



Arusha Mental Health Trust

Facilitating quality mental health care in Arusha, Tanzania

Eighteenth Annual Report

March 2015

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HIGHLIGHTS OF THE YEAR

- ❖ Our major highlight of the year 2014 was the training programmes. We undertook a special training on Accelerated Trauma Therapy (CATT) special for children. The training was conducted by LUNA CHILDREN'S CHARITY OF UK and co-hosted with Arusha Mental Health Trust. With this training we have been equipped with a very new way of dealing with trauma in childhood and adult. It was well attended by trainee from all walks of life and both local and foreign participants. The trainees included AMHT staff, child workers from orphanages in and around Arusha, and from a well-known Mental Health hospital in Uganda (Butabika). A team of trainers came from UK and one from Butabika hospital Uganda.

- ❖ In May 2014 we were joined by Ms. Evanna Lyons, an Irish citizen, a volunteer counselling psychotherapist. Evanna came not only with her counselling skills, but also as a highly trained supervisor who guides us in our daily professional practice. She is a great networker and she has quickly connected us locally and been part of a local fund raiser for AMHT through the Movember initiative. Currently she is our Programme Development Coordinator. Her arrival has signaled the availability of international student placement with our services.

- ❖ Dr Annerieke Horlings, a trainee Psychiatrist who joined our team last year 2013 completed her placement towards the end of February 2014. She had developed a comprehensive psychiatric care protocols which will remain her legacy with AMHT.

- ❖ Ms. Rebekah Mallya, a senior Social worker who volunteered with AMHT from July the previous year returned home to USA.

- ❖ Miss Lisbeth Mhando, a Psychologist, who joined us in 2013, left the programme for her master's degree course at Muhimbili University of Health and Allied Sciences. We truly miss her contributions into patient care and research skills which were very instrumental in the Monitoring and Evaluation exercises.

- ❖ Sadly, a long term member of staff, Dr Robin Peterson has left us having completed her pro-bono services with us. She left a large void which is hard to fill. She remains a member of our board of trustees, an associate, and colleague and is available for quick intervention when asked to do so. Thank you Robin..... Always you will remain an honorary member of 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 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 two public exhibitions on mental health issues. One was a four day exhibition at the Agricultural show, and the other one took place at the Arusha Christmas Fair (currently known as Arusha Craft 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.

Dedication



This report is dedicated to Dr Robin Peterson.

The history of Arusha Mental Health Trust cannot be completely written without the name of Dr Robin Peterson. Dr Peterson joined AMHT as a Counselling student on placement in 2002. From the first day I noted something special with Dr Peterson, a hard-working, a true inspirational learner and willing to gain and teach something new almost every day. No wonder, 10 years later Robin was already a graduate Doctor of Clinical Psychology. Always was available for whatever tasks pertaining to client care, administration, networking, funding, teaching and a guiding "mother" to many. As Program Development Coordinator, she was instrumental in guiding AMHT towards new approach, that is to plan service delivery based on M & E and research on service consumer's needs. Dr Robin left a large void which is hard to fill. She remains a member of our board of trustees, an associate, and colleague and is available for quick intervention when asked to do so. Thank you Robin..... Always you will remain an honorary member of AMHT

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	168	125	293
FEMALE	145	110	255
TOTAL	313	235	548
TOTALCONSULTATIONS(VISITS)			2559

Our statistics and other monitoring and evaluation activities lead us to determine our goals for 2015, and evaluate our performance in 2014. The demographic information suggests that AMHT is on target, serving men and women equally (M=53%, F= 47%), and serving vulnerable people and other “target groups” appropriately. Clients under 15 years old continued to decrease again this year due to deliberate decision of working with the carer at the orphanages instead of the orphans themselves. The rest of the statistics in relevant age group has remain approximately within the same range . This is the net result from focusing on the same goals as that of 2013.

TABLE 2: AGE DISTRIBUTION IN PERCENTAGE

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

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
Anxiety disorder (OCD, GAD, Phobia)	52
Assessment	51
Attention Deficit and Disruptive Behaviour Disorders	5
Bereavement	5
Bipolar disorder	11
Conversional Disorder	1
Delirium	1
Dementia	8
Depressive disorder	35
Diagnosis not clear	2
Eating disorders	1
Epilepsy	19
Marriage problems	52
Mental Retardation / Developmental Delay	1
Nocturna enuresis	11
Other Organic Illness	3
Parenting Concerns	26
Personality disorder	1
Psychosocial problems (poverty)	2
Relationship Problems	14
Schizophrenia or related psychosis	93
Sexual dysfunction and Sexuality	14
Sleep disorder	3
Somatoform Disorders	18
Substance abuse/misuse	80
Trauma and stress-related disorders	27
Work related problems	11
Grand Total	548

Table 4: EDUCATION AND INFORMATION SHARING SESSIONS

PERIOD	JAN-DECEMBER 2014
Total hours of teaching	655.5
Total Participants	1904

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.

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

Inputs: 1 psychiatric nurse
 1 Volunteer Counselling psychotherapist
 1 full, 1 part-time social worker
 1 full, 3 part-time counsellors
 One Volunteer Psychologist
 Driver/Office Administrator
 1 Leadership Development/Fundraiser

Activities/Outputs
 Service provision at the Mt. Meru Hospital, and Home Visits
 Teaching, Training, and Research
 Professional Development

Staff Training
 Professional Development
 Supervision
 Money
 Office Equipment and Administrative Staff

Informational Material
 Website, Radio and Television
 Local Networking
 Transportation
 Training and Teaching Program Development

Emergency Procedures
 Internal Policy Development
 Monitoring and Evaluation
 Systems and Protocol Development

Direct Services in Psychiatry, Psychology 63%
 Teaching and Training 7%
 Research 3%

Program Development 5%
 Fundraising 4%
 Consultation and Partnership 1%
 Administration 8%

Training Received 3%
 External Supervision 2%
 Internal Supervision 5%

Monitoring and Evaluation:

In 2014 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.

We did a KAP study phase two on mental health awareness. The results generally show that mental health knowledge and awareness is still a myth. We need to put more effort and find a new strategy to overcome this deficit. (Separate report as an attachment).

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, one a week long at the local Agriculture show in August targeting the general public and one a two day show at Christmas fair targeting employers and well-wishers. Both show was highly attended and attracted many visitations.

Learning

Arusha Mental Health Trust hosted a week long international workshop run by Luna Children's Charity of UK on Children's Accelerated Trauma Therapy. It attracted participants from Uganda and many form all parts of Tanzania. We learned a lot on how we can improve the quality of care to traumatized children and adults. 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

Arusha Mental Health Trust staff has been involved in several events in order to raise awareness about mental health issues. We have been involved with a Canadian organization, Farm Radio International based in Arusha with the aim of running radio programs addressing mental health issues for the youth especially depression. They 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.

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
- Rebekah May Mallya – Social Worker, Trainer and a Speech Therapist. Rebekah returned home to USA in March 2014.
- 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.

Part-time personnel:

- Dr Robin Peterson, Clinical Psychologist and Program Development Coordinator. Completed her pro-bono placement in July 2014
- Ms Lisbeth Mhando – Psychologist (She is currently pursuing her Master’s programme in Clinical Psychology in Dar es Salaam)

Student Interns:

- Dr Annerieke Horlings: Student in Masters of Psychiatry from the Netherlands. She returned home in early 2014 after completing her placement.

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 entered our final year with our main donor 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.

Conclusion

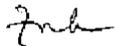
As I reflect on the past year, on our mission statement, overall goal and programme aims I am aware of the blessing it has been to have been able to offer mental health services here in Arusha city every working day of the year. This is an amazing achievement and we thank God for gifting us with all 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: 31st March 2015