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CP 09

The patterns of traditional healing practices among first-contact patients with psychiatric services in two mental health facilities in Jaffna

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Abstract

Background and objectives: Mental illnesses remain a global health challenge, mandating prompt identification and intervention. Social stigma and ignorance often deter individuals from seeking timely care. Sufferers explore alternative explanations for the origin of mental illnesses, and most resort to traditional healing rituals that are deeply rooted in our culture and are perceived to provide holistic care.

This study investigated the relationship between different mental illnesses and traditional healing practices utilised by first-contact patients presenting to the psychiatry units of Teaching Hospital Jaffna and Base Hospital Tellippalai.

Methods: This institution-based descriptive cross-sectional study was conducted between October 2021 and April 2022, involving 353 participants. Data were collected through a semi-structured, interviewer-administered questionnaire at inpatients and outpatient settings of the above-mentioned psychiatric facilities. Chi-square test was used to determine the significance.

Results: The mean age of the sample was 33.1 (SD = 13.86) years with slight male preponderance and the majority were Tamil Hindus. Common mental illnesses were depressive disorder (24.4%), followed by mental and behavioral disorders due to substance use (20.7%) and adjustment disorder (12.2%). Over half the sample (57.5%) had sought one or more traditional healing rituals before coming into contact with psychiatric services. Having adjustment disorders was significantly associated with the practice of evicting the evil eye (p=0.021), while depression was associated with chanting religious slogans (p=0.01), and schizophrenia with tying of enchanted threads/talismans/amulets (p=0.044).

Conclusion: Integrating scientifically validated elements of traditional healing into mental health treatment, while ensuring the duration of untreated illness is not extended, is crucial. Additional research is needed to comprehend the intricate relationships between traditional healing practices and mental illness as well as their impact on mental health care. Educating

traditional healers on recognizing major mental illnesses and working with them for timely referrals would be considered the way forward.

Keywords: Traditional healing rituals, Mental illness, First-contact patients to psychiatric services, Jaffna

Introduction

Mental illnesses are common contrary to the public perception [1]. According to the World Health Organization (WHO), mental illnesses account for 30% of the non-fatal disease burden and 10% of the overall disease burden globally, inclusive of death and disability [2]. Social stigma and lack of awareness around mental illnesses make sufferers delay seeking help from mental health professionals [3]. The sufferers and family often attribute mental illnesses to alternative explanations, which they believe are best dealt with culturally by traditional healers who are believed to provide holistic care [4].

In clinical settings, it is frequently observed that patients with mental illness seek help from traditional healers before turning to psychiatric services, resulting in delayed allopathic care. The duration of untreated illness is known to affect disease outcomes [5-7]. This study aimed to investigate the association between mental illnesses and commonly practiced traditional healing rituals in northern Sri Lanka.

Methods

This study was an institution-based descriptive cross-sectional study carried out between October 2021 and April 2022 at inpatient and outpatient settings of mental health facilities at Teaching Hospital Jaffna and Base Hospital Tellippalai. Consenting patients aged 14 years and above, who could coherently describe their experiences and presented to psychiatric services for the first time, were recruited. The sample size was calculated as 452 [8] and data were collected from 440 eligible patients.

Data were collected with a data collection form consisting of three parts. Parts A and B were included in the data extraction sheet where relevant details were obtained from clinical records. Part C was designed as an interviewer-administered semi-structured questionnaire. The questionnaire was originally formulated in English, translated into Tamil and Sinhala, and back-translated. Informed written consent was obtained from all participants, including consent from parents or guardians for those under 18 years. After careful evaluation and cleaning, the data of 353 participants were included in the analysis. Data were analyzed using SPSS-25. The chi-square test was employed to determine the statistical significance of associations (significance level 0.05).

The study received approval from the Board of Study in Psychiatry, Postgraduate Institute of Medicine, University of Colombo, and relevant hospital authorities. Ethical clearance was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Jaffna (J/ERC/21/125/NDR/0247).

Results

Out of 353 participants, 203 (57.5%) were referred to psychiatric services of Teaching Hospital Jaffna from other wards. Further 70 (20.4%) participants were reviewed in the out-patient clinic of Teaching Hospital Jaffna following self-referrals or referrals from the outpatient department, judicial services, etc. The rest were recruited from Base Hospital Tellippali, where 46 (13%) were inpatients and 34 (9.6%) were outpatients. The breakdown of the sample by sociodemographic factors is given in Table 1.

Table 1: Socio-demographic characteristics (n=353)

Characteristics		n	%
Gender	Female	164	46.4
	Male	189	53.6
Marital status	Single	147	41.6
	Married	163	46.2
	Married and separated	31	8.8
	Living together	3	0.8
	Divorced	2	0.6
	Widowed	7	2.0
Number of children	None	191	54.1
	1	42	11.9
	2	63	17.8
	3	30	8.5
	>3	27	7.6
Ethnicity	Tamil	349	98.9
	Muslim	2	0.6
	Sinhala	2	0.6
Religion	Hindu	265	75.1
	Christian	84	23.8
	Buddhist	2	0.6
	Islam	2	0.6
Level of education	No formal education	3	0.8
	Grade 5 or less	14	4.0
	Grade 6 to 11	119	33.7
	Completed Ordinary level	130	36.8
	Completed Advanced level	49	13.9
	Higher studies	38	10.8
Occupation	Unemployed	128	36.3
	Unskilled labourer	44	12.5
	Semi-skilled worker	97	27.5
	Clerical officer	10	2.8
	Professional	18	5.1
	Others	56	15.9

The mean age of the sample was 33.1 (SD=13.86) years. There was a slight male preponderance (male 53.6%, female 46.4%). Most participants were married (46.2%) or single (41.6%). The sample was predominantly Tamil (98.9%) and Hindu (75.1%). Table 1 describes the sociodemographic details of the sample.

More than half the study sample (52.7%) reported to a psychiatric service within one month from the onset of the symptoms, irrespective of their referral pathway, while 15% reported after one year. There was no significant association between delayed presentation (after 1 year of presentation) to psychiatric services and consumption of traditional healing ($p = 0.44$).

In terms of the morbidity profile of participants, nearly a quarter of the sample was diagnosed with depression (24.4%). Substance use disorders were the second most common, affecting 20.7%. Notably, 12.2% and 5.7% had adjustment disorder and schizophrenia, respectively (Table 2).

Table 2: Morbidity profile of participants (n=353)

Diagnosis	n	%
Depressive illness	86	24.4
Mental and behavioral disorders due to substance use	73	20.7
Adjustment disorder	43	12.2
Schizophrenia	20	5.7
Anxiety disorders	18	5.1
Acute and Transient psychosis	17	4.8
Borderline personality disorder	13	3.7
Dissociative disorder	13	3.7
Bipolar affective disorder	11	3.1
Others	23	6.5
Open/not recorded	36	10.2
Total	**353**	**100**

Over half the sample (57.5%) had sought one or more traditional healing rituals before coming into contact with psychiatric services. Among them, tying of enchanted threads/ talisman/amulets (51.72%) emerged as the most utilized ritual. Chanting of religious slogans (33.5%) and evicting evil eye (34%) were commonly utilized practices. Table 3 provides the complete list of traditional healing rituals used by the study participants.

The analysis revealed that adjustment disorders were significantly associated with the practice of evicting the evil eye (p=0.021), while depression was significantly associated with chanting religious slogans (p=0.01). Schizophrenia showed a significant association with the use of enchanted threads, talismans, or amulets (p=0.044). No other significant associations between mental disorders and traditional healing rituals were identified.

Table 3: Types of traditional healing practices (n=203)

Healing method	n*	%
Tying enchanted thread/ talisman/ amulet	105	51.7
Evicting evil eye	69	34.0
Chanting religious slogans	68	33.5
Engaging in Oracle	33	16.2
*Thadai vedduthal/ dheki gedi kapuveema***	29	14.3
Evicting sorcery	21	10.3
Forming protective boundaries	17	8.4
*Kalippu kaliththal****	11	5.4
Evicting evil through laxatives	4	2.0
Exorcism practices	2	1.0
Tried but do not know which specific methods	5	2.5
Other methods	29	14.3

*More than one response was possible.
**Involves cutting lime to evict perceived obstacles.
*** Involves swirling of lime or khomba leaves around the head for exorcism.

Discussion

This study focused on individuals seeking psychiatric services for the first time, who had previously utilized traditional healing methods upon encountering symptoms.

Research in this area is vital as traditional healing practices are deeply ingrained in Sri Lankan culture. To what extent these practices would benefit patients with mental illness has been debated, and has not been fully understood and minimally studied. It has been observed that some individuals with less severe mental disturbances who consume traditional healing practices find potential benefits, and therefore, may not necessarily seek help from allopathic psychiatric services [9]. The impact of traditional healing practices comes into the limelight when such practices delay health-seeking of the mentally ill, especially in the context of major mental illnesses such as schizophrenia or bipolar affective disorder. That the duration of untreated psychosis greatly influences the prognosis of such illnesses has been established in a systematic review by Nortje et.al [10] and in the local context by Somasundaram et.al [9].

When analysing the morbidity profile of the participants, depressive illness emerged as the most prevalent mental health issue, consistent with a study conducted in the mental health unit, Teaching Hospital Jaffna [11]. The same study revealed deliberate self-harm as the second most common presentation through liaison work-up at Teaching Hospital Jaffna. Deliberate self-harm in the context of no associated psychiatric comorbidity was cleaned out from the data as this is not classified as a mental disorder as per ICD-10 criteria. The referrals related to alcohol and substances were noted to be on the high end during the study period perhaps due to the COVID-19 pandemic and economic crisis [12].

Concerning the association of mental illnesses and traditional healing practices; adjustment disorders were found to be significantly associated with evicting evil eye. This association might reflect the cultural beliefs surrounding the attribution of challenges in life circumstances and adjustment difficulties to negative external influences. Further, the practice of evicting evil eye is considered a routine ritual in many parts of northern Sri Lanka. Meanwhile, depression showed a significant association with the chanting of religious slogans. This finding may be indicative of a potential cultural coping mechanism or a way individual with depression seek solace through religious practices. Schizophrenia was significantly associated with tying enchanted threads/talismans/amulets. This could be influenced by deep-rooted cultural beliefs regarding the protection drawn from the ritual from evil spirits and persecutors.

In investigating the link between different mental illnesses and culturally significant traditional healing practices, the authors found a scarcity of prior research on the subject. To address this gap, it will be useful to broaden the search criteria and review grey literature. Further, consultation with experts and practitioners, adjusting the research focus, and collaborating with traditional healers would pave the way to understanding the complex nature of the associations.

Conclusion

The study underscores the complex relationship between psychiatric conditions and traditional healing practices. The findings highlight the need for a contextualised understanding of cultural influences on mental health and the potential integration of culturally-sensitive approaches in mental health interventions.

Recommendations from this study include mitigating stigma through awareness programs and enhancing the quality of mental health services. Collaborating with traditional healers to recognize and refer patients with mental illness would be crucial. Further, promoting early intervention programmes, encouraging family involvement in treatment, and establishing

monitoring and evaluation systems would also be critical. Research on cultural and social factors influencing the preference for traditional healing and developing policies to integrate traditional practices into mental health care could be considered in the future.

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Conflict of Interest
None of the authors have any conflicts of interests, financial or otherwise, to disclose.

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CP 10

Pattern of dyslipidaemia among healthy adults in Jaffna District, Northern Province, Sri Lanka

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Abstract

Background and objective: Dyslipidaemia is an important modifiable risk factor of cardiovascular disease. Information on the pattern of dyslipidaemia will help to plan interventions to reduce the risk of cardiovascular disease. The objective of this study was to describe the pattern of dyslipidaemia among healthy adults in Jaffna district using secondary data.

Methods: We analysed the lipid profile of 500 healthy adults who underwent basic health screening for non-communicable diseases. Data were extracted from the database of the Regional Directorate of Health Services of Jaffna district. Lipid levels were categorized according to national and international guidelines. Chi-square test was used to determine the associations between dyslipidaemia and age and sex. A p value ≤ 0.05 was considered significant.

Results: Majority of the study sample was women (61.4%) and mean age of the participants was 54.8±12.6 years. Four out of five individuals (78.2%) had at least one type of lipid abnormality. Prevalence of dyslipidemia was highest (84.2%) in the middle age group (40-60 years) and differences in the prevalence by age group were significant (p=0.001). Dylipidaemia was more prevalent among women (83.7%) than men (69.4%) (p<0.001). The most common type of dyslipidaemia (58.4%) was low levels of high-density cholesterol (HDL-C) which was also higher in women (68.4%) compared to men (42.5 %) (p<0.001).

Conclusion: Dyslipidaemia was highly prevalent in Jaffna population and more common among women than men. Like other South Asian populations, low HDL-C was the most common type of dyslipidaemia. Further studies to determine the contributors to dyslipidaemaia would help to plan interventions to improve lipid parameters in the Jaffna population.

Keywords: Dyslipidaemia, cardiovascular risk factos, Jaffna, low HDL-C, South Asians

Introduction

Cardiovascular disease (CVD) is the leading cause of death worldwide and South Asians have a greater risk of developing CVD. Dyslipidaemia is considered an important risk factor associated with CVD in South Asians [1-3]. According to 2019 statistics, ischaemic heart is