

## Developments in Mental Health Services in Somalia

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~~Mayesh Abu Omar~~

NIMHANS Alumni

*- Head of Coordinator & International Health Relations Ministry of Health Mogadishu, Somalia*

The Somali Democratic Republic lies in the north eastern corner of Africa between latitudes 11° 30' north and 1° 30' south, and forms the horn of Africa. It is bordered by the gulf of Aden in the north, Djibouti in the northwest and Indian Ocean in the east. The total area of the land is 637.657 sq. kms and the population is about 5 million. The country is administratively divided into 18 regions.

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### Nature and Size of Psychiatric Disorders

In the absence of systematic epidemiological studies it is almost impossible to provide accurate figures regarding the prevalence and incidence of psychiatric disorders. However, from general observations of mental institutions in Mogadishu, Hargeisa and Berbera it can be concluded that there is a sizeable number of psychosocial disabilities which warrant proper care. Because of their serious mental disturbances, social disabilities and the well known difficulties in their proper management, especially when the resources are limited, these patients constitute major problems to themselves, to their families and to the community at large.

In general, the pattern of psychiatric disorders in Somalia shows close similarity to what has been reported from other developing countries. However, the general psychiatric manifestations are coloured by the socio cultural context of Somali beliefs and way of life.

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### Health Care Facilities

There are three mental hospitals in the country with 365 beds which are confined to two regions. The conditions in these hospitals can only be described as medieval. Mental patients suffering from diverse psychiatric disorders are housed together. Very disturbed schizophrenics, hypomaniaics, epileptics, mentally retarded and mentally abnormal offenders are kept together. There are no recreation or socialization facilities or rehabilitation programmes. Thus, the less disturbed patients have no alternative to wandering about the hospital grounds and sitting under the trees.

The author has so far been involved with the Mental Hospital at Mogadishu, which is part of a hospital

built by Hallans in 1920. The main part is devoted to the treatment of infectious diseases, notably tuberculosis, leprosy, hepatitis, dysentery and tetanus. The psychiatric unit is divided into two sections - for men and women. The rooms have windows just below the ceiling, and so there is no opportunity for the occupants to see what is happening outside. Most of the patients used to be locked in, and some were in solitary confinement with ankle chains attached to the wall. The sanitary and washing facilities were primitive to the extreme. There was no soap, no crockery, no tables, chairs or beds.

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## **From Asylum to a Hospital**

In 1983 four nurses who had received a year's training at the National Institute of Mental Health & Neuro Sciences, Bangalore, India under WHO sponsorship returned to the country; and since then things have really began to happen, and ideas have strung up like flowers in the spring. But where to get help to carry out these ideas? USAID mission in Mogadishu was approached who responded favourably. OXFAM, U.K. donated 4 tons of soap and International Labour Organization also came up with crockery. Patients were removed from the chains and confinement. But what will they do? A small occupational therapy scheme was introduced with the help of USAID and British Embassy. Women patients with the help of two instructors started to make baskets, dinner and sleeping mats. These were sold on adhoc channels and the money obtained was used to buy more material. Drugs were obtained through voluntary donations from the U.N. shop and the Protestant church, WHO and World Concern. An international charity concert was given by the Somali artists and students from American schools to an appreciative audience, raising a sum of money which would be used at the direction of a special committee nominated by the Ministry of Health.

Psychiatric nursing training in the general nursing curriculum has also been introduced. Students participating in the course visit Forlanini psychiatric hospital for an on the job practicum. This will make psychiatric services feasible in the near future . Also, job description has been identified for the nursing staff in the light of restructuring the medical and nursing care given to the patients. As the available case records and histories were of no use, a simple model of writing case records in English and Somali was developed. An assessment of the mental status of the inpatients was carried out along with Dr. Thelma Leifert, a Brazilian psychiatrist and many were found to be fit to go home. They were discharged and asked to come once in a week for follow up.

The departure from previous practices was best illustrated by the day at 'Gezeira' beach that was arranged for the inpatients. The idea was opposed by many people, including medical personnel, who thought that mentally ill people were not fit to be taken out, but this was shown to be false by the patients themselves. At the beach, they danced, played games, and went swimming with the staff. They prepared and served their own meals and washed up the crockery. On the way back to the hospital they were taken around Mogadishu and shown the expanding city. They were all cheerful and happy to see the growing Mogadishu for most of them had been in hospital for years.