

## Somali Children and Families

### Presenter:

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## Somali Mental Health

### OVERVIEW:

- Somali culture
- Family dynamics
- Special issues of children
- Western view of mental illness
- Somali views of mental illness
- Typical symptoms of Somalis with mental illness
- Treatment for Somalis with mental illness
- Possible areas of cultural difference and barriers

## Somali culture

A measure of wealth



## Somali culture

Nomadic life



## Geography/topography

- 246,200 square miles
- South of the Arabian Peninsula across the Gulf of Aden, also bordered by Ethiopia and Kenya (W), Djibouti (NW), and the Indian Ocean (E)
- 1,876 miles of coastline, the longest in Africa
- Terrain-mostly flat, but with higher regions (mountains) along the northern coast close to the border of Ethiopia
- Shimbiris - the highest peak (7,906 feet)

## Population

- Between 10-15 million people (est.)
- Majority of the Somali people are Nomads
- Farming between the two rivers (Shabeelle and Juba)
- Fishing around the coast
- Somali is the official language - First written in 1972

## Somalia



## Colonial era

- After the opening of the Suez Canal in 1869, Somalis were under the rule of 4 foreign powers:
- The British--north central region and in northeastern Kenya (NFD).
- The Italians—southern region.
- The French—northwestern region and Djibouti.
- The Ethiopians—Ogaden region.

## Post-colonial era

- July 1, 1960 the birth of the Somali Democratic Republic
- 1964 and 1977 the Ogaden wars with Ethiopia
- Military rule: 1969-1990
- Civil war: 1991 – present

## Migration to USA

- The first Somali immigrants came to the United States in the 1920's.
- In 1992, waves of Somalis resettled in the U.S. as immigrants.
- Majority Somali refugees settled in MN.
- Other states: CA, WA, OH, ME, OR, GA.
- Push/pull factors

## Migration to USA

- Why MN?
- Joining other family members/sponsors.
- Secondary immigration.
- Employment opportunities.
- Housing opportunities.
- MN nice: tolerant/hospitable Minnesotans.
- Ice fishing?

## Culture and Religion

- Majority—Sunni Muslims.
- Islam is the principle faith and is vitally important to Somalis identity.
- Somalis possess values similar to those of Americans--independence, democracy, individualism and equality.
- Generosity is also valued, but unlike Americans, Somalis do not express their appreciation verbally (“thank you”).

## Culture and Religion

- **Dress:** The Islamic way promotes modesty. Men and women wear long and loose fitting clothes. Male and female clothing is easily distinguished (no unisex clothing). The *hijab* (cover) is worn by girls after age 15.
- **Names:** There are no last names in the Western sense. However, Somalis are still identified by 3 names.
- Women don't change their last names with marriage.

## Family dynamics

- Family is deeply valued.
- Protection of family honor or legacy is also extremely important. Oftentimes, loyalty extends beyond the family and clan.
- Friendship is highly valued. If you meet a Somali and become friends, he or she is your friend for life!
- Birthdays are not traditionally valued.

## Family dynamics (cont'd)

- Clans and sub-clans are a source of solidarity as well as conflict. They originate from male ancestry.
- Family is the ultimate source of personal security and identity.
- Traditionally, in Somalia, husbands worked outside and were the sole providers for the family while wives took care of the family and did the domestic work. However, modern day society has changed these roles.

## Family dynamics (cont'd)

- Gender role reversals
- Women adjust faster; men resent the progress of women
- Inadequate living spaces
- Loss of traditional conflict resolution

## Family dynamics (cont'd)

- Differential acculturation: children learn faster than parents
- Role reversals: children are the culture brokers
- Lack of respect by children
- Loss of parental authority
- Gender role expectation
- Generation gap

## Special issues of children

- "Kala maan": caught between two cultures
- Identity crisis
- Schooling
- Lack of parental supervision
- Trauma as refugee
- Poverty
- Homelessness
- Drugs
- Teen pregnancy
- Out of home placement and runaways

## Western view of mental illness

- Scientific perspective
- Diagnoses are culture bound
- Mind, body and spirit are separate
- Nature (chemical imbalance, body and brain problems, genetic, prenatal, birth defects)
- Nurture (learned behaviors, responses to the environment)
- No room for religious or spiritual causes

## Western view of mental illness

There are many different kinds of mental illness:

- Mood disorders (depression, bipolar)
- Anxiety (anxiety, panic, phobias, PTSD)
- Psychotic (schizophrenia, psychosis)
- Adjustment disorders
- Childhood disorders (behavioral, cognitive, developmental)

## Somali view of mental illness

- Symptoms are universal across cultures
- Mind, body and spirit are connected
- “crazy” or “sane”
- Illness comes from God or spirits
- Illness can be brought on by another person or oneself
- Traditional and religious healing

## Typical symptoms of Somalis with mental illness

- **Symptoms need to be understood within a cultural and personal context.**
- *Body pains, headaches*, sleep problems, fatigue
- Behavior changes (anger, passivity, poor school performance, social conflict, alcohol and drug use)
- Decreased appetite, weight loss or gain
- Sadness, depression, worries, irritability
- Guilt

## Typical symptoms of Somalis with mental illness

- Low energy, lack of interest in culturally appropriate activities
- Flashbacks, intrusive thoughts, memory loss
- Intense distress or easily startled
- Inability to show usual feelings such as love, caring or happiness

## Treatment of mental illness

- Evidence-based practice (EBP) v. practice-based evidence (PBE)
  - Inherent to PBE is knowledge of:
    - function of cultural help-seeking patterns
    - cultural context of problem identification
    - culturally-informed process for therapeutic intervention(s)
    - provision of therapeutic interventions and supports in a manner that consistently recognizes the values of the cultural self to wellness and recovery
    - engagement of local community and/or cultural resources to achieve and sustain the long-term positive effects from intervention(s).
- (Isaac, et al, 2005)

## Treatment of mental illness

- Multi-disciplinary approach, i.e. social workers, psychiatric nurses, psychiatrists, psychologists
- Use of bi-lingual providers v. interpreters
- The power of the “healing relationship.”
- Importance of holistic treatment
- Work within the family system: respect parental authority, bridge the gap

## Treatment of mental illness

### *HOLISTIC TREATMENT*

- Integrated relationship of mind-body-spirit
- Collaborations between providers
- Advocacy with government, insurance companies, others
- Must make sense to client culturally and personally
- Consistent with cultural and religious life
- *Community and family support*

## Possible areas of cultural differences

(Greene, 1998)

- Autonomy
- Self determination or choice
- Intuition
- Group or collective orientation
- Rationality
- Interrelatedness
- Hierarchy
- Role performance
- Trust
- Self-disclosure
- Competitiveness
- Productivity

## Possible areas of cultural differences

(Greene, 1998)

- Use of time
- Use of space
- Relationship to the earth
- Individualism
- Unique familial obligation
- Family care-giving responsibilities
- Separation
- Timing of life events
- Interdependence
- Authority
- Power
- Privacy
- Intimacy

## Barriers

- *Stigma*
- *Language*
- *Family issues and relationships*
- Expectations of medical care
- Side effects of medication
- Conflict with religious, cultural beliefs
- Disparity in education

## Barriers

- Recommending treatment for which there is no cultural context
- Different concepts of time
- Social and cultural isolation
- Medication understanding and compliance

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