



# Addressing Mental Health in Girls' Education in Somalia

This brief describes the current situation, project responses and highlights progress from SOMGEP-T's integration of targeted support to children with mental health disability in education in Somalia.

## **The SOMGEP-T Project**

SOMGEP-T is a four-year (2017-21) initiative funded by DFID's Girls' Education Challenge and USAID which aims to bring about sustainable improvements to the learning and transition outcomes of marginalised Somali girls. A follow up to a previous four-year project (SOMGEP), SOMGEP-T seeks to further address barriers and challenges Somali girls face related to access, learning and transitions to upper primary and secondary education. The project uses a holistic, evidence-based approach to boost reading, numeracy and transition outcomes for 27,146 girls and 30,053 boys in 148 primary and 51 secondary schools located in rural and remote areas of Somaliland, Puntland and Galmudug.

To address barriers to and causes of marginalisation, the SOMGEP-T Theory of Change focuses on four key outputs:

- (1) Improved access to tailored education opportunities;
- (2) Supportive school practices and conditions for marginalised girls;
- (3) Positive shifts on gender and social norms at community and individual girl level; and
- (4) Enhanced Ministries of Education (MOE's) capacity to deliver quality and relevant formal and informal education.

Outputs are expected to contribute to the achievement of the project's four intermediate outcomes of attendance, school governance, improved quality of teaching, and life skills development, which will in turn contribute to the long-term goals of improving learning outcomes, boosting transition rates, and ensuring the sustainability of changes brought about by the project.

## **Mental Health in SOMGEP-T**

Mental health burden is a significant (and some argue underestimated) contributor to years lived with disability measured through disability affected life years.<sup>i</sup> The increased recognition of mental health as a development priority is seen through its inclusion in the 2015 UN Sustainable Development Goals (in the preamble and as an indicator of goal three<sup>ii</sup>). The impact of mental health disability on education outcomes is well established. WHO (2019) estimated that one in each six children aged 10-19 faces a mental health issue, accounting for 16% of the global burden of disease and injury among this population<sup>iii</sup>. It is estimated that as much as 20% of the adult population is at risk for poor educational and employment outcomes resulting from a continued long-term neglect of child and adolescent mental health conditions.<sup>iv</sup>

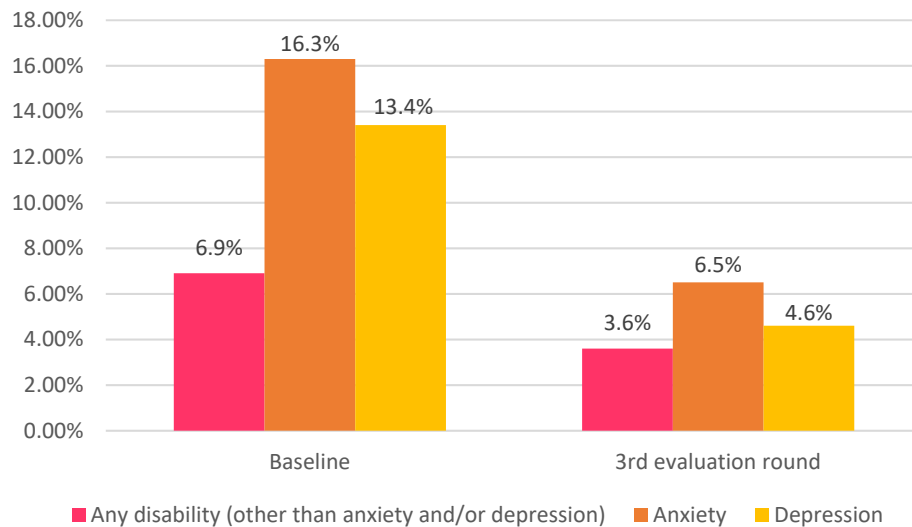
Disability and mental health disability information in Somalia and Somaliland are sparse. Disability overall is estimated to be greater than global estimates of 15% due to the impacts from poverty, lack of access to healthcare, and long periods of conflict<sup>v</sup>. A 2012 Somaliland study reported that 42% of households have at least one household member with a disability<sup>vi</sup>.

Within SOMGEP-T evaluation cohorts of in-school, out-of-school and girls enrolled in alternative learning programs, the disability prevalence was less than 15% at each time point. This rate, lower than previous estimates, is thought to result from (i) the absence of options for medical support in rural areas, forcing families of children with disabilities to move to some urban areas to access assistance and specialized services; and (ii) low survival rates of young children with complex disabilities in a context of severe malnutrition, recurrent displacement/ migration, and inability to access corrective treatment for life-threatening cardiac/ vascular malformations).

### **Assessing Mental Health Issues**

Collecting reliable data on disability is a global challenge. Our projects in Somalia are using questionnaires developed by the UN's Washington Group on Disability Statistics (<http://www.washingtongroup-disability.com/washington-group-question-sets/>), which assess the extent to which disability affects functionality. The child functioning set of the Washington Group questions (<https://data.unicef.org/wp-content/uploads/2018/06/Child-Functioning-for-Children-Age-5-to-17-Oct-2016-FINAL.docx>) includes questions on anxiety and depression, assessing how often respondents feel anxious or depressed (questions CF23 and CF24). SOMGEP-T and other CARE projects use the Washington Group questions to assess disability prevalence among adolescent populations in target areas, asking questions of caregivers and the girls themselves. The data used in this brief refers to caregivers' responses.

**Figure 1 - Mental health disability prevalence among adolescent girls in rural and remote areas of Somaliland, Puntland and Galmudug**



Mental health disability (assessed here through caregiver reports of child being anxious or depressed daily, weekly or monthly<sup>vii</sup>) has consistently been the most prevalent form of disability found in this context (Figure 1). At the project’s baseline, conducted at the peak of the 2017 drought, which resulted in the displacement of nearly a million people<sup>viii</sup>, over 16% of the adolescent girls showed signs of severe anxiety and 13% were facing depression. It is possible that this proportion was underreported at the time, given the stigma associated to mental health issues and the lack of public awareness around them. Nonetheless, the prevalence of anxiety and depression has decreased in the 2019 evaluation round, but remains quite high (6.5% and 5%, respectively). Anxiety and depression are dynamic conditions that are expected to fluctuate through time; in this case, it is likely that the decreased prevalence may reflect the milder climate conditions at the time and the outmigration of affected cohort girls, as well as the potential contribution of life skills activities conducted by the program, which seem to have a particularly positive effect on children with mental health disabilities.

Previous studies conducted with diaspora Somali adults living in the United States and Europe linked mental health issues to traumatic experiences of violence, survivor guilt and the inability to provide for their families<sup>ix</sup>. Experiences of displacement, extreme deprivation and violence are likely to be root causes of mental health issues among adolescent girls as well, particularly for those who face recurrent displacement and ongoing conflict, such as the populations supported by SOMGEP-T. Furthermore, restrictive gender norms that normalise violence against girls are likely to be a contributing factor. It is difficult to establish a statistical relationship between violence and mental health issues, as gender-based violence is likely to be underreported; nonetheless, qualitative data from girls indicated that harassment is a common feature of their

lives, in particular in public spaces such as near *khat*<sup>1</sup>-selling shops. It is interesting to note that unemployment and depression among men are reportedly fueling *khat* abuse<sup>x</sup>, reflecting the linkages between adult's and children's mental health.

Most communities have a latent potential for violence as a result of clan conflict and local disputes. At least 20% of the SOMGEP-T communities experienced open conflict in 2019 alone. During episodes of conflict, girls and women are disproportionately affected:

*“There was a conflict between two tribes and it did affect us physically and mentally because we lost our education and a lot of family members.”* [Girl, Somaliland]

*“We feel unsafe and lost because they all our fathers and brothers left the village. Only women and children were left here, so it was a very sad situation.”* [Girl, Somaliland]

In addition to the heightened risk of gender-based violence, girls face restrictive gender norms while being challenged to take on new roles in society. Conflict and migration are reshaping communities; 52% of the households in SOMGEP-T intervention areas are female-headed. This situation places women in new economic roles in society, while traditional gender norms still restrict their participation in public spaces, and their education is often insufficient to enable them to be successful when pursuing new livelihoods. Adolescent girls face such tensions at their households and school; while expectations for girls are changing, and their own aspirations are expanding, the barriers posed by traditional gender norms, recurrent shocks and deprivation often undercut the realisation of such dreams. When asked to complete vignettes – short stories illustrating situations often faced by girls in SOMGEP-T communities – girls often oscillated between positive outcomes and pessimistic narratives, showing the tension between an awareness of new possibilities and the ever-present barriers in their lives.

SOMGEP-T baseline and midterm findings confirm many of the predicted implications that girls with mental health disabilities face:

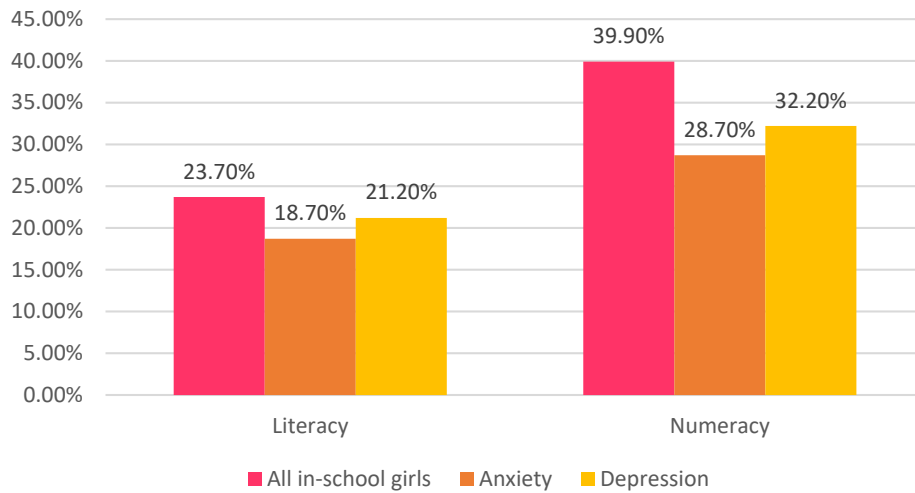
- **Lower learning outcomes:** SOMGEP-T's baseline study showed a link between mental health disability and lower literacy and numeracy scores for girls. Girls facing anxiety had major learning losses, performing 5-11 percentage points below their peers. A similar pattern was observed among those facing depression, with a decrease of over 7 percentage points in numeracy. (See Figure 2)

Similar results were observed in a study conducted in South Somalia (Banaadir, Jubaland and Southwest), where it was found that mental health issues are a predictor of lower literacy outcomes for adolescent girls. Those facing anxiety and/or depression had an average literacy score of 38%, compared to an overall average score of 44% for all girls.

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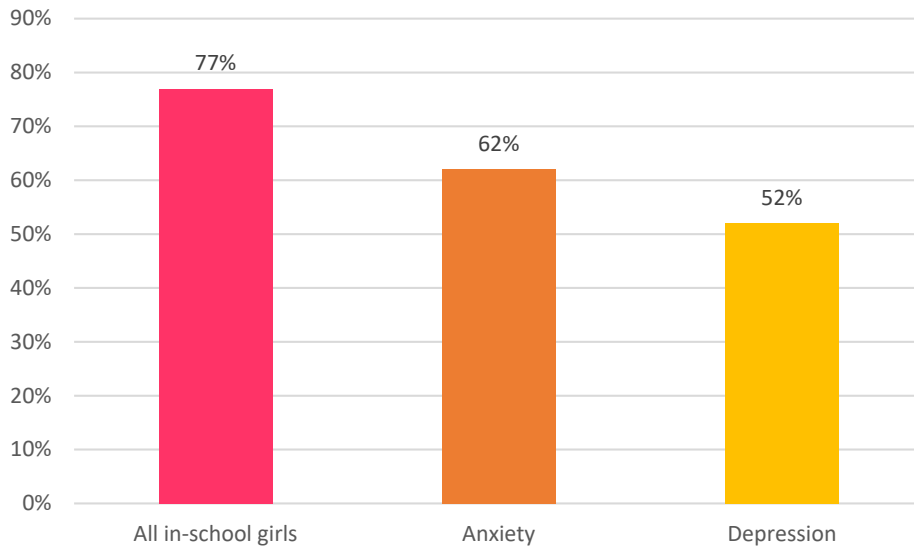
<sup>1</sup> A stimulant drug often consumed in East Africa and the Middle East.

**Figure 2 – Average literacy and numeracy scores of in-school girls disaggregated for anxiety and depression.**



- Lower transition rates:** Girls with mental health disability had lower transition rates than their peers. Depression has a particularly negative impact, reducing transition by 25 percentage points. Low transition rates are likely to be related to lack of awareness and support for girls facing anxiety and depression.

**Figure 3 - Effect of mental health disabilities on girls' transition rates**



- Stigmatization and 'invisibility'.** Qualitative findings have highlighted that people with disability are a neglected group and viewed beyond the capacity and resources of schools for inclusion. Additionally, respondents tended to view disability in physical and visible terms with little reference to mental health dimensions. Previous studies conducted with Somali

populations in displacement noted how mental health issues are often stigmatised and associated with ‘curses’, possession by supernatural entities and the ‘evil eye’; those facing mental health issues are also concerned about being perceived as ‘crazy’<sup>xi</sup>. Similar perceptions and beliefs may affect support to children and adolescents facing mental health issues, particularly outside the family home.

## **SOMGEP-T mental health responses and adaptations**

The large proportion of girls with anxiety and/or depression, and the intersection of poor learning outcomes and mental health issues led the project to adapt the original design to plan a variety of targeted interventions.

- **Sensitisation of staff and stakeholders on the existence of mental health issues and the need to address these.** The project has identified strategic partners working on disability in the Somali diaspora and engaged their specialised support to provide trainings to field staff and Ministries of Education (central, regional and district levels) on disability, including mental health issues. These activities helped to break the silence around mental health issues.
- **Increased awareness at community levels of the effects of ‘hidden disabilities’ on learning and retention.** The project has trained Community Education Committees and local leaders to identify and support children (girls/boys) living with disabilities at the community, including “hidden” disabilities. The increased awareness at community level is essential to ensure follow-ups on cases of absenteeism and dropout involving children facing anxiety and depression.
- **Tailored support to teachers to address learning barriers for children with disabilities, particularly girls facing anxiety and depression, with dyslexia or hearing impairment.** A key intervention component is enhancing the capacity of teachers to identify signs of anxiety and depression instead of dismissing students who are not participating in class, withdrawing from peers or showing signs of nervousness/ ‘acting up’, among other common patterns. Teachers and head teachers are also being sensitised about preventing other students from bullying/ stigmatising girls and boys potentially facing mental health issues as well as ‘visible’ disabilities. Girls facing mental health issues generally portray their teachers as supportive of their needs, although they have also remarked about missing class when not ‘feeling well’:

*“(...) I said to him, “Teacher, I don't know that question, so tell me”, and then he tells me and makes it clear.”* [Girl, Somaliland]

*“It was Mathematics and Somali. When I don't understand, I tell the teacher and he repeats it for me.”* [Girl, Somaliland]

- **Peer-to-peer support through participation in Girls’ Empowerment Forums.** Girls’ Empowerment Forums are a project intervention that provides safe spaces for girls to

experience non-traditional gender roles, practice leadership skills, discuss issues affecting them and provide peer-to-peer support and psychosocial support to others suffering from trauma, anxiety/depression, etc.

*“We are friends, we treat each other well, we follow each other, and we play.”* [Girl, Somaliland]

Peer support is particularly important as feelings of isolation and loneliness may further exacerbate anxiety and depression:

*“Yes, I feel that way [excluded by other people]. Whenever I'm taking a decision, I take it alone and don't share it with anyone.”* [Girl, Somaliland]

The second evaluation round of SOMGEP indicated that 33% of the intervention school students felt lonely at school, while 41% of the students in comparison schools reported the same. The findings potentially reflect the combined effect of the Girls' Empowerment Forums network and sensitised teachers, making school a safer space for students facing mental health issues.

- **Put systems in place to ensure that girls with mental health disabilities receive psycho-social counselling.** Given the lack of professional counselling services in country, the project has started integrating counselling into Girls' Empowerment Forum activities, supporting mentors to develop basic skills to support girls displaying signs of anxiety and/or depression.
- **Address root causes of anxiety.** Hypothesized sources of anxiety and depression include exposure to conflict and/or violence, displacement, hunger, and child protection issues, such as corporal punishment and bullying at school. The project is targeting girls who experienced displacement and live in extreme poverty through Girls' Empowerment Forums and working with Community Education Committees and teachers to increase accountability on child protection in schools. These interventions are synchronised with scaled up counselling to mitigate the impact of anxiety and depression. This is particularly true in the context of the current COVID-19 crisis, which is likely to exacerbate the vulnerability of households and may result in a major escalation of anxiety and depression rates. While girls have overwhelmingly noted that their families are supportive of them, school is clearly emerging as a place where they thrive; its closure, although temporary, may have a negative impact on mental health.

*“(...)When I am away from school, I feel challenges.”* [Girl, Somaliland]

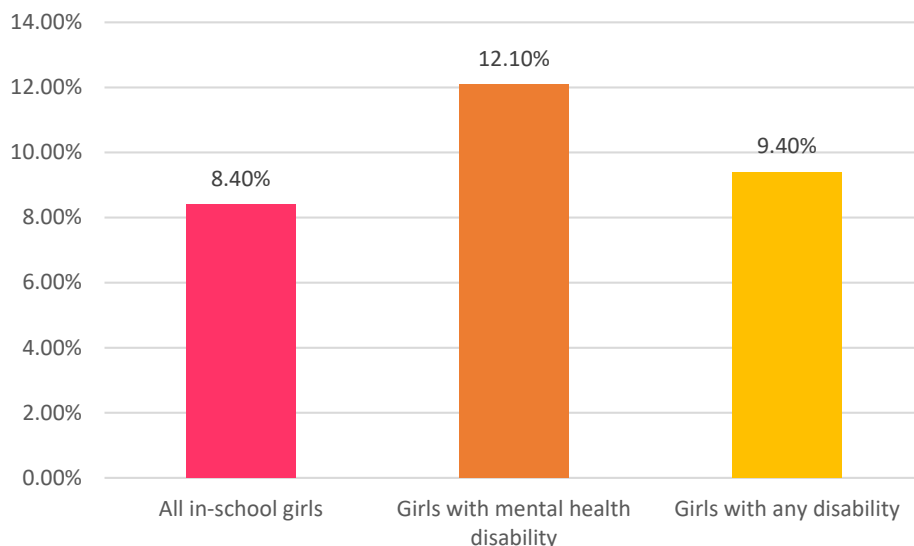
## **What progress are we seeing?**

Although mental health disability-focused project adaptations are ongoing, some areas of progress are worth highlighting at this stage of the project.

**Improved financial literacy.** The program's overall improvements in financial literacy outcomes extended to girls with mental health and other disabilities. The third evaluation round results

showed that cohort girls from intervention schools significantly improved their financial literacy scores over girls from comparison schools (a gain of 19.3% versus 10.9% - a 8.4% advantage). The third evaluation results further suggest that financial literacy also improved among girls with mental health and all forms of disability in program schools relative to comparison schools. Girls with any disability improved by 9.4 percentage points and girls with mental health disability improved 12.1 percentage points –a greater improvement than between program and comparison girls overall. These improvements bordered on statistical significance and suggest that program’s efforts towards inclusions were showing effectiveness.

**Figure 4 - Longitudinal gains in financial literacy scores disaggregated by disability status**



**Improved literacy and numeracy skills.** Girls participating in Empowerment Forums had significantly higher increases in their literacy and numeracy skills, over and above the comparison group, and increased their transition rates by 11 percent points. The major gains observed among participants highlight the importance of developing girls’ agency, life skills and peer support networks. The effects seem to be particularly beneficial for girls facing multiple vulnerabilities contributing to mental health issues.

**Increased transition.** By the second evaluation round, girls with depression in intervention schools had increased their transition rates by 19.8 percentage points over and above those in comparison schools. The result illustrates the effectiveness of the sensitisation of Community Education Committees and peer-to-peer support received in Girls’ Empowerment Forums.

**Endnotes**

i Mills, China. 2018. From 'Invisible Problem' to Global Priority: The Inclusion of Mental Health in the Sustainable Development Goals. *Development and Change* 49(3): 843-866.

<https://onlinelibrary.wiley.com/doi/full/10.1111/dech.12397>

ii UNDP. Transforming our world: the 2030 Agenda for Sustainable Development. <https://sustainabledevelopment.un.org/post2015/transformingourworld>

iii WHO, 2019. Adolescent Mental Health. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>



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- iv WHO. 2010. Mental health and development: targeting people with mental health conditions as a vulnerable Group. [http://whqlibdoc.who.int/publications/2010/9789241563949\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2010/9789241563949_eng.pdf?ua=1).
- v As cited in Rohwerder, B. 2018. Disability in Somalia. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. <https://gsdrc.org/wp-content/uploads/2018/02/266-Disability-in-Somalia.pdf>
- vi CESVI & Handicap International. "Children with Disabilities in Somaliland: A knowledge, attitudes, and practices household survey." (2017): 1-39. <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/Somaliland%20Children%20with%20Disabilities%20KAP.pdf>
- vii Cohort girls' caregivers were asked if the girls were anxious or depressed and for how long they showed signs of this. Methodological limitations to anxiety and depression prevalence include a variable understanding of terms used in the question in the context of a low level of understanding of and the absence of clinical verification of anxiety or depression. In addition, total sample sizes with disability with the SOMGEP-T cohorts are small (e.g. 52, 66).
- viii According to IOM (<https://www.internal-displacement.org/countries/somalia>, accessed on May 4, 2020)
- ix <https://www.cdc.gov/immigrantrefugeehealth/profiles/somali/mental-health.html>; and McGraw Schuchman, D. & McDonald, C. (2004) Somali Mental Health. Available online at <https://ethnomed.org/resource/somali-mental-health/>
- x <https://www.thenewhumanitarian.org/news-feature/2019/06/26/somalia-mental-health-emergency>
- xi McGraw Schuchman, D. & McDonald, C. (2004) Somali Mental Health. Available online at <https://ethnomed.org/resource/somali-mental-health/> and Minnesota Department of Health, Somali Mental Health Project Findings and Recommendations (<https://www.health.state.mn.us/communities/equity/reports/mentalhealth.pdf>).