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Mental health services in the Somali Region of Ethiopia.

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The burden of mental health problems in the world and its neglect in low and middle-income countries were highlighted in the Lancet series on Global Mental Health 16 years ago [1]. However, in 2023, the Somali region of Ethiopia has still to address critical gaps in tackling mental illness [2]. The Somali region is situated in Eastern Ethiopia and is a semi-autonomous entity within Ethiopia. The population was estimated to be 6.5 million in 2022 [3], spread over a large land mass (328,068 km²). The majority (85%) live in rural settings or pursue a pastoral-cum-nomadic life [3]. In the past few years, and in contrast with the rest of Ethiopia, the Somali region has been enjoying a period of stability and re-building after an extended period of insecurity and unrest which resulted in high levels of population exposure to violence, loss and displacement [4]. Linked to these experiences and coupled with the expanding and decades of widespread use of khat [5], a leafy plant with amphetamine-like properties, an epidemic of mental ill-health exists and is holding back societal healing and efforts to develop the region [2].

In June 2023, the Somali State Health Bureau held an urgent international consultation meeting to address critical gaps in tackling mental illness and the priorities for mental health treatment and service development, as well as mental health research capacity building. At the end of the meeting, the region's acting President, the Minister for Health and the President for Jigjiga University pledged to strengthen mental health services and mental health workforce

development in the region. The pledges focused on the need to increase the number of primary care facilities providing mental health services, the efforts to build the region's first general mental health hospital and the establishment of the region's first mental health centre.

There are no specialized psychiatric hospitals or private psychiatric or clinical psychology services in the Somali region. Extremely limited specialist mental health services are available and delivered within one or two general hospitals [3]. There are no child mental health services or specialist addiction clinics. The Somali Region Health Bureau has provided training and capacity-building programmes to primary health care workers delivering mental health services through primary health facilities and hospitals, most often in partnership with UN agencies and other non-governmental organisations [2].

Most people with mental health problems access services through faith-based health systems, primarily for substance use disorders [3]. Help-seeking from women is low. There are limitations in terms of the safety, accountability and sustainability of the faith-based and traditional healing provided in a region in the almost complete absence of mental health infrastructure and mental health systems [2, 3, 6]. At the international consultation meeting, faith leaders described how they are struggling to provide relief to people with severe mental illness, in terms of lack of expertise and capacity.

The Somali Regional Health Bureau is joining with partners including the Somali Region Commission for Human Rights (Jigjiga, Ethiopia), UN agencies, Jigjiga University, Kebridahar University (Kebridahar, Ethiopia), Haramaya University (Harar, Ethiopia), University of Minnesota (Minneapolis, Minnesota, US), King's College, University of London

(London, UK), Addis Ababa University (Ababa, Ethiopia), Hankaal Institute (Jigjiga, Ethiopia) and others in an effort to respond to the gap between the available mental health services and the region's high levels of mental illness. The Regional Health Bureau convened two high profile meetings [2; 6], bringing together key stakeholders to discuss priorities and actions. Following from these meetings, the government announced to build a new mental health hospital in the capital city, Jigjiga. There was also an announcement by Jigjiga University President to set up the first mental health centre at Jigjiga University for training mental healthcare staff and researchers.

Ethiopia has a National Mental Health Strategy that takes a systems approach to developing mental health care through integration into existing platforms [7]. While this is a helpful starting point for the Somali region, the key challenge is how to translate this aspirational document into a reality on the ground and to respond to the unique needs of the setting. Research from Ethiopia supports the effectiveness and safety of delivering frontline mental health care in primary health care [8] but has highlighted the need for multi-sectoral interventions alongside mental health care to respond to the social determinants of poverty, gender-based violence, widespread substance use and social exclusion [9]. This is even more pertinent to the Somali region, and requires further innovation to reach sparsely populated areas and mobile populations, as well as disaffected youth.

There is an opportunity to innovate and build on existing sociocultural strengths and traditional systems. The effectiveness of faith and traditional healing-based support services in reducing mental health burden in this part of the world is not known as there is little research evidence. A formal mental health system should be developed in a way that is collaborative with existing models of care, while also being responsive and accessible. Recognition that mental health

underpins reconciliation and re-building efforts in the Region means that human rights organizations are included as a key stakeholder in the planning of mental health care.

We call on funders and the global mental health community to work with key stakeholders in the Somali region to initiate and implement adequate and innovative public and community mental health interventions like those clinical trials that have worked in other parts of Ethiopia [8,9]. Our call is a rallying cry – there is much still to be done to ensure ‘no one is left behind’ when it comes to responding to the needs of people with severe mental illness and substance use conditions.

Highlight - call to action:

- 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.
- There is a need for multi-sectoral interventions alongside mental health care to respond to the social determinants of poverty, gender-based violence, widespread substance usage and social exclusion.
- There is need for further innovations to reach sparsely populated areas and mobile populations, as well as disaffected youth.

Declaration of Interests:

There are none.

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References:

1. Lancet Mental Health Group. 2007. Scaling up services for mental disorders – call for action. *Lancet*, 370: 1241-1252.
2. International Mental Health Consultation Meeting, June 2023. Jigjiga University, Jigjiga, Ethiopia.
3. 9 Month Mental Health Service Report. 2023. Somali Region Health Bureau, Somali State Region Government, Jigjiga, Ethiopia.
4. Proceedings of Jigjiga Migration Series V, 2022. International Conference on Climate Change, Conflict, Displacement and the Search for Durable Solutions. Institute of Migration Studies. Jigjiga University.
5. Warfa, N., Klien, A., Bhui, K., Leavey, G., Craig, T & Stansfeld, A.S. 2007. *Khat* Use & Mental Illness: Systematic Review. *Social Science & Medicine*, 65, 309-318.
6. Somali Region Mental Health Consultation Meeting, May 2023. Jigjiga University, Jigjiga, Ethiopia.
7. Ethiopian National Mental Health Strategic Plan (2020-2025). Ministry of Health. Addis Ababa. Ethiopia.
https://www.moh.gov.et/site/initiatives-4-col/Mental_Neurological_and_substance_use_Program
8. Hanlon C, Medhin G, Dewey ME, Prince M, Assefa E, Shibre T, Ejigu DA, Negussie H, Timothewos S, Schneider M, Thornicroft G, Wissow L, Susser E, Lund C, Fekadu A, Alem A. 2022. Efficacy and cost-effectiveness of task-sharing care for people with severe mental disorders in Ethiopia (TaSCS): a single-blind, randomized, controlled, phase 2 non-inferiority trial. *Lancet Psychiatry*. 9 (1): 59-71.
9. Asher L, Birhane R, Weiss HA, Medhin G, Selamu M, Patel V. 2022. Community Based rehabilitation intervention for people with schizophrenia in Ethiopia (Rise): results of a 12 month-cluster-randomised controlled trial. *Lancet Global Health*. V10, Issue 4, E530-E542.

