Situated in the heart of Kenia village, 8 km from the town of Ziguinchor in the Casamance region of Senegal, is a second, smaller, village. In the traditional huts live from 25 to 30 mentally ill patients, members of their families and the hospital personnel. This is the Emile Badiane psychiatric village, an experiment in blending traditional and modern forms of psychiatric care.

The concept of the psychiatric village is not new in Africa: for generations, traditional healers have maintained villages where patients and family live and work while undergoing treatment. But what is new at the Kenia psychiatric village is the integration of modern, western-style psychiatry to African culture and traditions.

The practice of psychiatry as we know it is a recent development in Africa. Traditionally, mental disorders are considered to be part of the healer's sacred domain and illnesses believed to be the result of a conflict between the sick person and living or dead beings. The sick person is thus the bearer of a message that concerns the family and community. The healer's role is to decode the message, convey it, ensure communication between man and spirit or man and man and re-establish order. The cure is therefore intended for the source of the trouble, not the patient himself.
Because traditional psychiatry in Africa recognizes madness as a fundamental dimension of man, the mentally ill are not feared or rejected but are perceived as full human beings and persons to be listened to. Their illness is everybody's business and everyone participates in the treatment.

With the rapid social changes that are taking place in developing countries, a different approach to mental illness has been emerging. The dependance on traditional mental health care is decreasing, and the requests for hospitalization are increasing.

The number of mentally ill is also increasing as the myths and rites that ensured social equilibrium weaken and the value systems that guided individual behavior collapse. Rapid urbanization, the introduction of new forms of production and the resulting mounting pressures are also taking their toll. More mentally ill are being abandoned by their families in the city hospitals and asylums.

The facilities for treating mental illness are inadequate. Western-style psychiatry and hospitals have been introduced without consideration having been given to the fact that they are unsuited to African culture. In addition, the trained personnel this form of care requires is not available. Senegal, for instance, has four Senegalese psychiatrists and nine trainees for a population of more than four million. To meet the standards set by the World Health Organization, it would need some 400 psychiatrists and 2000 hospital beds, a task all the more difficult since few students are interested in psychiatry.

In the few institutions that have been constructed, the patient is confined and isolated from his family and community. Moreover, points out Dr H. Collomb of the Department of Psychiatry of the University of Dakar, patients brought to psychiatric institutions are rejected by their families. Even if they are rehabilitated it will be difficult for them to be accepted by their family and community.
Recognizing the inadequacy of mental health care and the difficulty of training the needed personnel, Senegal has questioned the suitability of imported models. Also, healers, who are not officially recognized, feel threatened by the advent of Western therapeutic techniques and are increasingly demanding that hospitals and public authorities grant them official recognition.

In view of these problems, the Kenia psychiatric village was created two years ago in an attempt to find some solutions. The concept of the village rests on simple principles. These include the need not to isolate the patient, confine him, or drastically change his environment, and to enable his family and community to participate in his treatment. Each patient is therefore accompanied by at least one member of his family and all participate in the daily activities of the village, including work in the surrounding fields and meal preparation.

The daily life of the village is organized in such a way as to maintain a sense of community. Regular group discussions serve to weave a network of relationships between the inhabitants that are an integral part of the therapy. The hospital staff -- two trained nurses and two nurses' aides, one of whom acts as village chief -- also live in the village with their families. A psychiatrist from Dakar spends two days, twice a month, in the village, and healers are free to visit the village and participate in the treatment.

The psychiatric village is an integral part of Senegal's mental health care system and the National Public Health Plan provides for the establishment of one or two villages in a year in each of the country's seven regions by 1982. The Kenia village is the model on which the other villages will be based.

Before this type of treatment is spread to other regions, however, a careful evaluation of this first experiment must be made. Such a study began in late 1977 with financial assistance from Canada's International Development Research Centre. The study is being carried out by researchers...
from the University of Dakar's Psychopathological Research Centre, in collaboration with the Ministry of Health and the Chief Physician of the Casamance region. It seeks to determine community needs as shown in the requests for mental health care, the solutions offered by the psychiatric village and their suitability. In addition, the research team will evaluate how effective this system of mental health care is in relation to both conventional psychiatric hospitals and purely traditional methods.

By integrating two healing methods into a system of mental health care adapted to the country's social, cultural and economic conditions, Senegal may be leading the way for other developing nations that have rather suddenly found themselves faced with this major public health problem.