A comparison of attitudes around collaboration held by traditional healers and professional nurses in the Western Cape

Bongiwe Tyhala

TYHBRE001

Supervisor: Prof S Z Kaliski

Co Supervisor: Dr L Mgweba-Bewana

Research report submitted in journal-submissible format in partial fulfilment of the requirements for the degree of MMed (Psychiatry) to the Department of Psychiatry and Mental Health, Faculty of Health Sciences, at the University of Cape Town, in April 2023.

University of Cape Town

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Declaration

I, Dr Bongiwe Tyhala, declare that this research report is my own work. It is being submitted in partial fulfilment of the requirements for the degree of Master of Medicine in Psychiatry. It has not been submitted before for any degree or examination at this or any other university.

Signed by candidate

____

Bongiwe Tyhala

Acknowledgements

To my family for all the support and understanding, I highly appreciate it.

The different traditional healers who were also part of the study for kindness, willingness, and assistance through this process. These are people that have never heard of me before the commencement of this study and yet they were so warm, welcoming, and eager.

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Author Guidelines for the South African Journal of Psychiatry

Original Research Article

The guidelines for submission of original research articles to the South African Journal of Psychiatry are the following:

Word limit	3000-4000 words (excluding the structured abstract and references)	4607 words
Structured abstract	250 words to include a Background, Aim, Setting, Methods, Results and Conclusion	249 words
References	60 or less	23 references.
Tables/Figures	No more than 7 Tables/Figures	4 tables 2 figures
Ethical statement	Should be included in the manuscript	Page 5
Compulsory supplementary file	Ethical clearance letter/certificate	Appendix B

Authors' Contributions

Dr Bongiwe Tyhala

MMed candidate who developed the research question, collaboratively wrote the protocol and methods, and wrote the final article.

______________________________ _______________________

Bongiwe Tyhala Date

Prof S Z Kaliski

Supervisor who co-developed the study design and co-authored the article.

______________________________ _______________________

S Z Kaliski Date

Dr L Mgweba-Bewana

Co-Supervisor who co-developed the study design and co-authored the article.

______________________________ _______________________

L Mgweba-Bewana Date

Abstract

Background

Many mental health care system users consult traditional healers while also seeking biomedical forms of healing. Despite this, there is no formalized working relationship between these two systems, which operate in parallel and independently. The government has taken considerable steps towards facilitating collaboration; however, this has not yielded the desired outcome, because of educational gaps, lack of appreciation, recognition, mutual respect, and mistrust between the two systems. Building a trusting relationship and learning from each other should be prioritized.

Aim

This study aimed to survey the attitudes of Xhosa-speaking professional nurses and Xhosa-speaking traditional healers, on the treatment of mentally ill people, to assess whether their respective professions could cooperate with regards to the diagnosis and treatment of mentally ill individuals, and to determine the feasibility of future collaboration towards comprehensive mental health care services.

Method

Thirty Xhosa-speaking professional nurses and 30 Xhosa-speaking traditional healers completed a structured questionnaire. The questionnaire covered practice details, attitudes, perception of the other profession, diagnosis and management of mental illness.

Results

There was recognition of the one profession by the other and willingness to collaborate for the benefit of the patient by both, professional nurses and traditional healers. There is still an element of mistrust, gaps in knowledge and a superiority complex from both systems.

Conclusion

There is room for collaboration between traditional healers and biomedical practitioners. Efforts to afford opportunities for both systems to interact and learn from each other need to be supported and prioritized by the government and both professions.

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Abbreviations

CESCR	Committee on Economic, Social and Cultural Rights
CFI	Cultural Formulation Index
DoH	Department of Health
DSM 5	Diagnostic and Statistical Manual, 5th edition
HPCSA	Health Professions Council of South Africa
LMIC	Low- and Middle-Income Country
PN	Professional Nurse(s)
SA	South Africa
SANC	South African Nursing Council
TAM	Traditional African Medicine
TRM	Traditional Medicine
TH	Traditional Healer(s)
THA	Traditional Healers Association
THP	Traditional Health Practitioner
UN	United Nations
WC	Western Cape
WHO	World Health Organization

Submissible Article

A comparison of attitudes around collaboration held by traditional healers and professional nurses in the Western Cape

Introduction and Background

The United Nations (UN) Committee on Economic, Social and Cultural Rights (CESCR) has previously stated that, health services should be culturally appropriate and consider traditional and preventative care, healing, and medicines (1). The World Health Organization (WHO) 2003-2020 Mental Health Action Plan called for government health programmes to include traditional and faith healers as treatment resources to combat the low- and middle-income country (LMIC) treatment gap (2). Before 1994, the African National Congress submitted in its health plan, that traditional health practitioners (THP) would become an integral and recognized part of the health care system in South Africa (SA) (3). To this day, SA still has two systems that operate in parallel and independently (4).

Traditional or indigenous methods of healing have existed since time immemorial across different countries globally (3, 4, 6). To some extent, local populations utilize that which is unique to them. "Traditional African Medicine is defined as a body of knowledge that has been developed over thousands of years which is associated with examination, diagnosis, therapy, treatment, prevention of, or promotion and rehabilitation of the physical, mental, spiritual, or social wellbeing of humans and animals." (7). Traditional views of health echo WHO's description of health as "…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (6). In 2013 the WHO estimated that up to 80 percent of mental disorders are treated by traditional healers (3,5).

The biomedical approach has been the dominant model of disease to date, with molecular biology as its basic scientific discipline (8). The biomedical model of disease posits that all physical and mental illnesses are due to measurable, physiological deviations from normal, healthy functioning, and focuses on functional repair (8). The model's exclusion of psychosocial factors which are significant to mental illness expression or maintenance, including physical illnesses, has sparked criticisms of the model (8). The biomedical approach

likely perpetuated doubt and placed psychiatry at risk of extinction (8, 9). Psychiatry has advanced with an increase in research, teaching, and evidence-based care, similar to the new biomedical model (9). Could collaboration then risk it all for psychiatry? The development of the Diagnostic and Statistical Manual, 5th edition (DSM 5), represents progress towards a comprehensive and inclusive care and marrying the two world views (10).

Recovery remains a contested and elusive concept with various definitions; the term holds a different meaning for each individual (11). It is multidimensional, self-defined, it is crucial for users to be consulted and allowed to define their care and preferences (4, 11). A patient's search for healing is determined not only by identification with a particular system, but one which yields the desired outcome (12).

In 1982 in SA an attempt was made to regulate the practise of THPs through the promulgation of the Associated Health services Act of 1982 (3). The Act set up registration and licensing but prohibited the use of the title 'Medical Practitioner' by THPs (3). In 1995 the national health and provincial health ministers called upon provincial governments to engage the public in the viability of legitimization of THPs (13). The Traditional Health Practitioner's Act No. 22 of 2007 formalized this, a process which was due to be completed in 1999 but was formally inaugurated in 2013 (3, 13). This paved the way for a council consisting of a THP as chairperson, a vice chairperson, nine THPs from each province, an individual with knowledge of the law, an employee of the Department of Health (DoH), a Health Professions Council of South Africa (HPCSA) registered medical practitioner, a South African Pharmacy Council registered pharmacist, community representatives, and THP representatives (14).

A draft policy on institutionalization of African Traditional Medicine (ATM) was published in the government gazette on 25 July 2008. This was meant to symbolize respect and recognition by the government for sustaining health care in rural and urban areas for years, despite previous oppression and marginalization. The government recommended and funded the establishment of a national institute of ATM and leadership for research (7) and to guide the formation of a national ethics committee for ATM research and the formation of a national pharmacopoeia of ATM (7).

Since 2006 the DoH has been requesting THPs to form an umbrella body to facilitate interactions (15). In 2013 the Western Cape (WC) *Inyangi* Forum was established and it approached the department for formal engagements (15). The WC DoH signed a memorandum of understanding with the WC *Inyangi* Forum in 2014 which highlighted the wellbeing of the patient as the common interest (15). Both parties acknowledged that patients are to remain in one stream of health care at a time (15). With all of the above efforts and after many years have passed, there is no formalized integrated system and the salient obstacle seems to have been the inability to harmonize the aims of both systems (16).

With the diverse perceptions underlying causes of disease processes and presentations, this research asked whether it is possible for traditional healers and professional nurses to collaborate and agree on interventions to alleviate distress and improve function of their clients, and whether it would be feasible to create a mutually inclusive mental healthcare system where clients can be open and honest about one system to the other. “Attempts made to facilitate collaboration have tended to be undermined by mutual ignorance and suspicion.” (4).

This study aimed to explore the perceptions that professional nurses (PN) and traditional healers (TH) had of each other to assist in future planning of collaborative mental health services that would include both modalities. Professional nurses were chosen for multiple reasons, amongst which the study population size and their role in managing psychiatric patients especially at primary health level was considered. It explored the attitudes and commonalities between these professions who all shared a similar ethnic background (Xhosa), because a common worldview could be used for future cooperation. It was hypothesized that, despite differences in perception of the causes and labels assigned to illness presentation, there could be an agreement on interventions, based on symptomatology and functional impairment, and that these differences would not outweigh commonalities, allowing an agreement on the need to work towards a mutually inclusive mental health care service.

Method

Study Design and Setting

This was an explorative, cross-sectional, descriptive study. The study setting comprised two psychiatric hospitals, Valkenberg and Lentegeur Psychiatric Hospitals, both in the WC, as well as two community health centers and TH practitioners in different locations in the WC, including Khayelitsha, Langa, Gugulethu, for the convenience of the participants.

Study Population and Sampling

Convenience sampling was used and areas predominantly servicing Xhosa speaking population was chosen. The total number of participants was 60 and included 30 TH's from surrounding communities and 30 PN's working at the hospitals and CHC's involved in the study.

Inclusion Criteria

a. Professional nurses who are employed by a psychiatric hospital and/or working with psychiatric patients within the community health centers.
b. Traditional healers who are members of the local traditional healer association
c. isiXhosa is their first language
d. Minimum no of 5year's in practice including training years

Exclusion criteria

a. Professionals who are not adequately registered with their relevant regulatory body.
b. Those who are on treatment for a severe mental disorder
c. Poor command of isiXhosa
d. Incapacity to provide informed consent.

e. Reluctance to give consent

Research Instrument

A survey questionnaire constructed by the researcher was used. It consisted of three sections. Section A asked about biographic and practice information. Section B had eight items which explored attitudes towards TH in the case of PN, or towards PN in the case of TH. These items were presented on a zero-to-ten rating scale. Section C presented a scenario of a patient, 'Asanda', deliberately given a gender-neutral name, who is typical of patients seen in a psychiatric setting. There were twelve items concerning Asanda's diagnosis and treatment, also presented on a zero-to-ten rating scale, which would allow for a direct comparison between TH and PN. The questionnaire was translated into Xhosa and back translated into English. There was also section for additional comments. An English copy of the questionnaire may be found in Appendix A.

Data Analysis

The response from the completed questionnaires was captured on a spreadsheet. A descriptive analysis was carried out. Data have been summarized on frequency tables and presented graphically in bar charts. For the statistical analysis, non-parametric Mann-Whitney U-tests were used to determine whether there were any significant differences between the attitudes and perceptions of professional nurses and traditional healers. In all cases the alpha level was set at 5% so $p<0,05$ established statistical significance.

The comments added to the questionnaires were subjected to a content analysis.

Ethical Issues

Ethical clearance was granted by the University of Cape Town's Faculty of Health Sciences Human Research Ethics Committee, certificate HREC REF: 717/2021. Please see Appendix B.

Permission to conduct the study was received from the Department of Health and the Heads of the respective health establishments (Lentegeur, Valkenberg and Stikland) or the clinics (Gugulethu, Vanguard and Khayelitsha), and the Traditional Healer's Association. Please see Appendix C.

All participants were required to sign informed consent before completing the questionnaires. Please see Appendix D. All travel costs were remunerated with R60.00.

There were minimal risks associated with participation. There were two cases where participants showed distress. Steps were taken to ensure the safety of the individuals involved and it was not as a result of participation in the study. The PI was requested by the participants to assist in addressing their because of the PI's experience in mental health processes. A more detailed narrative is available on request.

Results

Sample description.

There were 60 participants, 30 PN and 30 TH. The sampling is summarized in Table 1. The TH sample included 25 females and five males which is in keeping with findings in the study on profiles of TH (17). The PN sample included 18 females and 12 males. The TH had a mean age of 51,5 compared to the PN with a mean age of 40,9. The mean number of years qualified was 18,1 for TH and 12,4 for PN. TH saw a mean of 22,8 clients monthly while PN saw a mean of 225,3 clients monthly. Both groups were asked whether they had clients who should be seen by the other professional, a psychiatrist or PN in the case of TH, and a TH in the case of PN. TH indicated that a mean of 11,1 clients (48,7% of their clients) and the PN indicated that a mean of 12,1 (5,4% of their clients) should see the other professional.

Table 1: Sample description

	Traditional Healer (n=30)	**Professional Nurse (n=30)**
Gender	**n (%)**	**n (%)**
Female	**25** (83,3)	**18** (60,0)
Male	**5** (16,7)	**12** (40.0)
	Mean (SD)	**Mean (SD)**
Age	**51,5** (7,9)	**40,9** (9,2)
Years qualified	**18,1** (10,3)	**12,4** (7,7)
Number of clients seen monthly	**22,8** (29.4)	**225,3** (374,8)
Number of clients who should be seen by the other professional*	**11,1** (20,9)	**12,1** (37,5)

*The ’other professional’ throughout refers to a psychiatrist or professional nurse in the case of TH, and a TH in the case of professional nurses.

Attitudes about Psychiatric Services

The mean results for each item on the questionnaire are presented in Table 2 and represented graphically in Figure 1. The maximum score was 10, so the means are scores out of 10, easily converted to percentages by multiplying by 10. Each item was submitted to a Mann-Whitney U-test to compare the two groups.

The item concerning whether patients seen could be treated by the other professional was statistically significant (p=0,021). It was found that the TH believed this 63% of the time compared to the significantly lower 39% by PN.

The issue of treating a client together with the other professional did not yield significant differences (p>0.05), and these occurrences were very low for both groups, 21% for the TH and 11% for the PN.

Table 2: Attitudes about Psychiatric Services

Attitudes about Services	Traditional Healer (n=30)	Professional Nurse (n=30)	p-value
I see patients who could be treated by the other professional.	6,3	3,9	0.021
I have treated a client together with the other professional.	2,1	1,1	0.217
I think I could work closely with the other professional.	8,3	4,6	<0.001
I have referred a client to the other professional services.	1,3	3,8	0.019
As a professional, I think I could learn something beneficial from the other professional.	8,4	6,0	0.017
I think Traditional Healers should be appointed by the Department of Health to work in clinics and hospitals.	8,7	5,3	<0.001
I think that Traditional Healers should be registered with the Health Professions Council.	9,1	6,7	0.004
I think the other professional does more harm than good.	5,5	4,3	0.107

When asked about working closely with the other professional, the TH were significantly higher at 83% compared to the PN at 46% (p<0,001). This can also be interpreted as less than half of the PN attitude towards working closely with TH.

On the question of referral to the other professional services, the PN did this significantly more often at 38% compared to TH at 13% (p=0,019).

When asked if they could learn something beneficial from the other professional, there was strong agreement from the TH at 84% compared to a more moderate 60% of PN (p=0,17).

The appointment of TH by the DoH to work in clinics and hospitals was also very strongly supported by TH at 87%, significantly higher than the PN with just over half of the nurses at 53% (p<0,001).

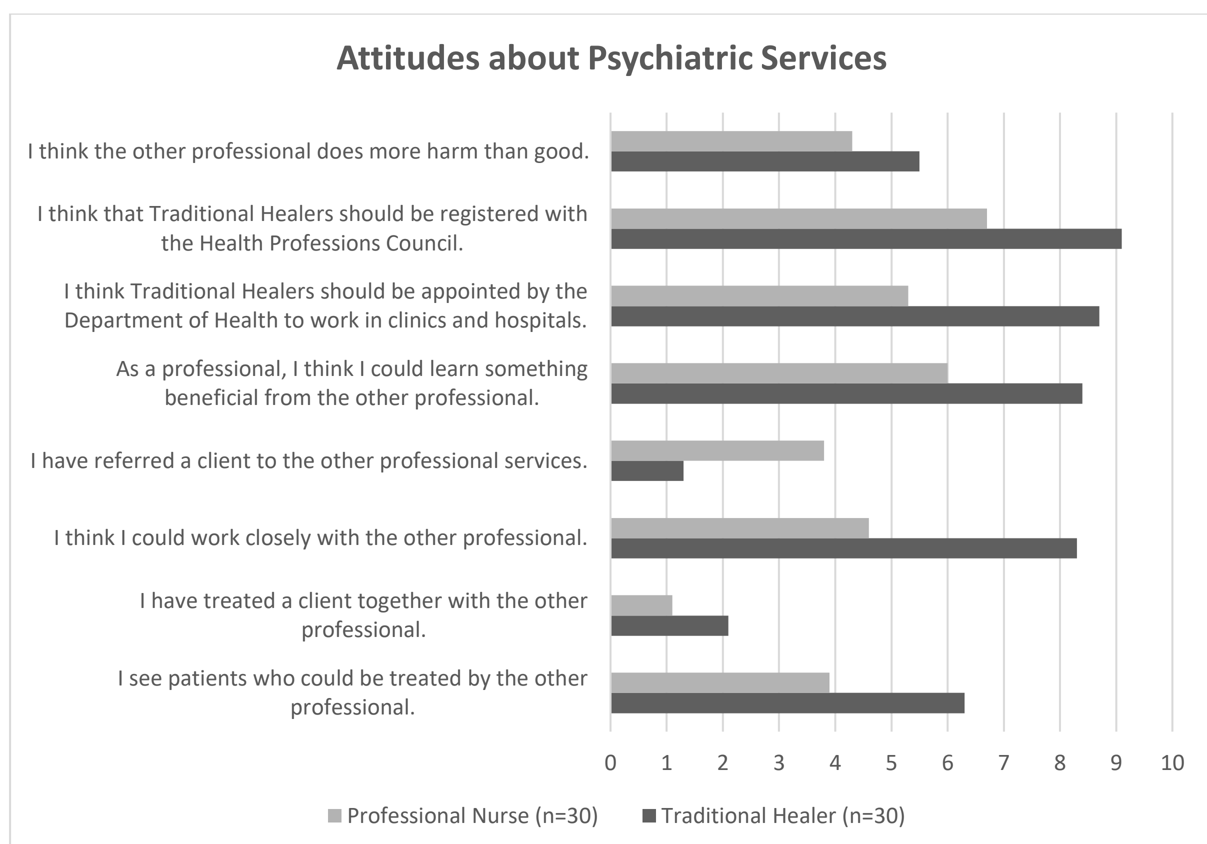

Figure 1: Attitudes about Psychiatric Services

The suggestion of the registration of TH with the HPCSA was supported almost unanimously by the TH at 91%, significantly higher than the approximately two-thirds of nurses at 67% (p=0,004).

The attitude that the other professional does more harm than good was true for just over one half (55%) of TH compared to just under one-half of PN (43%), a difference that was not statistically significant (p>0,05).

Case Study

The participants were presented with a hypothetical case scenario of a patient named Asanda. The mean results for each opinion on the questionnaire are presented in Table 3 and represented graphically in Figure 2. Again, the maximum score was 10, so the means are easily converted to percentages by multiplying by 10. Each item was submitted to a Mann-Whitney U-test to compare the two groups.

Table 3: Case Study Opinions

Asanda	Traditional Healer (n=30)	Professional Nurse (n=30)	p-value
Asanda should be assessed by the other professional first.	6,1	1,7	< .001
Asanda should be assessed by my profession first.	7,7	9,1	0.206
Asanda is more likely to have a psychiatric disorder.	5,9	8,7	< .001
Asanda is more likely to have problems related to ancestors.	7,5	4,3	< .001
Asanda may need assistance from psychiatric services as well as from traditional healers.	8,7	7,9	0.010
Asanda will need lifelong treatment.	5,1	7,1	0.026
Asanda should be asked about a history of alcohol use.	6,3	9,0	0.004
Asking about alcohol history would be helpful in terms of care.	6,6	8,7	0.053
Asanda should be asked about a history of cannabis use.	7,6	9,7	0.007
Asking about cannabis use would be helpful in terms of managing Asanda.	7,6	9,5	0.012

In my practice or place of work I encounter clients with a substance use history.	7,5	9,8	< .001
In my work I encounter individuals with strange behaviours who have an uncommunicated issue complicating their presentation.	7,9	8,7	0.980

When asked whether Asanda should be assessed by the other professional first, the TH were significantly higher at 61% compared to 17% for the PN ($p<0,001$). In contrast, when asked whether Asanda should be assessed by their profession first, the PN were significantly higher with an almost unanimous 91% compared to the TH at 77%. This difference, however, was not statistically significant ($p>0.05$).

When comparing the nature of Asanda's problem, the PN were in 87% agreement that Asanda was more likely to have a psychiatric disorder, compared to TH at 59%, a statistically significant difference ($p<0,001$). In contrast, when questioned about believing that Asanda was more likely to have problems related to ancestors, the TH were significantly higher at 75% compared to the PN at 43% ($p<0,001$).

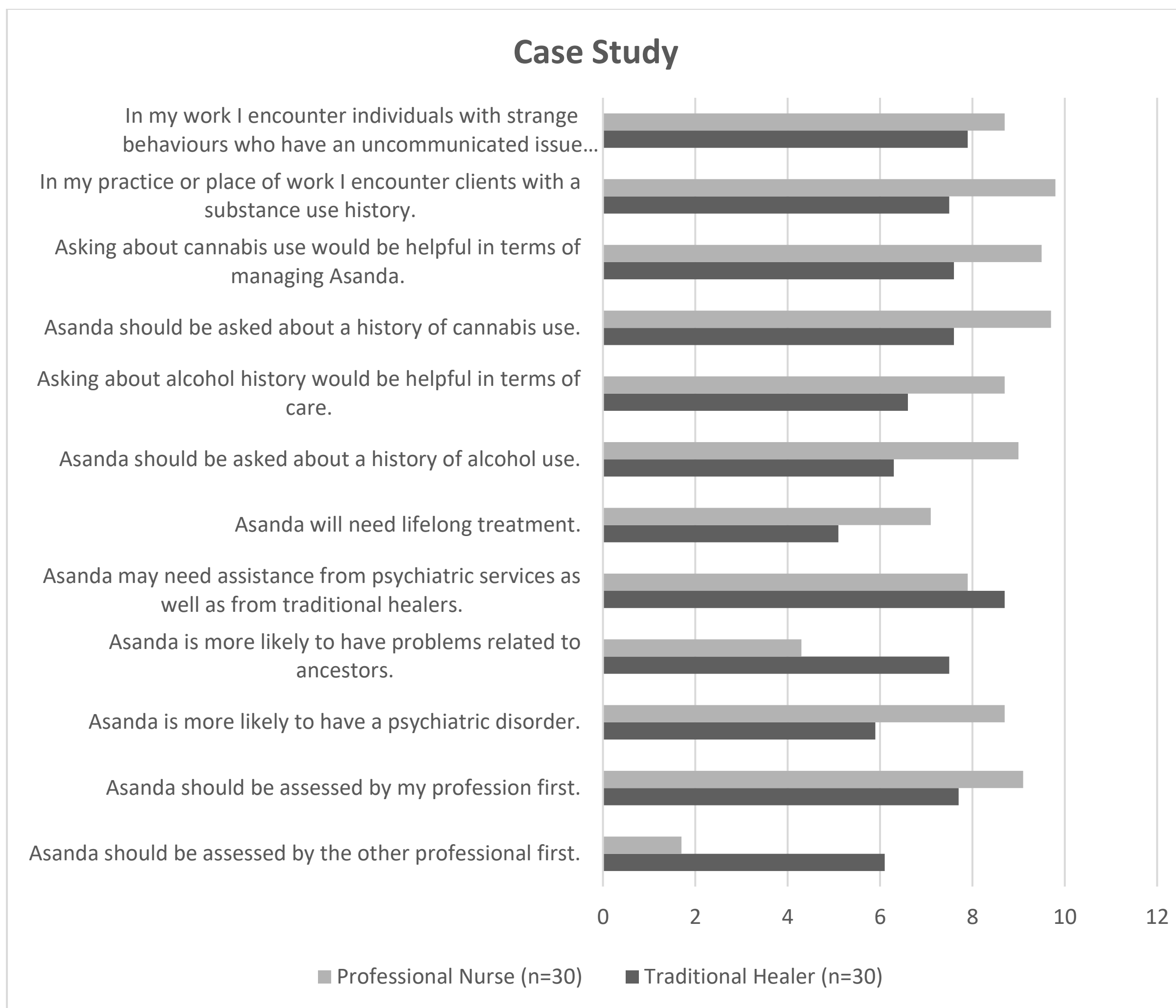

Figure 2: Case Study Opinions

When looking at whether Asanda may need assistance from psychiatric services as well as from TH, the results were closer and the degree of agreement higher, with TH at 87% and PN at 79%, and this difference was statistically significant (p=0,010).

The TH were half-way (51%) with believing that Asanda would need lifelong treatment, compared to the PN (71%). This difference was statistically significant (p=0,026).

Several questions were asked about substance use. The TH had a 63% belief that Asanda should be asked about a history of alcohol use, compared to the significantly higher 90% of the PN (p=0,004). Similarly, the TH had a 66% belief that asking about alcohol history would be helpful in terms of care, compared to the higher 87% of the PN. This result was, however, not statistically significant (p>0,05). Likewise, when asking about cannabis use, the TH had a 76% belief that Asanda should be asked about a history of cannabis use, compared to the

significantly higher 97% of the PN (p=0,007). Similarly, the TH had a 76% belief that asking about cannabis history would be helpful in terms of managing Asanda, compared to the higher 95% of the PN. This result was statistically significant (p=0,012). Encountering clients with a substance use history was very high at 98% for the PN, compared to 75% for the TH. This difference was statistically significant (p<0,001).

The experience of encountering individuals with strange behaviours who have an uncommunicated issue complicating their presentation was high for both groups, with the PN at 87% and the TH at 79%. However, this difference was not statistically significant (p>0,05).

Content Analysis of Themes from Comments

Five themes arose from the comments. These are presented in Table 4 with supporting quotes from each profession.

Table 4: Themes

Recognition, acceptance, and respect	
Professional Nurses	**Traditional Healers**
"I don't believe in traditional healers, but I guarantee them in cases (like cancer patients). Then I believe they can make a change to mental illness". *[PN 63]*	"We request that the government recognizes the traditional healers so we can work together and assist each other". *[TH 19]*
"It is about time traditional healers to be included/appointed on patient's management, to be part of MDT*. I believe they will play a huge positive role too". *[PN 43]*	
Knowledge and education	
Professional Nurses	**Traditional Healers**
"I think I should work closely with the traditional healers, to equip them and educate them about all the mental health and mental illness. It could also be wise for them to work closely with the department". *[PN 55]*	"I wish to know more about things like TB, HIV, BP. At the current moment my ancestors are my vision. This could really help me when I prescribe medication. I come across people that have serious problems most of the time. I talk to them about health issues, both physical and mental. I also advise them". *[TH 11]*

Collaboration, communication, and holistic approach	
Professional Nurses	**Traditional Healers**
“This is part of our lives as African people that we tend to push under the mattress, and it is so dangerous to do so. I have seen other races becoming sangomas. Some of the drugs that are produced by western world are of African origin and are used by traditional healers. Between traditional healer and professional nurse being the first depends on condition presented by Asanda”. *[PN 44]*	“Nurses and doctors are needed as there are things traditional healers cannot test for, like drugs, allergies, BP etc. There are cases where we think people have a calling but it’s due to drugs. Most of the time drug users feel as if they have a calling, talk to themselves and Tik usually makes them sleep less and talk a lot. If tests are negative, then maybe a traditional healer is needed”. *[TH 18]*
Monitoring, regulation, risk of harm, and blame	
Professional Nurses	**Traditional Healers**
“Due to encouragement and pushing forward of the agenda of witchcraft by traditional healers. Also, the delay in receiving help from those that need it because they are being told that they are bewitched when they are in fact ill, they are then given traditional medication with the aim of financial gain”. *[PN 39]*	“Nurses cause harm because they start by injecting before understanding the underlying issue. A person then becomes sedated, and they then start assuming what the underlying issue could be. Maybe physical restraints could be better. A traditional healer cannot start treating without knowing what or where the problem is. Some patients do not tell the truth, traditional healers are able to see where the naked eye cannot”. *[TH 25]*
Working in Unity	
Professional Nurses	**Traditional Healers**
“We need to be working together as a team, closely as some patients prefer to go to traditional healers” *[PN 61]*	“Of all these views expressed in this questionnaire, my hope is that it is successful because we really struggle as traditional healers, by not being connected to the professional nurses”. *[TH 31]*

*Multidisciplinary team

Discussion

While there have been numerous other studies in South Africa and surrounding countries that have examined the perceptions of TH, health care workers and service users around

collaboration of the two parallel health care systems, there are no published studies comparing attitudes of TH to those of PN in one single study.

The mean number of patients seen by PN (225,3) was significantly higher than that seen by TH (22,8). This could speaking to the level of burden with which the biomedical services are faced, and the real potential for burnout and compassion fatigue and compromise in care which was one of the motivating factors behind this study (18). A 2011 study noted that only 1,2 percent of their participants (n=4762) visited TH (19). Of these, a mean of 11,1 (48,7 %) were noted to have symptoms that warranted review by a psychiatric service. With PN, a mean of 12,1 (5,4%) of their patients were identified as needing review by a TH. This speaks to the need for legitimizing collaboration to benefit service users (16, 20).

Attitudes about psychiatric services

TH acknowledged the need for their clients to be seen by PN. The majority (83%) agreed strongly that it was possible to work closely with PN, while less than half (46%) of the PN felt it was possible. This is not a new finding but represents a positive change from earlier studies (20) where only ten percent of the TH indicated willingness to work with biomedical professionals. Actual experience of co-managing patients was very low (PN=11%; TH= 21%), while there was a shift with 38 percent of PN indicating having referred to TH and 13 Percent of TH referring to PN (21).

An agreement on the benefits of and learning from each other was evident and so was the power dynamic that came with the possibility of appointment of TH by the DoH to work in hospitals and be registered with the HPCSA. Issues of trust and safety came to surface from both parties (21).

Case study opinions

Both PN and TH felt strongly that the case in question should be reviewed by their own profession first and TH were more open to having PN assess the case first. PN were more in agreement that the case in question was that of a mental illness compared to traditional healers who agreed to this with less conviction. Traditional explanations as contributory to

presentation were supported more by TH than PN. Despite the differing opinions as to underlying causes of the clinical presentation, both professions agreed that collaborative care would be beneficial for the case in question (TH=87%; PN=79%). This is in keeping with findings in a recent meta-analysis (21). As for lifelong duration of treatment, 50 percent of TH compared to 71 percent of PN believed this to be true. This is in keeping with the belief by TH that the biomedical system cures nothing, but instead suppresses symptoms for a limited period. TH believe they can get to the root of the problem, eliminating or addressing it. Finally, both professions appreciated the role that substance use contributes to psychiatric presentations.

Collaboration

From the comments, it was evident that both professionals were interested in engaging, learning, and teaching each other for the benefit of the client. There was palpable tension, evidenced by a lack of opportunity, clear and protected pathways, and limited opportunities for engagement between the two professions who both indicated interest in engaging.

The PN and TH involved in this study both agreed that there are knowledge and treatment gaps that each system was not able to address independently. Both professions agreed that the lack of formal collaborative pathways presents challenges in care and service delivery to the users who desperately need it. Interactions or lack thereof between these systems may illustrate that one was wary of the other and placed their intentions under scrutiny. Both PN and TH were willing to collaborate even though the reasons for each system's motivation to do so were nuanced, while patient safety and benefit was the central theme (21).

Limitations:

This is a pilot study and therefore the sample size is small and could not be selected randomly. It is possible that these samples do not represent the attitudes in the greater population of traditional healers and professional nurses. Covid 19 was anticipated to possibly limit access to participants, and some may not be amenable to remote interviews. Covid 19 and risks of infection amongst participants especially at-risk population was a potential challenge e.g. elderly and individuals with co morbidities. Transport challenges (lack of trains and taxi

violence) was considered as a potential difficulty if not an obstruction for certain potential participants.

Conclusion

With differing models of explanation of a group of symptoms representing a clinical syndrome, there was willingness from both PN and TH in this study to collaborate for the benefit of the users of these services. Participants from both professions agreed that there needs to be acceptance, tolerance, recognition, and respect for one another and that there are knowledge gaps and opportunities to educate and learn from one another. Patient care, safety and the best possible chance of recovery was highlighted as the primary focus. The current research results may therefore be used to inform policies that will guide co-operation between TH and mainstream mental health care services.

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Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Author contributions

The first author undertook this study for her MMed degree. The second author supervised this study. The third author co-supervised this study. All authors contributed to the design and implementation of the research, the analysis of the results, and the manuscript's writing.

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Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Disclaimer

The views expressed in the submitted article are the authors' views and not an official position of the institution.

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Appendix A: Questionnaire

FOR TRADITIONAL HEALERS

Section A: Practitioner Details

Gender	
Age	
How long have you been a qualified traditional healer?	
How many clients on average do you see in a month?	
How many clients roughly, do you see in a month that you think should be seen by a psychiatrist or professional nurse?	

Section B: Attitudes about Psychiatric Services

On a scale of 0 to 10 where 0 means never or not at all, 5 is middle or average, and 10 means always or most definitely, please indicate your agreement with the following statements:

1.	I see patients who could be treated by professional nurses	0	1	2	3	4	5	6	7	8	9	10
2.	I have treated a client together with a professional nurse	0	1	2	3	4	5	6	7	8	9	10
3.	I think I could work closely with a professional nurse	0	1	2	3	4	5	6	7	8	9	10
4.	I have referred a client to psychiatric services	0	1	2	3	4	5	6	7	8	9	10
5.	As a Traditional Healer I think I could learn something beneficial from a professional nurse	0	1	2	3	4	5	6	7	8	9	10
6.	I think Traditional Healers should be appointed by the Department of Health to work in community health centers and hospitals	0	1	2	3	4	5	6	7	8	9	10
7.	I think that Traditional Healers should be registered with the Health Professions Council	0	1	2	3	4	5	6	7	8	9	10
8.	I think psychiatry does more harm than good	0	1	2	3	4	5	6	7	8	9	10

Are there any additional comments that you would like to add?

____

Section C: Case Study

Asanda has been hearing voices, sleeping fewer hours and been very active for the past two weeks. Asanda is 22 years old. When coming to your place of work or practice, Asanda presents with a five-day history of acting strangely and seems confused. According to Asanda, the voices said, "Go to the forest and find their clothes. They are naked and talking to themselves." Asanda was talking a lot and quite loudly, and said they seemed angry and irritable.

On a scale of 0 to 10 where 0 means never or not at all, 5 is middle or average, and 10 means always or most definitely, please indicate what you think about Asanda:

1.	Asanda should be assessed by a professional nurse first.	0	1	2	3	4	5	6	7	8	9	10
2.	Asanda should be assessed by a traditional healer first	0	1	2	3	4	5	6	7	8	9	10
3.	Asanda is more likely to have a psychiatric disorder.	0	1	2	3	4	5	6	7	8	9	10
4.	Asanda is more likely to have problems related to her ancestors.	0	1	2	3	4	5	6	7	8	9	10
5.	Asanda may need assistance from psychiatric services as well as from a traditional healer.	0	1	2	3	4	5	6	7	8	9	10
6.	Asanda will need lifelong treatment.	0	1	2	3	4	5	6	7	8	9	10
7.	Asanda should be asked about a history of alcohol use.	0	1	2	3	4	5	6	7	8	9	10
8.	Asking about alcohol history would be helpful in terms of care.	0	1	2	3	4	5	6	7	8	9	10
9.	Asanda should be asked about a history of cannabis use.	0	1	2	3	4	5	6	7	8	9	10
10.	Asking about cannabis use would be helpful in terms of managing Asanda.	0	1	2	3	4	5	6	7	8	9	10
11.	In my practice or place of work I encounter clients with a substance use history.	0	1	2	3	4	5	6	7	8	9	10
12.	In my practice or place of work I encounter individuals with strange behaviours who have an uncommunicated issue complicating their presentation.	0	1	2	3	4	5	6	7	8	9	10

Are there any additional comments that you would like to add?

____

____

Thank you for your valuable time

FOR PROFESSIONAL NURSES

Section A: Practitioner Details

Gender	
Age	
How long have you been a qualified professional nurse?	
How many patients on average do you see in a month?	
If you see patients that should be treated by Traditional healers, how many do you see a month roughly?	

Section B: Attitudes about Traditional Healers

On a scale of 0 to 10 where 0 means never or not at all, 5 is middle or average, and 10 means always or most definitely, please indicate your agreement with the following statements:

1.	I see patients who could be treated by Traditional Healers	0	1	2	3	4	5	6	7	8	9	10
2.	I have managed a patient together with a Traditional Healer	0	1	2	3	4	5	6	7	8	9	10
3.	I think I could work closely with a Traditional Healer	0	1	2	3	4	5	6	7	8	9	10
4.	I have referred a patient to a traditional healer	0	1	2	3	4	5	6	7	8	9	10
5.	Professional Nurses can learn something beneficial from Traditional Healers	0	1	2	3	4	5	6	7	8	9	10
6.	I think Traditional Healers should be appointed by the Department of Health to work in clinics and hospitals	0	1	2	3	4	5	6	7	8	9	10
7.	I think that Traditional Healers should be registered with the Health Professions Council	0	1	2	3	4	5	6	7	8	9	10
8.	I think Traditional Healers do more harm than good	0	1	2	3	4	5	6	7	8	9	10

Are there any additional comments that you would like to add?

____

____

____

Section C: Case Study

Asanda has been hearing voices, sleeping fewer hours and been very active for the past two weeks. Asanda is 22 years old. When coming to your place of work or practice, Asanda presents with a five-day history of acting strangely and seems confused. According to Asanda, the voices said, "Go to the forest and find their clothes. They are naked and talking to themselves." Asanda was talking a lot and quite loudly, and said they seemed angry and irritable.

On a scale of 0 to 10 where 0 means never or not at all, 5 is middle or average, and 10 means always or most definitely, please indicate what you think about Asanda:

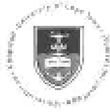
1.	Asanda should be assessed by a Traditional Healer first	0	1	2	3	4	5	6	7	8	9	10
2.	Asanda should be assessed by a Professional Nurse first	0	1	2	3	4	5	6	7	8	9	10
3.	Asanda is more likely to have a psychiatric disorder	0	1	2	3	4	5	6	7	8	9	10
4.	Asanda is more likely to have problems related to her ancestors	0	1	2	3	4	5	6	7	8	9	10
5.	Asanda may need assistance from psychiatric services as well as from a Traditional Healers	0	1	2	3	4	5	6	7	8	9	10
6.	Asanda needs lifelong treatment.	0	1	2	3	4	5	6	7	8	9	10
7.	Asanda should be asked about a history of alcohol use.	0	1	2	3	4	5	6	7	8	9	10
8.	Asking about alcohol history would be helpful in terms of care.	0	1	2	3	4	5	6	7	8	9	10
9.	Asanda should be asked about a history of cannabis use.	0	1	2	3	4	5	6	7	8	9	10
10.	Asking about cannabis use would be helpful in terms of managing Asanda.	0	1	2	3	4	5	6	7	8	9	10
11.	In my practice or place of work I encounter clients with a substance use history.	0	1	2	3	4	5	6	7	8	9	10
12.	In my practice or place of work I encounter individuals with strange behaviours who have an uncommunicated issue complicating their presentation.	0	1	2	3	4	5	6	7	8	9	10

Are there any additional comments that you would like to add?

____

Thank you for your valuable time

Appendix B: Ethical Clearance



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

Room 45 E-52-E-Floor– Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 406 6492
Email: hrec-submissions@uct.ac.za
Website: www.health.uct.ac.za/fhs/research/humanethics/forms

30 August 2022

HREC REF:717/2021

Prof S Kaliski
Department of Psychiatry
Valkenberg Hospital
Email: sean.kaliski@uct.ac.za
Student: bbtyhala@gmail.com

Dear Prof Kaliski

PROJECT TITLE : A COMPARISON OF ATTITUDES AROUND COLLABORATION HELD BY TRADITIONAL HEALERS AND PROFESSIONAL NURSES IN THE WESTERN CAPE (MMED DEGREE - DR BRENDA BONGIWE TYHALA)

Thank you for your response letter, addressing the issues raised by the Faculty of Health Sciences Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30 August 2023.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

The HREC acknowledge that the student: Dr Brenda Tyhala will also be involved in this study.

Please quote the HREC REF 717/2021 in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FACULTY OF HEALTH SCIENCES HUMAN RESEARCH ETHICS COMMITTEE

HREC REF 717.2021

Federal Wide Assurance Number: FWA00001637. Institutional Review Board (IRB) number: IRB00001938 NHREC-registration number: REC-210208-007
This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use: Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DoH 2020), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki (2013) guidelines.
The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

HREC.REF 717.2021

Appendix C: Gatekeeper Permission

STRATEGY & HEALTH SUPPORT
Health.Research@westerncape.gov.za
tel: +27 21 483 0866: fax: +27 21 483 6058
5th Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: WC_202209_012
ENQUIRIES: Dr Sabela Petros

University of Cape Town
Anzio Road
Observatory
Cape Town
7925

For attention: Dr Brenda Tyhala

Re: A comparison of attitudes around collaboration held by traditional healers and professional nurses in the western cape

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.
Please contact the following people to assist you with any further enquiries in accessing the following sites:

Lentegeur Hospital	**Mary Jacobs**	**021 370 1314**
	Nadine Jacobs	**021 370 1105**
Valkenberg Hospital	**Ms Estelle Malgas**	**021 826 5805**
Stikland Hospital	**Soraya Fredericks**	**021 940 4400**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted and the constraints caused by the Covid-19 epidemic above are respected and adhered to.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (**Annexure 9**) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
3. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report (**Annexure 8**) and an updated ethics clearance letter to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
4. The reference number above should be quoted in all future correspondence.

Yours sincerely

PROF. V ZWEIGENTHAL
DIRECTORATE: HEALTH INTELLIGENCE
DATE: 15 December 2022
CC

Western Cape Government

Health

STRATEGY & HEALTH SUPPORT

Health.Research@westerncape.gov.za
tel: +27 21 483 0866: fax: +27 21 483 6058
5th Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: WC_202209_012
ENQUIRIES: Dr Sabela Petros

University of Cape Town
Anzio Road
Observatory
Cape Town
7925

For attention: Dr Brenda Tyhala

Re: A comparison of attitudes around collaboration held by traditional healers and professional nurses in the western cape

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.
Please contact the following people to assist you with any further enquiries in accessing the following sites:

Gugulethu CHC	**William Langenhoven**	**021 377 4834**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted and the constraints caused by the Covid-19 epidemic above are respected and adhered to.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (**Annexure 9**) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
3. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report (**Annexure 8**) and an updated ethics clearance letter to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
4. The reference number above should be quoted in all future correspondence.
5. You are required to notify the substructure office when you commence with your study at the above-mentioned facility(ies) and inform them when you have completed the study at the facility. **Klipfontein- Mitchells Plain Substructure:** Nomtha F Bell-Mandla - 021 370 5000 or Nomtha.Bell-Mandla@westerncape.gov.za

Yours sincerely

PROF. V ZWEIGENTHAL
DIRECTORATE: HEALTH INTELLIGENCE
DATE: 15 December 2022
CC

Western Cape Government

Health

STRATEGY & HEALTH SUPPORT
Health.Research@westerncape.gov.za
tel: +27 21 483 0866: fax: +27 21 483 6058
5th Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za]

REFERENCE: WC_202209_012
ENQUIRIES: Dr Sabela Petros

University of Cape Town
Anzio Road
Observatory
Cape Town
7925

For attention: Dr Brenda Tyhala

Re: A comparison of attitudes around collaboration held by traditional healers and professional nurses in the western cape

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.
Please contact the following people to assist you with any further enquiries in accessing the following sites:

Khayelitsha (Site B) CHC	**Dr Leigh Wagner**	**021 360 5228/ 5238**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted and the constraints caused by the Covid-19 epidemic above are respected and adhered to.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (**Annexure 9**) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
3. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report (**Annexure 8**) and an updated ethics clearance letter to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
4. The reference number above should be quoted in all future correspondence.
5. You are required to notify the substructure office when you commence with your study at the above-mentioned facility(ies) and inform them when you have completed the study at the facility. **Khayelitsha Eastern Substructure:** Jill Langeveldt - 021 444 6574 or Jill.Langeveldt@westerncape.gov.za

Yours sincerely

PROF. V ZWEIGENTHAL
DIRECTORATE: HEALTH INTELLIGENCE
DATE: 15 December 2022
CC

Appendix D: Informed Consent

Study Title: A comparison of attitudes around collaboration held by traditional healers and professional nurses in the Western Cape

Informed Consent

You are invited to participate in a study that is intended to evaluate the understanding of the views held by traditional healers and professional nurses on mental health related care.

Please take the time to read the information below before deciding whether to participate in the study. For any questions or queries please contact the following:

Principal investigator: Dr. Bongiwe Tyhala, Registrar in the Department of Psychiatry registered under the University of Cape Town (UCT).

Supervisor: Prof S Kaliski – Department of Forensic Psychiatry (UCT), Valkenberg Psychiatric Hospital

Co-supervisor: Dr. L Mgweba-Bewana, Department of Neuropsychiatry (UCT), Groote Schuur Hospital

Purpose of the Study:

The study aims to explore the attitudes held by traditional healers and professional nurses in order to establish how strongly they agree or disagree with each other as far as collaboration is concerned regarding the treatment of patients presenting with psychological symptoms. Ultimately it is hoped that these data will contribute to establishing a comprehensive mental health care service for all.

There will first be a questionnaire asking how you perceive traditional healers or professional nurses Then there will be a case study that will be presented in writing or narrated. The case will be based on a fictitious clinical scenario and not that of an actual patient. This will be followed by a series of questions specific to the case and some general questions which will also be in a written form or read out. The questionnaire will take about 20 to 30 minutes to complete.

Participation in the Study

Participation in the study is voluntary.

The questionnaire will take about 20 to 30 minutes to complete.

A central area convenient for the participants will be identified and communicated in advance. The questionnaire will be available in both Xhosa and English.

Personal identifying data will not be included in the study. Only age, gender, years in practice and level of education will be included.

Transport may be reimbursed to a maximum amount of R60 if you must travel specifically for the purpose of completing the questionnaire. There will be refreshments provided at the venue should you need to use a tea- or lunchbreak to participate.

If you participate remotely, data costs may be reimbursed.

Consent Form

All participants will be required to sign a consent form to confirm voluntary participation in the study. For those who cannot write or read, a thumb print will be used instead of a signature.

Participants may choose to withdraw their consent to be involved in the study at any time during the study.

UCT's Faculty of Health Sciences Research Ethics Committee can be contacted on 021 406 6338 if you have any ethical concerns or questions about your rights as a participant in this research study.

Researcher Contact Details	**Supervisor**	**Co-Supervisor**
Dr Bongiwe Tyhala E-mail: bbtyhala@gmail.com Cell: 081 406 4212	Professor Sean Kaliski Email: sean.kaliski@uct.ac.za	Dr Lihle Mgweba-Bewana

Consent

I, ____give consent to participate in the study *"A comparison of attitudes around collaboration held by traditional healers and professional nurses in the Western Cape"*. I understand that I reserve the right to withdraw from the study at any point without reason or penalty.

Signed at ________________________on this ____________ day of _________, 2022.

Name and Surname: ____

Signature/left thumb print____

Witnesses

Name and surname: ____

Signature/left thumb print: ______________________________________

Name and Surname: ____

Signature/left thumb print: _______________________________________

Appendix E: Glossary of Definitions

Culture: This term was originally described by a German scholar during the late 18th century when referring to achievements in civilization. It was later used by British scholars who defined it as a complex whole including but not limited to knowledge, beliefs, art, laws, morals, customs and many other capabilities and habits acquired by humans as members of society. Anthropologists and behavioural scientists have made hundreds of definitions of culture (22).

Ethnicity: This refers to social groups that distinguish themselves from other groups by a common historical path, behavioural norms, and their own identity. Members of an ethnic group may share a common language, religion, culture, racial background, or other characteristic that makes them identifiable within their own group (22).

Traditional Healers or Traditional Medical Practitioners: These are established health care workers within their communities. They are defined as someone who is recognized by their community as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural, and religious background as well as prevailing knowledge, attitudes, and beliefs regarding physical, mental, and social wellbeing and the causation of disease and disability in the community (13).

Diviners: Diviners are known by different names in different SA cultures. For example, Xhosa (amagqirha), Zulu (Izangoma), Pedi/Northern Sotho (Ngaka), Southern Sotho (Selaoli), Venda and Tsonga (Mungome). They are intermediaries between humans and the supernatural. They are called by their ancestors to take up the role. They diagnose, analyze, and interpret messages from the ancestors. They use divination tools (13).

Herbalists: Herbalists are individuals without divine powers who have gained substantial knowledge of magical techniques. They diagnose and prescribe medication for daily illnesses. They also prevent misfortune or evil, and offer protection from evil spirits (witchcraft, ukuthakatha) and ill fortune. They also provide medication to bring prosperity and happiness (13).

Faith Healers or Prophets (African Traditional Healers): They diagnose and treat illness by using prayer, candle-light or water (13).

Traditional Birth Attendants: They usually serve areas where access to western medicine is not as easy. They are called upon on a need basis. Some people may prefer birth attendants despite the availability of western services (13).

Traditional Surgeons (Iingcibi): These are usually men. They conduct circumcision to initiates as they transition from boys to men (13).

Professional Nurse: Someone who has undertaken a four-year comprehensive curriculum (including general nursing, midwifery, community nursing and psychiatric nursing which could be completed through a nursing college or a university degree). These individuals are qualified and competent to independently practice a comprehensive nursing in the manner and to the level prescribed and can assume responsibility for such practice. This is a third level entry in nursing, and on completion they are registered with SANC as a Professional Nurse and Midwife (23).

Staff Nurse: These individuals are educated to practice basic nursing in the manner and to the level prescribed. This is a second level entry in nursing, a Diploma in Nursing. On completion they are registered with SANC as general Nurse (23).

Auxiliary Nurse: These individuals are educated to provide elementary nursing care in the manner and to the level prescribed. This is the first level higher certificate in nursing. On completion they are registered with SANC as Nursing Auxiliary (23).

Midwife: A person who is qualified and competent to independently practice midwifery in the manner and to the level prescribed and who can assume responsibility and accountability for such practice (23).

Appendix F: Turnitin Report

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ORIGINALITY REPORT

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Appendix G: Approved Research Proposal

FACULTY OF HEALTH SCIENCES
Human Research Ethics Committee

FHS015: Research Protocol – Section C

MINOR DISSERTATION: RESEARCH STUDY PROTOCOL

Title:
A COMPARISON OF ATTITUDES AROUND COLLABORATION HELD BY TRADITIONAL HEALERS AND PROFESSIONAL NURSES IN THE WESTERN CAPE

In partial fulfilment of MMed (Psychiatry) degree
COURSE CODE: PRY7009W

AUTHOR: Dr BB Tyhala
STUDENT NO: TYHBRE001
Author's email address bbtyhala@gmail.com

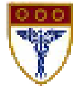
UNIVERSITY OF CAPE TOWN, FACULTY OF HEALTH SCIENCES
DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH

SUPERVISOR: Prof S Z Kaliski
Department of Psychiatry and Mental Health (forensic Psychiatry),
Valkenberg Hospital, University of Cape Town

CO SUPERVISOR: Dr L Mgweba-Bewana
Department of Psychiatry and Mental Health (Neuropsychiatry)
Groote Schuur Hospital, University of Cape Town

UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

FACULTY OF HEALTH SCIENCES
Human Research Ethics Committee



Study Administration Details

Study Management Group

Supervisor: Prof S.Z. Kaliski

Principal Investigator: Dr. Brenda Bongiwe Tyhala

Co supervisor: Dr. L Mgweba - Bewana

Statistician: Dr. Noleen D Loubser

Study Coordination Centre

For general queries, supply of study documentation, and collection of data, please contact:

Study Coordinator: DR BB Tyhala

Address: Lentegeur Hospital, Highlands Drive, Mitchells Plain, 7785. Tel: 021 370 1111

E-mail: bbtyhala@gmail.com

Clinical Queries

Clinical queries should be directed to DR BB Tyhala who will direct the query to the appropriate person(s).

Sponsor

Research grant will be applied for at the Department of Research Committee Treasurer, UCT.

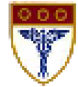
University of Cape Town

Clinical Research Centre

Old Main Building, L5

Groote Schuur Hospital

Observatory 0214066281



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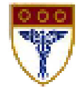

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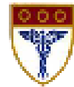


Abstract

Presenter: Dr BB Tyhala

Supervisor: Prof SZ Kaliski

Reviewers: Dr N Dyakalashe and Dr Q Cossie

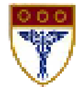
Title: A comparison of attitudes held by traditional healers and professional nurses in the Western Cape.

Background - The Traditional Health Practitioners Act No. 22 of 2007 formalized the creation of a Traditional Health Practitioners Council of South Africa (1), and in 2014 the Department of Health in the Western Cape concluded an agreement with the Western Cape Inyangi Forum to incorporate traditional healers into mainstream health services (2). The Health Professions Council (HPC) had been tasked with registering traditional healers. None of these measures have been implemented (1). Many mental health care users consult traditional healers, despite the lack of formal links between the two systems, especially in the primary health care context (3). It is not clear how mental health services can deliver services together with traditional healers, or, more importantly, whether practitioners agree that this is feasible (4). This survey will attempt to determine whether Xhosa speaking professional nurses and Xhosa speaking traditional healers agree on whether their respective professions could cooperate with respect to the diagnosis and treatment of a mentally ill individual.

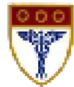
Aim – The aim of this study is to survey the attitudes of Xhosa speaking professional nurses and Xhosa speaking traditional healers on the treatment of mentally ill people. This study may determine the feasibility of future collaboration to create a more comprehensive mental health care service.

Hypothesis – It is hypothesized that there will be an agreement on the need to collaborate.

Method – Xhosa speaking professional nurses who work in the psychiatric hospitals (Valkenberg, Stikland and Lentegeur) and Community Health Centers (Gugulethu, Khayelitsha and Vanguard - Langa/Bonteheuwel) in Cape Town, and traditional healers who serve areas within the above-mentioned health establishments, will be recruited

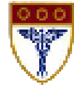


through their local associations. Professional nurses will be engaged through communication with the manager's office to afford the principal investigator (PI) an opportunity during one of their operational meetings to give information, obtain consent and leave behind consent forms with more information and contact details to be contacted by interested parties. In the case of the traditional healers, the Division of Traditional medicine under Western Cape Government will be sent a similar request to afford the principal investigator and opportunity to engage the traditional healers at one of their combined meetings with the traditional healer body. Information will be left with the office of Traditional Medicine to distribute to any potential participants that may present at a later stage. A structured questionnaire, which has been translated into Xhosa and back translated into English, will be administered. The questionnaires will be administered outside of working hours to minimize unnecessary burden on the already pressured public mental health system. Informed consent will be requested before the questionnaires are administered. The responses will be captured on a spreadsheet afterwards. The statistical analysis will be descriptive. Categorical data will be subjected to chi-square tests and continuous data will be submitted to non-parametric tests such as the Mann-Whitney U-test to determine whether there are significant associations and differences between the groups. An alpha level of 5% ($p<0.05$) will be used. Should participants add any comments to the questionnaire, a content analysis will be applied.



Abbreviations

CESCR	Committee on Economic, Social and Cultural Rights
CFI	Cultural Formulation Index
DSM 5	Diagnostic and Statistical Manual, 5th edition
HPCSA	Health Professions Council of South Africa
PI	Principal Investigator
SA	South Africa
SANC	South African Nursing Council
TAM	Traditional African Medicine
TH	Traditional Healers
THA	Traditional Healers Association
THP	Traditional Health Practitioner
UN	United Nations
WHO	World Health Organization



Glossary of Definitions

Culture: This term was originally described by a German scholar during the late 18th century when referring to achievements in civilization. It was later used by British scholars who defined it as a complex whole including but not limited to knowledge, beliefs, art, laws, morals, customs and many other capabilities and habits acquired by humans as members of society. Anthropologists and behavioural scientists have made hundreds of definitions of culture (5).

Ethnicity: This refers to social groups that distinguish themselves from other groups by a common historical path, behavioural norms, and their own identity. Members of an ethnic group may share a common language, religion, culture, racial background or other characteristic that makes them identifiable within their own group (5).

Traditional Healers or Traditional Medical Practitioners: These are established health care workers within their communities. They are defined as someone who is recognized by their community as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as prevailing knowledge, attitudes, and beliefs regarding physical, mental and social wellbeing and the causation of disease and disability in the community.(6) It is estimated that 60 to 80 percent of the of South African (SA) population currently uses the traditional medical sector as the first point of contact.(6).

Diviners: Diviners are known by different names in different SA cultures. For example, Xhosa (amagqirha), Zulu (Izangoma), Pedi/Northern Sotho (Ngaka), Southern Sotho (Selaoli), Venda and Tsonga (Mungome). They are intermediaries between humans and the supernatural. They are called by their ancestors to take up the role. They diagnose, analyse and interpret messages from the ancestors. They use divination tools. (6)

Herbalists: Herbalists are individuals without divine powers who have gained substantial knowledge of magical technique. They diagnose and prescribe medication for daily illnesses. They also prevent misfortune or evil, and offer protection from evil spirits (witchcraft, ukuthakatha) and ill fortune. They also provide medication to bring prosperity and happiness (6).

Faith Healers or Prophets (African Traditional Healers): They diagnose and treat illness by using prayer, candle-light or water (6).

Traditional Birth Attendants: They usually serve areas where access to western medicine is not as easy. They are called upon on a need basis. Some people may prefer birth attendants despite the availability of western services (6).

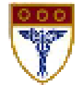
Traditional Surgeons (Iingcibi): These are usually men. They conduct circumcision to initiates as they transition from boys to men (6).

Professional Nurse: Someone who has undertaken a four-year comprehensive curriculum (including general nursing, midwifery, community nursing and psychiatric nursing which could be completed through a nursing college or a university degree). These individuals are qualified and competent to independently practice a comprehensive nursing in the manner and to the level prescribed, and are capable of assuming responsibility for such practice. This is a third level entry in nursing, and on completion they are registered with SANC as a Professional Nurse and Midwife. (7)

Staff Nurse: These individuals are educated to practice basic nursing in the manner and to the level prescribed. This is a second level entry in nursing, a Diploma in Nursing. On completion they are registered with SANC as general Nurse.(8)

Auxiliary Nurse: These individuals are educated to provide elementary nursing care in the manner and to the level prescribed. This is the first level higher certificate in nursing. On completion they are registered with SANC as Nursing Auxiliary (7).

Midwife: A person who is qualified and competent to independently practice midwifery in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice



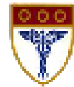
Research Proposal

Introduction

Traditional or indigenous methods of healing have existed since time immemorial across different countries globally. There is an indigenous form of healing that local populations utilize to one extent or the other (9). South Africa is a country with a diverse population in terms of ethnic groups, languages spoken, cultural and spiritual beliefs. This diversity manifests itself in numerous ways, including health seeking behaviour and pathways to care (10). The World Health Organization (WHO) estimated in 2013 that up to 80 percent of disorders are treated by traditional healers (11-13). Given the strong diversity of illness beliefs found and the strong emphasis on spiritual causation, Patel (1995) determined that there was an awareness of the distinction between the mind and the body, thus sharing some similarity with the beliefs about biomedical illness (11).

Literature Review

Psychiatrists have long recognized that there are transcultural syndromes and spiritual beliefs that are not adequately addressed by their discipline (14). It has been demonstrated that there are many ways that cultural variations affect the symptomatic manifestation and clinical presentation of an entire range of mental disorders such as depression, anxiety and trauma-related problems, as well as psychosis and organic mental disorders (15). These cultural variations have been shown to not only influence the physician's ability to detect, diagnose and appropriately treat mental problems but also act as a major determinant of illness behaviour, coping, treatment response, adherence, rehabilitation and recovery (15). Cultural knowledge and identity are important determinants of treatment outcomes (15). Given the above observations, careful attention and time invested in trying to understand how these seemingly different world views could come together and build a strong relationship for the benefit of the service users is a priority. This would create an environment where the users feel safe to be themselves and engage in conversations about each system. The United Nations (UN) Committee on Economic, Social and Cultural Rights (CESCR) recognized this and stated that, health services should be culturally appropriate and take into account traditional and preventative care, healing and medicines (16) because any mental health care system that aims to achieve equity must address issues of cultural equity(15).



There is inherent tension between the use of traditional medicine and biomedical medicine in the mental health care services in developing countries worldwide (16). Western medicine is embedded in culture just as any health system is, shaped by belief systems shot through with symbolic innuendos and learned behaviour (17). For any healthcare system, the extent to which the methods used are considered powerful for treating specific conditions is influenced by the perceptions of efficacy and effectiveness of beliefs and practices employed by that system (4). Therefore a patient's search for healing would not rest solely on identification with a particular system, instead he or she would utilize the system which in his or her view yields the desired outcome (4).

Although they appear to share common domains of interest, the worlds of global mental health and cultural psychiatry have distinct lineages (18). Expanding their horizons to learning from each other could be mutually beneficial (18). Traditional African medicine (TAM) constitutes a major portion of the health care workforce, particularly for mental health (11). In low- to middle-income countries, the dominant strategies need to be complemented by mobilization of other community resources, including local practitioners (18). Attempts which have been made to collaborate have tended to be undermined by mutual ignorance and suspicion (17, 19). This state of affairs is especially true in the case of traditional practitioners such as *Amagqirha* (Xhosa) and *Izangoma* (Zulu), who call on the healing agency of the ancestors and other spiritual guidance to empower their work (17).

Data demonstrating elevated rates of misdiagnosis of schizophrenia among Africans provides a sobering illustration of the costs of culturally uninformed practices (20). A new classification system that integrates new insights from socio-neurobiology and from a network perspective could bring cultural psychiatry and global mental health closer and change the way each field addresses mental health problems (18). The development of the Diagnostic and Statistical Manual, 5th edition (DSM 5) represents a renewed and critical opportunity for the integration of socio-cultural dimensions of mental health, serving both the scientific and social justice perspectives (20).

The Traditional Health Practitioners Act No. 22 of 2007 formalized the creation of a Traditional Health Practitioners Council of South Africa, which is yet to be implemented. According to the Act, the Council must include an employee of the Department of Health, a medical practitioner registered with HPCSA, and a registered pharmacist (1).

The intention was to incorporate traditional healers into the mainstream medical care. Unfortunately this has not happened yet (1). In 2014 the Department of Health in the Western Cape signed a memorandum of understanding with the Western Cape Inyangi forum to promote holistic health delivery in which traditional health practitioners (THP) would cooperate with mainstream primary health care (2). The memorandum expired in 2019 because THPs were not officially recognized and consequently none of the estimated 200 000 THPs in the country have been signed up (1). The salient obstacle seems to have been the inability to harmonize the aims of both systems (13).

Some THPs have used herbal remedies such as the bark from *rawolfia vomitona* which has been found to have some antipsychotic properties similar to reserpine (21). Also, as psychiatrists have increasingly explored the spiritual dimensions of their patients, the contributions from the THPs have increased. In the Eastern Cape, a multi-site survey of 254 psychiatric patients in 2019 revealed that 31 percent had consulted with a traditional healer (TH) in the past year (22). The healers did not intervene for the psychiatric disorder in almost two-thirds of their patients, one-third were told to continue with their medication, and a small number were instructed to stop their medication (22). Surprisingly, 22 percent of respondents reported feeling abused by their TH. This could be one of the many reasons why the states are required to discourage continued observance of what are perceived to be harmful traditional medical and cultural practices (22).

A recent systematic review noted that most studies of THP effectiveness in treating mental disorders were heterogeneous and generally of poor quality (14). There was sufficient evidence that THPs provided effective psychosocial interventions that relieved distress and mild symptoms of depression (14, 23). When primary health care practitioners and THPs treated psychotic patients collaboratively, the cost of care was cheaper with reduced harm (3). Although there are many THs who insist on treating serious medical conditions, especially seizures, the general consensus is that THs should be incorporated into mainstream primary health care services (24).

Rationale for the study

If one embraces the notion that recovery is self-defined, it is important for consumers to prioritize dimensions of action, not for professionals to prescribe their preferences (25).

THPs are recognized as an integral part of their communities where they are highly regarded and often shape their communities' thinking (19). In South Africa, traditional beliefs are common in the Xhosa and Zulu communities, where the use of THP such as *amaggirha* and *izangoma* is used (16). Approximately two-thirds of psychiatric patients see both biomedical consultants and THPs, Therefore there ought to be greater collaboration in the mental health field (19). This will be necessary with the envisaged increase in number of healthcare personnel required for service delivery in the planned NHI scheme (19). The management of disorders should always be multimodal and will therefore need to include TPHs.

Accordingly, this study intends to be a pilot project that explores the perceptions professional nurses and traditional healers have of each other to assist in future planning of a collaborative mental health service that includes both modalities. Therefore, it may be logical to explore attitudes and commonalities between these professions who all share a similar ethnic background, in this case Xhosa, because presumably they share a common worldview that can be used for future cooperation.

Purpose of the study

This study aims to explore attitudes held by traditional healers when compared with that of professional nurses to establish areas of commonality and differences. Specifically it would be to establish how strongly they agree or disagree with each other as far as collaboration is concerned. Ultimately it is hoped that these data could contribute to establishing a comprehensive mental health service for users who need it.

Hypothesis

It is hypothesized that while there may be differences in perception of the causes and labels of the illness, there could be agreement on interventions. It is thus hypothesized that there will be agreement on the need to collaborate.

Methodology

Study Design

This will be a pilot study which is explorative, cross-sectional and descriptive in nature.

Study Setting

The study setting comprises three psychiatric hospitals, Valkenberg Psychiatric Hospital, Lentegeur Psychiatric Hospital and Stikland Psychiatric Hospital, all in the Western Cape, as well as community health centres and TH practices in different locations in the Western Cape, including Khayelitsha, Langa, Bontheuwel, Gugulethu, for the convenience of the participants.

Study Population

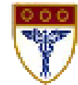
The study population is traditional healers registered with the Traditional Healers Association (THA) and professional nurses registered with the South African Nursing Council (SANC). All participants should have at least five years of practice experience including training time. The population includes adult males and females from the age of 18 years and above.

Sampling

Nurse Sample: It is intended that thirty professional nurses will participate. Professional nurses will be recruited from the three psychiatric hospitals, namely Valkenberg psychiatric hospital, Lentegeur psychiatric hospital and Stikland psychiatric hospital, all within the Western Cape. There will be fifteen participants recruited from these hospitals, which means that there will be five participants recruited from each of the three psychiatric hospitals. Another fifteen professional nurses will be recruited from the three community health centres, Gugulethu, Khayelitsha, and Vanguard - Bonteheuwel/Langa.

To recruit the nurses, the nursing manager's office will be approached to ask for permission to engage potential participants. To avoid the risk for nurses to feel some duty or pressure to participate in the study, a general notice will be sent out to all nursing staff asking for volunteers. The nurses will also be approached in a general meeting held by nurses monthly to give information and to clarify any questions the potential research participants might have. An informed consent document with contact information about the study and contact details of the principal investigator (PI) will be left with the institutions for any potential participants to contact the PI should they be interested in taking part in the study.

Traditional Healer Sample: A total of thirty traditional healers will be recruited from the



areas covered by the six healthcare facilities. Traditional healers will be approached with the help of the Traditional Medicine portfolio within the Department of Health, Western Cape. The Traditional Medicine portfolio at times holds meetings with the Traditional healers and the PI will request an opportunity to engage with the traditional healers, give information, and recruit participants. An informed consent document with contact information about the study and contact details of the PI will be left with the Traditional Medicine Office for any potential participants to contact the PI should they be interested in taking part in the study.

Within all the institutions the managers or individuals in positions of power will not be involved in the recruitment process and neither will they be informed of any individuals who wish to participate or distance themselves from the study. There will be no communication of any opinions to the people in a position of power.

Inclusion Criteria:

1. Professional nurses who are employed by a psychiatric hospital and/or working with psychiatric patients within the community health centres;
2. Traditional healers who are members of the local traditional healer association;
3. Xhosa is their first language; and
4. Minimum no of five years in practice which will include the training years.

Exclusion Criteria:

1. Professionals who are not adequately registered with their relevant regulatory body;
2. Those who are on treatment for a severe mental disorder;
3. Poor command of Xhosa;
4. Incapacity to provide informed consent; and
5. Reluctant to give consent.

Sample Size: There will be a total of at least 60 participants, 30 professional nurses and 30 traditional health practitioners (traditional healers). This will be sufficient for a non-parametric statistical analysis.

Research Instrument

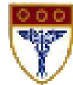
A survey questionnaire constructed by the PI will be used. It consists of three sections. Section A asks about biographic and practice information. Section B has eight items which explore attitudes towards traditional healers in the case of professional nurses, or towards professional nurses in the case of traditional healers. These items are presented on a zero-to-ten rating scale. Section C presents a scenario of 'Asanda', deliberately given a gender-neutral name, who is typical of patients seen in a psychiatric setting. There are twelve items concerning Asanda's diagnosis and treatment, also presented on a zero-to-ten rating scale, which will allow for a direct comparison between traditional healers and professional nurses. The questionnaire will be translated into Xhosa and back-translated into English. There are also a few blank lines for additional comments. An English copy of the questionnaire may be found in Appendix A.

Research Procedure and Data Collection Method

Xhosa-speaking professional nurses who work in the psychiatric hospitals in Cape Town (Lentegeur, Valkenberg and Stikland) or the clinics (Gugulethu, Vanguard and Khayelitsha) and traditional healers (registered with Traditional healer's association), will be recruited through their local associations. Once they have signed informed consent the PI will administer the questionnaires individually or in small groups of two or three to nurses or traditional healers when they are not on duty at a suitable venue that is convenient to all. It is possible that questionnaires may be administered remotely. Prior communication and booking times will be made with all research participants. All Covid protocols will be adhered to, this will include maintaining a social distance of 1,5 meters, hand sanitizing, wearing a face mask, and ventilation.

Statistical Analysis

The responses from the completed questionnaires will be captured on a spreadsheet. A descriptive analysis will be carried out. Data will be summarized on frequency tables and presented graphically in bar charts. Statistical analysis will include chi-square tests for categorical data and other non-parametric tests suitable for ordinal data and appropriate for smaller samples. Chi-square tests may be used to determine whether there are statistically significant associations between categorical variables. Mann-Whitney U-tests will be used to determine whether there are any significant differences between continuous



measures, such as when comparing the perceptions of professional nurses to traditional healers. A Spearman Rho correlation may be used to assess whether any continuous measures are significantly related. In all cases the alpha level will be set at 5% so $p<0,05$ will establish statistical significance.

If there are any comments added to the questionnaires, they will be subjected to a content analysis if there are sufficient comments.

Ethical Considerations

Ethical clearance will be sought from the University of Cape Town's Faculty of Health Sciences Human Research Ethics Committee.

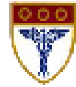
Permission to conduct the study will be sought from the superintendents of the respective hospitals (Lentegeur, Valkenberg and Stikland) or the clinics (Gugulethu, Vanguard and Khayelitsha), and the Traditional Healer's Association.

Data Safety Monitoring

Access to data will be privileged to the PI, supervisor, co-supervisor and the statistician. All of the completed questionnaires and consent forms will be kept safely in a locked cabinet behind an access-controlled office. Data will be managed in accordance with newly implemented POPI act and data will not be used for any other purpose other than the current research. Electronic data will be password-protected.

Informed Consent

Before participating, the participants will be asked to sign a form indicating informed consent. The informed consent forms will be made available to the participants ahead of time, before the day of the questionnaire administration. Those who have access to email will have the form emailed to them. Alternately it may be delivered to them in their workplace personally or through the nursing manager's office should they wish to do so. The informed consent will be in both English and Xhosa. A copy of the English version may be found in Appendix B.



Privacy and Confidentiality

Any potential identifying information will be coded during data capture. The names of the participants will not be used when analyzing or reporting on data obtained. The participant data will be entered anonymously on a spreadsheet using special numbering system. Only the principal investigator and the supervisor will have access to research participants' names.

Autonomy

All participants who sign an informed consent will be informed of their right to withdraw from the study at any time.

Risk Classification and Minimizing Risk

Not applicable, no intervention and no direct risk is anticipated by taking part in the study. There is however a potential for cross infection in light of the Covid-19 pandemic. All the protocols developed to minimize risk of cross infection will be adhered to and Covid-19 safety measures will be applied, including checking of temperature and screening of symptoms if appropriate at the time, maintaining a safe distance, wearing of a mask, and hand sanitizing.

Potential Benefits

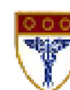
The participants' views will contribute to a better understanding of the views held by health care professionals and traditional healers about mental health care and each other. This research will also speak to barriers that contribute to the difficulties that prevent successful incorporation of traditional health services into mainstream health delivery.

Harm to Benefit Ratio

No direct harm or benefit is anticipated as no direct intervention will be directed at the participants.

Limitations

This is a pilot study and therefore the sample size is small and cannot be selected randomly. It is possible that these samples do not represent the attitudes in the greater



population of traditional healers and professional nurses.

This study will focus on Xhosa-speaking participants and may not produce data generalizable to other groups who engage with traditional healers such as Zulu-speaking people.

Covid-19 may limit access to participants and some may not be amenable to remote questionnaire administration.

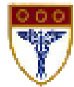
Current transport challenges such as lack of trains and taxi violence may render it difficult if not impossible for certain participants to make it for questionnaire administration unless the current state of circumstances is more stable at the time of data collection.

Reimbursement of Participants

Should participants need to make a special trip for the purposes of questionnaire administration, they will be reimbursed on the same day to the value of R60 for travel costs. Likewise, data costs will be reimbursed in the case of remote questionnaire administration. Refreshments will be available for those attending face-to-face as their off-duty times may be during tea or lunch breaks.

Timeline

Action Plan	Time Period
Protocol presentation at department level	17 August 2021
Protocol submission to HREC	September 2021
Protocol resubmission to HREC	July 2022
Submission to DOH for approval	August 2022
Data Collection	September to December 2022
Analysis, discussion and synthesis of results	January to March 2023
First draft	May 2023
Final draft	June 2023



Costs

Activity/item	Cost
Travelling – researcher	R1000
Reimbursing participants	R3000 maximum
Venue	Sponsored by Department
Refreshments	R1500
Stationery	R500
Statistician	R3000
Editor	R5000

Intended Outcomes of the Study

A larger survey will hopefully be conducted in light of the study findings.

It is intended that there be publication in an appropriate journal to communicate findings of the study to relevant stakeholders.

These data will be used to inform policy that will guide cooperation between THPs and mainstream mental health care services.

References

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Appendix A: Questionnaire

FOR TRADITIONAL HEALERS

Section A: Practitioner Details

Gender	
Age	
How long have you been a qualified traditional healer?	
How many clients on average do you see in a month?	
How many clients roughly, do you see in a month that you think should be seen by a psychiatrist or professional nurse?	

Section B: Feelings about Psychiatric Services

On a scale of 0 to 10 where 0 means never or not at all, 5 is middle or average, and 10 means always or most definitely, please indicate your agreement with the following statements:

1.	I see patients who could be treated by professional nurses	0	1	2	3	4	5	6	7	8	9	10
2.	I have treated a client together with a professional nurse	0	1	2	3	4	5	6	7	8	9	10
3.	I think I could work closely with a professional nurse	0	1	2	3	4	5	6	7	8	9	10
4.	I have referred a client to psychiatric services	0	1	2	3	4	5	6	7	8	9	10
5.	As a Traditional Healer I think I could learn something beneficial from a professional nurse	0	1	2	3	4	5	6	7	8	9	10
6.	I think Traditional Healers should be appointed by the Department of Health to work in community health centres and hospitals	0	1	2	3	4	5	6	7	8	9	10
7.	I think that Traditional Healers should be registered with the Health Professions Council	0	1	2	3	4	5	6	7	8	9	10
8.	I think psychiatry does more harm than good	0	1	2	3	4	5	6	7	8	9	10

Are there any additional comments that you would like to add?

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Section C: Case Study

Asanda has been hearing voices, sleeping fewer hours and been very active for the past two weeks. Asanda is 22 years old. When coming to your place of work or practice, Asanda presents with a five-day history of acting strangely and seems confused. According to Asanda, the voices said, "Go to the forest and find their clothes. They are naked and talking to themselves." Asanda was talking a lot and quite loudly, and said they seemed angry and irritable.

On a scale of 0 to 10 where 0 means never or not at all, 5 is middle or average, and 10 means always or most definitely, please indicate what you think about Asanda:

1.	Asanda should be assessed by a professional nurse first.	0	1	2	3	4	5	6	7	8	9	10
2.	Asanda should be assessed by a traditional healer first	0	1	2	3	4	5	6	7	8	9	10
3.	Asanda is more likely to have a psychiatric disorder.	0	1	2	3	4	5	6	7	8	9	10
4.	Asanda is more likely to have problems related to her ancestors.	0	1	2	3	4	5	6	7	8	9	10
5.	Asanda may need assistance from psychiatric services as well as from a traditional healers.	0	1	2	3	4	5	6	7	8	9	10
6.	Asanda will need lifelong treatment.	0	1	2	3	4	5	6	7	8	9	10
7.	Asanda should be asked about a history of alcohol use.	0	1	2	3	4	5	6	7	8	9	10
8.	Asking about alcohol history would be helpful in terms of care.	0	1	2	3	4	5	6	7	8	9	10
9.	Asanda should be asked about a history of cannabis use.	0	1	2	3	4	5	6	7	8	9	10
10.	Asking about cannabis use would be helpful in terms of managing Asanda.	0	1	2	3	4	5	6	7	8	9	10
11.	In my practice or place of work I encounter clients with a substance use history.	0	1	2	3	4	5	6	7	8	9	10
12.	In my practice or place of work I encounter individuals with strange behaviours who have an uncommunicated issue complicating their presentation.	0	1	2	3	4	5	6	7	8	9	10

Are there any additional comments that you would like to add?

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Thank you for your valuable time

FOR PROFESSIONAL NURSES

Section A: Practitioner Details

Gender	
Age	
How long have you been a qualified professional nurse?	
How many patients on average do you see in a month?	
If you see patients that should be treated by Traditional healers, how many do you see a month roughly?	

Section B: Feelings about Traditional Healers

On a scale of 0 to 10 where 0 means never or not at all, 5 is middle or average, and 10 means always or most definitely, please indicate your agreement with the following statements:

1.	I see patients who could be treated by Traditional Healers	0	1	2	3	4	5	6	7	8	9	10
2.	I have managed a patient together with a Traditional Healer	0	1	2	3	4	5	6	7	8	9	10
3.	I think I could work closely with a Traditional Healer	0	1	2	3	4	5	6	7	8	9	10
4.	I have referred a patient to a traditional healer	0	1	2	3	4	5	6	7	8	9	10
5.	Professional Nurses can learn something beneficial from Traditional Healers	0	1	2	3	4	5	6	7	8	9	10
6.	I think Traditional Healers should be appointed by the Department of Health to work in clinics and hospitals	0	1	2	3	4	5	6	7	8	9	10
7.	I think that Traditional Healers should be registered with the Health Professions Council	0	1	2	3	4	5	6	7	8	9	10
8.	I think Traditional Healers do more harm than good	0	1	2	3	4	5	6	7	8	9	10

Are there any additional comments that you would like to add?

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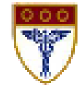

Section C: Case Study

Asanda has been hearing voices, sleeping fewer hours and been very active for the past two weeks. Asanda is 22 years old. When coming to your place of work or practice, Asanda presents with a five-day history of acting strangely and seems confused. According to Asanda, the voices said, "Go to the forest and find their clothes. They are naked and talking to themselves." Asanda was talking a lot and quite loudly, and said they seemed angry and irritable.

On a scale of 0 to 10 where 0 means never or not at all, 5 is middle or average, and 10 means always or most definitely, please indicate what you think about Asanda:

1.	Asanda should be assessed by a Traditional Healer first	0	1	2	3	4	5	6	7	8	9	10
2.	Asanda should be assessed by a Professional Nurse first	0	1	2	3	4	5	6	7	8	9	10
3.	Asanda is more likely to have a psychiatric disorder	0	1	2	3	4	5	6	7	8	9	10
4.	Asanda is more likely to have problems related to her ancestors	0	1	2	3	4	5	6	7	8	9	10
5.	Asanda may need assistance from psychiatric services as well as from a Traditional Healers	0	1	2	3	4	5	6	7	8	9	10
6.	Asanda needs lifelong treatment.	0	1	2	3	4	5	6	7	8	9	10
7.	Asanda should be asked about a history of alcohol use.	0	1	2	3	4	5	6	7	8	9	10
8.	Asking about alcohol history would be helpful in terms of care.	0	1	2	3	4	5	6	7	8	9	10
9.	Asanda should be asked about a history of cannabis use.	0	1	2	3	4	5	6	7	8	9	10
10.	Asking about cannabis use would be helpful in terms of managing Asanda.	0	1	2	3	4	5	6	7	8	9	10
11.	In my practice or place of work I encounter clients with a substance use history.	0	1	2	3	4	5	6	7	8	9	10
12.	In my practice or place of work I encounter individuals with strange behaviours who have an uncommunicated issue complicating their presentation.	0	1	2	3	4	5	6	7	8	9	10

Are there any additional comments that you would like to add?

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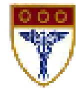
Thank you for your valuable time



Appendix B: Informed Consent

Study Title: A **comparison of attitudes around collaboration held by traditional healers and professional nurses in the** Western Cape

Informed Consent

You are invited to participate in a study that is intended to evaluate the understanding of the views held by traditional healers and professional nurses on mental health related care.

Please take the time to read the information below before deciding whether to participate in the study. For any questions or queries please contact the following:

Principal investigator: Dr. Bongiwe Tyhala, Registrar in the Department of Psychiatry registered under the University of Cape Town (UCT).

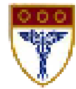
Supervisor: Prof S Kaliski – Department of Forensic Psychiatry (UCT), Valkenberg Psychiatric Hospital

Co-supervisor: Dr. L Mgweba-Bewana, Department of Neuropsychiatry (UCT), Groote Schuur Hospital

Purpose of the Study:

The study aims to explore the attitudes held by traditional healers and professional nurses in order to establish how strongly they agree or disagree with each other as far as collaboration is concerned regarding the treatment of patients presenting with psychological symptoms. Ultimately it is hoped that these data will contribute to establishing a comprehensive mental health care service for all.

There will first be a questionnaire asking how you perceive traditional healers or professional nurses Then there will be a case study that will be presented in writing or narrated. The case will be based on a fictitious clinical scenario and not that of an actual patient. This will be followed by a series of questions specific to the case and some general questions which will also be in a written form or read out. The questionnaire will take about 20 to 30 minutes to complete.



Participation in the Study

Participation in the study is voluntary.

The questionnaire will take about 20 to 30 minutes to complete.

A central area convenient for the participants will be identified and communicated in advance. The questionnaire will be available in both Xhosa and English.

Personal identifying data will not be included in the study. Only age, gender, years in practice and level of education will be included.

Transport may be reimbursed to a maximum amount of R60 if you have to travel specifically for the purpose of completing the questionnaire. There will be refreshments provided at the venue should you need to use a tea- or lunch-break to participate..

If you participate remotely, data costs may be reimbursed.

Consent Form

All participants will be required to sign a consent form to confirm voluntary participation in the study. For those who cannot write or read, a thumb print will be used instead of a signature.

Participants may choose to withdraw their consent to be involved in the study at any time during the study.

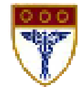
UCT's Faculty of Health Sciences Research Ethics Committee can be contacted on 021 406 6338 if you have any ethical concerns or questions about your rights as a participant in this research study.

Researcher Contact Details	**Supervisor**	**Co-Supervisor**
Dr Bongiwe Tyhala	Professor Sean Kaliski	Dr Lihle Mgweba-Bewana
E-mail: bbtyhala@gmail.com	Email: sean.kaliski@uct.ac.za	
Cell: 081 406 4212		

UNIVERSITY OF CAPE TOWN

FACULTY OF HEALTH SCIENCES

Human Research Ethics Committee



Consent

I, ______________________________ give consent to participate in the study "*A comparison of attitudes around collaboration held by traditional healers and professional nurses in the Western Cape*". I understand that I reserve the right to withdraw from the study at any point without reason or penalty.

Signed at ____________________ on this __________ day of __________, 2022.

Name and Surname: ______________________________

Signature/left thumb print ______________________________

Witnesses

Name and surname: ______________________________

Signature/left thumb print: ______________________________

Name and Surname: ______________________________

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