Original Research Article

An Ethnographic Study on Clergymen concerning the Aetiology and Management of Mental Illness in South Western Nigeria

Abstract

Background: The clergy plays an important role in the care of mentally ill people in developing countries because of the predominant belief that supernatural factors are responsible for mental illness and spiritual healers are sought by the mentally ill and/or their relatives for treatment. This study aimed to assess clergymen's beliefs about the etiology and treatment of mental illnesses in southwest Nigeria.

Methods: The study was qualitative design and ethnographic in nature, conducted on one hundred and forty-eight clergymen at the Nigerian Baptist Theological Seminary, Ogbomoso, Nigeria. A convenient sampling technique was used and Self-administered questionnaires to obtain sociodemographic details. An In-depth/Semi-structured interview involving Focus group discussions (FGD) and key informant interviews (KII) was used for the study.Data were analyzed using SPSS version 20. The sociodemographic variables were presented on a frequency table.

Results: The study involved hundred and forty-eight respondents with male preponderance. From the focus group discussion and key informant interview, respondents believed that mental illness depends on the victim's predispositions and could as well result from spiritual attacks directly or indirectly through or from ancestral lineage, genetic factors, or evil forces. Although most of the respondents argued that mental illness is caused solely by spiritual attacks and can only be treated by spiritual means like an exorcism. However, the majority believed that a holistic approach to treatment must involve the spiritual, psychological and medical.

Conclusion: The factor of theological education shines through in the definition, recognition, treatment, the concept of cure and clergyrole in the managementand community advocacy for mental illness although within the context of cultural beliefs ofsupernatural etiology of mental illness.With improved knowledge and their holistic approach to care, the clergymen will be able to effectively work with the orthodox medical practitioners in a wholesome way through an effective referral system, ensuring compliance, rehabilitation and banishing discrimination.

Keywords:ethnographic, clergymen, mental illness, southwest Nigeria

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Introduction

In developing countries, especially Nigeria, the predominant belief about the cause of mental illnesses is supernatural factors therefore spiritual healers are sought by relatives of mentally ill individuals for treatment as a first-line option before considering medical/ psychiatrist intervention[1-3].This orientation readily makes the average person believe that the most effective care could only be obtained from non-medical sources such as the clergy or traditional healers[4].

In Nigeria, certain syncretic churches practice spiritual healing and are very popular in rural and urban areas. However, their healing centers have been reported to have constituted a significant aspect of patients' pathway to mental health care with about 13-68% of patients having visited them before presenting to a psychiatric hospital[5].The clergymen are seen as role models in some African countries like Nigeria that make congregants easily imbibe their views or teachings. This may be a crucial asset for the WHO program of scaling up access to orthodox mental health care[6].

A great majority of Nigerians are religious such that religious themes dominate the experiences of patients with mental health problems[7]. However, one particular clergy group that has not been thoroughly studied is the orthodox clergymen in terms of what feeds their perception of the causation of mental illness and how this affects their methods of intervention and attitudes to mental illness. Most of the studies done are quantitative and oftentimes clinic-based through the use of validated foreign instruments[8].

This study, therefore, evolves as an ethnography designed to identify the knowledge and awareness of Baptist Clergymen on the causation of mental illness and treatment and assess their experiences of handling mental illness in their congregations.

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Methodology

Study area

This is an ethnographic study conducted among the Baptist clergymen at the Nigerian Baptist Theological Seminary, Ogbomoso, South-West, Nigeria which is the oldest theological degree-awarding institution in Nigeria since 1948 and has been officially affiliated with the Southern Baptist Theological Seminary, Louisville, Kentucky, United States.Since this is the foremost theological seminary in Nigeria, the student population is representative of the major tribes in Nigeria with some from other African countries like the English-Speaking part of Cameroon, Ivory Coast and Liberia.

Study Design

The was a qualitative ethnography design

Study Population

At the time of conducting this research, there is a total of 1,070 students in all; 258 for the Diploma & Bachelor program, 641 for the Master's program including the sandwich part-time and 171 for Ph.D program.

The Author, a Consultant Psychiatrist and a Fellow of the West African College of Physicians (Psychiatrists) enrolled at the seminary for the Masters of Divinity (Theology) program from June 2013 to June 2018 and went through all the programs, lectures, examinations and supervised ministry in a local church to earn the degree conferred.

This involved leading all the interviews and directing the informants' responses to place them within the study contexts. However, care was exercised to allow the possibility of additional questions which were instrumental in the generation of holistic data. Specifically, the key informant interviews generated additional information about Baptists' understanding of exorcism, the role of Baptist clergy in community mental health against the historical background of the Baptist denomination and its impact on the native culture. Thus, the key informant interviews yielded very rich, holistic and expressive data on these various themes.

Study Technique

A convenient sample of two hundred was chosen and questionnaires for obtaining Socio-demographic characteristics of respondentswere distributedusing an In-depth/Semi-structured interview involving Focus group discussions (FGD) and key informant interviews (KII).The student population of the Nigerian Baptist Theological Seminary, Ogbomosho was subjected to a stratified random sampling technique for effective coverage.

The Questionnaires were distributed to students at convenient agreed appointments, especially at break time between 1 and 2 pm. Some questionnaires were filled and returned to the researcher immediately, while others were collected at an appointed date. A total of 148 questionnaires were retrieved and analyzed.

For the qualitative approach, detailed information to participants concerning participation and the consequence of the study was provided and thus participation was voluntary. With the

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consent of individual Participants, all sessions were digitally recorded and transcribed verbatim. Eight semi-structured interviews were held with the principal/faculty officers of the Seminary and Pastors on the mission field in Ogbomosho Township and two focus group discussions for undergraduate and postgraduate students were conducted with 12 members each. Thus, for in-depth data, selections were purposively made of the President of the seminary, faculty heads and the principal administrative officers of the seminary and 4 Baptist pastors in the metropolis.

Data were analyzed using SPSS version 20. The sociodemographic variables were presented on a frequency table.

Ethical Approval

Ethical approval was given by the Ethics and Research Committee of the Nigerian Baptist Theological Seminary Ogbomoso, Oyo State Nigeria.

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Results

Two hundred questionnaires were distributed, however, one hundred and forty–eight were retrieved for analysis. From table I, there was 25(16.9%) females and 123(males representing 83.1 percent. All have one form of formal education or the other ranging from secondary (3.4%) to tertiary (63.5%) and postgraduate (33.1%). About 91.2% had not received any form of mental health training in the past.

Table 1: Socio-Demographic characteristics of the Student Population studied.

Variable	N (%)
Age groups	
18-25 years	45(30.4)
26-30 years	49(33.1)
31-35 years	17(11.5)
36-40 years	18(12.2)
41-45 years	10(6.8)
46-50 years	4 (2.7)
51-55 years	1 (0.7)
56-60 years	1 (0.7)
61-65 years	3 (2.0)
Gender	
Male	123 (83.1)
Female	25 (16.9)
Level of Education	
No Education	-
Primary Education	-
Secondary Education	5 (3.4)
Tertiary Education	94 (63.5)
Post graduate	49 (33.1)
Received any mental training	
Yes	13 (8.8)
No	135 (91.2)
Any previous family experiences	
Yes	15 (10.1)
No	133 (89.9)

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Concept of the Causes of Mental Illness

In both the KII and FGDs; it was strongly believed that individual persons have a strong role to play in the development of mental illness. One respondent said; *Mental illness does not just occur; it is usually a product of gross violation of natural laws like abuse of psychoactive substances or emotional upheavals through life challenges in marriage or work and violation of spiritual principles like sin and engaging in spiritual warfare without fortification.*

On further clarifications of the above belief from both FGDs and KII, respondents were aware that psychosocial stressors like financial problems, marital problems, business failures

and others can cause mental illness although they believe that it's with the permission of the victims that such issues can lead to mental illness.

One of the respondents in this study said; *All human problems are caused by the devil possibly as a result of having committed sins against God or through witchcraft or through broken ancestral covenants. It could also be inflicted as a test of faith through social and economic difficulties."* However, all the respondents in FGDs and KII believe that all mental illnesses are traceable directly or indirectly to spiritual factors including those due to genetic causes, direct physical injuries to the head and abuse of substances.

The summary of their position is in three parts:

1. Spirits attacking the mind directly either through sin or providing an inroad to destabilize the mind- They corroborated this by referring to the madman of Gadarene whom Jesus Christ cast out demons out of himto regain his sanity.

2. A spiritual attack can upturn the thought processes by generating anxiety and stress through social and economic mishaps which invariably predisposes to mental illness.

3. Spiritual attacks along ancestral lineage manifesting as genetic factors or certain spiritual forces inducing an addiction to substances.

Recognition of mental illness symptomatology

The respondents both at KII and FGD describe mental illness as abnormal behavior and employed social norms as benchmarks for identification but adopted the spiritual perspective in general terms as the causal factor. Mental illness is viewed as very obvious and noticeable especially when the patterns of behavior prevent the individual from conforming to the 'normal' as defined by society.

One of the respondents in the FGDs actually made this point; *Any behavior that an individual comes up with that causes embarrassment for the immediate family, and church congregation and the individual does not see as bad and fails to control constitutes symptoms of mental illness.*

However, only a few recognize the fact that some mental illnesses may not be immediately noticeable as described. Most could not give specific categories of mental illness and could not relate to a persistent failure of meeting social and psychological obligations to self, family and the congregation as signaling mental illness apart from the Masters and Ph.D. students in pastoral care and counseling who could accurately categorize mental illnesses and appreciate the psychosocial dysfunction as an indicator to mental illness.

Knowledge of Treatment Modalities and Concepts of Cure

Although most of the respondents argued that mental illness is caused solely by spiritual attacks and can only be treated by spiritual means like exorcism which may involve directly casting out the spirits and ordinary prayers for others though spiritually induced but through secondary recognizable factors. However, both the KII and FGDs could not come out with distinct and discrete criteria for differentiating the two as they claim that there is an overlap.

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One of the respondents claimed that; *it is advisable that once someone has a behavioralchallenge, he is referred to the medical doctors for some intervention in accordance with our training and practice while the spiritual dimension is handled through prayers. However, there is no known indicators to differentiate those that will need exorcism or ordinary prayers.*

The respondents subscribe to a holistic approach involving the spiritual, psychological and medical. They believe that those that are due to spiritual causes directly can only be discerned spiritually and the attempt of the researcher to get them to come up with distinctive criteria emanating from discernment was difficult. They claim that such spirit must be cast out as Jesus did to the madman at Gadarene through spiritual authority and prayers known as Exorcism.

Although they believe that certain persons in the clergy class are endowed with special gifts to carry out exorcism which may involve special preparations including fasting but they don't believe in beating and starving the victim to get rid of those spirits. They also believe that pastoral counseling through sermons or dedicated prayer sessions can prevent as well as cure mental illness while they all agreed that patients can be referred to doctors to take medications that do not invalidate the effectiveness of the spiritual intervention. They all believe that mental illness can only be completely cured when the three approaches of possible spiritual exorcism, ordinary prayers of faith, pastoral counseling and medications are applied in a way that the patient resumes the normal functioning of his life.

Role of clergymen in the care of the mentally ill

The respondents believe that as spiritual leaders, they are equipped to address dysfunction in the spiritual life of congregants which they believe is the root of mental illnesses. They strongly believe that for the mentally ill to be completely healed; there is a need for the involvement of the clergymen for prayers to cast out harmful spirits, to sustain a strong and confident mind through sermons and to help them comply with medications when prescribed by giving support to the family. They averred that taking medications does not eliminate faith by citing examples in the life of Jesus Christ and instructions given by Paul to Timothy for seeking a physical remedy.

One of the respondents in the FGDs said; *Pastors are the leaders even in the congregations and by extension in the community such that most cases of illnesses especially of mental nature are mostly reported first to us so that we can guide the process of healing.*

This position is a little different from a study of the clergy done in Nigeria but of a syncretic group who do not believe in the referral because of the strong demonic etiology theory

Role of Clergymen in Community Mental Health Practice and Advocacy.

In one of the key informant interviews; a former president of the Nigerian Baptist Convention,a Ph.D. holder in systematic theologyis actually of the opinion that '*the church is a clinic, particularly for mental health and that with the increasing incidence of mental*

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illnesses in our society and by extension in our congregations; it may be inevitable for pastors who will be very effective in the ministry to be equipped with basic mental health training not only for his congregation but for the community'.

One of the faculty members who hold a Ph.D. degree in church music and the Dean of Student affairs of the seminary believes that Christian music can be deployed especially at the preventive phase as well as when the illness has developed citing practical and scriptural basis for this assertion.

It appears the respondents in KII (especially those already on the fields and the faculty) are aware of certain sociocultural prescriptions against the mentally ill when they were interviewed as they prescribed the tenets of redemption as reconciliatory rather than discriminatory to banish the observed social discrimination in terms of marriage and job placement orientations against the mentally ill.

All the respondents agree that there is a need for basic mental health training to be incorporated into their curriculum from the undergraduate program as this may help in recognition, care and being useful in referral and campaign against stigma.

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Discussion

The study revealed that the majority of the respondents are between the age of 26-30 years old 49(33.1) with male to female ratio of 4.9:1. Most of them were educated with about 63.5% having tertiary education and another 33.1% in postgraduate programs.

Generally, from the interviews; it is obvious that the factor of theological education shines through in the definition, recognition, treatment, concept of cure and clergy role in the management and community advocacy for mental illness although within the context of cultural beliefs of supernatural etiology of mental illness.

It is clear that the predominant belief in the supernatural as the cause of the mental illness was evident although certain clarifications were made concerning different categories without clear-cut criteria. However, this belief may not interfere with referrals to orthodox medical practitioners as a product of their theological training. There is a little bit of difference in the conceptualization of the etiology of mental illness between the orthodox churches and the syncretic churches. While they both hold the supernatural as the fundamental template of the cause of mental illness; the orthodox group rooted in western theological education still believes in the psychosocial, genetic, psychoactive substance abuse and other physical illnesses as possible causes of mental illness while the syncretic churches hold on to the supernatural as the sole cause with implications for spiritual treatment.

In a study done among Singapore Christian clergymen concerning the etiology of mental illness; endorsement of multiple models in terms of both the spiritual and psychological factors wasevidence indicating that the clergy was more inclined towards models that were more congruent to their theological belief system [9].A survey of 168 senior pastors within the Baptist General Convention of Texas to ascertain their knowledge and perceptions of mental illness showed that the pastors reported biological factors (inherited genes and chemical imbalances in the brain) as the most important causes and recommended biomedical therapy as the most effective treatment for mental illness [10]. In the same vein, a study conducted among the United Methodist found that most of the 1,031 clergies surveyed had an informed, scientifically based understanding of the causes of mental disorders and recognize the usefulness of medications on effective treatment [11].

However,in a particular study conducted to study the attitudes of the clergy towards persons with mental illness in Benin City, Nigeria, the knowledge of the respondents in terms of causation of mental illness was more rooted in the supernatural causes which are similar to the belief of the traditional healers and by extension most people in Nigeria irrespective of social class [12]. A major recurrent theme in studies on religious and faith healers' perception of mental illness in low and middle-income countries is that mental illness may have both natural and supernatural causes but they all require spiritual solutions. This line of thought resonates with the African traditional healers' belief that even the seemingly physical causes of mental illness always have a supernatural undercurrent and thus, require spiritual healing over and above biological treatment [13-15].

In terms of recognition of the symptomatology of mental illness, this study shows that the clergy recognizes mental illness as obvious deviations from the norms but the majority of

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them find it difficult to recognize the more subtle and less dramatic categories of mental illness. However, the postgraduate students undergoing the Masters and Ph.D.programs in Pastoral care and counseling could easily categorize mental illness according to the International Classification of Diseases (ICD10) as a result of exposure to clinical psychiatry in the course of their theological training.This inability to be able to recognize the less dramatic mental illnesses is related to the lack of training in mental health rather than a discriminatory attitude as other studies have illustrated even in developed countries [5,16].

In a study conducted among spiritual healers in Nigeria; it was found that they could recognize most of the symptoms of severe mental illness such as wandering and hoarding of rubbish, undue sadness, loss of interest and reduced activity, poor personal hygiene, elation and delusion of grandeur and talking or laughing alone. However, only 30% of the respondents could recognize symptoms of mild mental disorders such as heat in the body and crawling sensation all over the body [3]. This validates our finding in this study that the less dramatic illnesses are not easily recognized by the clergy.

Dismissal of diagnoses was also found to occur more frequently in charismatic (Spirit-filled) churches that hold traditional evangelical beliefs which emphasize the working of the Holy Spirit in the life of the believer (e.g. miracles, healing, speaking in tongues) usually with a strong bias for the supernatural concept of etiology for mental illness with implications for the mode of treatment. A particular descriptive study undertaken to assess the attitudes and perceptions of individuals diagnosed with a mental disorder in the local church showed that individuals in the local church often deny or dismiss mental disorder diagnoses. In addition, those individuals whose mental illness diagnoses are dismissed are often told that their psychological and emotional distress results solely from spiritual factors and that medications are not necessary [17].

Concerning the knowledge of treatment modalities and the concept of cure; findings in this study show that the respondents believe in a holistic approach to treatment involving payers, exorcism (if indicated), counseling and medications. However, there was difficulty in eliciting the specific criteria for those who will need exorcism as they share a belief that certain clergymen are specifically endowed for the purpose of exorcism. A study had however reported that some clergy firmly believe that they were adequately bestowed with gifts and skills for the treatment of mental problems. The clergy believed that only their unique skills and not psychological techniques should form the basis for the treatment of people with mental problems [9].

The clergy with singular spiritual explanations for mental illness, that is, viewing mental illness as pure manifestations of evil spirits, tended to regard the biomedical treatment as both an indication of lack of faith and a hindrance to spiritual healing which is believed to come through faith and prayer. Consequently, adherents of this school of thought would actively discourage congregants with mental health problems from consulting formal health services [18]. This is in keeping with previous research that has shown that conservative clergy is significantly less likely to refer individuals to mental health professionals than liberal clergy [17].

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Harmful methods such as beating the patient have been reported to be used by traditional healers in previous studies mainly to make the patient controllable while the spiritual healersbeat the patients to “drive out the evil spirit” thatis responsible for the illness [3].

A study of the practices of apostolic faith healers in Zimbabwe for mental illness showed that they were consulted on various psychosocial issues such as bad luck, unemployment and failure to get married. Witchcraft and avenging spirits were cited as the underlying templates for the illness. Treatment was mainly through prayer, holy water to drink and bathe, exorcism, holy stones and string band tied around wrists and ankles. [19]. A study of one of the most popular syncretic churches in shares a concept of mental illness very similar to the notion held by the community. The belief in spirit possession, malicious spirit, ancestral spirit, and curses from enemies as causative agents for mental illness are prevalent in the Celestial Church of Christ in all the parishes of this church, healing is practiced through the use of holy water (this is water that has been imbued with divine power to heal by prayer), amulets, prayer and fasting, sacrifices (this comes in form of fruits, clothing materials, candle), and physical restraint. A section within the premises of the church is the healing ground which symbolically represents where Jesus Christ was born and believed members that all prayers offered on this spot would be granted [3].

An interview granted by a Christian tabloid in the UK for a chaplain who described himself as a “Bible-believing evangelical” claimed that he has never seen anything that looked like demonic possession in his practice but observed that certain Christians treat people with mental health issues as if they are possessed. He is of the opinion that some of the manifestations labelled as demonic possessions certainly sound like mental health issues. He buttressed his point by citing the example of the man possessed by Legion who lived among the tombs and could not be restrained and self-harmed (Mark 5:4-5). In other cases, the results seem to be simply physical- blindness (Matthew 12:22-32) or muteness (Matthew 9:32-42). There are a lot of contestable issues concerning the extent to which demonic possessions can be aligned to mental health issues as there is scanty evidence that makes it difficult to read back modern medical diagnoses into limited textual evidence [20].

Nevertheless, exorcisms are now a booming industry in the UK even in defiance of actual rules or procedures put in place by any church, such as ‘The House of Bishops’ Guidelines for Good Practice in the Deliverance Ministry 1975 (revised 2012)’ produced by the Church of England.

This observed boom in exorcisms is explained to be drivenby immigrant communities and Pentecostal churches. Potential inferences can be made such as the perspective of the person in question suffering from mental health issues that required psychiatric assistance. Jesus’s command was to heal the sick and cast out demons. The two may not be synonymous after all [21].

A survey of some Pentecostals training for full-time ministry who were asked about the causes and cures of major depression showed that they agreed to a number of non–spiritual causal factors (e.g. victimization, social relations, biological) but still held that spiritual discipline and faith as the most effective treatment options. These findings are consistent with

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previous studies that have shown conservative Christians (including Charismatic) are more likely to attribute the causes of mental illness to spiritual factors and consequently believe that faith is the most effective treatment option [22,23].

Concerning the role of the clergy in the care of the mentally ill; the respondents believe that they are the primary custodians of the patients since they are the spiritual leaders in their congregations of a community that believes mental illness is caused by supernatural forces. They also believe that apart from prayers and counseling which can be therapeutic; referrals to medical doctors are also important. This is not unconnected with the associated rich pedigree of medical ministry associated with their theological training. However, they also hold a belief in exorcism as a method of treatment by some gifted clergymen for some special cases due to demonic possession.

The average Nigerian, irrespective of their educational statusbelieves in supernatural causes in the etiology of mental illness. Practitioners of healing in the syncretic churcheshave been reported to constitute a significant aspect of patients' pathway to mental health care with about 13-68% of patients having visited them before presenting to a psychiatric hospital [24].

However, a study among the apostolic faith healers revealed a favourable disposition to collaboration between themselves and the orthodox medical practitioners. This collaboration may get more referrals to the orthodox health center as well as opportunities to access both material resources and health training to enhance their practices. [19]. Research has consistently shown that the clergy is the most common source of help sought in times of psychological distress [25]. Recognizing this position, mental health practitionershave tended to view clergy as mental health gatekeepers [26]. In this role, the clergy are thought to function as a referral source for psychologists who then provide direct mental health services to the client [27].

Even in developed countries like America, the number of individuals turning to the clergy for assistance with mental health issues is staggering. In a particular study, 16% reported seeking help from clergy members for personal problems just as women who have been widowed and elderly persons all tend to turn to a religious clergy member rather than to a mental health specialist.[28].

Concerning the role of the clergymen in community mental health and advocacy; there is a unanimous agreement by all the respondents who prescribed a holistic approach to such campaigns. The biological dimension is to be handled by the medical doctors and the spiritual dimensionis to be handled by the clergymen. The respondents hold the view as expressed by a former president of the convention that the church is a healing community, particularly for mental health problems and that with the increasing incidence of mental illness in our congregations it may be inevitable for pastors who will succeed to be equipped with basic mental health training not only for his congregation but for the community. A particular respondent, a faculty staff actually proposed the use of music in the prevention of mental illness. All the respondents referred to the holistic nature of the Baptist ministry which came with a formidable medical ministry. This is reinforced by the thrust and emphasis of the theological training that spills to the community beyond the congregation although the

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majority apart from those in postgraduate studies in pastoral care and ministry express the opinion fordedicated mental health training included in the theological curriculum. The opportunity for creative cooperation between the psychiatrist and spiritual healers is very robust.

There is a meeting point between orthodox and religious care that can be synergistically explored. Some recent evidence suggests that Religious/ Spiritual interventions could lead to the reduction of clinical symptoms [29].

Although surveys conducted in the United States consistently show that both the general public and psychiatric patients attend church more frequently than mental health professionals, they believe in God at a significantly higher rate and consider religion to have a more significant role in their lives [30]. While literature review indicates that both psychiatrists and psychologists are not given adequate training to deal with the religious and spiritual issues that arise in clinical practice [31].

The domain of spirituality is a vital concern for mental health service users and a particular study has shown that spiritual needs are not a priority for medical staff. It was therefore suggested that training programs addressing spiritual awareness be introduced and that these should be multi-disciplinary[32]. Collaborations between psychiatry and faith-based organizations pose unique problems. The psychiatric establishment and religious organizations have historically viewed one another with suspicion and at times direct hostility [33] organizations and clergy may be at odds with the medical establishment as to causes and proper treatment of such illnesses as depression and anxiety. In some religious groups, these maladies may be seen as stemming from a spiritual source rather than brain pathology [5].

This fact raises the natural question of whether members of the clergy are adequately trained to counsel persons with major psychiatric illnesses. A survey of nearly 2,000 Methodist pastors revealed that although 95% believed that incorporating counseling training into seminary was important and only 25% felt that their seminary training had significantly contributed to their competence as pastoral counselors [34]. The clergy has reported referring less than 10% of those counseled to mental health specialists, yet 50% to 80% of clergy members have reported that counseling training in seminary and post-seminary continuing education was inadequate and 45% stated that they received no training on referral criteria [35].

Conclusion

The findings will be crucial in preventing mental illness and also help the pastors to be of relevant support to the mentally ill and their families. With improved knowledge and their holistic approach to care, the pastors in the Baptist denomination will be able to effectively work with the orthodox medical practitioners in a wholesome way through an effective referral system, ensuring compliance, rehabilitation and banishing discrimination.

Insufficient or lack of training in mental health could explain a few hostile positions within the context of a cultural viewpoint but the overall attitude is supportive of compassionate care for the mentally ill. This peculiarity may invariably serve as a template for the scaling-up

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program of the WHO, especially in a low-income country like Nigeria where spiritual healers are prominent on the pathways of care for the mentally ill. Perhaps a deliberate attempt to improve the mental health knowledge of the clergy may facilitate their roles in the pathway of patients to orthodox mental health care as they correct negative viewpoints against mental illness. Such educational interventions should be conducted with clergy and mental health professionals as a collaborative effort.

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