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An assessment of social isolation against people with mental illness: A case Study of Hargeisa mental Hospital in Hargeisa, Somaliland

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Keywords

social isolation, mental illness, Demographic characteristics, mental health

Abstract

This research aims to investigate the effects of social isolation on mental illness among individuals living with mental health conditions in Hargeisa, Somaliland. The study employs a descriptive research design and a mixed approach, utilizing both qualitative and quantitative methods to explore the relationship between social isolation and mental health. The research population comprises patients, their families, and mental health professionals, with a total sample size of 30 participants using Slovene's Formula selected through probability and purposive sampling techniques. Data collection involves primary and secondary sources, employing questionnaires and interviews for primary data, and relevant literature for secondary data.

Demographic characteristics of respondents are presented, including gender distribution, age groups, marital status, education levels, and work status. The data analysis highlights respondents' perspectives on various factors such as the impact of drugs (khat) on mental health, the relationship between unemployment and mental health issues, and the effects of mental illness on physical and emotional well-being. The findings reveal that many respondents strongly agree that drugs have a significant impact on mental health issues, and unemployment can lead to stress-related health problems.

In conclusion, this research sheds light on the effects of social isolation on mental illness among individuals living with mental health conditions in Hargeisa, Somaliland. The study emphasizes the importance of addressing social isolation and its potential impact on mental well-being. The findings contribute to the understanding of mental health challenges in this context and provide insights for policymakers, mental health professionals, and community stakeholders to design interventions that promote mental health and well-being.

Background of the study

Persons with mental and represent a significant proportion of the world's population. Millions of people worldwide have mental health conditions and an estimated one in four people globally will experience a mental health condition in their lifetime. Almost one million people die due to suicide every year, and it is the third leading cause of death among young people. Depression is the leading cause of years lost due to disability worldwide (WHO, 2017). Mental health problems, including alcohol abuse, drugs are among the ten leading causes of disability in both developed and developing countries. (WHO, 2020) 450 million people currently suffer from a mental illness, according to a report published by the World Health Organization.

In Globally Mental Health America (MHA), originally founded by Clifford Beers in 1909 as the National Committee for Mental Hygiene, works to improve the lives of the mentally ill in the United States through research and lobbying efforts. A number of governmental initiatives have also helped improve the U.S. mental healthcare system. In 1963, Congress passed the Mental Retardation Facilities and Community Health Centers Construction Act, which provided federal funding for the development of community-based mental health services. Other government interventions and programs, including social welfare programs, have worked to improve mental health care access (unite for sight nonprofit organizations) 1 in 4 Americans currently suffers from at least one mental illness, 80% of people suffering from a schizophrenic disorder can reduce symptoms and the possibility of relapses, via medical help, therapy, and family assistance.

Someof the main conditions worth pointing out include major depression, schizophrenia, obsessivecompulsive disorder, and manic depression. It has also been reported that the percentage of Americans with mental illness is steadily growing. Mental illnesses are a major cause of death, disability, and economic burden worldwide and the World Health Organization predicts that by 2020, depression will be the second leading contributor to the global burden of disease across all ages.

The last major European study of brain disorders, which was published in 2005 and covered a smaller population of about 301 million people, found 27 percent of the EU adult population was suffering from mental illnesses. (Reporting by Kate Kelland; Editing by Matthew Jones) Mental health problems appear to be increasing in importance in Africa. Between 2000 and 2015 the continent's population grew by 49%, yet the number of years lost to disability as a result of mental and substance use disorders increased by 52%. In 2015, 17·9 million years were lost to disability as a consequence of mental health problems. Such disorders were almost as important a cause of years lost to disability as were infectious and parasitic diseases, which accounted for 18·5 million years lost to disability.

In Somaliland a mental illness is a health problem that significantly affects thinks, behaves, and interacts with other people. It is diagnosed according to standardized criteria. The term mental disorder is also used to refer to these health problems. 1948 and 1991, Victor et al. (2000) As the proportion of older people in the population increases and more live alone (WHO, 2002), the problem of social isolation among the age group is of growing concern.

Thus, designing effective interventions to address the problem is difficult. Social isolation has been defined in myriad ways in the literature. Some studies (e.g. Cattan and White 1998; Hall and Havens 2001; Van Baarsen et al. 2001) have differentiated between two constructs: social isolation, an objective measure of social interaction, and social loneliness or emotional isolation, the subjective expression of dissatisfaction with a low number of social contacts. People who had only poor or limited social contact were considered as 'at risk' of social isolation: some older people prefer to be alone and suffer no adverse effects on their quality of life.

Statement of the problem

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.(Ministry of Health, 2012).

Somaliland is experiencing an explosion of mental health problems that has received little coverage. The country has experienced devastating civil wars that have resulted in widespread trauma, and the lack of necessary mental health infrastructure is an obstacle to allowing the population to heal and recover. War trauma, poverty, unemployment and widespread substance misuse (khat) have all negatively affected the mental health of its citizens. (Fatumo, 2020).

Somaliland Ministry of Health recognizes that mental health illness is one of the main health issues which need intervening, improving and preventing. According to ministry of health (2012) Stigma and discrimination is one of the key challenges of Mental Health specifically experienced by the mentally ill person in the Somaliland community?

There is no official data on prevalence of mental health conditions in Somaliland. However, existing research points to alarmingly high levels, including severe conditions, caused by the violence of the civil war, widespread use of the amphetamine-like stimulant khat, entrenched unemployment and lack of health services. And yet people with psychosocial disabilities have been abandoned by the state, left to their own devices or reliant on often ill-informed relatives, who also have no place to turn for help on how to support a relative with psychosocial disabilities. (www.hrw.org/report/2015).

Based on research in the towns of Hargeisa, Berbera and Gabiley, this report examines the abuses against people with actual or perceived mental health conditions or psychosocial disabilities in public and private institutions. Between October 2014 and July 2015 Human Rights Watch visited two public mental health wards, six privately-run residential centers and one facility that uses traditional and religious practice to treat and purportedly heal inpatients. Human Rights Watch interviewed 115 people, including 47 people with actual or perceived psychosocial disabilities currently or formerly within institutions, and found that most residents experience abuses. These include arbitrary detention, chaining, verbal and physical abuse, involuntary medication, overcrowding and poor conditions. Basic due process, judicial oversight and channels of redress are non-existent. Although women with psychosocial disabilities also suffer serious abuses in healing centers and in their communities, this report focuses largely on men, because most of the centers hold men.

Besides, the reason to conduct this research was the gap that encountered in studied papers or there was not enough study about the social isolation against people with mental illness though different outer in the field warns that people living with mental illness in Somaliland face Stigma and discrimination. There was a lack of research on the fact about Stigma and discrimination against people with mental illness in Hargeisa, Somaliland. Based on above statement this research seeks to examine the extent and causes of social isolation against people with mental illness in Hargeisa, Somaliland.

Research objectives

General objectives

This study to evaluate the effect of social isolation and stigmatizing attitudes on people living with mental illness in Hargeisa hospital, Hargeisa Somaliland

Specific objectives

1. To find out the knowledge of the wider community towards mental illness in Hargeisa.
2. To identify the major factors that causes social isolation on people with mental illness.
3. To investigate the type of stigma, prejudice and discrimination against People with Mental Illness in Hargeisa.
4. To examine the effect of social isolation on people with mental illness.

Research questions

This research's intention is to reveal how social isolation affects mental illness, the study attempts to answer the following questions:

1. What is the knowledge of the wider community towards mental illness in Hargeisa?
2. What are the major factors that causes social isolation on people with mental illness in Hargeisa?
3. What type of stigma, prejudice and discrimination existed against People with Mental Illness in Hargeisa?
4. How social isolation affects people with mental illness in Hargeisa?

Theoretical Review

Mental health stigma is an important health concern that should be addressed using public health messaging. For communications professionals, it can be vexing to run a campaign designed to get public and private support for mental health services. For various reasons, audiences are often dismissive of mental health issues. This might be partially due to the fact that mental health conditions often present as invisible disabilities, so they may need justification to be considered legitimate (Samuels, 2003).

It is important for public health communicators to actively make non-disabled audiences understand the legitimacy of these invisible disabilities. Even when 2 communicators are able to do this, however, many people actively avoid the topic altogether as distasteful or uncomfortable. These problems are even more difficult when communicators try to reduce mental health stigma because addressing stigma might often seem secondary to providing quality services. It is, however, at least equally important to eliminate the stigmatization of this population. A powerful antidote to marginalization might be to increase the self-esteem and self-efficacy of people who have mental health conditions through empowerment and protest. But, as will be discussed, ending mental health stigma through empowerment messaging may also create resistance to treatment. (Hinshaw&Stier, 2008),

Tensions involved in reducing mental health stigma. This is not to say, however, that these tensions have gone without attempts to address them. Campaign developers have tried to normalize mentalhealth conditions while also maintaining the issue's saliency. They have attempted to do this by problematizing these disabilities using a bio psychological medical discourse. This discourse constructs disabilities as problems that can be addressed (and possibly eventually cured) given the proper resources. Recent and ongoing research has shown that this tactic is not effective in reducing mental health stigma (Read et al., 2006 3) Problematic Policy Practices Although there is littlepublished evidence about the needs of 'graduates', it has been recognized that being transferred between services was problematic. It has been found to result in reconfigured relationships, resigned acceptance, and a catalyst for re-examining what it means to get old with access to certain types of care becoming limited or impossible (Dadswell, 2005; RCP, 2009a). Recovery: a frame of reference.

In the past, it was believed that schizophrenia was incurable, and people who were found to improve in research were often considered to have been misdiagnosed and therefore excluded from analysis (Kruger, 2000). Research that found large numbers of people improving however was further validated by an American woman diagnosed with schizophrenia who was residing in

a rehabilitation service, when she published a personal account of her experience that questioned the negative perceptions and low expectations that professionals had of people like her (Deegan, 1988). She argued that people with schizophrenia can get better but challenged the use of the medical concept of recovery which did not reflect her experience. Pat Deegan argued that she was not recovering from schizophrenia, but was recovering a new sense of self and purpose despite the challenges of helping services that created barriers to this. Shortly after being told she had schizophrenia she made the decision that she would become a doctor so that she could change prevailing 20

Loneliness is not about 'being alone' but rather a subjective experience of isolation. Many of us can feel a 'pang' of loneliness, even in the middle of a crowded roomier! Persistent loneliness, however, such as that experienced by an unemployed person whose social life centered on work colleagues, can have an effect on both physical and mental health. Stress hormones, immune function and cardiovascular function are impacted by chronic loneliness. It can also lead to anxiety and depression through a persistent self-reinforcing loop of negative thoughts, sensations and behaviorism. Women (6%) are more likely to have a clinical diagnosis of depression than men (2.9%). The highest rate is amongst 25-44 year old women (7.5%), and is likely to include women with postnatal depression or feelings of social isolation following the birth of a baby 5. Increasing age is an important risk factor for increased mental health needs. There are a number of conditions that older people are more likely to experience, particularly as this group are prone to social isolation, financial difficulty, chronic physical health problems (long term conditions) and loss/bereavement Deprivation is also associated with poorer mental health. The Mental Illness Needs estimates levels of mental health need relative to England; and includes admissions related to mental health conditions. Brook lands, Heaton and Goo shays wards have higher scores than England, indicating more mental ill health. Social networks and friendships not only have an impact on reducing the risk of death or developing certain diseases, but they also help individuals to recover when they do fall ill. Activities such as volunteering not only help improve mood by doing something good, but also reduce social isolation. HM Government (2011). No Health without Mental health

Over the last century a number of descriptive scientists played an important role in the identification, description and categorization of serious mental disorders. Their work drew interest to the field and provided a framework for future study. Aside from its historical value, their work continues in the form of DSM IV, which is an elaboration and extension of the same efforts to categorize mental illness in a way that facilitates study, research, treatment and prevention.

Noteworthy descriptive scientists of the past include Emil Kraepelin, Eugene Bleuler, Gabriel Lang Feld and Kurt Schneider. Emil Kraepelin (1856-1926), a German psychiatrist, categorized seriously disturbed individuals into three main groups: dementia praecox [schizophrenia], manic depressive psychosis, and paranoia. His main contribution to the field was his careful description and categorization of serious mental disorders.

Eugene Bleuler (1857-1939), a Swiss psychiatrist, coined the word schizophrenia, and provided the four "A"s of schizophrenia: Associations (looseness of), Autism, Affective disturbance, and Ambivalence. Gabriel Lang Feld described schizophreniform psychosis, and Kurt Schneider gave us first rank and second rank Schneiderian symptoms.

From Kraepelin through DSM IV, classification has been largely descriptive. I believe this is because little has been understood about cause. This leaves the process of categorization in its infancy. We find it more helpful to know the age of origin of a disorder than to know that the disorder meets a certain set of diagnostic criteria, and we think that future studies likely will confirm our impression that medications and regions of brain activity are specific to age of origin-not to current diagnostic criteria.

Empirical Review

Mental disorders and their care present unusual problems within biomedical ethics. The disorders themselves invite an ethical critique, as does society's attitude to them; researching the diagnosis and treatment of mental disorders also presents special ethical issues. The current high profile of mental disorder ethics, emphasized by recent political and legal developments, makes this a field of research that is not only important but also highly topical. For these reasons, the Welcome Trust's biomedical ethics programmer convened a meeting, “Investigating Ethics and Mental Disorders”, in order to review some current research, and to stimulate topics and methods of future research in the field. The meeting was attended by policy makers, regulators, research funders, and researchers, including social scientists, psychiatrists, psychologists, lawyers, philosophers, criminologists, and others. As well as aiming to inspire a stronger research endeavor, the meeting also sought to stimulate an improved understanding of the methods and interactions that can contribute to “empirical ethics” generally.

This paper reports on the meeting by describing contributions from individual speakers and discussion sections of the meeting. At the end we describe and discuss the conclusions of the meeting. As a result, the text is referenced less than would normally be expected in a review. Also, in summarizing contributions from named presenters at the meeting it is possible that we have created inaccuracies; however, the definitive version of each paper, as provided directly by the presenter, is available at http://www.wellcome.ac.uk/doc.WTX025116.html

Causes of Mental Illness

Genetics (Heredity)

If you have a family member with mental illness, you are more likely to develop that at some stage in life. Certain mental illnesses are hereditable and run in families due to defected genes. Experts believe that mental illnesses result from abnormalities in different genes rather than one, which explains why some people with the susceptibility of mental illness don't develop mental illness. Other factors such as abuse, stress, or a traumatic event may influence or trigger mental illness in a person with inherited susceptibility.

Infections

Certain infections can cause brain damage, which may result in the development of mental illness. The streptococcus bacteria are responsible for the development of a condition called pediatric autoimmune neuropsychiatric disorder (PANDA), which may cause obsessive-compulsive disorder.

Brain Defects or Injury

Injury to certain areas of your brain may result in the development of some mental illnesses. Defects in any area of the brain may also cause a mental disorder.

Prenatal Damage

Any trauma or disruption of early fetal brain development may result in prenatal damage that will eventually lead to developing a mental disorder. A disruption can happen due to many reasons, such as the loss of oxygen to the brain. This sometimes serves as a factor in the development of autism and other mental conditions.

Psychological Causes of Mental Illness

A number of psychological factors may also serve as causes of mental illness in many people. Severe psychological trauma in childhood, such as physical, emotional or sexual abuse may be the cause of a mental disorder. Other factors such as neglect, the loss of a parent, or poor ability of communication may also contribute to mental illness.

Environmental or Social Causes of Mental Illness

Where you live and work will have an impact on your mental state. Work stresses and other living conditions can lead to the development of mental illness in people. Being unemployed, living in social isolation, or staying under stress in your work can deteriorate your mental health. Some other stressors such as: death or divorce, changing jobs, feelings of inadequacy, low self-esteem, parents' substance abuse can also lead to an illness, Environment these days isn't safe and contains so many toxins and heavy metals that can lead to contamination and increase the risk of developing certain mental disorders. Being exposed to any heavy metals for long will lead to poisoning that can affect your mental health and even destroy your ability to comprehend and communicate, leading to issues like memory loss, irritation, and fatigue. Exposure to toxins may also be a risk factor for hypertension, headache, aggressive behavior, and kidney dysfunction.

Lifestyle, Emotional and Diet Causes of Mental Illness In addition to the above factors, there are factors like lifestyle choices, emotional traumas and even diets can cause mental illness.

Substance Abuse

Most people who end up using illicit drugs usually have issues at home or in relationships. There is a very high impact of abuse on inhalants, cocaine, alcohol and other forms of drug, causing severe behavioral changes like paranoia, compulsiveness, depression, hallucination, and aggression. Taking prohibited drugs can even increase suicidal tendencies.

Personal Problems/Negative Experiences

Every person has a different level of tolerance for physical pain and other negative experiences in life. If a person manages to overcome a certain problem, it doesn't automatically mean the other person can do the same. Some people think negatively and cannot find a way to release that negative energy. For some, it is not possible to forget about any negative experiences they may have had in the past. Abusive situations, divorce, and even bereavement are some of the most common personal problems resulting in mental illnesses.

Insufficient Nutrition

Many people don't realize it but poor nutrition can affect mental condition. Imagine, if you take quite a little nutrition and find nothing to eat in a very hungry situation, you will naturally feel irritated and annoyed. Therefore, your moods will also change. Maintaining a healthy diet is also important for creating positive mood.

Depression

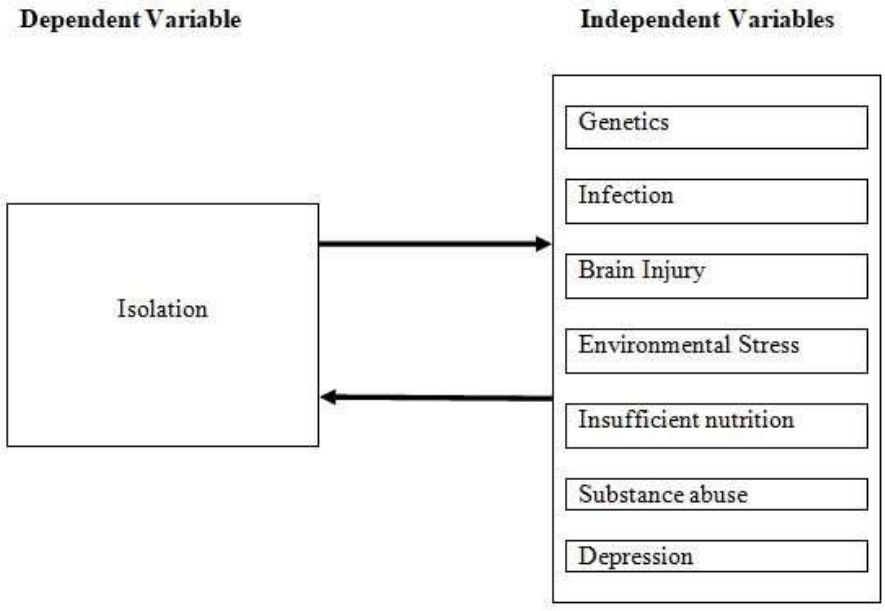
Depression is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. People with depression may also have multiple physical complaints with no apparent physical cause. Depression can be long-lasting or recurrent, substantially impairing people’s ability to function at work or school.

Conceptual framework

One in every five adolescents has a mental disorder and most adolescents do not receive needed mental health treatment (U.S. Surgeon General, 1999; Samargia, Saewyc, & Elliot, 2006). Consequently, many cases of mental disorders remain unresolved during adolescence and continue or reoccur in adulthood (Insel& Fenton, 2005; Kessler, et al., 2005). Recent evidence (Schinke, Fange, & Cole, 2008; Aarons, et al., 2008) amplifies the profound impact of untreated mental disorders during adolescence on the overall health of young adults. Specifically, untreated mental disorders that occur in adolescence are associated with chronic health problems in young adulthood, like respiratory problems, increased rates of infectious diseases, and difficulty maintaining a healthy weight. (Schinke, et al. 2008; Aarons, et al., 2008). Keenan-Miller, Hammen, and Brennan (2007) provide further evidence for the adverse long-term health consequences of untreated mental

disorders during adolescence; they found when individuals have untreated mental disorders during adolescence, these same individuals experience poor overall health, poor physical health, increased work impairment, and high health care utilization as young adults.

There has been a growing realization among policy makers and practitioners that social relations play an influential role in mental health and psychological wellbeing [1], and that service users themselves place high importance on them. Feelings of loneliness are greater and social network size is smaller among mental health service users than in the general population [2–5]. The previous studies have identified an association between loneliness and depression [6, 7], suicidal behavior [8], personality disorders [9], and psychoses [10]. Among people with severe mental illness, social isolation has been linked to higher levels of delusions [11], lack of insight [12], and high hospital usage [13]. Conversely, people who report Greater informal social supports have been found more likely to recover from psychotic symptoms [14]. There is a lack of clarity around how social isolation, loneliness, and related concepts should be defined and measured [15, 16]. While social isolation has been linked to loneliness, they are not synonymous concepts [1, 17]. These, and related terms, including social networks, confiding relationships, and social support, have multiple, often overlapping, meanings. Due to this lack of clarity, researchers sometimes use these terms loosely and interchangeably [18]. In this review, we focus entirely on social relations as they are experienced at the individual level. A higher order sociological approach looks at how people relate to each other within a society. Concepts including ecological social capital, relating to the quality of social relationships within a community, social exclusion, relating to an enforced lack of participation in mainstream social, cultural, economic, and political activities and social inclusion, relating to individuals' access to resources and participation in economic, political, and social activity, can be distinguished from concepts which focus on relationships at the individual level, such as social isolation. (Soc Psychiatry Psychiatry Epidemiol (2017)



Research Design

This research will engage descriptive research design. The researcher will use mixed approach to identify the effects of social isolation on mental illness from the questionnaires. The descriptive research design will use to enable establish the relationship between the independent variable and the dependent variable through qualitative result.

As the study involved Patients, families of mental health, the study falls in the descriptive study design. The data collected through qualitative approach will analyze to help to identify the effect of social isolation on mental illness.

Variable definition

The dependent variable in the study will Social isolation is ranginess from voluntary isolate who seeks disengagement from social interaction for various reasons.

Independence variable will one definition of mental illness issues is a dysfunction within the brain that negatively affects someone's thoughts, emotions, and behaviors and interferes in his/her ability to live a full life in society (Adult Symptoms of Mental Health Disorders). The dysfunction and distress of a mental illness go deeper than just a negative reaction to even extreme life stressors.

Target population

The research was conducted in Hargiesa mental hospital targeting people living with mental illness, who are mental illness in one special mental hospital, patient 30, family of patient 10 and professionals with a population 40.

Sample Size

In this study, the researcher was selected 30 respondents, from the population in Hargiesa mental hospital. Respondents were selected on using probability sampling; for example, some individuals who involve administration health, employee and family that are conveniently available and willing to cooperate in the study and can give to the research the information needed. 30 respondents were selected using Slovene's Formula to calculate the sample size. n=N/1+N (e2) Where: n= number of samples N=total Population e=margin of error which estimate 5%. Therefore, there are 30 respondents that are selected to participate this study.

Sample Category	Target Population	Sample Size	Sample Technique
Family of Patients	40	25	Purposive Sampling
Mental health professional	10	5	Simple Random Sampling
Total	**50**	**30**	

Sample Techniques

Because of the nature of study, simple random sampling and purposive sampling technique will engage were sample will have selected without bias from accessible population. This was ensured that correct and reliable information was obtained from relevant people.

Sources of Data

Primary Data

The primary data source of this research was the respondent's feedback from using data collection tool such as questionnaire and Interview.

Secondary Data

This study we used secondary data that was relevant to this study. Such as books, reports, articles and previous studies which are related to this study

Summary of major finding

An Assessment of social isolation against people with mental illness, the study's first objective was the evaluate the effect of social isolation and stigmatizing attitudes on people living with mental illness is high in Somaliland for lack the three that people get in mantel illness isolation mostly face mantel disordered the people isolate causes lack of their intellectual illness most of people feel specially compassionate towards mental ill.

Social isolation is being lonely or isolated from other if the person become alone without relation other people , the second study research objective was describing social isolation people so that We found substantial evidence that in depression, poorer perceived social support is associated with poorer outcomes in terms of symptoms, recovery and functioning, Loneliness and its impact on mental health outcomes are still insufficiently addressed compared to perceived social support, but there is some evidence that greater loneliness is related to more severe depression and anxiety symptoms and poorer remission from depression.

The findings in table 8 show that, majority of the respondents 53.3% said drugs cause social isolation 30.0% said mental illness cause social isolation and also 16.7% said respondents A and B causesocial isolation also The table above, the respondents give us their respond drugs(khat) increase your risk of mental health issue such as effect physical, height, weight, age body fat and metabolism 12 respondent strongly agree 40.0% 5 respondents agree 16.7% were 5 respondents neutral 16.7% and also 5 respondents disagree 16.7% 3 respondents strongly disagree 10.0% were findings indicate that majority was strongly agree Khat increase your risk mental and physical affect.

The isolation is to distinguish person track other people the isolation person his/her right, when person isolated can't participate social affairs and then finally people isolation leads to create social problems.

Conclusion

We conclusions in this way appears Social isolation is one of the factors cause mental illness because of it is bad effect on human mantel the consequence of isolation has many effect including person feeling internally, finally became mantel ill person.

The isolation is to distinguish person track other people the isolation person his/her right.

When person isolated can't the participate social affairs, the isolation is need to opposed by low in Somaliland the isolation polished mantel illness is decreased

The isolation people they need the welfare the government is responsibility to stop social isolation of the people with intellectual disability.

- **What is the knowledge of the wider community towards mental illness in Hargeisa?**

The According respondents the research find over past few decades, awareness and understanding of mental illness have improved significantly in community Hargeisa mental health issue gained more recognition as legitimate health and efforts have been made to reduce the stigma surrounding mental illness. Were findings indicated is the knowledge of the wider community to wards mental illness in Hargeisa awareness' and understanding of mental illness increased.

- **What are the major factors that cause social insolation on people with mental illness in Hargeisa?**

The According 5 respondents she said social insolation among people with mental illness in Hargeisa can be caused by various factors here

are some major factors that contribute to social insolation among individual with mental illness in Hargeisa stigma and discrimination stigma surrounding mental illness is prevalent in many societies including Hargeisa. Negative stereotypes and misconceptions about mental health can lead to discrimination and exclusion of individuals with mental illness this stigma can prevent people from seeking help and can isolate them from their social network. And the other causes social insolation drugs (khat) lack of awareness, economic factors family dynamics.

• What type of stigma prejudice and discrimination existed against people with mental illness in Hargeisa

The according respondents said mental health stigma and discrimination are pervasive issue in Hargeisa and they can manifest in various ways including social exclusion stereotypes verbal abuse, denial of opportunities, and limited access to health care and support services.

• How social isolation effect people with mental illness in Hargeisa?

The according finding said social isolation affects people with mental illness in Hargeisa, significant negative effects individual with mental illness. Worsening and increased risk of relapse, reduced access resources and also impact on self -esteem social insolation can negatively affect self-esteem and self-worth when individual isolated.Finally isolated is kind of the risk factor cause's mental illness in soma illness which makes more sense for mental illness people because based on the finding of the study the following remedial actions are recommend.

Recommendation

The study is recommended to government to make flowing terms

Establish procedures and rules against social isolation .in people with mantel illness

Treat people using mental health services with respect, acknowledging their experience and expertise in their own mental health, and their capacity to make good choices about their treatment.

Involve families more in the care and support of people experiencing mental distress, and help families to give the kind of support that is needed. Whenever a researcher is done some deficiencies is seen by the researcher therefore the researcher of this study is recommending the following points.

Since social isolations is a factories can be increase mental illness, majority of Somaliland people are poor and they live poverty line therefore the government and LNGOs should try to support to helping people's lives mental illness issue.

On the macro-social level, community-based intervention can mitigate social isolation stress by using peer support and community empowerment for building skills and sharing knowledge.

Government recommends that clinicians periodically assess patients who may be at risk and connect them to community resources for help.

For those without social connections, a doctor's appointment or visit from a home health nurse may be one of the few face-to-face encounters they have. This represents a unique opportunity for clinicians to identify people at risk for loneliness or social isolation.

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