

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

**Collaboration between Spiritual (Holy Water)
Treatment and Biomedical Treatment at St. Mary
church outreach program, Entoto: Pattern of
Service Utilization and Attitude of Holy Water
Attendants.**

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Abstract

Introduction:

The explanation for mental illness in Ethiopia is mainly supernatural .That is why the majority of mentally ill people go to spiritual treatments, mainly holy water treatments. The benefits of collaboration between biomedical services and holy water sites are many, including early detection and treatment of mental illness. The St. Mary outreach program aims to help mentally ill people at the St. Mary and St. Michael holy water sites by taking the bio-medical treatment near them. This is done by volunteer Addis Ababa University (AAU) residents.

Methods: This is a mixed quantitative and qualitative study.

Study 1: Descriptive evaluation of psychiatric patients that have attended the St. Mary outreach program, Entoto from December of 2011 up to July of 2014. A data extraction form was used to extract data from patient charts. Data was analyzed using SPSS statistical software.

Study 2: A qualitative study of the holy water attendants' attitudes and role was conducted from September to October of 2014. A semi-structured interview was conducted using a topic guide. The interviews were audio recorded, transcribed and coded manually. A thematic analysis was conducted.

Result:

Study 1: A total of 174 charts were analyzed. The mean number of patients seen per clinic session have increased by 50 %(14) in 2005, then by 75 %(25) in 2006. 79.3% were men, 73.3% had schizophrenia, 89.6% were educated and 61.7% came from Addis Ababa.

Study 2: The roles of the holy water attendants include ensuring the hygiene, security and medication adherence of patients. They also act as gatekeepers to the St Mary Clinic. There are two main attitudes towards treatment: both treatments are from God and we should use both and they contradict because using both is like doubting God. The other attitude is they complement each other. The attitude of the attendants towards biomedical treatment is changing since the training from AAU psychiatrists. The attendants have their own way of differentiating who should come to the clinic and who should not. They bring patients who they consider mentally ill but they don't bring people who have mental illness and spirit possession.

Conclusion: The conclusion of the study is that it is possible to collaborate between spiritual treatment and biomedical treatment.

Recommendation: To continue having trainings for the attendants and community awareness campaigns focusing on family members of people with mental illness.

Introduction

Attribution of mental illness in Ethiopia

The definition of mental health given in academic and medical literature around the world often does not acknowledge developing world perspectives. Addressing mental health and related treatment in the developing world requires one to engage with the traditional practices, cultural values and beliefs of the society. In Ethiopia, health is traditionally defined as, a “state of equilibrium among the physiological, spiritual, cosmological, ecological and social forces associated with a person” [1]. Mental illness in this setting is attributed partly to supernatural forces such as spirits that enter a person’s body, or the shadow cast by an evil eye [2]. In any ethnic or religious group of Ethiopia, supernatural powers are understood to control the well-being of the individual's mind [4]. There is a more agreement between different ethnic and religious groups regarding the etiologic of mental illnesses than regarding physical illnesses. In only 2% of about 100 cases at the holy water site “Ghion”, taken from a book of a priest, were no spirits mentioned [4].

The will of such supernatural force(s) is said to be negatively directed towards an individual when: a) a person sins either knowingly or unknowingly or b) a person contemplates sinning. Other reasons for being possessed by evil spirits include: when a person walks alone in the woods; when having sex in the open; falling asleep in the meadow; walking along the river-side around noon-time; walking in a grave yard, or entering a long-closed room without blessing oneself [4].

In Ethiopia modern psychiatric services are scarce, inaccessible, and relatively expensive for the majority of the population [3]. Therefore, most people go to priests, magicians, sorcerers and traditional healers to seek treatment for mental illness [2, 4]. Patients usually resort to modern mental health-care services only after they have failed to recover after

receiving traditional treatments. It is also a common practice in Ethiopia for family members to care for and support the mentally ill at home [2]. Though not categorized as in modern systematic psychiatric nomenclature, there have, for centuries, been recognized syndromes of mental illnesses in traditional Ethiopian societies. Such syndromes are given different names in different ethnic languages. In both the Christian and Muslim populations of the country, it is widely believed that there are certain individuals who have the capacity to make a person mentally ill by their magical power [4]. Such individuals are supposed to be endowed with either good or evil spirit(s). They are feared and respected by the masses and offerings are given to them so that they may drive one's enemy mad or that they may protect one from going mad. The mechanisms they are said to use are incantation, sorcery, enchantment, and certain rituals. "Debtera", "Kalicha", "Tenquai" and "Tila Wogi" are names of such powerful individuals [3].

Reasons for choosing holy water and traditional treatment over medical treatment in Ethiopia

Currently traditional healing methods are used more frequently than medical treatment by most people in Ethiopia. The general population is more inclined to use traditional healing for the following three reasons:

- The deeply ingrained religious and inherited beliefs that all mental illnesses are of spiritual origin, and like their causations, their preventions and cure are achieved via traditional healers whose methods of treatment have a spiritual theme [5]
- Accessibility and affordability of traditional healers and holy water [2]
- Traditional healers identify with the population in their life style more than modern health workers, and people feel more at ease at home with the former [4].

Benefits of collaboration between traditional healers and mental health professionals

It is vital to establish channels of collaboration and common understanding between traditional healers and mental health professionals in countries where a majority of the people with mental illness consult traditional healers. The benefits of collaboration include:

- Educating holy water attendants might enable them to have a better understanding of mental illness and the benefits of modern medication [6]
- Collaboration could help in the early detection and early management of mental illness [7]
- Collaboration could help to end harmful methods of practice, such as isolating patients in an unhealthy, unhygienic environment, depriving patients of nutritional food, beating patients, misdiagnosis and mismanagement [6]
- It could also help improve community awareness and decrease the stigma against mentally ill patients [6]
- The holy water place could be linked to community rehabilitation for people with mental illness [6,8]
- If mental health workers respect, work with and know more about the healing skills of such traditional healers they may identify problems which can be resolved using traditional methods and appropriate referral can thus be made [6,7 4]
- The traditional healers (because of their influence on the community) can also then play important roles in promoting modern mental healthcare, and in infrastructure development [6, 4].

Experiences of collaboration between traditional and medical treatment in other settings

In India there is a group called “The Altruist”. This group established a program called the “Dawa-Dua” meaning medicine and prayer. [7] The program is established at the “Erwadi Dargah”. This tomb of an Islamic figure revered in western India — martyred 500 years ago — has long been a pilgrimage destination. It has been the home for mentally ill people with spiritual healers treating them by invoking divine power. Thousands of the faithful — not just Muslims, but also Hindus, Christians, Sikhs and others from across India —go there each day to pray for a blessing or a miracle: couples unable to conceive, people suffering from various maladies. It’s also the closest thing for many Indians to a mental health facility. The Dawa- Dua offers mental health treatment free of cost to patients without disturbing their religious faith as the patients visit the Dargah with faith and belief. The psychiatrist at the clinic would begin the conversation with the patients by asking whether they visited the Dargah and offered prayers before starting the treatment. After opening the clinic 180 patients, including 70 women, registered themselves and 2,000 follow-up visits were made. The conditions were also very unhygienic and completely inhumane until India’s supreme court outlawed mechanical restraints. Chains are used now, but only symbolically, and not as restraints. The spiritual healers also took part in an awareness programme on mental illness.

Despite the development of excellent medical services in South Africa, 70% of South Africans consult traditional healers, even when clients are under medical treatment. Many consider traditional healers to provide more holistic care than medical practitioners, to be more accessible, and to have an approach that is more acceptable to the community. The Traditional Health Practitioners Bill of South Africa recognizes that traditional healers should be part of medical care [9].

On the same vein, in the highlands of Imbabura of the northern province of Ecuador, the Quichua, traditional healers, and psychiatrists collaborated at an institution called Jambihasi. From the start, Jambihuasi offered combined Quichua and Western health care services. The way the service was implemented was as follows: the patient would come to the clinic and ask to see either the Yachactaita (Quichua traditional healer) or a doctor. The chosen practitioner would examine the patient, make a diagnosis and propose a treatment plan. When necessary, the physician and the healer consult each other and examine the case together. It is worth noting that this procedure was greatly appreciated by the patients and their family members who came to Jambihuasi. The service began in 1984 and is still functioning today [10]. This project helps to address the low numbers of medical practitioners in this setting. In addition the approach was culture oriented hence acceptable to the population. This approach is also likely to be appropriate and effective in Ethiopia, where there are also strongly held traditional beliefs. Yet there is little published literature on the process by which people with mental illness access collaborations between traditional and biomedical treatment, and what factors affect whether they are able or willing to access these services.

Saint Mary's Church and holy water site, Entoto

To the north of Addis Ababa we find the Entoto Mountains 3200m above sea level. It is a historical place where Emperor Menilik the second dwelled and established his palace with his wife Taytu Betul. At the summit there is the octagonal Entoto St. Mary's church, which is 125 years old. There is a holy water site about 30 minutes walk from the church. In addition, around 5km from St Mary church is St Michael's church, which also has a holy water site attached.

The people who seek the holy water treatment at these sites come from Addis Abeba and other parts of Ethiopia. Most of the people are orthodox Christians, but a few follow other religions. Many people live around the church in order to use the holy water, but others visit for the day. People come seeking solutions for multiple problems. These include physical problems (neurological problems, arthritis, kyphoscoliosis, blindness, deafness, diabetes, hypertension, pepticulcer disease), mental illness, problems with fertility and personal problems such as family disputes.

The people who live around the church live in group houses. 10-15 people are assumed to live in each house. The houses are run by holy waters attendant ('astamami'). These attendants are periodically paid by family members for food and their services. The exact role of holy water attendants is not known in detail. However we can hypothesise that they have considerable influence over the experience of the people with mental illness staying near the holy water, including whether or not they access medical care.

Development of the St Mary Outreach program, Entoto

Near to St Mary's church there is a general clinic established by the Good Samaritan Association. Since 2007, the clinic has been providing basic health services to the local community. In 2013 the Department of Psychiatry of the Addis Ababa University began a psychiatric service as an outreach program at this clinic, in collaboration with the priests from St Mary's church. The rationale to collaborate with holy water first, rather than other traditional treatments was justified by a previous study. Of 1044 patients that came to Amanuel Hospital over a two month period 41% of the patients came directly to the psychiatric centre without having previously sought help elsewhere. However, among the remaining patients, 30.9% initially sought help from priests/holy water or church, 21.5% consulted doctors in private or government hospitals, 4.5% contacted herbalists, and 2% saw general nurses or psychiatric nurses

[5]. This shows that of the traditional treatments holy water treatment is the commonest and collaboration is advisable.

The process of collaboration was initially daunting because of the different explanatory models between the church and psychiatrists. However, the St Mary outreach program was successfully set up using the following steps:

- Awareness raising and negotiation with the Ethiopian Orthodox office. Psychiatrists had multiple meetings with high-level clergymen to sell the idea.
- Development of training manual and curriculum for priests and attendants at holy water sites
- Visits to the holy water sites to observe the holy water rituals and identify the needs of individuals using holy water and the attendants
- Initial consultative meetings with priests at St. Mary's Church and psychiatrists.
- To raise public awareness about the need for the service an interview was given to a local newspaper, local FM Radio program and an international newspaper.
- The second consultative meeting was conducted at Tikur_Anbesa Hospital. There was disagreement on the explanatory models but an agreement was made nevertheless to collaborate to treat mentally ill people.

The Ethiopian Mental Health Society agreed to fund the project and the Good Samaritan clinic agreed to give two rooms and waiting area for the service.

Observations were made by psychiatrists to identify physical abuse, verbal abuse, stigma, discrimination, and negative attitude towards patients with mental illness by the attendants.

In order to raise awareness, to fight stigma, to reduce bad practice and negative attitude of patient with mental illness multiple workshops were conducted for the holy water priests and attendants on the following topics: Common mental disorders, stigma and discrimination, how to handle a physically aggressive patient, collaboration between modern psychiatric service and religious healing.

A refresher workshop was organized before the real service started.

The Department of Psychiatry agreed to take ownership of the project.

The Department adopted the project as a Community Psychiatry practice in which postgraduate students get community experience.

Currently the St Mary Clinic runs for one day every fortnight. Psychiatry residents conduct clinical interviews, recorded on patient charts, and treat patients who attend. They refer patients who need inpatient treatment and patients who are done with the spiritual treatment to their nearby medical centre. Holy water attendants typically accompany patients to the clinic.

Rationale for the study

The St Mary Clinic, Entoto is the first structured collaboration between holy water and biomedical treatment in Ethiopia. It is the pioneer for such a service in Africa. In the context of a country with long established cultural, religious and ritual practices the need for collaboration cannot be debated. This project will evaluate the service provided at the clinic in order to understand its current reach and to improve the service where possible. The information may also be used to help replicate this clinic at other holy water sites. We will also learn the knowledge level and attitudes of the holy water attendants in relation to medical treatment. This will help to design future education and awareness raising activities amongst this group. Understanding the rationale of patients who use holy water and discontinue medication will

be useful to improve clinical care in other psychiatric settings in Ethiopia.

Methods

The study addressed two separate research questions. Thus the study methodology had two components, Study 1 and Study 2. It is mixed qualitative and quantitative method study.

Study design

Study 1: Descriptive evaluation of psychiatric patients that have attended the St. Mary outreach program, Entoto from December of 2011 up to July of 2014).

Study 2: A qualitative study, using semi-structured interviews, of the holy water attendants' attitudes and role was conducted from September to October of 2014.

Study setting

Both studies were conducted at the Saint Mary clinic, Entoto, Addis Ababa.

Study population

Study 1: The population was all the psychiatric patients attending the clinic since it opened.

Study 2: The study population was 14 holy water attendants.

Sampling technique

Study 1: No sampling was required as all patients who have attended the clinic since it opened were included.

Study 2: Purposive sampling was used to include a spread of attendants. Included holy water attendants were from both St. Mary and St. Michael holy water places; attendants who attend the clinic with patients and those who have never attended; and both male and female attendants. Within the attendants coming to clinic we included those bringing new and follow up patients and those bringing patients with different types of

diagnosis. The attendants were chosen for the study for the following reasons:

- As stated above we hypothesise that they are very influential on the patient's life. They decide who comes to the clinic and why.
- Problems with cognition and comprehension, which we may encounter if we included psychiatric patients, will be avoided.
- They are likely to be more accessible than holy water priests since they attend the clinic with patients, or otherwise will be accessible at the houses near the church.

Data collection

Study 1: Data was extracted on socio-demographic and clinical characteristics from the patient charts using a specially designed data collection form. The data collection included sex, age, educational status and religion of the patients. It also included duration of stay of the patients at the holy water place, diagnosis of the patients and any previous treatment (see Appendix).

Study 2: When the holy water attendants attended the clinic with patients we invited them to participate in the study. When they agreed, we used a private room in the St Mary Clinic (during the outreach program) to explain the detailed information about the study from the information sheet (see Appendix). If they were interested in participating, we then conducted the consent procedure (see Appendix). Attendants who have never attended the clinic were identified using these sources:

- The Good Samaritan clinic co-ordinator identified attendants using his existing knowledge and contacts.
- Holy water attendants who were interviewed at the clinic were then asked to suggest other attendants who do not attend.
- Once holy water attendants who do not access the clinic were identified they were asked to suggest other attendants who do not access the clinic (snowballing).

These participants were given initial information about the study. If they were interested in participating they were invited to the St Mary Clinic to receive the full information then undergo the consent procedure and participate in the interview.

A semi-structured interview was conducted using a topic guide (see Appendix). The topic guide differed slightly depending on whether the attendant has ever accessed the clinic. The topic guide inquires about their main roles and attitudes. For the attendants who don't bring their patients, their reason for not bringing the patients. The topic guide was translated into Amharic prior to use. The interview was audio-recorded. The interviews lasted about 30-35 minutes on average.

Data Analysis

Study 1: Data was entered into SPSS. Then a simple descriptive analysis was undertaken. The number and proportion for each category is presented below. The number of new cases seen in the clinic during each month since the clinic opened was also determined. The results are presented on a graph below to show the change in number of new cases over time.

Study 2: All proceedings were conducted in Amharic and tape recorded, with supplementary hand-written notes taken as needed. Transcription and translation of the recorded material was carried out as the study progressed. A total of 70 pages of translated material resulted from the interviews. A selection of the English translations was compared against the original Amharic transcripts. There were no significant differences between the transcriptions in the overall meaning of the translation. Four of the English transcripts were independently coded by two investigators and differences were discussed. The remaining English transcripts were then coded manually using the agreed coding framework. A thematic analysis was then conducted. Most of the themes

corresponded with the topic guide questions but a few new ideas also emerged. Of the ones that emerged was how they screen patients.

All audio files and transcriptions were password protected and anonyms were used.

Ethical considerations

Ethical permission was granted by the Department of Psychiatry, College of Health Sciences, and Addis Ababa University. Permission from the Good Samaritan Clinic was attained to use the clinic for the study. All participants included in Study 2 were asked to give written informed consent before starting the interviews. Only persons giving voluntary and informed consent were included within the study.

RESULT

Study 1:

A total of 174 patient charts were reviewed. Some variables had large amounts of missing data, for example medication adherence and clinical outcome. The mean number of patients attending per clinic session was 7 in 2004, 17 in 2005 and in 25 in 2006 (see graph 1). The number of men (79.3%) greatly outweighs the number of women (20.7%) (see table 1). The majority of the patients were between the age 20-39 (79.3%). 61.7% of the patients came from Addis Ababa and 89.6% were educated. 87.9% were orthodox Christian, 7.3% were protestant Christian and 4.9% were Muslim. 86.9% of patients came from St. Michael holy water site while 13.1% came from St. Mary holy water site. 65.5% were accompanied by the holy water attendants, 27.6% were accompanied by family and 6.9% were accompanied were by both. 96.7% were living at the holy water site. Of the ones that live at the holy water site 54.5% stayed for less than 1 year, 25% stayed for 1-5 years, and 18.1% stayed for more than 5 years (see table 2). The commonest diagnosis was schizophrenia (73.3%), whilst 8.5% had bipolar disorder with psychotic features, 4.2% had substance use disorder, and 4.8% had major

depressive disorder. 48.4% had previous treatment at Amanuel Hospital while 12.6% had medical treatment elsewhere. Of these 76.9% of them initially discontinued their medication while coming to holy water treatment while 23.1% of them continued medication. The main reason for discontinuation was side effects (41.6%), followed by patient refusal (25%), loss of family support (25%) and closure of nearby clinic (8.5 %). Since first coming to the clinic, most were seen four or more times (78.8 %), whilst 3.8% were seen once, 11.5% were seen twice, and 5.8% were seen three times. Of patients seen 12% had no improvement, 76% had some improvement and 12% had full improvement. 25.5% of the patients take their medication some days while 74.5% take it every day. 24.1 % of patients are lost to follow up while 75.9% are still having follow up. (see table 3)

Table 1; Socio -demographic characteristics of patients attending St. Mary Clinic

Variable	N	%
Sex		
Male	138	79.3
Female	36	20.7
Age (years)		
<20	6	3.4
20- 39	124	71.3
40- 60	32	18.4
Missing	12	
Usual residence		
Addis Ababa	58	61.7
Out of Addis	36	38.8
Missing	80	
Religion		
Orthodox	72	87.9
Muslim	4	4.9
Protestant	6	7.3
Missing	92	
Education		
Yes	86	89.6
No	10	10.4
Missing	78	
Level of education		
Elementary	22	26.2
High school	32	38.1
<i>Higher education</i>	30	35.7

Graph_1: The number of patients seen at St Mary Clinic by year

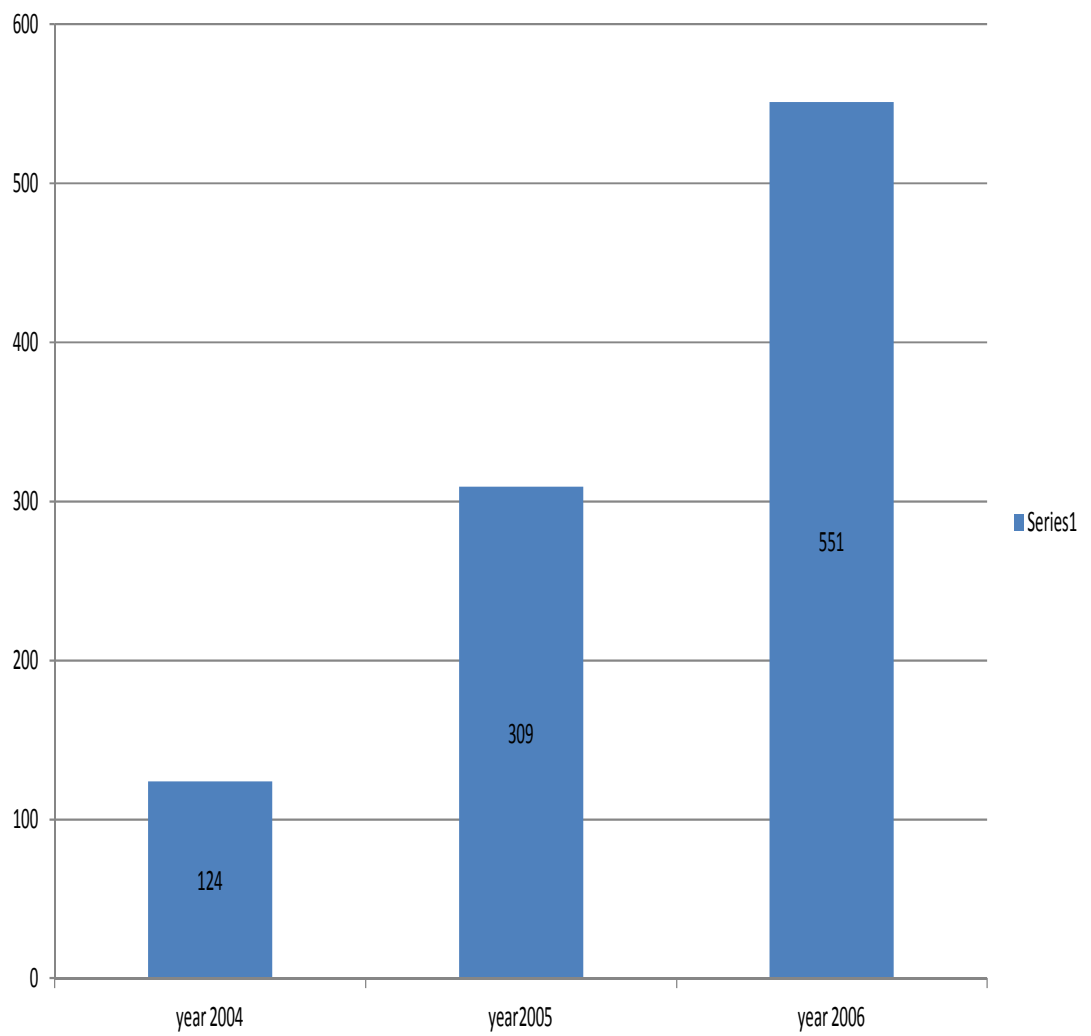


Table 2; Holy water use pattern amongst patients attending St Mary Clinic

Variable	N	%
Holy water site attended		
St. Michael	62	86.1
St. Mary	10	13.9
Missing	10	
	2	
Who accompanies them to the clinic		
Attendants	76	65.5
Family	32	27.6
Both	8	6.9
Missing	58	
Are they living at the holy water site		
Yes	118	96.7
No	4	3.3
Missing	52	
Duration of stay at holy water site		
<1 year	48	54.5
1-5 years	22	25
>5 years	16	18.1
Missing	74	

Table 3: Diagnosis and out-come in patients attending St Mary Clinic

Variable	N	%
Diagnosis		
Schizophrenia	121	73.3
Schizoaffective	12	6.9
Bipolar disorder with psychotic features	14	8.5
Substance use disorder	7	4.2
Major depressive disorder	8	4.8
Seizure disorder	1	0.6
Mild mental retardation with behavioral disturbance	1	0.6
Mental retardation +cerebral palsy+ seizure disorder	1	0.6
Missing	9	

Previous medical treatment		
Yes, at Amanuel Hospital	46	48.4
Yes, at Other unspecified location	12	12.6
None	37	38.4
Missing	79	
Did they discontinue medication when they go to holy water		
Yes	40	76.9
No	12	23.1
Missing	122	
Reason for discontinuing medication when at holy water		
Side effect	10	41.6
Patient refusal	6	25
Loss of family support	6	25
Nearby clinic was closed	2	8.3
Missing	150	
Return visits to clinic since first arrival		
1	4	3.8
2	12	11.5
3	6	5.8
4	82	78.8
Missing	70	
Symptom improvement since visit to clinic		
No improvement	12	12
Some improvement	76	76
Full improvement	12	12
Missing	74	
Adherence to medication, takes medication		
Some days	24	25.5
Every day	70	74.5
Missing	80	
<i>Lost to follow up</i>		
Yes	42	24.1
No	132	75.9

Study 2:

A total of 14 attendants were interviewed. Of these one was female (the only female that works as an attendant at both the sites). Seven of them were from St. Michael and the rest seven from St. Mary. Nine of the attendants brought their patients to clinic while the remaining five did not. Of those that bring patients to the clinic two of them were attending for the first time and the rest brought follow up patients. Here are the themes that have emerged, although some themes were emphasized to a greater or lesser extent than others.

Role of the attendants

Each attendant looks after about 5 to 10 patients. How many patients depends on his/her capabilities, but does not exceed 10, at least in St. Michael's site. This is because they have an organization (union) that makes sure the patients are being treated well; this organization won't allow them to have more than 10 patients. The union also makes sure the patients are being fed, cleaned and are not being abused either physically or sexually.

The majority of the attendants had originally come themselves for holy water treatment for multiple reasons (physical and mental illness included), and had later taken on the role of attendant. They say they know how it feels to be ill and be abused, and they try their best to treat the patients with love and respect.

".....For four years, I was leading a painful life. I went to different hospitals and health centres then I came here and I recovered. That is why I take care of the patients just like I would myself....." (A12)

However the attendants reported that not everyone is the same, and some of the attendants do abuse the patients a lot.

The main services provided by the attendants include:

Hygiene: The attendants take patients to the nearby river every week to wash their body. The majority of the patients wash themselves but for those who can't the attendant will wash them. If the patient is unable to wash their own clothes, the attendant will wash them. Sometimes the patients' family brings clean clothes when they come to visit. Patients' families typically visit frequently, if the patients have one. There are also patients whom the attendants found in the streets and help for free. The family usually visits at least once a month to pay the attendant for their services. One attendant reported that one of his patient's family do not visit him, they only send money through the bank to the patient.

Food: For the patients' food the attendants either cook for them at home or get the food from a nearby restaurant which the family pays for every month. Attendants go and get the food and make sure the patient eats. The patients are mostly allowed to eat twice a day. Still the patients prefer to eat more than that. This could be because family couldn't afford food or the family wants to punish the patients for using substances. But mostly it's a fasting place.

"..... If the family can afford then they will also pay for breakfast. It depends on the family, since the majority of the patients come for being addicted the family do not want them to be comfortable....."(A10)

".....sometimes there are families that give us 3000 or 7000 birr for food only. Then we can feed the patients up to 5 times a day or as much as a patient could. On the other hand some people don't have anything to give and in this case the attendants try to fill the gap....."(A6)

Baptism: The attendants accompany the patients to the baptism area every day. They take them to the church in the afternoon for teaching the preaching ceremony. This is the only time they communicate with the priests. The priests are not involved in their day to day activities.

“.....I accompany them to the baptizing area and let them bath and drink the holy water....Till the patients` families come it is my responsibility to keep them safe. I always get the gratitude and appreciation of the patients` family.....” (A2)

Security: The attendants make sure the patients stay at the compound, and that they don't go wandering during the journey to the holy water place or when they bring them to the clinic. The attendants expressed a sense of responsibility towards their patients. It extended to the extent of legal responsibility.

“..... The [police] investigator of the case warned and advised me that as long as you take the responsibility for the patients, you have the obligation to the patient. The police man also advised me that taking a responsibility for a patient has concomitant legal duties.....” (A8)

Gate keeping: The attendants are the ones who advise and negotiate with the family which patients should go to St Mary Clinic for treatment, or not. They usually only bring one or two of their patients out of an average ten. They don't bring patients if they think they have recovered. Only one attendant brings nine patients. How they differentiate between patients to bring and not to bring is mentioned below.

“.....I try to convince the patient's family about the importance of medical treatment and how the patients could easily recover if they took medical treatment.... I explain to them that even if complete healing may not be expected, there will be improvement in. They will become at least self-conscious.....”(A14)

Accessing care and taking medication: The attendants bring patients to the clinic and make sure they take the medication. The attendants keep the medication with them and when it is time to give the patients their medication the attendants will make sure the patients will take the medication. If the patients are not willing they might force them to take it.

"..... I take their medicine from the clinic and make them take it exactly as they should take it. I keep the medication with me for safety and to remind them to take it....." (A9)

Attitude of the attendants towards medical treatment:

Medical treatment or holy water: what works?

There is a varying attitude across the attendants about the medical treatment. The majority of them say that they like bringing patients to the clinic. They reported that it makes violent and restless patients calm. This makes their jobs easier. Medication also helps the patients sleep better. They repeatedly emphasized that both the medical and holy water treatments are a gift from God to mankind. They state all they want is for the patients to get better. These attitudes come mainly from attendants that bring their patients to clinic.

".....God gave this gift to Doctors (the ability to treat). In our religion, we believe everything is from God. As our fathers say one the holy fathers was a doctor. So I do think they complement each other...." (A1)

"..... A majority (about 60 %) of our members [holy water attendants] were very enthusiastic about the clinic being opened here. But there were some people who only rely on the church (holy water) alone....."(A6)

But there are a few others, amongst those who don't bring patients to the clinic, that state taking medication is like doubting the work of God and the power of the holy water. This will offend God and render the holy water treatment powerless.

Some attendants stated that if you are a strong believer, God will help you no matter what. They state that they have to first exhaustively use the spiritual treatment. They tell that if they are not healed by the spiritual treatment, then they will go and seek medical care for the patient.

"...Combining both spiritual and medical treatment is not recommended. I know a lot of people who recovered from their illness through spiritual treatment without using medications. I strongly advise—patients to be firm in God and take only spiritual treatment....." (A7)

There are also some attendants who stated that the combination of the holy water treatment and the medical treatments complement each other. Both treatments are a way to recover from a painful life.

".....I can see real changes in when it is combined with the holy water. It might not work solely but, when it is with the will of God (holy water) it is working very well....."(A5)

A priest who is also a holy water attendant said;

"..... God gives us the holy water and the ability for mankind to make the medicine. By the grace of God I have seen the changes when medicine is used with holy water..... I am a man of the church and I see the change and understand it....." (A4)

Impact of AAU training

Most of the attendants state they found about the service that is provided at the St. Mary clinic through training that was given by AAU. The attendants that come to the clinic say that the training changed their attitudes about the medical treatment, and now they want to collaborate more. They also state that since the training they don't beat patients or

chain them as much as before. They know more about medication side effects and the importance of medication adherence. They state that taking patients to Amanuel Hospital was difficult since patients might be restless, violent and even try to disappear.

Because of this the taxi drivers refuse to take them. They appreciate the opening of this program because now it is walking distance away from the holy water.

“.....even if it’s based only on experience what we do here [taking care of the mentally ill] is psychiatry but since you come and started helping us with the medication we have seen big changes with the patients.....”(A14)

“.....I got the skill how to handle patients who are violent and turbulent who often pose risk to themselves and others. I have got the skill how to systematically handle them and let them refrain from risky acts.....”
(A3)

Decisions on bringing patients to the clinic: family influence and classification of illness

Family influence

The main reason the attendants still don’t bring some patients to medical care is family resistance. The attendants reported that a lot of families believe that healing is only from God and the medication will render the patient dormant. Most families are also fed up with medical treatment. Families tell the attendants that they have no hope with medication because the patient took it for years but didn’t show any improvement except have side effects. Some families don’t want to accept their loved one is mentally ill. They would prefer that their loved one be healed by the holy water than with medical treatment. If they are healed by the holy water it is more acceptable to the family as well as the society at large.

The attendants state that some families still refuse medical treatment even after the attendants tell them that they need to go to medical treatment.

“.....If they are not willing to let him be taken to a medical centre even when the condition is fatal, we will hand the patient back to his family.....” (A9)

Spirit possession vs mental illness

The attendants have their own way of screening who comes to clinic and who doesn't. They say they bring patients who are mentally ill but not patients who are substance addicted or are possessed by evil spirits. They say the patients that came because of substance problems, for example khat/ alcohol, brought it up on themselves. So the treatment should be to chain them, so they won't get access to the substances. Alongside this, they should continue the spiritual treatment so that they would get strength to stop using substances. The attendants also reported that these patients are aware of themselves and what they are doing.

“.....drug addiction is a manifestation of evil spirit. When he or she is baptized they begin shouting and talking too much. And this is taken as a confirmation of the fact that a drug addict is actually a victim of evil spirit.....”(A6)

The attendants also will not bring patients who are believed to be a victim of spirit possession. They say they can easily differentiate between mental illness and evil spirit.

“.....Their character is our measurement. A person that has characteristics of violent nature, talks too much, problems with sleeping and fearful of everything is classified as a mental problem. A mental disorder is believed to be solved via medical treatment.....”(A8)

According to the attendants mentally ill people will present with symptoms like: talks and laughs alone, collect garbage, sing songs inappropriately, does not talk at all, forget things and can't take care of

themselves regarding eating, dressing and personal hygiene. They also state that mentally ill people become incontinent to urine and feces. According to the attendants, people with mental illness will be unaware of their environment and not do anything meaningful. They might also talk nonstop and incoherently. Becoming violent and having sleep problems is one of their main reasons to bring patients to medical care. The other screening criteria they use is if patients have a history of previous medical treatment, as this could indicate that he /she might have mental illness.

“.....Those patients, who are a victim of mental disorder talk too much, collecting dirty substances, do not keep their hygiene and try to escape. They also talk and laugh alone. They do not control themselves.....”(A5)

“..... When patients don't improve after long time of treatment, don't scream during baptism , collect, garbage and speak incoherently then we consider him or her mental ill.....”(A4)

On the other hand patients who are possessed by evil spirits will have a different set of symptoms. The main character they identify the patients with is their response to being baptized. When they are being baptized, those possessed by spirits might scream, shout and try to get away. They might also speak fast about irrelevant things or things related to the spirit. But when they are not being baptized they are normal.

“.....A patient with evil spirit shouts, talks too much and utter irrelevant things when he is baptized. They don't want to hear about and get a treatment of spiritual type.....”(4)

They will have different characteristics at different times and do things which are uncharacteristic to them like, be violent, be cruel to animals and people.

“.....sometimes when patients are being baptized the evil spirit might say that “I deliberately rendered the medicine irrelevant for the patient” or “I am deliberately making the patient take medication so that, I will govern my evil empire”.....” (A10)

The attendants report that those who are possessed by evil spirits, will try everything in their power not to be baptized. They will try to escape from the holy water place and refuse to go to church.

“.....They will use all their energy to escape from the baptizing area. The energy and force they exert while being baptized is incomparable with the persons energy and character while he/she is normal.....”(A12)

The spirit might also present like a physical illness. It will render them weak unable to work or take care of themselves.

“.....HIV is also considered as an evil spirit....there are people who have problems like “Aynetela”, “Buda”, “Lekefet” and the like.....”(A11)

Chaining patients

According to the attendants, despite the training they still chain the majority of their patients. This is because the risk of escaping is high since the majority of patients come to the holy water site against their wills. People with substance problems are at particularly high risk of escape since all they want to do is use their substances.

“.....I thought instead them wandering off all day and night and be attacked by hyenas or going into a ditch I should chain them up.....”(A4)

The attendants are also scared of being harmed themselves.

“.....They might fight with attendant... In one occasion an attendant passed away due to injury.....” (A6)

The other reason for chaining is family request. The family might be scared of them because what they did in the past. Or the family might want to punish them for using substance.

“.....there is one [patient] who killed a person and served 12 years in prison and then come here. Sometimes he runs away and goes home but his family members leave because they are scared...”

(A10)

Attendants' opinions on room for improvement relating to the clinic

The attendants suggested some areas of improvement. One of these is availability of medication. They state that sometimes they will be told by the clinic that there is no available medication this week and they have to buy from other pharmacies. This is challenging to them because they have already told the family of the patients it is for free. The other challenge is there are families who can't even afford to buy food let alone medications. Some of the patients don't have family and the attendants are taking care of the patients for free including their food and hygiene. The attendants recommend having better availability of the medications. The attendants state they prefer Risperidone to the “red drug” (possibly Chlorpromazine), because it has less side effects on the patients.

“.....there is inaccessibility of medicine in this clinic. When patients take the red medicine there body shacks and their neck bend. Risperidone is a good medicine to the patients.....” (A2)

The attendants asked for more training. The ones that have the training from AAU before state that they have benefited a lot from the previous trainings and would like to be reminded of the points raised. The ones who hadn't received the training previously said they would like to learn a new knowledge.

“.....Some of the attendants benefited from participating in this training. However, others forgot the points made at the training and

hence failed to implement it. I suggest that trainings should be given again to all attendants.....” (A14)

All of the attendants from St. Michael holy water site asked for a clinic near St. Michael church. They travel through the forest for more than an hour to get to the St Mary Clinic. This is difficult because there is a risk the patients might escape or get lost in the forest and be eaten by wild animals.

“.....I would recommend that a clinic should also be opened at “Shenkuru” Michael. Because it’s far away and patients are difficult to handle.....” (A4)

Discussion

In the quantitative study we have tried to show the socio-demographic picture of patients that come to the St. Mary clinic, Entoto. We have shown people from different social, cultural and religious back ground come to the clinic. This study is important because it will allow us to have a clear picture of who comes to the clinic and why do they come .A clinic like this is one of its kinds and it’s very important to know how it is functioning.

We have found that there are more men that come to the clinic than women. This is unlike the national population data in which women are slightly over represented [13]. We also found that of all the patients that come to us schizophrenia (73.3%) is over represented. There is a possibility that this might be a true reflection of the prevalence of schizophrenia in the wider community. In one community based study done in Butajira area they have found that male to female ratio was 5 to 1 [14]. However, factors other than prevalence may explain the lower presentation of women. These include quicker recovery, higher tolerance by family, higher mortality rate, lack of family support, and lesser

economic power among women [15]. Females might be easier to handle to the attendants even when they become aggressive. It might be a representation of the total female population at the holy water sites. It is also evident the family keep their female relatives with schizophrenia at home since they need to be watched closely in order not to be sexually abused. [16].

We have found that majority of the patients that come to clinic are from St. Michael holy water site while a small number of the patients are St. Mary holy water site. This could be because the St. Michael holy water site is well known for treating mental illness.

Nearly all the patients that come to clinic live at the holy water sites and majority of them are brought by attendants. In a society where the families are the source care for the mentally ill, this result shows that the family system might be failing. This failing could be due to the family being over burdened. The families are therefore transferring their responsibilities to the attendants. This was similar finding with community study which shows although there is a strong family network in the community, half of the relatives reported experiencing serious family-related burden in such things as caring for the ill person in the family [15]. Parents are for obvious reasons more affected than other relatives across all domains [15]. Disorganized symptoms seemed to contribute to family related burden, which might be due to the fact that the aimless and disjointed behaviours in the patient could go beyond the ability of the relatives to tolerate and look after them from day to day [17]. A study in Nigeria has shown that the care of schizophrenia patients at home constitutes an appreciable burden on the family in a developing and non-industrialized country, where the extended family and the more supportive family atmosphere are expected to alleviate the family's burden and the burden was significant mainly regarding finance [18].

We have found that 61.7% of the patients are from Addis Ababa. This finding is similar to other studies done in Amanuel hospital that show that most admitted patients had come from Addis Ababa, with a rate about 20-fold higher than for the rest of the country. This is compatible with findings that demonstrate proximity to health facilities to be an important determinant of whether patients attend in emergency and during chronic illnesses [19]. This shows the opening of the clinic was an important determinant of accessing treatment for the patients near the holy water site. Another reason for having more patients from Addis Ababa in addition to the proximity to care could be that urban dwellers have a higher risk for mental illness. As shown in a community study in Butajira that urban dwellers had a 54% higher risk for the illness [14]. But still a large minority were from outside Addis Ababa. This shows what holy water is perceived as an important source of care since people are willing to travel. This could have implications for follow up when people are discharged from clinic. Families are less involved in care when at holy water and might not bring them for follow up. That is why the residents make sure to write a referral to a nearby health care facility when the patients are done with the holy water treatment.

89.6 % of patients had received formal education .Of this 35.7% have higher level education. This is consistent with a community study done in Butajira that shows those with formal education (i.e. those who attended school) had a 30% increased risk of severe mental illness compared those with no education [14].

48.4% of the patients seen in the clinic were previously treated at Amanuel hospital. Of those who were previously treated 76.9% of them discontinued their medication when coming for holy water treatment. The main reason they mentioned was side effect of medication. But on a study done at Amanuel hospital the main reason for the non adherence

was not understanding the possibility of relapse (33.9%) whilst 7.8% did not adhere due to medication side effects, 3.1% did not adhere due to religious and cultural reasons, 3% were due to loss of hope recovery and 11% did not adhere due to other reasons like being forgetful and shortage of drugs [20]. Another study mentioned the fact that more than one-fourth of the relatives attributed mental illness to supernatural forces, this is likely to decrease compliance with an intervention based on modern medicine [15]. The main reason mentioned in our study for discounting medication while coming to holy water treatment is side effect of medication, this could be prevented by providing appropriate prescription and proper management of side effects initially at the medical care centres.

It appears that patients that come to the St. Mary clinic have good outcomes. Although we did not measure outcomes using validated instruments the numbers are as follows. The mean number of patients attending per clinic session has increased through time. It increased by 50 % (14) in 2005, then by 75 % (25) in 2006. 78.8% of the patients were seen at least four times in the clinic since their initial visit. 76% of our patients showed some improvement since coming to the clinic. Only 24.1% of the patients are lost to follow up the rest 75.5% are still in treatment. This shows the clinic is running successfully. The reason could be the training provided to the attendants on medication adherence and constant link to the clinic. 74.5% of the patients take their medications every day. Compared to other studies, where the overall mean rate of non-adherence was 50% among psychiatric patients [21] the results in this study are high.

In this the qualitative study we have shown the attitude and roles of holy water attendants at the St. Michael and St. Mary holy water sites. Since collaboration with holy water treatment and biomedical treatment is the first in our country, no such study has been done previously. As this study is assumed to be the first of its kind involving holy water

attendants, it was not possible to make direct comparisons with other studies. There are few studies relating to similar collaborations in the international literature, so it is difficult to compare the findings.

Knowing the roles and attitudes of the attendants is essential knowledge for a way forward in developing collaborations of this kind. It is very important to study because it may be possible to replicate the clinic at other holy water sites. We hope the knowledge gained from this study will prove as a base for further trainings and clinics.

We have found the main roles of the attendants are basic day to day activities. These shows the attendants are the main contributors to the quality of life the patients have. The priests only see them when the attendants willingly take the patients to the baptism area. The same goes to the family who give the patients to the attendants with all the power.

Security and safety is one of the attendants' main duties. They make sure they don't lose their patients, mainly by chaining them. This could be due of lack of awareness about human rights but could also be due to the high legal and social responsibilities the attendants face.

Nearly all the attendants state the main obstacle to bringing patients to clinic is family resistance. The families are scared of the side effect of the medication and have perceived economic burden of buying the medication where as the holy water is free. A qualitative study showed that in Ethiopia poor adherence to antipsychotic medications is due to antipsychotic induced hunger hence it produces increased economic burden on the family. Medications were also considered "very strong" and harmful to the patient [22]. The other reason for the families for not wanting medical care is the social stigma of mental illness. There is clear existence of evidence of stigma among family members of patients with severe mental disorders [15]. The main mechanism that families reported to be helpful in dealing with the difficulties in one study is prayer for guidance or strength (65%), which clearly shows their beliefs about the cause of mental illnesses. It is also similar in India where it is

a taboo subject, the stigma especially hard on families of people with mental illness, treated as a curse, a demonic possession or karma for misdeeds in a past life [7].

The attendants don't bring all the patients to the clinic. They have their own way of differentiating the illness they see. They only bring patients that show disorganized behaviour, become talkative and aggressive. This could be due to their understanding of mental illness. This was seen in a key informant study in Butajera where, talkativeness, aggression, strange behaviour and other overt psychotic symptoms were regarded by the informants as the prototype symptoms of mental disorder [6]. This indicates that one has to display behaviour that attracts public attention to be recognized as mentally ill. Only a blatantly psychotic person will be identified as needing treatment.

The attitude of the attendants toward medical treatment is highly changed since the training. Currently the majority of the attendants are open to collaboration. This is a huge success to the clinic. But there are attendants who are still not willing to collaborate. This is similar to what happened in India. They also had resistance from the faith healers. Some "kadims" (faith healers) tell patients that the medicines are not needed, or that they can stop taking them. They thought doctors were coming to put them out of business since there were several thousand jobs at stake [7].

Limitation of the study

In the first study where data extraction from the patient chart was taken, a lot of information was missing. The main limitation of the qualitative study is the issue of generalizability. This is a result of the fact that the sample was selected not on probabilistic sampling method and hence cannot be representative of the study population. The attendants that we selected are the ones that come to the clinic and the ones that are willing to talk with us. This group of patients could be the ones with a positive

opinion about the clinic (selection bias). The attendants might also give opinions to please the interviewer (social desirability) especially as the interviewer was a psychiatrist and associated with the clinic. We did not have the capacity to interview the patient, their families, or the priests which could have been informative.

Recommendations

- In the future we recommend that patient charts be more complete. This could be achieved by *training the residents*. A structured form to be filled by residents on each visit could also be helpful. This is really helpful for the future of clinic and future studies.
- There should be more community awareness campaigns especially targeted to family members of mentally ill people. The family is part of the society and educating the public with campaigns is the way forward.
- More training should be given to attendants, including those who have not attended training previously. Training should focus on the idea that holy water and medical treatments are both gifts from God, since this is an idea that is acceptable to them.
- If possible to open a clinic near St. Michael's church. The medication supply to the clinic should be improved.

Conclusion

The clinic has shown it is possible for spiritual and medical treatment modalities to collaborate and work together. The clinic also encouraged Volunteerism as an outreach program and community attachment to residents.

Appendix

Topic guide for interviewing attendants who came to the clinic:

1. How many people do they take care of?
2. What is their role exactly in taking care of the patients?
3. How did they find out about the service provided here?
 - Did they receive the training?
4. Do they bring all the people under their care here?
 - If no, how do they decide who gets to come?
5. Do they chain the patient?
 - If yes, who and why
6. Do they chain patients even after they had the training?
7. Have you received the training given by the psychiatrists?
8. What is their attitude about the care provided in the clinic?
 - Are they happy about the outcomes?
 - Is there any way the clinic can be improved?
- 9 .What is their relationship and communication like with the family and the priests?
 - Do family visit often or they just drop them and leave.
10. Do they think the two modalities of treatment (medical and holy water) can complement each other?

Do you think the holy water can work if a person is also taking medication

Topic guide for interviewing attendants who do not came to the clinic:

How many people do they take care of?

What is their role exactly in taking care of the patients?

Do they chain the patient?

If yes, who and why?

4) Have you received the training given by the psychiatrists?

5) What is their relationship and communication like with the family and the priests?

Do family visit often or they just drop them and leave.

6) Do they think the two modalities of treatment (medical and holy water) can complement each other?

Do you think the holy water can work if a person is also taking medication?

አባሪ

ወደ ክሊኒኩ ለሚመጡ አስተናጋጆች ቃለ መጠየቅ ማድረጊያ የመመሪያ ርዕስ

1. ምን ያህል ሰዎችን ነው የሚንከባከቡት?
2. ታካሚዎችን በመንከባከቡ ረገድ ትክክለኛ ሚናቸው ምንድነው?
3. እዚህ ስለሚሰጠው አገልግሎት እንዴት ሊያውቁ ቃሉ?
 - ስልጠና ወስደዋልን?
4. በእነርሱ እንክብካቤ ስር የሚገኙትን ሁሉንም ሰዎች ያመጣሉን?
 - እማያመጡ ከሆነ ማን መምጣት እንዳለበት እንዴት ነው የሚወሰኑት?
5. ታካሚዎችን በሰንሰለት ያስራሉን?
 - አዎን ከሆነ መልሱ እንዴት እና ለምን?

ስልጠና ከወሰዱ በኋላ እንኳን ታካሚዎችን በሰንሰለት ያስራሉን?

6. በስነ አእምሮ ሀኪሞች ስልጠና ወስደዋልን?
7. በክሊኒኩ ስሚሰጠው እንክብካቤ ያላቸው አመለካከት ምንድነው?
 - ስለውጤቱ ደስተኞች ናቸውን?
 - ክሊኒኩ የሚሻሻልበት መንገድ አለን?
8. እንደ ቤተሰብ እና ቆሶች ካሉ ጋር ያላቸው ዝምድና እና ግንኙነት ምንድነው?
 - ቤተሰብ በየጊዜው ይጎበኛልን ወይንስ ደርሰው ይመለሳሉን?
9. ሁለቱ የህክምና ዘዴዎች አንዱ አንዱን ያግዛል ብለው ያስባሉን? /ህክምና እና ፀበል/
 - ግለሰቡ መድሃኒት እየወሰደ እያለ ፀበሉ ይሰራል ብለው ያምናሉን?

አባሪ

ወደ ክሊኒኩ ለሚመጡት አስተናጋጆች ቃለ መጠየቅ ማድረጊያ የመመሪያ ርዕስ

1. ምን ያህል ሰዎችን ነው የሚንከባከቡት?
2. ታካሚዎችን በመንከባከቡ ረገድ ትክክለኛ ሚናቸው ምንድነው?
3. እዚህ ስለሚሰጠው አገልግሎት እንዴት ሊያውቁ ቻሉ?
 - መልሱ አዎ ከሆነ እንዴት? እና ለምን?
4. በአእምሮ ሀኪሞች የተሰጠ ስልጠና ወስደዋልን?
5. እንደ ቤተሰብ እና ቁዎች ከመሳሰሉት ጋር ያላቸው ዝምድና እና ግንኙነት ምንድነው?
 - ቤተሰብ በየጊዜው ይገኛልን ውይንስ በሽተኞቹን አስቀምጠው ይሄዳሉን?
6. ሁለቱ የሀኪምና ዘዴዎች /ሀኪምና እና ፀበል/ አንዱ ሌላውን ያግዛል ብለው ያስባሉን?
 - ገለሰቡ መድሃኒት እየወሰደ ሳለ ጸበል ይሰራል ብለው ያስባሉን?

Data Collection Form

Initials of name:	1.1 New <input type="checkbox"/>	1.2 Follow up <input type="checkbox"/>
If follow up, number of months since first visit: _____		
Date of presentation to the clinic: _____		
Age		
4.1 Below 20 <input type="checkbox"/>	4.2 20 – 39 <input type="checkbox"/>	4.3 40 – 60 <input type="checkbox"/>
4.4 Above 60 <input type="checkbox"/>		
Sex		
5.1 Male <input type="checkbox"/>	5.2 Female <input type="checkbox"/>	
Area they come from:		
6.1 Addis <input type="checkbox"/>	6.2 Out of Addis <input type="checkbox"/>	
Formal education:		
7.1 Yes <input type="checkbox"/>	7.2 No <input type="checkbox"/>	
If yes,		
7.1.1 Elementary <input type="checkbox"/>		
7.1.2 High school <input type="checkbox"/>		
7.1.3 Higher level education <input type="checkbox"/>		
Religion:		
8.1 Muslim <input type="checkbox"/>	8.2 Orthodox Christian <input type="checkbox"/>	
8.3 Protestant Christian <input type="checkbox"/>	8.4 Other <input type="checkbox"/>	
If other, specify: _____		
Which holy water they come from:		
9.2 St. Mary <input type="checkbox"/>	9.3 St. Michael <input type="checkbox"/>	
If other, specify: _____		

Participants' Information Sheet

This is a mental health research and we are collecting data for a research purpose. This form explains why we do this study, your role in the study, the benefits and risks of involving in this study, compensations and confidentiality of the information you give us.

Purpose- This study is looking at the role and attitude of the holy water attendants at the Saint Mary and saint Michael holy water places towards the St Mary Clinic.

Procedures - The researcher will conduct an interview using a topic guide. The interview will last about 45 minutes. There will not be any invasive procedures. The interview will take place at the St Mary Clinic. You will be asked questions about what work you do as a holy water attendant and why you do or do not attend the St Mary Clinic with the patients. With your agreement we will audio record the interview.

Risks associated with the study- Apart from the time you spend with us we do not see any risk that you will undergo by participating in this study. If there is any question you don't want to answer, you can miss out that question.

Benefits of the study- We hope that the study will contribute to the improvement of mental health service at Saint Mary Clinic .It will also inform the leaders of the clinic on how to proceed in opening similar clinics in other holy water place.

Compensations- There will be compensation for your time.

Confidentiality of your information- The information you give during this study will be confidential. Once the data is entered into a computer, it will be coded and becomes unidentifiable/ anonymous. Your personal information that could lead to your identification will never be disclosed in either oral or written form.

Termination of the study- You will only be recruited based on your willingness and without any obligation to participate in the study. Once

you get involved in the study, you have also full right to withdraw your participation before completing the interview.

I would also like to inform you that this study is approved by the ethical committees of the Department of Psychiatry, Addis Ababa University.

The ethics committees address/contact details are;

Department of Psychiatry

Addis Ababa University

P.O. Box 8096

Tel. +251115511079

The principal investigator is Dr. Ribka Birhanu, Department of Psychiatry, AAU.

Email: ribkabihanu@gmail.com

Participant consent form

My name is _____ . After having information about the purpose of this study I would like to ask for your consent to participate in this study entitled “Collaboration between Holy Water Treatment and Biomedical Treatment at saint marry Clinic, Entoto: Service Pattern of Utilization and Attitude of Care Givers” Participating in this study will only depend on your decision to do so and you have all the rights to withhold information, refuse or drop out of the study any time you want to do so without any need to explain to anyone. Withdrawing from the study will have no effect on you. All the information you give during the study will be kept confidential. You have all the right to ask and get clarification at any time. In case you have doubts or questions, you can use the above address to access the principal investigator. I finally would like to confirm your agreement by signing your name if you agree.

Signature _____ of _____ participant
Date _____

Signature _____ of _____ investigator
Date _____

የተሳታፊ መረጃ ቅጽ

ይህ የአእምሮ ምርምር ነው እናም ለምርምሩ አላማ መረጃ እየሰበሰብን ነው። ይህ ቅጽ እኛ ጥናቱን ለምን እንደሚከተል፣ በጥናቱ ውስጥ እርስዎ ያሉትን ሚና፣ በዚህ ጽናት የሚገኙትን ጥቅሞች እና አደጋዎች፣ ክፍያዎችን እና እርስዎ የሚሰጡንን መረጃ ሚስጥራዊነት ይገልጻል።

- ይህ ጥናት በቅድስት ማርያም እና ቅዱስ ሚካኤል የፀበል ቦታዎች የሚገኙት የፀበል አስተናጋጆችን ሚና እና አመለካከት እንደዚሁም ከቅድስት ማርያም ከሊኒክ ጋር ያላቸውን አመለካከት ያጠናል።
- የአሰራር ዘዴ፡- ተመራማሪው የመመሪያ ርእስ ጉዳይ በመጠመቀም ቃለ መጠይቅ ያደርጋል። ቃለ መጠይቁ የሚፈጀው ጊዜ 45 ደቂቃ ነው። መብትን የሚነካ የአሰራር ዘዴ የለም። ቃለ መጠይቁ የሚደረገው በቅድስት ማርያም ከሊኒክ ነው። እርስዎ የፀበል አስተናጋጅ እንደመሆንዎት የእርስዎ ስራ ምን እንደሆነ ጥያቄዎችን ይጠየቃሉ። እናም በቅድስት ማርያም የሚገኙ ታካሚዎችን ለምን እንደሚያስተናግዱ ጥያቄዎችን ይጠየቃሉ። በእርስዎ ስምምነት መሰረት ቃለ መጠይቁን እንቀርፀዋለን።

ከጥናቱ ጋር ተያያዥነት ያላቸው አደጋዎች

እርስዎ ከእኛ ጋር ጊዜ ከሚያሳልፍ በስተቀር እርስዎ በዚህ ጥናት በመሳተፍዎ ምክንያት ሊደርስብዎ የሚችል አደጋ እደሌለ እናምናለን። እርስዎ ለመመለስ የማይፈልጉት ጥያቄ ካለ ያንን ጥያቄ መተው ይችላሉ።

ከጥናቱ ሚገኝ ጠቀሜታ፡- ይህ ጥናት በቅድስት ማርያም ከሊኒክ ሚስጠው የአእምሮ ጤና አገልግሎት እንዲሻሻል አስተዋጽኦ ያደርጋል ብለን እናምናለን። እንደዚሁም ጥናቱ በሌሎች የፀበል ቦታዎች ተመሳሳይ ከሊኒኮችን ለመክፈት ለክሊኒኩ መሪዎች መረጃ ይሰጣል።

ክፍያዎች፡- በጥናቱ ላይ ላሳለፉት ጊዜ ክፍያ ይፈጸምሎታል።

የእርስዎ መረጃ ሚስጥራዊነት፡- በዚህ ጥናት ውስጥ የሚሰጡት መረጃ በሚስጥር ይያዛል። መረጃው ወደ ኮምፒውተር ከገባ በኋላ ቁጥር ይሰጠዋል። እናም በማንም የማይታወቅ ይሆናል። እርስዎ የሚጡት የግል መረጃ የእርስዎን ማንነት በቃል ወይንም በጽሑፍ መልክ የሚገልጽ አይሆንም።

የጥናቱ መቋረጥ፡- እርስዎ የሚመለሱት በፈቃደኝነት መሰረት ብቻ ይሆናል። እናም በዚህ ጥናት ለመሳተፍ ምንም አይነት ግደታ አይኖርበትም። በጥናቱ መሳተፍ ከጀመሩ ቃለመጠይቁ ከመጠናቀቁ በፊት ከጥናቱ ለመውጣት ሙሉ መብት ይኖርታል።

ይህ ጥናት በአዲስ አበባ ዩኒቨርሲቲ የስነአእምሮ ምምሪያ የስነምግባር ኮሚቴ የፀደቀ መሆኑን ላሳውቅዎ እወዳለሁ።

የስነምግባር ኮሚቴ አድራሻ ከዚህ የሚከተለው ነው።

የስነ አእምሮ መምሪያ አዲስ አበባ ዩኒቨርሲቲ

የመልክት ሳፕን 8096

ስልክ 251115511079

ዋናው ተመራማሪ ዶክተር ርብቃ ብርሃኑ

የስነ አእምሮ መምሪያ

አዲስ አበባ ዩኒቨርሲቲ

የተሳታፊ የፈቃደኝነት ቅጽ

ስሜ፡- ----- ነው።

ስለዚህ ጥናት አላማ መረጃ ካገኘሁ በኋላ እርስዎ በፀበል ህክምና እና በባዮሜዲካል ህክምና በቅድስት ማርያም ክሊኒክ እንጦጦ የአገልግሎት አጠቃቀም አቅጣጫ እና የእንክብካቤ ሰጪዎች አመለካከት በሚል ርዕስ በሚታወቀው ጥናት እንዲሳተፉ የእርስዎን ፈቃድ እጠይቃለሁ። በዚህ ጥናት ላይ መሳተፍ የሚመስረተው በእርስዎ ውሳኔ ላይ ነው። እናም ማንኛውንም መረጃ ላለመስጠት እንደዚሁም በማንኛቸውም ጊዜ እምቢ ለማለት ወይም ከጥናቱ ለመውጣት እና መግለጫ መስጠት ሳያስፈልግዎት ለመውጣት ሁሉም መብት አለዎት። ከጥናቱ መውጣት እርስዎ ላይ የሚያስከትለው ተጽእኖ አይኖርም። በጥናቱ ወቅት የሚሰጡን መረጃ በሚስጥር የሚያዝ ነው።

እርስዎ በማንኛቸውም ጊዜ ማብራሪያ ለመጠየቅ እና ይህንኑ ለማግኘት መብት አለዎት። ምናልባት ጥርጣሬ ወይም ካለዎት ዋናውን ተመራማሪ ለማግኘት ከዚህ በላይ የተመለከተውን አድራሻ መጠቀም ይችላሉ።

ከተስማሙ የእርስዎን ስምምነት ስሞትን በመፈረም ለማረጋገጥ እወዳለሁ።

የተሳታፊው ፊርማ:- -----

ቀን -----

የተመራማሪው ፊርማ:- -----

ቀን -----

References

1. Vecchiato NL (1993). Traditional medicine. In *The Ecology of Health and Disease in Ethiopia* (ed. H. Kloos and Z. A. Zein), pp. 157–178. Westview Press: Boulder, CO.
2. Araya M, Aboud FE (1993). Mental illness. In *The Ecology of Health and Diseases in Ethiopia* (ed. H. Kloos and Z. A. Zein), pp. 493–506. Westview Press: Boulder, CO.
3. Atalay Alem1, Menilik Destal and Mesfin Araya(1995) Mental health in Ethiopia. *Ehh.j.healyh*.1995.9.47
4. Giel R, Gezahegn Y, Van Luijk JN (1968a). Faith healing and spirit possession in Ghion Ethiopia. *Social Science and Medicine* 2, 63–79.
5. Y. Bekele, A. J. Flisher, A. Alemand Y. Baheretebeb (2009) Pathways to psychiatric care in Ethiopia *Psychological Medicine* , 39, 475–483.
6. Alem A, Jacobsson L, Araya M, Kebede D, Kullgren G. (1999)How are mental disorders seen and where is help sought in a rural Ethiopian community? A key informant study in Butajira, Ethiopia. *Acta Psychiatrica* : 100: 4047 Munksgaard .
7. http://www.google.com/url?q=http%3A%2F%2Fwww.concernformentalhealth.com%2Fprojects%2F&sa=D&sntz=1&usg=AFQjCNHhPs90L8sCGjRc_OWslpS-p4ring
<http://www.google.com/url?q=http%3A%2F%2Fwww.pbs.org%2Fnews%2Fhour%2Fbb%2Ftreating-mental-illness-medicine-religion-india%2F&sa=D&sntz=1&usg=AFQjCNEZTZ-KGJVxc-fmOa7ByJtMUd3Whw>
<http://www.google.com/url?q=http%3A%2F%2Fwww.thehindu.com%2Ftoday-paper%2Ftp-national%2Ftp-tamilnadu%2Fdawadua->

programme-gaining-
momentum%2Farticle5708147.ece&sa=D&sntz=1&usg=AFQjCNEHDr6
OeVdj-bwctGjQihdFziRymg

8. Giel R. (1999)The prehistory of psychiatry in Ethiopia. *Acta Psychiatrica Scand* 1999; 100: 2-4. 0 Munksgaard
9. E. A. Sorketti,¹ N. Z. Zuraida² and M. H. Habil (2010)Collaboration between traditional healers and psychiatrists in Sudan. *International Psychiatry* Volume 7 Number
10. Campbell-Hall et al (2010) Community Mental Health in South Africa. Collaboration between Traditional Practitioners and Primary Health Care Staff in South Africa: Developing a Workable Partnership for Community Mental Health Services
11. BA Robertson Emeritus Professor (2006) Does the evidence support collaboration between psychiatry and traditional healers? Findings from three South African studies *REVIEW S Afr Psychiatry Rev* ;9:87-90
12. Lise Bouchard , Runajambi , TheAwakening ofCollaboration between Quichua Healers and Psychiatrists in the Andes. Ecuador CHAPTER 7
13. World Health Organization. *World Health Report 2005-Make every mother and child count. 2005 [cited 21/11/2006]; Available from: <http://www.who.int/whr/2005/en>*
14. The sociodemographic correlates of schizophrenia in Butajira, rural Ethiopia Derege Kebede,^{*}, Atalay Alemb, Teshome Shibrea,^b, Alemayehu Negasha,^b, Negussie Deyassaa, Tefera Beyeroa,^bReceived 28 October 2002; accepted 11 March 2003
15. Perception of stigma among family members of individuals with schizophrenia and major affective disorders in rural Ethiopia T. Shibre · A. Negash · G. Kullgren · D. Kebede · A. Alem · A. Fekadu · D. Fekadu ·

- G.Medhin · L.Jacobsson Soc Psychiatry Psychiatr Epidemiol (2001) 36:299–303 © Steinkopff Verlag 2001
16. Schizophrenia: illness impact on family members in a traditional society – rural Ethiopia T.Shibre · D.Kebede · A.Alem · A.Negash · N.Deyassa · A.Fekadu · D.Fekadu · L.Jacobsson · G.Kullgren Soc Psychiatry Psychiatr Epidemiol (2003) 38:27–34 DOI 10.1007/s00127-003-0594-7
 17. Human rights and psychiatric care in Africa with particular reference to the Ethiopian situation Alem. Acta Psychiatr Scand 2000: 101: 93±96. # Munksgaard 2000.
 18. The burden of schizophrenia on the family.A study from Nigeria.Br J Psychiatry Martyns-Yellowe IS (1992) 161:779–782
 19. A descriptive analysis of admissions to Amanuel Psychiatric Hospital in Ethiopia Abebaw Fekadu¹, Menelik Desta², Atalay Alem³, Martin Prince¹
 20. Adherence to Psychotropic Medication at Amanuel Specialized Mental Hospital Outpatient Clinic By Ayele Bayou 2013 final year thesis
 21. Medication adherence and long term functional outcomes in treatment of schizophrenia in usual care. J of clinical psychiatry Ascher- svanum H.Faries DE zhu B .et.al. 67: 453-460, 2006.
 22. *Non-adherence with mood stabilizers prevalence and predictors. J-clinical psychiatry Scott j .Pope.M. 2002, 63: 384-90.*