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Pathways to care among patients with mental illness at two psychiatric facilities in Johannesburg, South Africa

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Abstract

Background: A patient's pathway to care is often characterized by a sequence of actions taken to remedy ill-health. Research exploring the help-seeking behavior of individuals with mental health problems in sub-Saharan Africa is relatively limited. This study assessed the perceptions and experiences of mental illness and treatment among patients with mental illness at two psychiatric facilities in Johannesburg, South Africa.

Methods: 309 interviewer administered surveys were conducted between January and July 2022. We used a logistic regression model to examine factors associated with receiving treatment for mental illnesses from traditional healers. Semi-structured interviews were conducted with 18 participants during the same period. Interviews were transcribed and translated into English. Data were managed using NVivo 11 software and thematically analyzed.

Findings: Results showed that 144 (47%) patients sought mental health care from traditional healers. Higher anxiety symptoms, number of people in the household, believing that traditional medicine can cure mental illnesses, and township living were associated with seeking mental healthcare from traditional healers. Qualitative analysis indicated that participants often believed that mental illness was due to bewitchment and consulted with multiple traditional healers, thus spending large amounts of money for treatment and ultimately delaying access to biomedical care.

Conclusion: Collaborative approaches between traditional healers and biomedical professionals show promise in terms of allowing for improved identification and treatment of individuals with mental disorders.

Keywords

Pathway to care, South Africa, transcultural psychiatry

Introduction

Research examining the pathway to care of mental health patients in sub-Saharan Africa (SSA) is a burgeoning field in the scientific literature. These studies generally investigate how belief and circumstances lead individuals to seek care in different contexts, and monitor the effects of service delivery over time (Assad et al., 2015). While physicians and other biomedical professionals are the first point of contact for patients with mental illness in Western countries, nonphysicians are generally the first point of contact for service users in much of Africa and Asia and often play a major role in the provision of mental health care (Adeosun et al., 2013; Agara & Makanjuola, 2006; Chiang et al., 2005; Chong et al., 2005; Gureje et al., 1995; Ibrahim et al., 2016; Ibrahim Awaad et al., 2020; Kauye et al., 2015; Khiari et al., 2019).

The importance of traditional healers as a source of primary health care was first officially recognized by the World Health Organization (WHO) in the Primary Health Care Declaration of Alma-Ata in 1978 (Assad et al., 2015). As spiritual care has a significant role to play in the SSA context, studies estimate that between 70% and 80% of the population consult traditional healers for health problems, with higher rates for psychological ailments (Drury, 2020; Mkize, 2001; Shai & Sodi, 2015). In South Africa, traditional healers work as faith healers in the Christian tradition – referred to as prophets – or as healers in the African tradition as diviners or herbalists – referred to as *sangomas*

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or *inyangas* (Kahn & Kelly, 2001; Wreford, 2005). The term sangoma is commonly used to denote a traditional healer in the African tradition, as many traditional healers utilize both herbs and divination, and is the term used in this text (Thornton, 2017).

A patient's pathway to care is often characterized by a sequence of actions taken to remedy ill-health (Ahmed et al., 2000). These pathways are informed by health beliefs and entail: (1) defining the problem, (2) deciding whether or not to get help, and (3) identifying where best to seek support (Alang & McAlpine, 2019; Liang et al., 2005). Patients are also led on their care pathway via the people surrounding them, as one study in northern South Africa found the family to be the strongest influence (Shai & Sodi, 2015). Another study in Uganda found a combination of factors including "peer narratives" – which include opinions of friends and family – as well as characteristics of biomedical providers and the local healthcare system overall (Sundararajan et al., 2020). This can include perceptions of affordability, accessibility, and overall confidence in the biomedical system, as mental health services are already a low public health priority in many low-income countries with few services and little funding (Assad et al., 2015; Ibrahim et al., 2016).

Research exploring the help-seeking behaviors of individuals with mental health problems in SSA is relatively limited. Similarly, there remains little understanding of traditional healing practices, including their effectiveness, safety, and possibilities for integration with biomedical care. Yet, understanding the role of traditional healing practices in the pathways to mental health care can provide insights into culturally appropriate and holistic approaches to mental health care in SSA. Additionally, in response to inadequate access to mental health services in the region, it is critical to understand key factors that facilitate and impede mental health help-seeking behaviors to make meaningful improvements in patient access to evidence-based mental health care.

To address the gaps in the current literature, the importance of this study is two-fold. First, this study includes individuals receiving care at two public psychiatric hospitals in South Africa who have been largely excluded from studies on pathways to care. Before seeking professional mental health care, many factors that influence health seeking – particularly attitudes and beliefs – may be formed and established. Studies from South Africa and other countries in SSA show that a small proportion of people with mental health problems seek professional mental health care (Agara & Makanjuola, 2006; Appiah-Poku et al., 2004; Mkize & Uys, 2004; Shai & Sodi, 2015). Yet, data on the beliefs and attitudes of those seeking professional care remain relatively scarce (Gureje et al., 2020). Second, data in this study include individuals receiving psychiatric care at two public hospitals in one of South Africa's HIV-endemic regions. These individuals are most at risk for the consequences of adversity, including poverty, HIV, violence, and early deaths, which is likely to compound their negative behavioral and mental health outcomes. Therefore, the study will examine patient pathways to mental health care, which may guide future research to develop culturally relevant interventions to support early access to professional mental health services.

Methods

Sample

Data for this cross-sectional study were collected between January and July 2022 at two public psychiatric facilities in Johannesburg, South Africa – Helen Joseph Hospital and Alexandra 18th Avenue Clinic. This study assessed the perceptions and experiences of mental illness and treatment among psychiatric patients at these locations. A convenience sampling technique was used to recruit participants receiving outpatient psychiatric care at two hospitals in Johannesburg, South Africa ($n=309$). All patients who identified as being of Black/African descent, aged 18 years or above, and willing/able to provide written informed consent were eligible to participate in the study. Individuals who did not meet the inclusion criteria, or self-reported having a severe mental illness or disability that would prevent them from participating in the survey, were excluded from the study. Compared with other studies examining patient pathways to care in sub-Saharan Africa, this sample is larger than nearly any other published thus far (Appiah-Poku et al., 2004; Burns et al., 2011; Gureje et al., 1995; Ibrahim et al., 2016; Kauye et al., 2015).

Procedures

The current study was granted ethical approval from the University of the Witwatersrand (M210815) and the Johannesburg Health District (GP_202111_059). Potential participants were approached by trained research assistants at the two hospitals. Additionally, approved flyers describing the study were given to primary healthcare providers to share with their patients. The flyers briefly described the study and days, times, and locations at the hospital where the researchers would be conducting the surveys. After written informed consent was obtained, each participant was interviewed by a trained research assistant (RA). The RAs were fluent in isiZulu, isiXhosa, and English. The interviewer administered survey lasted about 40 minutes and was completed in the language preferred by the participant. To ensure confidentiality, the interviews were conducted in-person at a private location at the hospital. All potential participants were screened for eligibility in-person. All eligible participants signed and received a copy of the consent form to keep for their records. Survey participants received remuneration in the

amount of ZAR 100 (approximately $7 US at the time the study was conducted).

Measures

Outcome variable: Receiving mental health treatment from traditional healers. Participants were asked to report if they had received any mental health treatment from traditional healers. Responses in the affirmative were coded yes, and responses in disagreement were coded no.

Predictor variables: The predictors included in this analysis were derived from the existing literature to identify factors associated with care-seeking for mental illness (Burns et al., 2011; Ibrahim et al., 2016; Kauye et al., 2015). Specifically, participants were asked to self-report their sex, age, family psychiatric history, personal income, marital status, education level, and the number of people in the household. Sex was measured as a binary variable (male or female). Age (range 18–71 years), personal income (0–80,000 ZAR), number of people in the household (1–21 adults), and number of children in the household (0–7 children) were measured as continuous variables. Marital status (married, single, and other) and educational level (primary, high school, and college/university) were measured as categorical variables. Religion was a self-reported three-level binary variable (Mainline Christian, Pentecostal Christian, and others). Additionally, participants responded to a binary question (yes/no) asking whether they believed that traditional medicine would heal mental illnesses.

Anxiety was assessed using the Generalized Anxiety Disorder screen (GAD-7). The measure consists of 7 Likert scale items that have been validated for assessing GAD in clinical and research environments in different cultural settings (Chibanda et al., 2016). The 7-item measure assessed the severity of symptoms according to reported responses with a maximum possible score of 21 (Spitzer et al., 2006). Participants were asked about symptoms experienced in the last 2 weeks, such as "feeling nervous, anxious or on edge" and "not being able to stop or control worrying." In this study, the scale had an acceptable internal consistency ($a = 0.84$) with higher scores indicating worse symptoms of anxiety.

Depression symptom severity was measured using the Patient Health Questionnaire (Chibanda et al., 2016; Kroenke et al., 2001; Rane et al., 2018). The scale consists of nine items scored on a 4-point Likert-type scale ranging from 0 (not at all) to 3 (nearly every day). In this study, the measure presented a good internal consistency (Cronbach's alpha = 0.84) with higher scores indicating worse depressive symptoms.

Statistical analysis

Univariate analyses were conducted to generate descriptive statistics for the overall sample. In addition, a logistic regression model was used to examine factors associated with receiving treatment for mental illnesses from traditional healers. In the model, a fixed variable was included for the type of hospital to assess differences depending on where participants were receiving care, given that one of the hospitals was located in a central urban area and the other in a township. Quantitative statistical analyses were conducted using Stata SE 16.1.

Semi-structured interviews: Face-to-face semi-structured interviews were conducted with 18 participants parallel to quantitative data collection. These were participants who recounted experiences with alternative forms of care during the quantitative questionnaire, and agreed to further questioning. These interviews, also conducted between January 2021 and May 2021, focused on detailed accounts of participant experiences seeking care with healers prior to coming to the hospital. Some of the interview questions relevant to our research question included: (1) Where did you seek treatment prior to coming to the hospital? (2) What did the healer say was the cause of your mental illness? (3) What treatment did the healer provide you with? (4) How much did the treatment cost? These in-depth interviews allowed for a more extensive exploration of patient experiences.

The interviews were conducted in isiZulu, isiXhosa, and English, depending on the participants' preferences. The interview guide was translated (English to isiZulu and isiXhosa) by a professional translator and reviewed by study team members fluent in both English and isiZulu and isiXhosa to ensure accuracy, and so that the guide sounded natural and conversational with the same meanings intended in English. Interviews were conducted in a private place with only the research assistant and the participant present and lasted between 20 and 30 minutes (mean = 25 minutes). The research assistants were fluent in English, isiZulu, and isiXhosa and were trained extensively by the PI with qualitative research expertise.

Regarding qualitative analysis, interviews were transcribed verbatim and translated into English by qualified research assistants. The research team reviewed the transcripts to understand the content and to identify topics for discussion/observation. Analytic induction techniques were used for coding, utilizing sensitizing concepts, and identifying emergent themes (open coding) (Boyatzis, 1998; Miles & Huberman, 1994). The themes were broken down into smaller, more specific units until no further subcategory was necessary. Two authors coded the transcripts independently for content related to pathways to care and resolved disagreements through team discussions. Themes were developed, resulting in the generation of a final set of codes. Qualitative analyses were conducted using NVivo 11. We used peer debriefing for rigor, where the codes and corresponding excerpts were presented to another author not involved in the data analysis to discuss the plausibility of the themes (Padgett, 2016).

Results

Table 1 presents sample characteristics. On average, participants were 39 years of age, and the majority were female (56%). A majority of the participants (61%) self-identified as mainline Christians, 33% believed that traditional medicine can cure mental illnesses, and 47% had received treatment for their mental illness from traditional healers. Among the 145 patients who visited traditional healers prior to coming to the hospital, 58% reported receiving treatment from sangomas, 32% reported receiving treatment from prophets, and 10% reported visiting both sangomas and prophets for treatment. Among the 53% of patients who did not visit a traditional healer, 21% said they did not believe in traditional healing, 20% said they did not believe healers could help with this particular ailment, 6% said they do not trust healers, and 6% said they prefer "Western" medicine.

Qualitative results

This study conducted in-depth qualitative interviews with 18 participants who had experiences with alternative forms of care and agreed to further questioning. These patients ranged from 21 to 52 years of age, were 50% male and 50% female, and had extensive experiences with traditional healing prior to coming to the hospital for care. Most patients visited more than one healer prior to seeking care at the hospital, with some visiting five or more. Most patients also visited individual healers more than once. Patients spent a minimum of ZAR150 ($10), though some reported spending tens of thousands of rand. Several patients said they were economically ruined as a result of the sums they spent seeking help from healers before coming to the public hospital, which is free.

One of the most common reasons participants reported seeking care with healers was as a result of perceived bewitchment by neighbors, friends, or relatives. Others said they did not know what caused their mental illness, but were told by traditional healers that they had been bewitched by people close to them. There were many ways in which patients reported being bewitched, however most often it was via something someone put in their food. Others described how they were bewitched via objects that were stolen from them.

Most patients who reported being bewitched attributed it to family members. For example, one patient who had attempted suicide after losing his job in November 2021 said he believed his step-mother and brothers bewitched him, causing him to lose his job (Participant 289). Another recounted how traditional healers told her that her mother-in-law bewitched her even though her mother-in-law was her primary caretaker. The conflict that ensued led to her mother-in-law leaving the household and deprived the patient of this care (Participant 152).

Table 1. Characteristics of study participants ($N = 309$).

Variable	
Age (range 18–71), mean (*SD*)	38.52 (12.50)
Sex	
Male	137 (44%)
Female	172 (56%)
Religion	
Mainline Christian	189 (61%)
Pentecostal Christian	90 (29%)
Other	30 (10%)
Number of people in the household (range 1–21), mean (*SD*)	3.87 (2.40)
Number of children in the family (range 0–7), mean (*SD*)	1.40 (1.57)
Monthly income (range 0–80,000), mean (*SD*) ZAR	5897 (9173)
Depressive symptoms (range 0–27), mean (*SD*)	9.83 (6.15)
Anxiety scores (range 0–20), mean (*SD*)	7.90 (4.75)
Marital status	
Married	52 (17%)
Single	210 (68%)
Other (widow/divorced or separated)	47 (15%)
Education	
Primary school education	107 (35%)
High school education	140 (45%)
College/university	62 (20%)
Hospital	
Alexandra	147 (48%)
Helen Joseph	162 (52%)
Believes that traditional medicine can cure mental illness	
No	208 (67%)
Yes	101 (33%)
Received treatment for mental illness from traditional healers	
No	165 (53%)
Yes	144 (47%)

Several participants attributed bewitchment to jealousy on the part of classmates or co-workers. One respondent recounted how she was bewitched by a former classmate from school who "was jealous of her intelligence" (Participant 37). Another participant recounted, "I was working as a maid and the garden boy might have bewitched me so his wife can take my job" (Participant 203).

Other participants attributed bewitchment to jealous lovers or former partners. One recounted how a sangoma he visited blamed a girl he was dating who used his sperm from a used condom to bewitch him (Participant 124). Another said his ex-wife used his clothing to bewitch him so he "doesn't go far in life and she can have some sort of control" over him (Participant 96). One other respondent said a sangoma told her that her ex-husband bewitched her following the death of their child (Participant 278).

Aside from bewitchment, other patients who visited sangomas said they were told they have an "ancestral calling" to become a traditional healer and need to attend *thwasa* (traditional healer initiation training). These patients reported being told that they would not find relief from their symptoms until they completed *thwasa*. While some patients were in *thwasa* and simultaneously received care at the hospital, others had to leave *thwasa* due to worsening symptoms. As one recounted after a sangoma told her she had an ancestral calling, "I went to thwasa for 3 months but had to come back because I was getting worse" (Participant 169). This patient subsequently spent several months in in-patient psychiatric care.

Sangomas treated patients who claimed to be victims of bewitchment with a variety of remedies including bathing or steaming with *muthi* (herbs), sniffing *muthi* to induce sneezing, drinking *muthi* to induce vomiting, and sacrificing animals such as chickens, goats, or cows in order to wash with the blood. One reported being beaten by a sangoma with a wooden stick to "expel the evil spirit" causing his mental illness (Participant 21). Another sangoma put cow dung on a patient's legs in order to heal her (Participant 31). Unlike sangomas, prophets usually treat patients with holy water, tea, and bath salts called *siwasho*. Many prophets, however, use similar treatments to sangomas such as induced sneezing and vomiting, bathing with herbs, and enemas. As with sangomas, prophets use these methods to treat patients who they perceived to be either bewitched or possessed by demonic spirits; yet, rather than healing through traditional African means, prophets claim to use Christianity to heal.

Table 2 presents the results of the multivariable logistic regression analyses assessing correlates of receiving mental health treatment from traditional healers (OR = odds ratio, 95% CI = confidence intervals and *p* values). Specifically, every additional household member in the family increased the odds of receiving mental health treatment from traditional healers by 20% (OR = 1.20, 95% CI [1.06, 1.36], $p = .004$). In the same way, every additional increase in generalized anxiety scores increased the odds of receiving mental health treatment from traditional healers by 11%*** (OR = 1.11, 95% CI [1.03, 1.21], $p = .01$). Additionally, the odds of receiving mental health treatment from traditional healers among participants that believed that traditional medicine can cure mental illnesses were 3.85 times compared to those that did not believe that traditional medicine can cure mental illnesses (OR = 3.85, 95% CI [2.18, 6.81], $p < .001$). Compared to participants at the township hospital (Alexandra), participants from the urban hospital had lower odds of seeking mental health care from traditional healers (OR = 0.38, 95% CI [0.21, 0.68], $p < .001$).

Discussion

This study examined the pathway to care of 309 outpatients at two public psychiatric facilities in Johannesburg and found that 47% of patients sought care for their mental illness with traditional healers outside of biomedical care. The study also found that more severe anxiety symptoms, the number of people in the household, believing that traditional medicine can cure mental health illnesses, and living in the townships were associated with seeking mental healthcare from traditional healers. In the present study, the number of people seeking care for their mental illnesses from traditional healers is consistent with other studies from other parts of Africa (Adeosun et al., 2013; Burns et al., 2011). For example, another study in South Africa found that out of 54 patients with psychosis, 39% first sought care with a traditional healer (Burns et al., 2011). In SSA more broadly, a study of 138 patients with schizophrenia at a public hospital in Lagos, Nigeria found 69% first sought care with traditional healers (Adeosun et al., 2013). Another study in Nigeria found that 80% of people with mental illness initially seek care from traditional healers (Lasebikan et al., 2012).

In northern Africa, two studies in Egypt have found similar results to this study as well, with one study of 335 bipolar patients finding 45% had previously sought care with traditional healers (Assad et al., 2015). The second Egyptian study of 232 patients with schizophrenia found that 41% sought care from traditional healers before going to the hospital (Ibrahim Awaad et al., 2020). Despite these findings highlighting high rates of patients seeking alternative pathways to care for mental distress, other studies in SSA have found lower rates. For example, a study of 128 psychiatric patients in Malawi found only 22.7% sought care first with traditional healers (Kauye et al., 2015). Similarly, a study of 303 mental health patients in Kumasi, Ghana found just over 20% had received treatment from spiritual healers (Appiah-Poku et al., 2004). While rates vary based on locale, research methodology, and study sample, there remains a clear trend toward patients seeking traditional healing for mental health problems, in particular.

It was important to incorporate qualitative research into this study so as to include more in-depth and experiential descriptions of how patient exposure to alternative forms of healing impact pathways to care. Qualitative findings from participants underlined the various understandings of mental illnesses, which subsequently informed how patients viewed their illness and sought remedies. Participants discussed how they had visited several traditional healers searching for spiritual remedies for their mental ailment, and spent considerable amounts of money for the treatments. They referenced the belief that mental illness was due to bewitchment from neighbors and often in the form of something put in their food, hence its treatment would necessitate visiting a traditional healer. In the same way, traditional healers used several approaches to treat a wide range of mental illnesses believed to be caused by evil spirits. Specifically, these included bathing or

Table 2. Logistic regression analysis results for receiving *MH* treatment from traditional healers (*N* = 309).

	Receiving *MH* treatment from traditional healers	*p* Values
Variable	OR [95% CI]	
Age	1.02 [0.99, 1.05]	.23
Sex (ref: Female)		
Male	1.13 [0.64, 1.99]	.68
Religion ref: Mainline Christian)		
Pentecostal Christian	1.07 [0.60, 1.93]	.82
Other	0.67 [0.28, 1.61]	.38
Number of people in the household	1.20 [1.06, 1.36]	.004
Number of children in the family	1.07 [0.88, 1.31]	.49
Monthly income	1.00 [1.00, 1.00]	.91
Marital status (ref: Married)		
Single	0.78, [0.34, 1.80]	.56
Other (widow/divorced or separated)	0.70 [0.27, 1.80]	.46
Education (ref: Primary)		
High school education	1.11 [0.61, 1.20]	.73
College/University	0.72 [0.33, 1.58]	.42
The belief that traditional medicine can cure mental illnesses (ref: No)		
Yes	3.85 [2.18, 6.81]	<.001
Type of hospital (ref: Alexandra)		
Helen Joseph	0.38 [0.21, 0.68]	<.001
Total depression score	0.97 [0.91, 1.04]	0.37
Total anxiety score	1.11 [1.03, 1.21]	0.01

steaming with *muthi* (herbs), sniffing *muthi* to induce sneezing, drinking *muthi* to induce vomiting, and sacrificing animals such as chickens, goats, or cows to wash with the blood. Participants had also approached prophets to heal their mental illnesses and many have reported that prophets used similar approaches based on their Christian faith.

Similar to other research, this study found that explanatory models are important factors in determining the reasons for visiting a traditional healer. According to other studies in SSA, spiritual and religious beliefs – with bewitchment being the primary traditional explanation for mental illness – often lead to patients consulting with healers prior to seeking biomedical care (Adeosun et al., 2013; Crabb et al., 2012; Crumlish et al., 2007). While this may seem self-evident, some researchers have questioned whether or not structural factors – such as lack of adequate hospitals – are more significant drivers for patients seeking care with traditional healers (Khoury et al., 2012). However, compared to Haiti – where the Khoury et al. study took place – South Africa has a relatively robust network of public clinics and hospitals which offer free treatment compared to the generally high cost of care provided by healers (Sorsdahl et al., 2010). Particularly in large and highly developed cities like Johannesburg, free public healthcare is widely accessible. Other research has confirmed that despite the availability of biomedical services, traditional healing practices continue at the same level in urban areas as they do in more poorly served rural areas of South Africa, fueled by alternative explanatory models (Sorsdahl et al., 2010).

Other studies in SSA have also confirmed the link between the high numbers of psychiatric patients seeking care with healers and religio-cultural beliefs, as one study in Nigeria found that bewitchment was the most common etiology patients attributed to their mental illness (Agara et al., 2008). Traditional healers were viewed as able to help patients treat this affliction, whereas biomedical health workers were considered unable to help with bewitchment, according to study authors. Similarly, another study from northern Africa found that 55% of patients reported "jealousy" as the cause of their mental illness, implying that someone who was envious of them was trying to harm them by sending this illness supernaturally (Ibrahim Awaad et al., 2020).

This study also found that patients with more people living in the household and patients seeking care at the township hospital – Alexandra 18th Street Clinic – were significantly more likely to have visited traditional healers for care. This indicates that patients living in more crowded and low-income settings are more likely to seek care from healers as opposed to biomedical treatment. Other pathway to care studies in Africa and elsewhere have found links between income and living standards, and traditional care seeking behaviors; however, similar to this research, a direct association between level of education and receiving care from healers was often non-significant (Assad et al., 2015; Bell et al., 2001; Razali & Najib, 2000; Sorsdahl et al., 2010).

Additionally, this study found an association between higher generalized anxiety scale scores and care seeking with traditional healers. Other research has found similar results, noting that severe functional impairment is often culturally explained by supernatural explanatory models (Assad et al., 2015). Lastly, similar research has pointed out the high rates of single patients in samples which may be associated with stigma (Ibrahim Awaad et al., 2020; Sorketti et al., 2012). With comparably high rates of patients reporting themselves to be single – over 65% in both studies – these researchers note the unique burden that mental illness causes with regards to individual, family, and community level stigma.

Our findings are important because existing evidence shows that pathways patients navigate before seeking mental health care can cause delays in successful treatment (Appiah-Poku et al., 2004; Drury, 2020; Ibrahim et al., 2016; Khiari et al., 2019; Mkize & Uys, 2004; Odinka et al., 2014). Some research argues that as traditional sociocultural beliefs perceive illness as arising from supernatural factors such as offenses against God, ancestors, or bewitchment, they potentially discount the effectiveness of evidence-based interventions (Adeosun et al., 2013). Studies from throughout SSA have repeatedly found that traditional and spiritual healers tend to be the first point of contact for patients (Abiodun, 1995; Agara & Makanjuola, 2006; Alem et al., 1999; Appiah-Poku et al., 2004; Gureje et al., 1995; Mbewe et al., 2006; Mkize & Uys, 2004; Shai & Sodi, 2015). One study in Nigeria found that patients saw an average of six traditional or faith healers before presenting to mental health professionals, compared with an average of one provider if they first saw a general practitioner, indicating that patients are seeing more traditional practitioners as they are not finding relief from their symptoms (Adeosun et al., 2013). In South Africa, spiritual attribution of cause and consultation with traditional healers was associated with a longer duration of negative symptoms (Burns et al., 2011). This indicates that understanding pathways to care can have significant impacts on healthcare utilization and treatment delivery delays in this context.

Nevertheless, it is also important to highlight the complexities involved in these pluralistic healthcare settings. First of all, despite strong cultural tendencies to view mental illness as supernatural in origin, most people are pragmatic about finding the best treatments to ease their suffering (Atindanbila & Thompson, 2011). One researcher describes individuals as effectively "shopping" within a pluralistic environment (Thornton, 2017, p. 157). In other words, they are continually looking for the care that is best suited to them. Additionally, as opposed to biomedical care, traditional healing is often used because of its ability to divine the source and cause of a person's illness in a spiritual manner (Vanqa, 2020). On the other hand, biomedical care tends to simply eliminate negative symptoms without addressing other issues concerning the patient such as "why" the illness originated in the first place (Sorsdahl et al., 2010).

It is also important to point out the social component of care seeking in SSA. As the vast majority of patients do not seek care alone, but rather along with – or on the advice of – other family or community members, health care is often influenced strongly by one's entourage. In one study in Sudan, researchers found that 77% of patients were brought involuntarily to traditional healer centers (Sorketti et al., 2012). This highlights the complex socio-cultural factors that influence pathways to care for people living with mental illness in these settings. Lastly, there is a significant treatment gap in SSA, which disproportionately affects people with mental illness. In addition, the limited coverage of evidence-based interventions in low and middle-income countries (LMICs) is due to a reliance on a small number of practitioners to deliver or supervise services and educate therapists (Gulliver et al., 2010; Kohrt & Mendenhall, 2016). Other barriers to mental health care include the use of overly specialized disorder-based treatment packages (Kazdin, 2016) and the stigma associated with help-seeking for mental illnesses (Gulliver et al., 2010; Semrau et al., 2015).

Limitations

This study sheds light on the role of traditional healers in patients with mental illness in two public hospitals in Johannesburg; yet, it is not a fully representative community sample as it takes patients from only two of the many hospitals located in Johannesburg. Additionally, the data in this study are cross-sectional; therefore, we cannot establish causality from the estimated associations. However, the mixed methods findings provide a nuanced understanding of pathways to mental health care for many people navigating often complex and underresourced systems in low-resource settings. The study group was composed of patients with mental illness receiving outpatient care that are likely to have elevated symptoms, which limits the possibility of generalizing these results to other settings. Hence our findings highlight the need for mental health screening in community settings to facilitate referral and promote positive mental health outcomes.

Conclusion

This study sought to describe the care pathways for patients with mental disorders attending outpatient units of two large public psychiatric facilities in Johannesburg, South Africa. There is currently a burgeoning scientific literature on pathways to care of patients with mental illness, particularly in SSA. However, more research is needed, given the significant remaining gaps in research on pathways to psychiatric care in countries with relatively strong

biomedical care systems, such as South Africa. In order to address issues related to poor patient outcomes, additional training should be provided to biomedical health professionals to promote improved cultural competency and recognize the importance of local conceptualizations of mental health issues. Second, traditional healers should be targeted with awareness programs that help them better recognize the severity of mental illness and to refer these cases to the hospital. Collaborative approaches between healers and biomedical health professionals have been initiated in several instances in SSA and show significant promise in terms of allowing for improved identification and treatment of individuals with mental disorders (Obioha & Molale, 2011; Yusuf, 2010). Continuing to ignore the beliefs of clients, on the other hand, will cause psychiatry to miss important psychological and social factors that can be important resources for healing.

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References

Abiodun, O. A. (1995). Pathways to mental health care in Nigeria. *Psychiatric Services*, *46*(8), 823–826.

Adeosun, I. I., Adegbohun, A. A., Adewumi, T. A., & Jeje, O. O. (2013). The pathways to the first contact with mental health services among patients with schizophrenia in Lagos, Nigeria. *Schizophrenia Research and Treatment*, *2013*, 769161.

Agara, A. J., & Makanjuola, A. B. (2006). Pattern and pathway of psychiatric presentation at the out-patient clinic of a neuro-psychiatric hospital in Nigeria. *Nigerian Journal of Psychiatry*, *4*(1), 30–34.

Agara, A. J., Makanjuola, A. B., & Morakinyo, O. (2008). Management of perceived mental health problems by spiritual healers: A Nigerian study. *African Journal of Psychiatry*, *11*, 113–118.

Ahmed, S. M., Adams, A. M., Chowdhury, M., & Bhuiya, A. (2000). Gender, socioeconomic development and health-seeking behaviour in Bangladesh. *Social Science & Medicine*, *51*(3), 361–371.

Alang, S. M., & McAlpine, D. D. (2019). Pathways to mental health services and perceptions about the effectiveness of treatment. *Society and Mental Health*, *9*(3), 388–407.

Alem, A., Jacobsson, L., Araya, M., Kebede, D., & Kullgren, G. (1999). How are mental disorders seen and where is help sought in a rural Ethiopian community? A key informant study in Butajira, Ethiopia. *Acta Psychiatrica Scandinavica*, *100*, 40–47.

Appiah-Poku, J., Laugharne, R., Mensah, E., Osei, Y., & Burns, T. (2004). Previous help sought by patients presenting to mental health services in Kumasi, Ghana. *Social Psychiatry and Psychiatric Epidemiology*, *39*(3), 208–211.

Assad, T., Okasha, T., Ramy, H., Goueli, T., El-Shinnawy, H., Nasr, M., Fathy, H., Enaba, D., Ibrahim, D., Elhabiby, M., Mohsen, N., Khalil, S., Fekry, M., Zaki, N., Hamed, H., Azzam, H., Meguid, M. A., AbdelMaksoud Rabie, M., Sultan, M., . . . Shorab, I. (2015). Role of traditional healers in the pathway to care of patients with bipolar disorder in Egypt. *International Journal of Social Psychiatry*, *61*(6), 583–590.

Atindanbila, S., & Thompson, C. E. (2011). The role of African traditional healers in the management of mental challenges in Africa. *Journal of Emerging Trends in Educational Research and Policy Studies*, *2*(6), 457–464.

Bell, C. K., Goebert, D. A., Miyamoto, R. H., Hishinuma, E. S., Andrade, N. N., Johnson, R. C., & McDermott, Jr, J. F. (2001). Sociocultural and community factors influencing the use of Native Hawaiian healers and healing practices among adolescents in Hawai'i. *Pacific Health Dialog*, *8*(2), 249–259.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.

Burns, J. K., Jhazbhay, K., & Emsley, R. A. (2011). Causal attributions, pathway to care and clinical features of first-episode psychosis: A South African perspective. *International Journal of Social Psychiatry*, *57*(5), 538–545.

Chiang, J. C., Chow, A. S., Chan, R. C., Law, C. W., & Chen, E. Y. (2005). Pathway to care for patients with first-episode psychosis in Hong Kong. *Hong Kong Journal of Psychiatry*, *15*(1), 18–23.

Chibanda, D., Verhey, R., Gibson, L. J., Munetsi, E., Machando, D., Rusakaniko, S., Munjoma, R., Araya, R., Weiss, H. A., & Abas, M. (2016). Validation of screening tools for depression and anxiety disorders in a primary care population with high HIV prevalence in Zimbabwe. *Journal of Affective Disorders*, *198*, 50–55.

Chong, S. A., Mythily Lum, A., Chan, Y. H., & McGorry, P. (2005). Determinants of duration of untreated psychosis and the pathway to care in Singapore. *International Journal of Social Psychiatry*, *51*(1), 55–62.

Crabb, J., Stewart, R. C., Kokota, D., Masson, N., Chabunya, S., & Krishnadas, R. (2012). Attitudes towards mental illness in Malawi: A cross-sectional survey. *BMC Public Health*, *12*(1), 1–6.

Crumlish, N., Samalani, P., Sefasi, A., Kinsella, A., O'Callaghan, E., & Chilale, H. (2007). Insight, psychopathology and global functioning in schizophrenia in urban Malawi. *The British Journal of Psychiatry*, *191*(3), 262–263.

Drury, A. (2020). What role do traditional healers play in the pathway to care of psychiatric patients in Malawi, and how does this compare to other African countries? *Journal of Psychiatry and Psychiatric Disorders*, *4*(4), 175–187.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, *10*(1), 1–9.

Gureje, O., Acha, R. A., & Odejide, O. A. (1995). Pathways to psychiatric care in Ibadan, Nigeria. *Tropical and Geographical Medicine*, *47*(3), 125–129.

Gureje, O., Appiah-Poku, J., Bello, T., Kola, L., Araya, R., Chisholm, D., Esan, O., Harris, B., Makanjuola, V., Othieno, C., Price, L., & Seedat, S. (2020). Effect of collaborative care between traditional and faith healers and primary health-care workers on psychosis outcomes in Nigeria and Ghana (COSIMPO): A cluster randomised controlled trial. *The Lancet*, *396*(10251), 612–622.

Ibrahim, A., Hor, S., Bahar, O. S., Dwomoh, D., McKay, M. M., Esena, R. K., & Agyepong, I. A. (2016). Pathways to psychiatric care for mental disorders: A retrospective study of patients seeking mental health services at a public psychiatric facility in Ghana. *International Journal of Mental Health Systems*, *10*(1), 1–11.

Ibrahim Awaad, M., Mohsen Ibrahim, N., Naguib, R. M., Khalil, S. A., Elhabiby, M., & Khaled Mohamed, Z. (2020). Role of traditional healers in the pathway to care of patients with schizophrenia in Egypt. *International Journal of Social Psychiatry*, *66*(4), 382–388.

Kahn, M. S., & Kelly, K. J. (2001). Cultural tensions in psychiatric nursing: Managing the interface between western mental health care and Xhosa traditional healing in South Africa. *Transcultural Psychiatry*, *38*(1), 35–50. http://doi.org/10.1177/136346150103800104

Kauye, F., Udedi, M., & Mafuta, C. (2015). Pathway to care for psychiatric patients in a developing country: Malawi. *International Journal of Social Psychiatry*, *61*(2), 121–128.

Kazdin, A. E. (2016). Evidence-based psychosocial treatment: Advances, surprises, and needed shifts in foci. *Cognitive and Behavioral Practice*, *23*(4), 426–430.

Khiari, H., Ouali, U., Zgueb, Y., Mrabet, A., & Nacef, F. (2019). Pathways to mental health care for patients with severe mental illness in Tunisia. *The Pan African Medical Journal*, *34*, 118.

Khoury, N. M., Kaiser, B. N., Keys, H. M., Brewster, A. R. T., & Kohrt, B. A. (2012). Explanatory models and mental health treatment: Is vodou an obstacle to psychiatric treatment in rural Haiti?. *Culture, Medicine, and Psychiatry*, *36*, 514–534.

Kohrt, B. A., & Mendenhall, E. (2016). *Global mental health: Anthropological perspectives*. Routledge.

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, *16*(9), 606–613.

Lasebikan, V., Owoaje, E., & Asuzu, C. (2012). Social network as a determinant of pathway to mental health service utilization among psychotic patients in a Nigerian hospital. *Annals of African Medicine*, *11*(1), 12–20. https://doi.org/10.4103/1596-3519.91010

Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*(1–2), 71–84.

Mbewe, E., Haworth, A., Welham, J., Mubanga, D., Chazulwa, R., Zulu, M., Mayeya, J., & McGrath, J. (2006). Clinical and demographic features of treated first-episode psychotic disorders: A Zambian study. *Schizophrenia Research, 86*(1–3), 202–207.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Sage.

Mkize, L. P. (2001). *Pathways to mental health care in Kwazulu-Natal province South Africa* [Doctoral dissertation].

Mkize, L. P., & Uys, L. R. (2004). Pathways to mental health care in KwaZulu-Natal. *Curationis*, *27*(3), 62–71.

Obioha, E. E., & Molale, M. G. (2011). Functioning and challenges of primary health care (PHC) program in Roma Valley, Lesotho. *Studies on Ethno-Medicine*, *5*(2), 73–88.

Odinka, P. C., Oche, M., Ndukuba, A. C., Muomah, R. C., Osika, M. U., Bakare, M. O., Agomoh, A. O., & Uwakwe, R. (2014). The socio-demographic characteristics and patterns of help-seeking among patients with schizophrenia in South-East Nigeria. *Journal of Health Care for the Poor and Underserved*, *25*(1), 180–191.

Padgett, D. K. (2016). *Qualitative methods in social work research* (Vol. 36). Sage publications.

Rane, M. S., Hong, T., Govere, S., Thulare, H., Moosa, M. Y., Celum, C., & Drain, P. K. (2018). Depression and anxiety as risk factors for delayed care-seeking behavior in human immunodeficiency virus–infected individuals in South Africa. *Clinical Infectious Diseases*, *67*(9), 1411–1418.

Razali, S. M., & Najib, M. A. M. (2000). Help-seeking pathways among Malay psychiatric patients. *International Journal of Social Psychiatry*, *46*(4), 281–289.

Semrau, M., Evans-Lacko, S., Koschorke, M., Ashenafi, L., & Thornicroft, G. (2015). Stigma and discrimination related to mental illness in low-and middle-income countries. *Epidemiology and Psychiatric Sciences*, *24*(5), 382–394.

Shai, M., & Sodi, T. (2015). Pathways to mental health care by members of a rural community in South Africa. *Journal of Psychology in Africa*, *25*(3), 191–194.

Sorketti, E. A., Zainal, N. Z., & Habil, M. H. (2012). The characteristics of people with mental illness who are under treatment in traditional healer centres in Sudan. *International Journal of Social Psychiatry*, *58*(2), 204–216.

Sorsdahl, K. R., Flisher, A. J., Wilson, Z., & Stein, D. J. (2010). Explanatory models of mental disorders and treatment practices among traditional healers in Mpumulanga, South Africa. *African Journal of Psychiatry*, *13*(4), 284–290.

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, *166*(10), 1092–1097.

Sundararajan, R., Mwanga-Amumpaire, J., King, R., & Ware, N. C. (2020). Conceptual model for pluralistic healthcare behaviour: Results from a qualitative study in southwestern Uganda. *BMJ Open*, *10*(4), e033410.

Thornton, R. (2017). *Healing the exposed being: The Ngoma healing tradition in South Africa*. New York University Press.

Vanqa, N. (2020). *Healing, referring, supporting but not interfering: traditional healers experiences of HIV management in five South African communities taking part in the HPTN 071 (PopART) trial* [Doctoral dissertation, Stellenbosch, Stellenbosch University].

Wreford, J. (2005). 'Sincedisa–We Can Help!'A literature review of current practice involving traditional African healers in biomedical HIV/AIDS interventions in South Africa. *Social Dynamics*, *31*(2), 90–117. http://doi.org/10.1080/02533950508628709

Yusuf, A. J., & Nuhu, I. T. (2010). Consequences of untreated severe psychiatric disorders in northern Nigeria. *African Journal of Psychiatry*, *13*(2), 92–94.