My journey from civil war to global health

August 7 2015, by Dr Jibril Handuleh

Dr Jibril Handuleh (centre) is physician, researcher and lecturer with dual nationality in Somalia and Djibouti. After training as a general practitioner in his homeland, he overcame multiple challenges to publish 15 papers over the course of two years, in some of the world's most widely-read medical journals. This is his story.

Somalia's wars, droughts and famines are well known, but less attention is paid to how these problems undermine the nation's mental health.

Aside from the damage wrought to bodies and property, many Somalian minds bear scars from a two-decade civil war that ended in 1991, and continuing economic precarity. This situation has been exacerbated by the disruption of healthcare services, with hospitals destroyed and doctors fleeing for safer countries.

I was born and grew up in exile in Saudi Arabia, eventually returning to study medicine once stability had returned. During my training, the university in my hometown of Borama had no local teaching staff or exams in psychiatry, despite the fact that two out of every five Somalians are estimated to suffer from mental health problems.

Somalians with psychiatric disorders are often stigmatized, abused and literally imprisoned in their homes. Mentally ill people can become a huge burden, as families don't know how to deal with severely disturbed or violent relatives. Many are therefore chained up or put into prison in order to control them. Traditional healing methods can be just as repressive, with patients having their heads dunked repeatedly into water almost to the point of drowning, in an attempt to force out harmful jinns (magical spirits).

Moreover, even when they receive medical help, patients are often misdiagnosed with exclusively physical rather than psychiatric conditions. Bipolar and schizophrenic Somalians are commonly presumed to have typhoid fever, and therefore mistakenly prescribed antibiotics that are both expensive and ineffective.

These challenges prompted the Somalian diaspora in Europe to collaborate with the Borama community to establish our first psychiatric unit. Central to the project was the hiring of 10 female healthcare workers, who have run individual and group therapy sessions, and encouraged local community leaders to reduce mental health stigma.

The clinic opened in 2012 – the same year I was introduced to AuthorAID, a website that supports academics in developing countries. Following registration, the platform quickly became part of my daily writing process. It was a key resource in my attempts to communicate the challenges and successes of African healthcare provision. While beginning to publish my first paper, this platform helped me secure access to online literature and research funding – crucial in a country like Somalia where academic infrastructure and the internet itself is weak.

I learnt how to draft and edit a paper, submit it to a journal, and get it published. Within two years, I had papers accepted at three conferences and was able to publish over 15 articles in academic journals, two of which were accepted by leading international mental health journals. The *American Journal of Psychiatry* published my article on psychiatry hospital practice and *The Lancet Psychiatry* published my article on [mental health](link) services in Somaliland, a territory in Northern Somalia.

Apart from psychiatry, my research has also covered e-health in fragile states, chronic diseases and conflict-health interactions, taking Somalia as a case study. I have worked with researchers from Tulane University, Oxford University, Harvard, the Karolinska Institute and King's College London. After becoming the first academic to publish from post-conflict Somalia, I was chosen as a Research Fellow at the Centre for Global Health at King's College London, funded by the King's THET Somaliland Partnership (KTSP).

In addition to my own research, I have shared my learning experiences with my students and peers. I have run two workshops on research communication for my colleagues, and also set up a newsletter at Amoud University's College of Health Sciences, where I lecture and practice medicine. The newsletter raises medical students' awareness of and interest in scientific writing, which helps deepen their training.

Learning from peers in other countries has also been very important for my career development. Through the resources and expertise provided by other Southern academics, I increased my chances of winning a master's degree scholarship. Motivation letters became easier to write and more compelling and I recently won admission to an MSc in International Health at Germany's Heidelberg University. My studies will focus on public health training in low- and middle-income countries that receive aid from the German government. Somalia has the world's highest maternal mortality in the world, and among the highest infant mortality. I hope to use the MSc as a platform for making lasting changes to these inequalities, as Heidelberg is one of the leading centres of global health research.

My plan is to become a researcher, academic and science communication mentor for my students and academics in my country and across Africa. I want to encourage those who come from a similar background to also join the scientific world. By collaborating with peers in African universities, I hope to build the continent's academic publishing capacity, fighting against academic fraud and raising our reputation in the global publication arena.

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