REPUBLIC OF SOMALILAND
MINISTRY OF HEALTH DEVELOPMENT

SOMALILAND NATIONAL MENTAL HEALTH POLICY

Second Edition

2023

Department of Mental Health
Ministry of Health Development
Republic of Somaliland

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FOREWORD

The Somaliland Ministry of Health Development (MOHD) is happy to announce the launch of the Second Edition of the Somaliland Mental Health Policy.

I am pleased to share this valuable document at a time when mental health is undergoing a significant reform and scaling up throughout Somaliland, thanks to a special government fund generated through sin tax on khat imported into the country. This National Health Policy will guide the ministry, its partners, and stakeholders in meeting the needs of our communities regarding mental health and substance abuse.

The policy sets out our vision and objectives for mental health in Somaliland and outlines our strategy for achieving these objectives. The policy addresses twelve strategic action areas identified as highly relevant in the Somaliland context. These action areas cover management, financing, organization, human resources, promotion and prevention, supply of essential psychotropic medicines, advocacy, information systems, research and ethics, substance abuse, legislation, and disaster response. Chapters on essential psychotropic drugs, advocacy, information systems, and disaster response are new, while most of other chapters have undergone substantial revisions.

I want to thank the Department of Mental Health for bringing this document up to date and for taking a leadership role in coordinating all the partners and stakeholders who worked on the revision of this policy, including other relevant ministries, local and international NGOs, and UN agencies. The revision of this policy has been a participatory endeavor owned and supported by all relevant actors. I would also like to take this opportunity to thank Dr. Sa'ad Ali Shire, the minister of finance, for initiating the sin tax on imported khat, which made it possible to raise a generous fund to support the national mental health program.

The implementation of this policy, which among other things allowed for the expansion of mental health hospitals to all regions as an effort to decentralize mental health services and integrate mental health into primary health care, would not have been feasible without the generosity of the khat dealers and their representation on the National Mental Health Board. We owe them a lot of gratitude.

Lastly, the Ministry of Health Development promises that it will work with partners and stakeholders to turn this policy into real actions that will have a measurable positive effect on the lives of people with mental disorders and the people who care for them. Our motto is one based on the principle that *"there can be no health without mental health."*

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H.E. Hassan Mohamed Ali (Gaafaadhi)
Minister of Health Development
Republic of Somaliland

ACKNOWLEDGEMENT

The Ministry of Health Development is grateful to the MIDA/FINNSOM project for bringing in senior mental health consultant Dr Yakoub Aw Aden Abdi, who was the driving force behind the revision of this second edition of the Somaliland mental health policy while serving as a consultant to the ministry and later as head of the newly formed department of mental health.

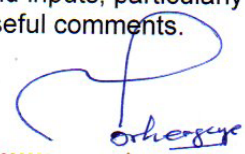
Many people have allocated time and resources to make valuable contributions to this important document. I would particularly like to express my appreciation to the Mental Health Psychosocial Coordinating Group (MHPSS-CG), chaired by the ministry of health development (MoHD) and co-chaired by Gruppo per le Relazioni Transculturali (GRT) (with support from the Italian Agency for Development Cooperation - AICS), and its sub-committee (Task Force), which met on a weekly basis for several months to revise this document. The creation of the MHPSS-CG was fundamental to this work and made possible by a strong collaboration with GRT, MoHD's main partner in mental health and psychosocial support (MHPSS).

Under the direction and guidance of Dr. Yakoub Aw Aden Abdi, the members of the task force that revised this policy included Dr. Abdirazak Baraco (MoHD), Abdirazak Mohamed Warsame and Thomas Eliyahu Zanghellini (GRT), Dr. Ayanle Suleiman Ahmed (Hargeisa University), Hamda Abdinasir Mohamed (HI, Humanity and Inclusion), Dr. Fatumo Arab Hirsi (GAVO, General Assistance Voluntary Organization), and Adna Ismail from the Garoodi Sisters. The WHO Hargeisa office was represented in the task force by Asia Ahmed Osman; we are grateful for her contributions, support, and by facilitating our contacts with the WHO Country Office and WHO Regional Office for the Eastern Mediterranean (EMRO).

I would also like to convey my gratitude to Dr. Khaled Saeed, Regional Advisor on Mental Health and Substance Use, who was available for support and guidance during this work. Most of the background documents used to update this work were also from the WHO.

Special acknowledgment goes to Emeritus Professor Rachel Jenkins, who was very kind to read the whole document twice and contributed many invaluable comments and changes that enriched the final draft of the policy.

Lastly but not least, I would like to thank all the individuals who actively or passively contributed to the updating of this policy and our colleagues and senior consultants at the MoHD for their comments and inputs, particularly Dr. Hamdi Mohamed Issa for reading the entire document and providing useful comments.



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Dr. Mohamed Abdi Hergeye
Director General of the Ministry of Health Development
Republic of Somaliland

LIST OF ABBREVIATIONS

COVID-19	Coronavirus Disease 2019
CSO	Civil Society organization
CRPD	Convention for the Rights of People with Disorders
EML	Essential Medicines List
EMRO	Eastern Mediterranean Region
FINNSOM	Finnish-Somalia
GAVO	General Assistance Volunteer Association
GRT	Gruppo per le Relazioni Transculturali
HIS	Health Information System
MhGAP	Mental Health Gap
MHIS	Mental Health Information System
MHPSS	Mental Health Psychosocial
MHPSS-CG	Mental Health Psychosocial Coordinating Group
MIDA	Migration for Development in Africa
MOHD	Ministry of Health Development
NGO	Non-Governmental Organization
NHPC	National Health Professionals Council
WHO	World Health Organization
WHO-AIMS	The WHO Assessment Instrument for Mental Health Systems
NMHAP	National Mental Health Action Plan

PART 1: BACKGROUND

1.1. Introduction

Mental health, neurological disorders, and substance abuse are worldwide health problems affecting social groups of all ages. Although reliable prevalence studies on mental illnesses are lacking, Somaliland is believed to have one of the highest in the world. Major contributing factors include recurrent natural calamities, conflict related trauma, internal displacement, poverty, wide spread unemployment and domestic violence. The dire situation of mental health in the country is further exacerbated by the use of khat, an amphetamine like psychostimulant that is widely chewed, predominantly by men. Khat is associated with a serious negative impact on the mental wellbeing of chronic chewers, and their families and the nation as a whole.

In Somaliland, mental illness is highly stigmatizing for both the individual and the whole family. People with mental disorders are highly discriminated against and marginalized, putting them at a disadvantage in every aspect of their lives, including their financial situation, housing, marriage, and basic human rights. Furthermore, there is no mental health legislation to protect people with mental disorders. Existing mental health services are hospital-based, expensive, lack equity, and are based on outmoded values.

In Somaliland, mental health has been neglected for too long. However, this is changing, and during the past few years, the ministry of health development, recognizing mental ill health as one of the most pressing public health issues, made it a priority area. An acknowledgement that prompted the revision of this policy.

Developing a clear and complete 'Mental Health Policy' is the first step towards addressing and sustaining a quality mental health service nationwide. The first Somaliland mental health policy was written in 2012 and later approved together with the National Health Policy in 2014. Unfortunately, due to a lack of resources and a lack of prioritization of mental health, the policy has never been implemented. In light of major developments in global mental health research during the past ten years, the Somaliland MoHD came to the conclusion that a revision of the 2012 policy was justified. This new policy puts an emphasis on a primary health care based mental health service and the creation of outreach services such as mobile units and home delivery services. Moreover, this new policy gives major consideration to gender challenges, particularly pregnancy-related mental health issues and their prevention. An important addition to this new edition is a chapter on mental health in emergencies since Somaliland lies in an area prone to natural disasters and recurrent epidemic outbreaks. Although most of the chapters have undergone substantial revisions, new chapters in this new edition include chapters on prevention and promotion, the mental health information system, essential drug procurement and distribution, advocacy, and mental health in emergencies.

This new revised policy is based on the WHO mental health policy and service package guidelines for developing mental health policy (WHO, 2003), the global comprehensive mental health action plan 2013-2020 (WHO, 2013), the regional framework to scale up action on mental health in the Eastern Mediterranean Region (WHO, 2016), and the MOHD's vision of universal health coverage outlined in the National Health Policy. This policy is intended to fundamentally reform Somaliland's mental health system, ensuring the attainment of the highest standards of mental health service delivery and a service that is based on the respect for and protection of the individual rights of people with mental disorders.

1.2. Current situation of mental health in Somaliland

Somaliland has been an independent country that runs its own affairs since it broke away from Somalia in 1990, although it is not yet recognized internationally. Due to limited resources and a lack of international recognition, the public health sector is partly dependent on external resources. The private sector contributes a large share to the health care system, offering services ranging from outpatient clinics to high-tech hospitals. Until recently, mental health has been a neglected sector, and patients with mental disorders were largely left to the mercy of traditional and spiritual healers, increasing their exposure to health fraud. However, this is changing now, and the government has created a special fund for financing mental health and scaling up mental health services throughout the country. The following is a short summary of the key information available:

Policy and Legislative Framework

There is a mental health policy that was drafted in 2012 and approved together with the National Health Policy in 2014. Considering major developments in global mental health and research, this policy has now been thoroughly revised and updated. Hitherto, there has been no mental health act.

Financing

Since 2021, mental health has been financed by the government through a special fund generated through khat taxation.

Governance

Since 2021, there has been a mental health department within the ministry, led by a senior psychiatrist and a staff of 10 professionals. Also, there are mental health units in each of the six main regions. These units are led by mental health coordinators, who are in charge of putting the mental health strategy into action in their own regions.

Prevalence

In Somaliland, accurate data on the prevalence and incidence of different mental health disorders is lacking. A national demographic survey done by the Ministries of Planning and Health Development in 2020, on the other hand, shows that about 5% of people have mental health disorders. Also, the survey found that about 9% of households in Somaliland have at least one member who chews khat.

Globally, maternal mental health problems are considered a serious global health concern. According to the Somaliland Health and Demographic health survey, the Total Fertility Rate (TFR) in Somaliland is 5.7 children per woman - one of the highest fertility rates in the world. The complication of physical, social and emotional changes in pregnancy make it more likely for the prevalence of mental health issues such as anxiety and depression to increase in women.

Mental Health Service

Most of the public mental health services are provided by the six mental health inpatient facilities in Hargeisa, Berbera, Buroa, Borama, and Gabiley, which are all big cities. The construction of two new inpatient facilities have just been completed in Lasaanood and Erigabo and will soon be open for service.

The total bed capacity of these facilities is 302 for a population of about 3.5 million people, which is approximately one bed for every 12000 people. The table below illustrates the distribution of beds among the mental health facilities across the country:

Location of mental health clinic	Number of male beds	Number of female beds	Total number of beds per facility
Berbera	40	15	55
Borama	12	9	21
Burao	17	9	26
Gabiley	50	0	50
Laasanood	25	15	40*
Erigabo	25	15	40 *
Hargeisa HGH	51	19	70
Total number of beds	217	82	302

**These two facilities are under construction and will be operational before the end of 2022*

Hitherto, there are no special mental health facilities for children or for individuals with criminal records. Moreover, due to cultural reasons, most of the patients admitted to existing inpatient facilities are men in contrary to the perceived high burden of mental disorders among women.

In addition, the ministry has started a program to integrate mental health into primary health care (PHC). As part of this endeavor, 450 health workers from health centers all over the country have been trained on the WHO MhGAP during 2022. This work continues, and further 450 health professionals from different PHC facilities are planned to be trained during 2023.

Also, all regional mental health facilities have mobile teams with minibuses "outreach teams." These teams are made up of a general practitioner with training in mental health, a mental health nurse, and a psychologist or social worker. The teams work several days per week and make home visits, particularly to families who are unable to bring their sick loved ones to the hospitals. The outreach teams also provide support and continued job training to staff at PHC facilities that have started to receive and treat patients with mental disorders.

Thanks to the national mental health program, all patients admitted in government mental health facilities throughout the country receive a regular supply of free psychotropic medications and food.

In Somaliland, there is a plethora of private residential mental health centres, known as "Cilajs," throughout the country, particularly in urban areas. In a recent assessment carried out by the department of mental health, we identified a total of 24 such centres of which 16 operate in Hargeisa, 5 in Burao and 2 in Borama. The total number of patients being cared for in those centres during the assessment day was 1759, of which 202 were female. An intensive effort has been started by the ministry to improve the quality of services being provided in those centres and to protect the rights of the patients being kept in those centres through a series of staff trainings, the introduction of standard operating procedures, and regular inspections.

Human Resources

In Somaliland, there are very few trained mental health professionals such as psychiatrists, psychiatric nurses, and psychologists. Recognizing the dire need for mental health professionals, several young doctors were recently sent overseas by the government to countries including India,

Kenya, and Ethiopia to undergo a two- to three-year training program in psychiatry. Some of those trainees are back home and are working at government mental health facilities, which have substantially improved the quality of services provided in those centres. Moreover, there are a few locally produced psychologists and social workers currently working at the different mental health facilities in the country.

PART 2: MENTAL HEALTH POLICY FRAMEWORK

2.1. Vision

Our vision is to provide all the citizens of Somaliland a universal, human rights-based mental health care that is well integrated and in parity with the country's health care system.

2.2. Mission

Our mission is to provide high-quality, evidence-based, compassionate, and equitable mental health care to patients and their families through prevention, intervention, treatment, and education that are integrated into the primary healthcare. At the same time, improve the services and infrastructure that already exist, build new services, train staff to be more skilled, motivate staff, and connect with non-government sectors.

2.2. Goal

Somaliland 'Mental Health Policy Goal' is to reduce the burden of Mental Health Disabilities.

2.4. Objectives

The objectives of this policy are to:

1. Enhance the capability of the ministry to integrate mental health into the Somaliland's General Health Policy, the General Health Sector Strategic Action Plan (at all levels of the health system), and annual operational plans, and hence drive the implementation of the mental health program across Somaliland, as a core component of general health system strengthening.
2. Ensure the basic supply of medications for regional psychiatric clinics, outpatient units and PHCs.
3. Provide quality mental health services that are accessible and affordable to the community and through a multi-disciplinary and bio-psychosocial approach integrate into the General Healthcare System.
4. Provide comprehensive and interactive Mental Health Programs for the rehabilitation and effective integration of clients through Community empowerment.
5. Promote and protect the Human and Civil Rights of Persons suffering with Mental Health Disability.
6. Provide equitable access to Mental Healthcare to all people, especially the most vulnerable populations such as children, women, the elderly, prisoners, and people living with HIV.
7. Increase the populations' awareness, knowledge and understanding of Mental Health Disabilities and health education in schools.
8. Promote and establish mechanisms for intersectoral liaison between health, education, social

development, police and prisons and NGO sectors etc. at national and regional and local levels to promote good mental health, prevent mental illness, and ensure effective interventions for people with mental illness.

2.5. Values and principles

The following values and principles will guide the implementation of this newly updated National Mental Health Policy.

Values	Principles
There can be no health without mental health	Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO 1948). Thus, mental health is and should be an integral part of health.
Mental health a major contributor to socio-economic development	Mental health contributes significantly to socio-economic development of individuals, households, families, communities, nations and societies at large.
Mental health is a human right	People with mental disorders have the right to be treated with respect and dignity and should not be discriminated or abused due to their illness.
Equity	Equity is meant to ensure Universal Health coverage for all. Universal health coverage means that all people have access to the health services they need including mental health, when and where they need them, without discrimination.
Accessibility	Services should be accessible to all people, regardless of their geographical location, economic status, race, gender or social condition.
Sustainability	Service development and delivery should aim to build capacity of users and family to sustain and participate in satisfying roles of their choice in their community.
Effectiveness, efficiency & Coordination	The limited resources available for mental health should be used efficiently for maximum effect and interventions should be informed by evidence of effectiveness. In addressing the social determinants of mental health requires coordination and collaboration between the health sector and other relevant sectors.

PART 3: AREAS OF ACTION

3.1. Management of mental health services

Coordinating organ:
The Department of Mental Health within the ministry is responsible for the implementation of this policy and all other issues relating to mental health in the country whether private or public.

The functions of the department shall be:

1. Manage and promote Mental Health Services and integrate into primary health care system.
2. Implement decisions from the Ministry based on the guidelines of the National Health Policy.
3. Specify strategic targets and outcomes to be achieved at the central level.
4. Develop Clinical Guidelines (treatment, admission, discharge) for Mental Health at the National Level.
5. Liaise with other key departments in the Ministry of Health (e.g., primary care, child health, maternal health, NCDs, infectious diseases) to ensure mental health is integrated into their programs.
6. Supervise, monitor and evaluate all National Mental Health Facilities (Public and Private).
7. Promote best practice by strengthening links between Public and Private Practice.
8. Links with Traditional Health Practice; strengthens collaboration between Traditional and Conventional Health Practitioners.
9. Strengthen regular mental health support and supervision of primary health care clinics in order to enhance mental health competencies in primary care.
10. Links with Schools, Custodial Corps, Courts and Prisons by supporting the establishment of focal persons for Mental Health in those institutions.
11. Medicines supply and regulation; develop a mechanism to regularly review and implement National Guidelines on the management of psychotropic drugs together with other medications.
12. Establish systematic links with other relevant ministries and non-governmental organizations.
13. Develop a routine management information system in order to identify resource needs and monitor the outcomes of Mental Health Services.
14. Support the development of integrated regional plans that are consistent with Somaliland Mental Health Policy.
15. Establish Mental Health Units in all regions, that act as an extended hand of the Department of Mental Health in implementing programs in their respective regions.

National Mental Health Inter-Agency Coordinating Committee (ICC)

A National Mental Health Inter-Agency Coordinating Council will be established to oversee the implementation of the Mental Health Policy for Somaliland. The membership will comprise of the MoHD and representatives from the following Institutions:

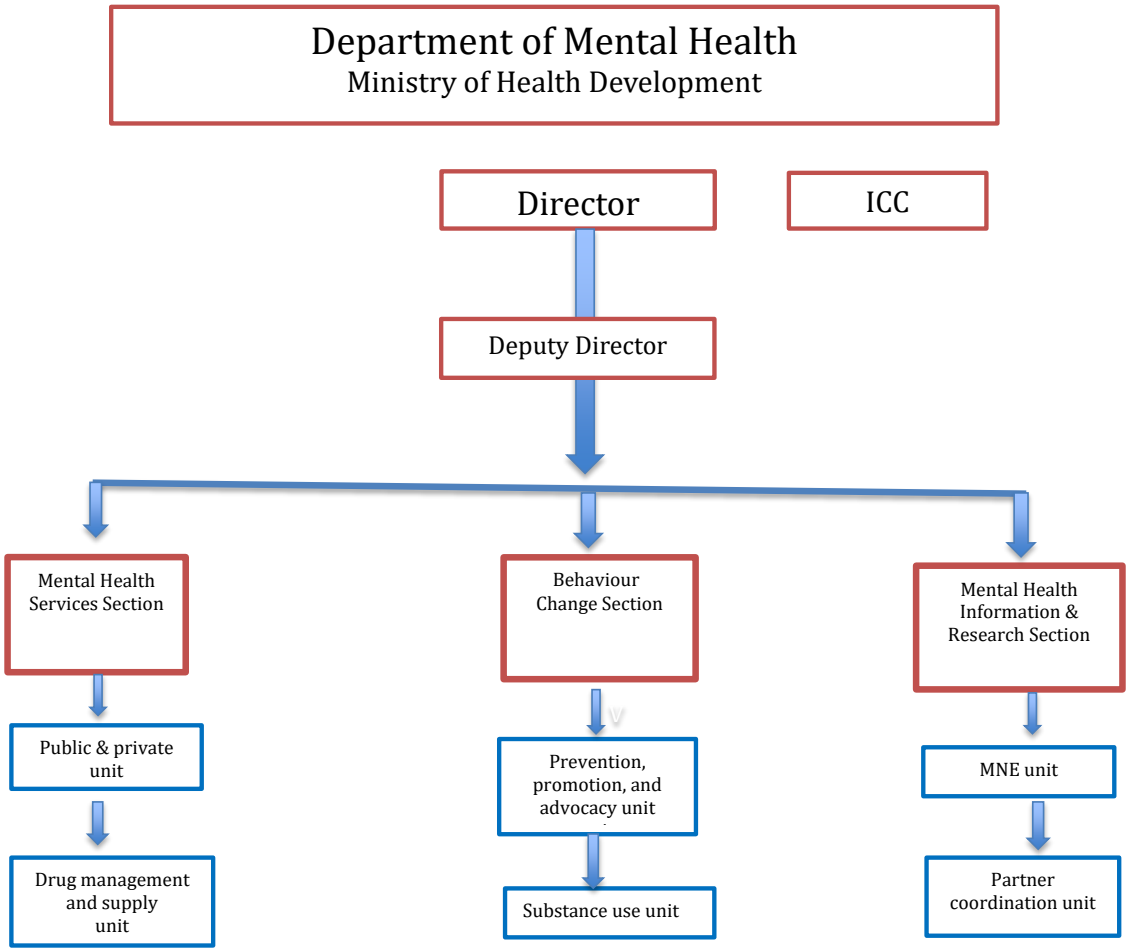
1. Ministry of Justice
2. Ministry of Education and Science
3. Ministry of Employment, Social Affairs and Family
4. Ministry of Religion and Endowment
5. Medical Colleges/Universities

6. National Health Professions Commission (NHPC)
7. Somaliland Medical Association
8. Somaliland Nursing and Midwifery Association
9. Parliamentary Sub-committee of Legal Advice, Justice and Human Rights
10. Private Mental Healthcare Centres
11. User's/User's Families Association
12. Somaliland National Human Rights Commission
13. Relevant Local, International NGOs and UN Agencies in Mental Healthcare.
14. Ministry of Information, National Guidance, and culture

The responsibilities of the National Mental Health Inter-Coordinating Council will include:

- Provision of advice for developing and reviewing National Mental Health Policy, Plans and Strategies;
- Support to decision-making for developing, implementing and evaluation of Public and Private Mental Health Services;
- Provision of collective recommendations received from various Agencies directed to the Department of Mental Health in order to support the implementation of this Policy effectively and efficiently;
- Provision of information about response and utilization of Mental Healthcare received from the Mental Health Unit and other Partners;
- Support to overcome technical, social and financial obstacles related to the provision of different aspects of Mental Healthcare;
- Legislative advocacy related to Mental Health caring including identifying and promoting issues of importance in prevention, treatment and recovery;
- Serve as the link between Mental Health Service providers, community, NGOs and other relevant agencies.
- Provide intersectoral liaison at national level; and support intersectoral liaison at regional and local level.

Figure 1: Management Organogram of the Department of Mental Health



3.2. Mental health financing

Financing is one of the most important factors in the fulfilment of a sustainable mental health system. Adequate and sustained financing is the mechanism whereby plans and policies are translated into action by allocating for infrastructure, technology, the delivery of services and the development of a trained workforce.

This policy puts a high priority to secure funding for mental health in Somaliland and calls for:

- The MOHD to take the responsibility and leadership to secure funding for mental health services throughout the country in coordination and collaboration with relevant government line ministries, Civil Society Organizations (CSOs), private sector, international agencies, Somali diaspora, and other relevant stakeholders.
- The MOHD to take the lead in developing a fund-raising strategy. Emphasis will be put on identifying sustainable sources of funding.
- The National Mental Health Action Plan or strategy (NMHAP) will provide a detailed estimate of costs of activities outlined in the strategy. The strategy will also include a plan for developing relevant accounting procedures and implementing an effective auditing system.

3.3. Organization of mental health services

Services for mental health in Somaliland are spread out and sometimes overlap. In some cases, the MOHD does not even have control over these services.The public mental health service is very centralized, which makes it hard for most people to get access to good health care.

Adequately organizing existing mental health services in the country will greatly help towards achieving the objectives of this policy.

Thus, this policy calls for:

- The reorganization and decentralization of mental health services by integrating mental health services into all primary health care facilities There is a need for adequate training of relevant personnel and the provision of essential psychotropic medicines, the organization of regular supportive supervision from specialists, the development of agreed referral criteria and clinical communication mechanisms between primary and secondary care, and the use of routine health management information systems.

- The practice of '*chain-free'* mental health services in all mental health facilities.

- In line with the National Health Policy, mental health services will be both public and private, and the quality of services provided in all facilities will be supervised and accredited by the Department of Mental Health, MOHD. All privately owned mental health facilities will be required to obtain a license.

- Strengthening of the department of psychiatry at Hargeisa Group Hospital as a national referral center.

As part of integrating mental health into the general health care system, all existing psychiatric hospitals will be turned into departments within the regional general hospitals. As such, they will share resources, i.e., water, electricity, internet, human resources, and referral systems. The heads of these departments of psychiatry will be accountable to and serve under the director of the general hospitals. Departments of psychiatry within general hospitals should be able to provide the following services:

⇒ **Acute in-user unit** where people with acute mental disorders are admitted and stabilized. After proper thorough medical and psychiatric assessment each patient should be offered:
- Chain-free sheltering and food
- Crisis stabilization care
- Psychosocial Support
- Family support, i.e., counselling.

⇒ **Out-User Services** will encompass:
- Provision of medication
- Medical visit/follow-up at the clinic
- Outreach community services providing home visits, PHC support and advocacy programs.

- Establishment of **forensic psychiatric units** within each regional general hospital or in any other suitable place. These units will serve as wards that provide in-user service for those who commit crimes and are under governmental custody. These users receive services equal to anyone else in the community, even if they are under the supervision of the law.

- Expansion of mental health services into regions where such services does not exist currently by building new in-patient units in these places, while maintaining and renovating old mental facilities throughout the country.

- Establishment of **rehabilitation and vocational centers**, which are crucial for the full recovery of mental health users and their reintegration back into their families and communities with continued follow-up and support from the nearest PHC facility.

  Rehabilitation centers can be both private and/or public, with the primary aim of providing rehabilitation/life skills training and facilitating integration back into the community.

  Rehabilitation centers will provide services of high quality that are safe and in compliance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD). In addition, these centers will be supervised and monitored on a regular basis by the ministry of health.

- **Private mental hospitals** will be permitted. These are facilities established by the private sector in the community that provide services for both inpatient and outpatient users. These facilities will provide quality care in accordance with the standards in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and will be subject to the supervision and monitoring of the ministry of health.

  Private Mental Health Facilities will be allowed if they fulfil the following criteria:

  ⇒ Have enough and qualified medical staff preferably including mental health professionals;
  ⇒ Have the capacity to provide health services of high quality;
  ⇒ Have enough space for users whom they are treating;
  ⇒ Have written standard operating procedures, rules and regulations in accordance with the Standards set down by the MOHD.

- **Religious and/or Traditional Healing Centres (Cilajs)** existing within the Community are under the supervision and approval of the ministry of health development in collaboration with the ministry of religion and endowment. These centres are permitted to treat mentally ill persons if they meet the requirements set down by the National Health Professions Council (NHPC).

  Religious Centres are those that provide one or all of these services:
  ⇒ Spiritual Healing
  ⇒ Quranic Reciting Healing Practices
  ⇒ Herbal Treatment
  ⇒ And other Religious Authentic Services

  Modern medicines can't be given at religious or traditional healing centers (called "Cilajs") because they need medical staff to give and manage them. If such a center provides modern medicines, it will
  qualify as a private mental health center.

- Community mental health centers are centers that are established by the community and serve the mentally ill in the community. These facilities may be psychosocial or educational, and they may provide:

    - Advocacy
    - Public and Community Education and Awareness
    - Psychosocial counseling and psychotherapy
    - Rehabilitation of Persons with a Mental Health Disability
    - Integration and assimilation of the Stabilized User
    - Drop in support

- Children-friendly mental health facilities will also be established in each and every region of the country. These centers will be day care or drop-in centers that serve children with mental disabilities.

NB: Any other mental health services other than those mentioned above are seen as unlawful and irrelevant to the mental health needs of the Somaliland community.

3.4. Human resources and training

Human resources are the backbone of any well-functioning health care system, including mental health care in any county. The performance of the health services provided depends ultimately on the knowledge, skills, and motivation of the mental health work force. In Somaliland, mental health professionals are severely understaffed at all levels, and there is a dire need to reverse this trend.

Thus, the policy seeks to ensure:

- Leaders and champions of mental health are empowered at the central, regional, and district levels.
- Staff capacity is increased in the Department of Mental Health and regional mental health units in policy development, planning, service monitoring, and the translation of research findings into policy and practice.
- Multidisciplinary teams of psychiatrists, general physicians, mental health nurses, social workers, psychologists and physiotherapists are working at all mental health specialist facilities.
- The MOHD takes the responsibility to set up mechanisms to increase the mental health workforce and retain those trained professionals.
- Medical staff working at all primary health care facilities, including health centers, receive trainings on mental health based on the WHO Mental Health Gap (mhGAP) and Psychosocial First Aid (PFA), building on any already existing voluntary and psychosocial community support staff. The Ministry of Health (MOHD) is responsible for ensuring that other teams, such as psychosocial workers, community health workers, and occupational therapists, are also part of the teams at PHC facilities.
- Primary health care staff receive regular support and supervision on mental health.
- The MOHD in collaboration with relevant ministries and institutions to develop a comprehensive mental health training plan with particular attention to undergraduate and postgraduate doctors, nurses, ancillary disciplines, and traditional healers. In addition, in-service training and continuing professional development on mental health will be provided for all mental health care staff. Regional mental health units will be responsible for such trainings under the support and guidance of the Department of Mental Health at the ministry.
- National Educational Institutions will be part and parcel of the implementation of this policy by including mental health knowledge and competencies in all their curriculums at the undergraduate, postgraduate, and research levels and in close collaboration and coordination with the Department of Mental Health at the Ministry.

3.5. Prevention of mental ill health and promotion of well being

Some of the main goals of this policy are to prevent mental disorders and help people feel better. Social problems, like poverty, unemployment, housing, and displacement problems, and being left out of society, make people more likely to get mental illnesses and make them more likely to get sick. To properly address those issues will contribute to enhanced mental health in any community.

Interventions for promotion and prevention are important for lowering the risk factors for mental illnesses and raising the protective factors for good health. They also help make positive changes in a wide range of social and economic outcomes.

To reduce the growing number of mental disorders and improve the health and well-being of the population as a whole, targeted and carefully chosen promotion programs should be developed and implemented.

Prevention of mental illness and promotion of well-being should be done in collaboration with partners and other stakeholders both inside and outside of the health sector. In all relevant national and international events, messages of mental health should be observed and seen by the public through partnerships and collaboration. Those messages should also be mainstreamed in programs such as those that closely relate to maternal and child health.

Thus, this policy calls for:

- capacity strengthening of health providers in promotion and prevention interventions.
- mental health promotion using a life skills education approach.
- implementation of interventions for children, especially joint nutrition and parenting skills development and classroom-based interventions.
- Implementation of community empowerment interventions to promote mental health, social well-being, and reduction of the risk of mental disorders particularly for young people, women, elders, families and those living in poverty.

3.6. Essential drug procurement and supply

Part of the mental health policy is making sure that all facilities that offer mental health services have a steady supply of psychotropic drugs. Making high-quality psychotropics available and accessible for those who need them enhances the credibility of the health care system and encourages people to seek health services.

Thus, this policy calls for:

- Psychotropic medicines, as listed on the Somaliland Standard Treatment Guidelines and Essential Medicines Lists (EML), are available at all facilities that offer mental health services, including PHC facilities;
- introduction of legislation supporting the availability and accessibility of free essential psychotropic medicines to all patients with severe mental disorders.
- finding a sustainable means of financing the provision of psychotropic drugs.
- Regular training of prescribers on the rational use of psychotropic medicines.
- introduction of a system to systematically monitor and follow-up psychotropic drug consumption.
- regular monitoring and evaluation of adverse drug reactions due to psychotropic medications.

3.7. Mental health advocacy

Stigma and discrimination against people with mental disorders are common in Somaliland. This hurts the people's health-seeking behavior, their willingness to stick with treatment, and their ability to get better. Stigma is also a huge contributor to the low priority given to mental health care. Increased advocacy to reduce stigma will ensure parity for mental health at all levels in both the public and private sectors and will lead to equitable resource allocation and funding for mental health.

The target groups for advocacy are the general public, consumers and families, professional bodies, non-state actors, mental health workers, general health workers, planners and policymakers, and other service providers.

In Somaliland, major challenges to mental health advocacy include:

- lack of mental health services in many parts of the country.
- wrong public beliefs about causes and risk factors for mental disorders.
- lack of parity between mental health and physical health.
- poor quality of care in mental hospitals and other psychiatric facilities.
- paternalistic services.
- violations of the human rights of persons with mental disorders.
- lack of housing and employment for persons with mental disorders.
- stigma associated with mental disorders, resulting in exclusion.
- absence of promotion and prevention programs in schools, workplaces, and neighborhoods
- lack of mental health legislation.

Thus, this policy calls for:

- sensitizing the nation to the plight of people with mental disorders
- setting up national strategies to educate the public with the goal of reducing stigma.
- promoting the establishment and operation of users and family associations involved in mental health care and issues
- integrating and mainstreaming mental health issues in all national policies and legislation.
- coordinate efforts by different line ministries, the community, civil society organizations (CSOs), and other stakeholders who are willing to contribute to the reduction of stigma in our society.
- initiate targeted mental health advocacy programs for populations who are more vulnerable to mental disorders, such as children and adolescents, women, older people, and inmates.

3.8. Mental health information systems

A mental health information system (MHIS) is a system for collecting, processing, analyzing, disseminating, and using information about a mental health service. It is a tool for measuring coverage and needs to enable managers and policymakers to see existing gaps. Accurate information gathered from services delivered will ensure accountability and provide a measure of the proper usage of available resources and the quality of services being delivered.

In the absence of regular access to reliable MHIS, it will not be feasible to develop a mental health action plan that suits the needs of the community. Moreover, to regularly update the national mental health policy, we need up-to-date and reliable information about the community. Well-developed mental health information systems are necessary for research that can assess the burden of mental disorders in the community, risks, protective factors, and the cost-effectiveness of interventions. Additionally, to secure appropriate levels of funding for mental health services, there is a need for accurate information on the needs of populations.

Thus, this policy calls for:

- Periodic mapping of existing capacities and services in mental health.
- Development of a core set of mental health indicators for systematic data collection, collation, analysis, and reporting.
- Increased capacity in the mental health information system (MHIS) within the department of mental health at the ministry and regional mental health units.
- Full integration of MHIS into the Ministry of Health's Health Information System (HIS)
- Routine use of the information gathered for trainings, revision of mental health policy, and planning and management of mental health services at all levels.
- Regular monitoring and evaluation of the mental health system against agreed norms and standards is conducted using the MHIS.
- Promotion of a culture of information use for mental health service development through capacity building that addresses the various stages of data collection, processing, dissemination, and application of mental health information.
- Conduct research in priority areas in mental health in collaboration with local and international research institutions.

3.9. Research and ethics

Research in mental health is almost nonexistent in Somaliland, and this needs to be developed and strengthened. Properly done research in mental health will identify context-based, biopsychosocial factors that cause mental disorders and how these factors interact while detecting trends for early intervention. Research will also evaluate local knowledge, attitudes, and principles, fostering useful ones while eliminating harmful ones. A properly designed and executed systematic investigation will also evaluate the quality of services provided and intervention outcomes. Data collected through proper research will be of paramount help to national planning and development.

Research

- Research is to be done in three (3) types:

    1) Periodic overall epidemiological research that covers all regions or sample areas in order to establish prevalence rates, severity, duration, accompanying disability, risk and protective factors, and outcomes.

    2) Health service research to examine aspects of the mental health service; clients' progress, through the health system; and effectiveness of interventions using structured question templates that shall incorporate service provider interview forms through different levels (pre-medication, during medication, and post-medication).

    3) Periodic observation and qualitative research are needed to judge the quality of service and the attitudes of service providers together with the users' feedback.

- Research data is to be stored in both electronic and hard copies.
- Data bank to be installed and shared by the MoHD, international stakeholders mandated for country-level health support, the Ministry of Planning to incorporate with the National Data and Information Bank, and academic and research institutions.
- Incorporate data information with the annual health plan.
- Link the research unit with international stakeholders to support and strengthen the capacity of the unit.

Ethics

- An ethics committee on mental health is to be established if such a committee does not exist within the ministry.
- Sub-Ethics Committees are to be established in the regions.
- Department of Mental Health at the Ministry to set up the criteria for the selection of members together with the Terms of Reference (ToR) required for the Ethics Committees.

3.1. Mental health and substance use

Abuse of drugs is commonly known to be a leading factor that contributes to severe mental illness in many people. In Somaliland, a substance known as Khat, which is legally imported from Ethiopia, is widely available. Khat is consumed by chewing the fresh leaves of the khat plant (Catha edulis). Khat leaves contain a substance with stimulating effects, which is categorized in the family of amphetamines. Although more recent research on prevalence is lacking in Somaliland it is believed that large proportion of the population chew khat on regular basis.

In addition to the mental and psychological consequences of Khat consumption, it poses other detrimental impacts at the social, economic and medical level of the individual user and the community at large.

More recently, an increasing number of alarming reports have been prevalent in the local media indicating a rising increase in the use of alcohol and cannabis among the youth in Somaliland. This changing behaviour needs the attention of the government to investigate and set up preventive measures.

In compliance with the regional framework for scaling up public health action to substance use (WHO, EMRO, 2019) with more focus on khat abuse, *this policy calls for:*

- A nationwide strategy on substance use, prevention, treatment, care and rehabilitation with special focus on khat consumption.
- Strengthening capacity to deliver services that are effective, adequate and respect the human rights of affected individuals.
- Evidence-based technical guidance on mental health and substance abuse particularly khat abuse for all public and private health care centres.
- Development of a nationwide social welfare program for affected families.

3.11. Mental health legislation and human rights

Mental health legislation is meant to solidify the fundamental principles, values, and objectives of mental health policy. In Somaliland, people with mental disorders are often subjected to stigmatization, discrimination, and exclusion from much needed health services. Such attitudes need to be reversed. As a result, developing community based mental health programs and service delivery is a priority for the MOHD. Therefore, the mental health legislation will promote access and availability to uninterrupted services in the community. The legislation will ensure the rights of the individuals suffering with mental health disabilities while respecting that fundamental human rights are protected.

The person, together with his or her family, should be at the core of a harmonious, readily available, and accessible structure for mental health service delivery. Therefore, this legislation will allow persons and their families to avail of and access all mental health services whilst having a voice in the care they are receiving.

To achieve this, the policy calls for:

- Developing national mental health legislation in line with international human rights covenants and instruments.
- Drafting and adopting rules, regulations, and codes of practice for implementing the national mental health legislation.
- Establishing operational structures, mechanisms to support the implementation of the mental health legislation.

3.12. Mental health in emergencies

Somaliland is prone to calamities, the current COVID-19 pandemic being the latest. Other examples include recurrent droughts, the recent devastating cyclone Sagar in early 2018, periodic cholera outbreaks and the more recent Dengue fever in 2019, which affected several regions in the country. Moreover, since the civil war, small tribal wars are still present across the country with displacement of substantial number of people in some cases. In Somaliland, there are still large numbers of internally displaced people (IDPs) living in shantytowns on the outskirts of some of the major towns under horrible conditions. Pre-existing distress among the public due to unemployment, poverty and political uncertainty usually add to any new negative impact of emergencies. Despite the vulnerability of Somaliland population to emergencies, there is currently no mental health and psychosocial preparedness to mitigate the plight of affected populations, which often lead to long-term consequences within communities, families and vulnerable groups.

Thus, in line with the Inter-Agency Standing Committee (IASC) guidelines, this policy calls for:

- Establishing of a single, intersectoral MHPSS coordination group co-chaired by the MoHD and another lead organization/agency with defined Terms of References.
- Inclusion of MHPSS to be a core component in any national emergency preparedness and recovery plans.
- Caring and protection of people with serious mental illnesses (SMI) who are often forgotten during emergencies.
- Ensuring of people in institutions such as patients in resident homes “Cilajs” or in mental hospitals be checked and their needs addressed.
- Involvement of the media to provide accurate information that reduces stress and enable people to access humanitarian services.
- Training emergency responders to provide Psychological First Aid (PFA).
- Ensuring all health staff, particularly those working in the primary health care facilities, receive relevant training in disaster response.

PART 4: BACKGROUND DOCUMENTATIONS

Ministry of Health Development. Somaliland National Mental Health Policy, 1st edition. 2012.

World Health Organization. A report of the assessment of the mental health system in Somaliland using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS). Somaliland region of Somalia 2006. https://www.who.int/mental_health/somaliland_who_aims_report.pdf?ua=1

World Health Organization (1948). Constitution of the World Health Organization. https://www.who.int/about/who-we-are/constitution.

World Health Organization (2003). https://www.who.int/mental_health/publications/essentialpackage1v6/en/

World Health Organization (2013). Comprehensive mental health action plan 2013-2020. https://www.who.int/mental_health/action_plan_2013/en/

World Health Organization (2016). Regional framework to scale up action on mental health in the Eastern Mediterranean Region https://applications.emro.who.int/dsaf/EMROPUB_2016_EN_18700.pdf

Interagency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial support in Emergency settings. https://interagencystandingcommittee.org/system/files/legacy_files/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

World Health Organization, Eastern Mediterranean Region (EMRO). Regional framework for action to strengthen the public health response to substance use https://applications.emro.who.int/docs/EMRPUB-MNH-225-EN.pdf?ua=1&ua=1&ua=1&ua=1

Ministry of Health, Kenya. Kenya Mental Health Policy 2015 - 2030. http://publications.universalhealth2030.org/uploads/Kenya-Mental-Health-Policy.pdf

Department of Health. Republic of South Africa. NATIONAL MENTAL HEALTH POLICY FRAMEWORK AND STRATEGIC PLAN 2013-2020. http://www.safmh.org/documents/policies-and-legislations/MENTAL%20HEALTH%20POLICY%20FRAMEWORK%202013-2020.pdf

UNFP Somalia. Population estimation survey 2014 Somalia.

https://somalia.unfpa.org/sites/default/files/pub-pdf/Population-Estimation-Survey-of-Somalia-PESS-2013-2014.pdf

Ministry of Health Development, Somaliland. The 2020 Somaliland Health and Demographic Survey (SLHDS). https://somalia.unfpa.org/en/publications/2020-somaliland-health-and-demographic-survey-slhds-launched

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