Arusha Mental Health Trust

Facilitating quality mental health care in Arusha, Tanzania

Nineteenth Annual Report

February 2016

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HIGHLIGHTS OF THE YEAR

- In August we had a planning meeting for establishment of the Methadone treatment centre in Arusha Region. The meeting drew participants from Ministry of Health and Social Welfare, Drug Control Commission unity of the Prime Minister's office, Regional Commissioner's office (Arusha), Mt Meru hospital administration and from Arusha Mental Health Trust. Together we mapped the needs, and infra-structure needed to enable for the unit to start working. The overall budget for the establishment of the program is huge and needs assistance from wide stake holders. Well-wishers and interested partners can contact us for further discussion and possible coordination into making the project a reality.
- We opened up for internship intake from local and foreign universities. We had varieties of students from several disciplines such as Social workers, Psychology at a master's level and others interested in mental health. In total it was a diversified experience because all came from different countries, and with different cultural back ground. We learned a lot from them and hope they did learn from us as well.

- Dr Annemarie Griffioen, a medical doctor from Netherland, joined our team as a volunteer with special interest and experience in Psychiatry. She has developed a comprehensive psychiatric care protocols which are integral part of our care system at AMHT.

- Sadly, long term members of staff, Mr. Graham and Lisa Stevenson who were the backbone of our **family systems and Marriage counselling** team returned back home in England after volunteering with our institution for many years. Apart from being instrumental team members, Lisa was our Board Chairperson. Her guidance was instrumental to all the achievement associated with AMHT.

- The Trust has maintained a high standard of care and direct service provision which is a model of best practice. In order to achieve this, AMHT conducted a survey of Knowledge, Attitude and Practice of mental health issues.

- AMHT remained focused on service provision, and is a model of quality care in an integrated and multidisciplinary structure. The social work component, combined with psychiatric services and psychology, provide comprehensive treatment and support for our most vulnerable clients.
  Based on the findings from 2012 Monitoring and Evaluation and KAP study, we focused on areas of information sharing and raising public awareness exercises. We conducted public awareness workshops, free of charge on various topics on mental health. These workshops were directed to the general public, partner organizations especially those running orphanages. We also conducted several interviews on local radio. We addressed common mental health issues, treatment models and preventive measures. It helped in raising awareness of mental health problems and treatment/ preventive modalities.

- We also ran one public exhibition on mental health issues. It was a four day exhibition at the Agricultural show. Out of this exhibition, we received a lot of clients who came to seek our services.

- As is our usual practice, AMHT developed and delivered a variety of programs to support partner organizations, an Islamic Women's group, and Catholic religious orders. These programs included the Enneagram and Myers-Briggs personality typing systems, human development, human sexuality, stress management and life balance workshops as well as Basic Counselling Skills.

Dedication

This report is dedicated to Mr. Christian Mukebezi (R.I.P).

This report is dedicated to one of our first clients and who has been with us through the journey of mental health services improvement in Arusha. Mr. Christian Mukebezi our long serving client died on 30.07.2015. He had been part of the success story of AMHT who benefited from the services from the beginning of this historical achievement. He will be remembered by his commitments to treatment, achievements in terms of improvement and how our intervention had turned him around. He was a highly placed person in terms of social status before the demise of his illness; he deteriorated both physically, socially and economically before our intervention. When he started attending our free clinics, he improved tremendously and was able to look and manage his family. He left behind a widow (who is currently attending our services as well), children and grand-children of which most depended on his income.
May his Soul Rest in Peace!

Mission Statement: The Arusha Mental Health Trust facilitates the provision of appropriate mental health services to the people of Arusha city.

Overall Goal: *To sustain and improve the mental health of the residents of the city of Arusha.*

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. 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

- **A reception** service within a government hospital compound which is accessible and well known. Appointments for the psychiatric services provided by the government staff as well as the psychological services are made with caring and attentive reception staff.
- **Clinical psychology**, counseling and psychotherapy to individuals, couples, families, and groups.
- **Outpatient psychiatric clinic** which is run by one of the AMHT staff who is a psychiatric nurse, a medical doctor, and government employed nurses.
- **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 management, 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.
- **SIGHMA** (Special Interest Group in Mental Health in Arusha) meets once per month for a lunchtime presentation on mental health related issues. Hosted by AMHT, the group is open to all.
- **Out of clinic visits** to clients in their own homes, at school, or at work as needed.
- **Crisis response service** to individuals and organizations following accidents, critical incidents like robberies, sudden unexpected job loss and /or tragic bereavements.
- **Networking** and linking with relevant agencies locally, nationally, and internationally.
- **Workshops and seminars** were run here and in other venues as requested. These are designed for different audiences to meet the specific needs of a group and can be offered in both Swahili and English.
- **Consultancy** in the area of mental health to individuals and other organizations.
- **Translation** of materials into colloquial Swahili for client use in our own work.
- **Internships** are available with the Trust, and an area which we would like to develop further is to take on more students and trainees from Tanzanian institutions training counselors and psychologists.
- **Staff capacity building:** this takes a variety of forms from formal training programs being undertaken by two members, to attendance at conferences, presenting papers at conferences ETC.
- **Visitors to the department:** Again as in other years we were blessed with many visitors from overseas who came to learn about mental health services here and specifically what we do in AMHT

- **Resource Center and free Internet service:** is one small way to reduce stigma and to bring people to the department who do not have any mental health need. We – through

Clinical Statistics

The following tables outline the work accomplished at Arusha Mental Health Trust for the year 2014. The psychiatric nurses who work with us are not included in these statistics, as they are government employees and have different reporting structures.

Table 1. CLIENT DISTRIBUTION ACCORDING TO GENDER:

GENDER	NEW CASES	CARRY OVER	TOTAL
MALE	156	60	216
FEMALE	161	54	215
TOTAL	317	114	431
TOTALCONSULTATIONS(VISITS)			2407

Our statistics and other monitoring and evaluation activities lead us to determine our goals for 2016, and evaluate our performance in 2015. The demographic information suggests that AMHT is on target, serving men and women equally (M=50.1%, F= 49.9%), and serving vulnerable people and other "target groups" appropriately. Clients under 15 years remained at the same level as that of last year (7%). This is the net result of keeping our decision of working with the carer at the orphanages instead of the orphans themselves. The rest of the statistics in relevant age group has remained approximately within the same range. This is the net result from focusing on the same goals as that of 2014. Just a point to note is the client base of those aged over 75 year is steadily increasing (1.6%) in comparison to that of the previous year which was 1%. This means that we have to steadily gears ourselves for age related mental health disorder (Geriatric Psychiatric disorders)

TABLE 2: AGE DISTRIBUTION IN PERCENTAGE

Age	2010	2011	2012	2013	2014	2015
0 – 14 years	10.5%	6%	**14%**	**6%**	**7%**	**7%**
15 – 19 years	11.5%	21%	**15%**	**11%**	**13%**	**8.4%**
20 – 40 years	51%	57%	**50%**	**62%**	**61%**	**57.5%**
41 – 60 years	5%	19%	**15%**	**17%**	**15%**	**21.6%**
61 – 75 years	5%	1%	**5%**	**3%**	**3%**	**3.9%**
Over 75	**<1%**	**<1%**	**1%**	**1%**	**1%**	**1.6%**

Table 3: CLIENT DISTRIBUTION ACCORDING TO DIAGNOSES

Please note: these are main diagnoses and do not include secondary mental health concerns. Many clients have more than one diagnosis which is clinically significant.

Count of #	
Main diagnosis	Total
Adjustment disorder	1
Anger	2
Anxiety disorder (OCD, GAD, Phobia)	50
Assessment	35
Attention Deficit and Disruptive Behaviour Disorders	5
Bereavement	3
Bipolar disorder	10
Conversional Disorder	3
Dementia	9
Depressive disorder	29
Diagnosis not clear	5
Epilepsy	10
Learning disabilities	1
Low self esteem	1
Marriage problems	27
Mental Retardation / Developmental Delay	2
Nocturna enuresis	10
Other Organic Illness	1
Parenting Concerns	12
Personality disorder	5
Relationship Problems	9
Schizophrenia or related psychosis	80
Self-awareness / Spiritual growth	1
Sexual Abuse	8
Sexual dysfunction and Sexuality	5
Sleep disorder	1
Somatoform Disorders	16
Substance abuse/misuse	52
Trauma and stress-related disorders	29
Work related problems	9
Grand Total	431

Table 4: EDUCATION AND INFORMATION SHARING SESSIONS

PERIOD	JAN-DECEMBER 2015
Total hours of teaching	739.5
Total Participants	2015

The number of participant is slightly low due to the fact that we focused our training by using mass media through radio programs and public show. Although the method is very effective, it is hard to

estimate the number of audience you reached. Also during this period two of our core trainers left the organization and thus few trainers.

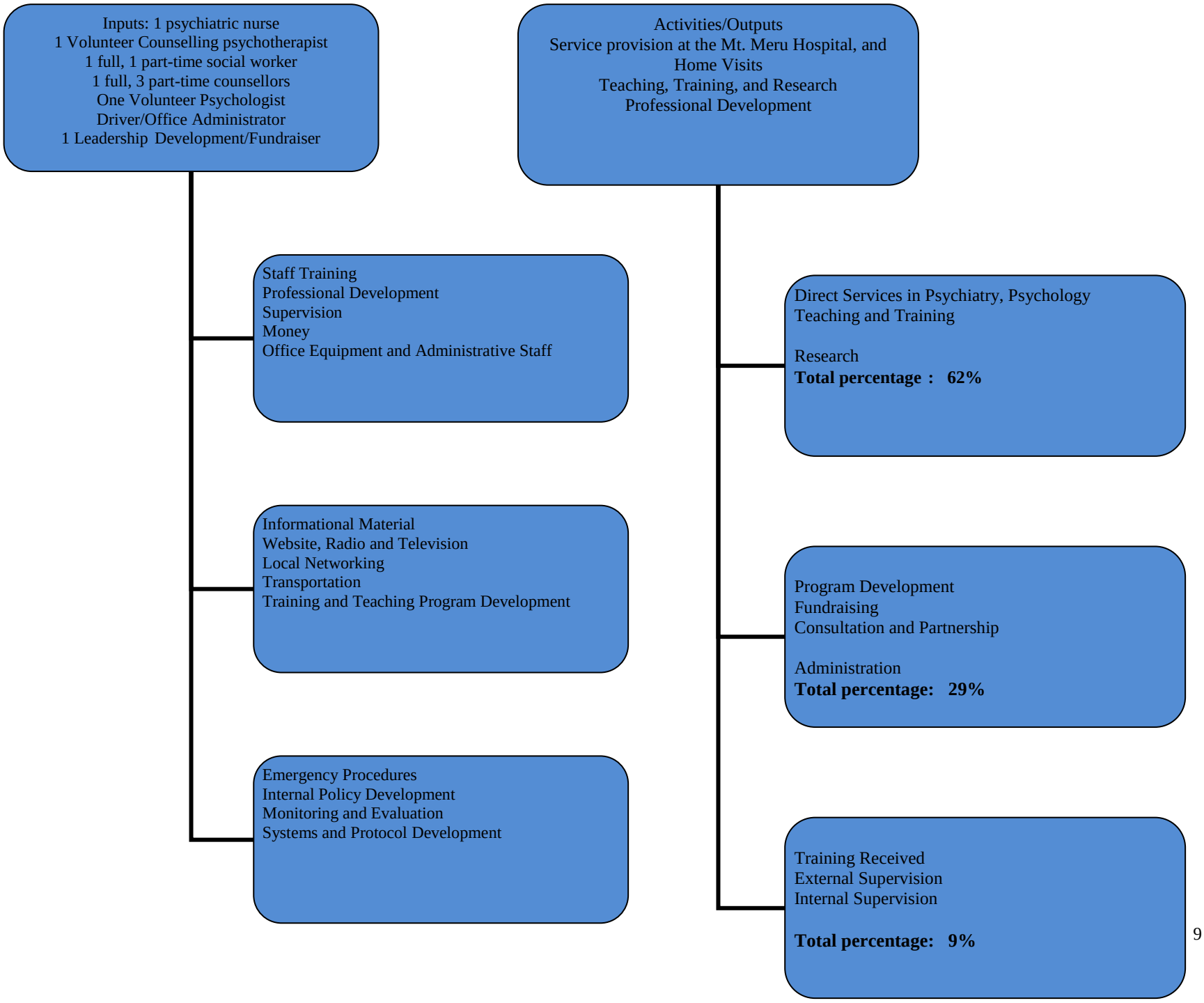
Training with Formators of International Congregations at Lumen Christ Institute

TRAINING PROGRAME CONDUCTED IN 2015

1. Life Skills Training
2. Child Protection Policy Development
3. Basic Counselling Skills
4. Conflict Management
5. MENTAL HEALTH PERSPECTIVES OF TANZANIA
6. Mental health Issues on Radio Programme with Habari Maalum
7. Human Sexuality and Self Awareness
8. Self-Awareness
9. ENNEAGRAM
10. MENTAL HEALTH ISSUES IN ARUSHA. DUTCH/ TANZANIA CONFERENCE
11. MBTI WORKSHOP WITH FORMATTEES
12. ENNEAGRAM for Formators Trainee at Lumen Christ.
13. ENNEAGRAM for Novices
14. Various Radio Program with NYU Radio, Habari Maalum Radio and Arusha 1
15. Human Sexuality
16. TRAINING CONDUCTED BY FARM RADIO TANZANIA ON DEPRESSION IN ADOLSCENTS.
17. SELF AWARENESS TRAINING FOR FEMALE STUDENTS ON WOMEN'S DAY AT ENABOISHU SECONDARY SCHOOL.
18. Basic Counselling Skills Course in ENGLISH
19. LIFE SKILLS TRAINING AT ST. JUDE'S SCHOOL
20. NANE NANE GROUNDS
21. Basic Counselling Skills Course in SWAHILI
22. ABUSE TRAINING WITH NEEMA HOUSE
23. Basic Psychology and self-Awareness. Group responded very well. Attended 3 of them afterwards for individual counselling.

Training Session with Religious

Table 5: Logic Model and Time Spent by AMHT Staff on Specific Activities



Case Studies

1. **Non-Religious case study**

Five months ago a doctor from Mt. Meru came to my door with a young woman (whom we will call Mary), from Botswana whom she had medically checked out and was referring to me. Mary had been studying Business Studies in Nelson Mandela University in Arusha. She was a straight A student, the only one of five children to have the opportunity to go to college and was only a few months from her finals when she would graduate, return to her family in Botswana and start perusing through opportunities and applying for jobs.

But the week before she arrived at my door, the doctor explained, she had been raped by a fellow classmate; a married man from Tanzania. I agreed to see her and we worked together, this broken girl and me, for 3 months. She was not pregnant and tested negative for HIV, the doctor told me. The emotional scars were the issue at this point.

Her family rule had been 'never drink, never let yourself down, and NEVER be in the company of men alone'. Her mother had hammered this in to her. 'Study hard and always be independent.' So when she and her classmates went out to celebrate finishing one of their ongoing final assessment exams, and she 'let go', having a rare few drinks…what transpired - the blackout, the foggy memory of being pinned down and raped and in the morning, the realisation of what had happened, meant that not only did she have the complex and slow process of healing this trauma, she completely and entirely blamed herself. At the best of times this is the main belief of a victim of rape.

Mary and I spent weeks going through all the deeply painful, complex and dark emotions associated with Rape Trauma Syndrome - the shame, regret, self-blame, sadness, loss, loss of appetite, concentration & interest in life, suicidal thoughts (she described her re-accruing dreams of drowning and suffocating but being at peace finally), anger and hatred.

But for me as her therapist, the most difficult aspect for us to work through was a shift in her perspective that she was entirely to blame. This man was in her class and they had weekly presentations to give. She had to see the man who assaulted her every day, stand up in front of him to give presentations, go to lunch with him and sit exams with him. She felt like she deserved to feel the negative emotions listed above, refusing to tell anyone what had happened or report the incident.

Her exams were looming and concentration was very poor as was her sleep as it was also affected by the recent trauma. We worked together weekly, sometimes twice a week. I used CBT, Mindfulness, gave her breathing exercises for insomnia, we did gestalt, empty chair exercises (role-plays), letter writing, dream work and drawing. I wanted to encourage her tell her family, who had always been a great support to her in order to resource herself when she went home, in her words, 'a changed person'.

Together, we sourced rape victim support groups in Botswana for her to join on her return and looked up counsellors in the city where she could continue her counselling work. Trauma from

rape can take a long time for a woman to recover, especially if they stay silent in their normal community groups which, most victims do due to shame.

By the end of our 6 weeks together, she was sleeping better and had come around to the idea that in fact, it was not her fault. Her assaulter took advantage of the situation and violated her body and soul. She had not asked for it. Her sleep was better, she no longer was having nightmares and she sat her exams. She was well and truly at the 'anger' phase of this particular grief and was no longer turning the anger in on herself, but at the man himself.

We have kept in touch by email and she is attending a group and a counsellor and hope is returning to her life thank god. She had reported losing faith in God who had always been her rock, and this, she says, has also been returning through prayer.

2. Supervisee - 'Fr. Thomas' - Formator and Spiritual Director

I also offer weekly supervision to some of the Formators affiliated with orders in the Arusha area, as well as attending to their postulants through both group and one to one works.

Fr. Thomas has been attending for three months and initially came because of what has transpired to be existential issues affecting his sleep. He described waking up each night for the last month, sweating with the very realistic fear of his community house being broken into and himself, attacked. In his 50's, we started to explore his own fear of death, passing through this phase of his life.

This was an interesting case, as he came saying his lack of sleep was effecting his teaching and decision-making ability with the postulants. It was an entirely irrational fear, he said. I was confused for two full sessions as it seemed that being 'broken into and attacked' seemed only the superficial presenting issue and not something that in reality he would not be able to deal with should it happen.

He described being able to be fine and strong when sometimes frightening events actually happened. I asked him was there anything significant that had transpired before he decided to attend and start work with me. Then and only then, he told me of his father's death only a month before. Tightly resisting admitting the sad and painful reality of dealing with it, he had instead projected his grief into disturbed sleep and a fear of being attacked.

His mother had died a few years previously so this death left him an 'orphan' and no longer without a home or a base to return to from his transient missionary life.

He was the only one of seven who pursued the spiritual life and therefore the only sibling without the support of a new family. What the admittance of his father's death brought up was tenfold. He said, he felt groundless and he didn't know who he was if it was not the 'good son' of his parents. He was lonely and had felt the power of prayer for him was waning. He felt a lack of joy and connectedness and started questioning his spiritual path and even the decision to join the order in the first place, 25 years previously.

Reports of sexual abuse, an inability to say ‘no’ or speak his mind and his own ‘unhealthy’ desires have also since emerged and we have done a lot of work on that. We have also addressed the importance of letting the shadow side emerge so that it no longer holds an unconscious power over him. Instead, he can feel lighter if he faces his dark side. ‘What we resist only gets stronger.’

Again, I have encouraged him to make the unconscious, conscious; to process through journal and letter writing and together we have looked at all the ways his life may have been different in order to unearth toxic ‘regret’ thoughts. He has practiced mindfulness with the roller-coaster that is the emotions of grief and we have done good genogram work to raise awareness on his own family history.

At the beginning, this formator attended for supervision but it soon changed agenda to instead tend to the ‘restorative’ aspect of supervision work; counselling and support for him. We are at a point now, where we are back with the focus on his spiritual direction and its impact on his formees - the 'normative and formative', client-centred aspect of supervision and spiritual guidance.

3. **JANE (NOT HER REAL NAME)**

Jane (not her real name) was repeatedly raped by her uncle when she was 7 years old. She never told anybody about it until when she was 18. She felt it was normal and enjoyed it.

Jane was very intelligent girl and was doing very well in school. She was able to complete her primary school with distinction and was selected to join one of the best government secondary school in Dodoma. She also got distinction in her Form IV results. Jane had a dream of becoming an accountant as she was so good in mathematics.

She was chosen to continue with advanced secondary education in the same school. It was during this time that when she started experiencing flashbacks of what happened with her uncle. She started to become angry, lost concentration, felt guilty and started having audio hallucinations. This continued for almost one year which led to fail her exams.

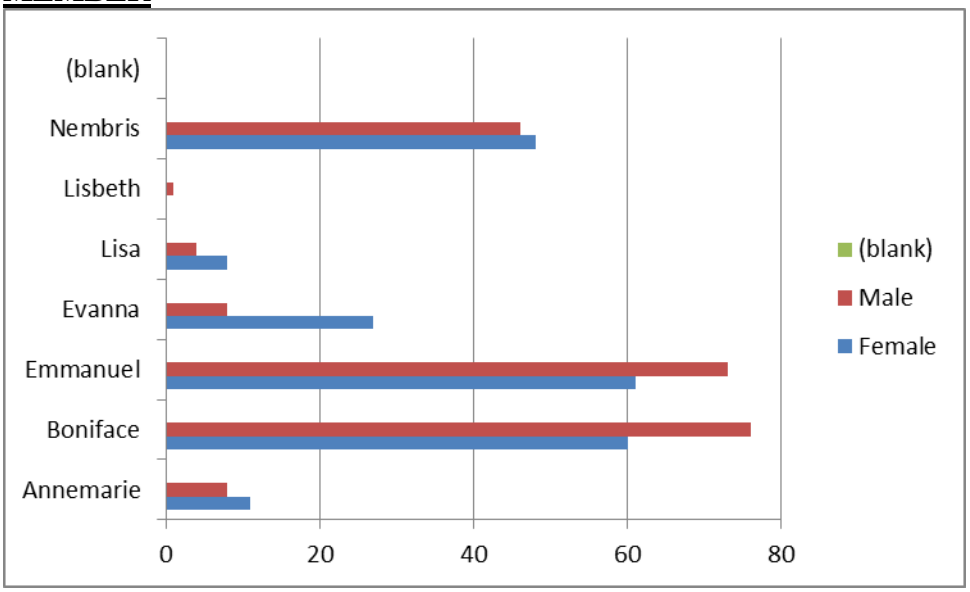
She was brought to us and she showed all the signs of PTSD. It was during her therapeutical sessions that she mentioned about sexual abuse issue! She told her mother about rape but her mother never took action as the perpetrator was her mother’s young brother! She attended several sessions which helped her a lot.

She was able to re-sit her form VI exam and passed. Today, Jane is in her second year at university taking commerce and accounting course.

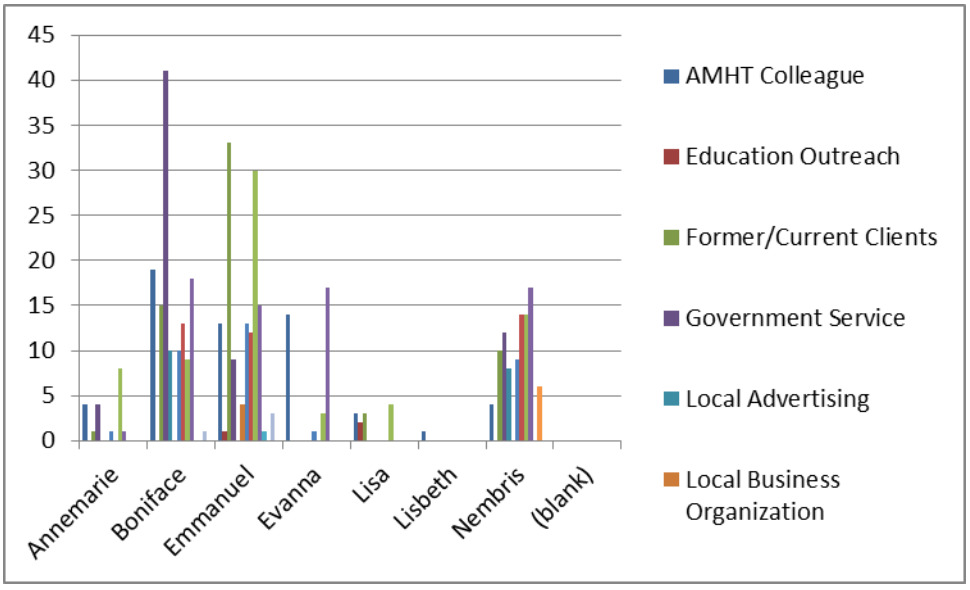
Monitoring and Evaluation:

In 2015 we continued with the monitoring and evaluation exercise as part of quality of service improvement exercise. We did both the internal work self - evaluation based on designed tool and the results are indicated on table number 5.

CHART SHOWING THE GENDER DISTRIBUTION FOR CLIENT SEEN BY EACH TEAM MEMBER



TOTAL NUMBER OF CLIENTS SEEN BY EACH CLINICIAN INDICATING THE REFERRAL AGENTS.



Teaching, Learning, and Networking

Teaching

One important area of our work is education and training. Last year we focused on mass training through local radio program. We covered several common topics of interests in mental health. To mention few, we covered all aspects of psychosis, depression especially among youths, anxiety disorders, and other common mental health disorders. We did (to public shows,) a one week long

public show at the local Agriculture show in August targeting the general public which was highly attended and attracted many visitations.

Learning

Arusha Mental Health Trust hosted a two day training workshop on torture run by a Danish Organization Against Torture called DIGNITY. The training enabled the team to get updated technique of identifying torture victims, and after care related to these victims. We learned a lot on how we can improve the quality of care to traumatized victims of human torture. We had several opportunities for professional development of the team, including participating in seminars, attending a monthly meeting for Special Interest, Mental Health Arusha (SIGMHA).

Networking

Last year we continued the mission of networking with the aim to improve the service delivery. AMHT participated in a day long training program for Dementia diagnosis and intervention at KCMC run by British organization called IDEA.

Also we participated and presented at a two day workshop on mental health (Dutch – Tanzania Psychiatric Conference). Last year's conference coincided with commemoration of International Mental Health Day in October.

We also participated in a two day workshop on Torture run by DIGNITY organization of Denmark. The training involved many diversified attendance from multi-disciplinary stake holders. It helped to equip participants with current information on Human torture and helped to map out and ratification on the way forward for such in Tanzania.

PERSONEL

Full-time Trust personnel are:

- Mr. Emmanuel Bujulu, Mental Health Practitioner and Program Director
- Mr. Boniface Kisi, Counsellor and Administrative Officer
- Ms Nembris Manangwa, Social Worker, Counsellor and Trainer
- Mr. Niyimpaye Kataze, Social Worker and Trainer
- Mr. Richard Matei, Driver, Messenger, Store-keeper and Office Assistant.

Volunteer personnel:

- Mrs Lisa Stevenson and Mr. Graham Stevenson, Counsellors. Left the program and returned home in UK in April 2015
- Evanna Lyons: Counselling Psychotherapist from Ireland. Joined the team in May 2014. She is also a qualified supervisor and does international networking and fund-raising.
- Dr Annemarie Griffioen; Joined the team in Mid of the year from Netherland. She is a qualified Medical Doctor with extensive skills in Psychiatry.

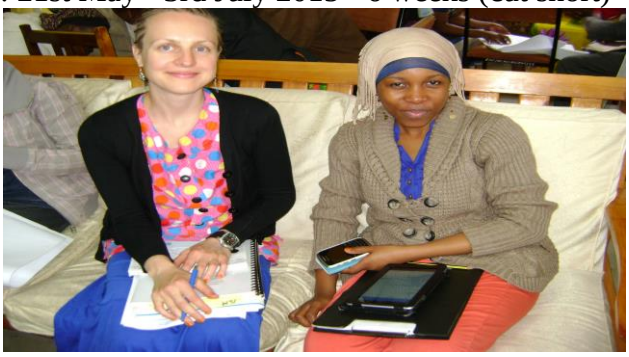
Part-time personnel:

- Dr Rupa Joshi, Clinical Psychologist works with us on part time bases and training.
- Ms Lisbeth Mhando – Psychologist (She is currently pursuing her Master's programme in Clinical Psychology in Dar es Salaam)

Student Interns:

1. Melanie Weinbacher: Social Work
   Period of internship: 21st May -7th August 2015 - 6 weeks

2. Sarah Sultan: Psychology
   Period of internship: 21st May - 3rd July 2015 - 6 weeks (cut short)



L – R: Melanie Weibacher and Sarah Sultan

3. Alyse Hung: Psychology
   Period of internship: 10th June - 3rd July 2015 - 3 weeks

4. Maeve McClean: Psychology
   Period of Volunteer-ship - 31th of August - 9th of October 2015 - 6 weeks

5. Annette Horch: Psychology
   Period of internship -31th of August - 9th of October 2015 - 6 weeks

Advisory Members:

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

Government Staff:

- Ms Joyce Felix -Psychiatric Nurse and Regional Mental Health Coordinator
- Mrs Editha Mosha – Psychiatric Nurse
- Ms Selina Mmari – Nurse Attendant

Goals for this Year:

Our main goal for this year is to improve our service delivery based on the findings from KAP study. More effort will be doubled into reaching more population through mass media. We discovered that because Arusha has many radio/ media outlets, cheaper or free program do not attract audiences. We are planning to get in touch and work with "bigger media houses" in order to ensure large audiences.
Also this year we will concentrate in searching new partners and donors. We have realized that mental health is a discipline which attracts less people into partnering in service delivery. We have completed

funding phase with one of our main donors, Flora Family Foundation. We realized we face distinction if we can't manage to secure a long term donor/ partner who will be an essential element for continuity of service delivery. We serve poor people who will otherwise fail to get any mental health service in case of our distinction.

Challenges

The year 2015 exposed some of the challenges which was not seriously exposed in the past namely;

- Lack of full time staff: Apart from a core program staff, AMHT has been depending on part time staff and volunteer. We have witnessed frequent changes of these types of staff over the recent time leading to lack of continuity of care. Today you have a well-qualified professional staff, tomorrow s(he) is gone.
- Lack of sound working budget: AMHT depends entirely on the good will of donor. Our client base comes from the under privileged class who cannot support the service delivered to them. We have not been able to guarantee the promised service delivery due to poor fund base. Last year we operated with 60% of the actual budget and we almost achieved the same goal. However, this financial year poses more challenges as one of our main donor completed funding phase. For the entire year we have been looking for another potential partner without success.

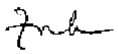
Conclusion

As I reflect on the past year, on our mission statement, overall goal and programme aims I am aware of the blessing it has been to have been able to offer mental health services here in Arusha city every working day of the year. This is an amazing achievement and we thank God for gifting us with all that this entailed. We hope and pray that this small, dynamic and hard-working mental health service can continue.

We **thank** all of you who, in one way or another, are part of our lives and we ask you to continue to be with us as we try to improve life for those suffering from psychological and psychiatric problems and their families.
On behalf of the team at Arusha Mental Health Trust,

Kindest regards;

Sincerely and with gratitude,



Emmanuel M Bujulu
Director
Arusha Mental Health Trust

Date: 17th February 2016