

ABSTRACT

Profiles and Outcome of Traditional Healing Practices for Severe Mental Illnesses in two districts of Eastern Uganda

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January 2010

PhD Psychiatry

Background: The WHO estimates that more than 80% of African populations attend traditional healers for health reasons. However, little is known about the profiles and outcome of this traditional approach to treatment of mental illnesses.

Main Objective: The purpose of this study was to describe the profiles and outcome of traditional healing practices for severe mental illnesses in Jinja and Iganga districts in the Busoga region of Eastern Uganda.

Methods: Four studies were conducted (I-IV). Study I used Focus Group Discussions with Case Vignettes with local community members and traditional healers to explore the lay concepts of psychosis. Studies II and III concerned a cross-sectional survey of patients above 18 years at the traditional healer's shrines and study IV was made on a prospective cohort of patients diagnosed with psychosis in study III. Manual content analysis was used in study I; quantitative data in studies II, III and IV were analyzed at Univariate, Bivariate and Multivariate levels to determine the association between psychological distress and socio-demographic factors; for study IV, factors associated with outcome were analyzed. One-way ANOVA for independent samples was the analysis used in Study IV.

Results: The participants differentiated schizophrenia (*eddalu, ilalu*) from mania (*kazoole*) and psychotic depression (described as illness from too much thinking), describing the symptomatology and natural course. Clan/family/cultural issues were mentioned as causing schizophrenia and psychotic depression, while physical causes and a failed relationship with God were mentioned for mania. Other causes were witchcraft, genetics and substance misuse. Choice of care depended on what was believed to be the cause of the psychotic symptoms (I). The prevalence of psychological distress was 65.1%. Significant associated factors were having a co-wife, more than four children; debts and lack of food. The distressed group was more likely to need explanations for ill health. Those who visited both the healer and a health unit were less likely to be distressed (II). Of the 387 respondents, 60.2% had diagnosable current mental illness and 16.3% had had one disorder in their lifetime. Of those with diagnosable current mental illnesses, 29.7% had psychosis; 5.4% a major depressive episode; 5.6% anxiety disorders; 3.6% mixed anxiety-depression; and 3.9% suicidality. Symptoms were severe in 37.7%, moderate in 35.1%, and mild in 13.2%. Patients with moderate to severe symptoms were more likely to use both biomedical services and traditional healers (III). All the symptom scales showed a percentage reduction of more than 20% at the three- and six-month follow-ups. The differences between the mean scores of the scales were all significant ($P < 0.0001$). The Turkey HSD test was also consistently significant at $P < 0.01$ except for psychotic depression. Over 80% of the participants used

biomedical services for the same symptoms in the study period. Patients who combined treatment were less likely to be cases at the three-month follow-up ($P=0.002$; OR 0.26[0.15-0.58]), but more likely at the six-month follow-up ($P=0.020$; OR 2.05 [1.10-3.18]). Being in debt was associated with caseness at both three and six months.

Conclusion: The community gave indigenous names to psychoses (Mania, Schizophrenia and Psychotic depression) and had multiple explanatory models for them. Thus multiple solutions for these problems are sought (I). Traditional healers shoulder a large burden of care of patients with mental health problems (II and III). An overwhelming majority of Ugandans with psychosis use both biomedical and traditional healing systems. The combined use of these two systems seems to confer some benefits (IV).

Implications: For policy makers, for mental health professionals, for traditional healers, for researchers – indeed for all those who share the goal of improving the mental health of individuals – there can be no alternative to engaging with traditional healers.

Key words: Mental illness, traditional healers, outcome, Western Medicine

ISBN 978-91-7409-590-6