



# **Arusha Mental Health Trust**

*Facilitating quality mental health care in Arusha, Tanzania*

## **Twentieth Annual Report**

### **May 2018**

**P. O. Box 1645, Arusha, Tanzania**

**Mt. Meru Regional Government Hospital**

**Tel: 255-27-2548778 / 2548511**

**Email: [director@amht.co.tz](mailto:director@amht.co.tz)**

**[www.amht.co.tz](http://www.amht.co.tz)**

# Table of Contents

Dedication.....	3
Mission Statement:.....	3
The Arusha Mental Health Trust facilitates the provision of appropriate mental health services to the people of Arusha city.....	3
Overall Goal: .....	3
To sustain and improve the mental health of the residents of the city of Arusha. ....	3
Our History in Brief.....	3
Clinical Work at AMHT.....	3
Clinical Statistics .....	5
Table 1. CLIENT DISTRIBUTION ACCORDING TO GENDER: .....	5
TABLE 2: AGE DISTRIBUTION IN PERCENTAGE .....	5
TABLE 3: TOTAL NUMBER OF CLIENTS INDICATING AGE GROUP:.....	6
Table 4: CLIENT DISTRIBUTION ACCORDING TO DIAGNOSES.....	6
Table 5: EDUCATION AND INFORMATION SHARING SESSIONS.....	7
TABLE 6: TRAINING PROGRAME CONDUCTED IN 2017 .....	7
Table 7: Logic Model and Time Spent by AMHT Staff on Specific Activities .....	9
Case Studies.....	10
Monitoring and Evaluation:.....	12
TABLE 8: CHART SHOWING THE GENDER DISTRIBUTION FOR CLIENT SEEN BY EACH TEAM MEMBER.....	12
TABLE 9: TOTAL NUMBER OF CLIENTS SEEN BY EACH CLINICIAN INDICATING THE REFERRAL AGENTS. ....	12
PROJECT EVALUATION:.....	12
Teaching, Learning, and Networking.....	13
PERSONEL .....	13
Mennonite Central Committee Funding Project: .....	14
Goals for this Year: .....	15
Challenges.....	15
Conclusion .....	16

## **Dedication**

This report is dedicated to the souls of 35 students and staff of Lucky Vincent School Arusha who perished over a road accident on Saturday 6<sup>th</sup> May 2017. On that fatal accident, 32 students, 2 teachers and a driver died on route to Karatu where they were going to seat for a joint examination with one of the schools as part of improving their academic excellence.

Arusha Mental Health Trust championed a counselling intervention team of professionals who did short term and long term intervention with the school (pupils, teachers and other staff as well as the parents who lost their children in this fatal accident).



*Psychological Counselling team intervention process with Lucky Vincent School staff after the fatal accident*

## **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

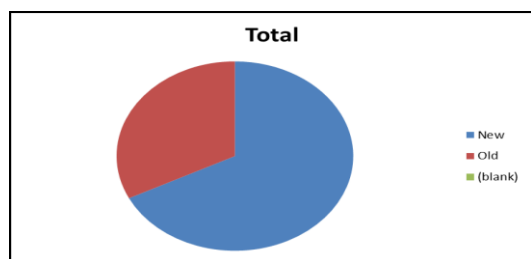
- **A reception** service within a government hospital compound which is accessible and well known. Appointments for the psychiatric services provided by the government staff as well as the psychological services are made with caring and attentive reception staff.
- **Clinical psychology**, counseling 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. For many years this service has been provided to the general public free of charge through Arusha Node Marie philanthropic services. Over the last year, this arrangement changed due to financial restrictions with ANM thus asking some of the beneficiaries to contribute at least 50% of the cost for the services. This has posed a new challenge at this time when funding is so limited and no wonder we might find ourselves out of the “network” and thus not reachable to the world.

## Clinical Statistics

The following tables outline the work accomplished at Arusha Mental Health Trust for the year 2017. 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	126	61	187
FEMALE	125	59	184
TOTAL	251	120	371
TOTALCONSULTATIONS(VISITS)			2194



Our statistics and other monitoring and evaluation activities has been a determinant of the goals for the year 2018. The demographic information suggests that AMHT is on target, serving men and women equally (M=50.4%, F= 49.6%), and serving vulnerable people and other “target groups” appropriately. Clients under 14 years increased slightly in comparison to that of last year (5.9%). This is the net result of aggressive awareness rising which also targeted this population, thanks to the courtesy of Mennonite Central Committee Funding which enabled us to increase radio and other media coverage. Also the clients over 75 years increased significantly in comparison to that of last year. Part of our media coverage focused on the mental health of elderly people and thus increased the percentage of attendance to 2.5% in comparison to that of the previous year 1.6%. The rest of the statistics in relevant age group has remained approximately within the same range. This resulted from focusing on the same goals as that of 2016.

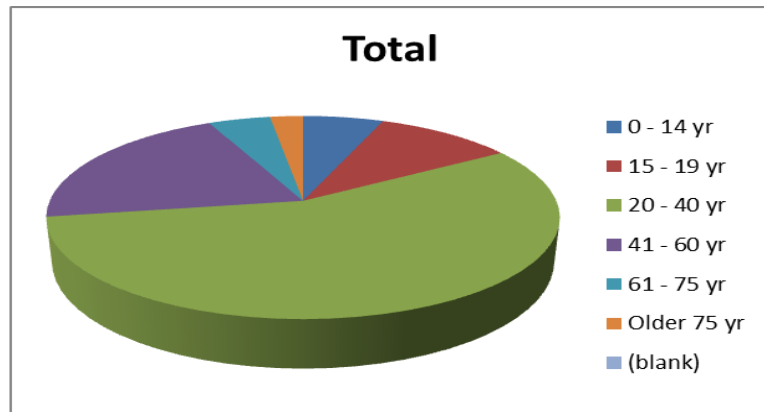
**TABLE 2: AGE DISTRIBUTION IN PERCENTAGE**

Age	2010	2011	2012	2013	2014	2015	2016	2017
0 – 14 years	10.5%	6%	14%	6%	7%	7%	4.6%	5.9%
15 – 19 years	11.5%	21%	15%	11%	13%	8.4%	10.7%	10.2%

20 – 40 years	51%	57%	50%	62%	61%	57.5%	63.4%	56.3%
41 – 60 years	5%	19%	15%	17%	15%	21.6%	16.9%	20.5%
61 – 75 years	5%	1%	5%	3%	3%	3.9%	2.8%	4.6%
Over 75	<1%	<1%	1%	1%	1%	1.6%	1.6%	2.5%

**TABLE 3: TOTAL NUMBER OF CLIENTS INDICATING AGE GROUP:**

Count of #	
Age group	Total
0 - 14 yr.	22
15 - 19 yr.	38
20 - 40 yr.	209
41 - 60 yr.	76
61 - 75 yr.	17
Older 75 yr.	9
Grand Total	371



**Table 4: 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 #	Sex		(blank)	Grand Total
	Female	Male		
Main diagnosis				
ADHD	1	2		3
Adjustment disorder	1	2		3
Anxiety disorder (OCD, GAD, Phobia)	34	18		52
Assessment	17			17
Autism-Spectrum Disorders/ PDDs		4		4
Bereavement	2	1		3
Bipolar disorder	4	6		10
Conversional Disorder	10			10
Dementia	12	4		16
Depressive disorder	16	13		29
Diagnosis not clear	2	1		3
Eating disorders	1			1
Epilepsy	3	9		12
Learning disabilities		2		2
Marriage problems	9	6		15
Mental Retardation / Developmental Delay		3		3
Nocturna enuresis	2	3		5
Other Organic Illness	1	1		2
Parenting Concerns	4	3		7
Personality disorder		1		1
Relationship Problems	2	2		4
Schizophrenia or related psychosis	38	34		72
Senility (Geriatric Disorder)	1			1
Sexual Abuse	3	4		7
Sexual dysfunction and Sexuality		12		12
Sleep disorder	1	4		5
Somatoform Disorders	6	4		10
Substance abuse/misuse	2	32		34
Trauma and stress-related disorders	10	12		22
Work related problems	2	4		6
(blank)				
Grand Total	184	187		371

Note: 17 assessments shown in the table is general assessment done by AMHT staff to clients referred by schools, doctors, employers, etc. We had 88 psychological assessments for religious candidates and professed religious.

**Table 5: EDUCATION AND INFORMATION SHARING SESSIONS**

PERIOD	JAN-DECEMBER 2017
Total hours of teaching	357
Total Participants	1447

The number of participant is significantly 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



*Training with Seminarians and Sisters in Formation Houses at Spiritan Missionary Seminary 2017*

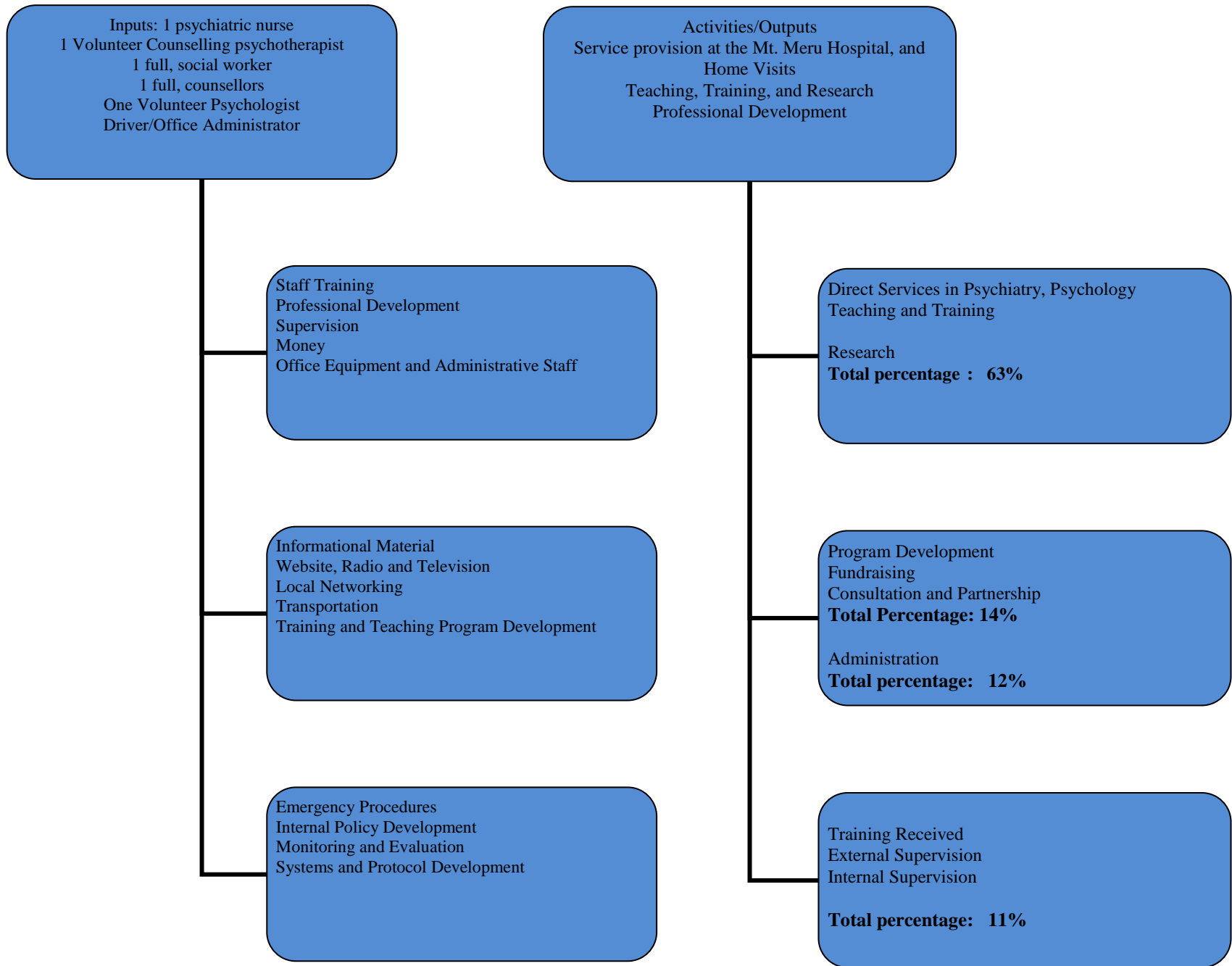
**TABLE 6: TRAINING PROGRAMME CONDUCTED IN 2017**

Family and client supporting group
Child protection policy workshop
Child Abuse/Positive Punishment for Primary & Secondary school teachers - Karatu
PTSD Prevention
Positive punishment & Child abuse for orphanage staff

Enneagram
Self- Awareness for Religious
Communication Skills in Swahili
Enneagram in Swahili
Human Sexuality in Swahili
MBTI workshop for Religious
Family of Origin Works for Religious
Psychosocial Aspects of Chronic illness - case of TB
Self-Awareness and Self Esteem
Family of Origin Works for Religious
Positive discipline, negative effects of corporal punishment and child abuse
African Court presentation on African Day
KCMC presentation, Paediatrics Department (mind of the child)



**Table 7: Logic Model and Time Spent by AMHT Staff on Specific Activities**



## Case Studies

- 1) John Kileo (not his name) 44 years old, father of four children from Rombo, Kilimanjaro was referred to us in February 2017 by our former client. John is employed as electrician by the government in Rombo. In his work, John was a friend of people and peace maker. Apart from his work, John was also actively involved in his local catholic church. He was choir leader and secretary of his parish committee.  
In October 2016, John lost his young brother who was killed by the robbers and the wife of the deceased was gang raped by those robbers! John was able to bury his young brother and helped his sister-in-law who for several days was hospitalized. In December 2016, slowly John started to experience lack of sleep, unexplained fatigue, irritation, and lack of interest in activities. In January 2017 things became worse. John started to withdraw and locked himself in his room. Did not want to go to work and avoided people at all cost. He did not even go to church. His wife tried to persuade him to go to hospital but he insisted that he was okay. He received a warning letter from his employer and threatened to be chased.  
His close friend who was our former client talked to him and was able to bring him at our service. He was severely depressed and suicidal. The death of his young brother was haunting him. After twelve therapeutical sessions, John was able to resume his work and his church activities.
  
- 2) I have no doubt that without the proper medications I would not have the good things in my life that I have now. Two years ago I was almost kicked out of my bachelor program (nearly at the end) due to a severe depressive episode that lasted about 3 years. Depression was preventing me from being functional. I could not concentrate or make progress on anything. I could not enjoy anything. I was in therapy once a week and had an amazing support system. It wasn't enough. I tried different things like going to churches to be prayed over and was once taken by my friend to traditional healer and became very frustrated. Finally my therapist at Arusha Mental Health Trust referred me to his colleague who put me in medication. I was reluctant because of the antipsychotic label (I was not psychotic). I eventually tried it because I was desperate. I came back to life! I was myself again. I was able to complete my program and get my degree.  
There was a time I had all the signs of relapse due to lack of medications because I could not afford to buy them but now I am happy I am told I will get them free. Thank be to God and those who donated the drugs. Do I love taking medications? No. But it is a worthwhile trade-off for me. I am thankful that I found a treatment that works and I appreciate all the helpful and compassionate people (staff at Arusha Mental Health Trust and donors) who helped me find my way back to health.
  
- 3) NARRATIVE STORY OF BWAKILA (NOT REAL NAME)  
A forty-three year old man, married with five children (four girls and a boy) came to see us at our department after hearing our weekly radio call-in program. (Arusha One FM Radio 101.70).  
He had developed excessive fear, anxiety and complained of insomnia since June 2016. Because of this he was greatly fatigued all the time and lost interest in activities he used to enjoy before. He was also agitated very easily. He had all the symptoms of depression. In February 2015 his only brother, who was very close to him--a confidant was murdered. Then in June 2016, he was diagnosed with hypertension and was told by his physician that he will have to be on medication for the rest of his life—a prospect that he did not take

well. After the diagnosis, he started moving from one hospital to another, to find one who might contradict his diagnosis of if hypertension.

#### 4) NARRATIVE STORY OF JONATHAN (NOT REAL NAME)

I am the first born from the family of eight children, my father is a soldier and my mother is a primary school teacher, I am 22 years old still living with my parents in Monduli town.

I have no doubt that without the proper medications, counseling and support group meetings I would not be what I am today. I might have taken my own life due to suicidal ideations I had or run into streets as psychotic. Two years ago I was almost kicked out of my bachelor program (nearly at the end) due to a severe depressive episode that lasted about 3 years. Depression was preventing me from being functional. I could not concentrate or make progress on anything. I could not enjoy anything.

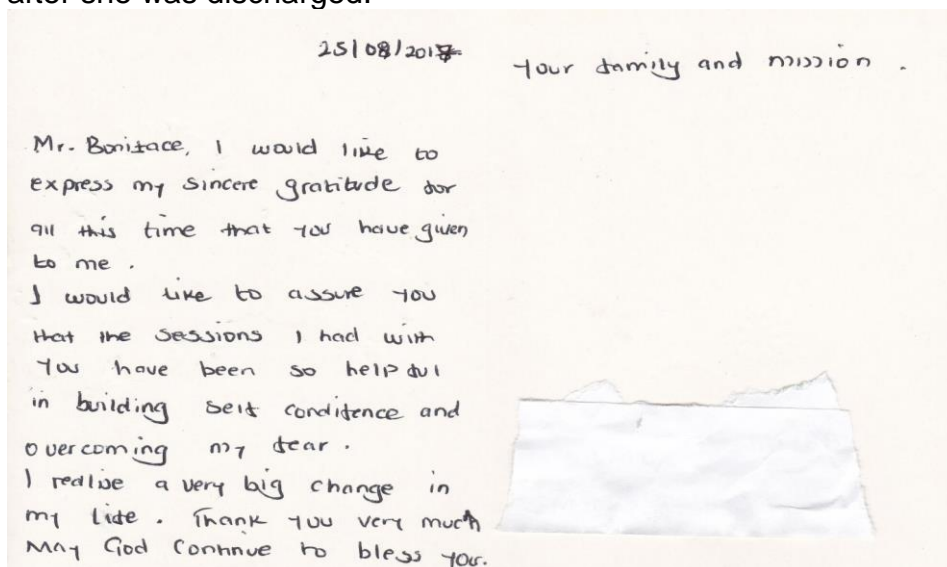
My parents took me to different churches to be prayed over but in vain my condition became worse. A decision was made to be taken to a traditional healer where I was told that I was bewitched by my uncle who was jealous of my parents' success!

My aunt (Sister to my mother) was the one who asked my parents to take me to Mt. Meru hospital after listening to Arusha One Radio Health Programme. I started therapy once a week and also attended supporting group meetings once a month. Apart from counseling and support group meetings, I was also put on medication. I was first reluctant to take medications because of the antipsychotic label (I was not psychotic) but I eventually tried it because I was desperate. I came back to life! I was myself again.

I think the psycho-education I got from my therapist, drugs and plus knowledge and support from supporting group meetings changed my life. I now see things in a new perspective, I no longer afraid of taking medication. I believe I will be able to complete my education program and get my degree.

#### RELIGIOUS CASE TESTIMONY:

5) Nantengo Tunguja 20 years old a Ugandan lady, was referred to us by her religious community in June 2017. Nantengo was unable to speak, read or present anything in front of people especially strangers. She was having a low self-esteem and low confidence. After several success sessions, Nantengo was discharged. She is now able to read, speak and present in front of people. Here is her letter of appreciation after she was discharged.



25/08/2017 - your family and mission .

Mr. Boniface, I would like to express my sincere gratitude for all this time that you have given to me .

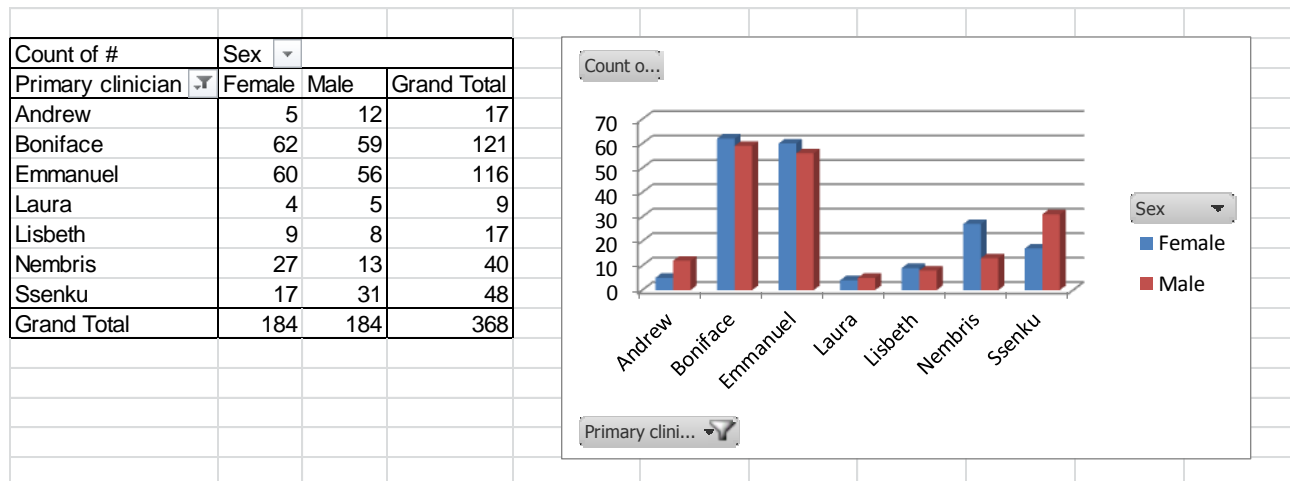
I would like to assure you that the sessions I had with you have been so helpful in building self confidence and overcoming my fear .

I realize a very big change in my life . Thank you very much . May God continue to bless you .

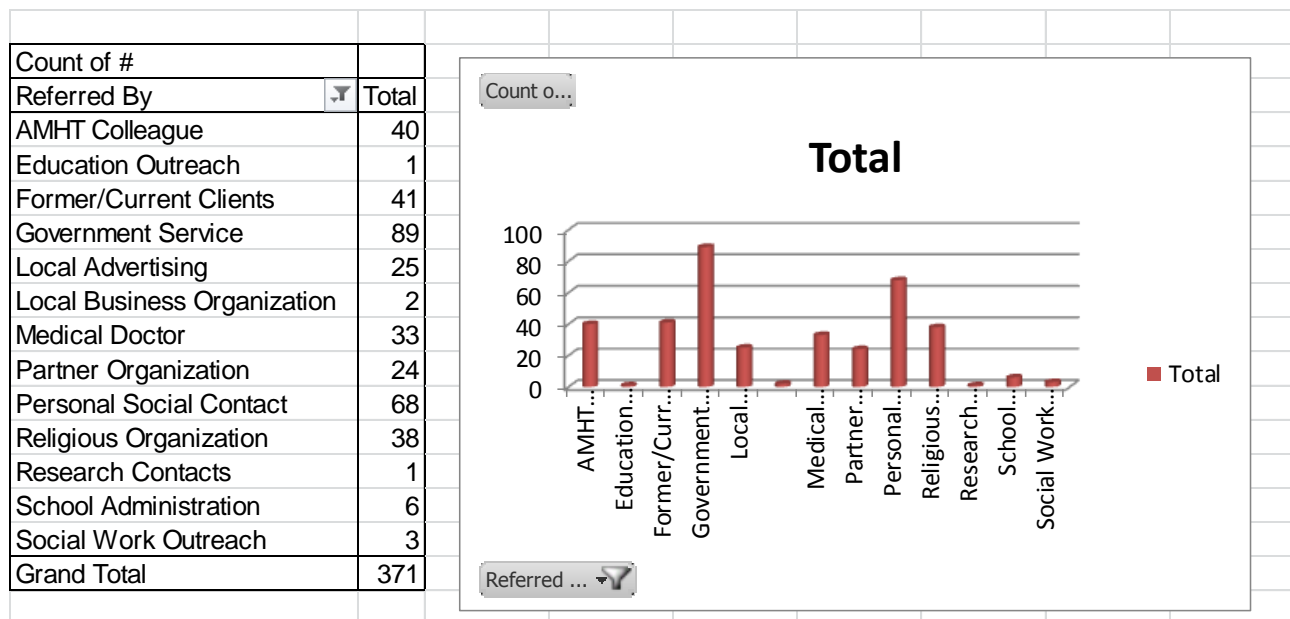
## Monitoring and Evaluation:

In 2017 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 7.

**TABLE 8: CHART SHOWING THE GENDER DISTRIBUTION FOR CLIENT SEEN BY EACH TEAM MEMBER**



**TABLE 9: TOTAL NUMBER OF CLIENTS SEEN BY EACH CLINICIAN INDICATING THE REFERRAL AGENTS.**



## PROJECT EVALUATION:

One of our partner, Missio Aachen commenced project evaluation. As part of this process we had several planned meeting with evaluation consultants and local stake holders as part of actual preparation for the evaluation which is keyied in in 2018.

## Teaching, Learning, and Networking

### *Teaching*

One important area of our work is education and training. Last year we continued focusing on mass training through local radio program. Our MCC project injected funds towards this course allowing us to engage in radio advertisements of our services, printing and distributing training brochures and banners on mental health. 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. The focus for this year was reaching the public at large. We started working with a radio studio with wide audience within and outside Tanzania. We approached RADIO HABARI MAALUM. This is the radio studios based in Arusha which air its programs within Arusha and neighbouring regions. Also it serves as a program preparation studios for other local and international radio. Through this service, we have been able to have wider audience coverage of those programs we aired in 2017. We reached and got feedback from almost all parts of Tanzania, Burundi, Rwanda and Eastern Congo. This has been a huge success in terms of mass mental health education and information dissemination.



*Nemburis Manangwa and Sr Regina Chibibi CB at Arusha One Radio Studio*

### *Learning*

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). Our staffs was accorded some capacity building trainings including Funding and Donor Management, Eye Movement Desensitization Reprocessing, Ink Blot Testing process in psychology, and Management of MDR TB with Psychosis. This aspect of the programme however, was facilitated by the MCC as part of Awareness Raising on Mental Health Issues in Arusha Project. We thank the MCC for allowing its funds to be used in improving staff capacity in mental health service delivery.

## PERSONEL

### **Full-time Trust personnel are:**

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

### **Volunteer personnel:**

- Dr Pascal Daniel Kang'iria – BSc Mental Health and Rehabilitation (SECOM)

- Mr Andrew Freddy Mmbaga – Graduate Counselling Psychologist from Kampala Evangelical School of Theology and Counselling. He joined us in October 2016 and he is still with us on volunteer basis.
- Ssenku Safic - Graduate Psychologist, previously working with Edmund Rice Secondary School as the School counsellor.
- Sr Regina Chibibi CB, – Graduate teacher and a counsellor, also with great experience in Religious formation.
- Laura Maliti – Diploma in Psychology and Bachelor Degree in Business administration. Works with us 3 times a week.

#### Part-time personnel:

- Lisbeth Mhando- Clinical Psychologist re- joined us in July 2017 after completion of her Master’s degree in Clinical Psychology
- Dr Rupa Joshi, Clinical Psychologist works with us on part time bases and training.

#### Advisory Members:

- Erneus Rutta (lawyer) – Law and Human rights

#### Government Staff:

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

### **Mennonite Central Committee Funding Project:**

#### **“Awareness Raising on Mental Health Issues in Arusha”**

In April 2017, MCC started its funding of this project. The impact of this project has been strong based on the output within its first year of implementation as follows:

1) **Training to Community members (Police, teachers, Bodaboda drivers, etc.)** In this year we had three trainings in which 182 people were trained (Police, Prison Wardens, teachers, Religious leaders, Ward officers etc.).

#### 2) **Support Groups:**

One of our activities that we believed is essential in supporting families as they care for those affected by mental illness was support groups. We were able and successful to bringing the families together to share their struggle and gain strength from each other. In this year, 21 support groups meetings were held here in our Mental Health Department. 67 families benefited from these meetings.

#### 3) **Psychiatric medications:**

It should be noted that for the past two years we had acute shortage of psychiatric medications in the department. Rate of relapse for our patients rose significantly, number not attending clinic also increased.

Thanks for MCC we were able to buy essential psychiatric drugs which are dispensed for free of charge to our patients. It took a while for the dealer to deliver the medications because most of the medications were out of stock. He delivered them last month. So far 1,000 have been distributed.

4) **Media:** Every Thursdays and Saturdays we have a one hour radio programme (Arusha One FM and Triple A FM) where different topics on mental health issues are given to the public to raise their awareness on mental health issues.



An advertisement on mental health awareness was made and was aired daily at Arusha One Radio FM for three month.

We are receiving text messages from people who have heard that advertisement and now are making enquiry!

An article on mental health issues was written and published on Mwananchi Newspaper on Saturday May 6<sup>th</sup> 2017

#### **5) Capacity Building:**

Some of our staff attended one week training on Eye Movement Desensitization Reprocessing in Muhimbili Hospital, Dar es Salaam. This is a therapy which helps to deal with many mental health issues.

Another staff attended one week training on Rorschach/Inkblots Assessments.

Another staff attended training on Management of MDR TB patients with Psychosis.

#### **6) Psychotherapy/Counseling:**

The purpose of psychotherapy/counseling is to provide a safe setting where a person can honestly explore the situation in which he or she finds himself or herself. Counselling/Psychotherapy enable people to see the range of possibilities before them, and support them while they go through the process of choosing the best one for them.

We helped our patients to deal with their mental health issues in counseling sessions. Some of the issues dealt with have been anxiety, depression, sex abuse, trauma, excessive anger, alcohol, etc.

### **Goals for this Year:**

- 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 continue searching for 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**

In the year 2017 we continued to face challenges which were exposed in the past year, 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. We have been operating with around 50% of the actual budget and thus some of the projected activities were not achieved and some were shelved away for future endeavour when fund becomes more liquid. In April 2017 MCC started funding some of our activities through “**Awareness Raising on Mental Health Issues in Arusha**” project. To a greater extent it has eased our budgetary constraints. However the core business still suffers budgetary constraints and thus limiting our outputs.

## **Conclusion**

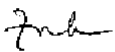
As I reflect on the past year, on our mission statement, overall goal and programme aims I am aware of the blessing it has been to have been able to offer mental health services here in Arusha city every working day of the year. This is an amazing achievement and we thank God for gifting us with all 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: 7<sup>th</sup> May 2018**