Mental Health Development in the Somali Region

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- Sudden changes to thoughts, behaviour and emotions
- > These intervene daily functioning
- > Multifactorial causes
- Drugs, Life Stressors & Genetics





Somali cultural pathways to mental illness Aad buu u walwelaa He worries excessively Way rafaadsan tahay She is suffering/rough Aad buu u fakaraa He thinks too much Sidii hore ma aha He is not like he used to be before Wuu yar wareeray He became a bit confused

Isfiilato ayaa ku dhacday He became nervous Wey isla hadashaa She talks to herself Wax baa u dhiman He is a bit mad Had iyo jeer wuu murugeeysanyahay He is always sad Wuu niyad jabsan yahay/qulub baa haya He is depressed

Wuxuu ku hadlo lama yaqaan Nobody knows what he talks about Wuu soo wataa/waalan rabaa He is going mad Wuu ka booday/dhar dhigtay He is gone naked (mad) Wuu waashay He went mad Ji Made him mad

Do you know what Jin looks like?

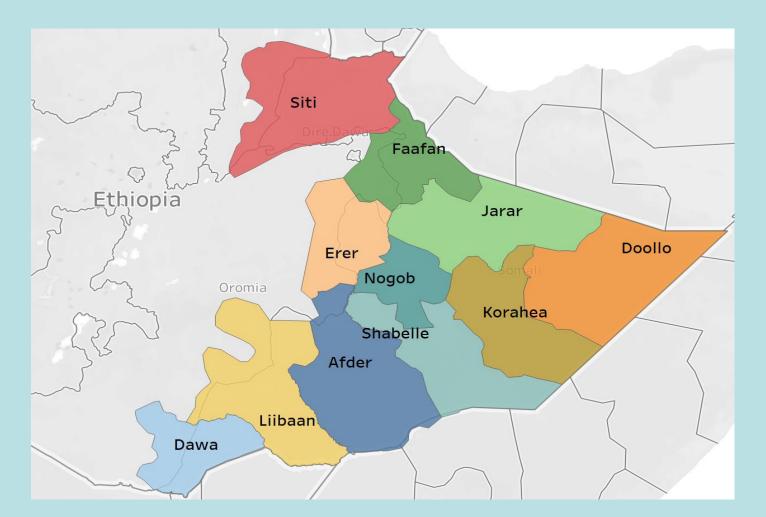




Somali Region of Ethiopia

- Somali region in Eastern part of Ethiopia
- Population: 2022 estimate: 6.5 Million
- Anecdotal 10 million people-plus
- 85% lead pastoral nomadic lifestyle

From SRHB: Map of the Somali Region



Burden of mental health needs in the region

- High levels of mental health needs in the region
- Lack of existing basic mental health services
- Limited services for people with severe disorders
- Limited services for substance misuse and addiction treatment
- Lack of mental health courses
- Lack of mental health work force

Mental Health largely managed through traditional health systems including:

- Religious treatment
- Medicinal plants
- Chaining

- Limited outpatient services a key hospitals.
- HB&WHO collaborative Primary Care/ mental health training
- Elaajis
- Khabridahar Mental Health Clinic





Recommendations from the Lancet Article (Warfa et al 2023):

- Urgent development of human resources for mental health in the Somali Region of Ethiopia.
- Strengthening mental health leadership and mental health research capacity building in Eastern Ethiopia
- Formal mental health system should be developed in a way that is collaborative with existing models of care, while also being responsive and accessible to local populations.

Late intense local, national and international meetings, discussions and activities led to three main outcomes:

- Commitments to open region's first mental health hospital and community mental health centres as soon as practical.
- Building on the region's mental health research capacity.
- Developing mental health courses to develop a mental health workforce.

- Training mid-level mental health professionals through the development of a new MSc in Clinical Mental Health.
- "The main aim of the program is to produce qualified Clinical and Community Mental Health professionals with knowledge, skills and attitudes required to provide comprehensive and evidence based mental health care for the society in both clinical and community settings".

Aims:

•"To equip integrated clinical and community mental health students with knowledge and skills in identifying and managing mental and substance related problems

•To enable integrated clinical and community mental health students become competent in assessing the mental health needs of a community by conducting appropriate research, thereby"

Integrated Clinical and Community Mental Health Programme – 2024/2025

Other Mental Health Development

- Dhagahbuur Community Mental Health Hospital
- Proposal to open a new community mental health hospital in Jigjiga
- Ongoing international efforts to build mental health research capacity.

Conclusion

- This is the background context to the development of the collaboration between Haramaya University and JJU to introduce the MSc in Clinical Mental Health in the Somali region.
- The region desperately needs mental health professionals to respond to its unfolding mental health crisis.
- The new development will go some way to address the long neglected treatment needs of people with moderate to severe mental health conditions.

Thank you