

## **SYMPOSIUM 1: ‘TOGETHER FOR MENTAL HEALTH’: USING VISUAL RESEARCH METHODS TO UNDERSTAND HOW HEALTH WORKERS, FAMILIES AND HEALERS WORK TOGETHER TO IMPROVE MENTAL HEALTH AND REDUCE COERCION AND RESTRAINT IN GHANA AND INDONESIA**

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**Background:** Calls for collaboration between traditional/faith-based healers and mental health workers in LMICs have emphasised the value of such partnerships in preventing human rights abuses and improving access to psychiatric treatment. However, limited research exists on how such collaborations are built in contexts with varying healing traditions and factors which make them successful. This study examines this intersection of care in Ghana and Indonesia to understand how healers, health workers and families collaborate to minimise coercion and restraint of persons with mental health conditions and improve care.

**Aims:** To describe the background to the study, similarities and contrasts across settings, lessons learned (Paper 1: UR/EC); to present case studies from Ghana (Paper 2: LK/UR) and Indonesia (Paper 3: DS/AP) using film excerpts to illustrate factors which influenced successful collaboration and identified challenges.

**Methods:** We used ethnographic film, observation and interviews in 3 field sites in Ghana and 5 in Indonesia over 8 weeks in each country. We observed mental health workers (8 Ghana; 20 Indonesia), Islamic, Christian, Hindu and indigenous healers (6 Ghana; 12 Indonesia), family caregivers (11 Ghana; 16 Indonesia), and persons with lived experience of mental health conditions (10 Ghana; 28 Indonesia). Film footage was transcribed verbatim and translated into English. Data were coded thematically to describe how collaboration was practiced.

**Results:** Historical, social, cultural, structural and economic factors shaped the formation of working partnerships in each setting and negotiation of resource constraints, ethical obligations, status hierarchies and professional authority. Visual ethnography proved ethically challenging but enabled detailed observation of collaborative relationships in practice.

**Implications:** Findings provide insights into factors which facilitate successful collaboration between healers and mental health workers across diverse settings in LMIC. These provide valuable lessons for other countries with pluralistic approaches to mental health care to prevent human rights abuses and improve care.

### **Learning Objectives**

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to recognize factors which facilitate and hamper collaboration between health workers and healers in LMICs and how these relationships are negotiated in practice, as well as how these can be used for advocacy
2. Participants will be able to evaluate and reflect on the potential as well as ethical concerns of using ethnographic and visual methodologies to carry out cross-cultural research in mental health and human rights

## References

Read, U.M. Rights as Relationships: Collaborating with Faith Healers in Community Mental Health in Ghana. *Cult Med Psychiatry* 43, 613–635 (2019). <https://doi.org/10.1007/s11013-019-09648-3>

Prastyani, A.W., Setiyawati, D. & Colucci, E. Priests, a grandmother and schizophrenia. *Inside Indonesia* 141 (Jul-Sep 2020). <https://www.insideindonesia.org/priests-grandmothers-and-schizophrenia>

Kpobi, L. & Swartz, L. Implications of healing power and positioning for collaboration between formal mental health services and traditional/alternative medicine: the case of Ghana, *Global Health Action* 11:1, (2018). <https://doi.org/10.1080/16549716.2018.1445333>

## **‘Together for Mental Health’: Background and lessons learned from Ghana and Indonesia**

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**Background:** Collaboration between traditional/faith-based healers and mental health workers in LMICs has been encouraged as a way to prevent human rights abuses and improving access to psychiatric treatment. However, limited research exists on precisely how such collaborations are built in low-resource contexts with varying healing traditions and the factors which make them successful. In this paper, we outline factors which informed the development of the study and the methodological approach, including similarities and contrasts unique to each country.

**Aims:** To describe the background to the study and methods, similarities and contrasts across settings, and lessons learned.

**Methods:** We used ethnographic film, observation and interviews in 3 field sites in Ghana and 5 in Indonesia over 8-10 weeks in each country. We conducted filmed interviews/observations with mental health workers (8 Ghana; 20 Indonesia), Islamic, Christian, Hindu and indigenous healers (6 Ghana; 12 Indonesia), family caregivers (11 Ghana; 16 Indonesia), and persons with lived experience of mental health conditions (10 Ghana; 28 Indonesia). Film footage was transcribed verbatim and translated into English. Data were coded thematically to identify the diverse ways in which collaboration was practiced.

**Results:** Historical, social, cultural, structural and economic factors shaped the formation of working partnerships in each setting and negotiation of resource constraints, ethical obligations, status hierarchies and professional authority. Visual ethnography proved ethically challenging but enabled detailed naturalistic observation of collaborative relationships in practice.

Implications: Findings provide insights into factors which facilitate successful collaboration between healers and mental health workers across diverse settings in LMIC. These provide valuable lessons for other countries with pluralistic approaches to mental health care to prevent human rights abuses and improve care.

#### Full List of Authors

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#### Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to determine factors which are important for building collaboration between health workers and healers in LMICs and how these relationships are negotiated in practice in diverse settings
2. Participants will reflect on and evaluate the potential as well as ethical concerns of using ethnographic and visual methodologies to carry out cross-cultural research in mental health and human rights.

#### References

Colucci E. (2016). Breaking the chains. Ethnographic film-making in mental health, *Lancet Psychiatry* 3, 509-510 (2016). [http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(16\)30034-7.pdf](http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(16)30034-7.pdf)

Read UM 2017. 'Doctor sickness' or 'pastor sickness'? Contested domains of healing power in the treatment of mental illness in Kintampo, Ghana. In Basu H, Littlewood R and Steinforth AS eds. 2017. *Spirit and Mind: Mental Health at the Intersection of Religion and Psychiatry* Munster, Lit Verlag

#### **'Together for Mental Health': An ethnographic film case study of collaboration between healers and mental health workers in Ghana**

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Background: Ghana's Mental Health Authority recently developed guidelines for collaboration between traditional/faith-based healers and community mental health workers in the country. These partnerships are anticipated to be useful in preventing human rights abuses and improving access to psychiatric treatment. However, there is limited research on how such collaborations work in practice and the factors which make them successful. In this paper, we use excerpts from documentary film footage to show how mental health workers develop collaborative care practices with healers and family members.

Aims: To present an ethnographic case study from Ghana to illustrate factors which influenced successful collaboration and identified challenges.

Methods: Data were collected through ethnographic film, observation and interviews in 3 field sites in Ghana over 8 weeks, including 2 indigenous shrines, 4 healing churches, 4 clinics and 3 family homes. We conducted filmed interviews and observations with eight mental health workers; six neo-Pentecostal and indigenous healers; 11 family caregivers; and 10 persons with lived experience of mental health conditions. Film footage was transcribed verbatim and translated into English. Field notes and transcripts were coded thematically to describe how collaboration was practiced.

Results: Data illustrates how social, cultural, structural and economic factors influence health workers' negotiation of resource constraints, ethical obligations, status hierarchies and professional authority.

Implications: Findings provide insights into factors which facilitate successful collaboration between healers and mental health workers across diverse settings in LMIC and the challenges of balancing ethical practice with community relations.

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#### Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to acquire knowledge on how working partnerships are built between healers and mental health workers in a pluralistic low-resource context
2. Participants will be able to identify ways in which such partnerships can be used to support holistic care and protect human rights.

#### References

Kpobi, L. & Swartz, L. Implications of healing power and positioning for collaboration between formal mental health services and traditional/alternative medicine: the case of Ghana, *Global Health Action* 11:1, (2018). <https://doi.org/10.1080/16549716.2018.1445333>

Read, U.M. Rights as Relationships: Collaborating with Faith Healers in Community Mental Health in Ghana. *Cult Med Psychiatry* 43, 613–635 (2019). <https://doi.org/10.1007/s11013-019-09648-3>

### **‘Together for Mental Health’: An ethnographic film case study of collaborative mental health care in Indonesia**

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**Background:** In recent years, Indonesia has made significant strides in abolishing harmful mental health practices such as pasung. Through partnerships with families and healers, health workers and service user groups have worked to prevent human rights abuses and improve access to care. In this paper, we use excerpts from our ethnographic film to highlight the important factors which facilitate such partnerships, and how these can be used to advocate for better mental health interventions.

**Aims:** To present a visual case study of working collaborations between healers, mental health workers, service user groups and families in Indonesia.

**Methods:** We used ethnographic film observations and interviews in five field sites in Indonesia over 10 weeks. We observed 20 mental health workers; 12 Islamic, Christian, Hindu and indigenous healers; 16 family caregivers; and 28 persons with lived experience of mental health conditions. The filmed footage was transcribed verbatim and translated into English. All data were coded thematically to describe how collaboration was practiced.

**Results:** The data show how social, structural and economic factors determine the nature of working partnerships between various stakeholders in Indonesia.

**Implications:** Findings provide insights into factors which facilitate successful collaboration between healers, mental health workers and service user groups in within a pluralistic healthcare context, and how these can be important tools to prevent human rights abuses for persons living with mental health conditions.

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## Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to recognize the important factors which facilitate collaboration between service users, families and health workers.
2. Participants will be able to observe how such partnerships can be used for advocacy and activism against human rights abuses

## References

Prastyani, A.W., Setiyawati, D. & Colucci, E. Priests, a grandmother and schizophrenia. *Inside Indonesia* 141 (Jul-Sep 2020). <https://www.insideindonesia.org/priests-grandmothers-and-schizophrenia>

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