Community Psychiatry: Working with Traditional/Alternative Health Care systems in the Community

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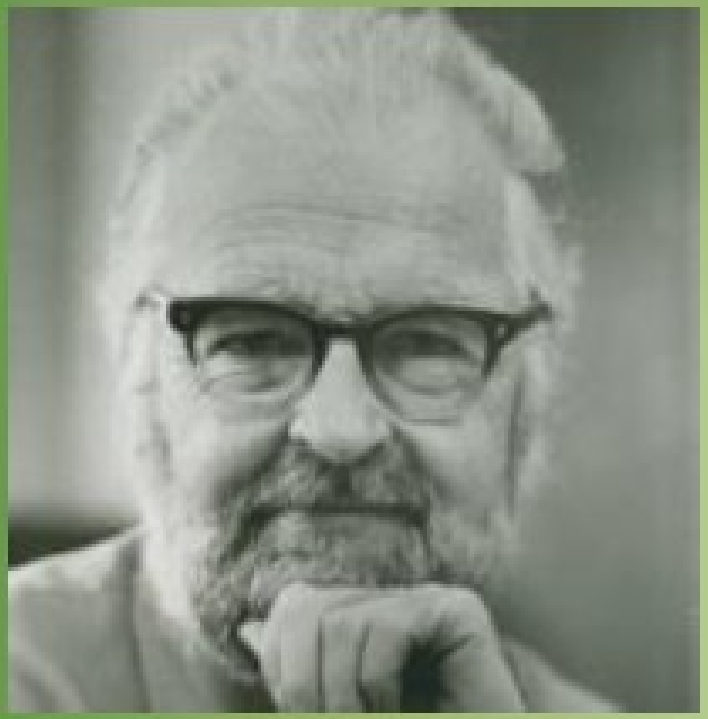
Traditional healing and mental health

- Although psychiatry brings tremendous value to the amelioration and treatment of mental distress and illness, at times it falls short in providing holistic care within a patient's broader cultural framework. (Jay et al 2015)
- Traditional healing and medicine often offer a more comprehensive, patient-centered approach to mental health treatment, which can encompass a patient's spiritual beliefs, cosmology, and world view. (Leighton & Leighton 1941)
- For certain patients, a combination of Western psychiatric treatment and traditional healing has significant potential to alleviate symptoms within the context of physical health, spiritual life, and social milieu.

Dr. Raymond Prince



- Canadian born, trained psychiatrist
  - Professor, McGill University
  - Arrived at Aro Hospital in 1957



Traditional Healers and Psychotherapy

- Finding allies in Traditional Healers
  - "Western psychiatric techniques are not in my opinion demonstrably superior to many indigenous Yoruba practices"
- Dr. Prince: Why so effective?



Heaton, "Black Skin, White Coats" (2013)

Traditional Healers and Psychotherapy

- **Four Factors** in Healer-Patient relationship to promote treatment efficacy:
- Each enhanced their revered position in Yoruba culture.
- 1.) Patient's belief in the unlimited power of the healer
- 2.) The Healers impressive performance. His Intuition. Making "blind" diagnoses
- 3.) Use of sacred, gestures, magical modalities, paraphernalia
- 4.) Patient's anxiety contrasted by the Healers confidence

  - Patients improved because they believed



Heaton, "Black Skin, White Coats" (2013)

Global experience!

- The use of traditional medicine is found in cultures throughout the world, even among US psychiatrists working with immigrant and refugee populations.
- Importance of concurrent, rather than mutually exclusive, pursuit of biomedical and traditional healing, and the feasibility as well as benefit of combining these approaches as treatment for Native American patients. (Shore et al 2009)
- There are possible synergies that promise greater benefit for these patients than either practice pursued independently.

The Aro Village system (1954)



- Holistic community based therapeutic approach
  - Emphasizing outpatient/village therapy
  - Integrated "modern" psychiatry with local cultural modalities
  - Arrangements made with local chiefs and elders
  - 24hour nursing care within the village
  - ECT, Insulin coma therapy, psychopharm available
  - Community projects and activities throughout
- Collaboration with traditional healers
  - Firmly embedded within the culture

Asuni, African J. Psychiatry (1979)

Key determinants of collaboration with alternative health practitioners (Kay et al 2015)

- The psychiatrist
- The patient
- The extant orthodox system of care
- The traditional healing in the context of the community
- The traditional healer/practitioner

The Psychiatrist

- The need to be culturally informed regarding socio-cultural contexts critical to therapeutic processes and patient outcomes.
- Desirability of collaborative work
- Necessity of working with cultural facilitators
- Mentorship

The Patient

- Recognising who to engage in dialogue about alternative care.
- Patient characteristics
  - Cultural background
  - Spiritual views
  - Personal religious history
  - Beliefs about health, illness and healing
  - Past experience of alternative care
- Continued engagement with both care systems.

The extant National Health System

- The National Health Act (2014), Section 1 recognises -
  - Traditional health care provider &
  - Alternative health care providers
- Section 6 – Representatives in the technical committee of the NCH.
- Section 13 - Certificates of standard
- Section 18 – Relationship between health estabs.
- No clear structure to support collaboration
  - Roles in the collaboration
  - Processes guide the collaboration
  - Communication pathways

Traditional/Alternative practice

- Willingness on the part of alternative/ traditional healers to involve ‘non members’ (western practitioners) in their practice is strongly related to the historical relationships that are part of the cultural identity of the principals and deeply affect whether special, often protected, knowledge is shared.
  - as observers, consultants, or collaborators
- Constraints regarding disclosure and protection of ‘special’ knowledge,
  - many traditional healers may be reluctant to educate patients and Western practitioners about their healing traditions and treatments.

The psychiatrist as traditional practitioner

- A psychiatrists may be familiar with or acquire training in a specific technique or intervention with roots in ‘non-orthodox healing’.
- A psychiatrist actively engaged in traditional healing practices should be well versed in such practices, to determine when they are appropriate, and if endorsed by the community.
- The psychiatrist must be clear about patient informed consent for treatment as well as the conceptual model guiding his therapeutic efforts and recommendations.
- Awareness of potential ethical issues that can arise when providing traditional treatment, including dual roles, boundaries, and providing spiritual treatments to patients, is essential,
- Need for consultation with colleagues who are well versed in both the Western and the traditional systems.

Discussion

- How do we Identify traditional/alternative care systems in our society?
- What are the possible benefit of these alternative systems of care?
- What are the possible disadvantages or harm
- Any need for collaboration?
- What type of collaboration?
- How do you go about the collaboration?