Views and experiences of traditional and Western medicine practitioners on potential collaboration in the care of people living with mental illness in Malawi

Original Research

Views and experiences of traditional and Western medicine practitioners on potential collaboration in the care of people living with mental illness in Malawi

Demoubly Kokota[1]*, Robert C Stewart[2], Catherine Abbo[3], Chiwoza Bandawe[1]

1. Department of Mental Health, Kamuzu University of Health Sciences, Blantyre, Malawi.
2. Division of Psychiatry, University of Edinburgh, UK.
3. Department of Psychiatry, Makerere University, Kampala, Uganda.

Corresponding Author: *Demoubly Kokota: (dkokota@gmail.com)

Abstract

Introduction

Collaboration between traditional and biomedical medicine can lead to holistic care and improved health outcomes for people with mental illnesses. The current study aimed to explore the views and experiences of traditional and western medicine practitioners on potential collaboration in the care of people living with mental illness in Blantyre, Malawi.

Method

A phenomenological qualitative research design was used. Data were collected using both one-on-one in-depth interviews (IDIs) and focus group discussions (FGDs). Participants were traditional healers and western medicine practitioners in Blantyre, Malawi. We conducted 10 in-depth interviews with traditional healers, 4 focus group discussions (2 for traditional healers and 2 for western medicine practitioners) and 6 key informant interviews with leaders of the two groups. The sample was determined based on data saturation. Thematic analysis was used to analyse the data. We used a combination of deductive and inductive coding.

Results

Five broad themes were identified from the data: experiences with collaboration, views on collaboration, models of collaboration, barriers to collaboration, and factors that can facilitate collaboration. participants had no experience of formal collaboration between traditional healers and western healthcare workers in the management of mental illness. However, some reported experience of successful collaborations in other health areas such as safe motherhood, tuberculosis and HIV/AIDS. Many participants showed a positive attitude toward collaboration and were in support of it. Barriers to collaboration included negative attitudes and a lack of resources. Factors that can facilitate collaboration were dialogue, training and respect. Referral and training were the preferred forms of collaboration.

Conclusion

With proper structures and respectful dialogue, a collaboration between traditional and western medicine practitioners is possible in Blantyre, Malawi.

Keywords: Collaboration, traditional medicine, traditional healer, western medicine, Malawi

Introduction

Recognition of a need for a working partnership between western and traditional medicine dates back to 1978 as one of the resolutions of the Alma-Ata conference[1]. The World Health Organization (WHO) recommends utilising all available resources, especially in developing countries, to scale up mental health services[2]. These include traditional healers (THs) who are widely used and consulted by up to 80% of people seeking health care in middle- and low-income countries[3]. The WHO defines a traditional healer as "a person who is recognized by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices"[4]. On the other hand, Western health workers are practitioners who follow the modern scientific health system introduced by western countries of the world[5]. In Malawi, traditional healers are widely available and highly consulted[6,7]. To some, traditional healers are the only service providers consulted for a broad range of health problems, including mental illness, because of their beliefs that most people use supernatural forces to cause the illness[8]. The easy accessibility of traditional healers also makes them an attractive healthcare option for many people[9]. Therefore, collaboration can result in the provision of comprehensive and holistic healthcare to the population that uses both healthcare models.

Several guidelines and recommendations are available to assist countries on steps to take to enable this partnership and regulate the work of traditional healers[10,11]. Several countries worldwide either have or are in the process of formulating policies to guide and regulate the works of traditional healers[12]. In Malawi, the Malawi Mental Health Policy 2020 and the National Traditional and Contemporary Medicine

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Policy support collaboration between the two groups[13,14]. There are examples of successful models of collaboration for the management of mental illnesses in other African countries. In a randomized controlled trial from Ghana, combining Western medicine with traditional healing for people with severe mental health conditions attending prayer camps led to short-term benefits for symptom control and symptomatic improvement[15]. Similarly, joint care has also been demonstrated to effectively reduce symptoms of both common and severe mental illnesses such as depression and psychosis[16].

Several studies have also shown a desire for increased collaboration in the management of mental illnesses among both traditional and western healthcare workers[17,18,19]. This indicates that attempts are warranted to establish a collaboration model between the two groups to improve the care for people with mental illness.

However, many challenges to collaboration have been documented. One of the major barriers is the lack of trust between these two groups[20,21]. Some western healthcare workers have been found to have negative attitudes toward working together with traditional healers[22,23]. Reasons given are the ineffectiveness of traditional remedies[24], concerns about harmful practices[25,26], differing ideologies[27], and the lack of standardization and regulation of traditional medicine. On the other hand, despite holding a more positive attitude towards collaboration, traditional healers often accuse western medicine of stealing their ideas without recognition when they try to work together[28]. There is also an issue of power dynamics where traditional healers do not wish to be seen as "weak junior professionals of low status"[28]. Despite the challenges, traditional healers are a huge resource for mental health in many African countries. Formal collaboration between traditional and western healthcare workers can improve outcomes, such as reducing symptoms of severe mental illnesses[29]. In Malawi, not much is known about the views and experiences of traditional and western health care providers on collaboration in the care of people living with mental illness.

Therefore, the current study aimed to explore the views and experiences of traditional and western health care providers on potential collaboration in the care of people living with mental illness in Blantyre, Malawi. Such knowledge can shed more light on ways the two groups can work together and represent one of the first steps in coming up with a collaborative model of working.

Methodology

A phenomenological qualitative research design was used. This form of qualitative research focuses on the study of lived experiences[30]. It is useful for getting views and experiences from people that are or will likely be affected by a particular phenomenon[31]. Data were collected using both in-depth interviews (IDIs) and focus group discussions (FGDs).

Study population

The study was conducted in Blantyre district, Malawi. Blantyre is a mixed urban and rural district in the southern part of Malawi. It contains Blantyre City, a centre of finance and commerce and the second-largest city, with an estimated population of 800,264 people as of 2018[32]. Urban neighbourhoods make up a large section of Blantyre. However, it also has several rural communities and villages. The district, therefore, has both western medicine facilities and many traditional healers in both its rural and urban sections. Blantyre has diverse cultural practices since it is comprised of people coming from different regions in Malawi.

Participants in the study were traditional healers registered with the Traditional Healers' Umbrella Association of Malawi (MTHUO) and western medicine practitioners under the Blantyre District Health Office (DHO). The western medicine practitioners included primary healthcare workers such as nurses, medical assistants and clinical officers. The key informants were the leaders of the two groups. These included the Blantyre District psychiatric coordinator, the non-communicable diseases coordinator and the district medical officer for the western health workers. The key informants for traditional healers were the president, the vice president and the director of MTHUO.

Sampling

Purposive sampling was used to select participants for the study[33]. We used purposive sampling to ensure that participants likely to provide rich information related to the researched phenomenon were included.

In total, there were 10 in-depth interviews for traditional healers, 4 focus group discussions (2 for traditional healers and 2 for western medicine practitioners) and 6 key informant interviews (3 for traditional healers and 3 for western medicine practitioners). Participants in the FGDs were different from those that took part in the in-depth interviews.

We used MTHUO's register to identify potential traditional healers for the study. The participants were purposively selected based on the location (urban and rural Blantyre), sex and type of healer (Herbalist, spiritual healer etc.).

The Blantyre District psychiatric coordinator provided a list of all primary healthcare workers in the district. From the list, we created two FGDs with 8-12 people each.

Data collection procedures

For the IDIs, the researcher visited each traditional healer at an agreed date at the place of their practice. On the other hand, for the FGDs, a neutral venue was identified for the discussions.

Informed consent for both the interviews and audio recordings was obtained from all participants before the interviews. For the IDIs, the researcher started by interviewing five traditional healers and continued with further interviews until data saturation was reached. Saturation was reached after ten interviews.

The FGDs for both traditional healers and western healthcare workers followed the same format. Each FGD began with an introduction by the facilitator explaining the nature and purpose of the session. The rules of acceptable behaviour during focus groups were covered. An 'ice breaker' was used at the beginning of the session to help participants feel at ease and initiate conversation. The discussions were conducted in Chichewa (the most widely spoken language in Blantyre) to enable the participants to express themselves freely. The researcher and his assistant facilitated the discussions. Each FGD took about 1 hour and 30 minutes. The research assistant also took notes to capture non-verbal communications that were missed on the audio recording.

Interview guide

A semi-structured interview guide was used for both the IDIs and FGDs. The guide was developed by the researcher and guided by the research objectives. The tool provided some degree of uniformity in data collection for easy categorization and analysis while enabling the participants the freedom to express their views on their terms. The guide was piloted on five traditional healers and five western healthcare workers that were not part of the actual research. The piloting was done to determine if all questions were clear and could elicit the needed information. After each pilot interview, all participants were asked how the guide could be improved. Amendments were then made to the guide based on the pilot findings. For example, vague questions were replaced with more clear ones.

The interview guide had 8 questions aimed at getting the views and experiences of both traditional healers and western healthcare workers towards collaboration. The guide was tailored based on the group being interviewed. Table 1 contains the guiding questions that were used for both in-depth and FGDs for each group:

Participants were also given the freedom to discuss any other issues related to the study, even if they were not captured in the interview guide.

Table 1: Interview guide for traditional healers and western healthcare workers

1.What are your thoughts about western healthcare workers/ traditional healers?
2.What is your experience working with healthcare workers/ traditional healers?
3.What is your view towards working together with healthcare workers/ traditional healers to manage mental illness/disorders?
4.What kind of working collaboration/partnership do you think can work in the management of mental illness/disorders in Blantyre, Malawi?
5.What can be the roles and responsibilities of both traditional healers and healthcare workers in your suggested working partnership?
6.What can facilitate a working partnership between traditional healers and healthcare workers?
7.What can be the barriers to the working partnership between traditional healers and healthcare workers?
8.What other views do you have towards a working partnership between traditional healers and healthcare workers to manage mental illnesses?

Data analysis

Thematic analysis was used to analyze the data in both an inductive and deductive manner. We followed Braun and Clarke's recommended six-step process of thematic analysis[34]. We first started with transcribing the audio recording. Nvivo 12 was used to organize, manage and analyze the data. We used a combination of deductive and inductive coding. Apart from having some pre-determined codes and themes based on the conceptual framework and the literature, some codes emerged from the data itself. The codes were continuously refined as more data was being analyzed. The codes were compared across groups of participants. We also triangulated across FGDs/IDIs. Themes were generated from the refined codes.

To ensure the trustworthiness of the data, the analysis of every 3rd transcript was repeated by another independent researcher and the codes and themes were compared. The two researchers discussed any disagreement. We also conducted member checking. A few study participants were asked to check the identified codes and themes to see if they are an accurate representation of what they had said.

Ethical approval

Ethical approval was obtained from the College of Medicine Research and Ethics committee (COMREC) P.02/19/2614. Permission was also obtained from the president of MTHUO and the Blantyre District Health Officer to access traditional healers and western medicine practitioners in Blantyre, respectively.

Results

Five broad themes were identified from the data: experiences with collaboration, views on collaboration, models of collaboration, barriers to collaboration, and facilitators of collaboration. This section has been divided according to each theme. Table 2 shows the themes and subthemes identified from the data

Table 2: Themes identified from the data

THEME	SUBTHEME
Experiences with collaboration	1. Existing formal collaboration 2. Individual informal collaborative efforts
Views on Collaboration	
Models of collaboration	1. Referrals 2. Training/capacity building
Barriers of collaboration	1. Attitudinal barriers 2. Lack of resources
Factors that can facilitate collaboration	1. Dialogue 2. Training 3. Respect

Experiences with collaboration

Two categories were identified under this theme: existing formal collaboration and individual informal collaborative efforts. No existing formal collaboration between traditional healers and western healthcare workers in managing mental illness was reported. However, some traditional healers and western healthcare workers mentioned having collaborated before in other health areas. For example, the two groups mentioned having worked together in the Safe Motherhood Programme, Malawi National Tuberculosis Programme and the National HIV/AIDS Prevention Programme. Models for collaboration have focused on training and improving referrals.

"There was a partnership with traditional birth attendants where we were training them on recognising signs and symptoms of labour and how they can manage the women. We trained them on the proper usage of the different equipment they use to avoid the spread of different

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infections to the women and themselves. We also had regular supervisory visits to see if they were following what they were trained in. Refresher training was done regularly so that they don't forget the knowledge" (HW FGD 1, participant number 4).

"Aaah, we were given a form by our friends from TB. This was following what we discussed that there is a need to protect a traditional healer and the patient. Sometimes the patients we receive have TB. So if we continue keeping them, we might get the illness. So they taught us the signs and symptoms of TB so that if we see such people, we should give them a referral form. Not only those that are coughing but also patients that we have treated for a long time but are not improving are supposed to be given the form" (TH IDI, participant number 1).

Another category under experience with collaboration was individual informal collaborative efforts. Most traditional healers mentioned that individually, they sometimes send patients with mental illnesses to the nearest health centres. However, such a form of referral is unstructured and goes unappreciated by their counterparts. As one of the healers put it:

"We healers sometimes give a patient a referral letter to take to the hospital. However, we are not accepted by the health workers. But we want to work with them so that we should share knowledge" (TH FGD1, participant number 5).

Views on Collaboration

Many traditional healers and western healthcare workers showed a positive attitude toward collaboration and were in support of it. The two groups had different motivations for collaboration. Traditional healers have the view that they can do some things better than western health workers i.e. provide a more holistic recovery. On the other hand, western healthcare workers saw collaboration as one way of improving the care of people with mental illnesses and reducing delays in the pathway to care for people with mental illnesses. As some of the HWs said:

"This idea of collaboration is good and doable. We have seen health workers working together with healers before in the Safe Motherhood and HIV programmes without much problem. Similarly, it is possible to work together in the fight against mental illnesses" (HW FGD1, participant number 2).

"Ah, I can be happy if there can be a way to collaborate because there are other things that the health workers can do well and others that traditional healers can also do well. You will find that sometimes the hospital will fail to treat someone. But after coming to a traditional healer, the person will get healed. Therefore I could have loved it if there was a collaboration between the two groups. Yes, we should work together and also we should teach each other how we should work" (TH IDI, participant number 9).

Despite the positive attitude toward collaboration, there was still some scepticism among some traditional and western healthcare workers on whether collaboration between the two groups is possible. For healers, their concern was whether western healthcare workers would agree to work with them considering the poor relationship they have had in the past. As one of the healers puts it:

"We healers are ready to work with them. There is no problem with that. Our concern is on how they are going accept us" (IDI TH, participant number 2).

Despite the positive attitudes among most participants, a few western healthcare workers were against any collaboration and stressed the need to be cautious with healers mainly due to their beliefs.

"There is no any way we can collaborate because they believe that mental illnesses are caused by curses and other things. I can just advise the healers that if they come across such people they should bring them to the hospital to receive treatment and get well. At the healer, they don't get well "(IDI, psychiatric nurse 2).

Models of collaboration

Two categories were identified under this theme: referrals and capacity building. A referral system was the most common form of collaboration mentioned by the two groups. For example, most healers wanted a mutual referral system between them and the western healthcare workers to be established. According to the healers, they are willing to send people with mental illnesses to western facilities; however, western medicine practitioners should also be willing to send people they have failed to manage using their methods back to traditional healers.

"I think that there should be a system whereby if we have identified someone as having a mental illness, we should refer them to the hospital. If the hospital fails to manage the patient, they need to permit the person to go to a traditional healer if they want to. They should also play their part. When the person comes here, we should have that opportunity to give him a referral letter to take to a hospital knowing that the patient will be received without any reservations" (TH IDI, participant number 9).

The western healthcare workers also mentioned referral as one of the ways the two groups could collaborate. However, for them, the preferred referral system was mainly one-sided with traditional healers referring patients to them and not the other way around.

"After the healers have helped a person, they should refer them to a hospital. For example, the traditional birth attendants were working together with health workers from hospitals. They had their limits. They would take care of a pregnant mother for certain agreed hours and then refer her to a hospital in case of any problems. The healers should be told that after using their ways if things are not improving, they should quickly refer that person to a hospital" (HW, IDI, psychiatric nurse 1).

Training and capacity building was also a form of collaboration that the participants were in favour of. According to many western healthcare workers, some of the negative practices that traditional healers do are because of a lack of knowledge. This can be rectified by training traditional healers on how to handle mentally ill patients, the signs and symptoms of mental illnesses and how to refer patients.

Barriers for collaboration

Two categories emerged under barriers to collaboration: attitudinal barriers and lack of resources. Attitudinal barriers came out as the most prominent. Attitudinal barriers emanated from the negative attitudes the two groups have toward each other. There was mutual distrust and scepticism among some participants in the two groups. Several factors leading to this distrust were mentioned and have been listed in table 3.

The quotes below highlight the distrust that is there among the two groups:

"The healers focus on the person that has brought the problem while we health workers give medications that help the patient. Also for those people who receive treatment from the healers, I have never seen someone coming in the open testifying that they have been healed after getting

Table 3: Attitudinal Barriers to Collaboration

Western Healthcare Workers
• Doubt over the effectiveness of traditional medicine
• Lack of proper medicine dosages and regulation
• The secrecy of traditional healers
• Different beliefs to traditional healers
• Mushrooming of fake healers
• The bad reputation of some traditional healer
Traditional Healers
• The perception of superiority by health workers
• The potential for loss of income
• Health workers stealing their ideas
• Different beliefs about health workers

medicine from a healer. Therefore it will be very difficult to collaborate with them" (HW, psychiatric nurse 1).

"We sometimes meet a situation where others just want to steal what you know so that they should use it to do their things. Eeh, they should steal our skills and use them without recognizing us in any way. So if we collaborate, they should not just take our skills and disappear but we should continue to work together" (TH IDI, participant number 4).

Lack of resources also came up as a category of barriers to collaboration. The participant felt that for collaboration to work there is a need for commitment from the government to provide the necessary support and financial resources.

"I think lack of money and other resources is also another challenge. For collaboration to work, we need things such as training that require resources. The ministry of health should be at the forefront in providing such resources (HW, FGD1, participant number 6)."

Factors that can facilitate collaboration

Three categories emerged under this theme: Dialogue, training and respect. The two groups thought a dialogue between traditional healers and western healthcare workers was crucial for any collaboration to work and to remove the mutual distrust that is there.

"For collaboration to work, there is a need for a meeting with health workers to discuss how collaboration can work. Because here we are just talking about our views but we don't know how our friends feel about collaboration. It can be good for both groups to sit together and hear each other out because we have already accepted to work together with them" (TH FGD2, participant number 6).

"I just want us, health workers, to collaborate with traditional healers. The type of collaboration should be like what they do in the HIV programme where they arrange meetings and invite traditional leaders and traditional healers to sit together. We health workers working in mental health should also invite traditional healers and discuss. In doing that, the healers will know their roles and limits" (HW FGD2, participant number 5).

Training was also seen as crucial for any collaboration to work for both groups. Some healers wanted training on how to take care of people with mental illnesses and how to make a referral. As one of the healers says:

"We need training. The kind of training should be on how we can take care of someone with a mental illness but also how we can refer such a person to the hospital so that he should be accepted by health workers" (TH FGD1, participant number 3.

Healthcare workers also stressed the need for them to also learn from traditional healers:

"There is a need for training on mental illnesses. Other healers are very good at managing mental illnesses. So we health workers, should not take ourselves as if we know everything. Some healers may know more than we do. So the training should have facilitators from both sides to enable mutual learning" (HW FGD2, participant number 6).

Lastly, respect was an additional facilitator that came from the study. Both groups mentioned the need for mutual respect for collaboration to work. As one of the western healthcare workers said:

"In addition, health workers need to respect traditional healers. When we do that, they will know that they are also important people. Because sometimes it is the way we talk that acts as a barrier. Maybe a person has come with cuts together with a group of people including a healer, and you start shouting: 'You were just delaying yourself with cuts and witchcraft practises instead of rushing to the hospital. In that way, we cannot be on good terms with the healers. What is needed is for health workers to humble themselves so that the healers are free to talk when the two groups meet. They know that they are also important in society" (HW FGD 2, participant number 7).

Discussion

The study provides qualitative insights into views and the experiences of traditional and western medicine practitioners on potential collaboration in the care of people living with mental illness in Blantyre, Malawi. Five themes were identified: experiences with collaboration, views on collaboration, type of collaboration, barriers to collaboration and factors that can facilitate collaboration.

On the experience with collaboration, no existing formal collaboration between traditional healers and western medicine practitioners in the management of mental illnesses was found. However, we found other forms of collaboration that have worked in other health areas such as HIV/AIDS, TB and safe motherhood resulting in the reduced spread of HIV/AIDS, quick referral for TB and a decline in after-birth infections. This shows that the potential for collaboration is there and it provides an opportunity for future collaborative efforts to learn from these past collaborations.

The findings also show that there has been some unstructured form of referral by traditional healers to western medicine practitioners. This is similar to the findings of a study done by Sorsdahl, Stein and Flisher who also found that traditional healers sometimes refer patients to western medical facilities even without a formal structure3[5]. However as the authors pointed out, such kind of referral is usually a last resort and short-term measure. This shows that some traditional healers are willing to send their patients to western healthcare care. What is needed is to put in place proper structures that can encourage and help to facilitate early referral.

The current study indicates that there are traditional and western medicine practitioners who express favourable opinions about collaboration. However, participants differed on the type of benefit that could follow. For many western medicine practitioners, the benefits would come from reduced delays in accessing Western medicine and reduced exposure to what they considered non-evidence-based care. This tendency to see collaboration with Western medicine as the dominant goal has been seen in previous studies[36,37,38,39].

Despite the desire to collaborate, the study found that there is still scepticism and mistrust among some traditional and western medicine practitioners. This was more evident among western medicine practitioners and corresponds to the findings of Lampiao et al. (2019), who found that western medicine practitioners showed many reservations towards collaboration compared to traditional healers40. Herman et al. also found similar results41. Distrust among

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practitioners has been found to hinder the development of effective partnerships [7]. Traditional healers are still viewed with suspicion by some western medicine practitioners. Several factors influencing this distrust and suspicion were identified in this study: these included concerns about the safety and efficiency of traditional treatments, human rights abuses, lack of regulation of traditional medicine, beliefs in supernatural forces and the secrecy of traditional medicine. These reasons have also dominated many studies done in LMIC[27,19,20].

The distrust might also emanate from the poor relationship that has existed between traditional and western medicine practitioners in Malawi and the lack of dialogue. As found by Lampiao et al. (2019), there is poor communication between these two groups which hinders mutual understanding and attempts to iron out some reservations[40]. Lampiao et al. (2019) recommended research, standardization and regulation of traditional medicine as ways of addressing the reservations.

On the other hand, we found that some traditional healers perceived their methods as superior when it comes to treating mental illnesses which they viewed as mainly caused by supernatural factors. Traditional healers also accused western healthcare workers of stealing their ideas. Campbell-Hall & Petersen (2010) also found that most traditional healers are afraid that their methods would be exploited[42]. To prevent this, Keikelame & Swartz (2015) highlighted that any collaboration model should have "formal agreements to protect intellectual property, ensure accountability and respect of indigenous knowledge[43]."

Different models of collaboration were identified in the study. A referral was found to be the most preferred model of collaboration suggested by the two groups. However, for western medicine practitioners, the referral was mainly one-sided with traditional healers referring patients to them and not the other way around. The uni-directional nature of the referral suggested by western medicine practitioners can make traditional healers feel used and unappreciated. For effective collaboration to occur both groups need to feel valued. This entails western healthcare workers respecting the positive aspects of more traditional practices and being willing to find a way of making traditional healers also feel valued. According to Lindsay et al (2020), traditional healers could be used where western healthcare workers have failed to manage a patient[36]. A recovery journey is conceptualized as not just being about symptom control but about re-attaining meaning, hope and status. The extent to which the different systems of care could contribute to these broader recovery goals has not been well-explored. We might guess that traditional medicine could offer more as it is culturally close to the person with mental illness.

Training and capacity building was also found as one of the forms of collaboration between the two groups. Both groups thought that training is necessary to increase their understanding of each other and share knowledge. Musyimi (2016) found the training very crucial in the formation of a joint dialogue between the two groups. Their mutual training has the potential to increase the knowledge of both groups and devise the best strategies for working together.

Our study has several limitations. Firstly, Blantyre has some traditional healers that are not yet registered with MTHUO. This might have presented a potential bias in our findings. However, we were confident that the data obtained from the selected participants does provide insights into the views and experiences of most traditional healers in Blantyre district, Malawi.

Secondly, the findings from this qualitative study conducted in the context of Blantyre district might not be transferable to other districts in Malawi and other African countries whose contexts might be different.

Based on our findings, for collaboration to work between traditional and western medicine practitioners we argue that there need to be several practical and attitudinal changes. Firstly, both traditional and western healthcare workers need to put aside their own beliefs and be open to engaging in respectful dialogue. This can increase the level of understanding for each other and provide a platform for creating a collaboration model that can work for both groups. Respectful dialogue can help in building trust and mutual respect. Finding common ground without encroaching on each other's domain is crucial. Secondly, healthcare workers should be encouraged to demonstrate humility and be open to learning about potentially useful traditional practices. Contact with traditional healers should be included as part of the curriculum in medical schools and colleges. Thirdly, traditional healers should be willing to share the herbs they use and have them tested for scientific validity. This can increase the trust in herbal medicine by western healthcare workers. Fourthly, all traditional healers need to be registered and their association should be strengthened for it to become a strong regulatory body. The traditional medicine policy should be finalized and enacted to guide the work of traditional healers and any collaborative effort. This also entails the willingness of the Ministry of Health to provide resources and support for collaborative efforts between traditional and western medicine practitioners. Training and educating traditional healers on human rights and good clinical practices are also critical to preventing harmful practices that some traditional healers do. Fifthly, there is a need to formulate formal agreements between the two groups to protect intellectual rights. This can remove the fear of being exploited that some traditional healers have. Lastly, there is a need to form a multi-sectoral team comprising traditional healers, healthcare workers and representatives from the Ministry of Health to create and facilitate a model of collaboration.

Conclusion

Although the study found no existing formal collaboration between traditional healers and western healthcare workers in the management of mental illness in Blantyre, Malawi, there were examples of successful collaboration in other health areas. There were positive attitudes toward collaboration with referral and training being the preferred models. However, scepticism and mistrust persist with western medicine practitioners expressing concerns over the safety and efficiency of traditional treatments, human rights abuses, lack of regulation and secrecy of traditional healers, whilst traditional healers pointed to a lack of respect and the fear of being exploited. We identified the need to create an environment that will encourage the two groups to put aside their own beliefs and be open to engaging in respectful dialogue. There is also a need for improved regulatory structures and policies, formal working agreements, and the formation of multi-sectoral teams to facilitate collaboration.

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Conflict of interest

None

References

1. WHO | WHO called to return to the Declaration of Alma-Ata. WHO [Internet]. 2017 [cited 2018 Sep 3]; Available from: http://www.who.int/social_determinants/tools/multimedia/alma_ata/en/

2. WHO | The world health report 2001 - Mental Health: New Understanding, New Hope. WHO [Internet]. 2013 [cited 2018 Jul 4]; Available from: http://www.who.int/whr/2001/en/

3. World Health Organization (WHO). WHO Traditional Medicine Strategy 2002-2005 [Internet]. World Health Organisation Geneva. 2002. Available from: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf

4. Oyebode O, Kandala N, Chilton PJ, Lilford RJ. Use of traditional medicine in middle-income countries : a WHO-SAGE study. 2016;(March):984–91.

5. Silvano G. A brief history of Western medicine. Journal of Traditional Chinese Medical Sciences. 2021 Nov 1;8:S10–6.

6. Chilale HK, Silungwe ND, Gondwe S, Masulani-Mwale C. Clients and carers perception of mental illness and factors that influence help-seeking: Where they go first and why. International Journal of Social Psychiatry [Internet]. 2017 Aug 12 [cited 2020 Aug 10];63(5):418–25. Available from: http://journals.sagepub.com/doi/10.1177/0020764017709848

7. Kauye F, Udedi M, Mafuta C. Pathway to care for psychiatric patients in a developing country: Malawi. International Journal of Social Psychiatry [Internet]. 2015 Mar 4 [cited 2018 Jul 14];61(2):121–8. Available from: http://journals.sagepub.com/doi/10.1177/0020764014537235

8. Crabb J, Stewart RC, Kokota D, Masson N, Chabunya S, Krishnadas R. Attitudes towards mental illness in Malawi: A cross-sectional survey. BMC Public Health [Internet]. 2012 Dec 23 [cited 2020 Aug 5];12(1):541. Available from: http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-541

9. 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? [Internet]. [cited 2020 Aug 19]. Available from: http://www.fortuneonline.org/articles/what-role-do-traditional-healers-play-in-the-pathway-to-care-of-psychiatric-patients-in-malawi-and-how-does-this-compare-to-other-.html

10. An Overview of the Traditional Medicine Situation in the African Region | African Health Observatory [Internet]. [cited 2018 Sep 3]. Available from: http://www.aho.afro.who.int/en/ahm/issue/13/reports/overview-traditional-medicine-situation-african-region

11. WHO | "Traditional Medicine: Modern Approach For Affordable Global Health" WHO [Internet]. 2011 [cited 2018 Sep 3]; Available from: http://www.who.int/intellectualproperty/studies/traditional_medicine/en/

12. Traditional Medicine Growing Needs and Potential - WHO Policy Perspectives on Medicines, No. 002, May 2002 [Internet]. [cited 2018 Aug 23]. Available from: http://apps.who.int/medicinedocs/en/d/Js2293e/

13. MOH. NATIONAL MENTAL HEALTH POLICY. Lilongwe: Government of Malawi; 2001.

14. Government M. National Traditional and Complementary Medicine Policy 2020. Lilongwe; 2020.

15. Ofori-Atta A, Attafuah J, Jack H, Baning F, Rosenheck R, Joining Forces Research Consortium. Joining psychiatric care and faith healing in a prayer camp in Ghana: randomised trial. The British Journal of Psychiatry [Internet]. 2018 Jan 4 [cited 2019 Aug 29];212(1):34–41. Available from: http://www.ncbi.nlm.nih.gov/pubmed/29433613

16. Gureje O, Appiah-Poku J, Bello T, Kola L, Araya R, Chisholm D, et al. 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 [Internet]. 2020 Aug 29 [cited 2020 Oct 12];396(10251):612–22. Available from: http://www.thelancet.com/article/S0140673620306346/fulltext

17. Ae-Ngibise K, Cooper S, Adiibokah E, Akpalu B, Lund C, Doku V, et al. "Whether you like it or not people with mental problems are going to go to them": a qualitative exploration into the widespread use of traditional and faith healers in the provision of mental health care in Ghana. Int Rev Psychiatry. 2010;22(6):558–67.

18. Badu E, Mitchell R, Paul OA, O'Brien AP. Pathways to mental health treatment in Ghana: Challenging biomedical methods from herbal- and faith-healing perspectives. Int J Soc Psychiatry [Internet]. 2019 Sep;65(6):527–38. Available from: https://search.proquest.com/docview/2273126568?accountid=11862

19. Green B, Colucci E. Traditional healers' and biomedical practitioners' perceptions of collaborative mental healthcare in low- and middle-income countries: A systematic review. Transcult Psychiatry. 2020 Jan;1363461519894396.

20. Kpobi L, Swartz L. Indigenous and faith healing in Ghana: A brief examination of the formalising process and collaborative efforts with the biomedical health system. Afr J Prim Health Care Fam Med. 2019 Jul;11(1):e1–5.

21. van der Watt ASJJ, Nortje G, Kola L, Appiah-Poku J, Othieno C, Harris B, et al. Collaboration Between Biomedical and Complementary and Alternative Care Providers: Barriers and Pathways. Qualitative Health Research [Internet]. 2017 Dec 13 [cited 2018 Jul 16];27(14):2177–88. Available from: http://journals.sagepub.com/doi/10.1177/1049732317729342

22. Chipolombwe J, Muula AS. Allopathic health professionals' perceptions towards traditional health practice in Lilongwe, Malawi. Malawi Medical Journal [Internet]. 2006 May 8 [cited 2021 Jul 6];17(4):131–xx. Available from: https://www.ajol.info/index.php/mmj/article/view/10897

23. Madiba SE. Are biomedicine health practitioners ready to collaborate with traditional health practitioners in HIV and AIDS care in Tutume sub district of Botswana. Afr J Tradit Complement Altern Med [Internet]. 2010 Apr 3 [cited 2018 Sep 6];7(3):219–24. Available from: http://www.ncbi.nlm.nih.gov/pubmed/21461149

24. Kretchy IA, Okere HA, Osafo J, Afrane B, Sarkodie J, Debrah P. Perceptions of traditional , complementary and alternative medicine among conventional healthcare practitioners in Accra , Ghana : Implications for integrative healthcare. Journal of Integrative Medicine [Internet]. 2015;14(5):380–8. Available from: http://dx.doi.org/10.1016/S2095-4964(16)60273-X

25. Esan O, Appiah-Poku J, Othieno C, Kola L, Harris B, Nortje G, et al. A survey of traditional and faith healers providing mental health care in three sub-Saharan African countries. Soc Psychiatry Psychiatr Epidemiol. 2019 Mar;54(3):395–403.

26. Alhamad AM. Physical injuries caused by traditional healers: a report of two psychiatric cases. Ann Saudi Med [Internet]. [cited 2018 Sep 3];23(5):289–90. Available from: http://www.ncbi.nlm.nih.gov/pubmed/16868396

27. Watt ASJ van der, Nortje G, Kola L, Appiah-poku J, Othieno C, Harris B, et al. Collaboration Between Biomedical and Complementary

and Alternative Care Providers : Barriers and Pathways. 2017;

28. Journal OM-SAM, 2008 undefined. The traditional healer as part of the primary health care team? samj.org.za [Internet]. [cited 2018 May 9]; Available from: http://www.samj.org.za/index.php/samj/article/viewFile/2796/2004

29. Nortje G, Oladeji B, Gureje O, Seedat S. Effectiveness of traditional healers in treating mental disorders: a systematic review. The Lancet Psychiatry [Internet]. 2016 Feb [cited 2019 Aug 29];3(2):154–70. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26851329

30. Khan SN. Qualitative Research Method - Phenomenology. Asian Social Science [Internet]. 2014 Oct 30 [cited 2022 Apr 4];10(21):p298. Available from: https://ccsenet.org/journal/index.php/ass/article/view/41811

31. Neubauer BE, Witkop CT, Varpio L. How phenomenology can help us learn from the experiences of others. Perspectives on Medical Education [Internet]. 2019 Apr 1 [cited 2021 Jul 10];8(2):90–7. Available from: https://doi.org/10.1007/s40037-019-0509-2

32. NSO. 2018 Malawi Population and Housing Census [Internet]. 2018 [cited 2019 Feb 3]. Available from: http://www.nsomalawi.mw/index.php?option=com_content&view=article&id=226:2018-malawi-population-and-housing-census&catid=8:reports&Itemid=6

33. Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. Administration and Policy in Mental Health and Mental Health Services Research [Internet]. 2015 Sep 22 [cited 2021 Jul 10];42(5):533–44. Available from: /pmc/articles/PMC4012002/

34. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology [Internet]. 2006 Jan [cited 2018 May 8];3(2):77–101. Available from: http://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa

35. Sorsdahl K, Stein DJ, Flisher AJ. Traditional Healer Attitudes and Beliefs Regarding Referral of the Mentally Ill to Western Doctors in South Africa. Transcultural Psychiatry [Internet]. 2010 Sep 12 [cited 2018 May 8];47(4):591–609. Available from: http://journals.sagepub.com/doi/10.1177/1363461510383330

36. Solera-Deuchar L, Mussa MI, Ali SA, Haji HJ, McGovern P. Establishing views of traditional healers and biomedical practitioners on collaboration in mental health care in Zanzibar: a qualitative pilot study. Int J Ment Health Syst. 2020;14:1.

37. Badu E, Mitchell R, Paul OA. Pathways to mental health treatment in Ghana: Challenging biomedical methods from herbal- and faith-healing perspectives. The International Journal of Social Psychiatry [Internet]. 2019 Sep;65(6):527–38. Available from: https://search.proquest.com/docview/2273126568?accountid=11862

38. Musyimi CW, Mutiso VN, Nandoya ES, Ndetei DM. Forming a joint dialogue among faith healers, traditional healers and formal health workers in mental health in a Kenyan setting: towards common grounds. J Ethnobiol Ethnomed [Internet]. 2016 Jan 7 [cited 2018 May 9];12:4. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26742992

39. Hopa M, Simbayi LC, du Toit CD. Perceptions on integration of traditional and western healing in the new South Africa. SOUTH AFRICAN JOURNAL OF PSYCHOLOGY. 1998 Mar;28(1):8–14.

40. Lampiao F, Chisaka J, Clements C. Communication Between Traditional Medical Practitioners and Western Medical Professionals. Frontiers in Sociology [Internet]. 2019 Jun 21 [cited 2021 Jul 9];4. Available from: https://pubmed.ncbi.nlm.nih.gov/33869360/

41. Herman AR, Pullen SJ, Lange BCL, Christian-Brathwaite N, Ulloa M, Kempeh M, et al. Closing the mental health treatment gap through the collaboration of traditional and Western medicine in Liberia. International Journal of Culture and Mental Health [Internet]. 2018 Dec;11(4):693–704. Available from: https://search.proquest.com/docview/2195206504?accountid=11862

42. Campbell-Hall V, Petersen I, Bhana A, Mjadu S, Hosegood V, Flisher AJ. Collaboration Between Traditional Practitioners and Primary Health Care Staff in South Africa: Developing a Workable Partnership for Community Mental Health Services. Transcultural Psychiatry [Internet]. 2010 Sep;47(4):610–28. Available from: https://search.proquest.com/docview/1037875771?accountid=11862

43. Keikelame MJ, Swartz L. "A thing full of stories": Traditional healers' explanations of epilepsy and perspectives on collaboration with biomedical health care in Cape Town. Transcult Psychiatry. 2015 Oct;52(5):659–80.