Mental health in Kenya – actual and potential roles of traditional and faith healers

David M Ndetei

The current population of Kenya is estimated to be 40 million; the prevalence rate of mental disorders in the population is 10 per cent. Research so far has established that 25 per cent of outpatients attending the country's health facilities have some form of mental health disorder.[1]

There is currently an acute shortage of mental health workers in Kenya. The total number of trained Kenyan psychiatrists stands at 98, of which 78 are working in the country. Most of these professionals are, however, located in urban areas, either in a private practice – and therefore not accessible to the vast majority (many on less than US$1 a day) – or in public health care, where psychiatrists are involved in responsibilities not related to clinical work. The total of number of psychiatric nurses in the civil service is 427 (Government of Kenya).

Existing opportunities

It is estimated that traditional practitioners manage at least 80 per cent of the healthcare needs of rural inhabitants in East Africa (Ndetei 2007). Indeed, traditional and faith healers are an important source of psychiatric support in many parts of the world, including Africa (Skuse, 2007).

However, traditional and faith healers are poorly understood since their diagnostic and treatment methods are generally speaking not clinically proven, and are delivered outside clinical settings – often far from the public eye. This in itself creates risks that are unattractive to policy-makers. There is scarcely any documented research on the practice, role and effectiveness of faith and traditional healers in Kenya, and if and how they complement Western medicine.

Nevertheless, research carried out in Kenya in 2011 showed that one in every 20 Kenyans would rather take a mentally ill patient to a faith healer to be prayed for or to a traditional healer for treatment than to a hospital. Research has also shown that 6 per cent of Kenyans first take mentally ill patients to traditional healers instead of medical doctors.[2]

It has also been shown that persons being treated by faith and traditional healers for mental illness (however conceived – for example, demonic possession) do indeed have mental disorders, as listed in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), and that those treated for epilepsy do indeed have epilepsy. Therefore, it can be acknowledged that traditional and faith healers do in fact treat severe neurological and psychiatric disorders.

A study by the Africa Mental Health Foundation (AMHF) and Basic Needs UK in Kenya, 'Traditional Healers and their Provision of Mental Health Services in Cosmopolitan Informal Settlements in Nairobi', found the mental illnesses seen and treated by traditional healers included 'madness'/psychosis, depression, spirit possession and epilepsy.

In the study, 305 patients completed the MINI (Mini International Neuropsychiatric Interview) PLUS to be able to find out the types of mental illness seen and treated by traditional healers as well as to determine the validity of the mental illness diagnoses made by the traditional healers against internationally recognised instruments. It showed that of the patients diagnosed by the healers as having depression and madness/psychosis, the MINI PLUS correctly identified them as having those mental illnesses. However, the study also found that many patients with psychosis (termed 'madness' by the traditional healers) and depression were missed or misdiagnosed by the healers.

Another study, 'The Kenyan Case Study Of The Complementary Role Of Traditional And Faith Healers And Potential Liaisons With Western-Style Mental Health Services In Kenya', also by AMHF and Basic Needs UK in Kenya, was carried out to document the attitudes of mentally ill persons and their carers towards traditional and faith healers with regards to their treatment of mental health disorders. It revealed that faith and traditional healers are generally well accepted, and that their roles are appreciated by the leadership and the people living in the community.

Faith healers are regarded as servants of God, and not considered to be doing their work for personal gain. They are called upon to lead in prayers at the beginning and end of most community meetings and functions.

Both studies showed that the users of services offered by the faith and traditional healers were economically worse off than the healers. The economic status of the patients meant that they could not afford mental health services offered in public and private facilities, even where the public services were highly subsidised. Therefore, the healers reached a socio-economic class of people who could not access other services, just like in the rest of Africa. The traditional healers used herbs and allegedly had extensive knowledge about the curative power of herbs of plant origin. Traditional healers in this study relied on divination to determine the cause of mental illness. The findings illustrated that faith and traditional healers in the study area did indeed treat people with DSM-IV diagnoses as has been demonstrated in another study.[3]

Faith healers were predominantly Protestant, reflecting the dominant religion of Christianity in Kenya. They relied on the use of prayer using holy water or ash for healing. Counselling and family therapy were common trends in both traditional and faith healing models. However, traditional healers also administered herbs (pharmacotherapy) and used surgical procedures. In the absence of knowledge on the chemical nature of the herbs, it is not possible to ascertain the safety or the efficacy of such herbs. This is one area where scientific study of the herbs would be useful. Although there are several laboratories that are willing to help, the traditional healers are suspicious that their 'secrets' may be stolen and therefore the only way to patent their 'medicines' is to protect them, especially with regards to where they source their herbs.

Both faith and traditional healers made elaborate follow-up and domiciliary visits that the public and private health services modelled on Western medicine cannot match. However, the spiritual aspect had negative connotations, especially when the illness was attributed to witchcraft practised by 'evil' people, who, if identified would be subject to vigorous and dangerous social sanctions.

Formal recognition

A provision should be made to integrate traditional medicine in the management of mental disorders since most communities recognise the traditional healers role in the management of diseases in the communities. This will lead to inclusion of traditional medicine into the mainstream healthcare system and empower the traditional healers and the community to carry out their traditional medicine practices without fear or intimidation from the public.

Provision of training and policy guidelines to address the needs of traditional and faith healers in understanding the management of mental disorders will reduce unnecessary non-therapeutic or anti-therapeutic procedures on the part of some healers in their treatment processes, as well as train the healers in the understanding of psychiatric symptoms.

Even as the Kenyan Government is in the process of drafting a policy to regulate the use of herbal and other medicines prescribed by traditional healers, these practitioners should also form a link with government medical research centres so that the medicinal plants can be identified and documented.

In so doing, this will allow dissemination of information and knowledge and increase awareness of the importance of conservation of indigenous medicinal plants. In addition, it will raise the level of technical skills in the post-harvest handling and preparation of the herbs for use (treatment).

Conclusion

To summarise, we need to formally recognise the existence of traditional healers with regards to persons with mental health disorders. These clients are crying out for help and until alternatives are offered, will continue to go where they believe they can afford it. In addition, traditional healers must be educated on how to recognise the different types of mental illness. They must strengthen their skills on interventional methods that do not require the use of drugs, and be given the power to know when and where to refer their clients.

Traditional healers should understand the importance of having their medicinal herbs tested. This will make improvements in safety of dosages, and over time, in therapeutic effectiveness. As with any practice, registration with an association is another route to professional ethics, self-regulation and improvement in the knowledge base.

References

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Endnotes

1 Government of Kenya, Ministry of Medical Services, Division of Mental Health Statistics 2012.

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3 Ngoma, M. C., Prince, M. and Mann, A. (2003). 'Common Mental Disorders Among Those Attending Primary Health Clinics and Traditional Healers in Urban Tanzania'. *British Journal of Psychiatry* 183: 349-355.

David M Ndetei, MB ChB (Nairobi), DPM (Lond), MRCPsych, FRCPsych, (UK), MD (Nairobi), is Professor of Psychiatry at the University of Nairobi and Director of the Africa Mental Health Foundation (AMHF). Professor Ndetei is also Secretary of the Section on Psychiatry in Developing Countries, World Psychiatric Association (WPA).