



Arusha Mental Health Trust

Facilitating quality mental health care in Arusha, Tanzania

Seventeenth Annual Report

March 2014

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HIGHLIGHTS OF THE YEAR

Our major highlight of the year 2013 was the construction of four extra counselling rooms. Rotary Club Arusha and R.K Foundation of the Netherlands through Florentina Foundation funded the project. The project was handed over in September 2013.

In April 2013 we acquired the services of Ms Lisbeth Mhando, a Psychologist who joined our team on a part time basis. She arrived with her special interest in children which added another dimension to what AMHT offers to the people of Arusha. In August Mrs Rebekah Mallya, a social worker and speech therapist, also joined us. She arrived with more than what we had bargained for. She is not only a social worker and speech therapist; she also works well in the area of project management as well as proposal writing.

In October 2013, Dr Annerieke Horlings who comes from Netherlands, a medical doctors and trainee in her final years of specialization in Psychiatry joined our team for a placement of 4 months. She arrived with considerable experience in areas of mental health which added more expertise to what we offer to our client base.

Two of our senior Government seconded Psychiatric nurses retired from service. They were replaced by new nurses with similar training (see on the staff list).

Based on our continued monitoring and evaluation exercises, it was decided in April 2013 to close our Esso Parish out station. This hard decision was due to the fact that we were getting few clients from the Esso area in comparison to the investment in terms of manpower and finances. Through statistics we realised that some clients we were attending there preferred coming to our main clinic at Mount Meru hospital, as they enjoy other services provided at the main hospital at the same time. We have remained in contact with the Esso parish management who still refer those clients who turn up at the station to our base clinic at Mt Meru hospital.

In 2013 we continued running youth groups in collaboration with Roots 'n' Shoots which serve as a forum to share information about important issues such as mental health, substance abuse, and reproductive health.

AMHT remains focused on service provision, and are 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 three public exhibitions on mental health issues. One was organised and conducted for one day at the Arusha central market, one four day exhibition at the Agricultural show, and the last one took place at the Arusha Christmas Fair.

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.

The year also witnessed a change of roles for Dr Robin Peterson who opted for part-time work with AMHT on a pro-bono basis. Her role changed from a full time therapist, program development coordinator and mentor to focussing on supervision and training and counselling in a consultant capacity. Some of her tasks were absorbed by the new staff (Lisbeth and Rebekah) who joined our team. Her work on a consultancy basis with the Arusha Lutheran Medical Centre was absorbed by Mrs Rupa Joshi, a Psychologist and Social Worker.

Dedication



This report is dedicated to Angela Gurty.

I remember one morning in September 1996, Sheila Devane and I were running a two day mental health clinic at Mt. Meru hospital on a volunteer basis. This very remarkable day, when we arrived at the clinic, there was no government nurse seconded to the clinic. It was difficult in those days to run the clinic without the assistance of the nurse, who was instrumental in securing drugs, managing them and managing clients and other logistics. I went to the administrator to seek any available nurse to help us for the task. I was told that there was nobody available that day and thus we had a choice of running the clinic ourselves or abandoning it. When we were still deliberating the consequences of our decision, Angela (who had been on night duty) materialised and volunteered to accompany us for the day. She worked for more than 18 hours non-stop. This is Angela Gurty who has been an integral part of our

services since then. She finally retired last year (2013). We are truly missing a friend, hardworking colleague, and a selfless person, always available for patients. We will miss your services always.

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 Personnel

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
- Rebekah May Mallya – Social Worker, Trainer and a Speech Therapist

Part-time personnel:

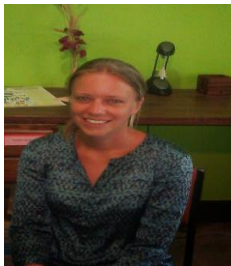
- Dr Robin Peterson, Clinical Psychologist and Program Development Coordinator
- Ms Lisbeth Mhando – Psychologist



Ms Lisbeth Mhando- Psychologist with AMHT

Student Interns:

- Dr Annerieke Horlings: Student in Masters of Psychiatry from the Netherlands.



Dr Annerieke Horlings

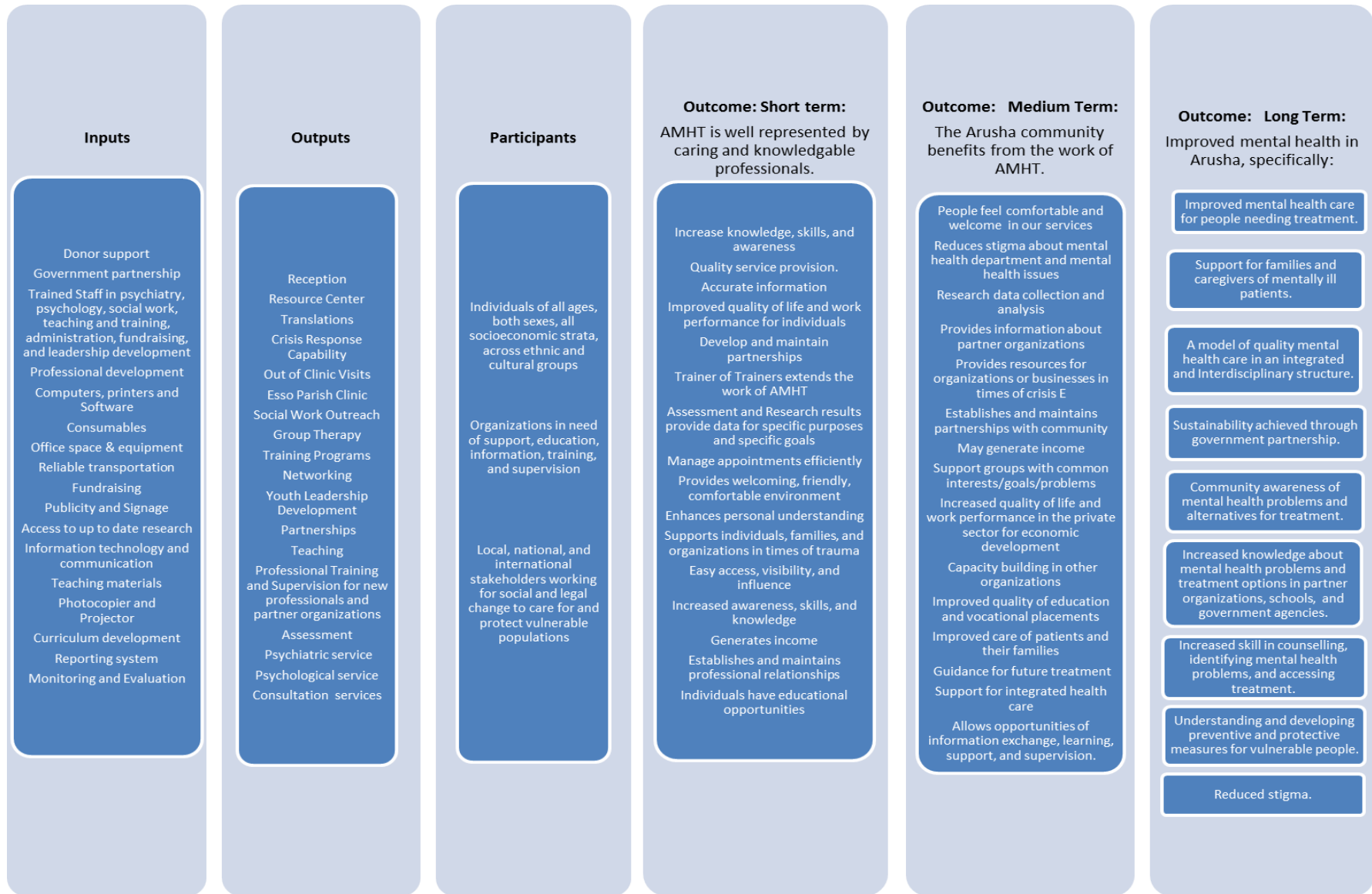
Advisory Members:

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

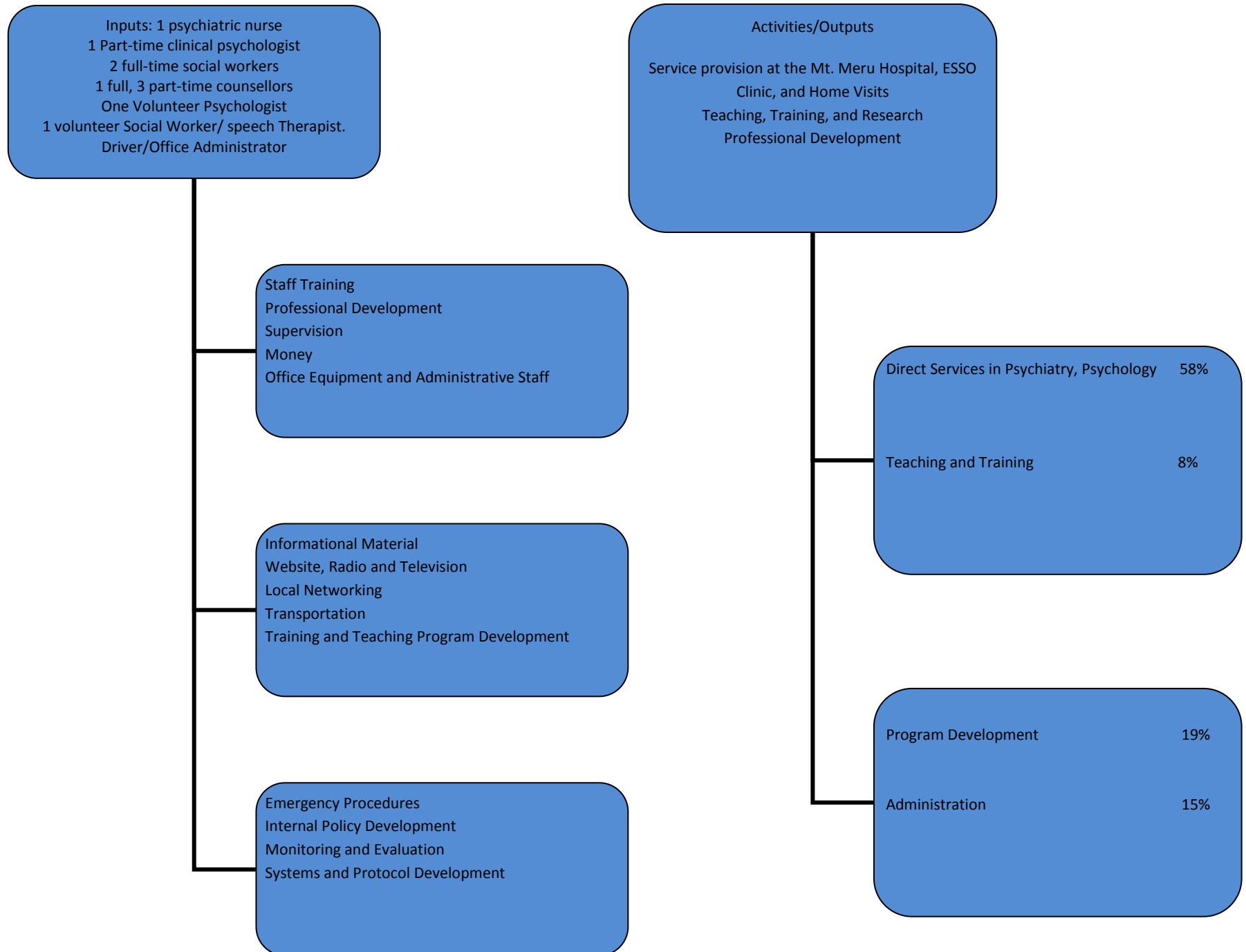
Government Staff:

- Mrs Angela Gurty – Psychiatric Nurse and Regional Mental Health Coordinator (Retired in May 2013)
- Ms Joyce Felix -Psychiatric Nurse and Regional Mental Health Coordinator(Replaced A.G)
- Mrs Catherine Lyatuu – Psychiatric Nurse (Retired in 2013)
- Mrs Editha Moshu – Psychiatric Nurse (Replaced C.L)
- Ms Selina Mmari – Nurse Attendant

LOGIC MODEL AND ACTIVITY LIST FOR AMHT



Logic Model and Time Spent by AMHT Staff on Specific Activities



Clinical Statistics

Direct Service Provision

As part of the Monitoring and Evaluation program, the 2013 statistics describe the referral means for clients to AMHT. We are pleased to note that 25% of our clients were referred to us by medical doctors. This is a significant change in trend, as previously the referrals from medical doctors were very few; (6%) last year. The change is a net result of increased awareness by the doctors of those cases which need psychological intervention. The government psychiatric service referred eighty three cases (12%). This indicates the result of increased cooperation and in-house training to the psychiatric nurses who feel more comfortable to work with the counsellors rather than referring patients to the counsellors.

One hundred and seventy seven clients (or 26% of the referrals) have come from AMHT staff members' social and community contacts. This is an indicator of their reputation and the community's perception of our staff and the work that we do on a personal and professional level.

A significant percentage, 13% of our clients, is referred by former and current clients. We believe that this is an indication of the quality of our work and that clients find AMHT services valuable. 8% of our clients are referred by partner organizations, which are groups of people with whom we work and who are mutually supportive colleagues in improving mental health in Arusha.

The rest of the referrals came from the following sources: School administrators (3.5%), Religious organizations (5%) social work outreach programs (2.5%), local advertising and local business organizations (each 5%) and research contacts.

Individual Service Groups and Hours Spent

	DIRECT SERVICE PROVISION		TEACHING AND TRAINING		INNOVATION AND DEVELOPMENT		ADMINISTRATION	TOTAL HOURS	
	%		%		%				
No. hours	55%	7,293	11%	1353	19%	2560	15%	2019	13225

Aside from actual therapy, client care consists of email and phone follow-up, research on therapy options, treatment planning, case management, and consulting with other professionals in order to provide the best possible care for each client. As a team, AMHT

staff spends 55% of their time in direct service provision to clients, 11% of the time teaching and training, and 19% of the time working to improve services offered through innovation and program development. 15% of the staff time was spent on administrative issues.

Teaching and Training

Groups who request training generally identify the subject matter and AMHT staff design the programs to meet their specific needs. This may mean language requirements of Swahili or English; it may mean age-appropriate material and delivery, as for youth groups or teachers. Religious groups comprised 357 participants and 12 different programs in 2013, and mixed community member groups comprised 1609 individuals and 41 different programs.

Client Demographics and Statistics

Our statistics and other monitoring and evaluation activities lead us to evaluate our performance in 2013 and determine our goals for 2014. The demographic information suggests that AMHT is on target, serving men and women equally (M=52%, F= 48%), and serving vulnerable people and other “target groups” appropriately. Clients under 15 years old have decreased this year due to our deliberate decision to work with the carers at the orphanages instead of the orphans themselves. The decrease is significant moving from 14% in 2012 to 6% in 2013. The increase in client base between 20years to 40 years is the net result of our work in raising public awareness on mental health issues and has gone up by 12% from 50% to 62%. This increase was forecasted in our last year’s annual report. We have seen a 2% increase in people between 40 and 60 years old so far this year, again we believe that this is in response to the awareness raising we have done in the community, most effectively through radio programs.

Another significant change is reflected by the changes observed in the diagnosis category. For the first time in the history, Anxiety related disorders have overtaken Schizophrenia. This is also a result of robust awareness rising which was our primary goal for this period. To us this is the most significant change of trend as this will allow more room for management of non-traditional clients in our mental health establishment.

Age distribution and percentage

Age	2010	2011	2012	2013
0 – 14 years	10.5%	6%	14%	6%
15 – 19 years	11.5%	21%	15%	11%
20 – 40 years	51%	57%	50%	62%
41 – 60 years	5%	19%	15%	17%
61 – 75 years	5%	1%	5%	3%
Over 75	<1%	<1%	1%	1%

Diagnoses of clients attended and percentage of each diagnosis.

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.

Main diagnosis	Total	%
Anxiety disorder (OCD, GAD, Phobia)	103	15%
Schizophrenia or related psychosis	95	14%
Depressive disorder	79	11%
Substance abuse/misuse	53	8%
Marriage problems	47	7%
Relationship Problems	40	6%
Somatoform Disorders	40	6%
Trauma and stress-related disorders	40	6%
Assessment	31	4%
Parenting Concerns	23	3%
Other Organic Illness	18	3%
Bipolar disorder	14	2%
Sexual dysfunction and Sexuality	13	2%
Work related problems	13	2%
Epilepsy	12	2%
Bereavement	9	1%
Dementia	7	1%
Diagnosis not clear	7	1%
Supervision	7	1%
Attention Deficit and Disruptive Behaviour Disorders	6	1%
Nocturna enuresis	5	1%
Autism-Spectrum Disorders/ PDDs	4	1%
Personality disorder	3	>1%
ADHD	2	>1%
Psychosocial problems (poverty)	2	>1%
Adjustment disorder	1	>1%
Conversion Disorder	1	>1%
Eating disorders	1	>1%
Sleep disorder	1	>1%
Tourette's Syndrome	1	>1%

Goals and Challenges

Developing the social work component of our program has been challenging. In 2012 we spent a lot of time and manpower trying to establish our existence in the ESSO area, a suburb of Arusha, in collaboration with The Pallotti Catholic Parish. We managed to train volunteers there to serve as proxy to our clients. However, after more than one year there were no new referrals as a result of the training and some resistance on the part of the participants because AMHT was not willing to pay the volunteers. In April 2013, our Esso

program was closed down by mutual agreement between the Esso Parish management and that of AMHT.

As a result of this lesson, the focus switched from adults to youth, to share information and knowledge about mental health and to put preventive strategies in place. We planned several meeting with our host the Pallotti parish management. It did not work either. Several planned meetings either were cancelled by our hosts at the last minute or poorly attended. We also partnered with Roots 'n Shoots (an element of the Jane Goodall Foundation) to find a model of self-sustaining youth groups. In 2013, we ran 4 sessions at various schools in collaboration with Roots 'n' Shoots. The total number of youth addressed through these meetings was 277. The topics covered included substance abuse and various other youth issues.

AMHT has a busy future, and many different requests for services, training, teaching, and supporting other organizations which are working towards positive development in Tanzania. In order to meet these goals, we are working to expand our knowledge through evidence based practice, our network and our donor base for a solid future, as well as working towards sustainability through local community support and government partnerships.

Teaching, Learning, and Networking

Teaching

The Monitoring and Evaluation exercise we did last year (2012) highlighted the need to increase public awareness of mental health issues. This year we embarked on an open educational program to enlighten the public. We conducted several open one day workshops addressing the topic. In 2013 we ran 30 programs addressing an audience of 1,063 in the classroom as well as several radio programs. Topics covered included self-awareness skills, anger management, responding to effects of abuse, communicating with vulnerable children and adults, and common mental health disorders. The aims of these public workshops were to address the gap in terms of public awareness of mental health issues.

Figure 1 Arusha Community Fair



Figure 2 Nemburis and Richard at Arusha Community Fair

In 2013 we also covered other areas of education to increase public awareness. Topics covered included coping skills, personal growth, basic counselling skills, anger management, boundaries and sexual self-management, family of origin and culture, communication skills, self-awareness and stress management.

In 2013, we continued running a roadside tent, participating in public shows which included a 4 agriculture show in August and a 2 day Arusha Craft fair (formerly called Arusha Christmas Fair). The total number of people reached through these campaigns is difficult to estimate. One thing we are assured of is that it reached many.

Monitoring and Evaluation

The Monitoring and Evaluation programs at AMHT remain an integral part for successful service delivery. This year we continued with this noble exercise of monitoring our achievements and learning from performance indicators. We used our wide range of statistics as a measure of success as indicated in our Logic Model and accompanying statistics. We are planning to run a KAP study to assess new levels following our intensive public awareness exercise this year. The new study will take place between March and June 2014 and the result will be published afterwards.

New office building:



One area which was a challenge in improving our work output was the lack of adequate working space. The number of staff has been growing gradually since we moved into our main office. The number increased from 3 staff in 2000 to more than 10 at one time. This resulted in a lack of working space and pressure on both staff and clients alike. The issue needed to be addressed as a matter of urgency. We embarked on fundraising activities to

enable us to build extra rooms to accommodate our need. Through the Florentina Foundation we secured some funding from RK Foundation of the Netherlands. Our local fundraising attracted the Rotary Club of Arusha who promised to top up to the remainder of the cost of the building. The building cost was around USD (\$) 35,000. Rotary Club Arusha contributed 72% of the total budget. Thank you RK, Florentina Foundation and Rotary Club Arusha who have made our work more comfortable, professional and observant of basic human rights. The new block was officially opened by the President of the Rotary Club Arusha, Hons Satbir Hanspaul on 25th September 2013. It added an extra 4 rooms for

consultations, an extension to the existing classroom, and a shaded open hut in the backyard for group counselling.



Figure: Foundation of the new building

Networking

Networking and fundraising opportunities have come from different areas, including Islamic and Christian organizations, former volunteers from the Arusha area, partner organizations including the Jane Goodall Foundation, Arusha Rotary Club, the Florentina Foundation, and past and present donors both locally and internationally. Research opportunities have also brought us new friends and partners. AMHT participated in a global study on Assessing Patient's Attitude about the Cost of Medical Care in Arusha, Tanzania. The study was conducted by Arusha Lutheran Medical Centre with Arusha Mental Health Trust as a partner and co-host on this study. AMHT was invited to participate in a global training by LUNA Children's Charity on their initiatives on CAAT Trauma Training. AMHT was due to be a co-host in training this module however, due to financial constraints this has been shelved for the moment.

Goals and Challenges

Developing the long term program plan depends on stable funding. AMHT operations depend solely on donor funding. A stable funding environment results in stable programs and allows long term planning. Our funding environment has posed a challenge due to financial and economic hardships and recession. Mental health funding globally is always difficult. A small and yet dynamic organization like ours (AMHT) can easily be neglected. The language in the donor world is about strengthening the government to enable to deliver services. However, in a real sense, without a proper platform, services such as mental health, typically a more neglected area, tend to be forgotten. AMHT has always been looking out for potential partners who share the same ethos as that of AMHT who can help to stabilize the funding aspect of the program.

Another serious challenge is the lack of resources for treating and following up on patients needing mental health care. There is a chronic shortage of clinical practitioners and

medication. This led AMHT to make a serious offer to train, supervise, and support the mental health practitioners in government services to provide more effective care and to pursue agreements with government to provide the necessary resources to take on new clients when they are identified through our outreach efforts.

AMHT has a busy future, and many different requests for services, training, teaching, and supporting other organizations which are working towards positive development in Tanzania. In order to meet these goals, we are working to expand our knowledge through evidence based practice, our network and our donor base for a solid future, and working toward sustainability through local community support and partnerships with government.

Unmet Needs

AMHT had a plan to establish a substance abuse rehabilitation centre. A pilot study was aimed to be conducted within the year 2013 in corroboration with a Canadian organization called MEDA. The funding did not come through and thus the project has been shelved for now. The need for a Detox and Rehabilitation Centre is born out of a high demand for such services. The experience AMHT has gained, and the respect it has won from the community, and the relationships it has nurtured, now provide a foundation for it to pilot a Detox and Rehabilitation Centre to serve Arusha. AMHT regularly sees individuals afflicted by addictions and substance abuse, and the trend seems to be growing due to gradually increasing incomes, increasingly stressful lives, and easier access to substances including alcohol and other drugs. Their families suffer as well, emotionally and financially, from these burdens. Many of these patients cannot be helped adequately on an outpatient model alone. AMHT operates its outpatient services in a building belonging to the Government of Tanzania occupying part of a centrally located hospital campus. But the demand for other inpatient services at the under-resourced hospital is high, thus limiting AMHT's prospects to offer inpatient detox/rehab services.

To continue to provide a good service, we need to widen our donor base and expand our capacity to serve the needs in Arusha. We need more space, more staff, and opportunities for new professionals to be trained in our program. We depend on the good will of donors, both locally and internationally, to support this work.

Goals for Next Year

Outreach Program: The main goal for this year is to continue an outreach programme to care for mental health clients in the community and roaming the streets of Arusha without access to consistent, quality, medical and particularly psychiatric care. Significant steps have been taken to assess the needs and work toward strong governmental and nongovernmental partnerships. To achieve these ambitious goals, AMHT will continue to dialogue with principal partners especially the government through the Arusha Regional Medical Officer's office.

Refined Monitoring and Evaluation: With the help and financing from one of our main donors, the Flora Family Foundation, AMHT will continue with monitoring and evaluation of all program activities. We have ear-marked a KAP study for this year to address the level of knowledge, attitude and practice change as a result of robust investment in awareness raising last year.

Networking and Collaborations with other institutions: AMHT is always on the lookout for a potential partner, who shares the same ethos, and common interest in mental health. Currently we are on the lookout for a potential partner in a Substance Abuse Detox and Rehabilitation Centre. As mentioned above, this is an area in which we lack expertise and financial power. We will continue to dialogue with viable partners with a common interest in this area.

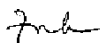
Internship and Practicum Placements: AMHT will continue actively recruiting students requiring training and clinical experience after academic qualifications have been completed. In line with the ethos and commitment of the Trust in ensuring succession and sustainability of the mental health program, we as a team are committed to sharing and developing skills in our partners as much as possible.

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,



Emmanuel Bujulu, Director

Arusha Mental Health Trust

March, 2014