

REPUBLIC OF SOMALILAND

MINISTRY OF HEALTH



SOMALILAND NATIONAL MENTAL HEALTH POLICY

2012

Forewords

Mental Health, Neurological and Substance Abuse are worldwide health problems, affecting social groups of all ages. It is clear that positive mental health be combined with good physical health and education. Somaliland is among the countries with a high prevalence of mental health illness. At least one in three families has a member with some form of Mental Health Disability.

Somaliland Ministry of Health recognizes that mental health illness is one of the main health issues which need intervening, improving and preventing. Thus developing a clear and complete 'Mental Health Policy' is the first step towards addressing and sustaining a quality mental health service.

In line with the MoH vision and in conjunction with the National Health Policy provides clear direction for the improvement of the Mental Health Service. This Policy outlines the strategic components which are fundamental for the development and maintenance of mental health services. Also it states the importance together with the advantage of integrating the Mental Health Service into the Primary Health Care.

Additionally information collection and research are vital to improving the quality of care. They provide evidence to support policies, evaluate the effectiveness of the current practice. Therefore this policy promotes a continuous research in developing a framework for monitoring and evaluation strategies.

Finally the 'Policy' addresses the importance for 'Legislation' which safeguards and protects the rights of those who suffer from a mental health disability plus their families.

Dr Abdirahman Hersi Mohamed
Director, Department of Health Services
Ministry of Health
Somaliland

ACKNOWLEDGEMENT:

The Somaliland Ministry of Health is very grateful for the production of this National Mental Health Policy which is one of the top priorities for the ministry. Then MoH would like to acknowledge all those actively and passively who participated in the formulation, development and production of this document.

This document has been produced after eleven months of extensive work with the National Mental Health Policy Working Group that was organized by MoH and GRT composing of the different mental health stakeholders of MoH, International and UN Organizations, LNGOs, Private Mental Health Centers, Users and Family together with other concerned Institutes.

Special mention is for the Director of Health Services of MoH Dr Abdirahman H. Mohamed who was chairing the NMH Policy working group, Julie Currie of GRT Project Manager who acted as the driving force and glue holding the members together, DR Abdirazak Baraco who was the Secretary of the working group.

Also MoH is very thankful to the active participation and contribution of Mr. Abdirisak M Warsame from GAVO who was a long-term mental health partner with Ministry, Rahma Saqadhi from the planning department of MoH, Abdi Hassan Du'alle - WHO, Kinzi Kowdan - Nagaad, Cris Bautista - Progressio, Emilien Mkusi - THET, Mariko Sato – IOM and many others who passively contributed.

The Ministry of Health is proud of the work done by the National Mental Health Policy Working Group, for their valuable input, dedication, and cooperation together and with the Ministry of Health. Without this contribution of the entire working group it would not have been possible for the MoH to produce and finalize the evolution of this Policy.

AREAS OF ACTION OF THE NATIONAL MENTAL HEALTH POLICY (NMHP)

Somaliland Ministry of Health (MoH), in collaboration with Stakeholders, has identified the following areas of action as the first priority to achieve the objectives of this Policy:. The following areas for action will be further planned within an Action Plan

1. Vision, Mission, Principles, Goals and Objectives of the NMHP
2. Management of MH Care at National and Regional Level
3. Human Resources
4. Research and Ethics
5. Tackling Stigma and Promoting Mental Wellbeing
6. Organization of MH Services
7. Substance Abuse and Addictions
8. Financing of Mental Health Programmes
9. Mental Health Legislation

1. MANAGEMENT OF MENTAL HEALTH CARE AT NATIONAL AND REGIONAL LEVEL

1.1 A National Mental Health Advisory Council will be established to oversee the implementation of the Mental Health Policy for Somaliland. The membership will comprise of ***Ministry of Health*** and Representatives from the following Institutions:

- 1.1.1. Ministry of Justice
- 1.1.2. Ministry of Education
- 1.1.3. Ministry of Labor and Social Affairs
- 1.1.4. Ministry of Islamic Religion and Charity
- 1.1.5. Civil Society
- 1.1.6. Medical Colleagues/Universities
- 1.1.7. National Health Professions Council (NHPC)
- 1.1.8. Somaliland Medical Association
- 1.1.9. Somaliland Public Health Association
- 1.1.10. Somaliland Nursing and Midwifery Association
- 1.1.11. Parliamentary Sub-committee of Legal Advice, Justice and Human Rights
- 1.1.12. Private Mental Healthcare Centers
- 1.1.13. User's/User's Families Association
- 1.1.14. Relevant Local/International NGOs Mental Healthcare.

1.2 National Mental Health Advisory Council responsibilities include:

- 1.2. 1 Provision of advice for developing and reviewing National Mental Health Policy, Plans and Strategies;
- 1.2.2 Support to decision-making for developing, implementing and evaluation of Public and Private Mental Health Services;
- 1.2.3 Provision of collective recommendations received from various Agencies directed to the Mental Health Unit in order to support the implementation of this Policy effectively and efficiency;
- 1.2.4 Provision of information about response and utilization of Mental Healthcare received from the Mental Health Unit and other Partners;
- 1.2.5 Support to overcome technical, social and financial obstacles related to the provision of deferent aspects of Mental Healthcare;
- 1.2.6 Legislative Advocacy related to Mental Health caring including identifying and promoting issues of importance in Prevention, Treatment and Recovery;
- 1.2.7 Serving as the link between Mental Health Service Providers, Community, NGOs and other relevant Agencies.

1.3 The Unit for Mental Health located within the Health Service Department in the MoH will be managerially and administratively strengthened in order to take the role of implementation for the Mental Health Policy at Central Level.
The unit will:

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Primarily responsible for the National Mental Health Service:

1.3.1 Manage and promote Mental Health Services

1.3.2 Implement decisions from the Ministry based on the guidelines of the National Health Policy

1.3.3 Specify strategic targets and outcomes to be achieved at central level.

1.3.4 Clinical Guidelines; develop Clinical Guidelines (treatment, admission, discharge) for Mental Health at the National Level

1.3.5 Supervise, monitor and evaluate all National Mental Health Facilities (Public and Private)

1.3.6 Links between Public and Private Practice

1.3.7 Links with Traditional Health Practice; strengthens collaboration between Traditional and Conventional Health Practitioners

1.3.8 Links with Police and Prisons; provision of Focal Persons for Mental Health establishment with these units

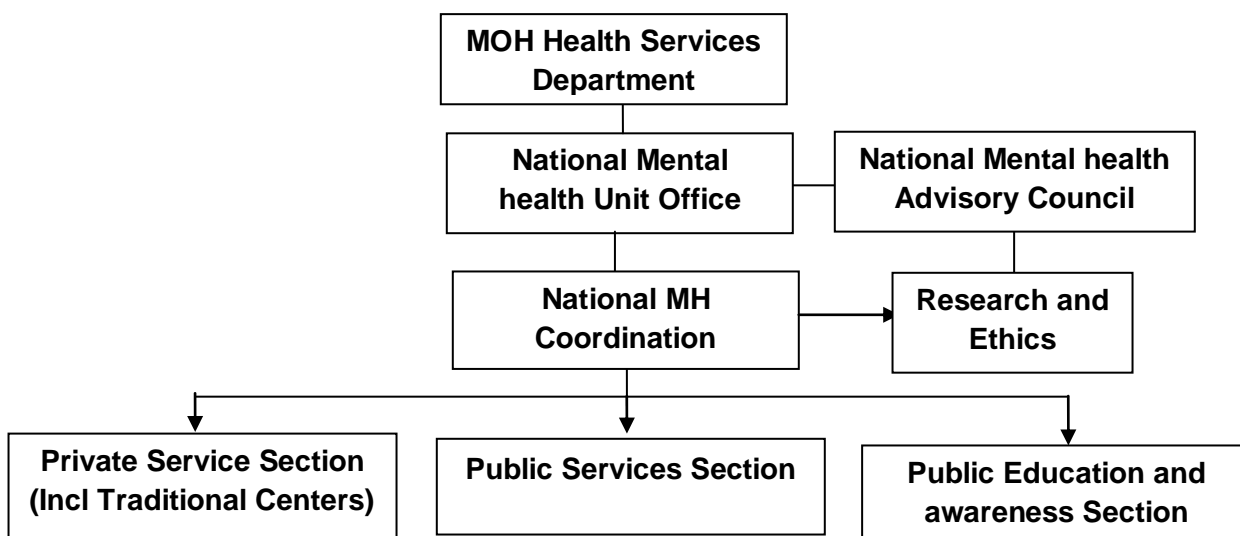
1.3.9 Drug supply and regulation; develop a mechanism to regularly review and implement National Guidelines on the management of Psychotropic Drugs together with other Medications

1.3.10 LINKS WITH OTHER RELEVANT MINISTRIES AND NON-GOVERNMENTAL ORGANISATIONS

1.3.11 Develop a routine management information system in order to identify resource needs and monitor the outcomes of Mental Health Services.

1.4 Each Region may develop integrated local plans that are consistent with Somaliland Mental Health Policy after consulting with central level and all other Stakeholders.

1.5 The Mental Health Unit at the Regional Level will carry out all activities and duties similar to that of the Central Mental Health Unit (MoH).



2. HUMAN RESOURCES

Focal Person- Ministry of Health (MoH) will select a focal person to be located in each district for coordination services thus engaging in legislation, quality service delivery, and promotion, education and awareness activities for Hospital and Community Mental Health.

Ward Setting

Hospital Ward, adequate staff will be appointed in order to deliver appropriate Service Delivery and Care. These staff will require in service training appropriate for a range of care settings, including acute and rehabilitative suitable for the Mentally Ill Person.

- **Psychiatrists/Medical Officers (qualified)** will be part of a multi-disciplinary team, in collaboration with all Mental Health Practitioners located within all District Mental Healthcare Facilities thus creating a network within this specialty field. The Ministry of Health (MoH) is responsibility for ensuring that at least one psychiatrist will be located in every Region. The Psychiatrist will work for the Ministry of Health and be under the supervision of the MoH Focal Person.
- **Mental Health Nurses** with qualifications in Mental Health will be provided.
- There will be **Psychosocial Workers** in every acute ward and rehabilitation centre.
- There will be one **Occupational Therapist (Mental Health)** for every acute ward and rehabilitation centre.
- There will be at least one **Clinical Psychologist** for every district in order to provide in-user care and outreach clinics.
- **Physiotherapists** will be provided for in-user wards and outreach clinics.
- **Traditional Healers** located in the in-user ward and outreach clinics will be included as part of the multi-disciplinary team

Community Mental Health Setting

- **Mental Health Nurses** with qualifications in Mental Health will be provided for every Mother & Child Centre (MCH)
- There will be **Psychosocial Workers** in every MCH.
- Community Mental Health workforce will be developed, building on the already established Voluntary and Psychosocial Community Support Staff. The role of **Primary and Public Health Workers** is to provide Mental Health Promotion and Education at Primary Level. Therefore the majority of people with common mental health issues will be treated within the Primary Health Care setting.

A **comprehensive training plan** will be developed with particular attention to undergraduate and post graduate Doctors, Nurses, Ancillary Disciplines and Traditional Healers. In addition, in-service training and continuing professional development on Mental Health will be provided for all health care staff. Every District will have a District Mental Health Center to organize and arrange in-service trainings on mental health. This Centre under the technical guidance of the universities will be the main location for all mental health staff in-service training.

NMH Advisory Council– should establish a team which will take part in mental health by carrying out media and community programs in order to combat stigma and discrimination thus raising ‘Public Awareness’ on Mental Health. The committee will identify priority areas for research and development. Also this committee will examine the following issues:

- Priority Research questions on Mental Health issues
- Challenges, barriers and incentives for carrying out Mental Health Research
- Potential International support to fund Mental Health Research activities between Government Agencies, NGOs and LNGOs

National Educational Institutions

The Educational Institutes will provide specialist Mental Health Courses with a curriculum of International Standards and will be endorsed by the Ministry of Health. These Institutes will be responsible for the development and education of special expertise in Mental Healthcare, as well as the provision of Training together with Research. This development of Training will be in collaboration with the Ministry of Health as required.

3. RESEARCH AND ETHICS

There is a need for the establishment of a Research and Ethics Unit that incorporates measures for systematic investigation in order to discover &/or establish emerging Mental Health Facts, Attitudes and Principles. The data information shall be used for measuring indicators or parameter for worth or quality Mental Health Service. The Research and Ethics Unit shall come under the Mental Health Coordinating Unit.

1. Research:

- Research office to be in place
- Research to be done in three (3) types
 - a. Periodic overall Research that covers all Regions or Sample Areas
 - b. Structure question templates that shall incorporate service providers interview forms through different levels (pre medication, during medication and post medication)
 - c. Periodic observation to judge quality service and attitudes of service providers together with the users' feedback.
- Data to be stored in both electronic and hard copies
- Data bank to be installed and shared by Ministry of Health, International Stakeholders mandated for Health support, Ministry of Planning to incorporate with National Data /Information Bank and Academic and Research Institutions.
- Incorporate data information with the annual Health Plan
- Link the Research Unit with International Stakeholders in order to support the Research Unit

2. Ethics

- 2.1 Ethics committee on Mental Health is to be established by the Mental Health Coordinating Unit (MoH)
- 2.2 Sub Ethics Committee is to be established in all Regions
- 2.3 MH Coordinating Unit (MoH) is to set the criteria for the selection of members together with the Terms of Reference (ToR) required for the Ethics Committee

4. TACKLING STIGMA & PROMOTING MENTAL WELLBEING

As stigma and discrimination is common in the Somaliland Society, and with the mentally ill person encountering negative behaviors on a daily basis, the National Mental Health Policy is addressing such harmful-attitudes. Such inflicting challenges experienced by the mentally ill person in Somaliland which hinders the promotion and improvement for the status of the Mental Health situation.

Challenging Stigma:

Stigma and discrimination is one of the key challenges of Mental Health specifically experienced by the mentally ill person in the community.

Addressing stigma will be one of the priorities identified by the Somaliland National Mental Health Policy.

MoH is responsible for organizing and coordinating the efforts of the Authority, the Community, and CSOs and other Stakeholders who are willing to contribute to the reduction of stigma in Somaliland Mental Health Community.

A National Advisory Council is established by the MoH and comprised of MoH, CSOs as well as the Community. This Council will set strategies to educate the public with the goal of reducing stigma.

Promotion of Mental Health Wellbeing:

The situation of Mental Health in Somaliland is considered to be one of the poorest in the world thus requiring attention and joint efforts from the different stakeholders whether it's the Government, such as the MoH, together with other Ministries or involved/concerned CSOs from International Organizational Partners and/or the Local Community.

These multi-sectional efforts will address the needs for Mental Health Prevention and Promotion.

Hence the Ministry of Health (MoH) plays the most important role in this development while providing encouragement.

5. ORGANIZATION OF MENTAL HEALTH SERVICES

The organization and provision of Mental Health Services in Somaliland are both scattered and overlapped. These are not well coordinated and do not come under the jurisdiction of the Ministry of Health.

Hence, to improve the Mental Health Services and enrich the quality of services offered to the mentally ill person, it is important to properly organize and restructure these services by bringing it under the leadership and authority of the Ministry of Health who plays the lead role in the governance of Health.

Organization and coordination of Mental Health Services will not only provide benefits but it will also avoid overlapping of efforts and also harmful services that will end up endangering the people who need mental health services.

Therefore, Mental Health Services will be reorganized and decentralized, taking into consideration the Somaliland context while acknowledging the capacity of the Somaliland Government.

Bearing in mind the National Health Policy, Health Services will be both Public and Private, and the quality of all services offered in these facilities will be supervised and approved by the Ministry of Health.

The Mental Health Unit within the Ministry of Health, Somaliland is the sole responsible bodies that will coordinate and organize the services that are available thus enforcing all service providers are accountable to this Unit.

A Public (Governmental) Acute Mental Health Ward will be established in each District/Region General Hospital of Somaliland in particular those big cities that have larger populations (Buraq, Berbera, Borama, Las-Anod and Erigavo) while the Capital City of Hargeisa requires more than one General Hospital containing an Acute Mental Health Ward.

1. Specialized Mental Health Wards

Each District **Specialized Public Mental Health Ward** will have the following network of services:

- **Acute** in-user unit in which people with Mental Health Disabilities are admitted and stabilized ensuring that each user is medically assessed, such services provided include:
 - Intermediate Care Services
 - Medical Care (Medicine)
 - Psychosocial Support
 - Sheltering and Food
 - Acute in-user services (short stay)
 - Crisis stabilization care

- Medical consultation
- Intensive out-user program
- **Out-user** services: out-user services of
- Provision of Medication,
- Medical visit/follow-up at the Clinic
- Home-visits
- And provision of Psychosocial Rehabilitation & Education

2. Mental Health Services provided in Primary Health Care

Integration of Mental Health Services into Primary Health General Services will be one of the priorities that will improve the Mental Health situation in Somaliland.

Each Primary Health Care Center in all Districts will provide Mental Health Services:

3. Forensic Wards

Forensic Units will be established within each General Hospital at District level. These units serve as wards that provide in-user service for those persons 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.

4. Rehabilitation Centers

Rehabilitation Centers are crucial for the rehabilitation and integration into community mainstream for the stabilized person with a Mental Health Disability. These Rehabilitation Centers are attached to all the Medical Facilities.

Rehabilitation centers can be both Private and/or Public while their primary service is to provide rehabilitation/life skills training and integration with support to the stabilized person.

These centers must avoid employing methods that can risk or endanger the physical integrity of the mentally ill person who is in a state of fragile uncertainty behavior and s/he can harm him/herself or others due to the condition.

5. Private Hospitals

Private Hospitals will be those Hospitals or other Facilities that are established by the Private Sector in the Community and provide services for both in and out users. These Facilities will provide quality care in accordance with the Standards in the United Nations-Convention of Rights for Persons with a Disability. In addition these Facilities will be supervised and monitored by the Ministry of Health/Review Committee.

Private Mental Health Facilities are those who qualify by:

- Having enough and professional medical staff who are able to manage medical practices

- Have the capacity to provide quality care
- Have enough space for users whom they are treating
- Have Rules and Regulations in accordance to the Standards set down by the MoH

6. Private Religious and Traditional Healing Centers (including Cilajs)

Religious and/or Traditional Healing Centers existing within the District or Community are under the supervision and approval of the National Mental Health Unit of MoH. These centers are permitted to treat mentally ill persons if they met the requirements set down by MoH.

Religious Centers are the Centers that provide:

- Spiritual Healing
- Qoranic reciting Healing Practices
- Herbal Treatment
- And other Religious Authentic Services

Traditional Healing Centers:

Such Centers are not permitted to provide modern medicines because this requires qualified staff to administer and manage. If such Centers are to practice with modern medicines they will qualify as a Private Medical Center.

7. Community Mental Health Services:

Community Mental Health Centers are Centers that are established by the Community and serve the mentally ill person in the Community. These Community Mental Health Centers can be an education point where the Local Communities of those areas enjoy:

The work of the Community Mental Health Centers is:

- Advocacy
- Public/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

Some Community Services such as Mobile Crisis Teams and Community Residential Areas will not be available until the MoH receives the required budget to sustain these services.

8. Children Support Centers:

Children friendly Mental Health Facilities will also be established in each and every District of the Country. These Centers will be a day care or drop in Centers that serves the children who suffer from Mental and Psychological Impairments.

NB: Any other Mental Health Services other than those mentioned above are seen as unlawful and irrelevant to the National Mental Health Policy.

6. MENTAL HEALTH AND SUBSTANCE ADDICTION

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 is widely consumed by many. This substance is a drug with stimulating effects and categorized in the family of amphetamines. Most Somali men chew this which is in form of fresh leaves. Being sparsely grown by Somaliland farmers, it is imported from Ethiopia.

Notwithstanding the mental or psychological effect of Khat, it has other social, economical and medical effects on the individual as well as the entire community.

In 2004, GAVO mental health situational analysis report mentioned Khat as one of the main issues affecting mental health. During this baseline assessment when people were asked if they believed Khat causes mental illness 37% of the respondents replied yes.

On the other hand, a survey conducted by VIVO in 2002 revealed that 80% of patients that suffer with Psychosis were excessively using Khat before they became ill. The statistics collected from the survey indicated that at least 76% of the users consumed Khat before becoming mentally ill, while 70% of the users are still consuming it.

Therefore Khat is identified as a predisposing factor to mental illness and “Khat adds fuel to the fire”.

For that reason the national mental health policy of Somaliland is addressing the negative challenges together with the implications that substances have on the mental wellbeing of Somaliland individuals as well as the entire community.

7. MENTAL HEALTH PROGRAMME FINANCING

Financing mental health services is in accordance with the National Health Policy. Implementation of the Mental Health Policy is a combined and integrated effort lead by the MoH in coordination and collaboration with relevant Government Line Ministries, CSOs, Private Sector, International Agencies and other relevant Stakeholders.

The MoH will take the lead in developing a fund raising strategy. The fund raising strategy includes exploring ways of ensuring availability of funding for mental health services. Also, a wide range of funding resources will be identified – governmental, international agencies, NGOs, private sector, diaspora etc, for the implementation of services. This emphasis is on identifying sustainable sources of funding. An increase in allocation to mental health services at the central, regional and district levels is advocated.

The National Mental Health Action Plan (NMHAP) will provide a detailed estimate of costs of activities outlined in the Policy. The NMHAP will also include a plan for developing relevant accounting procedures and implementing an effective auditing system.

8- MENTAL HEALTH LEGISLATION

In Somaliland mental health human rights abuse occurs every day. These victims are often subjected to stigmatization, discrimination and exclusion from society. As a result developing Community Based Mental Health Programs and Service Delivery is a priority for the Ministry of Health (MoH). Therefore the Mental Health Legislation will promote access and availability to uninterrupted services in the community. Also It will ensure the rights of the individuals suffering with a Mental Health Disability while respecting and accepting these people as equal citizens.

The person together with his/her family should be at the core of a harmonious, readily available and accessible structure in Mental Health Service Delivery. For that reason this Legislation will allow persons and their families to avail and access all Mental Health Services whilst having a voice in the care delivery.

Hence Somaliland Mental Health Legislation will be developed on the basis of a Human Rights approach consistent with the UN Convention of Rights for Persons with Disabilities (UN-CRPD) which reinforces International Standards and Laws, thus allowing for full implementation of the UN Convention on the Rights of the Child.

A committee within the National Advisory Council for Mental Health Legislation is established and will be responsible for Delivery Standards of Care for those users in the Public and Private Sector.

- Establishing a Review Committee in the Advisory Council, for Licensing and Monitoring Mental Health Service Delivery and Care, based on the criteria set down by the National Advisory Council and its Committee.
- Establishing and monitoring Standards of Service Delivery and Care, Privacy, Dignity and Confidentiality as part of protecting the users' Human Rights.
- Establishing Tribunals and Review Committees at a Local Level to independently monitor standards, review detention orders and hear appeals and complaints.
- Legislation for establishing and mandating Advisory Council, Ethics Committee and other relevant Bodies, to provide a mandate.

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- Establishing Minimum Standards in Service Delivery, ensuring Educational Qualifications is present and ensuring staffing is maintained for the specialized Service Delivery as well as maintaining that facilities are mandatory by Law.
- Establishing Protocol and Procedure Manuals for the Involuntary Detention Treatment and Discharge of Users. In addition Involuntary Admissions will require two authorized approvals from certified Mental Health Practitioners.
- This Legislation will safeguard the Human Rights of the Person with a Mental Health Disability; by ensuring that client consent and information is present as required; while establishing a set of Minimum Standards of Care.