International Journal of Internal Medicine and Geriatrics
IJIMG, 1(2): 46-53
www.scitcentral.com
ISSN: 2689-7687
Original Research Article: Open Access

Exploring the Concept of Mental Health Healing among Pastors in Mzuzu and Possible Collaboration with Mental Health Professionals

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Received August 27, 2019; Accepted September 11, 2019; Published December 27, 2019

ABSTRACT

Purpose: This study explored the knowledge of mental illness and the concept of mental health healing among pastors in Mzuzu, with the view of finding possible collaboration with professional mental health workers.

Methodology: The study used an exploratory qualitative research method. Purposive sampling technique was used to recruit participants of the study and data was collected through FGD's. The study employed thematic data analysis method.

Results: The findings indicate that participants were able to tell signs and symptoms of a mentally ill person through changes in behavior, thought and speech. The causes of mental illness emerged as a determining factor for the pastors on how the patient should be managed.

Conclusion: The research study has affirmed that pastors and traditional leaders are key to decisions and health seeking behavior because many mentally sick people and their families consult and take their advice. There is need, therefore, to engage and collaborate with pastors in the healing of mental patients.

Keywords: Pastors, Mzuzu, Mental illness, Collaboration, Healing, Social cultural

Abbreviations: FGD: Focus Group Discussion; SJOG: St. John of God; MHS: Mental Health Services

INTRODUCTION AND BACKGROUND

More than 25% of people at a global level are estimated to experience mental illness at some point in their life time regardless of the socioeconomic status and age [1]. According to Kauye et al. [2], the prevalence for probable common mental disorders among primary health care patients in Malawi range between 20-28.8%. Mental illness presents a major and growing burden worldwide [1,3]. Despite such alarming statistics, most patients are instructed by the pastors to stop hospital treatment and solely rely on their faith after they are discharged from hospital. These patients relapse and seek readmission in the hospital in worse scenario, while some commit suicide. While religion and health have an association, literature showed that nothing has been done in Malawi to understand the concept of healing among pastors yet they have an influence regarding health seeking behavior of their flock.

The increase in prevalence rate of mental disorders both in Malawi and globally creates a need for more mental health professionals. Most of the professionals are always inadequate to meet the high demand of mental health services [4]. This inadequacy from mental health professionals has led religious leaders and other indigenous healers to get involved in the provision of mental health care services. Studies such as those of Stanford [5], Kruger [6] and Wood et al. [7] have shown that people with mental health issues will first visit religious leaders for help before seeing medical professionals. Possible reasons for this practice might be due cultural and religious beliefs, stigma, and lack of funding and accessibility of services [8]. Some religious leader's statements showed that the term "depression" was associated with having a weak faith and being viewed as having a negative attitude towards God [5]. The need and reason for this study is based on the scenario that in as much as there is evidence of traditional and

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Citation: Kamanga CN, Chilale HK, Mugala LZ & Maloya CB. (2019) Exploring the Concept of Mental Health Healing among Pastors in Mzuzu and Possible Collaboration with Mental Health Professionals. Int J Intern Med Geriatr, 1(2): 46-53.

cultural beliefs regarding causes and treatment of mental illness among the general population [9], there is inadequate information regarding religious leader's perception of mental illness in Malawi.

MAIN OBJECTIVE

The broad objective of this study is to explore the concept of mental health healing among pastors and possibilities of collaboration with mental health professionals in Mzuzu.

SPECIFIC OBJECTIVES

1. To identify pastors' knowledge regarding causes, signs and symptoms and management of mental illness.
2. To find out the pastors' understanding of the healing concept in mental health.
3. To identify pastors' role in mental health and wellness of people with mental health issues.
4. To determine the understanding of the management of mental illness.

LITERATURE REVIEW

There are a number of studies on the relationship between religion and mental health and the collaboration between the church and the hospital. However, such studies do not show the understanding of the concept of healing of mentally ill people among pastors. Shreve-Neiger and Edelstein observed that research on the relationship between religion and mental health suffers from severe limitation that makes the data difficult to interpret [9]. Similarly, Park [10] noted that there are very few studies which are "experimental in nature; almost all of the researches are conventional or cross-sectional and are contaminated with confounding factors. For instance, a research done among Arabic speaking religious leaders in Australia found that spiritual poverty, other than substance and alcohol abuse, psychosocial factors and biological predisposition, was mainly the cause of mental illness [11]. This belief and understanding of the Arabic-speaking religious leaders may influence how pastors respond to and care for the people with mental illness and may determine whether they refer their clients to professional mental health services or not. Hence, it is not surprising to note from the study that most religious clerics viewed medication as not helpful in the treatment of mental illness [11]. On the contrary, an Australian study observed that the pastor attributed drug and alcohol addiction, stressful life events, childhood trauma and spiritual poverty as the most important causes of mental illness [12]. This finding was in agreement with what was observed in a Johannesburg community study. This study explored Muslim faith healers' perceptions of mental illness in terms of etiologies and treatment methods. The findings in Johannesburg suggested that mental illness is caused by a variety of factors including medical and religious factors [13]. The results also indicated that faith healers were aware of the distinction between mental and spiritual illness.

Early religious communities believed that sin and breaking of God's law was the cause of any illness. For example, results of a survey of attitudes toward mental illness in the Christian Church found that abandonment by the church was the main cause of mental illness and mental illness was equated with the work of demons suggesting that the mental disorder was the result of personal sin [5]. Studies, however, conducted among religious leaders and congregants have showed varied perceptions on the causes of mental illness [6]. Leavey [14] suggested that mental health problems can have both natural and supernatural causes which mental health professionals are unaware of and unable to detect. He argued that Pentecostal ministers believed that psychiatrists would not be able to detect demonic presence when mental illness has a spiritual origin [14]. Therefore, the treatment options included use of scripture in order to provide guidance for good mental and physical health, exorcism and deliverance ceremonies. However, in the same study, it was discovered that amongst mainstream Christian pastors such as Anglicans and Roman Catholics, medical care was advised and religion was viewed mostly as complementary service in the management of mental illness. The findings also indicated that counseling was a significant activity in the management plan of mental health problems in the church.

Though many churches attribute the cause of mental illness to sin or demon possession, Stetzer [15] argues that pastors and congregants are supposed to be knowledgeable about the reality of mental illness. Agara et al. [16] observed that religious leaders had inadequate knowledge about the causes of mental illness and the treatment options. The study further revealed that religious leaders had various treatment modalities of mental disorders based on their knowledge on the cause of mental illness [16].

Lack of knowledge regarding the causes of mental illness can lead to improper management techniques. For instance, Young [8] observed that some religious leaders had misperceptions regarding causes of mental disorders which led to improper management. The improper management of mental illness perpetuated stress, anxiety, depression and grief that had clear negative impacts on individuals and the affected families. A study conducted in Ghana reported that religious prophets viewed mental illness as a spiritual not a biomedical problem [17]. As such, the treatment the prophets proposed were hope induction and prophetic deliverance approach. Further, the prophets confirmed that "a problem conceptualized supernatural in origin, must 'logically' be solved super-naturally [17]. The participants (pastors) perceived mental illness as that which can be treated by religious healers and not health care workers. The conclusion of the study was that the prophetic engagement in mental health care and treatment can supplement hospital

therapies if professional training and education were to be added [17].

Studies further suggests that many pastors become involved in helping the mentally ill cope with their illness. Colling and Culbertson [18] assert that the strategic position of a pastor in managing the emotionally troubled people is emphasized in the sense that people with mental illness need spiritual or Pastoral care more than psychiatric or psychological care. This perception among pastors often puts them as the first persons to whom the troubled patients or family members turn for help [19]. This situation gives an opportunity to the religious pastors to get involved in the recovery process of the clients. In the United States of America for example, approximately 77% of people attend church regularly and first seek assistance from the pastor when they have mental health problems [20]. In support of this observation, Young's [8] study also noted that African Americans often seek and obtain significantly fewer traditional MHS as compared to other groups. Similarly, a Nigerian study revealed that pastors had stigmatizing attitudes towards people living with mental illness [21]. This attitude may directly affect the nature of the treatment and the advice that pastors offer to mentally ill persons.

In yet another study, Richard Mee [22] noted that networking between religious leaders and mental health professionals is vital in managing clients with mental health problems. For effective collaboration, there is need for religious leaders to have adequate knowledge regarding mental health issues. Osafo [23] noted that the challenges that hinder possibilities of networking between the two entities are that the medical professionals disregard religion and culture, while many religious leaders attend psycho-education seminars on mental health issues [23]. Osafo further reports that patients had more trust in religious leaders than they had in health professionals [23].

Much of the study linking mental health and religion/spirituality has been done in United States of America. Ghana and Nigeria are among the few African countries that have conducted some studies related to mental Health and Religion. In Malawi, there are no published studies that directly reveal religious leaders perception regarding causes of, and the treatment of people with mental illness. This is despite the rise in what could be considered the counter variable to mental health; the rise in the number of prayer houses where people turn to when suffering from psychological problems.

Research conducted in Malawi in the area of mental health has just mentioned religion and pastors in passing. For instance, in a study on health-seeking behavior, it was reported that the community's perception on the management of mental disorders in Malawi was largely based on traditional and religious health systems [9]. In its findings, mental illness was largely attributed to witchcraft and ancestral wrath, in which traditional and spiritual healers were consulted respectively [9]. These findings were supported by those of Kaswaya et al. who reported that five patients sought help from traditional healers, another five from the hospital and four from church prayers and counselors [4]. Observations from these two studies are a testimony that religious leaders in Malawi, just like traditional healers are equally vital people in the management of people with mental health problems. A similar study showed that nine percent of the participants consulted traditional healers while eleven percent sought help from religious or spiritual advisors where western health care services were only sought when the indigenous healing systems were unsuccessful [24]. This health seeking behaviour obviously leads to delays in seeking appropriate care. Such delays have a potential to contribute to the chronicity and the related complications of the illness. It is however clear from these studies that pastors cannot be overlooked when providing effective mental health care to patients as they too pray an important role in instilling hope to the affected. However, for their involvement to be effective, there is need for the health professionals and religious leaders to harmonize their understanding of mental health healing in order to act and speak in the same language when ministering to these people. It is against this background that this current study seeks to explore the concept of mental health healing among pastors in Mzuzu with a view to propose a working relationship between the pastors and the mental health workers in order to attain sustainable healing of the mentally ill people.

METHODOLOGY

Study design

This study is an exploratory qualitative type because it seeks to generate knowledge to understand the experiences of pastors and knowledge on the ground. Creswell [25] argues that in a qualitative study, the researcher seeks to listen to participants and build an understanding based on what they say. The design was chosen because the research team would like the participants to explain their knowledge and experiences regarding mental illness care and healing during prayer activities.

Setting

The study was conducted in Mzuzu city, in the northern region of Malawi. Mzuzu is the administrative headquarters of the northern region, characterised by many people who live in the city for employment and business purposes.

Study population

The study population consists of pastors and traditional leaders. These pastors were predominantly male with a formal theological qualification. There were only five females out of twenty pastors who participated in study. The traditional leaders were from the rural area called Mpherembe, about 40 km from Mzuzu. All the traditional

leaders were male due to cultural chieftainship of the Ngoni people. Most of these community leaders were secondary school dropouts.

Sampling and sample size

The study participants were selected using purposive sampling technique. The method involved the conscious selection of certain pastors and traditional leaders to be included in the study. The research team selected study participants based on personal judgment about who will be most representative or informative [26]. The study focused on all pastors who have had mental health education contact with SJOG Services through psycho-education meetings organized by SJOG, and all pastors who have not had any contact with SJOG in the catchment area. The traditional leaders were purposively selected by their traditional authority that was the point of entry for the research team. The study recruited 30 participants who were divided into three groups of ten each.

Instrumentation

An instrument with questions was developed in English and translated into Chichewa by trained mental health workers fluent in Chichewa. Pre-testing was done among five pastors within Mzuzu city who were not part of the actual study. The pretesting was done in order to estimate how much time it would take to administer the entire instrument package and in order to refine the questions and ensure that appropriate data was collected.

Data collection approaches

The data for this study was generated through FGD's. Three FGD's were conducted. Story telling methods related to how the pastors conduct their healing ministry in their congregations were adopted. The major point of departure in the FGD was: what is your understanding of mental health healing? Based on the responses, follow up questions were administered. All interviews were audio-recorded with the informed consent of the participants and written notes were taken to ensure quality of the transcription and no loss of data.

DATA ANALYSIS

Data generated from FGD was analysed using thematic data analysis method. Recorded data was transcribed then translated from vernacular Chichewa (languages spoken by the research team and the participants) to English after each FGD. It is from this data that themes were generated.

ETHICAL CONSIDERATION

Prior to carrying out the study the researchers sought ethical approval from St. John of God Research and Ethics committee in Ireland (ID 701); National Health Sciences Research Committee (NHSRC) in Malawi (Protocol # 18/5/2035), further permission was sought from Mzuzu City Assembly. Participation in the study was voluntary. The data collected was non-pseudonymised because participants in the FGD knew what the others were saying.

RESULTS

There was clear disproportion in representativeness between female and male participants. This was probably due to the methodology chosen to select participants. This was acknowledged as a weakness in the method. Pastors agreed a deviation from ones cultural behaviors is the main indicator that someone is getting mentally ill. These changes can be summarized as physical, psychological and sociocultural changes as shown in the **Table 1**.

Table 1. Summary of physical, psychological and sociocultural changes.

Physiological changes (expressions)	Psychological changes	Socio-cultural	Spiritual
Behavioral change, unprovoked aggression, and violence	Extreme anger, stress, depression, anxiety	Witchcraft, curses, bizarre beliefs (delusions)	Possession with demons (evil spirits)

Physiological expressions

Male pastor (MP1) indicated that 'biblically, when a person is possessed with demons or evil spirits also called *ziwanda* will portray a change in behavior. This behavioral change such as walking naked, aggressive behavior, talkativeness, poor self-care for example dressing in rugs. Demons are acquired if the behavior of the person is not in harmony with the community's norms. These evil spirits leads a to person smoke *chamba* (*Cannabis sativa*), drinking too much alcohol and strange behavior.

When participants were discussing on what causes mental illness, it was clear that they all believed that the way one tells what is wrong with the patient will be dependent on what is causing the symptoms. Therefore, they all believed that the bio-psycho-social element is the main way of determining whether someone is mentally sick and what has caused the mental illness.

Causes

The cultural background of all the participants had a very strong influence regarding the understanding of what causes mental illness. All the groups have similar perception as

regards to causes of mental illness and its management. The causes were unanimously agreed to be biological/physical, psychological, sociocultural/spiritual and biopsychosocial inclination as detailed in the **Table 2**.

Table 2. Causes of mental illness.

Biological/physical	Psychological	Social-cultural/spiritual
Inheritance, head injuries, illnesses (e.g. cerebral malaria), taking drugs and smoking marijuana	Disappointment leading to stress, extreme anger, anxiety, depression and problems in life	Curses, witchcraft, spirit possession, breaking social taboos, not following or missing the instructions in the use of juju (traditional medicine) in business

MP4 argued that a person possessed with evil spirits would start exhibiting strange behavior for example walking naked, talking to self, wandering around, dressing in rugs, picking in rubbish bins. Female Pastor (FP11) on the other hand said that "sin can lead to having a person possessed by demons. For example a person who gets involved in promiscuous behavior; if one goes for another person's wife, this will lead to anger to the owner of the wife who will start even thinking to be-witch the other person." In agreement, MP2 said that "biblically someone behaving in a strange way is said to be possessed with evil spirits," locally known as *ziwanda*.

Physical cause or biological causes

Participants had similar concepts for the cause and how they identified mental illness. As such causes of mental illness were categorized as physical causes, psychological causes, social-cultural as summarized in the **Table 3**.

Table 3. Category of mental illnesses causes.

Physical/biological	Psychological	Social-cultural/spiritual
Inheritance, head injuries, illnesses to the brain, e.g. cerebral Malaria and meningitis drug of abuse, e.g. chamba, cocaine, LSD, alcohol, etc.	Loss of beloved one or loss of property leading disappointment leading to stress, extreme anger, anxiety, depression, Problems in life	Curses, witch craft, spirit possession, breaking social taboos, not following or missing the instructions in the use of juju (business medicines)

Cause of mental illness

Psycho-social causes: MP9 indicated that life challenges such as loss of relatives or property, conflict between two individuals may lead to depressive thoughts. These thoughts may result to stress which will lead to development of some psychiatric problems.

Physical/biological causes: FP3 explained that inheritance could be a cause of mental illness: "…sometimes this disease runs in families. One can easily track an illness in the family tree. Drug abuse like alcohol can also cause mental illness if used excessively, smoking marijuana and cocaine use." MP5 noted that "diseases that affect the brain directly, e.g. cerebral malaria, meningitis and other diseases that may affect the brain indirectly."

Social-cultural causes: FP6 noted that bewitchment due to anger, curses can cause mental illness. For her, "a man may start going along with another man's wife (*chigololo*), then out of anger another man may start thinking of hurting the other person through witchcraft, or curse to punish the other man through magic."

Spiritual causes: Possession by evil spirits commonly termed as *ziwanda* is one of the popular causes of mental illness that was pointed out by many (N=17) in this culture during the discussions. It is associated with a person who breaks cultural norms, and may be affected by evils spirits as a punishment or a curse. These types of beliefs are important to discipline people to strictly adhere their cultural norms.

Management of mental illness

It was evident that treatment was influenced by what was believed to be the cause of the mental illness. If the illness was believed to be due to physical or biological causes, all pastors unanimously agreed that the person should be sent to hospital for determination of the severity of the illness and establishment of the treatment. However, pastors believed that there are two types of healing: physical healing and spiritual healing (*kuchirisindwa kwa thupi ndi kwa mzimu*). Pastors believed that it is only God who can heal all types of illnesses both spiritually and physically. The challenge with this approach was when it came to determining where the patient should go first [27]. Pastors believe that the hospitals are a creation of God and therefore prayers should come first when someone is mentally ill. Hospitals and doctors are a

creation of God and so they cannot take precedence over God.

Signs and symptoms

The symptom of a person who has a mental illness is basically seen by change in observing ones cultural norms. As discussed earlier, these include: walking naked, undressing in public, aggressive behavior, isolating oneself from other members of the community, dressing in rugs, picking food from dust bins and any other behavior that deviates from the norms of other members of the community.

Collaboration

It was clear that both the hospital and pastors are needed in the treatment of mental illness. However, the idea of collaborating was very controversial. Pastors believed that there is no trust between doctors and pastors. The pastors were suspicious that doctors believe that pastors cannot understand the pathophysiology of illnesses and believed that doctors have no or very little faith in the power of God. In relation to this, one pastor (MP11) proclaimed the following: "health professionals and pastors do not trust each other hence it is very difficult to work together and refer patients to each other for more holistic care. Otherwise, treatment requires that both of us doctors and pastors should work together and refer patients to each other."

DISCUSSION

In this study, the majority of participants were men (N=25). The Traditional leaders were included in the research because they are custodians of cultural values and are very influential in the health seeking behavior of people suffering from mental illness. All the pastors who participated in the research were from Pentecostal denominations. The age range of all participants was from 30 to 60, with only seven participants aged above fifty. Most participants (28) were married. Only four participants had a bachelor's degree as their highest qualification and many (16) had diplomas while remaining (10) were secondary school dropouts. The pastors who had no contact with SJOG seemed to have some awareness about mental health, probably from the media publicity of SJOG programs or influence through their own pastors meeting.

This study reveals that there is mistrust between healthcare workers and pastors. Pastors believe that healthcare workers have very little faith in God while healthcare workers believe that pastors do not understand the pathophysiology of illness. This perception also acts as a barrier to the provision of mental health services as noted in a study conducted in Ghana [28]. This therefore means that any efforts for collaboration may be difficult between the two groups without any form of psycho-education on both. In agreement with a study done by Gyekye, mental illness was perceived by both groups of pastors to be caused by supernatural entities and therefore should be treated by supernatural means [29]. Pastors claimed that doctors did not have nor had very little faith in God. Following this line of thought, sending patients to doctors was like putting doctors first over God which is not acceptable in their belief.

All groups relied on deviation of behavior from the culturally accepted to something that does not conform to the person's cultural background to describe and identify mental illness. As regards to causes of mental illness, there were agreements in the assertion of bio-psycho-socio-cultural and spiritual causes. MP7 said that "biblically the person is possessed with evil spirits or demons (*ziwanda*). These will lead to change in behavior e.g. walking naked, over talkativeness, talking to self and poor self-care. Demons or evil spirits are acquired if a person's behavior does not conform to cultural norms as a punishment. These spirits will make a person engage in abnormal behaviors e.g. smoking *chamba*, drinking alcohol excess fully."

The research has affirmed the findings of Ssengooba et al. [19] that pastors are key to decisions and health seeking behavior because many people seek their advice when they are mentally sick. They further argued that there are illnesses which are natural and healing can be done through biomedical treatment, while some illnesses are supernatural which cannot be healed by the hospital but through prayers. The majority of pastors and traditional leaders in this research contend that mental illness has a supernatural cause hence patients can be healed through faith healing prayers and traditional medicine. There was no major difference between the data collected from pastors who had a contact with SJOG and those who did not have contact. The research team attributed this similarity to the fact that all the pastors were from Mzuzu and that they might have heard of SJOG through the weekly radio program hosted by SJOG on mental health related issues.

In most cases, there appeared to be a competition between the pastors and the healthcare professionals. As the results indicate, most pastors believe in faith healing prayers to heal mental illness, while the healthcare professionals encourage the use of medicine an observation also made in a study by Asamoah-Gyadu [30]. As Owoahene-Acheampong et al. [31] indicated in their study, the findings of this research suggests that health workers should engage pastors in psycho-education and establish a working collaboration [31].

All the participants (30) were able to tell signs and symptoms of a mentally ill person through changes in behavior, thought forms and speech patterns. They agreed that most of the people suffering from mental illness deviate from their normal way of living. Again, all the participants recognised the causes of mental illness on a biopsychosocial-spiritual and cultural understanding. These included biological, psychological, social cultural and spiritual. Pastors who had contact with SJOG had better understanding of causes of mental illness than those who did

not have contact with SJOG. Social cultural causes were more prominent in pastors who had no contact with SJOG. However, they were not rigid with these social cultural causes possibly because they were influenced in an informal circumstance within the area of study. It was noted through analysis that pastors who had contact with SJOG were more flexible to refer patients to the hospital for confirmation while the other group of pastors relied heavily on deliverance and faith healing prayers. Referral to a mental hospital was only seen as an option as pastors who no contact with SJOG had believed that hospital, doctors and medicine were all a product of God's own intelligence [28]. This is against a background that many people with mental illness use traditional and complementary medicine.

The two groups of Pastors (20) had a problem in collaborating with healthcare workers. The majority of pastors think that they are undermined by health workers. This viewpoint agrees with the findings of Asamoah et al. [28]. As such, they can only send the patients to the hospital if the health workers also send patients to them. This understanding portrays a clear evidence of conflict between pastors and healthcare workers in the community which needs to be addressed.

This study further reveals that there is mistrust between professional health care workers and pastors. Similar to findings of a study in Ghana [23], pastors in this study believe that health workers have very little faith in God and health workers believe that pastors do not understand the pathophysiology of illness. This therefore means that any efforts for collaboration will be very difficult without training of pastors.

The causes of mental illness was a determining factor by all (30) participants on how the patient should be managed. This is the area where many pastors and traditional leaders thought the hospital would help in excluding biological causes.

STUDY LIMITATION

Data collection was only done through FDG's in this study. Issues of faith and gifts of healing that pastors operate upon are so personal and private. In fear of being laughed at, the pastors may not be comfortable to discuss such issues in public. Therefore, there is need for triangulated methods in future studies. The study only sampled pastors from an urban setting, it would be important to conduct a similar study with a rural-based population. The majority of pastors had a theological training; it may be significant to sample pastors who run their ministries without training in a theological school. The study was only based with few study participants; hence the findings cannot be statistically extrapolated. Nonetheless, this study is consistent with other studies conducted in Africa and adds another useful dimension to the holistic care of people suffering from mental illness.

CONCLUSION

The study notes that pastors have a different understanding of healing of a mentally ill person. The causes of mental illness are determinant factors in the management and treatment of people with mental illness. Further, there is a clear evidence of conflict between pastors and healthcare workers in the community which needs to be addressed. Pastors and traditional leaders are very crucial to the choice of treatment modalities and therefore present as potential collaborators in promotive, preventive and curative treatment intervention.

RECOMMENDATION

Based on the findings of this study, there is a need to develop an approach where orthodox healthcare systems collaborate with pastors and traditional leaders in order to complement healing of a mentally ill person. This complementarity approach may provide the most efficient, appropriate and cost-effective way to meet the huge need for mental health care and to reduce relapse of patients. Like studies in the past done on the African continent, we further recommend integration or collaboration of the two systems through psycho-education of all stakeholders for both referral and appropriate decision making. More research is needed on how western biomedical care can collaborate with indigenous Malawian healing systems in mental health.

ACKNOWLEDGEMENT

This research project was funded by SJOG Research Grant Scheme in Stillorgan, Dublin – Ireland.

AUTHOR CONTRIBUTIONS

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