Help-Seeking Behavior and Prevalence of Contact with Psychiatric Service among Patients with Mental Disorders Attending Traditional Healing Treatment in Central Sudan

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Abstract

Pathways patients take to psychiatric care refect the nature of the services available and the popular belief model about mental illness. We aimed to study the help-seeking behavior and to determine the prevalence of contact with psychiatric services among patients with mental disorders receiving traditional treatment in the traditional healers centers (THC) in Sudan. All in-patients with mental disorders receiving treatment in the THC, socio-demographic data, information on help-seeking pathways and experiences of contact with psychiatric services were determined through face–to-face interviews and Mini International Neuropsychiatric Interview (MINI). We found that prior to presenting to traditional healers 48.1% (195) had previous contact with the psychiatric services and 51.9 %(210) did not. Many of those who contacted psychiatric services attributed their illness to supernatural causes such as Satan and wrong doing. There were 45 (23.1%) (p=0.003) of those with history of alcohol abuse and 35(17.9%) (p= 0.001) with drug abuse have contacted psychiatric services before receiving traditional healing treatment. History of contact with psychiatric services is common among patient with psychiatric disorders receiving treatment in the THC in central Sudan. Collaboration between psychiatrist and traditional healers is necessary for better management of psychiatric patients.

Culture; Mental health; Help-seeking; Traditional healing; Psychiatric services; Mental disorders; Psychiatric patients; Sudan; Mental health services; Traditional healers

e establishment of psychiatric services in Sudan is an interesting experiment in a developing country. Prior to World War II there were hardly any organized psychiatric services. By 1950, the Clinic for Nervous Disorders, Khartoum North, was well established and the Kober Institution was built later to cater for 120 forensic psychiatric patients. is was followed by the establishment of four psychiatric units in provincial capitals at Wad Madni, Port-Sudan, El Obeid and Atbara. In 1964, a 30-bed psychiatric ward was built in Khartoum general hospital. Psychiatry in Sudan began in the 1950s under the guidance of the late Professor El Tigani El Mahi. He pioneered, among other things, rural services and the open-door policy. His successor, Dr Taha A. Baasher, shouldered the responsibility and extended services to more peripheral areas of the country. He established the Mental Health Association of Sudan and the Sudanese Association of Psychiatrists. In 1971, Omdurman Psychiatric Hospital (El Tigani El Mahi Hospital) was established as the national mental hospital. However, since then, mental health services failed to extend beyond a few specialized units attached to state hospitals. is has been mainly due to a shortage in quali ed sta , such as psychiatrists, psychologists, social workers, and psychiatric nurses. In term of facilities, mental health is not yet part of the PHC system. Nationally there are 0.2 psychiatric beds per 10,000 population: 0.18 in mental hospitals and 0.02 in general hospitals WHO.

ere are two mental hospitals available in the country for a total of 0.86 beds per 100,000 populations. ese facilities are organizationally integrated with mental health outpatient facilities. irty percent of patients treated are female and 13% are children and adolescents.

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knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experiences and observations handed down from generation to generation whether verbally or in writing`. Literature has highlighted that traditional healers are o en seen as the primary agents for psychosocial problems in developing countries, estimating their shares services range as high as 45% to 60%. WHO estimated that 80% of populations living in rural areas in developing countries depend on traditional medicine for their health needs?

A traditional healer is de ned by the WHO `as a person recognized by the community in which he lives as competent to provide health care using plants, animals or mineral substances and certain other methods based on the social, cultural and religious background, as well as on [4-8] the knowledge attitudes and beliefs that are prevalent in the community regarding physical mental and social well being and the causation of disease and disability`. A traditional healer is an educated or lay person who claims ability or a healing power to cure ailments, or a particular skill to treat speci c types of complaints or a ictions, and who might have gained a reputation in his own community or elsewhere. ey may base their powers or practice on religion, the supernatural, experience, apprenticeship or family heritage. Traditional healers may be males or females and are usually adult. It was reported by WHO that traditional medicine is so successful in Sudan that is extensively used in the control of neuroses and alcoholism, and as such possesses a potential for research on the treatment and rehabilitation of neurotic reactions ,alcoholism and drug dependency. Traditional medicines present several valuable solutions to the management of culturally linked diseases and other health problems in Sudan. e reason for this success is that it is an integral part of the people culture and they have deep con dence in it. e methods and techniques employed are guarded secrets by the traditional healers. WHO reported that: ((in Sudan the traditional healing methods are shaped by the religious, spiritual and cultural factors of di erent ethnic population groups. e practice is common in urban as well as rural populations. Traditional healers may require long stay of patients and this may prevent early detection of disease and early medical intervention by modern psychiatry)) (WHO-AIMS Report. Traditional beliefs and religion play an important role in the socio-cultural and political life of the people in the countries of the eastern Mediterranean region. e family and community hold a central position in the life of the individual, and they make a tremendous contribution to the therapeutic process. Native faith healers are found in all parts of the eastern Mediterranean region, where they are held in high regard and are [5-8] considered to be spiritual or moral guides. ey are consulted for a range of ailments including physical illness, emotional problems, and congenital defects, or disappointments in love, family, or business. e WHO studies of pathways to care have shown native faith healers to be an important source of care for people who ultimately attend psychiatric services.

Many patients su ering from psychiatric disorders seek nonprofessional care before attending specialized services. Erinosho in Nigeria reported that people o en sought care from traditional healers before making any contact with modern psychiatric facilities. Jegede, reported that the majority of the mentally ill in Nigeria are cared for outside the mental health system mostly by traditional healers. e situation in Sudan is not di erent from what has been reported in Nigeria and other Africans and Arab countries. Salem investigated the help-seeking behaviour of patients referred to the psychiatric department in United Arab Emirates.; they found that 44.8% consulted

followed religious healing. ey mentioned that, two further methods of ascertaining the role of traditional healing in psychiatric care can be used. One is to investigate a group of psychiatric patients and nd out whether they had sought help from traditional healers and the outcome of this help, along with other factors, to determine the accessibility and acceptability of such assistance. e second method is to assess the psychiatric status of those attending places of traditional healing. e second methodological approach; where healers and those in the process of healing are studied, carries with it the problem of "voyeurism" and is seen as critical of or competitive with, healers. Initial explorations suggest this method to be somewhat di cult and impractical Campion and Bhugra. Few studies were carried out to assess the psychiatric status of those attending places of traditional healing. Saeed in Pakistan, Satija and Nathawat, Raguram, Padmavati in India and in Uganda had approached patients with mental disorders in the traditional healers centres care setting. Our study was conducted in the traditional healers setting because we found that will be the most suitable methodological approach through which we can achieve the aims of our research which were:

1. To determine the proportion of patients attending traditional healers centres for healing who had sought psychiatric treatment and to ascertain details of these experiences.

2. To determine the socio-demographic factors important in this type of help-seeking.

3. To ascertain whether visits to traditional healer were related to perceived causes of illness and whether such treatment was considered a valuable adjunct to medical and psychiatric treatment.

is is a descriptive cross-sectional study conducted in the traditional healer's centers in central Sudan over a 12 months period from July 2009 until June 2010. Ethical approval for the study was obtained from the research ethical committee in the directorate of research in the federal ministry of health in Sudan.

irty famous traditional healers centres in and around the capital Khartoum and the nearby states were each assigned a number from 1 to 30. en the researchers asked a third party to randomly choose 10 of these numbers. is resulted in 10 famous

the outcome. e binary dependent variable was posited as 'visited psychiatric clinic' (with "1" representing visited psychiatric clinic and "0" representing did not). e socio-demographic independent variables were posited as age, gender, residence, marital status, education, occupation, and distance from health service. e illness history independent variables were posited as diagnosis, duration of untreated illness, previous history of mental illness, previous history of medical illness, family history of medical illness, alcohol abuse, drug abuse, and precipitating factors. e mental illness attribution independent variables were posited as jinn possession, Satan, evil spirit, wrongdoing, magic, or something else. SLR and HLR modelling were performed using SPSS (IBM Corporation, Version 19.0). e criterion for statistical signi cance was <.05; with <.01 meaning very signi cant, and <.001 meaning highly signi cant.

For logistic regression, the minimum ratio of valid cases to independent variables is 10 to 1, or preferably 20 to 1. ere were 405 valid cases and 7 independent variables for the SLR socio-demographic model (ratio of 57.86 to 1); 8 independent variables for the HLR illness history model (ratio of 50.63 to 1); and 6 independent variables for the HLR illness attributions model (ratio of 67.50 to 1). is ratio of cases satis es the minimum ratio of 10 to 1 and the preferred ratio of 20 to 1.

e aim of our current report is to provide information on help-seeking pathways and prevalence of contact with psychiatric services and it is correlates on patient with mental illness receiving traditional healing treatment in the traditional healer's centres in Sudan. e detailed results of the socio-demographic characteristics of the patients included in this study are available in a previously published report (Sorketti, Zuraida and habil. We were able to include 405 patients. ere were 195 (48.1%) patient had previous contact with the psychiatric services and 210 (51.9 %) did not.

Psychiatric service contact in relation to the education level of the patients shows signi cant results (p=0.02) where 55.7% with secondary

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to [illegible], 16.8% (68) to wrong doing, 43.7% (177) to black magic

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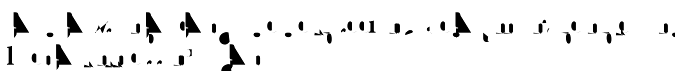
Of the total sample there were 93(23%) patients who came voluntarily to receive treatment in the THC and there were 312 (77%) who were brought involuntarily by their families or relatives. ere were 11 (13.1%) of those who came voluntarily and 73 (86.9%) who

is not formally institutionalized, as there is no responsible government entity to guide and supervise the delivery of traditional healing services. Therefore, getting accurate figures or numbers of traditional healers and their specialty is extremely difficult, and generally most of the data available on their services is based on estimates. People in Sudan usually go to traditional healers for consultation in each and every aspect of their life. Ahmed, Bremer, and Magzoub stated that traditional healers can also act as family counselors in critical life events such as building a house, marriage, naming a newborn, and may have both judicial and religious functions. They often act as an agent between the physical and spiritual worlds. People usually go to traditional healers to bless them in their work and give them what is called *F* (special prayers performed by the sheikh) to bless them in all activities in their lives, and they gave a huge contribution to these centers, what they call . The poor also contribute with small amount of share or they may take their sheep's and animals or their agricultural products for donation as a contribution to these centers. Sometimes they may sell their sheep's and donate the money to these centers as . It is not a must but they feel ashamed if they come empty-handed to the sheikh whether he is alive or dead. It is a belief that the amount of blessing coming to the people from the visit to the sheikh, depends on the amount of sacrifices (*Q*) that people spend. It has been reported that some couples who have no children visit the sheikh (Traditional Healer) to ask for a child. If they have only girls they ask him for a baby boy. Usually, the sheikh performs prayers on their behalf, and asks God (Allah) to give them what they wish. Sometimes they may go and visit the dead sheikh and move around the grave that was kept under a tall building called *Q*. They collect the holy sand of the dead sheikh's grave and they believed that the sand is blessed. They called that sand *B*. It has been stated by Deifalla that miraculous cures are attributed to the divine powers of the dead sheikh. This is why they spread the sand all over the body of the patient or they may ask the patient to drink it after they dissolved it in water. Sometimes they hang it on the body or put it in a special place in their house to bless that house. People believe that disobeying the sheikh brings damnation on the followers and their families. They believe in the sheikh's blessings and regard him as a mediator between the follower as a slave and the Lord. They also believe that the sheikh, whether dead or alive, is capable of rescuing them and pleading on their behalf for help and release from illness. Therefore, the sheikhs in the people's eyes are true representatives of spiritual power. Both men and women with somatic and physical complaints consult traditional healers for management and treatment. Patients with mental disorders are usually brought by their relatives and families, depending on the condition of the patient. If the patient is severely disturbed and agitated, they put him/her in an isolated dark room especially built for treating the mentally ill patients. They sometimes chain the patient to the room wall or to his bed. Patients were not allowed to move or walk in that room except in chain. They were prohibited to come out of that room until at least 40 days. Sometimes patients succeed in putting off these chain and they escape from the center. Usually these rooms are in the far corners of the traditional healers' centers. The patients were deprived from all types of food except special porridge made in these centers. The duration that the patient stays in the center varies from 40 days to 6 months or more, depending on his/her symptoms and condition. In some centres the patient's psychiatric medication, if any, would be stopped by the traditional healers so as not to interfere with their traditional healing methods. Three to five mentally ill patients are usually brought to the famous centers for healing every day. The patients do not come from the local community around the centers, but they will be brought from different parts of Sudan. The patients are usually accompanied by their family members and relatives. Some doctors treating mentally ill patients claim that, most of patients kept in these centers were deprived from food; the patients presented to doctors with Anemia and low Hb level. They were very thin and emaciated, with a lot of physical complications in addition to their psychiatric symptoms. The late professor Eltigani Elmahi stressed that the attitudes of mental health professional towards religious healers should aim to encourage the good quality of practice while trying to end the harmful or faulty methods (Elsafi & Baasher, 1981). However, no enough care and attention has been paid to the people with mental disorders receiving care in these traditional healers' centres in terms of assessing their conditions and reviewing the system of diagnosis, care and management.



Traditional healing is the most popular first point of non-psychiatric help-seeking contact as there were 210 (51.9%) patients receiving traditional healer's treatment did not contacted psychiatric service prior to coming to the traditional healer centers. On the other hand only 195(48.1%) came in contact with the psychiatric services

treatment. is may re ect the strength of the beliefs on traditional healing and not the modern psychiatric services and possibly greater faith in traditional treatment. Our results in this study is almost similar to what Campion and Bhugr found in India that the geographical distance from the psychiatric service of the traditional healers was not a barrier, which indicates that the physical need for relief of distress is of paramount importance. It is quite evident in our study that most of the patients are usually brought involuntary by their families or relatives for traditional treatment.

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Views about causation of the mental illness are strongly associated