

CASE REPORT

Revitalising mental health care: The case of Galdagob Mental Health Centre

Abdirashid Takar^a, Abdifitah Ismail^b, Maryam Abdirashid^c

^aUniversity of Cardiff, UK, ^bEast-Africa University, Bosaso, Somalia, ^cDe Montfort University, Leicester, UK.

ABSTRACT

It is unsurprising that mental health care has been historically neglected in Somalia—a country profoundly affected by decades of civil war, political instability, recurrent famines, and prolonged droughts. These conditions have severely strained the nation's infrastructure and resources, leaving countless individuals suffering from mental illness and substance use disorders without access to appropriate care. Many have been left untreated, marginalized, or subjected to serious human rights violations.

In response to this pressing need, the Galdagob Mental Health Centre (GMHC) was established to provide mental health services in the Mudug region of Puntland, Somalia. This case report, informed by insights from GMHC's director, Dr. Abdifitah, explores the centre's operational model, its impact on local communities, the challenges it faces, and its strategic vision for the future.

GMHC's community-based approach underscores the significance of locally led mental health initiatives in post-conflict, resource-constrained settings. It offers a potentially replicable framework for similar interventions across Somalia and other low-income countries grappling with comparable challenges.

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Introduction

Since the outbreak of civil war in 1991, Somalia has lacked a functioning central government, a situation that has had profound and lasting consequences for the country's health care system. The absence of coordinated governance, coupled with decades of political instability, armed conflict, and humanitarian crises, has severely undermined the development and delivery of essential health services, including mental health care.

According to a 2010 report by the World Health Organization (WHO), approximately one in three Somalis was affected by some form of mental illness [1], placing Somalia among the countries with the highest prevalence of mental health disorders globally, particularly within low-income contexts. More recent findings from the Joint Multi-Cluster Needs Assessment confirm that mental health conditions remain widespread across the country. Disorders such as schizophrenia, bipolar disorder,

post-traumatic stress disorder (PTSD), depression, and psychosis continue to affect large segments of the population, underscoring the urgent need for comprehensive and accessible mental health services [2].

Mental health in Post-Conflict Settings

The prevalence of mental health disorders in post-conflict countries is disproportionately high with rates of mental disorders such as PTSD, anxiety and depression being 2-3 times more present in people exposed to armed conflict compared to those who have not [3].

In post conflict South Sudan, a survey from Juba found that over one third (36.2%) of respondents met symptom criteria for PTSD, and half (49.9%) met the criteria for depression [4]. Factors such as forced and repeated

displacement were significantly associated with both PTSD and depression. In addition to that, in Afghanistan more than 50% of the Afghan population, including many survivors of violent conflict, struggle with depression, anxiety, and post-traumatic stress [5].

These findings are consistent with the mental health challenges observed in Somalia, where prolonged conflict and instability have led to widespread psychological distress. In contrast to South Sudan and Afghanistan, which receive international relief for mental health services through organisations such as International Organization for Migration (IOM) and the EU [6,7], Somalia's mental health sector remains largely reliant on community-based and non-governmental initiatives [2] like Doctors without Borders and the Somali Mental Health Foundation in America [8,9].

This stark disparity highlights the severe underdevelopment of Somalia's mental health infrastructure and institutions and emphasises the importance for mental health support spaces like GMHC.

The Galdagob Mental Health Centre

Origins and Vision

In 2014, a group of Somali diaspora women from the UK, Sweden and the United States visited Galdagob and witnessed firsthand the dire state of mental health care. They encountered people chained to trees, locked in their homes, or roaming the streets in desperate need of treatment, as shown in Images 1 and 2. Unfortunately, this abuse of human rights through chaining is a common occurrence in Somalia [2]. This experience began the effort to collect data on individuals in need of mental health services and laid the groundwork for what would eventually become GMHC.



Image 1. Individual restrained by chains on the ground

Community meetings involving local professionals, business owners, religious leaders, and youth groups assembled to address the issue. The community devised a plan to mobilise resources through mosque fundraising,

door-to-door donations, and business contributions. Online platforms like GoFundMe played a pivotal role, with the Somali diaspora contributing significantly.

In October 2020, GMHC was officially established as an outpatient mental health facility, with plans to expand to inpatient services. Today, it serves Galdagob and the surrounding areas in the Mudug region, offering mental health care for conditions such as bipolar disorder, schizophrenia, anxiety, depression, dementia, epilepsy, psychosis, and substance abuse.

Currently, GMHC serves a catchment area covering Galdagob and neighboring districts such as Galkacyo, Buurtinle, Xarfo, and Bursalax, extending into the Ethiopian Somali region. This region covers approximately 9,000 km [10]. However the population of this catchment area is difficult to estimate due to lack of data but Galkacyo alone is 500,000 [11]. Some patients travel a significant distance to access support.



Image 2. Individual restrained by chains on tree

Approach and Services

GMHC delivers a comprehensive array of mental health services aimed at addressing severe psychiatric conditions. These include both inpatient and outpatient care, with a particular emphasis on pharmacological treatment. To overcome geographical and infrastructural barriers, GMHC utilizes telemedicine platforms such as Zoom, thereby extending psychiatric support to remote regions where individuals with mental illness are often subjected to inhumane conditions, including physical restraint, due to the absence of accessible care. In addition to clinical interventions, the organization provides psychosocial support to patients and their families, fostering a more holistic approach to mental health. Regular follow-up appointments and systematic medication management are also integral components of GMHC's service model, designed to prevent relapse and promote sustained recovery.

Successes and Community Impact

GMHC has made substantial progress in providing mental health services. The new inpatient facility was built to house 60–65 patients (see Image 3). For comparison, in

2016, a WHO study found that Somalia had just 0.5 psychiatric beds per 100,000 people, compared to a global average of 24 beds [12].

The centre has also made significant strides in reducing the number of outpatient consultations. Figure 1 displays the number of patients treated over the last few years. The data presented were obtained through direct communication with Dr Abdi Fatah, Director of GMHC.



Image 3. New accommodation at GMHC

Notably, the decrease in outpatients can indicate positive developments such as:

- More independent ongoing care for chronic disorders.
- Stronger community support for individuals seeking mental health care due to reduced stigma.
- Better overall mental health management.

Strengths and Limitations

While highlighting the notable strengths and achievements of GMHC, it is equally important to acknowledge the persistent challenges the center faces. Identifying these weaknesses is essential for informing future strategic planning and ensuring the sustainability of its operations.

One of GMHC's key strengths lies in its strong

engagement with both the Somali diaspora and local communities, which has fostered a supportive environment for mental health initiatives. The center has also demonstrated innovation through its use of telemedicine, enabling access to psychiatric care in remote regions where conventional services are often unavailable. Furthermore, GMHC provides a versatile range of mental health services, ensuring that patients receive comprehensive and individualized treatment. A particularly compelling example of the centre's impact is the case of a woman in her thirties who had suffered from severe psychosis after years of traditional healing practices, including being burned with incense to expel jinn (spirits). Following her diagnosis of major depression and psychosis at GMHC, she responded positively to medical treatment and has since become a peer supporter, actively contributing to community-based mental health care.

Despite these successes, GMHC faces several structural and operational challenges. The center is heavily reliant on external funding, particularly from the Somali diaspora and local businesses, rendering it vulnerable to economic fluctuations and inconsistent financial support. Geographic isolation and limited transportation infrastructure further hinder access to care, especially for individuals in remote areas. Additionally, GMHC struggles with a shortage of trained mental health professionals, often depending on remote consultations and internal training programs, which constrain its capacity to deliver specialized services. Cultural stigma and widespread misconceptions about mental illness—frequently attributed to supernatural causes such as possession by jinn—pose significant barriers to care-seeking behavior and contribute to the reliance on traditional healing methods. Finally, the centre experiences difficulties in maintaining a consistent supply of psychotropic medications, which undermines its ability to provide stable and effective treatment.

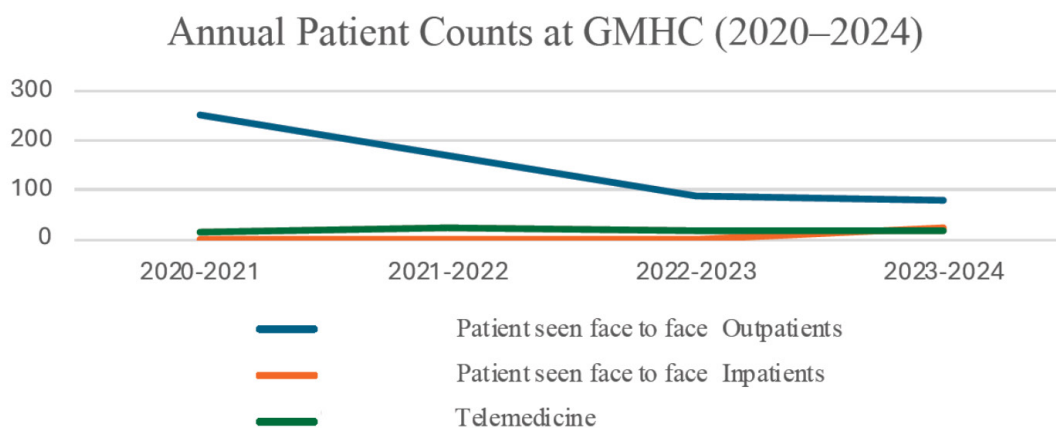


Figure 1. Galdagob Mental Health Centre's number of patients

Looking forward

The establishment of GMHC has been a beacon of hope in many people's lives however the future is unknown. The long-term sustainability of the centre depends on working on solutions to combat the weaknesses earlier identified. This section will outline possible solutions for each weakness identified by the GMHC:

Funding

- Exploring hybrid financing models (e.g. low-cost patient fees or private sector partnerships)
- Seeking NGOs collaborations to secure stable long-term grants
- Advocating for mass government integration of mental health into national programs

Accessibility

- Training healthcare workers in other areas to provide them with the tools to deliver basic mental health support
- Introducing mobile clinics to reach underserved areas
- Pushing for local government to eliminate infrastructure issues

Staff and medication shortage

- Training local healthcare workers in psychiatric care
- Creating a mentor system for the current workers to train new workers
- Establishing supply-chain partnerships with pharmaceutical organisations
- Advocating for duty-free medication imports for mental health facilities

Cultural barriers

- Continue GHMC's partnership with traditional healers to educate the locals about the benefits of medical treatment
- Push for national public education campaigns to normalise psychiatric care

Supporting patients' independence

- Community-based rehabilitation programs to help patients develop skills and livelihoods so they can become independent after discharge and reintegrate into society

Conclusion

To conclude, GMHC's establishment and the completion of the new inpatient facility is a pivotal step forward in addressing the mental health crisis in Somalia. It serves as an example of what community-driven initiatives can achieve. Looking ahead, GMHC plans to expand its reach, serve as a model for mental health care in other districts, partner with influential organisations, and secure

sustainable funding to ensure long-term impact and growth.

The progress of the GMHC provides valuable insight for policy makers, NGOs and researchers seeking realistic mental health interventions in post conflict settings. It is crucial to understand that improvements in mental health care supports the entire development of a country.

Somali Summary

CINWAAN

Daraasad laga Sameeyey Caafimaadka Dhimirka, oo Laga Fuliyey Xarunta Caafimaadka Dhimirka ee Degmada Galdogob ee Gobolka Mudug, Puntland, Soomaaliya.

Ma aha wax lala yaabo in daryeelka caafimaadka dhimirku uu taariikh ahaan, ahaa mid lagu dayacay Soomaaliya— oo ah waddan ay si weyn u saameeyeen tobannaan sannadood, oo dagaallo sokeeye ah, xasillooni darro siyaasadeed, macaluul soo noqnoqatay, iyo abaaro daba dheeraaday. Xaaladahan ayaa si weyn u saameeyey kaabayaasha dhaqaalaha iyo kheyraadka qaranka, taasoo keentay in dad aad-u-badani ay la ildaran-yihiin cudurrada dhimirka iyo cilladaha isticmaalka mukhaadaraadka iyagoo aan helin daryeel ku habboon. Kuwo badan ayaa laga tagay iyadoo aan la daweyn, oo la takooray, ama loo geystay xad-gudubyo halis ku ah xuquuqda aadamiga. Iyadoo laga jawaabay baahidaas culus ee jirta, waxaa la aasaasay xarunta caafimaadka dhimirka ee Galdogob (XCDG) "Galdogob Mental Health Center" (GMHC) si looga fuliyo adeegyada caafimaadka dhimirka, ee gobolka Mudug ee Puntland, Soomaaliya. Warbixinta kiiskan, oo uu xog-ogaal u yahay agaasimaha XCDG/GMHC, Dr. Cabdifitaax, ayaa sahaminaya qaabka hawlgelinta xarunta, saamaynta ay ku leedahay bulshooyinka deegaanka, caqabadaha ay la kulanto, iyo aragtideeda higsiga istaraatiijiyadeed ee mustaqbalka. Habkan XCDG/GMHC oo bulshada ku salaysani waxa uu muujinayaa, hoostana ka xariiqayaa, ahamiyadda ay leeyihiin hindisayaasha caafimaadka dhimirka ee maxaliga ah, oo lala kulmo colaadaha kaddib, , ama goobaha dhaqaalohooda kheyraadku xaddidanyahay. Waxay xaruntu bixisaa hannaan la isku hallayn karo oo loogu talagalay ku fidinta hawlgalladan oo kale Soomaaliya oo dhan iyo waddammada kale ee dakhligoodu hooseeyo ee la halgamaya caqabadaha la midka ah.

Conflict of Interest

One of the authors of this report is the CEO of Rajo Mental Health Support and Education (RMHES) charity, a major fundraiser for GMHC. This relationship has no effect on the objective nature of this report and its conclusions.

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