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Perceptions of Medical Practitioners and Faith Healers about Mental Health Issues

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In India people suffering from mental illness have been found to be simultaneously seeking treatment from both medical practitioners and from traditional and faith healers. The present study explores the perceptions of both medical practitioners and faith healers about mental health issues. Data was collected from interviews of 53 general medical practitioners and 56 faith healers. Content analysis of responses revealed differences in the perceptions of medical practitioners and faith healers regarding semantic of mental health, causes of mental illness ,treatment modality etc. The faith healers have a more broad based perception of the semantic of mental health as compared to doctors. Poor coping and faulty lifestyle were perceived as the major causes of mental illness by general practitioners whereas the faith healers see the illness to be caused by religious reasons like supernatural powers, changing positions of the planets, decrease in religiosity etc. The medical practitioners were found to be mostly using medicines to treat the mental health problems. The faith healers on the other hand reported that they were predominantly using prayers as treatment modality.

Keywords: Medical Practitioner; Faith healers; mental health issues.

Health services in India are mainly provided through Government-run facilities and the private sector. India has a large public health care system. Primary health care is provided through a network of sub-centres, primary health care centres, community health centres and district hospitals. Khandelwal, *et al.,* 2004 point out the fact that India currently has more than 410,800 qualified allopathic doctors (one per 3,500 population). However, medical practitioners are unevenly distributed across the country and generally lacking in rural areas. On the mental health front the dismal state is shown by the fact that the country currently has almost four psychiatrists per million population The number of psychiatric nurses, clinical psychologists, psychiatric social workers is also low-approximately one of each per million population- and trained psychiatric personnel are absent in many rural areas.

History of health care in India shows coexistence of various beliefs and systems of treating illness. The authors would like to subscribe to the comprehensive classification of health care practices as given by Dalal (2005) who conceives that traditional health care practices are of two types. The first can be categorised as faith and folk practitioners comprising of shamans, *tantrik*s, faith healers, priests, *ojha*s, *yogi*s, *guru*s, *baba*s and others. The second category, which is often labelled as traditional medicine and recognised by the government as alternative systems, is the practitioners of ayurveda, yunani system and homeopathy. They provide a whole range of services catering to the physical, mental, social and spiritual health of local communities.

Studies have shown that traditional or native healers play an important part in the

care of people with mental disorders in the developing countries (Gater *et al.,*1991). The reasons for the popularity of traditional healers include the fact that they are easily accessible, locally available, speak the local language, are inexpensive and provide culturally sensitive care. Healing temples may constitute a community resource for mentally ill people in cultures where they are recognised and valued(Raguram *et al*,2002).Further a trend is observed that a large number of patients in India concurrently take treatment(allopathic medicines) from practitioners of modern medicine but also seek help from traditional and faith healers(Jacob,1999).

Objectives:

i) The present study purports to explore the perceptions of medical practitioners and faith healers about various mental health issues

ii) The study also explores treatment modalities and mental health services being provided by medical practitioners and faith healers.

Method

Sample:

The sample consisted of total of 109 health practitioners (53 general medical practitioners and 56 faith healers). Their age range was from 27 to 65 years. Most of them had more than 10 years of experience. Data was collected from three districts in the state of Uttar Pradesh – Faizabad, Gorakhpur and Lucknow.

Tool:

A semi-structured interview schedule was developed by the researchers to obtain data. The schedule attempts to explore five dimensions which are -semantic of mental health, type of health problems for which the patients seek help/treatment, perceived causes of mental illness, treatment modality for mental illness and training in providing mental health services.

Results

The results of the five dimensions are being discussed below.

Dimension I: Semantic of mental health: The voluminous data regarding the meaning of mental health, after content analysis brought forth seven response categories as elucidated in Table 1. As evident from the table 1 ,the medical practitioners in general ,described mental health as ' when the brain performs its functions like thinking, understanding etc, 'normally'(50%) and 'positive thinking'(40%) .For both the categories the responses show statistically significant difference between perceptions of medical practitioners and faith healers (CR 2.93 and 2.80 respectively, both significant at .01 level).

Table 1. Semantic (meaning) of mental health according to type of health service providers

Sl. No.	Meaning of mental health	General practitioners	Faith healers	CR
1	'Normal' functioning of the brain	50%	23%	2.93**
2	Positive thinking	40%	16%	2.80**
3	Stable mind	0	30%	_
4	Feeling of contentment	0	12%	_
5	Faith in religion and god	0	10%	_
6	Result of 'karma'	0	7%	_
7	Good adjustment with natural and socialSurrounding	10%	2%	1.78

**p<.01.

The faith healers on the other hand viewed the meaning of mental health to be 'stability of mind'(30%) , 'normal' functioning of the brain(23%), 'positive thinking'(16%), feeling of contentment (12%) and having 'faith in one's religion and god' (10%). The faith healers have a more expansive and broad based perception of the concept of mental health i.e. their responses are distributed across seven categories in comparison to their counterparts. An important finding of this dimension that 29% of responses of faith healers are clustered on the 'faith' factor.(response category number 4,5&6).Interestingly it is 30% of the faith healers who construe mental health as stability of mind. The response category does not emerge in the perception of medical practitioners.

Dimension II: Types of health problems for which the treatment is sought: The health service providers were asked about the types of health problems for which the patients sought their treatment. Three major response categories were generated as evident in Table 2.

Table 2. Type of health problems for which the treatment is sought according to type of health service providers

SNo.	Types of health problems	General practitioners	Faith healers	CR
1	Both Physical and psychological ailments	63%	35%	2.92**
2	Mental health problems	37%	26%	1.23
3	Supernatural ailments	0	39%	_

**p<.01

Most of the medical practitioners (63%) stated that people suffering from both physical ailments and psychological complaints come to their clinics. While 37% of them reported patients seeking treatment for mental health problems like stress related diseases and sleep disorders. The perceptions for this dimension are showing a perceptible difference between the two groups (CR of 2.92 is significant at .01 level) .The findings reveal that it is only the faith healers ,(39%) who reported that those seeking help from them suffered from supernatural ailments and problems related to black magic and witchcraft. 35% of faith healers on the other hand identified that the patients had both physical and psychological problems.

Dimension III: Perceived causes of mental illness: When they were asked about the causes of mental illness, a large variety of responses were generated which were subsumed into four major response categories after content analysis as shown in Table 3.

Table 3. Perceived causes of mental illness according to type of health service providers

Sl.No.	Causes	General practitioners	Faith healers	CR
1	Religious reasons(supernatural powers, decreasein religiosity, bad karma , etc.)	0	57%	_
2	Poor coping and faulty lifestyle	80%	14%	6.91**
3	Imbalance/nutritional deficiency	14%	29%	1.90
4	Over ambitiousness and negative thinking	6%	0	_

** p<.01

Two major findings emerge out of these perceived causes of mental illness. One that the general practitioners predominantly report poor coping and faulty life style (80%) and imbalance/nutritional deficiency(14%) as the causes of mental illness. A number of researches have documented that poor or maladaptive coping causes distress and mental illness (Felton, 1990; Mattlin et al., 1990; Pruchno, Burant, & Peters, 1997; Smith, Patterson, & Grant, 1990).Similarly faulty lifestyle (Bonnet *et al*, 2005), and

nutritional deficiency (Wurtman *et al* ,1989 and Young,2007)have also been found to be associated with mental illness. The faith healers also feel poor coping and faulty lifestyle to be a cause but to a lesser degree(14%) resulting into a significant CR(CR of 6.91 is significant at .01 level).Interestingly more of faith healers attribute mental illness to imbalance and nutritional deficiency(29%).The other important finding here is that only faith healers (57%) report mental illness to be caused by religious reasons like fury of supernatural powers e.g., '*Jinn*'or 'ghost' etc, changing positions of the planets, decrease in religiosity , result of bad '*karma*'. For e.g the faith healers reported "*Jinn-Jinnadon ke kaaran hoti hai ye bimaari'*(mental illness is due to *Jinn*)or ' *bhoot pishaach ka saaya ho to maansik beemari ho jaati hai'*(possession by a ghost also causes mental illness).

Dimension IV: Treatment modality for mentally ill: Having ascertained the conceptualisation of mental health and perceived causes of mental illness as well as the type of health problems for which treatment is sought, it was imperative to explore the kind of treatment modality these health service providers offer .When they were asked the question as to how do they treat people with mental illness, the responses generated fell into four major categories as given in Table 4

Table 4. Treatment modality for mentally ill according to type of health service providers

Sl.No.	Treatment modality	General practitioners	Faith healers	CR
1	Pharmacotherapy	80%	0	_
2	Prayers and offerings	0	86%	_
3	Refer to psychiatrist and clinical psychologist	20%	0	_
4	Herbal medicines	0	14%	_

Table 4 clearly brings out the fact that majority of the general medical practitioners (80%) used pharmacotherapy to treat the mentally ill patients. Only about 20% of the doctors reported referring such patients to a psychiatrist or a clinical psychologist. Faith healers (86%) on the other hand treated the mentally ill by chanting mantras and offering prayers-eg., '*mantra parhtey hain, pooja kartey hain taaki bhoot pishaach ka saaya hat jaaye*'(We chant mantras and offer prayers to exorcise evil spirits). They further elaborated that they give '*taaveez*', 'therapeutic water or ash' to treat the patients .eg. "*hum beemaar logon ko paani phoonk kar detey hain, raakh khaaney ko detey hain ,ussey khakey unkey saarey rog door ho jaatey hain*'(I give therapeutic water , ash to my patients .They consume it and all of their ailments are cured). In some cases (14%) they also use herbal medicines as treatment.

Dimension V: Training in providing Mental Health services: Mental health problems need not only greater awareness among the masses but also greater capacity building and specialized training inputs are needed for the health service providers. This was the rationale for including this dimension in the present study. The state of art in terms of ascertaining the professional know-how was sought by the question 'do you have specialized and formal training in providing mental health services? The responses brought forth the state of training in terms of specialization.

Table 5.Training in mental health according to type of health service providers

Sl.No.	Training in Providing Mental Health Services	General practitioners	Faith healers	CR
1	Require formal training in Mental Health Services	85%	100%	3.01**
2	Do not require training	15%	0	_

**p<.01

The results clearly show two major findings. One, that most of the doctors (85%) had a professional outlook for the question and reported that though they have an information base of mental health problems in their MBBS course they do not have super specialization (MD Psychiatry) or specialized training in mental health services(MHS).On the other hand the faith healers had received no formal recognized training in dealing with both physical and mental health problems. They only claimed of receiving training from their seniors or '*ustaad*' .

Discussion

The present study explores the perceptions of both medical practitioners and faith healers about mental health issues. It also explores treatment modalities and mental health services being provided by medical practitioners and faith healers. The five dimensions bring forth an interesting comparison of medical practitioners and faith healers. Beginning with the common platform , they both conceive mental health as 'normal' functioning of the brain ,although the karmic and faith factor emerges in the perception of the faith healers .Most significantly with reference to causes of mental health, the faith healers predominantly conceive religious and supernatural reasons underlying mental illness while the doctors on a more realistic note attribute mental illness to poor coping and faulty lifestyle .The results pertaining to treatment modality corroborate the same. Thus majority of the faith healers claim to be using prayers and offerings for treating mental illness .On the other hand, most of the medical practitioners reportedly used medicines. The above finding is also supported by Channabasavanna, Sriram & Kumar (1995) who reported that in general, physicians either do not provide treatment at all to psychological problems or the treatment is limited to the use of medicines.

The results of the dimension pertaining to the state of art with reference to training in mental health services are a cause of serious concern. The faith healers do not have any formal training in diagnosing and treating mental illness .They are largely using the techniques passed on to them by their teacher ;the validity and efficacy of which is questionable .The medical practitioners also denied having any formal specialized training in providing mental health services.

Since mental health problems are increasing at an alarming rate, and most of such problems comprise of non-psychotic emotional problems. Moreover, many mental-health problems are typically first seen as somatic presenting complaints, and thus the general –health sector is a natural entry point for appropriately identifying and treating mental- health problems(Reddy,2007). In such a scenario, empowering the general medical practitioners with psychiatric knowledge during their undergraduate training can go a long way in boosting up the psychiatric care of Indian population. Besides the need of the hour is capacity building in mental health services to be provided to the masses. And therefore the researchers recommend a broad based training in dealing with mental health problems not just encompassing of medicines but individual psychotherapeutic, cognitive and other psychosocial interventions .This emphasizes the need for training doctors during their undergraduate curricula in recognizing and managing emotional problems in primary care settings. According to Murthy (2007) "there is a need for greater emphasis on development of mental health techniques of community mental health care in addition to the current emphasis on ideology".

In India where trained psychiatric personnel is low ,one of the initiatives of National Mental Health Programme (1982) integrating mental health care into general health services has been an important step towards addressing human resource shortages in delivering mental health

interventions. There is evidence to suggest that basic mental –health services generally can be managed in primary health-care organizations with considerable cost savings and without detrimental effects on health (Reddy, 2007).

Effective help has to be located strategically, preferably in the very situation involved at the time at which the problem manifests itself (Levine, 1974). For realising the goals of mental health programme, there is an impending need to use indigenous knowledge systems and identify resources embedded in community's knowledge system which can be mobilised to strengthen mental health care delivery in India. Traditional healers who are locally available are the main source of assistance for a large section of rural inhabitants in developing countries. The authors strongly recommend that traditional healers in India should be intensively trained in providing mental health services and incorporated in the overall strategy to deliver community care to people with mental disorders. On similar lines, Patel *et al.,* 1998 also comment that "a partnership between psychiatry and traditional medicine will go a long way in providing services for people with mental disorders in India".

Besides the authors suggest need for similar community based mental health researches on heterogeneous samples representing various parts of the country in order to address the belief system of people at large .The authors strongly advocate Murthy's (2007) vision for mental health to become a people's movement. More awareness campaigns in mental health education need to become the priority of the planners to actualize the vision of mental health as a public health issue.

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