

REPORT

Gardho Mental Health Center

COMMITTED BY COMMUNITY CONTRIBUTION AND LOCAL DIASPORA
PUNTLAND, SOMALIA

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I. INTRODUCTION

Somalia Diaspora and local community founded Gardho Mental Health Center October 2011. The Mental Health Center is an outpatient clinic that is located Gardho Puntland State in the northeastern Bari region of Somalia. It is the center of the Gardho District. Gardho is the fourth largest city in Puntland and is the capital of the Karkaar region.



Hundreds of internally displaced people have been squatting in Gardho for many years, and the number increases every day. Many of these people have experienced the civil war, poverty, unemployment and other hardships causing them to have some type of mental illness.

The main objective of the Gardho Mental Health Center Clinic is to provide services to uninsured individuals with severe mental illness. The professionals volunteering at the Clinic hope that the services offered will keep mentally ill patients from being abused, chained or locked up.



II. BACKGROUND INFORMATION

The city of Gardho has one hospital, five outpatient clinics, but no mental health facility. In the past, mentally ill patients had to travel to Bosaso, Garawe, or Somalia for treatment. If the patient was not sent to one of these facilities, the patient was chained up at their home, or beaten.

Gardho schools, prisons, homes, community centers, as well as other areas in the region often see people with some type of psychiatric or mental disorder. Mental illness continues to increase in Gardho, as many of the people who have migrated to this town are experiencing side effects from the civil war, poverty, unemployment, and other hardships. Combined together, all of these stress related issues can escalate a mental condition into a crisis if not treated.

III. TRADITIONAL MEDICINE PRACTICES IN SOMALIA



In Somali, mental illness is often treated using traditional medical practice guided by older men of the community who have acquired skills from their elders. The practitioners use fire-burning, herbal remedies, casting, and prayer. People believe spirits reside in all humans; if spirits become angry, illness is a common symptom. There are many patients taking herbal medications.

A traditional healer's office has huge amounts of herbal collections and patients are asked to drink or take them by nose. Another form of treatment is when traditional healer puts the patients head into water and proceeds to give them electrical shocks. Neither of these methods are an effective method of care. This form of treatment is definitely responsible for further traumatic injury to a person who is mentally disturbed. The traditional healer only attends Koran Schools, and has received no proper medical training. They have no formal type of education, especially in the field of psychiatry.

IV. GARDHO MENTAL HEALTH CENTER – A COMMUNITY CLINIC

In the last few years, Gardho's population has been growing at a rapid pace due to the presence of so many internally displaced people migrating from the Southern part of the country or countryside. Since conflict has been increasing in that part of the country many individuals coming to Gardho are suffering from mental health disorders, and need psychiatric care.



An American Psychiatrist founded Gardho Mental Health Center in 2011. The Clinic located in Puntland, Somalia is the one of the community based psychiatric clinic that is supported by the Diaspora community. In April 2012, the Clinic opened six days a week, 7 hours per day, 7:00 a.m. to 2:00 p.m. The U.S. Psychiatrist trained the nurses to work with mental illness, educate patients and family members, and dispense medication.

He talked with traditional healers explaining to them that the techniques that use were inappropriate for mentally ill patients, but they showed no interest in discontinuing their practices.

Physicians in Somalia have been seeing an increase in the number of patients seen in every private or public clinic in the region. Many clinicians have misdiagnose mental disorders by diagnosing and treating the patient for typhoid fever or neurosyphilis, but the Clinic diagnosed the individuals as suffering from depression, anxiety, mania or schizophrenia or somatisatin disorder. Awareness of mental disorders is not widely acknowledged even amongst healthcare professionals in Somalia.

School children with neurological problems like tic disorders, movement disorders or some childhood psychiatric disorders have also been brought to the Clinic for treatment. The patients all responded to medication or other modalities like psychotherapy, family education, and group work.

Elderly patients with various medical and psychiatric disorders were diagnosed and treated for dementia, atypical depression, Parkinson's, or stroke related behavioral changes. In late May, two serious cases were brought to the Clinic, and the adolescent women were both diagnosed with acute mania with psychosis.

A traditional healer previously treated the first teenager that visited the Clinic. The cost of traditional healer's service for two months was 400 US dollars. The patient was seen at the clinic for two months, and the cost of the medication was only 20 US dollars. The Clinic attempted to educate families that seeing a physician would save them money.

While visiting Somalia, the American Psychiatrist also treated people in surrounding towns and villages who came to him with mental disorders.

A 40-year-old woman who was chained up for 16 years was brought to Gardho Mental Health Center for treatment. The woman was diagnosed and treated for her condition. Her mental illness continues to be controlled, and she is being seen for follow-up care. She is no longer chained and her life has improved dramatically.



The mental health center has five exam rooms. One office is fully equipped

with an examination bed, weighing scale, stethoscope, sphygmomanometer, and another office has two cupboards. One cupboard is locked and used to keep small amounts of medication for the extremely poor patients, and the other cupboard holds the patients documents. After the U.S. Psychiatrist returned home, he created medical records for each person he treated that included the patients name, address and medication dosage. The records were sent to Clinic for their use.



One of the rooms available in the Clinic is large enough to hold four chairs and a good size clinical table. The room size is suitable for teaching, as you were able to fit in a white board, and flip chart. The room can also be used to see patients and talk to family members.

The Gardho Medical Health Center's Board purchased all clinical office equipment that was needed.

A very active and committed physician volunteers his time to provide free care and medication to mentally ill patients in Somalia, and oversees the work of the nurse practitioner at the Clinic. The physician is employed at General Hospital, Gardho, and all medical cases were transferred to him from the founder of the Clinic when he returned to the United States.



The Clinic has an Education Unit where leaflets, psychotherapy, and family education on mental health is provided. This is the first time that clinical education has been offered for mental illness. The Clinic received mental health pharmacy support from the community to help organize medications. When a patient comes to the clinic they receive patient education, side effect explanation and are taught how they should report side effects.

People also received education on the use of Qat. Approximately 25% of the patients that come to the clinic chew Qat. *Catha edulis*, commonly called Arabian tea, khat, qat, gat, or miraa that is a flowering plant native to the Horn of Africa. Among communities in Somalia, khat chewing has a long history as a social custom dating back thousands of years. Khat contains a monamine alkaloid called cathinone, an amphetamine like stimulant, which is said to cause excitement, loss of appetite and euphoria. Reducing the use of Qat or abstaining from it is an important part of the mental illness treatment and educational process.

Diaspora has issued small amounts of medication to patients who are extremely poor so that they can continue treatment. As the pilot program comes to a close at the Clinic, the availability of medication for people is a real concern. Approximately 60% of the patients cannot afford mental health medications needed for their chronic mental health disorders. General practitioners refer most of the cases to the Gardho Mental Health Center.

The Clinic has managed over 600 patients with some type of mental illness, and these patients fall into two classifications:

1. Patient assessed, treated and referred for follow-up care; and
2. New patients.

V. STATISTICS

| DISEASE | QARDHO | CARMO | XIDA | SHERI | YAKE | GAROWE | BOSASO | WACIYA | TOTAL |
|-------------------------|--------|-------|------|-------|------|--------|--------|--------|-------|
| SCHIZOPHRENIA | 90 | 4 | 7 | 2 | 2 | 6 | 5 | 4 | |
| DEPRESSION | 90 | 5 | 6 | 6 | 5 | 10 | 20 | 8 | |
| MANIA | 15 | | | | | | | | |
| BIPOLAR | 30 | | | | | | 5 | 2 | |
| QATINDUCES PSYCHOSIS | 20 | | | | | 2 | 2 | | |
| CHILD HOOD DISORDER | 30 | | | | | | | | |
| EPILEPSY | 50 | | | 2 | 2 | | | | |
| ANXIETY DISORDER | 30 | | | 1 | | | 10 | 3 | |
| DEMENSIA | 80 | 1 | | | | 4 | 4 | | 589 |

VI. Somalia Education

There are several Universities in Somalia. In the last three years university graduates in Gardho, face soaring unemployment and they continue to live in a corrupt country. Most of the new graduates have left the country and fled to Europe, traveling through Asia or North Africa. The new graduates that left Somalia have left their families living in very poor conditions or in debt. Those who were not lucky enough to leave Somalia are developing mental health disorders. Many of the professionals believe that a physician practicing psychiatry whether a specialist or primary care physician will eventually catch the disease and become mentally unfit within a few years.

VII. Future Plans – Gardho Medical Center Clinic

Gardho Medical Center is a community based psychiatry clinic. The Clinic is the only option available for the treatment of mentally ill patients. If a patient needs to be committed to a mental health inpatient unit or ward they must travel a great distance. The clinic hopes that the local Diaspora community and Gardho community create a partnership with the local government to build an acute mental health unit in Gardho. The mentally ill patients of Gardho have continued to return to the Clinic for treatment but some type of inpatient unit is needed for some cases.

Gardho Medical Center Clinic anticipates that in the future the community of Gardho will establish a Partial Hospitalization Program and ten room inpatient units.

The Clinic is lead by the Board Members of Gardho Mental Health Center, and the Diaspora activities helping with funds.