



Moral Injury and mental health of youth: Reflections on Nepal's 'Gen Z Revolution'

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INTRODUCTION

When thousands of young Nepalese filled Kathmandu's streets in September 2025, they were not only protesting a ban on social media, they were expressing the moral injury of a generation. Across South Asia, young people have become both witnesses to and victims of corruption and inequality. What unfolded in Nepal was not merely a political upheaval but a psychosocial event that revealed the deep interconnection between social injustice and mental health. Prior to the Nepal protests, digitally native, globally connected youth movements erupted in Sri Lanka (2022) and Bangladesh (2024), mobilizing against perceived corruption and nepotism.^[1,2]

Thousands of youth flooded the streets of Kathmandu to oppose the ban on 26 social media sites.^[1,2] However, the root cause of this protest was the widespread frustration about elite privilege and limited job opportunities for the youth. For example, approximately 20.8% youth unemployment existed in Nepal in 2024.^[3] Moreover, even though the protests were largely decentralized and lacked visible leaders, most mainstream news accounts attributed the organization of the protests to online spaces. Nepal-based news organizations reported that the use of Discord (in addition to Viber/TikTok) was used for organizing the protests.^[1,4] This reflected how digital spaces have become new sites of belonging and civic expression.

For clinicians, these events represented symbolized psychological distress as much as, if not more than, routine political contestation. For example, the themes expressed in the protests (i.e., helplessness, anger, frustrated aspirations) are similar to those that many of us have heard in our clinics. Soon after the protests, colleagues at Kanti Children's Hospital in Kathmandu reported an increase in acute stress, severe anxiety, and sleep disturbance in children and adolescents, many of whom lived away from where the protests took place. For example, a widely circulated report described an 8-year-old girl whose panic and screaming occurred when her parents closed a bathroom door because she feared that her home would be set on fire.^[5] This representation is consistent with post-traumatic arousal. A study assessing symptoms of depression and anxiety in adults following the Gorkha earthquake in Nepal (2015) reported

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that nearly 30% of adults experienced significant symptomatology in the months immediately following the earthquake.^[6] Just as natural disasters leave invisible scars on collective memory, so too can political and social turbulence.

Current trauma treatment models fall short if they fail to account for the social conditions that contribute to the development of trauma. As such, treatments should extend beyond the delivery of trauma protocols. Mental health professionals must avoid pathologizing rational responses to unstable environments. The concept of moral injury, originally developed in the context of military psychiatry, offers a useful lens here.^[7] Similar to post-traumatic stress disorder (PTSD), moral injury results from the experience of events that contradict an individual's core values (as enacted, unprevented, or witnessed); however, whereas PTSD focuses on fear, moral injury emphasizes shame, guilt, anger, and disloyalty/loss of trust.^[7] When young people observe corruption, nepotism, and impunity closing off their futures, they experience a breach of moral expectation. They often experience institutional betrayal, which manifests as anomie, cynicism, and withdrawal from civic involvement, rather than flashbacks. Research to date indicates that chronic corruption is correlated with lower levels of well-being and internal struggle in civilian populations; these findings should be interpreted cautiously when applied to youth.^[8]

This psychosocial shock also hits an under-resourced mental health infrastructure. At present, there is only one full-time Child & Adolescent Psychiatry OPD in Nepal (located at Kanti Children's Hospital since 2015).^[9] The National Mental Health Survey (2020) reports high burdens of mental illness among both adults and adolescents in Nepal, including adolescent suicidal ideation and behavior; this demonstrates a substantial pre-existing treatment gap, which now intersects with a substantial trauma-driven demand.^[10] South Asia as a region faces a similar scale challenge. India's national mental health and district mental health programmes (NMHP/DMHP) demonstrated that task-sharing and integration of mental health into primary care can extend reach. The Tele-MANAS initiative, a 24/7 two-tier helpline, is a potential way to increase access to mental health when a surge in demand occurs. By

April 2025, Tele MANAS had established 53 service centers in 36 States/union territories and had already received over 2 million calls, with trained counselors available at Tier 1 and specialist escalation available at Tier 2.^[11,12] Though imperfect, such scalable and technology-enabled approaches offer a glimpse of how systems can adapt when collective distress surges.

The psychological aftershocks of moral injury persist long after the protest period. Chronic despair and perceived corruption can limit identity formation, fostering confusion about roles, premature closure of options, or oppositional identities in young people.^[13] Studies of youth living in areas of ongoing political conflict demonstrate that such youth exhibit enduring effects on trust and civic engagement, even after their acute symptoms resolve.^[2,14] Furthermore, intergenerational studies have shown that the fears and survival strategies of a cohort of youth can be passed down to subsequent generations through attachment and family climate, thereby limiting the extent to which the next generation of youth will feel their own emotions or distrust others.^[13,15]

When ambition meets violence or institutional apathy, many of the brightest leave. The selective emigration of educated youth, i.e., "brain drain," represents not only an economic loss but a form of avoidance. Each departure removes not just technical skill but a portion of a nation's mental capital, the capacity for civic hope, resilience, and moral repair. Nepal's Gen-Z uprising underscores that social and political crises are also public mental health crises. Mental health professionals must extend their gaze beyond the individual, recognizing how despair, disillusionment, and institutional betrayal shape emotional life. Mental-health responses that remain confined to clinical spaces will fail to meet the moral depth of this injury.

The lesson for South Asia is urgent and clear: to heal minds, we must also rebuild trust. Trauma care cannot be separated from the social conditions that generate trauma. Public mental health must therefore be both compassionate and civic, grounded in the recognition that every society's psychological well-being depends on the justice and integrity of its institutions. Nepal's Gen Z revolution will leave

lasting impacts on the mental health of its people. To treat our patients and communities effectively, we must recognize that a nation's psyche is inextricably linked to its social environment. The health of minds and the health of democracies are, in truth, one and the same.

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