, accessibility, and treatment demand. There are numerous distinct definitions and interpretations of the idea of mental health among tribal communities. It is important to understand mental health issues, how to get care, and challenges that tribal groups experience while trying to get assistance. In the treatment of mental health disorders, faith healers are crucial. The estimation of the incidence of mental health disorders in tribal groups and approaches to addressing them depend on the development of culturally suitable tools and strategies. To improve, modern medicine must be blended with indigenous ethnomedicine expertise.

The large treatment gap found in a cross-sectional study by Sutar et al. (2021) calls for a state-by-state analysis of current service delivery methods to address the unique demands of mental health. Results from a camp

based in a tribal district were observed in the state of Madhya Pradesh. The results showed that treatment deficit among the 113 patients who sought aid was 85%, with patient variables accounting for 76% of the deficit and primarily hurting the unmarried group of patients. The majority of those with anxiety related disorder had common mental disorders (CMIs), which outnumbered those with severe mental illnesses (SMIs). SMIs still seem to take a long time to be identified after becoming ill. Males were more likely to be dependent on nicotine, and as people aged, the pattern of dependence grew worse.

Socio-Cultural Understanding of Mental Health in India

The scientific literature on the relationships between social determinants of health and mental health was explored in a study by Sammadar et al. (2022). To design effective, culturally relevant preventative and intervention strategies to improve a healthy community eco-system and, ultimately, lessen inequities in mental health, they assessed the significance of social and cultural structures. According to their study, the sociocultural context in which people live has a major impact on both mental wellness and many common mental health disorders. Discrimination based on socio-cultural factors increases the chance of developing several mental diseases. Numerous studies have shown that people who live in socially imbalanced social systems are more likely to have a variety of psychological problems.

Socio-Cultural Understanding of Mental Health in the Context of North East India

Socio-cultural factors are generally connected with the mental health of the people in many regions across the globe (Yeptho & Harikrishnan, 2022). In terms of topography, the northeastern part of India is characterised by mountains, jungles, and plains. In this area, there are numerous ethnic groups, numerous idioms, and various customs and civilizations (Alee, Hasan, & Aijaz, 2018). Mental health professionals in Nagaland regret that people are not seeking help despite the increased prevalence of mental health concerns and the availability of treatment, primarily because of sociocultural barriers (Sophie, 2019).

A comprehensive mental health and social care policy was introduced by the state of Meghalaya in Northeast India, paying particular focus to the problems that affect children, adolescents, and young adults (State Mental Health Policy Meghalaya, n.d.). The major objectives of this policy are to identify the state's primary mental health issues and service gaps, to emphasise the strategic priorities for action, and to lessen the severity of disability, morbidity, death, and social misery. Furthermore, Meghalaya is home to both significant and minor matrilineal tribes, as well as tribes that are fundamental to the state's population structure and have a long history of employing the natural resources of the mountains for therapeutic purposes. As part of the present policy, local village chiefs, tribal chiefs, religious leaders, and traditional healers will be proactively involved in spreading awareness and de-stigmatizing mental illness (Ghosh, 2023).

II. METHODOLOGY

The article's main goal is to describe the various socio-culturally based psychological disturbances and mental health issues that affect the Dimasa Kachari population in Dimapur, Nagaland, as well as to shed light on the availability of mental healthcare services and facilities in that region. The authors of this paper belong to the same community being investigated. To achieve this, they chose to conduct autoethnographic research, a type of qualitative research which uses in-depth self-reflection and the researchers' personal experience to define and evaluate sociocultural views in the context of mental health. Data at all stages are both primary and secondary in nature and garnered from unstructured interview which was obtained from the key informants & a variety of published sources respectively. A thorough study of journal articles, newspaper and government health reports, books relevant to the topic has been undertaken. The methodology of data analysis is descriptive, explorative, and analytical techniques.

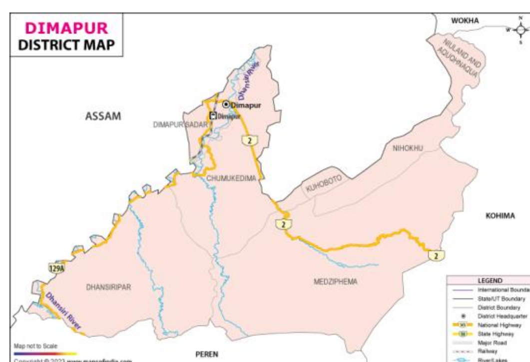

Image Source: Map of Dimapur District, Nagaland
(https://www.mapsofindia.com/maps/nagaland/districts/dimapur.html)

III. RESULTS & DISCUSSION

The Dimasa Kacharis of Nagaland

There are sixteen tribes and sub-tribes in Nagaland, one of the eight states in North East India. The state's major city is Dimapur, while Kohima serves as its capital. According to the Census of India (2011), Nagaland has a total area of 16,579 square kilometres and a population of 19,80,602. Along with Meghalaya and Mizoram, Nagaland is one of the three Indian states with most Christians (Census of India, 2011). Angami, Ao, Chakhesang, Dimasa, Konyak, Kuki, Lotha, Rengma, Sangtam, Sumi, Zeliang, and other tribes are some of those that call Nagaland home. Although historically speaking, the Dimasas belong to the Bodo group, according to Bathari (2014), they are more commonly referred to as Kachari. The Tibeto-Burmese language family and the Indo-Mongoloid peoples are where the Kacharis originate, according to Choudhury (2006). The Dimasa Kachari, popularly known as the Dimasa, is Dimapur, Nagaland's oldest indigenous scheduled tribe community. The Dimasa Kachari community in Nagaland is one of the least researched tribal groups in the region. Their overall population was 13,034 as of the Census of India (2011), which is less than 1% of Nagaland's ST population. They are referred to as Dijuwas geographically and speak the Dijuwa dialect of the Dimasa language (Longmailai, 2014). The Dimasa tribe coexists mostly with other Naga tribes in the Dhansiri Sub-division of the Dimapur district (Census of India, 2011). Doyapur, Amaluma, Dhansiripar, Disaguphu, Hazadisa, Ganeshnagar, Manglumukh, Darogajan, Bamunpukhuri-A & Bamunpukhuri-B are the Dimasa villages in Nagaland. The tribe is well known for the harvest festival "Bishu Dima" one of Nagaland's well-liked celebrations. The socio-religious practices of the Dimasas in Nagaland were researched by Thaosen (2019). In Nagaland, some Dimasas have chosen to become Christians. Therefore, their religious views, the abandonment of ancient ritualistic practises, the observance of marriage and funeral ceremonies, and other things changed.

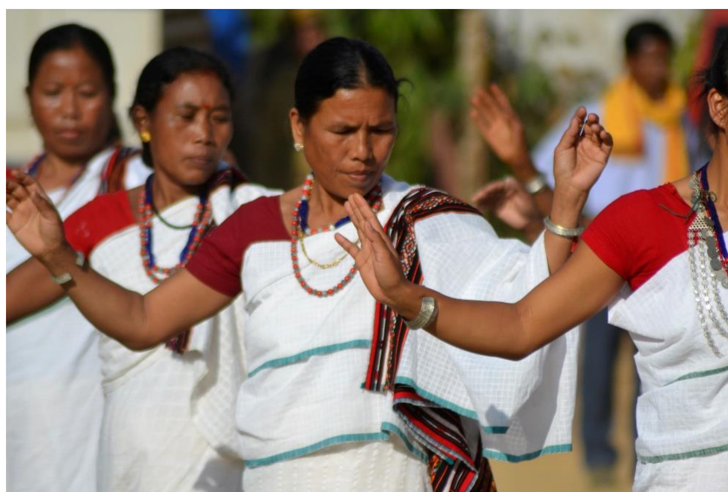

Photo plate no. 1: Elderly Dimasa Kachari women performing their traditional dance called Baigrah

Photo plate no. 2: Elders attending a Dimasa wedding

Table no. 1: Nagaland's Kachari Tribe Population (Source: Census of India, 2011)

Tribe Name	T/R/U	Population	Male	Female
Kachari	Total	13,034	6,562	6,472
Kachari	Rural	10,940	5,513	5,427
Kachari	Urban	2,094	1,049	1,045

Mental Health and Socio-Cultural factors among Dimasa Kacharis of Nagaland

World Health Organisation states that '*mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.*'

Language-wise, Dimasa is a member of the Bodo-Garo group of languages, which is a subdivision of the Tibeto-Burman language family (Lewis et al., 2016). There are terms for a few common illnesses in the Dimasa language (Grao-Dima), such as '*limba'* (common fever), '*gushuba'* (cough), '*gongrai'* (cold), '*kamri*' (dysentery), and '*linthai'* (small-pox), but there are no words for mental illness or issues with psychological health. The following are a few psychologically linked Dimasa terms that can be translated as –

Name (in English)	Translation (in Dimasa)
Anger	*Thamsi*
Bad	*Hamya*
Behaviour	*Jathai*
Care	*Khasaoma*
Crying	*Graba*
Good	*Hamba*
Happiness	*Khajathai*
Headache	*Bokhoro saba*
Insomnia	*Thuphuyaba*
Laughing	*Minithai/Miniba*
Lonely	*Saojang*
Love	*Hamjaoma*
Negative Thinking	*Hamya Baothai*
Pain	*Sathai/saba*
Positive Thinking	*Hamba Baothai*
Sadness	*Dukhu*
Scared/Afraid	*Khinba*
Thinking	*Baothai/Baodu*
Worry	*Waimu*

Table no. 2: Psychological related terms in Dimasa Language

How are the 'mentally ill' individuals treated or dealt within the tribal society of Dimasas?

In the Dimasa community, if a person is perceived to be mentally ill or unstable, his / her family members/relatives try to take care of him/ her within the closed doors of the house and bring back to normalcy. If there is no progress, the individual continues to remain under the guardian's supervision. Sometimes, there could be cases where such individuals detach themselves from their own families. In more severe cases they remain excluded from the normal phases in life such as friendship, marriage, conversation, society, and various other privileges.

Some of the primary causes for the increase in psychological disturbances and mental health problems among the Dimasas in Nagaland are as follows:

Inequality

Dimasa Kacharis are among the sixteen tribes of Nagaland. But despite of being a recognised scheduled tribe in the state of Nagaland, they enjoy no benefit from the state government therefore, they remained extremely backward. Presently, they became an ethnic minority. They are facing injustice and discrimination socially,

economically, politically, and culturally. The Dimasas come from Dimapur, a significant city in Nagaland that offers excellent chances for business, employment, and political activity. Although the tribe has not benefited financially despite of the geographic advantage. Dimasas are underrepresented in state government jobs, the possible reason could be their 'non-Naga' status in the state which does not grant them any form of reservation. They have not received representation in the state legislature for more than 20 years (Sitlhou, 2018). The current climate of injustice and discrimination poses a threat to the mental health of the Dimasa people's future generations and may cause disparities in mental health among the tribe's people.

Poverty & Economic Challenges

Children's social and behavioural development as well as the mental health of adults are strongly influenced by poverty and other economic hardships. Early in life, disparities in mental health start to show up, and they intensify throughout childhood (Knifton & Inglis, 2020). Agriculture and weaving are popular among Dimasas in rural areas. In the Dimasa community, weaving was exclusively done by women, but recently, a small number of men have also taken up the craft (Haflongbar, 2019). The primary activity and main source of income for the Dimasa Kacharis is agriculture (Das & Ray, 2013). But among them, farming is exclusively done for personal consumption and is not done for profit. Most of them keep pigs in their homes, usually at least one. In the Dimasa communities, it can occasionally be challenging for parents to cover their children's daily necessities and tuition. They borrow money from moneylenders as a result, incurring debt. Debt can amplify symptoms of mental health issues like headaches, insomnia, and loss of attention. It can also cause anxiety and lead to despair.

School Dropouts among Adolescents

A nation's social, economic, and political status has been seen to be significantly improved through education. There is little information available about adolescent mental health problems in Nagaland. The state of adolescent mental health in Nagaland has not been the subject of any comprehensive research (Keyho, Gujar, & Ali, 2019). People less than thirty and those with educational levels below graduation-led had a higher risk of developing depression, according to a survey conducted by the Nagaland Health & Family Welfare Department in 2020 ("COVID-19 Pandemic Causing Mental Trauma in Nagaland: Study," 2020). Youths from Dimasa typically only finish secondary school or senior secondary school. High tuition costs, a lack of interest in and drive for school, a lack of family support, alcoholism, and repeated failures are the causes.

Social Stigma

Young people and older people frequently use the derogatory Dimasa terms '*bokhro/khro shoya*,' '*gibbir/gubur*', and '*bokhro/khro hamya*' to refer to mentally ill adults or children with psychological health issues. Many Dimasa individuals, including those who are educated, still avoid talking about mental health and illness. Any kind of psychiatric disorder is regarded as an evil spirit's possession or as the result of black magic. These superstitious beliefs deter the patient's family from obtaining medical attention, which worsens the patient's health. Lack of awareness is a significant problem as well; superstition is not the only issue. Because neither the relevance of mental health education in the curriculum of their schools nor the availability of enough counsellors, youths have no way of learning about it.

Taboos & Superstitions

Hojai (2018) found that the illiterate and jobless people shared a lot of taboos and superstitious beliefs and practises. In Dimasa community, superstitious practises are more prevalent among women. Widespread poverty, illiteracy, hunger, a lack of personal cleanliness, a lack of access to clean water, unsanitary housing circumstances, a lack of health education, etc. are the main causes of these practises. Their community is typically small, remote, and difficult to access for facilities and services. The taboos and superstitious beliefs still rule the tribe in Dimasa civilization. This incidence may obstruct the people's welfare and prevent their beneficial personal development.

COVID-19 Pandemic

Insomnia, anxiety, and sadness have been on the rise in Nagaland because of the COVID-19 pandemic, according to a study done by the state's Health & Family Welfare department in 2020 ("COVID-19 Pandemic Causing Mental Trauma in Nagaland: Study," 2020). Tribal communities who were minorities still experience mental injustice. For already a minority tribe in India, like the Dimasas in Nagaland, the COVID-19 pandemic and lockdowns caused both short-term and long-term suffering. While it is common to believe that illnesses strike anybody, the COVID-19 epidemic has exposed the disproportionate toll that sickness takes on vulnerable groups in society. This resulted in significant financial difficulty among migrant workers in the informal sector, including tribal migrants, in the absence of social protection.

Facilities for Mental Health Care in Nagaland

In Nagaland, there is one government psychiatrist for every 2.4 lakh people. The National Mental Health Programme, Nagaland reports that only eight government psychiatrists, five clinical psychologists, five psychiatric social workers, and five psychiatric nurses are available to address the state's mental health needs. As a result, patients from these remote villages and districts have to travel all the way to Dimapur for care (Sophie, 2019). An average of ten patients seek consultation each day at the Naga Hospital Authority in Kohima. Ten to fifteen patients with mental health disorders are admitted to the District Hospital in Dimapur every day on average (Jamir, 2019).

Listed below are some of the both state/central government mental healthcare initiatives in Nagaland (*Department of Health & Family Welfare, Nagaland*, n.d.):

a) **District Mental Health Programme**: District Mental Health Programme under National Mental Health Programme is a national programme under National Health Misson. At present, the programme is functioning in five districts of Nagaland state.

Districts (In Nagaland)	**Year of Establishment**
Dimapur	2016-17
Mokokchung	2016-17
Kohima	2017-18
Phek	2018-19
Longleng	2018-19

Table no. 3: Nagaland’s District Mental Health Programme’s Functioning Data (Source: Department of Health & Family Welfare, Government of Nagaland)

b) **State Mental Health Institute**: The institute is situated in the capital city, Kohima. Because of the stigma associated with the term "mental hospital," SMHIK, formerly known as Mental Hospital Kohima, has been renamed to better serve the needs of the community.

c) **Tele-MANAS**: To provide mental health support to people to those in need in Nagaland, the Tele-MANAS initiative was launched in the month of August in 2023 (“Nagaland Launches Tele-MANAS, an Initiative to Provide Access to Mental Health Support,” 2023).

In addition to the state government's previously mentioned services, they also hold regular academic teaching sessions for nursing students from the Naga Hospital Authority in Kohima, CIHSR in Dimapur, and the IMDH in Mokokchung. They also offer Master of Social Work and Master of Psychology students from several Indian colleges for field work and internships (*Department of Health & Family Welfare, Nagaland*, n.d.).

Role of Mental Health Professionals

Clinical Psychologist

Clinical psychologists work to strengthen psychological well-being and lessen psychological discomfort. They assist individuals with issues relating to their mental or physical health, such as anxiety and depression, severe and persistent mental illness, coping with physical illness, neurological illnesses, addictive behaviours, and disorders of childhood behaviour, as well as issues relating to their personal and familial connections. They work with people of all ages, occasionally specialising in areas like learning challenges (Nidhi, 2016).

Psychiatrist

A medical professional who, since becoming licenced, has focused on diagnosing and treating patients with mental health illnesses. Although they have the legal authority to prescribe drugs, they may use a variety of psychological therapies. They oversee managing psychiatric beds and have the power to either voluntarily or involuntarily commit patients to hospitals for treatment. Clinical psychologists, mental health nurses, and social workers typically take the clinical helm in a multidisciplinary mental health team. (Nidhi, 2016)

Psychiatric Social Worker

A social worker collaborates with clients to identify, address, prevent, or decrease the effects of difficulties pertaining to psycho-social, physical, and mental health. Counselling, crisis intervention, therapy, community outreach to promote community health services, clinical consultation, management, and administration of mental health programmes, etc. are all services that a social worker in a mental health environment offers. A social worker's job is to promote and instil the use of evidence-based practises in mental health care (Yeptho & Harikrishnan., 2022).

IV. CONCLUSION

Dimasa Kachari tribe is one of the most interesting tribes from Northeastern region of India with a long history, rich cultural heritage, and a complex social structure based on double descent. But regardless of that, it has been clear that the Dimasa Kacharis of Nagaland are among the underprivileged tribal community of the Northeastern region of India, facing various socio-cultural related psychological illnesses and mental health challenges. There is no established local terminology in usage for mental illness among the Dimasa people in general, except for some connotations as '*bokhro shoya*' or '*gibbir*,' literally translating to 'incomplete brain' and 'insane,' which are derogatory, to say the least. This fact perhaps, suggest their lack or reluctance of acknowledgment for the existing mental health issues in society, for a long time. Among the community members, if the condition of an individual, who is presumably having a mental illness, worsens, he or she may remain detached, and refrain from interacting with other fellow members, participating in the regular community events, and even from getting married in his or her lifetime. Besides the various reasons explained earlier, the social stigma existing in the society towards individuals suffering from mental illnesses, points at either undermining the seriousness of the issue or branding it with a superstitious connection. This further aggravates the mental state of the concerned individual and adds to the woes of his or her family members. The individual suffers throughout the lifetime without getting the opportunity to be addressed for the illness or being treated. This is due to lack of awareness regarding mental health and the need for the mental health services in the rural areas and tribal populations in Nagaland.

As people are unable to access the appropriate service and treatment, such a situation can worsen the future scenario among the tribe in context to mental health. Nagaland's government should give high importance to mental health and encourage citizens to seek mental healthcare assistance. Much essentially, the government should also focus on increasing the number of mental health hospitals in the rural and underdeveloped areas of the state, along with that of mental health professionals. This can be initiated through the encouragement of the students at school level and providing adequate clinical training facilities for the upcoming mental health professionals in the state.

V. Recommendations

a) To promote positive social, physical, psychological, and emotional well-being that is relevant to their cultural setting, psychosocial care programmes for adolescents and women are needed.

b) The establishment of NGOs & NPOs, Start-ups, and small businesses by the local tribal population is crucial for the region's economic development, community development, employment, and cultural promotion & preservation.

c) The state government should promote the value of research studies and introduce psychology and counselling/clinical-related courses for undergrads.

d) To provide a responsive service environment that is accessible to the state's tribal population, the state government should implement culturally appropriate treatment, community engagement, and innovative programme development.

Limitations

This study is limited to the Dimasa people of Nagaland. To get at a more specific knowledge of the community's cultural roles regarding mental health, the study could have been more accurate if it had covered the Dimasas in general, covering all their inhabited territories.

Acknowledgement

The authors would like to thank Ms. Faihamti Longmailai, President, Dimasa Students' Union Nagaland of Darogajan (Dimasa village), and Ms. Resmila Thousen of Amaluma (Dimasa village), Nagaland for helping with valuable information for the research.

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