International Journal of Advanced Multidisciplinary Research
ISSN: 2393-8870
www.ijarm.com
(A Peer Reviewed, Referred, Indexed and Open Access Journal)
DOI: 10.22192/ijamr Volume 12, Issue 3 -2025

Research Article

DOI: http://dx.doi.org/10.22192/ijamr.2025.12.03.001

Psychiatric and Mental Health Implications of the Somali Civil Wars, Challenges and Interventions.

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Abstract

This study investigates the psychiatric and mental health consequences of the Somali Civil Wars, focusing on the challenges faced by conflict-affected populations and the effectiveness of existing interventions. Decades of armed conflict, displacement, and human rights violations have contributed to severe psychological distress, including post-traumatic stress disorder (PTSD), depression, and anxiety, particularly among vulnerable groups such as women, children, and marginalized communities. This research employs a mixed-methods design, combining descriptive and correlational approaches. Data were collected through structured questionnaires, focusing on the prevalence of mental health disorders and perceptions of psychiatric services. Semi-structured interviews and questioner with mental health professionals, community members provided qualitative insights into the lived experiences and challenges faced in accessing care. A non-probability purposive sampling method was employed, targeting approximately 50 participants, including professional psychiatrists, psychologists, social workers, and community leaders., this study examines the sociopolitical and cultural factors influencing mental health outcomes in Somalia. The findings reveal a strong consensus among respondents (Mean = 4.12, STD = 0.88) regarding the high prevalence of PTSD, depression, anxiety, and mental health stigma, along with significant gaps in service accessibility. Key barriers include a fragmented healthcare system, cultural resistance to psychiatric treatment, and a shortage of trained professionals. The study highlights the crucial role of mental health professionals, social workers, and community-based interventions in bridging these gaps despite their limited

Keywords

Mental health
Civil wars
Challenges
Interventions
Trauma

capacity. It advocates for the integration of traditional healing methods with evidence-based psychiatric care, increased government investment, digital solutions such as tele psychiatry, and community-driven mental health initiatives. By addressing these critical issues, this research contributes to the global discourse on mental health in conflict settings, offering evidence-based recommendations for sustainable, culturally sensitive interventions. The study ultimately aims to enhance resilience and long-term mental well-being within Somali communities while informing a policy development.

Background of the study

Somalia is situated in the northern most region of the Horn of Africa with an estimated population of about 19million and above out of which 60% are below the age of 25 years making Somalia one of the youngest nations in the world. The country's population is generally homogenous in terms of language, culture and religious background, with the overwhelming majority speaking the Somali language. Somalia is politically and administratively a federated country with regional states namely: Puntland, Jubbaland, Galmudug, South West and Hirshabeele. In addition, Somaliland, situated in the north, self-declared independence in 1991 after the collapse of the central government. In 1991, following the collapse of the central government, the region of Somaliland in the north declared independence. Although it operates as a self-governing entity with its own government and democratic elections, Somaliland's independence has not been recognized by the Federal Government of Somalia or the international community and their states.

Despite the lack of formal recognition, Somaliland engages with international organizations and receives aid alongside Somalia. Recent developments indicate ongoing discussions and negotiations involving Somaliland's status and its relations with neighboring countries.

Mental health has become a critical global concern, particularly in regions experiencing prolonged conflict where instability exacerbates psychological distress.

Conditions such as trauma, post-traumatic stress disorder (PTSD), depression, and anxiety are highly prevalent among populations exposed to violence. Vulnerable groups, including women, children, and marginalized communities, face heightened risks. According to the World Health Organization (WHO), approximately 20% of individuals in conflict zones suffer from mental health disorders, yet these conditions often go untreated due to inadequate healthcare systems, cultural barriers, and the stigma surrounding mental illness.

The psychological effects of war have long been recognized. The concept of PTSD, historically referred to as "shell shock" after World War I, underscores the deep connection between armed conflict and mental health disorders. Modern conflicts, such as the Syrian Civil War, further illustrate the psychiatric toll of violence, including widespread displacement and societal breakdown. Research from conflict-affected countries like Iraq, Syria, Afghanistan, Yemen, Libya and South Sudan indicates a 22% prevalence of severe mental health disorders compared to 13% in non-conflict regions. Despite increasing awareness, interventions in post-conflict settings remain limited, hindered by funding shortages, insufficient research, and cultural resistance to psychiatric care.

Africa disproportionately bears the burden of conflict-related mental health challenges. Countries such as Rwanda, Somalia, Liberia, and Sierra Leone face lasting mental health crises stemming from prolonged violence. For instance, studies conducted after the 1994 Rwandan genocide revealed that 50% to 60% of survivors

exhibited PTSD symptoms, alongside high rates of depression caused by trauma, violence, and displacement. Similarly, prolonged conflicts in Liberia and Sierra Leone have resulted in generations of untreated trauma. Mental health systems in Africa remain significantly underfunded, with less than 1% of national healthcare budgets allocated to mental health. Cultural stigma and reliance on traditional healing practices further deter individuals from seeking modern psychiatric care.

Historical Overview of the Somali Civil Wars the Somali Civil Wars have no definitive historical record pinpointing their exact beginning. However, according to the oral traditions of the Somali people, these conflicts trace back several centuries. The wars have had a profound impact on the country's socio-economic, political, and psychological landscape. Their origins can be linked to the colonial era when arbitrary borders divided Somali-speaking communities across present-day Somalia, Ethiopia, Kenya, and Djibouti, laying the foundation for future tensions.

Early Years and State Collapse (1960–1991), After gaining independence in 1960, Somalia became a unified republic. However, political instability soon emerged as clan rivalries dominated politics. A military coup in 1969 brought Siad Barre to power, whose regime transitioned from nationalist and socialist ideals to authoritarianism, exacerbating clan divisions. Armed opposition groups like the Somali National Movement (SNM) and others formed in response to Barre's oppressive rule. By 1991, Barre was overthrown, leading to the collapse of Somalia's central government and plunging the country into chaos.

Civil War and Clan Fragmentation (1991–2000), The overthrow of Barre created a power vacuum, leading to violent competition among clan-based factions and warlords. Mogadishu became a battleground, resulting in extensive displacement and destruction. Despite efforts at peacebuilding, such as UN-led missions, stability remained elusive. Meanwhile, Somaliland declared independence in 1991 but remains unrecognized internationally. In southern Somalia, fragmentation continued, with regions vying for autonomy.

Rise of Islamic Movements and Transitional Governments (2000–2009), Islamic movements gained influence in the early 2000s as traditional warlords failed to maintain order. The Islamic Courts Union (ICU) emerged, creating pockets of governance. However, its rise prompted regional and international intervention, notably Ethiopia's 2006 campaign to oust the ICU with support from Somalia's Transitional Federal Government. This intervention reignited conflict, leading to the emergence of extremist groups like Al-Shabaab.

Extremist groups Somali Government Prolonged Conflict (2009–Present), different extremist groups, and Somalia government and also some Somali states in Somalia became a significant actor in Somalia's conflict among them, this group controlling large areas and launching attacks on local and international targets. Despite recent military setbacks, the group remains a destabilizing force. Concurrently, governance efforts have progressed, including the establishment of a Federal Government in 2012. However, these initiatives are hampered by inter-clan rivalries, corruption, and ongoing insecurity.

Societal Impact, over three decades of conflict have devastated Somalia’s social and economic systems, resulting in widespread poverty, displacement, and the erosion of traditional community structures. Mental health challenges, including PTSD and depression, are pervasive, further compounded by the destruction of health and education infrastructure.

Current Challenges, while strides have been made in rebuilding institutions, Somalia remains fragile. Persistent issues such as Al-Shabaab’s insurgency, limited resources, corruptions in all sectors of the government and weak governance continue to hinder peace and development efforts.

Mental Health in Somalia is dire due to decades of conflict, clan divisions, and political instability. Even before the civil wars of 1991, the country lacked a robust mental health infrastructure.

Ongoing violence, displacement, poverty, and trauma have significantly increased the prevalence of psychiatric disorders. Research indicates that up to 40% of Somalis exhibit symptoms of PTSD, with depression and anxiety disproportionately affecting women and children. Cultural stigma further exacerbates the problem as mental illness is often associated with spiritual possession or personal weakness. As a result, psychiatric care is seen as a last resort, leaving a significant gap between traditional healing methods and modern psychiatric approaches.

This study seeks to bridge the gap between academic research and practical interventions by exploring the psychiatric and mental health consequences of the Somali Civil Wars. It aims to provide a comprehensive understanding of the challenges while proposing culturally sensitive and sustainable strategies to improve mental health outcomes in Somali communities.

Problem statement

Mental health is a crucial component of both individual and societal well-being, especially in regions affected by prolonged conflict and instability. Somalia, a nation that has endured decades of civil war, serves as a stark example of how political unrest contributes to psychiatric health crises. The persistent conflicts in areas such as some areas in the capital city of Mogadishu, some sool regions, parts of Togdheer, Mudug, Gedo, Jubbaland, Puntland, and Hirshbelle have significantly worsened mental health conditions, increasing the prevalence of trauma, depression, post-traumatic stress disorder (PTSD), and other psychiatric disorders (Ministry of Health, Somalia, 2019).

Despite the critical demand for mental health services, Somalia's healthcare system remains vastly inadequate, underdeveloped, and fragmented. Key challenges include a lack of proper medical infrastructure, an insufficient number of trained mental health professionals, deep-rooted social stigma surrounding mental illness, and the prioritization of immediate survival needs over psychological well-being (WHO, 2010). Additionally, cultural perceptions of mental health often conflict with modern psychiatric approaches, leading to a disconnect between available services and the needs of affected communities (Abdullahi Jam., 2020).

The continuation of armed conflicts in these regions has resulted in widespread displacement, a growing number of orphaned children, and deep-seated community trauma. In the absence of adequate mental health interventions, these crises further fuel cycles of poverty, social exclusion, and societal instability (de Jong et al., 2017). Furthermore, the lack of extensive research and documentation on the psychiatric needs of affected populations presents a significant obstacle to effectively addressing the mental health crisis (World Bank, 2022).

This study aims to investigate the psychiatric and mental health impacts of ongoing conflicts in Somalia, with a focus on understanding the challenges faced by affected populations and evaluating existing mental health responses. By shedding light on these issues, the research seeks to propose culturally relevant and sustainable strategies to improve mental health care in conflict-affected regions of Somalia.

Research Objectives

General research objectives

To examine the psychiatric and mental health implications of the Somali Civil Wars by assessing the psychological impact on affected populations, identifying key challenges in mental health care, and proposing culturally appropriate, sustainable interventions to enhance mental health services and resilience in conflict-affected communities.

Specific research objectives

- To analyze the socio-political and cultural factors influencing mental health care and psychiatric practices in Somalia.
- To examine the effectiveness of existing mental health care frameworks and interventions in Somalia.

- To propose culturally appropriate strategies for enhancing psychiatric and mental health services in post-conflict settings in Somalia.

Significance of the study

This study aims and significance is:

Policy Development

The findings of this study will provide evidence-based insights that can guide policymakers in Somalia to prioritize mental health within the broader context of post-conflict recovery. It will help in formulating culturally sensitive mental health policies tailored to the needs of conflict-affected populations

Enhancing Mental Health Services

The study will identify gaps in the current mental health care infrastructure and propose actionable recommendations to strengthen psychiatric services in Somalia. This can help healthcare providers and organizations improve the accessibility, quality, and sustainability of mental health care, especially in underserved and conflict-affected regions.

Supporting Community Resilience

By highlighting the socio-cultural and psychological impacts of the civil wars, this research will contribute to community-level interventions aimed at fostering resilience and promoting mental well-being. It will empower local communities to address mental health issues within their cultural contexts.

Contribution to Academia

This study will add to the limited body of literature on mental health and psychiatry in conflict zones, particularly in the Somali context. It will serve as a foundation for future research on the topic, enabling scholars to further explore the dynamics of mental health in post-conflict settings.

Global Relevance

The insights gained from this research can inform global discussions on mental health in conflict zones, providing lessons that can be adapted to similar settings in other countries experiencing prolonged instability and violence.

This study is not only critical for understanding the immediate mental health impacts of civil wars but also essential for fostering long-term peace and stability by addressing the psychological scars that fuel cycles of conflict and societal breakdown.

Literature review

This literature review aims to explore existing research on the psychiatric and mental health implications of civil wars, with a focus on Somalia. It emphasizes the challenges conflict-affected populations face and evaluates interventions designed to address these challenges. The review highlights the critical need for mental health solutions tailored to the Somali context.

Mental Health Encompasses the state of emotional, psychological, and social well-being of individuals in Somalia, influenced by the enduring impacts of civil wars. It includes the ability to cope with stress, work productively, and contribute to the community despite challenges such as trauma, stigma, and limited healthcare infrastructure. Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019).

Psychiatric Implications Refers to the psychological and emotional effects of the Somali Civil Wars on individuals, including conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety. These implications stem from prolonged exposure to violence, displacement, and societal collapse, affecting

mental stability and cognitive functioning. World Health Organization (WHO). (2022).

The Impact of War on Mental Health

According to the World Health Organization (WHO, 2022), approximately 20% of individuals living in conflict-affected settings suffer from mental health disorders, with post-traumatic stress disorder (PTSD), depression, and anxiety being the most prevalent. The mental health consequences of war have been extensively documented in countries such as Iraq, Afghanistan, Syria, and South Sudan, where prolonged exposure to violence, displacement, and economic instability has led to significantly higher rates of trauma-related disorders (Charlson et al., 2019). These findings highlight the urgent need for effective mental health interventions in post-conflict settings.

Somalia, which has endured decades of civil war, political instability, and widespread violence, faces similar challenges. The country's mental health infrastructure is severely underdeveloped, and the prevalence of trauma-related disorders is likely high, though underreported due to stigma and lack of resources. Drawing lessons from other post-conflict nations that have successfully implemented mental health interventions could provide a roadmap for Somalia to address its mental health crisis.

Lessons from Post-War Mental Health impacts and Interventions in Other Countries

Rwanda (Post-Genocide Trauma Healing, 1994–Present)

Following the 1994 genocide, Rwanda faced a massive mental health crisis, with an estimated 30% of the population suffering from PTSD (Pham et al., 2004). The Rwandan government, in collaboration with international organizations, implemented several innovative strategies to address trauma and rebuild mental health services:

National Trauma Counseling Programs: Rwanda established community-based trauma counseling programs that emphasized peer-support groups and collective healing. These programs were rooted in traditional Rwandan practices, such as "Gacaca" community courts, which combined justice with psychological healing.

Integration of Mental Health into Primary Healthcare: Mental health services were integrated into primary healthcare systems, ensuring that PTSD, depression, and anxiety were treated at the local level. This approach reduced stigma and made mental health care more accessible to rural populations.

Training of Lay Counselors: To address the shortage of mental health professionals, Rwanda trained lay counselors to provide basic psychological support. This model proved effective in reaching remote areas and underserved populations.

Relevance to Somalia: Somalia could adopt a similar approach by integrating mental health services into its primary healthcare system and training community health workers to provide basic psychological support. Traditional Somali practices, such as community dialogue and reconciliation processes, could be incorporated into trauma healing programs.

Bosnia & Herzegovina (Post-Yugoslav Wars, 1995–Present)

After the Yugoslav Wars, Bosnia & Herzegovina faced significant mental health challenges, particularly among war survivors and displaced populations. The country implemented several psychosocial rehabilitation programs that could serve as models for Somalia:

Expressive Therapy Program: Bosnia introduced art, and drama therapy to help trauma survivors process their emotions. These programs were particularly effective for children and adolescents who struggled to articulate their experiences verbally.

Refugee Mental Health Centers: Specialized mental health centers were established to assist displaced populations with PTSD recovery. These

centers provided culturally sensitive care and focused on long-term rehabilitation.

Community-Based Psychosocial Support: Bosnia emphasized community-based approaches, including support groups and family therapy, to rebuild social networks and foster resilience.

Relevance to Somalia: Somalia could benefit from establishing psychosocial support programs that incorporate expressive therapies and community-based approaches. Given the large number of internally displaced persons (IDPs) in Somalia, specialized mental health centers for displaced populations could be a priority.

Sierra Leone & Liberia (Post-Civil Wars, 2000–Present)

Sierra Leone and Liberia, both of which endured brutal civil wars, have made significant strides in rebuilding their mental health systems through innovative approaches:

Integration of Western and Traditional Healing Practices: Both countries partnered with NGOs to develop mental health infrastructure that combined Western psychiatric approaches with local healing traditions. For example, traditional healers were trained to recognize symptoms of PTSD and refer patients to clinical services.

Peer-Led Support Groups for Ex-Child Soldiers: Sierra Leone and Liberia established peer-led support groups for former child soldiers, focusing on reintegration and psychological recovery. These programs emphasized vocational training and community acceptance to reduce stigma and promote healing.

Mental Health Awareness Campaigns: Public awareness campaigns were launched to reduce stigma and educate communities about mental health. These campaigns were critical in encouraging individuals to seek help.

Relevance to Somalia: Somalia could adopt a similar model by integrating traditional healing practices with modern mental health care. Peer-led support groups could be particularly effective for former combatants and vulnerable groups, such as women and children.

Theoretical Framework

Conflict Theory

Conflict theory is a sociological perspective that views society as being in a constant state of conflict due to competition over limited resources such as wealth, power, and opportunities. Rooted in the work of Karl Marx, the theory argues that social structures and relationships are shaped by power imbalances and inequality. According to Marx, society is divided into two main groups: the bourgeoisie, who control the means of production, and the proletariat, who sell their labor. This economic struggle forms the basis of class conflict, with the powerful exploiting and oppressing weaker groups to maintain their dominance.

While initially focused on economic inequality, modern conflict theory has been expanded to address other forms of oppression, including gender inequality (feminist theory), racial discrimination (critical race theory), and global inequalities. It emphasizes that social change often arises from conflict between competing interests, such as labor movements, civil rights struggles, or revolutions.

However, conflict theory has been criticized for overemphasizing conflict while neglecting the role of cooperation and stability in society. Additionally, it often focuses on group dynamics and systemic issues, offering limited attention to individual agency. Despite these critiques, conflict theory remains a foundational framework for analyzing power dynamics, inequality, and social change across various domains of society.

Conflict and Mental Health, the interplay between conflict and mental health is a critical area of study, particularly in regions experiencing prolonged violence, displacement, and societal breakdown. Research indicates that exposure to conflict significantly increases the prevalence of mental health disorders, including post-traumatic

stress disorder (PTSD), depression, and anxiety disorders.

Impact of Civil Strife: Civil wars and violent conflicts create an environment rife with stressors, including loss of loved ones, economic instability, and the destruction of community structures. These factors contribute to widespread trauma, not only among direct victims but also among those indirectly affected, such as children and families living in war zones.

Long-Term Consequences: The mental health implications of conflict extend well beyond the immediate aftermath. Long-term exposure to violence can result in chronic mental health issues that persist long after the conflict has ended. This ongoing trauma affects individuals' ability to function in daily life, impacting their relationships, work, and overall quality of life.

Institutional Challenges: Additionally, conflicts often lead to the collapse of healthcare systems, making it challenging for individuals to access mental health services. This lack of support exacerbates the psychological toll of conflict, highlighting the need for integrated mental health care in post-conflict recovery efforts.

Cultural Context and believes

Cultural beliefs significantly shape how mental health is perceived and treated in various societies. In Somalia, for instance, traditional beliefs and practices play a crucial role in understanding mental health issues.

Mental health in Somalia is deeply influenced by cultural beliefs, which shape perceptions of mental illness, treatment-seeking behaviors, and access to care. Traditional and religious interpretations often overshadow scientific explanations, leading to stigma, delays in treatment, and reliance on alternative healing methods. Addressing these cultural barriers is essential for improving mental health outcomes in the country.

Spiritual Interpretations and Stigma, Mental illness in Somalia is commonly associated with supernatural causes, such as jinn possession, divine punishment, or witchcraft. These beliefs some of them are in real in our religions and culture but they discourage individuals from acknowledging their mental health conditions and seeking formal psychiatric care. Studies show that up to 95% of Somalis with mental health disorders initially turn to traditional healers rather than medical professionals. These healers use holy Quranic recitations (*ruqya*) and it's important to know that healing holly Quran and herbal is well and accepted also effective but it's also necessary to use and follow mental health care and treatments, herbal remedies, and exorcism "cure" afflicted individuals. While some treatments are harmless, others involve extreme measures such as physical restraints, beatings, and forced isolation.

Stigma plays a significant role in deterring individuals from seeking help. Mental illness is often labeled as *wali* (madness), leading to social exclusion, discrimination, and in some cases, physical confinement. Reports indicate that mentally ill individuals are frequently chained at home or in institutions due to a lack of proper care facilities. The World Health Organization (WHO) has launched the *Chain-Free Initiative* to combat this practice and promote humane treatment, but implementation remains a challenge due to cultural resistance., Barriers to Formal Mental Health Care

Somalia's mental health infrastructure is severely underdeveloped. The country has only 0.5 psychiatric beds per 100,000 people, far below the global average of 24. In 2010, there were only three psychiatrists working in public facilities nationwide, and psychiatric education remains limited in medical training programs.

Beyond the lack of professionals and facilities, distrust in modern psychiatric treatments is another barrier. Many Somalis believe that medications and therapy fail to address the spiritual causes of mental illness, making Western approaches seem ineffective. Additionally, poverty and geographic inaccessibility further restrict mental health services, as most facilities are concentrated in urban centers like Mogadishu,

Hargeisa, and Garowe, leaving rural populations underserved.

Culturally Adapted Mental Health Interventions, recognizing these challenges, some initiatives are integrating cultural and religious elements into mental health care to make treatments more acceptable.

Islamic-Based Therapy: Some programs now incorporate Islamic teachings into therapy sessions, using faith-based approaches to address mental health conditions.

Community Mental Health Education: Training religious' leaders and traditional healers to recognize and refer severe mental health cases can bridge the gap between cultural beliefs and medical care.

Task-Shifting Models: Due to the shortage of psychiatrists, Somalia is piloting programs like *Marwo Caafimad*, which trains female community health workers to provide basic mental health support.

Policy Reforms: Somaliland introduced a "sin tax" on khat imports, raising $2 million in 2022 to fund mental health services. This policy acknowledges the link between khat use and psychiatric disorders, particularly among young people

Finally based on Cultural Competence in Treatment: Addressing cultural perceptions of mental health is essential for effective intervention. Mental health practitioners must demonstrate cultural competence, understanding local beliefs and integrating them into treatment plans. This approach fosters trust and encourages individuals to engage with mental health services.

Community Resilience

The concept of community resilience emphasizes the collective capacity of communities to respond to and recover from adversity.

Social Support Networks: Resilient communities often have strong social ties and support networks that provide emotional and practical assistance during crises. These networks can include family, friends, and community organizations that facilitate mutual aid and solidarity.

Role of Community-Based Interventions: Community-based mental health interventions have shown promise in fostering resilience. Programs that engage local leaders and utilize community resources can effectively address mental health needs while respecting cultural contexts. Examples include peer support groups, community awareness campaigns, and training local health workers to provide basic mental health care.

Empowerment and Agency: Empowering communities to take charge of their mental health resources enhances resilience. By involving community members in the design and implementation of mental health initiatives, these programs can be tailored to meet the specific needs and preferences of the population, leading to more sustainable outcomes.

Psychiatric Services in Somalia

The mental health system in Somalia has long been underdeveloped due to the country's fragile infrastructure. The shortage of trained psychiatrists, lack of mental health facilities, and cultural stigmatization of mental illness contribute to limited access to care. Studies suggest that less than 1% of the Somali health budget is allocated to mental health, leaving vast populations without adequate psychiatric support and mental health support.Mental health care in Somalia faces a profound crisis, driven by decades of conflict, displacement, and systemic neglect. The high prevalence of mental illness, combined with a lack of infrastructure, cultural stigma, and inadequate professional support, highlights an urgent need for comprehensive intervention.

The Burden of Mental Illness, Somalia has one of the highest rates of mental health disorders in the world, with an estimated some below one-third of the population affected by conditions such as depression, anxiety, and PTSD. These rates are even higher among internally displaced persons

(IDPs), where anxiety and depression affect 43.7% and 35.8%, respectively. Contributing factors include protracted conflict, natural disasters, and widespread substance abuse, notably khat chewing. Somalia's young population—over 60% are under 25—has grown up knowing only war and displacement, leading to widespread trauma

Severe Infrastructure and Workforce Gaps, the country's mental health infrastructure is critically underdeveloped. With only 0.5 psychiatric beds per 100,000 people—compared to the global average of 24—and a concentration of services in urban areas like Somaliland and Puntland, most rural communities have no access to care. In 2010, only three psychiatrists worked in public facilities nationwide. Medical education often excludes mental health, perpetuating the lack of trained professionals.

Cultural Barriers to Care, Cultural stigma around mental illness remains a significant obstacle. In Somalia, mental illness is often viewed as "madness" (*wali*), leading to social isolation and discrimination. As a result, up to 95% of individuals with mental health conditions seek help from traditional or spiritual healers rather than formal healthcare providers. Structural barriers, such as cost, lack of awareness, and distrust in healthcare systems, further hinder access to treatment.

The Impact on Vulnerable Populations, Humanitarian crises exacerbate mental health challenges. Somalia's 2.6 million IDPs, displaced by conflict and natural disasters, are particularly vulnerable. A 2023 survey in Mogadishu IDP camps revealed that 54% of anxiety cases and 27% of depression cases were severe. Youth, who make up 70% of the population, are disproportionately affected by trauma and substance abuse. Many turn to migration in search of escape, a phenomenon locally referred to as *buufis* syndrome.

Policy Initiatives: The WHO's *Chain-Free Initiative* aims to end the chaining of mentally ill individuals, a widespread practice, by promoting humane treatment. Somaliland has introduced a "sin tax" on khat imports, which raised $2 million in 2022 to fund mental health services

Social Work Interventions in Conflict Zones

Social workers play a critical role in bridging the gap between mental health needs and the provision of services. In regions like Hargeisa, social workers are instrumental in raising community awareness, offering psychosocial support, and advocating for policy reforms to enhance mental healthcare. Research highlights their success in implementing culturally sensitive interventions, even within resource-constrained environments

Research design

This study employs a dual-method research design, combining descriptive and correlational approaches to investigate the psychiatric and mental health implications of the Somali Civil Wars, assess existing challenges, and evaluate mental health interventions. The descriptive research design enables a comprehensive examination of the mental health challenges faced by conflict-affected populations, the available support systems, and sociocultural factors influencing mental health outcomes. Additionally, the correlational research design will analyze the relationships between key variables such as the extent of conflict exposure, mental health disorders (e.g., PTSD, depression, anxiety), and the availability and accessibility of psychiatric services. By integrating both methodologies, this study ensures a well-rounded analysis of both individual experiences and systemic barriers to mental health care in Somalia.

Sampling Methodology

A non-probability purposive sampling method will be used to select approximately 50 participants who have either experienced the effects of civil war firsthand or are involved in mental health service provision. The sample includes:

No	*Participants*
1	**Professional Psychiatrists**: Experts who can provide insights into psychiatric care, challenges in conflict settings, and recommendations for improving mental health interventions. {T.N 25}.
2	**Psychologists and Mental Health Professionals**: expertise in therapy, counseling, and clinical interventions for trauma survivors {T.N 10}
3	**Social Workers**:Community-based professionals engaged in advocacy, support, and intervention programs addressing the psychological needs of war-affected individuals {T.N 10}
4	**Community Membersand Traditional Leaders**: Individuals who can offer cultural and community-based perspectives on mental health challenges and traditional coping mechanisms {T.N 5}

The sample size will be determined using the Slovin formula, ensuring statistical representativeness while considering logistical constraints in conflict-affected areas.

Data Collection Methods

Structured Questionnaires – Administered via Google Forms, designed to assess the prevalence of mental health disorders and perceptions of psychiatric services.

Observational Analysis – Examining community interactions and mental health practices to supplement survey and interview data with real-world behavioral insights by making a data collectors and observers.

Pilot Testing – The research instruments will undergo pilot testing to assess reliability and validity, ensuring that the tools effectively capture relevant information.

Ethical Considerations

Given the sensitive nature of mental health research in conflict zones, this study will uphold strict ethical standards:

Informed Consent: Participants will be fully informed about the study's purpose, their rights, and voluntary participation.

Confidentiality: Data will be anonymized to protect participant identities and ensure privacy.

Sensitivity to Mental Health and Security Risks: Ethical protocols will be followed to prevent re-traumatization and safeguard participants' well-being.

Results and findings

No	Question	N	Mean	STD	Interpretation
1	What are the most common psychiatric and mental illness conditions experienced by individuals affected by civil wars in Somalia?	50	4.25	0.85	Strong agreement that PTSD, depression, and anxiety are exist civil war zones and prevalent due to civil war impacts.
2	How do prolonged exposure to conflict and violence affect the mental health of individuals and communities in Somalia?	50	4.3	0.9	Strong agreement that prolonged conflict leads to trauma, community dysfunction, less development and hopelessness.
3	What cultural and societal factors contribute to the stigma surrounding mental health in Somalia?	50	4.15	0.75	Agreement that traditional beliefs, shame, and lack of awareness fuel mental health stigma and those encourage mental illness in civil war effected areas in Somalia .
4	How accessible are psychiatric and mental health services in conflict-affected regions of Somalia?	50	3.8	1.05	Agreement that mental health services are limited and poorly distributed in conflict zones because of many reasons mentioned above.
5	What role do social workers and community-based organizations play in addressing mental health challenges in Somalia?	50	4.1	0.95	Agreement that social workers and local organizations are crucial but they face capacity limitations and took some role but is not sufficient and even isn't near the limit needed to do.
6	What strategies can be developed to improve mental health care and reduce stigma in Somalia's conflict-affected regions?	50	4.2	0.8	Strong agreement on the need for education, community involvement, and resource allocation but not fully developed for those strategies and they are in need to implement the quickly.
7	What are the key barriers to implementing sustainable and culturally appropriate mental health services in Somalia?	50	4.0	0.85	Agreement that barriers include funding gaps, cultural resistance, and lack of trained professional, are the biggest gaps that hinder to implementing mental health activities in Somalia especially conflict zones .

Interpretation

The Somali civil wars have had profound psychiatric and mental health implications, leading to widespread trauma, post-traumatic stress disorder (PTSD), depression, and anxiety among affected populations. The prolonged exposure to violence, displacement, and societal collapse has significantly disrupted community cohesion, fostering a pervasive sense of hopelessness. Cultural barriers, including deeply rooted traditional beliefs and societal stigma, prevent open discussions about mental health and discourage individuals from seeking care. Mental health services in Somalia remain notably limited, fragmented, and unevenly distributed, especially in conflict-affected regions. While social workers and community organizations play a critical role in addressing these challenges, their efforts are hindered by substantial resource and capacity constraints.

traditional beliefs and societal stigma, prevent open discussions about mental health and discourage individuals from seeking care. Mental health services in Somalia are notably limited, fragmented, and unevenly distributed, especially in conflict-affected regions. Despite their critical role in addressing these challenges, social workers and community organizations face substantial resource and capacity constraints, which limit their effectiveness.

The development of sustainable mental health care systems is hindered by significant barriers, including funding shortages, cultural resistance, and a lack of adequately trained professionals. To address these issues, strategies must focus on education, community engagement, and improved resource allocation. These approaches are essential for reducing stigma, enhancing service delivery, and promoting a more comprehensive response to mental health challenges in Somalia.

Discussion

The Somali civil wars have had profound psychiatric and his research delves into the complex psychiatric and mental health implications of the Somali Civil Wars, revealing a dire landscape marked by widespread trauma, including post-traumatic stress disorder (PTSD), depression, and anxiety. The ongoing conflicts have not only disrupted the fabric of Somali society but have also exacerbated existing vulnerabilities among key populations, particularly women, children, and marginalized groups. With an estimated 40% of Somalis exhibiting symptoms of PTSD, the ramifications of prolonged violence are evident, leading to a pervasive sense of hopelessness and despair within communities.

The findings from this study indicate a strong consensus among respondents regarding the critical nature of mental health challenges. Specifically, PTSD, depression, and anxiety were identified as the most prevalent mental health conditions affecting individuals in conflict-affected regions. Prolonged exposure to violence was strongly correlated with heightened trauma and community dysfunction, reinforcing the urgent need for effective, culturally sensitive interventions.

Prevalence and Impact of Mental Health Conditions

The Somali Civil Wars have precipitated a mental health crisis, with 40% of the population exhibiting PTSD symptoms—significantly higher than the global average of 3.9% for conflict-affected populations. Depression and anxiety rates are similarly alarming, affecting approximately **30% and 35% of Somalis, respectively. Women and children are disproportionately impacted: 70% of women in conflict zones report experiences of gender-based violence, correlating with severe PTSD and depression. Children, many of whom are recruited as child soldiers or witness violence, exhibit high rates of developmental trauma, with 1 in 3 showing symptoms of anxiety disorders.

Barriers to Mental Health Care: Context and Comparisons

Cultural Stigma: Mental illness is often attributed to *jinn* possession or divine retribution.

Traditional healers, the first line of care, use rituals like qoriyosis (incense burning) or Quranic recitation, which may overlook clinical needs. In contrast, Rwanda's post-genocide integration of healers into formal health systems improved care access—a potential model for Somalia.

Infrastructure Gaps: Somalia's 0.5 psychiatric beds per 100,000 people starkly contrasts with Kenya's 1.4 and the WHO's recommended 5–10. Only three functional psychiatric hospitals serve the entire nation, all located in urban centers like Mogadishu.

Workforce Shortages: Somalia has 0.2 psychiatrists per 100,000 people (vs. 1.2 in Ethiopia comp in east Africa). Training programs, such as the WHO's MH GAP, have trained 150 Somali health workers since 2020, yet demand outstrips supply.

Funding Deficits: Mental health receives less than 1% of a Somalia's health budget, far below the WHO's 5% recommendation for low-income countries. By comparison, Uganda allocates 9% to mental health post-conflict.

Promising Interventions and Global Lessons

Community-Based Solutions: Organizations like Jareer org and Somali Lifeline provide trauma counseling via mobile clinics, reaching 50,000 IDPs annually. Their peer-support model, inspired by Nepal's post-conflict programs, has reduced stigma in Bay and Bakool regions.

Tele psychiatry: Pilots in Puntland using WhatsApp and Zoom have connected 2,000 rural patients with specialists in Mogadishu, mirroring success in Syrian refugee camps.

School Programs: The UNICEF-backed Goobjoog initiative in schools teaches coping strategies through art therapy, adapted from Palestinian models, benefiting 15,000 students since 2022.

Gender-Specific Trauma and Care

Sexual violence affects 13% of Somali women, with 60% developing PTSD. The Nagaad Network offers safe spaces and cognitive behavioral therapy (CBT) in Garowe and Kismayo, reporting a 40% reduction in depressive symptoms among participants.

Policy and Economic Implications

Mental health costs Somalia an estimated $130 million annually in lost productivity. The 2021 National Mental Health Policy aims to increase beds to 1 per 10,000 by 2030, yet implementation lags. Advocacy by the Somali Mental Health Foundation has spurred draft legislation to criminalize mental health discrimination.

Research and Innovation

The Hargeisa University and King's College London partnership studies intergenerational trauma in Somaliland, revealing 25% of children with war-affected parents exhibit PTSD. Mobile apps like Abaar (developed by Somali coders) screen for depression using AI, achieving 85% accuracy in trials.

Ongoing Challenges and Future Directions

Persistent conflict in regions like Lower Shebelle disrupts care access, with only 10% of IDPs receiving aid. Climate-induced droughts exacerbate stress, linking mental health to environmental crises. Lessons from post-conflict Liberia, where community health workers reduced PTSD rates by 50%, highlight the need for sustained investment.

Highlights

What is known before

Decades of civil war in Somalia have led to widespread psychiatric disorders, especially among vulnerable groups like women and children. Mental health care is severely underfunded, with cultural stigma and a lack of trained professionals limiting access. Traditional healing remains dominant but is not integrated with modern psychiatry. Global studies suggest community-based, culturally adapted interventions improve outcomes.

What does this study add?

This study provides updated empirical data on Somalia's mental health crisis, identifying key barriers such as funding gaps and cultural resistance. It highlights the role of social workers and proposes culturally sensitive interventions, including tele psychiatry and policy reforms. Emphasizing gender-sensitive care, it draws from global best practices to recommend scalable, context-specific mental health solutions.

Recommendations

1. Develop Comprehensive Mental Health Infrastructure

Establish and expand mental health clinics in conflict-affected and underserved areas, ensuring equitable access to care for all populations, including displaced persons. Infrastructure development should include specialized facilities for trauma care, community mental health centers, and mobile clinics that reach remote regions. Investments in building sustainable infrastructure are critical to addressing the existing service gaps.

2. Build and Strengthen the Mental Health Workforce

Train and recruit a diverse pool of mental health professionals, including psychiatrists, psychologists, social workers, and counselors. Provide scholarships, internships, and capacity-building programs to equip professionals with the skills needed to address trauma and psychiatric disorders in conflict-affected populations. Collaborations with international universities and organizations can help establish long-term workforce sustainability.

3. Promote Cultural Integration in Mental Health Care

Collaborate with traditional healers and community leaders to blend traditional practices with evidence-based psychiatric methods. This approach will ensure that mental health interventions are culturally appropriate, reduce stigma, and increase community acceptance. Training traditional healers on basic mental health principles can further bridge the gap between modern care and local practices.

4. Increase Public Awareness and Reduce Stigma

Launch national and regional mental health awareness campaigns to educate communities about the importance of mental health, dismantle stigma, and encourage help-seeking behavior.

These campaigns should be tailored to diverse cultural and linguistic contexts and delivered through media, schools, and community programs to ensure widespread impact, for governmental duties to carry out this activity of community awareness.

5. Advocate for Government Policy and Investment in Mental Health

Collaborate with Somali government stakeholders to prioritize mental health in national health policies. Advocate for the allocation of at least 10 to 20% or more to the health budget to mental health services, ensuring the development of sustainable programs. Establish national mental health policies that align with global standards and address the unique needs of conflict-affected populations.

6. Introduce School-Based Mental Health Programs

Develop mental health initiatives targeting children and adolescents in schools to provide early intervention and build resilience among young populations. These programs should include teacher training, school counseling services, and peer support systems to address the unique psychological needs of children affected by conflict and violence to achieve this it's important that schools in Somalia have school social workers or at least psychologist or psychiatrist's programs of awareness and counselling.

7. Empower Community-Based Interventions

Support local organizations and community groups in delivering culturally tailored mental health services. These interventions should focus on providing psychosocial support, trauma counseling, and peer-led programs that foster community resilience and strengthen social bonds. Partnering with NGOs can help scale these initiatives effectively.

8. Utilize Technology for Tele psychiatry and Remote Care

Leverage digital tools to provide remote mental health care to underserved regions. Tele psychiatry can connect patients with trained professionals, reduce barriers to access, and provide confidential support. This approach is particularly beneficial for populations in remote areas or those facing mobility challenges due to ongoing conflict.

9. Address Gender-Specific Mental Health Needs

Design and implement programs that focus on women and girls, particularly survivors of sexual and gender-based violence. These initiatives should include trauma-informed care, safe spaces for survivors, and programs addressing the social and economic challenges faced by women in post-conflict settings. Gender-sensitive policies should also be incorporated into national mental health strategies.

10. Encourage Academic Research and Evidence-Based Practices.

Promote research initiatives by universities and scholars to deepen understanding of mental health challenges in conflict zones. Encourage studies that assess the effectiveness of interventions, document cultural practices, and provide evidence-based recommendations. Partnerships with global organizations can facilitate knowledge exchange and support the development of innovative mental health solutions.

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Access this Article in Online

Website: www.ijarm.com

Subject: Psychiatry

Quick Response Code

DOI:10.22192/ijamr.2025.12.03.XXX

How to cite this article:
Mohamed Nouh Rakaab, Abdirahman Khadar Abdihaad, Abdillahi Ahmed Hirsi Mohamed. (2025). Psychiatric and Mental Health Implications of the Somali Civil Wars, Challenges and Interventions. Int. J. Adv. Multidiscip. Res. 12(3): 1-17.
DOI: http://dx.doi.org/10.22192/ijamr.2025.12.03.001