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Barriers to Accessing Mental Health Service by Somali people

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Barriers to accessing mental health service by Somali people

By

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MSW Clinical Research Paper

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The population of African immigrants in the United States is increasingly which highlights the need for culturally sensitive and appropriate mental health services addressed. The purpose of this study was to break barriers of accessing mental health service by the Somali community in Minnesota. Using the systemic review design, data was collected from research articles on mental illness in Somali communities in the North America. The objectives of this systemic review were to synthesize the information available on perceptions, denial and stigma related to Somali population in the United States. The databases Social Work Abstracts, and PsycINFO were systemically searched for articles between 2009 and 2016. The search items included key words such as Somali, mental health and mental illness in Somali culture.

The results of this research assists mental health professionals to better understand the impact of cultural views on the Somali population. The study found Somalis suffering from mental illness face several barriers including language and stigma. Findings of this study supports the need for mental illness awareness and educating Somalis about mental health treatments that are available in the North America. It's critical that professional mental health service providers become culturally aware of mental health perceptions of their Somali patients.

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INTRODUCTION

The National Alliance on Mental Illness (NAMI) defines mental illness as "a condition that impacts a person's thinking, feelings, or mood and may affect his or her ability to relate to others and function on a daily basis" (NAMI, 2016). A large number of Americans suffer from mental illness each year and about 1 in 5 adults and 1 in 5 children aged 13-18 will experience mental illness every year (NAMI, 2016). Refugees suffer from mental illness at rates higher than those for the general population. For example, Moran (2013) found that 84% of refugees suffer from Post-Traumatic Stress Disorder (PTSD), 61% from Depression, and 9% from cognitive limitation. The experience of these refugees in their homelands and during the relocation process puts them at greater risk for mental illness. Furthermore, because of cultural differences, they present challenges for practitioners that are trained in Western biomedical treatments.

This paper will examine Somali mental health issues in United States. Almost all Somalis are Muslim and Islam plays an important role in the lives of the average Somali. The Somalis believe mental illness is caused by God or evil spirits and use the Quran to help those that are struggling with emotional problems. Most Somalis live in rural areas and religious healing is the only option that is available (Elm, 1999). In the Islamic worldview, illness is caused by God and suffering in this world is a way to have one's sins forgiven; because of this belief system, treatments for mental illness in the Somali community are derived from Islam. These religious based treatments are valued above western treatments such as medication or therapy.

The Somali people lived in Djibouti, Ethiopia, Kenya and the Somali Republic as a result

of European colonization (CIA World Fact book). However, the Somali government collapsed in 1991 because of a civil war and almost half of the pre-war population became refugees or Internally Displaced Persons (IDP) (Condon, 2006).

These refugees experienced war, starvation and witnessed the death of loved ones. The United States resettled 45% of Somali population and as a result, Minnesota has the largest Somali population in the country (Condon, 2006).According to the Minnesota Historical Society (2015), the Somali population in Minnesota is estimated between 28,000 and 60,000.

According to the Minnesota Department of Health (2016), the Somali people came with prolonged mental illness due to limited resources in their home land to help citizens that were suffering prior to the civil war (Abdi, 2013). The current Somali government has a lot of other problems and mental illness and treatments are not issues they have addressed. The Somali government does not have an agenda to deal with mental illness or to train mental health professionals to treat citizens that have been traumatized by war for over a quarter century (Abdi, 2013).

Family/Religion/ Culture-based factor:

Family is very important in Somali history and values related to the family are rooted in traditions. The Somali culture is a clan based social system and the family and the larger clan play an important role in the lives of individual Somalis (CIA World Fact book, 2014). It is important for social workers to understand the structure of Somali families and how decisions are made.

The fathers are heads of households and they are responsible for providing for the family.

Mothers, on the other hand, are responsible for the household and taking care of children but extended families help with family responsibilities. For instance, it is normal in the Somali culture for cousins and other extended family members to be involved in treatments and the decision making process (Kroll et al., 2009). Additionally, Palmer (2006) stated that Somali families' structure is what enabled them to survive the civil war and challenging times in their transitional journey to the United States. The Somali traditional therapists all identified the strong kinship bonds that existed in the families and noted these bonds extended to family members and into the community. According to Ahmed (1988), social structure in Somalia is based on family and clan groups. Somalis often tend to be loyal to their immediate family, clans, and friends. Membership in the clan is determined by the paternal lineage. The extended family network system pools resources to help during hard times. Additionally. McGraw-Schuchman and McDonald (2008) stated that, in order to reduce the stigma associated with mental illness, individuals that suffer from mental illness in the Somali community need family support and community involvement.

These strong Kinship networks are key elements in helping families cope with stressors such as mental illness. In addition, the elderly are highly valued in Somali families; care is a collective process and the provision of care for elders is embedded in the belief that it is the responsibility of the kin group. Finally, there are few trained mental health professionals and, as a result, primary care providers are the ones who treat mental illness. According to Bhui et al. (2003), Somalis will seek treatment from primary doctors even when they are dealing with mental health problems.

Islam and spirituality play an important role in the lives of Somalis and the Quran is used

to treat all illnesses. The holy Quran consists of (God's) Allah's wording and it has the ability to penetrate and instill serenity in the hearts of people even if they don't understand it. Culture is essential in assessing a person's health and well-being. All mental health professional staff need to have adequate knowledge in order to demonstrate understanding and acceptance of a client's cultural norms.

According to Jaeger (2014), the majority of Somalis that need mental health services are not seeking western treatments; instead, they prefer traditional healing. Traditional healing is defined as the practice of using local herbs for the treatment of disease (Ae-Ngibise et al., 2010). Although there is increased presence of Western medicine, traditional healers still play an important role in providing mental health services within the Somali communities and they are highly respected. Traditional non-Islamic based treatments are also important to people suffering from mental illness in the Somali community. According to Jaeger (2014), traditional spiritual healers use religious rituals for such as putting on amulets to keep away evil spirits healing purposes. Therefore, in order to reduce mental health disparities within the Somali community, it is important for social workers to holistically address the physical, emotional, and spiritual health of the elderly and their families. It is also important to make connections with community members who recognize conditions in the community.

Statement of the Problem:

Experiencing the ravages of war and living in the refugee camps caused trauma and mental health problems amongst Somalis. As Jaeger (2014) pointed out, the majority of Somalis did not seek treatment in their homeland and a low percentage of the population appears to be using the services in the United States. Moreover, the Somalis in Minnesota had to deal with a

new environment and new challenges. Consequently, one of the areas that remain most neglected is mental health.

Just like other refugees, Somali refugees in Minnesota suffer from high rates of mental illness such as Post-Traumatic Stress Disorder, Depression and Anxiety (Kroll, Yusuf, and Fujiwara, 2010). Because of cultural and religious values, Somalis generally underutilize mental health services (Guerin, Guerin, Deride and Yates, 2004). In Minnesota this is made worse by a language barrier, and limited number of trained Somali mental health professionals. To address these barriers, it is important for social workers to understand the Somali culture and use effective strategies when treating Somali patients that are diagnosed with mental illness.

Significance of the Research:

In order to reduce the mental health disparities within the Somali population, the NASW code of ethics requires that social workers provide culturally responsive services to clients from diverse backgrounds (NASW Code of Ethics, 2008). More so, most Somali families migrated to the United States in hopes of acquiring better opportunities to improve their families' lifestyles and gain education. Mental health professionals can close the gap between the need for and use of mental health education through understanding how stigma, barriers and misconceptions among community members prevent Somalis from seeking mental health services. This research project will contribute to the education of social workers and through them, to the education of the Somali population that they serve.

Purpose of the Research:

The purpose of this research is to determine barriers accessing mental health services and

provide guidelines to practitioners in the field by Somali people. Systematic review will be used to identify, combine, evaluate and summarize the findings of studies that are relevant to the research. The intent of this project is to broaden social worker's knowledge about mental illness within the Somali population in order to enable them provide better treatment. This research question is what are the barriers accessing mental health services by the Somali people?

LITERATURE REVIEW

This research project set out to determine barriers to accessing mental health services by the Somali people. This review of the literature starts with clarifying barriers for accessing mental health services. Research by (Copeland, 2006) revealed that few theoretic frameworks and conceptualization of Somali mental illness. One model of help- seeking refers explicitly to the role knowledge plays in Somali people's access and utilization of mental health services. The review will focus on the views of the Somali people towards mental health. The section will cover the following: adjustment, post-traumatic stress disorder, depression, stigma and denial of mental illness and language barriers.

Adjustment.

Somali people had a hard time adjusting to life in America. In Minnesota, Somali refugees had to learn a new language, a new culture and get used to weather that was different from the weather of their homeland. Since they had grown up in Somalia with systems that did not relate to the new society, Somali people viewed themselves as outsiders. Unable to understand the language and find commonality, they had a hard time trusting people. Guerin, Guerin, Diiriye, and Yates (2004) discussed the Well-being, mental alertness and excitement (1983). Culture plays an essential part in how mental illness is viewed. Somali culture and religion impacts their perspective on mental illness and present situation.

In order to understand the views of Somali people towards mental health services, one must begin by reviewing the mental health problems that Somali people have generally experienced. Some of these include PTSD, Depression, stigma and denial.

Post-Traumatic Stress Disorder (PTSD).

 According to (DSM-5)," Posttraumatic Stress Disorder (PTSD) is fear of separation from loved one which is common after traumatic events such as disaster, particularly when periods of separation from loved ones" (P.194). PTSD is defined as a mental disorder caused by exposure to violent events such as rape, domestic violence, war and political torture. PTSD is common among Somali people due to their experience of war and personal trauma. With education and in time, they may learn that symptoms of nightmares and flashbacks can be associated with Posttraumatic Stress Disorder. However, when these symptoms occur, the Somali usually do not think of them as serious and often ignore them altogether (Elmi, 1999). In addition, Elmi (1999) reports that traumatic experiences or adverse events were often attributed to God's will. Furthermore, Ahmed (1998) stated that, due to Somali's spiritual conceptualization of mental illness, the Somali people did not regard western approaches as effective. In fact, Guerin et al. (2004) stated that the Somali would rather go for prayers and prefer to read Quran citations for healing purposes over therapeutic treatments.

There is recognition among health professionals that previous experience can affect current functioning. However, according to Ahmed (1998), Somali people don't understand that there is professional healthcare available to address mental health challenges. Patients may or may not tell their providers that they hear voices or that they are having nightmares. Although patients may be frightened, they do not attribute the nightmares to psychological factors, but more often to spiritual factors. More so, Elmi (1999) suggested that when Somalis are awakened by nightmares, they read the Quran and may ask Allah for protection from an oppressive jinn or evil spirit (Guerin et al, 2004). According to Bhui et al (2003), Somalis may exhibit higher rates

of PTSD related illness than other refugee groups and may present with unusual symptom clusters not clearly fitting into DSM-V diagnoses.

Questions can arise about how to classify and treat psychotic or outlier symptoms. Bhui et al. (2003) recommended that patients with unusual clusters of symptoms should be referred to a psychiatrist. It is helpful if a family member or cultural mediator attends an appointment to give an indication to the provider whether something unfamiliar or seemingly unusual is within a cultural norm versus bordering on psychotic presentation. However, according to Guerin et al (2004) the use of exposure- based psychotherapies, a common evidence- based treatment approach for PTSD, may be an incomplete psychological treatment approach or even contra-indicated when working with refugee groups due to the multi layers of trauma experienced in these population.

PTSD is common among Somali refugees thus suggesting the need for clinicians to assess for psychological loss at a number of different levels (e.g. interpersonal, social, and economic) when working with members of this group. Unlike symptoms of depression which tend to fluctuate in response to recent stressors, PTSD symptomatology and diagnoses may be more persistent over time (Sack et al, 1993). It is important for clinicians to develop long term treatment strategies for posttraumatic stress symptoms while also assessing and reassessing for longitudinal changes in depression.

Depression:

According to (DSM- 5), "Depression is an emotional and physical disorder characterized by a general loss interest and chronic feelings of sadness. It is important to note that symptoms are long term and that sufferers cannot simply change their outlook at will" (p.175). Depressive

disorder may be associated with reluctance to leave home, but the main concern is not worry or fear of untoward events befalling attachment figures, but rather low motivation for engaging with the outside world. The concept of depression is not reflected in the Somali language. George (2012) notes that because refugees move around during the migration period, this movement creates strong anxiety and depression as the realization grows of being far away from their homeland.

Depression is the major disorder within older adults and seniors but people's perception is focused on the age rather than the illness which comes with many symptoms. Depression plagues Somali people unconsciously and is the highest risk within the older adult population. (NAMI, n.d.). It is the most common emotional disruption within the Somali population and increases the risk for cognitive decline. According to Kroll, Yusuf, and Fujiwara (2011), depression or anxiety at the level of disorder was not considered prominent in Somali culture prior to the emergence of civil war in the early 1990s. However, Elmi (1999) reported that Somali individuals with mental illness such as emotional problems with sleeping, concentration, attention, or difficulty initiating behavior are kept locked or chained up for a period of time often in unsanitary or unsafe conditions, without hope of treatment or recovery.

Today, patients may reject a diagnosis of depression, honestly believing that depression is not their problem, especially when other life stresses remain constant. Additionally, Jaeger (2014), stated that many Somalis believe that an individual cannot prevent illness, as the ultimate decision is in God's hands and also emphasized that Somalis believe that such illness may be caused by spirit possession that can be communicated like a communicable disease. According to Jaeger (2014), mental illness is often believed to be caused by spirit possession or is regarded as

a punishment from God.

However, Bentley (2008) found that mental illness potentially related to chronic stress or pervasive changes in diet and lifestyles has resulted in physical illnesses such as high prevalence of hypertension and diabetes in this population. Bentley (2008), explaining how mental health services were delivered within the Somali community, indicates that there are two types of mental disorders. The first group of mental disorder is associated with general well-being and is similar to anxiety disorder. The symptoms that accompany this condition are headaches and insomnia. The second group is serious madness which is characterized by the possession of spirit or jinn.

Stigma.

There is a stigma associated with mental illness in the Somali community. Mental disorder carries stigma and for many people is associated with weak- mindedness, fear and hopelessness. The Somali language does not have any words to describe mental illness and an individual is either crazy or sane (Guerin, Guerin, Deride and Yates, 2004).

Somalis who suffer from mental illness may deny the presence of the illness. According to Ndetei, et al (2013), Somali people regularly maintain mental illness as a secret within the family for the fear of stigmatization within the community. Moreover, Jaeger (2014) found that it is important to note the variability among refugees in the degree of traumatic exposure. According to Ndetei et.al (2013), there were shared similarities in mental illness by Kenyan people and Somali population. A similar observation is made by Elmi (1999) who states that mental illness is rarely acceptable within the Somali culture and that symptoms are also

stigmatized. In the Somali culture, the stigma associated with mental illness is one of the reasons that only small number of Somalis seek mental health services.

Language barrier:

A barrier faced by Somalis accessing mental health services is language. Most have limited English proficiency and their language is not developed enough to explain the different diagnosis. In most cases, Somali families are not proficient in the English language nor have an ability to read their native language, thus posing obstacles to their understanding information that is presented in their native language.

According to Flores (2006), the language barrier can cause a client to be misdiagnosed and given the wrong treatment. However, if health professionals who communicate with Somali clients knew both languages better, health disparities could be reduced. Social workers, therefore should pay close attention to the ways in which information is given. The next section will provide a brief background on traditional spiritual healing and examine the mental health world view of the Somali people.

Traditional/Spiritual Healing:

Traditional and spiritual healing was found that to be an overwhelming barrier to Somali people seeking treatment (Palmer, 2006). Somali people believe that illness is either caused by spirit or evil eye. According to Kayama et al. (2004), there are two types of treatment within the Somali culture; traditional and spiritual healers. According to Schuchman and McDonald (2004), Somalis also reported problems related to flashbacks, nightmares and an increased fright reaction or panic attack. They also reported having cognitive problems such as poor concentration, poor

memory and thinking too much. Majority of Somali people lack knowledge about mental disorder and they only trust religious and traditional healers when in crisis.

The traditional healers are wise men or women who practice what has been taught by their past generations. Kayama et al. (2004) also pointed out that spiritual healers use religious rituals for healings; herbs and prayers are used for healings at the same time. Additionally, Al-Hassan (2008) stated that Somalis believe that they would be able to be cured from the mental illness if a healer recites the Quran on them and also mentioned that if Somali individuals believe that the problem stems from God, they will definitely seek religious or spiritual help but, if the individual believes that there is a curse associated to the mental illness, that will lead to spiritual healer treatment.

Mental Health World View:

The Somali vocabulary used to describe mental health problems is not as advanced and diverse as that of the English language. Somalis do not view mental illness as a problem until it interferes with an individual's daily living skills. Because of the stigma associated with mental illness, individuals with emotional problems are hidden and are not involved in the community.

There are terms used to describe mental illness within the Somali population. According to Bentley and Owens (2008), there are major terms such as Buufis (resettlement itself), Shaki (worry), Murug (sadness or suffering), Mingis and jinn (spirit possession) and Waali (craziness due to trauma). According to Carroll (2004), these Somali concepts describe different levels of psychological distress but each carries a different cultural distinction.

Buufis (resettlement) and Shaki (worry). Buufis is a Somali word initially and commonly used in refugee camps in Kenya to describe a person's dream of or longing for resettlement, conveying

the idea of comparison between one's life in the camp and others' lives elsewhere. Palmer (2006) states that Buufis is resettlement itself, the people who long to go overseas, and the obsession that at times occurs when the dream of going overseas is shattered.

Shaki is a Somali word meaning "worrier", in the sense of an obsessive, compulsive worry or doubting. For example, the word might describe a person who needs to clean all the time because of great concern about getting sick. Carroll (2004) described Shaki as an obsession to worry a lot and emphasized that those affected are not able to function due to extreme obsessive and compulsive behavior that could be seen as mentally ill.

Murug (sadness or suffering). Murug is understood as a general sense of sadness or mild depression. Symptoms associated with Murug are loss of appetite, disturbed sleep, crying, headache, and loss of interest in social activities. According to Pavlish (2010), a person with Murug has a harder time accommodating to life stresses. Carroll (2004) stated that there is always stress in the life that accompanies the refugee experience. However, in Somali language, the word Murug is used in two ways, to describe less serious sadness due to life's disappointments, or being very sad and feeling "low" inside all the time.

Mingis and Jinn (spirit possession). Mingis is a condition of spirit possession commonly seen in central Somali. Mingis is a spirit that comes to someone (more often a woman than a man) or to a family, unintentionally from another person. The cause may be positive or negative. For example, the Mingis may come from someone who likes another person very much (positive cause) or a Mingis can come when someone intentionally made the spirit mad (negative cause). Most often there is a positive cause; the Mingis itself is not violent, but reading from the Quran might incite verbal outburst from a patient. According to Ahmed (1988), treatment is expensive

and patients bring money, silk scarves and special oil and perfumes as offering to be used in the treatment which also involves slaughtering of animals, chanting, eating sweet foods such as dates and dancing for long hours.

Jinn. What would likely be considered severe mental illness in western culture may be described as a consequence of jinn from a traditional Somali perspective (Elmi, 1999). It is a particular stigmatizing form of psychological disorder that does not have natural causes but is a condition that derives from the influence of spirits. Jinn are spirits that possess supernatural powers capable of entirely controlling human processes, including psychological processes (Carroll, 2004). Symptoms may include visual or auditory hallucinations, speaking in tongues, not eating or sleeping, and feeling an overall sense of hopelessness. It is believed that Jinn can be in different human forms that can't be seen but they live around people.

According to Al-Hassan (1988), the afflicted person is compelled by the jinn to do whatever it prefers to be done such as drinking or feeding in abnormal quantities. The spirit may want sacrifice, and a person may need to promise to do certain rituals for the jinn, dress in a certain way and use a certain perfume. Some jinn may be moderated by Quran reading. Jinn is mentioned many times in the Quran, and it is said that Allah created jinn out of fire. Additionally, Elmi (1999) stated that recognizing and accepting the existence of jinn is not helpful because the majority of Somali people may consider attempts to appease the jinn to be associated with God, in the sense that the person worships jinn and attributes power to the spirit.

Waali (craziness due to trauma). When asked to describe Waali, Somalis often refer to it as being "crazy" or "mentally unfit" (Carroll, 2004). Although Carroll (2004) suggested that Waali may present very differently from person to person, Waali is characterized by disorganized

personal appearance, nervousness, aimless wandering, unintelligible speech patterns and potential acts of random self- directed aggression. According to Elmi (1999), Somali people with Waali are considered unfit to function and are institutionalized or kept isolated at home by their families. Additionally, Elmi (1999) suggested that individuals suffering from Waali might be considered psychotic in the United States, though the symptoms in the U.S may actually be in a more muted external expression than back home. Extreme stress or trauma is thought to be an antecedent of a type of Waali and like many mental illnesses may be viewed as emerging in relation to the rise in civil conflict in Somalia. Therefore, Waal resulting from severe trauma is thought to have no cure and also Quranic reading are even thought to be ineffective for individuals.

Summary

This literature review looked to find how effectively to eliminate the barriers of mental health and build alliance to overcome all the shortcoming towards mental illness. Other systematic reviews of literature that involves mental illness within the Somali population appear to leave a gap in the area of effectiveness. 60% of Somali population did not seek mental health service. Depression was not known to the Somali culture until it interferes with the daily functioning.

CONCEPTUAL FRAMEWORK.

For this systematic review, I will use the ecological framework to guide the research. This study will explore the attitudes and perceptions of the Somali population towards mental health issues. Pals, (1981) states that, through the ecological perspective, the behavioral setting can be viewed as the basic unit of analysis for social work practice. This ecological theory takes a holistic view and looks at the person and his/her environment. Onyut (2002) states that, in essence, the environment contributes to the person's adjustment and development; the person's behaviors create unique responses with the environment, thus changing the environment and ultimately its effect on the person.

The ecological theory explains how the three levels of *micro, mezzo* and *macro-system*, work, engage and influence person in the environment. According to Forte (2007), human behavior evolves as a function in the interplay between the person and the environment. He also further emphasized how system plays in different categories when dealing with individual settings. Micro-system is the immediate setting of the individual, which includes also the mental illness aspects; the mezzo-systems deal with families such as clan systems that are basically applied by the Somali population (Zastrew & Krist-Ashman, 2006); and lastly, the macro-system covers the broad social context especially the values, and customs of the Somali community and the mental health care system.

This ecological theory provides an understanding of human behavior by examining the person, his or her environment, and how it affects the person. Ungar (2002) stated that, when a person enters in a new situation, he or she usually adapts to its demands, and by his or her presence, changes the situation at least structurally. Therefore, this research will examine all

barriers that prevent Somali from utilizing mental health services.

Conceptual frameworks from social and cognitive psychology are also useful for analyzing, the communities, attitudes, especially frameworks related to perception, how individuals acquire and maintain knowledge of mental illness.

In summary, the ecological theory takes into consideration a person's involvement in systems outside of their own system. The ecological systems theory appears to be the most appropriate framework to inform a research study to better understand the barriers for Somali to access mental illness in Minnesota. I will utilize the ecological framework to help organize the articles reviewed. Micro articles focused on the individuals with mental illness; mezzo- articles focused on family dynamics/clan; macro-articles focused on the broader Somalian community. These categories will be used in the tracking sheet because the framework is appropriate to eliminate disparities in mental illness among Somali population.

METHODOLOGY.

Systematic review is the method used in this research. The review was designed to put into account relevant and accurate information about the topic of study in order to understanding and synthesize the research studies. The systematic review is the best way of conducting research on this topic because the   focus in on helping practitioner with Somalian families and systematic reviews have traditionally focused on evidence based practice.

Search strategy.

The search was done in consultation with the University librarian. The databases used were electronic; they includes the Social Work Abstract and PsycINFO. The terms used to conduct the research were mental illness, perceptions, stigma, refugees and immigrants. The researcher tracked the articles rejected and selected those to be used in the study.

Inclusion Criteria.

All the articles were peer- reviewed and were published 1999-2016.The study identified articles on mental health issues on immigrants and refugees and on related barriers. The researcher focused on Somali families and professional barriers towards mental illness. There is limited research on how to break barriers for Somali people towards mental illness. Research was focused on particularly on the Somali population and was used to study how Somali ethnicity have different perceptions and stigma about mental illness. This study identified articles on mental health issues, on minority population, on refugees and immigrants, specifically, Somali people. In Somalia, mental illness carries, a huge stigma which lead to people completely avoiding to have any association with any one that suffers from mental illness. There is limited research done on Somali people's perceptions of mental illness. The use of systematic review can

easily determine the effectiveness of this study. Qualitative type of analysis was used in the systematic review; the research was tracked through specific inclusion criteria. Articles were grouped into different categories through findings and were documented accurately.

Data Analysis and Data Abstraction

The articles that met the inclusion criteria were read and relevant data were abstracted. The articles that were not peer reviewed included from this study. Also articles were included were excluded if they did not address mental health in the Somali Community. The systematic literature review used a qualitative type of analysis. Most of the articles which fit the criteria were reported using the table and categorized by the findings. The literature that fit the inclusion criteria was documented as to where it was located (Social Abstract, Psych INFO).The table was divided into how many articles were retrieved and discarded. The literature were compiled and organized into categories. The higher credibility depends on the amount of studies that had more relevance to the research. The researcher collected the data from the tracking data and use the conceptual framework to analysis and developed a tracking sheet with information such as the type of research, sample characteristics, findings and measures. Researcher completed, sample characteristics, findings and measures.

FINDINGS.

The table is shown to describe the process followed during the data abstraction process. There were four main themes that were found in the reviewed articles. The theme that arose are barriers to access mental health in Somali population. The theme are language barriers, stigma, spiritual/ traditional Vs Western treatment, and language. These themes were mentioned in the literature. This information was useful in assessing the findings and conceptualizing recurring themes. The full text articles assessed for eligibility are 62 articles, whereas 38 articles were discarded and 24 articles were included in qualitative synthesis. These twenty four articles were rated in quality were categorized by awarding higher credibility depending on the studies. (See Appendix B).

Barriers to access mental health Services in Somali population.

Theme (s)	Strength	Micro (clients) /Mezzo (family) /Macro system (community).	Total Articles
Intervention	n=7	Micro/system Macro-system.	N=24
Stigma	n=6	Micro/Mezzo/Macro-system	N=24
Traditional Vs Western treatment	n=6	Macro-system	N=24
Language	n=5	Micro/Mezzo/Macro-system	N=24

. These themes are barriers associated with mental illness in the Somali culture. Mental illness is not a topic that is openly discussed in the Somali community and it is kept as a family secret as long as it is not interfering in the person's life (John's dotter, Ingvar dotter, Osman & Carlbom, 2011). Likewise, Bentley and Owens (2008), found that there is stigma associated with mental illness in the Somali community because it is believed these people are possessed by evil spirits. In that same article, Bentley and Owens (2008) found those that are possessed by evil spirits are weak and helpless. Because of the stigma associated with mental health, Somalis are not likely to seek mental health treatments.

Language barriers.

A theme that was prominently featured in the literature was language barrier. Five of the twenty four articles that were reviewed focused on language. In a study that was conducted in London, Palmer and Ward, (2007), found language was a major barrier faced by those with limited English proficiency. In small communities like the Somalis in Minnesota, interpreters may not be helpful because patients will worry about people in the community finding out about their conditions (Gary, 2005). In addition, McGraw-Schuchman and McDonald (2008) found the Somali language does not have many terms to describe the different degrees of mental illness. Even interpreters that are proficient in English may have hard time explaining certain terms to non-English speaking Somalis. Most of the Somali patient may not want to discuss their mental health issues with an interpreter for the fear that other people within the community will find out their conditions, therefore it is important to opt for their own preference to do the interpretation services.

The articles that were reviewed focused on how Somali people do not recognize barriers and therefore have a lesser chance of reporting to a medical professional due to lack of access to resources. Some of the contributing factors include, language, stigma and limited knowledge of mental health services in the host community (Palmer, & Ward, 2007). Likewise, Elmi (1999) found that not understanding how the mental health system works and not being able to communicate with the provider are contributing factors in limiting access to mental health services. Similarly, Flores, (2006), found that individuals with limited English proficiency utilize mental health services at a lower rate compared to the general population. In addition, there is a limited number of Somali mental health practitioners and even smaller number of non-Somali practitioners that understand the Somali culture. Copeland (2006), stated that lack of awareness of cultural bias and client concerns of mental health services stops them from seeking services. Similarly, Elmi (1999), reported that Somalis with mental illness living in Canada were misdiagnosed due to language and cultural difference, therefore Somali people willingness to access mental health services is limited. Palmer (2006), argued mental health practitioners to understand Somali cultural traditions to ensure that Somali patients are getting adequate services.

Stigma.

Six of the twenty- four articles that were reviewed focused on stigma. Mental illness is stigmatized and not easily acceptable in Somali culture and also the general existence of some conditions are denied (Elmi, 1999).In the Somali worldview, one is either crazy or sane and this view forces those that are suffering from mental illness to hide it even from families. If a Somali patient is diagnosed with mental illness, it may cause stigmatization in the community and might led to isolation.

Spiritual/ traditional Vs Western Treatment.

6 out of the 24 articles talked about the importance of spiritual healing in the Somali culture. In an article discussing Somali mental illness, Elmi (1999) stated, that the first line of healthcare treatment is reading the Quran, particularly for individuals in rural Somalia Likewise, Carroll (2004) found that Somalis use the Quran to treat both physical and mental illness. He also found that the Quran is the first treatment and it is read in the patient's home. Ngoma (2003) found that treatments and interventions has an influence on attitudes and intention seeking mental health services among Somali people. Somali culture and western culture have difference in views on the treatment methods for mental health issues (Schuchman & McDonald, 2004). According to Berg (2008), Somalis believe in spiritual and traditional treatment towards any disorder, because people with any disorder are culturally isolated and vulnerable because the Somali culture is traditionally family oriented people with disorder are stigmatized and socially isolated. Berg (2008) noted that, traditional healers play an important role because Somali people believe that they would be able to be cured from the mental illness if a healer recites the Quran on them. While some Somalis may believe that the civil war had occurred because they were being punished for the wrongdoings that they have done, others believe that what happened was fate (Schuchman & McDonald, 2004).

In the Somali culture, alien methods such as psychotherapy are not accepted and it is believed mental illness is a spiritual problem that requires spiritual solution (Palmer, 2006). Similarly, Ellis et al. (2010) found that, problems understood to be of religious nature would logically lead to a path engaging religious leaders and ultimately religious solutions. Other researchers also found that faith and spirituality play an important role in treating mental illness in the Somali

community. Simich (2009) stated that, mental well-being for the Somali participants overwhelmingly revolved around religion and the connection of mental and spiritual strength. According to Ahmed (1999) pointed out that, Muslims believe in divine will and predestination and I think someway it is part of fate. Religion is still used to treat mental illness in the Somali community in North America and there are weekly healing sessions in the Twin Cities.

Intervention.

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This theme was found that to be an overwhelming barrier to Somali people seeking treatment (Palmer, 2006). Somali people believe that illness is either caused by spirit or evil eye. According to Kayama et al. (2004), there are different intervention within the Somali culture with the use of Somali mental health world views. The traditional healers are wise men or women who practice what has been taught by their past generations. Kayama et al. (2004) also pointed out that spiritual healers use religious rituals for healings; herbs and prayers are used for healings at the same time. Additionally, Al-Hassan (2008) stated that Somalis believe that they would be able to be cured from the mental illness if a healer recites the Quran on them. He also mentioned that if Somali individuals believe that the problem stems from God, they will definitely seek traditional healings but, if the individual believes that there is a curse associated to the mental illness that will lead to spiritually intervention.

Summary of the themes.

Through the process of conducting the systematic review, it indicates that the themes such as interventions, stigma, language and traditional Vs western intervention are connected to the Somali population.

DISCUSSION

The purpose of this study was to examine ways of breaking barriers accessing mental health services. The research question was how to break barriers accessing mental health service by Somali population and it was addressed by this systematic review.

This systematic review found four themes in the literature regarding mental health views in the Somali community including interventions, stigma, traditional vs. western treatment and language. This research is important to social workers and other clinicians because it provides relevant education on Somali culture and mental health. According to Minnesota Department of Health (2016), Minnesota has the largest Somali population in the country and this population is expected to grow in the future. Because of this expected growth, it is important for social workers to be culturally competent when working with Somali patients.

Language themes.

Language is one of the major barriers towards accessing mental health services in United States because Somali people have limited English proficiency skills which can lead to misunderstanding about all treatments and intervention plans. The use of culturally trained interpreter are useful in building rapport with Somalia families and getting services. Culturally competent practice is important when caring for all patients. Jaeger (2014) found it is important to be culturally competent when caring for minorities and this can be achieved by addressing cultural and language differences.

Intervention themes.

For intervention, one must not generalize to the entire population because the

experiences of the individual and the degree of acculturation can vary. Before implementing interventions, it is important to access the level of acculturation and degree to which the individual subscribes to the culture. During intervention, Somali families need an interpreter in order to have a collaborated intervention.

Stigma

Stigma is also a barrier that prevents Somali people towards accessing mental health service, therefore the findings suggest that further collaboration related to education and outreach to the Somali community is needed to help the community recognize the effect of stigmatizing mental illness. The researcher believes that that they might have a hard time sharing the problems or concerns that they might experience. In the Somali culture, individuals only share their information to relatives and close people they can trust. Therefore, they could be worried about sharing their problems with the fear that people in the community will hear about their personal information. However, the researcher believes that after educating the clients about what confidentiality is and how the system protects their privacy unless they give permission to speak with will in due time make them more comfortable in opening up.

Spiritual /traditional Vs Western themes.

One of the main findings from this study shows that traditional and spiritual treatment is the only trusted methods of treatment. Social workers should incorporate methods to ensure Somali people understand western treatment. Somali people don't seek western treatment for the fear of being label crazy because western methods such as counseling are viewed as alien when the providers speak alien. A challenge the researcher could see forthcoming is having trust issues with mental health professionals. It is important to better equip interpreters working

in mental health services so that they know correct medical terminology. The researcher suggests more outreach to raise awareness of mental health issues and services in the community and more research on mental issues specific to the Somali community. The researcher also recommends joint care coordination among all mental health professionals whereas incorporating religious healing practices into clinical services and treatment plan.

Implications for Social Work Practice.

This research leads to the argument that expanded knowledge is required for those who work with Somali people (kayama, 2012). Additionally, social work clinician and mental health professionals requires resources and education for clarification of barriers to access mental health services within Somali population. Correspondingly; for better treatment, education and support is needed for Somali people. Accessing mental health service clinicians will also need to advocate for Somali population living with mental illness and empower them to stand up against it. Likewise clinicians will want to educate the Somali people on how mental health is diagnosed in the west. Once the immediate dilemmas is being figured out, then it may be effective to assess and intervene. Besides that, language barriers creates lack of   understanding on how access mental health services. Mental illness are not easily accepted within the Somali community and the existence of any conditions were denied due to stigmatization. The Somali culture is one beauty that has suffered from the ravages of war and a violent history. Their exodus to the United States is not the peaceful journey that many immigrants have experienced, but rather a flight into the arms of a country that may view them with mistrust. However, they are armed with a passionate faith in their Islamic religion and strong familial bonds and finally the Somalis journey began with curiosity. On a similar note other healthcare professionals should be aware

the secrecy lifestyle due to stigmatization when dealing with mental illness. Mental health practitioner's perspective is part of the strength in the research because cultural difference prevent Somali community from work focus because they give services to the community at large.

This research has several implications for social workers and other mental health professionals that work with Somali clients such as psycho-education to individuals regarding the mental illness status, also there should be a consideration to have an open discussion about their world views regarding mental health services and how to break the barriers. Mental health practitioners should engage in approaches that build rapport with Somali Mental health practitioners that work with the Somali community to address the needs of the community.

Researcher Reaction:

This researcher did not expect the mental practitioner to be aware of the stigma within the Somali community. Stigma can manifest in a different forms such as fear, bias, embarrassment, rejection and avoidance (kayama et al, 2011). It worsens the experience of having the mental illness symptoms by becoming a barrier that holds Somali people back from seeking treatment. Stigma is recognized as negative reactions from the community about mental illness resulting into forms of blame, shame, discrimination and stereotypes. Psychological issues which are related to the mind of Somali social status because of the stigma associated to being not normal in all aspects. Therefore, this researcher did not expect mental health practitioner to provide the knowhow on how to help Somali individual using dual treatment of both the traditional/ spiritual treatment and western treatment.

Limitation/Recommendation for Future Research:

One of the limitation is that the small number of articles met the study requirements. Most of Somali client have post-traumatic stress disorder and depression. Data bases were not used such as phychotherapy.net. Only one person reviewed the articles. The researcher recommends that more than one researcher review the articles to reduce bias.

This research leads to the argument that expands the knowledge and awareness needed to work with Somali community. Additionally, mental health practitioner and social work clinicians require knowledge and tools to break through the barriers towards the mental health service. There are several challenges the researcher could see herself encountering while working with Somali population. Building rapport is the stepping stool for provider to develop and progress the relationship with a client whether it is in providing therapy or doing intervention plan. Rapport must be built for the Somali clients to feel comfortable in openly sharing their problems. A possible ethical dilemma could have been in the assessment process if Somali clients questions about spirituality and religion. In discussing spirituality and religion, Cooper (2011) states, "this competence requires respect for a client's spiritual autonomy, curiosity about a client's world view, sensitive to people's different faiths, and monitoring one's own 'religious countertransference" (p.25). The researcher understands that in her professional role as a clinical social worker, one does not impose one's own spiritual beliefs on a client. The researcher should be self-conscious of the statements made and be careful not to make decisions that arise from personal perception. Mental practitioners can provide more education for service provides on Somali worldviews in order to enable Somali clients that align with their cultural traditional and worldviews.

Conclusion

This study explored how to break barriers towards accessing mental health service by Somali population. The strength of this research that it analyze and making the available to social workers. Another strength of the research is that it includes articles written by Somali mental health professionals that understand the cultural concepts mental illness. The data in this study was compiled through using twenty four articles that focused on Somali mental health services. The researcher found that there are various barriers such as intervention, spiritual/ traditional Vs western treatment, stigma and language that prevent Somali from accessing mental health services. The study provides some ways of eliminating these barriers and educating the Somali population on how western treatment supports the unique Somali community through collaboration.

Somali people faces many problems as they immigrate into United States. Families may have been separated or have experienced deaths of loved ones due to the violence in Somalia. They seek education, jobs and homes in this new society that views their religion with fear and ignorance. They face oppression and prejudice as the media vilifies an entire religion for the crimes of a few. They find strength in their religion and their faith in Allah. This study's journey had led to an honest exploration assumption and stereotypes of the Muslim religion. Providing mental health practitioners with correct information about the religion may help dissipate those stereotypes.

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Appendix A

Author (Year)	Focus	Barriers	Location of article
Bhui et al (1999)	Investigates the mental disorder among Somali refugees.		Psych Info SocINDEX & Academic Search Premier
Carroll et al. (2000)	Examines patterns of expression of distress in Somali refugees.	Interventions.	SocINDEX & Academic Search Premier
Bentley at al. (2008)	Impact of evidence based practice treatments within Somali community.	treatments	Psych info
Bentley et al. (2012)	Examine general impact of post immigration stressors	stigma	Psych Info
Elmi (2001)	Examined the general healing systems.	Interventions.	Psych Info
Onyut et al (2009)	Examined Mental health issues (Trauma) among Somali immigrants in United States.	stigma	Psych Info
Simich (2009)	Examines the community perspectives, taking culture seriously.	Stigma.	SocINDEX & Academic Search Premier
Pavlish(2010)	Examines Immigrants belief and care towards mental health issues.	Treatments and denial.	Psych Info Social work abstracts & SocINDEX
Sellers et al. (2006)	Examining the dimensions of depression among immigrant.	Language barriers	SocINDEX & Academic Search Premier
Stansfield et al. (2006)	Developing culturally appropriate measures and assessing socio- cultural risk factors.	Interventions.	Psych Info SocINDEX & Academic Search Premi
Zastrow et al. (2006)	Understanding Human behaviors and the social environment.	Interventions.	Psych Info
Ngoma et al. (2003)	Examines Common mental disorders among those attending primary health clinics and traditional healers.	Treatment and Interventions.	Psych Info

Author (Year)	Focus	Barriers	Location of article
Carol et al. (2007)	Investigates the caring for Somali women. Implication	Lack of access	Psych Info

			SocINDEX & Academic Search Premier
Ciftci et al. (2013)	Examines patterns of Mental health Stigma in Muslim community.	Stigma	SocINDEX & Academic Search Premier
De Jong at al. (2001)	Impact of exposure to violence and PTSD symptoms among Somalis..	stigma	Psych info
Ellis et al. (2010)	Examine Mental-health Utilization of Somalis.	Treatments.	Psych Info
Flores, G. (2006)	Examined the general language barriers to health care in United States.	language	Psych Info
Gary et al. (2005)	Examines Barriers to mental health care among ethnic minorities.	Barriers.	Psych Info
Jaeger,K. (2014)	Addresses Mental-health with Somali population in the twin cities areas.	Treatments.	SocINDEX & Academic Search Premier
Palmer,D. (2006)	Examines Mental health perceptions and challenges faced by Somali community.	Traditional/spiritual	Psych Info Social work abstracts & SocINDEX
Guerin et al. (2004)	Examines the Somali conceptions and expectations concerning mental health.	Language barriers	SocINDEX & Academic Search Premier
Johnsdotter et al. (2011)	Examines the strategies to deal with mental illness among Somali. Emphasizes on Quran reading and negotiating with jinn.	Treatments.	Psych Info SocINDEX & Academic Search Premier
Kayama et al. (2004)	Looks at the association of disability and stigma.	Stigma	Psych Info
Kroll et al (2011)	Impact of PSTD and depression in Somali mental-health.	Lack of access	Psych Info

APPENDIX B

Author (s)	Client Population	Identified Client Study	Outcomes
Palmer (2006)	Mezzo- level system.	Traditional Vs Western Treatment	This case study presents traditional and spiritual treatment as an effective treatment for Somali population.
Kayama (2004)	Macro-level system	Traditional Vs Western Treatment	The study shows smaller number of Somali population access western treatment compared to traditional treatment. The study also shows higher rate of mental health symptoms
Gary (2005)	Micro-level system	Language	The study suggests that language affects individuals differently since there are mental health terms that are not known to Somali individuals.
Johns dotter (2011)	Mezzo-level system	Intervention	This study presents the most effective ways to break barriers to access mental health services towards family with a Somali interpreter for proper intervention.

Flores(2006)	Micro-level system	language	The study suggests that there is significant change towards using appropriate interpreter and transportation.
Carroll(2004)	Mezzo- level system.	Stigma	This case study presents how stigma is associated with mental illness within Somali community and how it affects family in different levels of psychological distress.
Copeland (2006)	Macro-level system	Traditional Vs Western Treatment	The study urges the mental practitioners to create awareness of western treatment to Somali community when seeking treatment.
Bentley (2008)	Micro-level system	Stigma	The study suggests how clinicians. Need to advocate for adult Somali population living depression and empower them to stand up against it.
Berg (2008)	Micro-level system	Intervention	This study presents the most effective ways to eliminate stigmatization by giving more support to those struggling with depression, less loneliness

			programs.
Onyut et al (2009) (2012)	Micro and macro-level system	Stigma	The study emphasis how intervention between micro and macro system fits person environment. The study promotes formal education within the community for problem solving skills.
Ngoma et.al (2003)	Mezzo- level system.	Intervention	This case study points out the understanding of family behaviors and the environment towards accessing treatment.
Jaeger (2014)	Macro-level system	Traditional Vs Western Treatment	The study suggests how the traditional and western treatment can merge to support the community that are facing challenges towards mental health services.
Simich (2009)	Micro-level system	Stigma/traditional /Western treatment.	The study suggests how to examine the Somali community perspectives and taking culture seriously.
Sellers et al (2006)	Mezzo-level system	Intervention	This study presents the most effective to develop culturally appropriate measures and assess the risk factors.

Stansfield et al. (006)	Micro-level system	Stigma	The study reports that public stigma appears to prevent individual seeking treatment for mental health services.
Guerin et al (2011)	Mezzo- level system.	Traditional Vs Western Treatment	This case study presents western treatment works for youth with highly conflicted relationship with their family members who don't support the western treatment. Mental health practitioner.
Kroll (2011)	Macro-level system	Traditional Vs Western Treatment	The study shows smaller number of Somali population access western treatment compared to traditional treatment. The study also shows higher rate of mental health symptoms.
Bhui et al (2001)	Micro-level system	Stigma	The study case address the Somali individual presenting issues and stereotypes, isolation that comes with participating in mental health services.

Elmi (2001)	Mezzo-level system	Intervention	This study presents the general impacts of evidence based intervention within the Somali community as compared to other interventions in place for different families with mental illness.