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RESEARCH ARTICLE

NEW OVERVIEW OF MENTAL ILLNESS IN TOAMASINA PSYCHIATRIC DEPARTMENT IN 2018

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ABSTRACT

Recently, internet and social networks in Toamasina's people life change deeply their view and their conception of mental illness that as at a long time ago, considered within our customs and traditions as pain inflicted by ancestors. Our objectives are to be able to fight against the prejudices of psychiatry in Toamasina, to be able to break the barrier between several ideologists, to go further towards a psychiatry centered on more modern and adapted care. We carried out a retrospective descriptive epidemiological study of the two years (2017-2018) in the only department of psychiatry in Toamasina by using hospital data. Through an anonymous questionnaire filled by our consultants, we have been able to trace their pre - arrival careers in psychiatry. Clinically, the major psychiatric disorders recorded in Tamatave psychiatric hospital are dominated by delusional disorders, depressive mood disorders, conversive syndromes and psychiatric troubles related to alcohol and cannabis. However, in 2018, compared with in 2017, we recorded a significant increase of 5.06% in anxiety disorders, 2.02% in depressive troubles and 1.14% in cannabis use. In fact, Toamasina's people had to deal with destabilizing events in 2018, among others, the cyclone AVA, quite powerful and destructive in January and the presidential election with political clashes at the end of the year. The interview with our patients highlights clearly this search for insurance and protection through traditional practitioners (18%) in 2018, by religion (45%), or by psychiatric care (78%). However, most of our patients choose the association Psychiatry-Religion (88%) in 2018. In a conservative country as ours, oral tradition still holds a prominent place (35%). As Malagasy have a low literacy rate, they are easily influenced by free affirmations by oral tradition. From our point of view, Malagasy people have already had their own psychotherapies long time before the introducing of Western psychiatric approach in our Island. In fact, by referring to Sigmund Freud's psychoanalysis. So, psychiatrist should have the power to identify with these therapeutics systems and even challenge them for an excellent therapy. We should enhance our efforts on the extension, the medialization of scientific knowledges, because many Malagasy audiences are still and really in ignorance.

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INTRODUCTION

The advent of the Internet and social networks have strongly improved the view and conception of the Toamasina's society about psychiatric illnesses. This society is one of the great ethnic groups of Madagascar that are among the latest conservative societies around the world, that remain faithfully

attached on their traditional values and indeed to the care that is related to them. Our objectives are to be able to fight against the prejudices of psychiatry in Toamasina, to be able to break the barrier between several ideologists, to go further towards a psychiatry centered on more modern and adapted care. Throughout some questionnaires filled-in anonymously by our patients, associated with a retrospective descriptive study of

the epidemiology of major psychiatric pathologies of the last two years (2017-2018) in the only department of Psychiatry of Toamasina, we will try to compare the traditional ideologies and the new conceptual and therapeutic approaches of Psychiatry in Toamasina.

Reminders on traditional Malagasy conceptions of mental pathologies

Traditional customs and care of mental disorders in Toamasina

In the time of primitive peoples of Madagascar, called the "Vazimba", and after, through the imperial monarchy, and even now, in almost conservative tribes and ethnies in the East-coast of our tropical island, the Malagasy customs and traditional ideologism consists on considering mental illness, not such as a full disease, but rather to penalties inflicted by our ancestors. The living was widely considered as a continuum with the deceased. Their souls seem to be in the process of exercising power and leading the living. Any act, which has as its objective to force the laws prescribed by the ancestors, may undoubtedly contribute to moral and body damage. "Tsiny" was mostly relative to a generalized sentence. However, "Tody" could only be the echoes of the own actions on the actor himself. Anyway, to learn out, it would necessary that the patient could pass through various rituals of purification.

The Betsimisaraka people practice specifically two famous traditional rituals. First, the consultation with the "Ombiasa", a healer from the village, which sometimes detects the malmaker and delivers, at the same time, advice and amulets for more personalized care. And secondly, the practice of the "Tsaboraha", a traditional popular or family ceremony, often carried out at the toes of the headstone, where the demand for pardon to the ancestors is concreted by a specific animal (roaster, sheep...) blood offering, for more widespread care of all the villagers.

The pejorative connotations of psychiatry in Toamasina

They concern, long time ago and even nowadays, both the sick, the sickness, the place of care and the care in themselves:

- People suffers from mental disorders were generally banished by the Betsimisaraka society. It was viewed through almost daily popular expressions: "Mahôla" (brainless), "Fôka" (enraged, those who sow terror in society). They disgrace the family and deserve to be locked up and castigated.
- Mental illness like depression mood is shameful. A man should never cry or be weak, otherwise he is a "Lehilahy Mohaka" (a chicken).
- The place of psychiatric care is very frightening to people because of aggression, impulsiveness and screaming. The figure 18 remains a derogatory name often attributed to the psychiatric service in our island, which is always 18 km away from the village. It has been discarded and marginalized because it seems harmful.
- Psychiatric care is never easily accepted by public thought because of confinement or often muscular treatment of patients in hospital.

MATERIALS AND METHODS

We carried out a retrospective descriptive epidemiological study of the two years (2017-2018) in the only department of psychiatry in Toamasina by using hospital data. Through an anonymous questionnaire filled by our consultants, we have been able to trace their pre - arrival careers in psychiatry. We have also been able to identify the sources of information of the patients who have allowed them to move towards psychiatry.

RESULTS

The figure 1. shows that numbers of treated patients in Psychiatric department increased in 2018 but the number of patients which gave up treatment decreased. The most psychiatric disorder recorded on our data in 2017 was delirium troubles (19,22%), hysteria and somatization (14,71%) and psychotic disorders due to alcoholism (13,53%). In 2018, statistics show that anxious troubles increased (15,84%), like depression mood disorder (10,24%) and alcoholism addiction (13,76%) and cannabis addiction (14,08%) (figure 2).

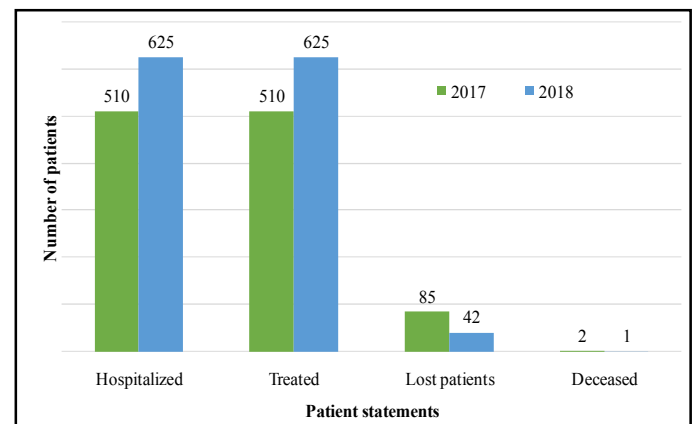


Figure 1. Patient statements in 2017 and 2018 in the department of Psychiatry in Toamasina University Hospital

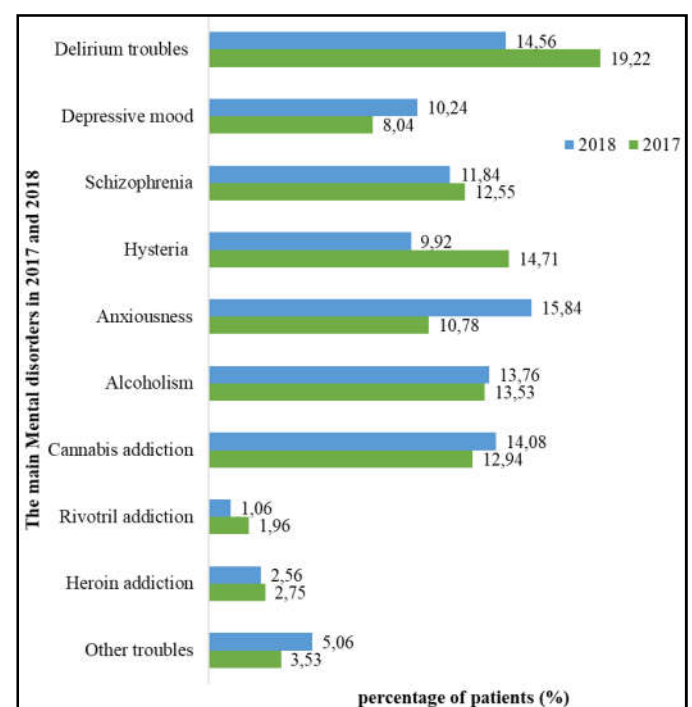


Figure 2. The main mental disorders in 2017 and 2018

On Table 1, the frequency of consultation of traditional healers (Ombiasa) and practice of traditional ceremonies (Tsaboraha) was increased (15% and 20% in 2017, versus 18% and 30% in 2018). However, almost our patients (about 85 to 88%) associated psychiatric care and religion. The figure 3 demonstrates that the most source of information of our patient came from oral tradition (35%), mass media such TV and radio broadcastings (22%) and finally 25% of them are volunteers to be treated by psychiatrist.

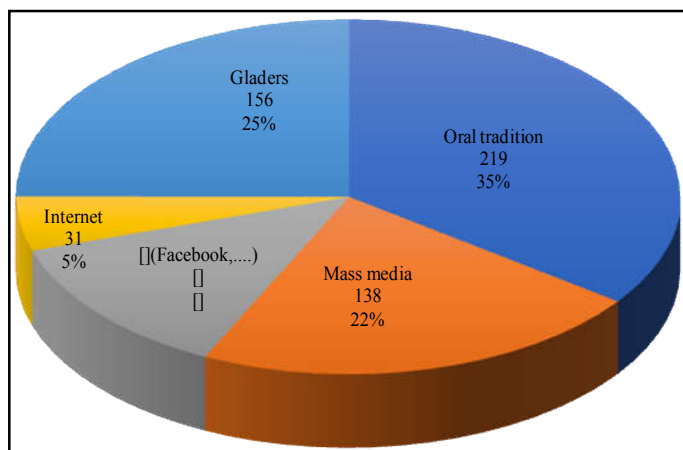


Figure 3. The sources of informations of the patients

DISCUSSION

Negative connotation of psychiatric care

As social networks are now being an integral part of life of the Toamasina's people, and it shapes their daily beings, they greatly facilitate the task of the doctors. The diseases that believed to be attributable to ancestral sentences are increasingly demystified by the neuroscience that we can find easily on Internet, podcasts, shares of posts on Facebook. Patients understand better their illnesses and then, accept easily psychiatric care due to shares and testimonies of the others. In our view, in Toamasina, the image of a terrifying psychiatry seems recently to be improved and families were getting more involved in the care of their loved ones. This improvement in the visibility of the psychiatric service could justify this increase of 22.42% of psychiatric consultations in 2018 (figure 1). However, in landlocked areas, in several kilometers away from Toamasina's town, such as in northern Mananara, in Maroantsetra or in southern Marolambo, far away from media, the traditional practitioners are the most widely intermingled. The attendance of these proceedings remains linear in the two successive years (15% in 2017 and 18% in 2018) (table 1). We can say that they are strong enough in terms of psychotherapy. Only the great delusions and acute delirium will be referred to the department of Psychiatry. This was also noticed by Andriantseho and al.

Psychiatric pathologies

Clinically, the major psychiatric disorders recorded in Tamatave psychiatric hospital (figure 2) are dominated by delusional disorders, depressive mood disorders, conversive syndromes and psychiatric troubles related to alcohol and cannabis. Some studies (Ratsifandriamanana *et al.*, 1990, Ratobimanankasina *et al.*, 2018) observed the same case. However, in 2018, compared with in 2017, we recorded a significant increase of 5.06% in anxiety disorders, 2.02% in

depressive troubles and 1.14% in cannabis use (Figure 2). In fact, Toamasina's people had to deal with destabilizing events in 2018, among others, the cyclone AVA, quite powerful and destructive in January and the presidential election with political clashes at the end of the year. On the psychopathological view, we can establish a direct matching across Malagasy traditional diseases and those described on ICD 10 and DSM-5. As noticed by some of our predecessor's researchers (Andriambao *et al.*, 1976), some traditional illnesses such as "Ambalavelona" have very common signs with the current diagnosis of conversion disorder or hysteria. As miracle, they respond well to suggestibility psychotherapy and anxiolytics drugs. Likewise, the patient believed to be possessed by a spirit (good or evil) and enter into trance, well-known in popular memory as suffering from "Tromba", has, throughout our view, a lot of clinical similarities signs as the auditive hallucination and influence syndrome on schizophrenic disorders. The administration of antipsychotics in these patients provoked a spectacular amendment of their signs.

Travel of our patients before psychiatric care

The interview with our patients highlights clearly this search for insurance and protection through traditional practitioners (18%) in 2018, by religion (45%), or by psychiatric care (78%) (table 1) such as the study of some Malagasy researchers (Andriantseho *et al.*, 2004). However, most of our patients choose the association Psychiatry-Religion (88%) in 2018 (table 1). In our opinion, this association is chosen to be more reassured and thus to have more chance of healing.

Table 1. Patient travels before Psychiatric care

	2017 n (%)	2018 n (%)
Traditional healers (Ombiasa)	26 (15%)	113 (18%)
Traditional ceremonies (Tsaboraha)	102 (20%)	118 (30%)
Religious issues (Toby)	245 (48%)	281 (45%)
Psychiatric care	316 (62%)	488 (78%)
Tradition-religion association care	61 (12%)	19 (3%)
Religion-psychiatric association care	433 (85%)	550 (88%)
Tradition-religion-psychiatric association care	26 (5%)	31 (5%)

From our point of view, Malagasy people have already had their own psychotherapies long time before the introducing of Western psychiatric approach in our Island. In fact, by referring to Sigmund Freud's psychoanalysis, for healing, Malagasy patients are searching for an object or a reassuring figure to confront against his own narcissistic wounds which are predominantly the consequence of precarious living conditions in Toamasina. Their alarm systems are always turned on to face the search for daily food, the constant insecurity in town, the bills... In fact, our traditional healers managed to materialize this object of comfort through the amulets, the sacrifices and the soothing advice. Religion acts in the same processing by trying to restore this reassuring parents figure through invigorating counselling. They will directly attack moral suffering through acts of deliveries. Then, Psychiatry should have the power to identify with these therapeutic systems and even challenge them for an excellent therapy. The psychiatrist must have the ability to move the patient's anxieties through a soothing relational climate, as do those traditional healers and those called "Mpiandry" or nuns (shepherds). Finally, we should enhance our efforts on the extension, the medialization of scientific knowledges, because many Malagasy audiences are still and really in ignorance.

Information Sources and practices of populations

In a conservative country as ours, oral tradition still holds a prominent place (35%) (Figure 3). As Malagasy have a low literacy rate, they are easily influenced by free affirmations by oral tradition. Moreover, the inequality of access to information via new technologies (mass media, smartphones) means that only people of the cities near Toamasina come mostly in psychiatry (13% in our observation, figure 3). Even if these new technologies contribute significantly to improve the therapy, they however, make disturbances on harmonious doctor-patient relationship. Sometimes, the doctor is no longer considered by the patient as the sole owner of the knowledge. His competence is judged and strongly criticized by the patient, which often generates, from time to time, a climate of counter-transfer, which will later be deleterious to the continuation of care or to a rejection of the therapy because the patient is not convinced. That's why, therapist should make new reinvestment.

Conclusion

Although our study is limited in the only psychiatric department in Toamasina, due to lack of means, nevertheless, it allows to have a global overview of the situation of Malagasy psychiatry in 2018. The Betsimisaraka society, that is one of the latest conservative ethnic groups in the World, but nowadays seems, with the current cultural transition, to be more and more opened to neuroscience and more specifically to psychiatry, due generally to Social networks. In one word, Malagasy people need only a name for their ills, they absolutely need an affective object to move away their psychological conflicts.

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