

# **Mental Illness Perceptions in the Somali Community in Columbus, Ohio**

**Burhan Ahmed, MPH**  
**Master Candidate**  
**Certified Application Counselor**  
**Columbus Neighborhood Health Center**

# The Somali Community in Columbus

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- An emerging community
  - Somali Community population 30,000
- Refugee background
  - social and political upheaval
  - majority enter through Humanitarian Program and Family Reunion
- Culturally distant
  - traditional African
  - Islamic

# Somali Refugees in U.S.

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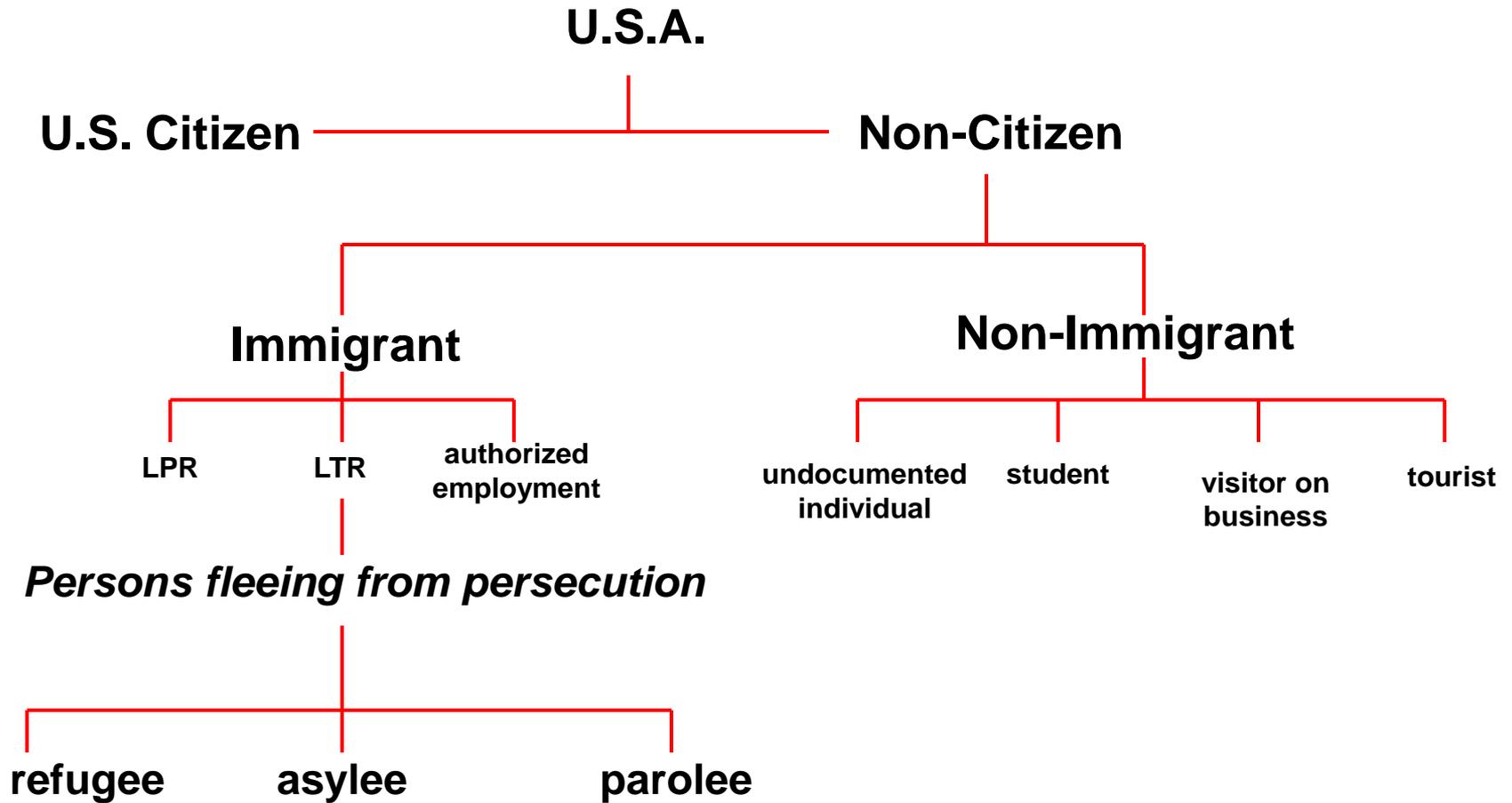
- Cities in:
- Columbus
- Minneapolis
- Atlanta
- Boston
- San Diego
- Portland ME

# What does it mean to be a refugee?

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- Foreign-born resident who:
  - is not a United States citizen
  - cannot return to his or her country of origin because of a well-founded fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group
- Refugee status is generally given:
  - prior to entering the United States
  - by the Bureau of Citizenship & Immigrant Services (USCIS)
  - Eligible for up to 8 months of public assistance.

# USCIS Definitions



# What does it mean to be an immigrant?

Foreign-born resident who:

- is not a United States citizen
- is defined by U.S. immigration law as a person lawfully admitted for permanent residence in the United States
- either arrives in the U.S. with an immigrant visa issued abroad, or adjusts their status in the U.S. from temporary to permanent resident
- may be subjected to a numerical cap

# Mental Health Needs

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- Many Somalis experienced torture themselves or witnessed torture first hand in Somalia
- This experience has left mental scars that negatively affect their mental well being.
  - Their mental health problems are exacerbated due to
    - Social, economic and cultural factors
    - Mistrust of mental health providers who do not respect, or are incompatible with the culture of the people they serve creates a barrier to seeking medical attention
- The overall stress of being a new country contributes to more stress .

# Looking at Themes (Deductive/Inductive)

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- Somali Culture
- Loss, Trauma
- Clan, Islam,
- Traditional African, Jinn
- Settlement Issues
  - Different culture
  - Isolation
  - Separation
  - Practical problems
  - Inter-generational conflict
  - Language difficulties
  - Financial problems
  - Unemployment
  - Preoccupation with country of origin

# Continuous

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- Unemployment
- Preoccupation with Country of origin
- School problems
- Expectations not fulfilled
- Family reunion difficulties
- Negative host attitudes
- Qualification not recognized

## Best Practice for Leading to Somali Person in Mental Health Clinic are:

- In general, individual are best served by professionals from their cultural or ethnic group
- Somali community need to obtain services from Somali professionals who best understand their culture dynamics and behaviors
- It is important that someone from the cultural group be included in the decision making

Thank You

# **Ohio Department of Mental Health and Addiction Services' (OhioMHAS)**

## **Somali Mental Health Services**

# Demographics Served

- Females
- Ages (18-50 years old)
- Married with children
- Low income household
- Somali speaking
- Reside in Franklin County

# Most Common Reason for Seeking Services

- Depression
- Psycho-somatic
- Anxiety
- PTSD
- Acculturation Problems
- Child/Parent problem

# Referral Sources

- Family Physicians/PCP
- Family members
- Previous clients
- Clients are more likely to follow through with obtaining counseling services if they have a rapport with the referral sources.

# Cultural Barrier to Seeking Services

- Potential service seekers are afraid of being stigmatized as a crazy, weak or lack faith.
- Not understanding the purpose of mental health and counseling.
- Believing that they can resolve their issues on their own.
- Counseling is perceived as a waste of time.

# General Barriers to Service

- Transportation
- Not being aware or able to identify their problems.
- Lack more imminent basic needs such as adequate housing, employment and other resources.

# Consumer Engagements

- Bi-Lingual Direct Service providers when possible.
- In the event that interpreters are utilized, interpreters have to be extremely confidential and in-house.
- Community education

# Service Retention

- Creating service plans with beginning, middle and ending with consumers' input.
- Assisting and empowering consumers to utilize other community services to help meet their own needs that are beyond our scope of practice.

# SOMALI COMMUNITY & MENTAL HEALTH DISPARITY

November 19, 2014

By Mahdi Warsama

# BOTH RESILIENT & TRAUMATIZED

- ◉ In general, Somalis are mentally resilient due to their tough nomadic background combined with the harsh semi-desert climate of Horn of Africa
- ◉ Post-traumatic stress, depression and anxiety disorders are common mental health problems experienced by some Somalis who personally witnessed horrific civil war atrocities such as killing, rape, and torture
- ◉ Undiagnosed mental illness is very common among the community

# SOMALI ATTITUDE TOWARDS MENTAL HEALTH

- ◉ There is an stigma amongst Somalis about seeking help for mental and behavioral health
- ◉ Somalis do not have the same conceptual understanding of mental health as Western culture
- ◉ Mental health illness such as depression and anxiety, are not generally recognized as sickness, rather, they are considered a social problem
- ◉ Buufis is a general term for mental health conditions such as depression and it has a negative connotation in Somali lexicon

## CONT.'

- ◉ Many Somali children (and/or their parents) may have lived in refugee camps, potentially exposing them to the atrocities of war including, rape, torture, murder, lack of food, water, and shelter
- ◉ This may make them more vulnerable to symptoms of trauma
- ◉ Cultural conflict, adjustment problems, identity crisis, and lack of acceptance from the host community has resulted in mental illness among the teens

# THE BUCKEYE RANCH SOMALI OUTREACH PROGRAM SERVICES

- ◉ Provides culturally-specific intensive and non-intensive clinical and case management services
- ◉ Somali speaking team members provide interpretation, consultation, training/education services to internal and external families
- ◉ Provides support for Somali youth (5-18) and families struggling with symptoms related to loss, trauma, resettlement, and merging of the two cultures

# OUR EXPERIENCE IN DEALING WITH THE SOMALI COMMUNITY/YOUTH

- ◉ Engagement and trust building is more important than any service delivery
- ◉ Utilization of family strength will produce much better outcome than one-sided treatment
- ◉ Approaching the family problems holistically is necessary rather than dealing with the individual client
- ◉ Providing acculturation services in the areas of education, legal, housing, and immigration for the whole family will mitigate the problem much faster

# BARRIER TO ACCESS SERVICES

- ◉ Language barrier
- ◉ Stigma about mental health itself or the fear of stigmatization if the person seeks help
- ◉ Lack of knowledge of healthcare system navigation in general
- ◉ Scarcity of culturally appropriate mental health services

# COMMON ACCULTURATION NEEDS & CHALLENGES

- ◉ **School/Education:** school navigation, truancy prevention, after school tutoring, inadequate/underutilized ESL services, parent involvement problems,
- ◉ **Parenting/Domestic Challenges:** lack of parenting skills suitable to the US, misunderstanding about parent rights and responsibilities, unruly teens with single parent house holds, inadequate supervision of children and high crime neighborhoods, parent child conflict due to cultural differences and expectations

# GENERAL TIPS TO SERVICE PROVIDERS

- ◉ Always provide Somali interpretation whenever and wherever it is necessary
- ◉ Provide Somali culture competency training to your employees.
- ◉ Use *culturagram* to know more about your clients.
- ◉ Hire a community liaison where it is needed and warranted
- ◉ Provide acculturation and resource navigation services by connecting the families to other service providers and resources

# 15 IMPORTANT CULTURAGRAM QUESTIONS



# CULTURAGRAM

- ◉ Length of time in the community
- ◉ Reason for relocation or immigration
- ◉ age and time of relocation or immigration
- ◉ Languages spoken
- ◉ Health and mental health beliefs and practices
- ◉ Pregnancy and childbirth practices
- ◉ Child rearing practices
- ◉ Attitudes about early childhood mental health

# QUESTIONS, CONT.

- ◉ Family constellation/size
- ◉ Living environment
- ◉ Number of caretakers and relationships
- ◉ Social supports and linkage to the community
- ◉ Family values
- ◉ Stressors or crisis events

# SOMALI CULTURE

Mental Health in context of Somali Culture



# HISTORY OF SOMALI

- ▶ Who are Somalis?
- ▶ Where do they come from?
- ▶ Why are they here?
- ▶ Culture & beliefs
- ▶ How is Mental illness treated?



# WHO ARE THEY?

- ▶ Somalia is located the horn of Africa
- ▶ Somalis are black and 99% Sunni Muslims.
- ▶ Somali is the official language -two major dialects ( Maay and Mahaatiri )
- ▶ The Somali population is 8-10 million (not included are ethnic Somalis in Ogaden region of Ethiopia, Northern frontier district of Kenya, and the republic of Djibouti and other parts of Eastern Africa).
- ▶ Mogadishu is the capital of Somalia
- ▶ 70%-80% Somalis hail from a pastoral, nomadic life.
- ▶ The rest are farmers, work in fishing communities, and traders/merchants.



# WHY THEY ARE HERE?

- ▶ One of the poorest country in the world
- ▶ Literacy is low. Many can not read or write their native language.
- ▶ For the last century, Somalia has experienced very rapid urbanization, people began moving to nearby cities, where they found manual jobs or stayed with relatives that were already living in the cities.
- ▶ During the past 24 years Somalia has been enduring civil instability
- ▶ Columbus is home to many Somalis (Second largest Somali population in the United States)
- ▶ Many are from refugees camp In Kenya and Ethiopia.



# WHAT ARE THE CULTURAL BELIEVES OF MENTAL ILLNESS?

- ▶ Mental Illness is rampant in Somalia
- ▶ Country has no healthcare system ( lack of patient history)
- ▶ Do cultural beliefs hinder or help? example; (postpartum)
- ▶ Stigma surrounding mental illness people do not seek treatment



# WHAT ARE THE CULTURAL BELIEVES OF MENTAL ILLNESS?

- ▶ How do they frame mental illness?  
Mentally ill person is possessed by angered spirits (jinn), lack of faith, has an evil eye, or bewitched .
  - ▶ Traditional treatment include ritual ceremonies, herbal treatments reading verses of the Quran over the ill person
  - ▶ (personal story)
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# WHAT DO I DO?

Columbus City Attorney Office Domestic Violence and Stalking Unit:

- ▶ Assigned to Judge Tyack's courtroom advocate
  - ▶ Any cases where the victim is Somali/Muslim
  - ▶ Help victims of DV in court process
  - ▶ Provide referrals Internal and External (Legal services, food, Shelter, counselling resources, crime compensation program)
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# WHAT DO I DO?

Columbus City Attorney Office  
Domestic Violence and Stalking Unit:

- ▶ Liaison between the prosecutor and the victim
  - ▶ Advice prosecutor cases regarding cultural issues
  - ▶ Student at Ohio State College of Social Work- graduating Spring of 2015 with MSW degree (Mental health and substance abuse track)
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# BARRIERS TO SERVICES

- ▶ Language/Cultural barriers
  - ▶ Mistrust of mental health care system
  - ▶ Social isolation
  - ▶ Lack of mental health services in their country of origin
  - ▶ Misdiagnosis
  - ▶ Fear
  - ▶ Stigma
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## ► Contact Info

Ayan Hassan, Somali Outreach  
Advocate

City Attorney Rick Pfeiffer's Office  
Domestic Violence & Stalking Unit

375 S. High St., 17<sup>th</sup> Floor

Columbus, OH 43215

(614)645-0319

ashassan@columbus.gov;hassan.49  
@osu.edu