Prevalence & Experience of Contact with Traditional Healers among Patients with First-Episode Psychosis in Hospital Kuala Lumpur

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Abstract

Introduction: Patients with mental disorders in Malaysia often seek help from traditional healers prior to consulting psychiatric service. The objective of the study is to determine the prevalence and experience of contact with traditional healers among patients with first-episode psychosis in Hospital Kuala Lumpur (HKL). Methods: This is a hospital-based cross-sectional descriptive study of 50 in-patients with first-episode psychosis in HKL. Structured Clinical Interview for DSM-IV Clinical Version for Axis I Disorders (SCID-CV) was used for establishing diagnosis. Socio-demographic data, information on help-seeking pathways, and experience of contact with traditional healers were determined through face-to-face interview and semi-structured questionnaires. Results: Twenty seven (54%) of the patients had at least one contact with traditional healers prior to consulting psychiatric service, and it was the most popular first point of non-psychiatric help-seeking contact (48%). About a quarter of them (24%) had 3 or more contacts with traditional healers prior to consulting psychiatric service. The most common type of traditional treatment received was prayer (25, 96.3%). Only 2 patients (7.41%) reported having some beneficial effects from traditional treatments. There were two patients who reported having adverse experience with traditional healers. Among those who had sought help from traditional healers, one third was recommended by at least one of their traditional healers to seek medical help. Conclusion: History of contact with traditional healers prior to consulting psychiatric service was common among inpatients with first-episode psychosis in HKL. There may be potential meaningful collaborations between psychiatrists and traditional healers for better management of patients.

Keywords: Traditional healers, first-episode psychosis
Introduction

“Traditional Medicine” is a comprehensive term used to refer both to traditional medicine systems such as traditional Chinese medicine, Indian ayurveda and Arabic unani medicine. Consulting traditional healers for treatment of illness is popular in Malaysia. The first National Health and Morbidity Survey (1986) reported that Malaysian made 0.1 visits per person per year to traditional healers as compared to 1.4 visits per person per year to out-patient clinics.

It is even more popular among patients with mental illness. In a study by Salleh in Kelantan that compared a group of out-patients with mental illness against those attending the outpatient department, 73.1% of the former group had consulted a traditional healer, as compared to 25% in the latter. A more recent study in Kelantan showed similar trend; 61.7% of out-patients with first-episode psychosis had consulted traditional healer as compared to 26.7% among patients with epilepsy.

Even in University Malaya Medical Centre (UMMC) that is serving a highly urbanized population in the heart of Kuala Lumpur, 24% of in-patients with first-episode psychosis sought help from traditional healers first before seeking psychiatric treatment. All these findings are not surprising as this could be influenced by the multi-cultural beliefs that accommodate the role of evil spirits and supernatural forces in the causality of mental illness.

The objective of this study is to determine the prevalence and experience of contact with traditional healers among patients with first-episode psychosis in HKL. This has implication in planning more holistic mental health services for early detection and treatment of patients with psychosis.

Methods

This is cross-sectional descriptive study conducted in the Department of Psychiatry & Mental Health, Hospital Kuala Lumpur (HKL). HKL is the largest hospital in the country and Kuala Lumpur is the capital city of Malaysia. HKL offers specialist psychiatric service, and is gazetted for compulsory psychiatric admission. Ethical approval for the study was obtained from the Medical Research & Ethics Committee, National University of Malaysia (UKM). Permission to conduct the study was obtained from HKL, and the study was registered with National Medical Research Registry (NMRR).

Sample

The target group of interest here is those patients with history of contacts with traditional healers. Studies in the South-East Asian countries had shown that as high as 90% of patients with mental illness sought help from traditional healers before consulting psychiatric service. The sample size calculation was based on the formula for estimating a single proportion (i.e. prevalence): \[ N = \frac{1.96^2 \times P \times (1-P)}{d^2} \] (N = sample size, P = ‘best guest’ of expected proportion, d = determining precision). Therefore, \[ n = \frac{1.96^2 \times (0.9 \times 0.1)}{0.09^2} = 43 \].

A sample size of around 43 patients was required so that the prevalence of contact with traditional healers could be estimated to within round 10 percentage points of the true value with 95% confidence. Naing et al. suggests that d should appropriately be 0.05. However, if there is resource limitation, as in this study, researcher may use a larger ‘d’ (> 0.1). The researcher in
this study chose a ‘d’ value of 0.09 and was fully aware of the sample size limitation.

A convenient sampling was conducted twice a week to identify newly diagnosed inpatients with first-episode psychosis. The sampling period was a consecutive period of 4 months. The inclusion criteria were all inpatients with first-episode psychosis, including substance-induced psychosis and other organic psychosis. Those with language barrier, no family members around to verify history, and refused consent were excluded. Altogether 50 in-patients were finally recruited in the study.

Assessment

SCID-CV (Structured Clinical Interview for DSM-IV Clinical Version for Axis I Disorders) was used to confirm diagnosis. SCID-CV is a semi-structured interview for making the major Diagnostic & Statistical Manual of Mental Disorders, 4th edition (DSM-IV) Axis I diagnoses. Socio-demographic data, information on help-seeking pathways, and experience of contact with traditional healers were determined through face-to-face interview and semi-structured questionnaire. Experience of contact with traditional healers that were assessed are: i) Types of traditional treatments, ii) Effect of treatments, iii) Cost of treatments, and iv) Recommendation to seek medical help. In order to get more accurate history, the key friend or family members caring for patient prior to psychiatric contact were identified for interview.

Data analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 12. Descriptive and non-parametric statistical tests were used for analysis. Statistical significance was set at $\alpha < 0.05$.

Results

Socio-demographic data

The age of the patients ranged from 15 to 70 years old. The mean ($\pm$ SD) age was 33.1 ($\pm$ 14.1) years old. Most of the patients fell into the age group of 21-30 years old (40%). As for gender, 31 (62%) were males, and 19 (38%) females. Most of them were Malay (22, 44.0%) followed by Chinese (14, 28.0%), Indian (6, 12.0%) and others (8, 16.0%). Only seventeen (34.0%) of them were married. As for the pre-hospitalization living arrangement, 48 (92.0%) of them were staying with others, and 4 (8.0%) were staying alone. Less than half (23, 46.0%) of the patients were employed.

Diagnosis

Table 1 shows the DSM-IV diagnostic categories of the patients. When regrouped, 19 (38%) of the patients had Schizophrenia Spectrum Disorder (Schizophrenia & Schizophreniform Disorder), 6 (12%) had Mood Disorder (Bipolar I Disorder or Major Depressive Disorder) with psychotic features, 13 (26%) had Substance-Induced Psychosis, and 12 (24%) had other types of psychosis (Brief Psychotic Disorder and other organic psychosis). Three (6%) of the patients had a dual diagnosis of either Schizophrenia Spectrum Disorder or Bipolar I Disorder with substance abuse.
**Table 1: DSM-IV Diagnostic categories of patients with first episode psychosis**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>(N = 50)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>15</td>
<td>30%</td>
</tr>
<tr>
<td>Schizophreniform</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Bipolar I Disorder with psychosis</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Major Depressive Disorder with psychosis</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Brief Psychotic Disorder</td>
<td>6</td>
<td>12%</td>
</tr>
<tr>
<td>Delusional Disorder</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Substance-Induced Psychosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other psychotic disorder</td>
<td>5</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Contact with traditional healers**

The most common first point of contact in help-seeking pathway was with traditional healer 24 (48%), followed by 12 (24%) with general practitioner, and only 14 (28%) of the patients sought help directly from psychiatric service. Overall, 27 (54%) of the patients had at least one contact with traditional healer prior to their first consultation with psychiatric service.

The number of contacts with traditional healers ranged from 1 to 10. The mean (± SD), median and mode number of contacts for the patients who had at least one contact with traditional healer (n = 27) were 3.4 (± 2.8), 2.0 (IQR = 1.0 to 5.0) and 1.0. About a quarter of them (24%) had 3 or more contacts with traditional healers prior to consulting psychiatric service. History of contact with traditional healer was not found to be associated with age, gender, ethnic and education level (P < 0.05).

**Experience with traditional healers**

As shown in Figure 1, of the 27 (54%) respondents who had sought help from traditional healers, the most common type of treatments received from at least one of the traditional healers was prayer (25, 96.3%), followed by use of holy water (21, 77.8%), do good-avoid evil (morality-based) advice (9, 33.3%), dietary advice (7, 29.5%), massage (3, 11.1%), and herbs (2, 7.4%).

Among those who had sought help from traditional healer (n = 27), 92.59% of them overall either did not benefit (10, 37.04%) or did not get worse (15, 55.56%) after receiving traditional treatments. Only two patients (7.41%) reported having some beneficial effects from traditional treatments. Two patients reported having adverse experience with traditional healers. One sustained minor injury over the body that resulted from burning joss sticks used to exorcise spirits. The other one was cheated RM 12 000 for unhelpful traditional treatments.

Of those who had contacted traditional healers, 19 (70.4%) had made at least one payment to the traditional healers either on voluntary basis or as part of service charge. The total amount of payment made by each respondent ranged from RM 0 to RM 12 000.00. The median amount of payment made was RM 50.00 (IQR = RM 0 to RM 150.00). Eight of the 27 respondents (29.6%) did not make any payment to the traditional healer. The most common range of amount of money paid was RM 0 to RM 50.00 (n = 14, 51.9%), followed by RM 101 to RM 500 (n = 9, 33.3%), RM 51.00 to RM 100.00 (n = 2, 7.4%), and more than RM 500 (n = 2, 7.4%).

About one third (33.3%) of them had been recommended by at least one of their
traditional healers to seek medical help for their abnormal behavior. Similarly, about one third (29.63%) of them had at least one traditional healer who attributed their abnormal behavior to medical or psychological causes.

Figure 1: Types of traditional treatments received by patients

Discussion

In this study, 27 (54%) of the respondents had at least one contact with traditional healer prior to first contact with psychiatric service, with about a quarter of them (24%) having 3 or more contacts. In fact, traditional healer was the most popular choice of first non-psychiatric contact (48%). This is in contrast to a local study by Koh in the same city, whereby only 24% of the respondents had sought help from traditional healers prior to contact with psychiatric service. Study in Singapore also showed that only 24% of the respondent had sought help from traditional healer before consulting psychiatrist service. This is possibly explained by the relatively lower socio-economic status of respondents in this study, and therefore possibly greater faith in traditional treatments. In-patient psychiatric service in HKL was completely subsidized by the government, thus naturally attracting more patients from a lower socio-economic group. However, it is interested to note that in this study, history of contact with traditional healers was not associated with education level.

The higher prevalence of contact with traditional healers was also probably attributed by the relatively more hostile patients in this study; 54% of the patients were violent, 68% were verbally abusive on admission, and all the patients were admitted involuntarily. So, family members could have difficulty in bringing patients to psychiatric service. Consulting traditional healer was much easier, as some of healers were willing to do home visit or even consultation by proxy to offer treatments. This is of course much more convenient, and acceptable to patients and family members. Hence, consulting traditional healer was a more popular choice of first help-seeking contact (48%) as compared to general
practitioner (24%) or psychiatric service (28%).

Local studies, and several studies in other Asian countries such as Bali, Philippines, and India had evidently supported the popularity of traditional treatments among patients as first line of option for treating mental illness. It is understandable due to the relative lack of mental health resources and awareness in these countries. This is different from the pathways to care pattern observed in developed countries such as Japan, Canada, New Zealand, and United Kingdom, whereby health or social agencies were the more popular point of contacts prior to contact with psychiatric service.

In view of that, we should try to recognize some of the positive roles played by traditional healers in managing psychiatric patients. Majority of the treatments offered by the traditional healers in this study such as prayer (96.3%), holy water (21, 77.8%), do good-avoid evil (morality-based) advice (33.3%), dietary advice (29.5%), massage (11.1%), and herbs (2, 7.4%) were harmless. Surprisingly, a third (33.3%) of the respondents who consulted traditional healers was recommended by at least one of their healers to seek medical help for their abnormal behavior. Thus, traditional healers may be our alliance just like general practitioners in referring patients with psychosis. Furthermore, the traditional healers overall did not charge very much for their treatments. 59.3% of the respondents paid a total of not more than RM 100 for the service. In fact, 29.4% of them did not have to pay any amount of money, and many of the payments made were offered voluntarily.

In a developing country like Malaysia, whereby mental health professionals are very limited, we should consider having meaningful collaboration with traditional healers. This is in keeping with the Ministry of Health’s policy (to integrate traditional and complementary medicine in government hospitals. This had been started in 3 local hospitals; Kepala Batas Hospital in Pulau Pinang, Sultan Ismail Hospital in Johor Bharu, and Putrajaya Hospital for non-psychiatric disorders. Some traditional healers may be helpful to formulate a more holistic concept of psychosis by integrating psycho-spiritual principles. The alternative neo-concept of psychosis may be more easily understandable and acceptable for patients and family members, especially those from lower socio-economic background.

Some studies have suggested that traditional treatments can be effective for treating neurosis among patients with mental disorders. As a result, there can be mutual benefits when traditional healers and psychiatrists consent to collaborate with one another, even for psychotic disorders. Traditional healers can refer psychotic patients for acute management. On the other hand, psychiatrists can refer certain patients after a period of acute psychosis e.g. those with drug-induced psychosis to traditional healers for follow-up and psycho-spiritual counseling. This may be better in terms of accessibilities and acceptance of treatment. In this way, workload of psychiatrists may also be reduced, without compromising on the effective care of patients with psychosis.

Even though collaborative work with traditional healers is suggested, one should also be aware of the potential harms that can be caused by traditional healers. In this study, 2 patients had adverse experience with traditional healers; one was burned with joss sticks to exorcise spirits, and one was conned more than RM 12 000. This is sufficient to caution us that not all
traditional healers are safe, and can be effective collaborator.

To put things in perspective, it had actually been shown in a local study in Kelantan that frequent consultation with traditional healers in Malay psychiatric patients was associated with poor compliance with medications and follow-ups\(^6\). But such study needs replication before its conclusion can be generalized into a highly urbanized setting as in this study. The urban population may be using traditional treatments as complement instead of replacement for psychiatric treatments. This is not totally new, as it had been observed in the Malaysian society that patients tend to view the different medical systems as complementary rather than antagonistic\(^20\).

This hypothesis deserves further studies, and has significant implication in implementing a holistic system of psychiatric treatment.

Though it was mentioned that one third of the respondents in this study was recommended by traditional healers to seek medical help, and therefore possibility of collaborative work, this should be interpreted cautiously. As more than half (54\%) of the respondents were physically violent during admission, and all admissions were involuntary indicating relatively severe psychosis, the traditional healers probably had no choice but to refer them to other sources for help. If the respondents were from outpatients with less severe psychosis, the traditional healers might not have referred them to psychiatric service at all. There could have just persisted with traditional treatments or even dissuade them from consulting psychiatric service.

Up to now, most studies related to traditional appear to focus more on frequency of contacts with traditional healers, and whether it contributes to treatment delay. It is time for research to progress to new frontiers of how we can effectively collaborate with some traditional healers for mutual benefits. Future research should look at things more from the perspective of traditional healers, with the aim of potential collaborative work. Useful research questions could be on: the types of traditional healers and treatments, their frequency of contacts with psychotic patients, their understanding of psychosis, their willingness to work with psychiatrists, their perception of psychiatric treatment, their perception of other traditional healers etc. With such research, we can be more precise, and effective in collaborating with traditional healers to improve on our mental health system.

This study has several limitations. The sample size was rather small. It involved only in-patients in a highly urbanized area, and many patients had substance-induced psychosis (26\%). Therefore, the findings may not be generalized to patients in other settings.

**Conclusion**

History of contact with traditional healers prior to consulting psychiatric service was common among in-patients with first-episode psychosis in HKL. There may be potential meaningful collaborations between psychiatrists and traditional healers for better management of patients. Future research to explore such collaborative work is recommended.

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