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Mental health sources for Catholics in Marondera, Zimbabwe

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Abstract

Mental health is a neglected issue, mainly in Africa, regardless of the vast rates of mental disorders. The study aimed to explore mental health help-seeking sources for Catholics in Marondera. The qualitative approach and phenomenological design were used in this research with the use of in-depth, semi-structured interviews as data collection instruments. A sample of 20 Catholics participated in this study. In selecting the participants, a convenience sampling technique was used. Analysis of data was made by using the themes that arose from the research. The study established that there are perceived reasons that determine help-seeking behaviour, Catholics seek help from hospitals, church leaders and traditional healers and they have coping mechanisms that they resort to. The findings from this research propose opportunities for identification on how policy can improve on recognising, accommodating and addressing the mental health needs of Catholics, as well as other religious communities.

Keywords: Catholics, mental health, help-seeking, sources, Marondera;

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1. Introduction

Beliefs about mental disorders appear to vary across cultures (Chen & Mak, 2008; Simich, Waiter, Moorlag, & Ochocka, 2009). One factor that seems particularly detrimental to the pursuit of seeking professional help is religion. In the past, the church resorted to non-medical means to help with mental issues, through the use of methods such as exorcism. The perception that mental illness is being demon-possessed continues to be prevalent among religious people (Behere, Das, Yadav, & Behere, 2013). In Haiti, religious life is very important such that it is involved in every aspect of life such as morals, politics and health (Corten, 2000; Hurbon, 2004).

There are different religions in Haiti, including Roman Catholic; Vodou, which brings together West African traditions and Catholicism; and different Protestant traditions. In Haiti, Vodou, Roman Catholic and Protestant beliefs have grown in interaction and have common symbolic features (Brodwin, 1992, 1996). Religions are better understood when comparing them (Hurbon, 2001). All the above-mentioned religions in Haiti provide a parallel way of remedy to help people manage their emotional and mental problems. In Haiti, religion gives people a sense of determination, togetherness and comfort. It can boost the way a person views themselves, deal with hardships and in challenging situations provide hope. Spiritual leaders and health professionals in Haiti work hand in hand to enable clients to seek help as well as to be committed to suggested treatments. People are always prepared to trust spiritual and religious leaders compared to conventional professionals or organisations of mental health, thus spiritual leaders can work as consultants or co-therapists.

Mental health is a neglected issue, mainly in Africa, regardless of the vast rates of mental disorders. It is known as a serious health challenge for the public in Uganda, and laws and policies have been issued by the government to come up with strong care for mental health at the primary level of care (Ministry of Health, 2010). Nevertheless, providing service is still a huge problem, and the only place in the whole country where people can go and also find a ward for children is Butabika Hospital in Kampala. Specific services for the young are limited or hard to find in most mental health outpatient institutions (Kleintjes, Lund, Flisher, & MHAPP Research Programme Consortium, 2010), even though young people constitute 36% of their service provision (Kigozi et al., 2010).

1.1. Literature review

In the national health sector strategic plan III, the limitations in mental health have been acknowledged and some of the factors that have been brought to light as getting in the way of improvement include inadequate funds, understaffing, access to medication and destructive attitudes concerning making mental health a priority at the managerial level (Ministry of Health, 2010). As a result, the child population has been affected by the treatment gap. In addition, the emphasis when identifying delinquency as a mental illness was on epileptic seizures and descriptions of severe symptoms compared to simple ‘wilfulness’ or challenging behaviour. A combination of environmental, supernatural and biomedical understandings was revealed as the primary reasons behind help-seeking and diverse providers of treatment and related institutions, such as learning centres, were simultaneously contacted.

The idea of weak social support in communities hindered care access to have a better understanding of how sociocultural factors affect parental help-seeking for mental health; parents from the Mbale district of eastern Uganda shared their insights. Development is largely established even though studies on patterns for help-seeking are inconsistent and unclear. First and foremost, the young population tends not to seek professional help. According to Zubrick et al. (1995), in the Western Australian Child Health Survey, of the mentally unhealthy 4–16-year-olds, only 2% had accessed mental health services in 6 months. Sawyer et al. (2000) similarly found that 29% of the young population with mental health challenges had accessed any type of professional help, including educational services, health and mental health, as revealed in the section for the National Survey of Mental Health and Wellbeing. Secondly, young people tend to look for informal help first then

formal; a small number of young people look for professional help for mental health problems (Boldero & Fallon, 1995; Rickwood, 1995); therefore, the main sources of help are family and friends.

Boldero and Fallon (1995) and Schonert-Reichl and Muller (1996) found that young people consider friends as the first source of help for their emotional and personal problems; then parents are preferred as a second option. Thirdly, according to Boldero and Fallon (1995) and Rickwood and Braithwaite (1994), males are less likely to look for help compared to females. This depends on where the help is coming from and the nature of the problem, but generally, women are more likely to consult other people for mental health problems. Males, on the contrary, are more prone to depend on themselves than some other person, reject that there is a problem in the first place and avoid being recognised (Offer, Howard, Schonert, & Ostrov, 1991).

1.2. Related studies

A variety of studies have been carried out on different help-seeking concerns, for example, difficulties at school, and mental and physical health. This research centres on Catholics' mental health help-seeking behaviour. According to research, in the general population, a lot of adolescents go through distress and most of them do not seek help (Bergeron, Poirier, Fournier, Roberge, & Barrette, 2005; Sears, 2004; Unrau & Grinnell, 2005; Zwaanswijk, Verhaak, Bensing, VanderEnde, & Verhulst, 2003). Young adults and adolescents aged 15–24 years from a sample in Canada revealed that only 25% of the young population experiencing mental health challenges looked for help (Bergeron et al., 2005).

Studies have therefore centred on what motivates or demotivates young people from looking for help with their mental health problems, to try to understand the reason behind inconsistencies between mental health problem rates and help-seeking rates since these problems are in existence. To add on, since adolescents have been viewed as different from adulthood regarding peer and parental influence and concerning development, studies have of late centred upon major crucial factors, particularly at this time of life (Srebnik, Cauce, & Baydar, 1996). This research focuses on Catholics but other Western research focused on priests. In other studies, they point out that it is a challenge for priests to look for help for their mental health. It is not easy for priests to acknowledge that they need care and talk about some topics for example celibacy, sexuality and boundaries (Martin, 2007).

Vast studies centre on priests involved in child sexual abuse cases (Haywood, Kravitz, Grossman, Wasyliw, & Hardy, 1996; McDevitt, 2011; Plante & Daniels, 2004; Ryan, Baerwald, & McGlone, 2008). For those priests who are not involved in sexual abuse cases or have an upright service in the ministry, not much is known about their mental health needs (Lothstein, 2004). The fear of being stigmatised and being miscalled as a paedophile as a result of going for therapy may be a hindrance for priests to seek help. Zickar, Balzer, Aziz, and Wryobeck (2008) imply that priests may not look for help because of misunderstandings from supervisors since priests have alleged bishops as causing their stress. According to Kane (2008), sexual abuse accused priests failed to see any support given by their supervisors after the sexual abuse scandal.

There may be unwillingness from priests to discuss negatively their supervisors because it might damage the church as well as their development career-wise (Kane, 2008). Frawley-O'Dea (2007) found that there is an argument from other writers that the church hierarchy has promoted people not to speak up such that it is sound to conclude that priests may see church external help-seeking as a counter to what is traditionally accepted and anti-authoritarian. This research seeks to make the most of the strengths of the qualitative approach by making use of open-ended questions about the help-seeking behaviour for mental health by Catholics. This research sought to explore the help-seeking behaviour of both male and female Catholics in Ghana where key stakeholders gave responses to what they thought were the causes of mental women in women. They gave a variety of reasons which included witchcraft, women as the weaker gender, abuse, hormones and poverty.

Three general categories were put up for these descriptions which are the disadvantage of gender, witchcraft and women's natural inborn weakness. There is a need to recognise and address how the subordination of women in society may reinforce their mental suffering. This study's results gave a platform for the identification and recognition of better policies that accommodate and deal with the mental health requirements of Ghanaian women, as well as countries in Africa with low income.

Literacy in mental health is knowledge and beliefs about mental health and its treatment. Lay peoples' opinions and attitudes towards mental illness are shaped by subjective knowledge about mental illness, knowing and interacting with an individual living with a mental illness and cultural stereotypes. Zimbabwe suffers from inadequate mental health professionals just like most developing countries; however, the country is managing by increasing and expanding the duties of non-physician mental health professionals, such as nurses, and also by emphasising mental illnesses treatments using medication. The authors review traditional Zimbabwean beliefs about mental illness and healing and describe culturally specific patterns of illness presentation. To reverse the historic pattern in which psychiatric care was centralised in cities, Zimbabwe is establishing a countrywide system of primary health clinics, part of whose role is to screen and treat common mental disorders, educate communities about mental illness and promote the prevention of illness (Chikara & Manley, 1992).

Mental illness may be a result of witchcraft thus individuals seeking traditional help may not be suitable for their illness (Chandler, 2019). A shortage of healthcare access, especially in rural areas, is also highlighted in this article. Most people view mental health institutions as the creation of Western cultures because of the structure that is centralised and inclined to institutions and hospitals that are big, for example, Ingutsheni in Bulawayo, Ngomahuru in Masvingo and Annex in Harare. As a result, some of these decent institutions acquired bad reputations because of ignorance from most people. Patients as well as institutions suffer ignorant ridicule from a society that does not know that mental illness is the same as any illness.

Many people look for professional help and their services as last resort simply because of mental illness, ignorance and cultural beliefs. According to Clement et al. (2015) and Rothì and Leavey (2006), one of the most commonly found barriers to professional mental health help-seeking in previous studies is perceived stigma. However, there is not enough study on how individuals go through stigma. There has been researching that states that young males go through distress, humiliation and disgrace when it comes to help-seeking (Booth et al., 2004; Gonzalez, Alegria, & Prihoda, 2005; Hernan, Philpot, Edmonds, & Reddy, 2010; Rickwood, Deane, Wilson, & Ciarrochi, 2005). According to Corrigan and Fong (2014), to avoid stigmatisation and social labelling, many people do not look for mental health services even if they have access.

There is an increase in incapacity in years of life when one is living with mental disorders like depression, bipolar, substance abuse and schizophrenia (Nguyen, Tran, Tran, & Fisher, 2022). Stigmatisation involves the acceptance of unfair attitudes, having bias and responding with negative emotions and prejudicial systems in society towards certain specific people. Mak et al. (2015) mention that not only does stigma cause high unwillingness to seek help but it causes a person to have a stigma on themselves and many other psychological effects. The above experience and observations present a fertile ground for the researcher to carry out a study on Catholics and mental health help-seeking behaviour. The researcher was inspired by many factors to carry out this research. Among these factors are the following, the high rise of people being affected by mental illness in Zimbabwe, the limited information and knowledge about help-seeking in developing countries, less recognition of mental health practitioners as compared to physical health practitioners in Zimbabwe, and lastly know the relationship between mental health-seeking behaviour and religion.

1.3. Purpose of the study

The current study aimed to identify sources of mental health for Catholics in a Zimbabwean sample residing in Marondera. It sought to answer the following questions:

1) What are the sources of mental health help for Catholics in Marondera?
2) What are the implications of Catholics' mental health help-seeking choices?

The study findings can be useful in planning mental health programmes to assist Catholics to deal with mental health issues they encounter in their daily living.

2. Materials and methods

2.1. Research design

A research design is a plan which gives details on how the research will be carried out. According to Creswell (2010), a research design involves details on data collection, instruments utilised and data analysis. A phenomenological design was adopted. Creswell (2007) defines phenomenology as an approach that concentrates on interpreting and describing a phenomenon that has been lived. Using the phenomenological design, the researcher centred on what the participants shared as they experience the phenomenon. In this study, the phenomenon is help-seeking behaviour for mental health and the research will focus on what the participants have in common which is Catholicism as they live through their mental health help-seeking. A qualitative approach and particularly a phenomenological design, in particular, were suitable for this research since the main purpose of the research was to describe and explore the individual orientations of what participants have gone through (Creswell, 2007). It helped the researcher to understand the participants' lived experiences.

2.2. Participants

According to Teddlie and Yu (2007), the target population refers to the whole set of items that the researcher is interested in in the research as well as the analysis from which the sample is taken; the researchers wanted to generalise the outcomes of the study. There are approximately 1,200 church members at Our Lady of the Rosary Parish. The qualitative analysis normally involves a sample size that is smaller but big enough to get adequate data that explains the phenomenon adequately and addresses the research questions of the study. The study utilised a non-probability, convenience sampling method and 20 Catholics were selected for the study. Creswell (1988) suggests 5–20 participants for phenomenological studies. Participants were recruited across gender, educational background and marital status. The participants were aged 21–60 years. The sample size was 20 participants, including 9 males and 11 females. Convenience sampling was used by using people who are easy to contact and reach. No criteria were used except the availability of the participant and their willingness to participate.

2.3. Data collection

According to Kumar and Phrommathed (2005), research instruments are tools made to find variables' measurements, features or data of concern. In-depth semi-structured interviews were used for data collection. Boyce and Neale (2006) define them as a technique in a qualitative study that comprises the utility of thorough personal dialogue with a few participants to investigate their view on a certain issue, circumstance or programme. This is beneficial as it permitted probing into forms of investigation that surprisingly come about during the conversation. It also allows the researcher to take note of non-verbal cues like facial expressions which allow the researcher to obtain data enough to clarify the issue under study. One disadvantage encountered though is that it is time-consuming.

2.4. Procedure

The researcher collected a letter for permission from Great Zimbabwe University which was used alongside an application letter written by the researcher to consult the church authority for permission. Being approved by the church authority, the researcher worked collaboratively with leaders at Our Lady of the Rosary Catholic Church, the Catholics and the priest in charge. The researcher talked and arranged with the identified participants to come to the parish church hall. The parish hall was set up to conduct in-depth, semi-structured, open-ended interviews and there was the implementation of informed consent. Each participant took 30–45 minutes in each interview. The interviews took 2 weeks, which depended on the availability of the participant

2.5. Data analysis

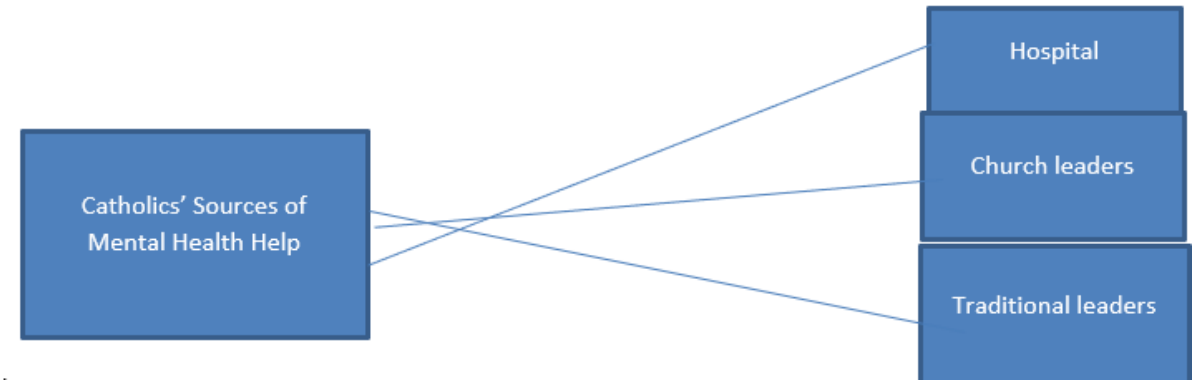
Thematic analysis was used to analyse the data. This choice depended on the fact that this type of data analysis enables a complete basis for analysing themes and assessing credibility, and whether is it contextually focused, which is reasonable when dealing with sensitive cultural issues. Since it is explorative, the bottom to top approach was used to analyse the data which entails coding the smallest unit that has meaning and systematically categories and subcategories and finally into themes developing across categories.

2.6. Ethical consideration

The researcher received a letter for permission from Great Zimbabwe University which was used alongside an application letter written by the researcher to consult the church authority for permission. Being approved by the church authority, the researcher worked collaboratively with leaders at Our Lady of the Rosary Catholic Church, the Catholics and the priest in charge. Participants were informed of their right to withdraw or discontinue participation without penalty or payment for participating. All data collected were confidentially stored privately. There was the implementation of the informed consent which participants also signed.

3. Results

Catholics from Marondera Catholic Church reported that they adopt different help-seeking methods in their day-to-day living for their mental health, their families and their friends. They revealed that they sought help from hospitals, church leaders and traditional healers. These thematic issues that emerged are highlighted in Figure 1 and they served to explore and increase knowledge on the Catholics' help-seeking behaviour for mental health.



3.1. Hospitals

90% of the participants reported going to the hospital for help. They talked about issues related to hospitals as their main help-seeking. They talked about psychiatric wards, doctors, nurses and psychologists. Participant 1 said, '…usually people go to the hospital for help, this is because hospitals provide affordable services compared to private consultations'. Participant 13 said, '…mental heal is something that needs professional aid so I consult professional counsellors for help because they are trained personnel and offer sufficient professional assistance'. Participant 10 said, '…my friends seek help from the hospital because they are easy to access; all cities have at least one clinic'. Participant 15 said, 'bigger hospitals have psychiatric units, here at Marondera hospital there is a psychiatric mental hospital, that is where l goes'. It is the research's findings that Catholics seek help at hospitals for their mental health.

3.2. Church leaders

All participants revealed that faith was an important strategy of help as such they seek help from mostly priests and other church leaders, like nuns, prophets, apostles, church leaders and pastors. The sacrament of confession in the Catholic church plays a huge role in helping people not only be forgiven for their sins and repent but help them find comfort and soothe their souls and minds as they talk to the priest. 80% see priests and nuns in the Catholic church and 20% reported seeing leaders from other churches. Participant 4 said, '…it is a privilege to me as a Catholic to have elders within the church that l can turn to and are always willing to assist. Church elders are always locally available so that is where l go for help'. Participant 5 said, '…people go to churches like Ph.D., ZAOGA, Masowe and UFI. People believe that Pentecostal churches have the Holy Spirit that can heal mental health. Nowadays some Catholics are tempted to seek help from Pentecostal churches due to the testimonies and miracles testified'. Participant 9 said, 'I will talk to my parish priest because he is a professional and knows how to handle it. Parish priests help without expecting remuneration and they do it in a prayerful manner that easily consoles. Parish priests are always available for counselling of parishioners'. This clearly shows that the link between religion and seeking help is strong among Catholics.

3.3. Traditional leaders

The findings show that traditional leaders including n'angas and sangomas are of great help to Catholics in managing their mental health challenges. 10% of Catholics reported that they sought help from traditional healers. Participant 11 said, 'I go to traditional healers, especially for explanations and spiritual treatment. I believe everything happens for a reason and with a cause so l consult traditional healers who already have answers and prepared solutions. Major mental health problems do not have a cure when it comes to medical care but traditional herbs, medicine and spiritual remedies seem to be effective'. This was further supported by Participant 17 who talked about consulting traditional healers for help in case of a major mental health breakdown. Participant 17 said, 'my friends from church go to traditional healers such as n'angas and sangomas for help. They argue that there are problems that need traditional healers because they believe that some of the mental health problems have to do with tradition or simply correcting ruined relationships between the living and the ancestral mediums'. This clearly shows that Catholics seek help from traditional healers for their mental health challenges.

4. Discussion

The findings of this research revealed that the mental health help-seeking behaviour of Catholics included hospitals, church leaders and traditional healers. 90% of Catholics reported going to the hospital and 80% reported going to priests and nuns, while 20% reported going to leaders from other churches and 10% reported going to traditional healers for help. Religion may directly influence help-

seeking, and mental health awareness impacts the type of help sought which results in most Catholics seeking help at hospitals (Ahi & Alisinanoglu, 2018; Taylor & Kuo, 2019).

Having the biggest percentage, 90% of Catholics going to hospitals, indicates the need for mental health practitioners such as psychologists, psychiatrists and psychiatric nurses at not only central hospitals but provincial and district hospitals as well. Church leaders are the most available, affordable, easily accessible and most trusted by most Catholics, which makes them one of the most effective help-seeking methods sought by Catholics for their mental well-being. This is concurred by Weaver et al. (2003) who postulate that despite the slow increase in the percentage of persons who look for professional healthcare clergy continue to be an essential source of help for the majority of Catholics.

From the results of the study, the following came up as the main help-seeking behaviour of Catholics: hospitals, church leaders and traditional healers. Catholics at Our Lady of Marondera Catholic Church go to hospitals, church leaders and traditional healers for their mental health assistance. Mental health experts need to pay more attention to religious groups when it comes to giving them emotional support, family teachings and education on mental well-being (Uzunboylu & Özcan, 2019). There are perceived reasons that determine help-seeking among Catholics. These reasons included lack of knowledge, societal influence and personal factors. Catholics experience stigma and financial challenges in their mental health management.

There is a need for policymakers to bring about schemes to assist Catholics to manage their mental well-being which involves monetary funding. There is also a need to address gender stereotyping and how it affects mental health (Kiely, Brady, & Byles, 2019). The community views Catholics who face mental illness in different ways; some give comfort but many do not understand the illness to an extent that they end up ridiculing and making fun of them. To promote help-seeking and fight against discrimination and stigmatization, mental health awareness campaigns are very important. Help-seeking motivation and encouragement are needed for young people as well, especially men.

5. Conclusion

Because of the sensitivity of the issue at hand, participants were hard to find and it was difficult to recruit. However, participants were assured confidentiality and given unconditional positive regard. The sample mostly included young people who agreed to discuss mental health. The smaller the participants' sample the higher the chances of generalisation of the findings to a broader population, hence studies with a larger participant sample are recommended to explore the results further. Another limitation was the lack of literature in Zimbabwe to overcome this limitation. The available literature was used thoroughly as also that of neighbouring African countries. Regardless of these limitations, this research provided vital information about the help-seeking behaviour of Catholics for their mental health that can act as a guideline for studies in the future and practices designed to better their mental well-being.

This research proves that Catholics' encounters in seeking help for mental well-being resemble those from other parts of the world as supported by a related literature review of this research. It is vital to investigate Catholics' encounters in seeking help for their mental health since it helps in managing their mental well-being, provision of sufficient support to their loved ones who live with mental illness and avoiding unmanaged mental health.

6. Recommendations

Mental health professionals should give ample time to Catholics to explain their concerns. There is a need for them to make sure that the rest of the church members are taught about different mental illnesses such that they have the know-how on managing the problems, the manifestation of symptoms and most importantly where to seek help. They should give strategies that are practical to assist Catholics in dealing with mental well-being. There is a need for mental health professionals to

aim at giving hope to religious individuals and it should be clarified to health professionals to help Catholics add on to the treatment without discrimination but rather use a multicultural approach. Religiocultural sensitive psychoeducation should be initiated at all health institutions for this is the best care for Catholics to cope with mental health challenges.

It is a necessity to be aware that consulting professionals is impossible sometimes because of finance and stigma, thus the need for the establishment of home sessions and religious group sessions. Provision of mental wellness treatment should be ensured at every mental health centre to avoid traveling long distances to acquire medication. To deal with the problems of mental health stigma and societal discrimination, anti-stigma programmes should be launched. Catholics would benefit from creating religious groups for support where they can give each other comfort and assistance concerning mental health. The community, including friends and relatives, should be involved greatly to deal with rejection, shame and blame. Catholic-based income-generating projects should be established to fund mental well-being needs. Catholic authorities should work hand in hand with mental health professionals for referring assistance.

Future studies are needed to measure the help-seeking behaviour of Catholics with a larger number of participants and to explore other religious denominations. This can assist in identifying the extent of the problem. Studies should be carried out on the help-seeking behaviour of Catholic leaders such as priests, bishops and nuns.

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