

Arusha Mental Health Trust

Facilitating quality mental health care in Arusha, Tanzania



Fifteenth Annual Report January 2012

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Arusha Mental Health Trust (AMHT) is a Company Limited by Guarantee Certificate of Incorporation No. **48784** and a Registered Trust Certificate of Incorporation No. **3171**

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HIGHLIGHTS OF THE YEAR

- The team at Arusha Mental Health Trust moved into 2011 with a new Director, a strong team spirit, good leadership support, and committed volunteers. AMHT provided direct psychiatric service and psychological service to a large number of clients.
- Training in counseling skills continued in 2011 and provided instruction for 35 people in basic skills. The AMHT team provides supervision for all of the participants of the counseling skills courses (a total of nearly 70 people between November 2010 and November 2011) to support those people trained in counseling skills in their individual jobs.
- In April, AMHT staff began a support group for families of patients with psychotic disorders and schizophrenia. Angela Gurty, Dr. Carlijn Sturm and AMHT Director Emmanuel Bujulu led the group, providing information and answering questions. The families of chronically mentally ill patients are encouraged to join the group for on-going social support in a positive recovery model.
- Sr. Genvieve van Waesburghe, MD trained 21 people in Arusha with Capacitar skills; a course provided for the Arusha community by AMHT.
- Forty eight safari guides were given a five day training program on human development and personality, communication skills, self-awareness, conflict management and stress management in Tarangire National Park.
- Arusha Mental Health Trust had the opportunity to train 262 teachers, priests, and health care workers in child protection policy at St. Jude's Primary and Secondary schools and the Rosminian Catholic Community.
- A Volunteer Program at AMHT has been developed, and we will welcome new volunteers in 2012 from within Tanzania and from abroad.
- AMHT has initiated a research project on volunteer organizations and the impact of "voluntourism" on local communities.
- The new Board of Directors and Board of Trustees met on November 15th for the first time, and will meet again on March 23rd to continue the work of AMHT and developing and funding expanded programs.
- New monitoring and evaluation efforts helped to focus the work of AMHT in new, important areas of service provision. The new system made clear that the first area for expansion is to follow through with existing clients who 'drop out' of the program, to follow them up and involve family and community in treatment plans.
- The ESSO clinic increased services to five days per week, and moved into a beautiful new office space within the Pallotti Parish.
- Local fund raising efforts proved successful, eliciting donations from St. Constantine's School, the Arusha Craft Fair Committee, Arusha Community Church members, local businesses, and individuals donors who recognize AMHT's contribution to the local community.
- International fund raising efforts continue with loyal family members, dedicated organizations, and new friends committed to mental health service provision.



Dedication

Peter Tyrer 1947-2011

This annual report is dedicated to the memory of Peter Tyrer, who died on November 18, 2011 in a head-on car crash in Nairobi, Kenya.

Peter was committed to helping the poor and instrumental in facilitating education and health for children in Africa, mainly through the African Children's Fund and Oxfam. His wife Dee continues in this work



Peter's daughter Rebecca (left) continues to work with Arusha Mental Health Trust as a volunteer through June of 2012.

Our History in Brief

The Arusha Mental Health Trust was founded in 1996 by Dr. Sheila Devane under the auspices of the Medical Missionaries of Mary (MMM). It grew out of a great need to offer basic mental health care to this growing population. There were no active mental health services available and AMHT continues to be the only facility of its sort. AMHT is connected by friendship, tradition, and gratitude to MMM who remain supportive and are represented on our Board of Directors. In 2004 AMHT became a Company Limited by Guarantee in Tanzania and a Registered Trust in 2006, legally autonomous.

Clinical Work at AMHT

The mission statement is broad, and includes many different kinds of services which we feel will enhance the psychological well-being of our community. To this end we provide

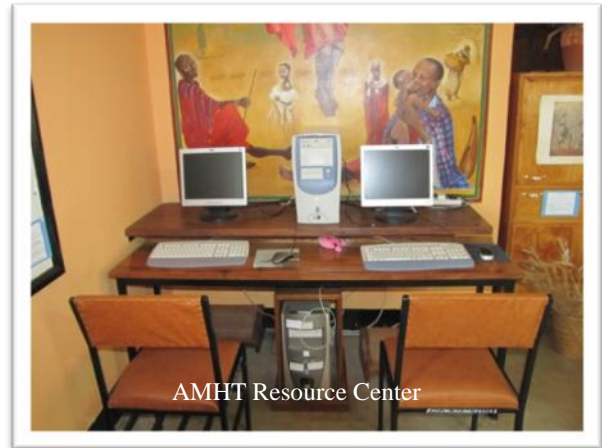
- **Outpatient psychiatric clinic** which is run by one of the AMHT staff who is a psychiatric nurse.
- **Out of clinic visits** to clients in their own homes, at school, or at work as needed.
- **Clinical psychology**, counseling and psychotherapy to individuals, couples, families, and groups. These appointments are managed on a pre-booked basis except in a crisis. We offer a psychotherapy service in Swahili and/or English at the base clinic in Mt. Meru Hospital 5 days per week and at our Esso Clinic.
- **Cognitive & Achievement testing** for educational and neurological investigations of children and adults.
- **Behavioral assessments** for children, adolescents, and young adults.
- **Assessment reports** for religious orders; adoption agencies; potential or actual employers; boarding schools or special educational programs; or other individuals with specific needs.
- **Client advocacy** with school managements, employers, police, immigration and the court system.
- **Consultation** for in-patients admitted to general hospital wards in this hospital and any other hospital as requested. This can require that we visit the client or can be managed by a direct call from a doctor to which we respond by phone.
- **Crisis response service** to individuals and organizations following accidents, critical incidents like robberies, sudden unexpected job loss and /or tragic bereavements. Our Emergency hotline, introduced in 2011 has been an



Rupa Joshi and Dr. Carlijn Sturm

important part of our service to the community.

- **Workshops and seminars are run** in the department and in other venues as requested. We are specialist providers of educational sessions – seminars, workshops and on-going training sessions - in the area of mental health (basic counseling skills, stress reduction, conflict management), human development and child protection policy in Arusha. These are designed for different audiences (religious, schools, personnel working with HIV/Aids, caregivers, health practitioners, partner organizations, school students) to meet the specific needs of a group and can be offered in both Swahili and English.
- **Supervision** in psychology and counseling for other individuals and organizations dealing with vulnerable people.
- **SIGHMA** (Special Interest Group in Mental Health in Arusha) meets once every second month for a lunchtime presentation on mental health related issues at AMHT. The group is open to all.
- **Resource Centre and free internet services.** Our resource center is open to the public at the main department. We have a wide range of mental health books, journals and information in English and Swahili and free internet service (donated by a local donor Arusha Node Marie): this is one small way to reduce stigma and to bring people to the department who do not have any mental health need.
- **Translation** of (mental health) materials into colloquial Swahili for client use in our own work, as well as research materials for the volunteer project research.



- **A reception** service within a government hospital compound which is accessible and well known.
- **Influence policy** at local, community and regional government levels. With our Child and Vulnerable Protection Policy we reach many staff members and project managers who are in the process of developing and implementing protection policies.
- **Consultancy** in the area of mental

health to individuals and organizations seeking assistance for employees, clients, assessments, or training programs.

- **Networking** and linking with relevant agencies locally, nationally, and internationally.
- **Serving on the Boards** of other organizations gives us an opportunity to advise on important areas of development and public policy. Specifically, AMHT belongs to the



Richard Matei

Caucus for Children's Rights (www.ccr-tz.org) and the Mennonite Central Committee in Tanzania.

- **Internships** are available with the Trust. We offer a place for suitable internship and/or experience for students of counseling, the social and behavioral sciences, medicine, nursing, and pastoral care. In 2011 we had five Tanzanian applicants for internship and filed placement positions; one began in January of 2012, and two more are expected to start in May of 2012.
- **Staff capacity building:** To be able to maintain the quality of our service we have to keep working on our knowledge and skills. This takes a variety of forms from weekly peer supervision and formal training programs, to attendance and presenting at conferences, participating at seminars, personal study, visits by mental health personnel from abroad, SIGMHA.

Personnel

Full-time Trust personnel are:

- Mr. Emmanuel Bujulu, Mental Health Practitioner and Program Director
- Mr. Boniface Kisi, Counselor and Administrative Officer
- Dr. Robin Peterson, Clinical Psychologist and Program Development Coordinator
- Dr. Carlijn Sturm, Medical Doctor
- Mr. Richard Matei, Driver, Messenger, Store-keeper and Office Assistant.

Volunteer personnel and Student Interns:

- Mrs. Lisa Stevenson and Mr. Graham Stevenson, Counselors
- Rebecca Tyrer, BSc (Hons), Clinical Psychology
- Musarrat Khalfan, BSc (Hons), Applied Psychology and Management Studies

Part-time personnel:

- Ms. Gretchen Mills – Leadership and Organizational Development Consultant

Advisory Members:

- Fr Oliver O'Brien SCA - Policy and Planning
- Erneus Rutta (lawyer) – Law and Human rights

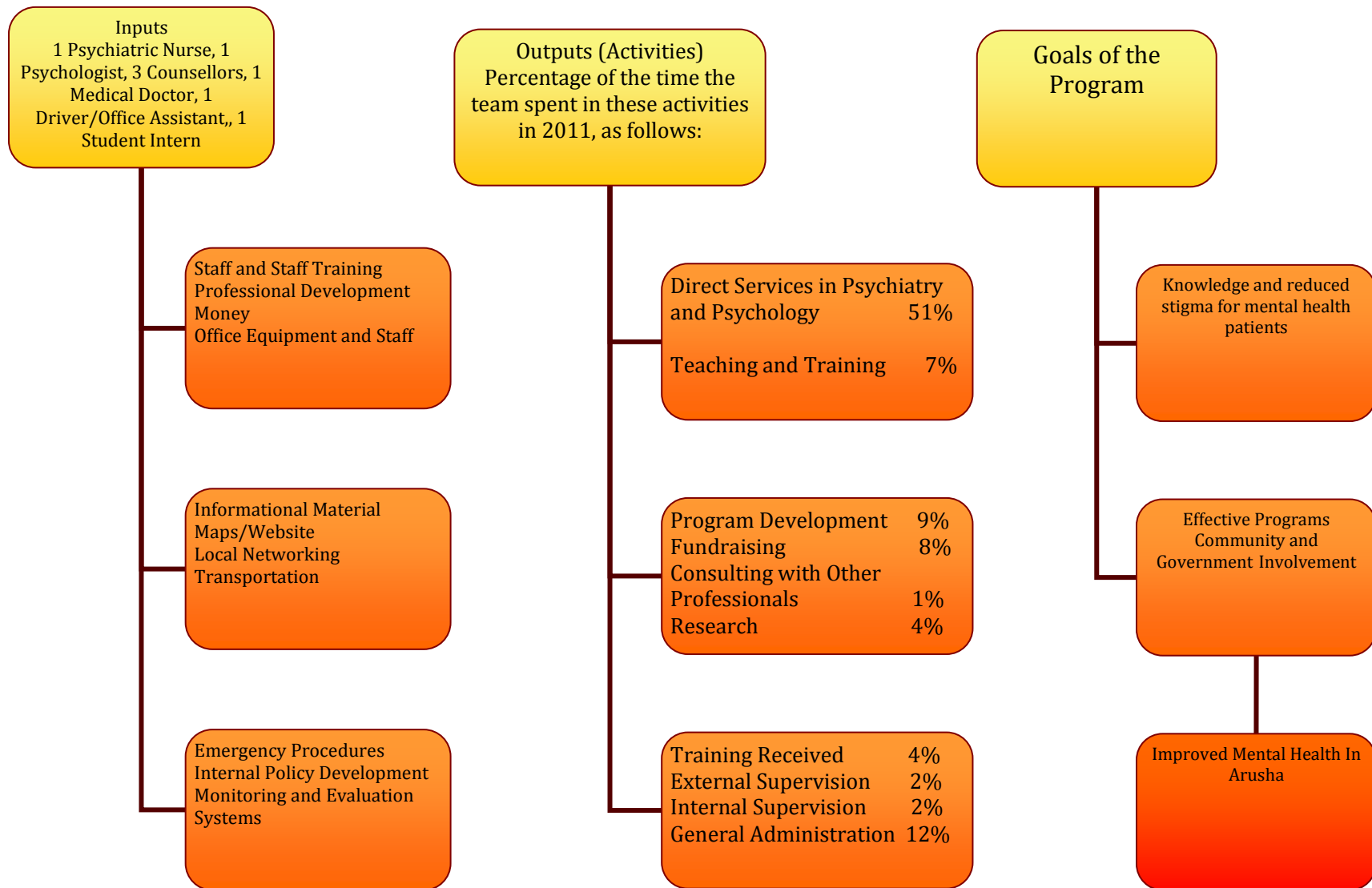
Government Staff:

- Mrs. Angela Gurty – Psychiatric Nurse and Regional Mental Health Coordinator
- Mrs. Catherine Lyatuu – Psychiatric Nurse
- Mrs. Fortunata Mnamos – Assistant Nurse



Emmanuel Bujulu,
Director of AMHT

Logic Model and Time Spent by AMHT Staff on Specific Activities



Clinical Statistics

Direct Service Provision

In direct service provision, the staff at AMHT served a total of 463 clients in 2,739 individual sessions and 753 individuals in training programs.

Individual Therapy Groups and Hours Spent

Name	Individual	Group	Family	Couples	Career	Crisis
Becky	121.25	2	2	1.5	0	0
Boniface	711	9	23	26	3	0
Carlijn	734	0	0	1	0	1
Emmanuel	853.5	13	46	40.5	10	17
Lisa	126.2	3	3	47.5	0	0
Robin	304	3	15	16	0	0
Total Hours Spent	2850	30	89	132.5	13	18

Teaching and Training

Name	Total Hours	Subjects Taught
Becky	38.5	Basic Counselling Skills, Protection Policy, Recognizing Mental Health Problems in the Classroom, Human Development
Boniface	150	Child Protection Policy Development
Carlijn	102.5	Family Support Group on Psychosis and Schizophrenia, KCMC Student Placement Interns
Emmanuel	10	Family Support Group on Psychosis and Schizophrenia, KCMC Student Placement Interns
Lisa	51.5	Basic Counselling Skills, Enneagram Personality System, Meyers-Briggs Type Inventory
Robin	323	Basic Counselling Skills, Protection Policy, Recognizing Mental Health Problems in the Classroom, Human Development, Guide Training in Stress Management, Personality and Communication
Total Hours Spent	675.5	

Innovation and Development

AMHT staff participated in a variety of activities meant to develop our organization and extend our professional efforts. Staff members were involved with:

Name	Fundraising	Marketing	Consultation with Other Professionals	Program Development	Translation of Materials to Swahili	Research
Becky	0	1.5	16.5	119.25	0	330
Boniface	10	17	21	230	46	2
Carlijn	17	50.5	1	238.25	0	12.5
Emmanuel	93.5	31	34	168.5	2	21.5
Lisa	0	0	3.5	57	0	28.5
Robin	59	48	36	144.5	28	106

- fundraising and marketing, including proposal writing and contacting donors, meetings with potential and actual donors, and welcoming guests into the department;
- local efforts at awareness raising and fundraising at the Arusha Craft Fair and other local events;
- improving our cooperation with other government entities and professionals in Arusha, and to be involved with other organizations which work with vulnerable populations in Arusha;
- developing a website;
- developing materials available in Swahili for the benefit of Swahili speaking clients, as well as developing research questionnaires and materials for the website appropriate to the local population.

Administration

AMHT staff also kept accurate records and statistics, based on a new monitoring and evaluation system developed in 2010 and implemented for the whole year of 2011. We have not been able to make three year comparisons in this Annual Report as we usually do, given our new system, but intend to do so in future.

	Banking and Posting	Salaries	Purchasing	Budgets	Maintenance	Garden &Property	Documentation
Becky	0	0	5	0	1.5	0	104.75
Boniface	36	16	11	0	5	3	30
Carlijn	0	0	0	0	0	0	178.5
Emmanuel	57.5	7	26	43	27.1	4	118
Lisa	0	0	0	0	0	0	191.5
Robin	0	0	7	1	0	10	281
Total Hours Spent	93.5	23	49	44	26.6	17	903.8
Grand Total	187	46	98	88	53.2	34	1807.55

Client Demographics and Statistics

Age distribution and percentage

Age	2010	2011
0 – 14 years	10.5%	6%
15 – 19 years	11.5%	21%
20 – 40 years	51%	57%
20 – 40 years	22%	21%
41 – 60 years	5%	19%
61 – 75 years	5%	1%
Over 75	<1%	<1%

The individual clients were divided nearly equally between male (49%) and female (51%). The demographics of our client population have not changed very much over the years, with the exception of an increase in adolescent clients in 2011. We have seen this increase, we believe, because of outreach efforts to local organizations, including the schools. An interesting part of our work is with a population of young Tanzanian students who are struggling with massive changes in cultural expectations, education, and outlook because of the increased access to media and world events. This has led us to look towards programs which will increase the resilience of Tanzanian youth, and promote leadership skills and positive community values.

Diagnoses of clients attended and percentage of each diagnosis.

Please note: these are main diagnoses and co-morbid or secondary mental health concerns. Many clients have more than one diagnosis which is clinically significant.

Main diagnosis	Total	%
Schizophrenia or related psychosis	100	22%
Assessment	63	14%
Depressive disorder	39	8%
Anxiety disorder (OCD, GAD, Phobia)	29	6%
Marriage problems	23	5%
Substance abuse/misuse	23	5%
Trauma and stress-related disorders	18	4%
Epilepsy	17	4%
Other psychosocial problems/Adjustment Disorders	17	4%
Relationship Problems	16	4%

Anxiety disorder	14	3%
Bipolar disorder	12	3%
Work related problems	12	3%
Relational / Marriage problems	9	2%
Sexual dysfunction and Sexuality	7	2%
Bereavement	6	1%
Dementia	5	1%
Other Organic Illness	5	1%
Parenting Concerns	5	1%
Psychosocial problems (poverty)	5	1%
Somatoform Disorders	5	1%
Attention Deficit and Disruptive Behaviour Disorders	5	1%
Mental Retardation / Developmental Delay	3	<1%
Nocturna enuresis	3	<1%
Personality disorder	3	<1%
PTSD and stress-related disorders	3	<1%
Sleep disorder	3	<1%
Diagnosis not clear	4	<1%
Eating Disorder	2	<1%
Autism-Spectrum Disorders/ PDDs	1	<1%
Delirium	1	<1%
Learning disabilities	1	<1%

Implications

The implications of the new monitoring and evaluation system are included in the discussion and goals section of the report. However, it is worth mentioning that a most valuable statistic was the number of clients who Did Not Attend. In 2011, we had 258 clients miss their scheduled appointments, and the majority of those clients were patients with psychoses. One of them died as a result of a head injury having failed to attend, and many of these patients only return in the care of family or police after they have hurt themselves or someone else. These are vulnerable people, and they are challenging for their families and communities, particularly if they are violent and aggressive. These statistics set a priority for AMHT to employ social workers who can support these clients and their families.

Goals and Challenges

In last year's report, we listed our goals for 2011, and this is a time for reflection and assessment of how well we met those goals. Our first goal was to assess the needs of the community and begin to address the patients on the street who are psychotic, dangerous to themselves and others, and who are stigmatized and marginalized by society. Our second goal was to refine our monitoring and evaluation system, and use it to guide our strategic planning; the third goal was to develop a volunteer program and to initiate and find Tanzanian students and new professionals for field placement and training. We are pleased to report that we have made significant progress in all of these areas, and are proud of our accomplishments this year.

Teaching, Learning, and Networking

Teaching

Practicum and Internship placements were formalized this year with training manuals and a supervisory system in place for students. These programs are comprehensive and



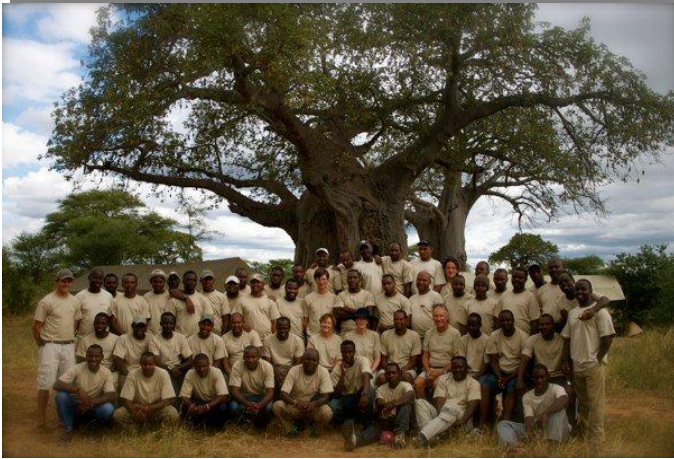
focused on building ethical reasoning, clinical skill, and professionalism. The AMHT team welcomes volunteers who are a) 21 years of age or older; b) University level students or higher, and c) excited about the possibility of learning and sharing knowledge in a multidisciplinary, multicultural, and multilingual mental health program. Preference is given to Tanzanian students.

We offer an environment in which volunteers will have an opportunity to gain professional skills and experience working in mental health care in Tanzania, and which will give them a new perspective on mental health in a low-income country. In return, we hope to use the volunteer's professional skills in serving our clients and developing and growing our organization. The goal of our volunteer program is improving the quality and accessibility of AMHT's mental health services, influencing positive mental health strategies in families and institutions, as well as positively influencing institutional and governmental policy.

Our short term (three to five day) training programs this year reached 763 people, for a total of 675 staff hours of teaching and skill building. Subjects taught included conflict management, counseling skills training



Costansia Mbogoma, Capacitar Trainer



courses, and a week long course for safari guides in subjects like anger and stress management, personality, and conflict (see picture, left). As a follow on to the counselling skills course, we offer supervision once a month for those trained in counselling skills in order to support them in their work and ongoing professional development.

One of the programs continued this year was a course to help other organizations

develop their own detailed, specific, Child and Vulnerable Adult Protection Policy. This process is a facilitated workshop, where stakeholders consider the context and the values of their organization and how those values are reflected in protecting people who have no voice. This was done first at AMHT for our own policy, and then used with the Pallotine Fathers community center at ESSO. This year AMHT had three different workshop sessions to cover staff at The School of St. Jude and with the Rosminian Catholic Congregation. This area has grown to the point where we cannot do all of the policy development work needed locally, and we will offer a two week Trainer of Trainers program in this area in 2012.

Learning

In April the AMHT team had an opportunity to work with a Dutch Clinical Psychologist, Julie-Anne Arendsen-Hein, who specializes in personality disorders. She was able to commit a day to specialized diagnosis and therapy techniques in this complicated area of mental health work.

The AMHT staff initiated an in-depth Capacitar training workshop, facilitated by Dr. Genvieve van Waesberghe (below) and Mrs. Costansia Mbogoma (above) invited other organizations and individuals to attend as a public service. The training was nine days over a period of nine months, and was a thought-provoking and challenging program. Participants were given exercises and assignments in using the healing strategies in their own circumstances.

In August, a delegation from the Flora Family Foundation visited AMHT and talked through the monitoring and evaluation program instituted in 2010. AMHT received a grant to upgrade the computer systems, and this has borne fruit in terms of program planning. As a result of the evaluation, it became clear to us that the first area to expand our services is actually in social workers who can follow up clients, keep them in treatment, and engage their families



Genvieve van Waesberghe,
Capacitar Trainer



Gretchen Mills

and communities in de-stigmatizing and treating mental health problems.

Ms. Gretchen Mills continued working with the AMHT team to fine tune the transition from a founder-led organization to a larger, board led organization. She expanded her efforts this year



into the realm of fundraising; this involved teaching a

group of introverted clinicians some extroverted promotional, marketing, and sales techniques. It is safe to say that we barely recognized ourselves afterwards, and were very successful in a series of local fund raising efforts, including the Christmas Craft Fair and the Alternative Gift Giving drive at Arusha Community Church.

Networking

AMHT was present for the annual meeting of Dutch psychiatrists in Moshi, Tanzania. Robin presented a brief summary of child protection policy work in Tanzania, and the conference was attended by more than 60 people from Holland and Tanzania. Several of the psychiatrists visited the department, hosted by Dr. Carlijn Sturm and were available to assist in difficult patient cases while visiting the department.

The Annual Arusha Craft Fair allows AMHT staff to set up an information booth in order to talk to people about our work. This year our booth was busy and included an auction of mustached men! "Movember" is an International awareness raising campaign dedicated to men's health, and the Arusha Rhinos Rugby Team and a group of young male teachers from St. Constantine's International School agreed to auction off the privilege of shaving their mustaches for charity. AMHT was one of the beneficiaries of the charity drive and auction.

The new website is now available in Swahili, and we are able to track the people who are accessing our website, and what they look at. Google statistics show that 40,000 Tanzanians are using the Internet, and we are pleased to say that our website is active and accessed by many people who read the Swahili information as well as the English. This has brought not only new clients, but new donors and applicants for field placements and jobs with AMHT.

AMHT is represented on the advisory board of the Mennonite Central Committee in Tanzania, the Caucus for Children's Rights, the Rape Crisis Center at the Arusha Lutheran Medical Center, and The Learning Space. We work to maintain contacts with service providers in education, health, special needs



Dr. Carlijn Sturm, far right, with visiting Dutch Psychiatrists

schools, and organizations working with orphans and people with disabilities.

We are working with a new friend, Ms. Susie Rheault, from the Clinton Foundation this year on a campaign to destigmatize mental health. This is based on a Rapid Impact Package model, which has been used successfully for neglected tropical diseases; we hope to modify the package to address mental health concerns. For more information about this, please see the article:

Hotez PJ, Molyneux DH, Fenwick A, Ottesen E, Sachs SE, et al. (2006). Incorporating a rapid-impact package for neglected tropical diseases with programs for HIV/AIDS, tuberculosis, and malaria. *PLoS Med* 3(5): e102. DOI: 10.1371/journal.pmed.0030102



Dr. Robin Peterson

AMHT Management

The Annual General Meeting for AMHT was held on November 15th, and included our new Board members and Trustees. The meeting was facilitated by our own leadership development personality, Gretchen Mills. We feel blessed to have an energetic, caring, and enthusiastic Board with members who are committed to the financial health and quality service of AMHT.



Boniface Kisi

The mission of the organization remains unchanged: Arusha Mental Health Trust is committed to facilitating mental health care in Arusha. Our first and foremost commitment is to quality service provision, and AMHT is a model of best practice. The

focus for 2012 is to maintain that base, and expand our services even further into a community based psychiatry program.

Unmet Needs

AMHT is still a small organization, and while there are many mental health problems in the area it is necessary for the program to limit activities in order to provide high quality service. Fund raising efforts have been successful for this year, and are sufficient to maintain the high quality service we provide for the next twelve months. However, new efforts, new donors, and new networks are being explored to increase our capacity to reach people who are not currently accessing mental health service and to reach people who are not compliant to drug therapy or consistent in meeting scheduled appointments. This means that we need to increase our physical space to accommodate new staff, new service provision with social work professionals as well as mental health clinicians, and to inspire more Tanzanian government support for the program. We believe that government involvement is the only way to make the program sustainable and effective in the long term.

Goals For Next Year

Most importantly, AMHT will maintain our current level of direct service provision, based in both the Mt. Meru Regional Government Hospital and the outreach program will take three facets in 2012, and these are already in motion.

- The first is to consider the impact of volunteer organizations on the psychological health of children. Existing research suggests that Tanzania is the third most popular “voluntourism” destination, and this means that many of our most vulnerable people are being exposed to volunteers and volunteer organizations. There is little research in this area as to the effects of this situation on the health of marginalized and vulnerable children. To this end, we have piloted a research project questionnaire which we feel will be suitable for the purpose we have in mind, and which will help guide the policy and practice followed by good volunteer organizations to maximize benefits and minimize the negative impacts of volunteer work.



ESSO Clinic

- With the help of Ms. Susie Rheault, we will work to develop materials and a program to educate local community members and to help de-stigmatize mental health problems. To this end, we have committed time in February and March to develop the materials and test them in the ESSO area. This is part of the effort being made to follow up on existing clients who are not consistently receiving services and necessary drugs. We feel that this campaign will give us information on what community needs are not currently being met, what resources we have available in the community, and how we need to increase the work of AMHT to meet those needs.
- Thirdly, we are working with the Australian Psychological Association on a youth program which will develop leadership skills and prevent substance abuse and street violence. These projects will involve student interns, and help develop skills in young Tanzanian professionals while building AMHT as an organization and benefitting the community.
- We intend to increase our staff with another volunteer doctor to fill the gaping hole left by Dr. Carlijn Sturm. She completed her commitment with us, and we wish her all the best in the new work in Cape Town. She has helped us set up a volunteer program that we feel is workable and satisfying for the organization, the clients we serve, and the volunteer as well.

- We are on the way to training new professionals, and this will involve social work and mental health care, training, awareness raising, peer and family support groups, and public health education for communities in mental health subjects. We will provide field placements and practical experience which will benefit AMHT, the clients we serve, and build a strong professional base in Tanzania.

Conclusion

In order to meet these goals, we recognize our dependence on the goodwill and generosity of the donor community. We sincerely thank all of our past and present donors, for their unflagging support and enthusiasm for our work. Local donors and international donors are 'wowed' by what we do and how we do it; this is encouraging for us, and we are happy to meet the expectations of these generous people. We welcome visitors, and we are now in a position to discuss volunteer positions for people who feel that they have something to contribute through AMHT.

We wish you all a blessed and peaceful 2012.

On behalf of the team at Arusha Mental Health Trust,



Emmanuel Bujulu, Director