CHAK TIMES
"FOR THE HEALING OF THE NATION"
A PUBLICATION OF THE CHRISTIAN HEALTH ASSOCIATION OF KENYA

Mental Health

Church's role in addressing rising cases

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CHAK TIMES

EDITORIAL COMMITTEE MEMBERS
DR. SAMUEL MWENDA - CHAIR
STANLEY GITARI IMUNYA
ELLA OKOTI
ANGELA OMONDI
ANNE MBUGUA
MAURICE IKOTI
JOSEPH LEO

EDITOR, DESIGN AND LAYOUT
ANNE MBUGUA

PUBLISHED BY:

Christian Health Association of Kenya
Musa Gitau Road, Off Waiyaki Way, Lavington, Nairobi, Kenya
P.O. Box 30690 - 00100 GPO, Nairobi, KENYA;
Tel: (+254) (20) 4441920, 444
Mobile (+254) 733 334 419
www.chak.or.ke
secretariat@chak.or.ke

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There is need to prioritise mental health in Kenya

Mental health is defined as "a state of well-being whereby individuals recognize and realize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities" (WHO: 2003).

Mental health is not just the absence of distress or illness, but also includes a sense of well-being and feeling good about oneself, maintaining supportive relationships and feeling that one can be meaningfully productive in the community while being able to cope with the typical stresses in life.

Every person has different strengths and abilities to help them cope with life's challenges. Mild and even moderate distress is a common response to adverse experiences or interactions with others and may manifest as sadness, anger, anxiety or fear. Distress that continues for a long time, is severe, or affects someone's daily functioning may be a sign of a mental health condition.

According to the WHO, mental health is a vital part of a person's overall health and affects how we feel, think and behave. It is also closely linked with physical health.

Positive mental health includes emotion, cognition, and social functioning and coherence. (WHO: 2009). Mental health is a key determinant of overall health and socio-economic development. It influences a variety of outcomes for individuals and communities such as healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily living, higher education attainment, greater productivity, employment and earnings, better relationships with adults and with children, more social cohesion and engagement and improved quality of life (WHO: 2009).

Mental illness in Kenya comes with stigma that has caused many people to suffer in silence. In Africa, mental health issues are attributed to either witchcraft or spiritual problems.

The Kenya Mental Health Policy (2015-2030) indicates that mental disorder cases have risen exponentially in Kenya. Statistics indicate that at least one in every four Kenyans suffers from a mental illness at one point in their lives; this is about 11.5 million people.

Some of the major disorders in Kenya are mental, behavioral and personality disorders. Mental health con-

ditions affect a person's feelings, thoughts and behaviour and can interfere with people living meaningful lives and contributing to their community in the way they would like. There are different types of mental health conditions, which are diagnosed on the basis of the symptoms a person experiences. They can range in severity and can cause significant disability.

Many factors are known to affect mental health. Healthy lifestyles – including regular exercise, good-quality sleep, nutritious diets, strong social connections and stress reduction – promote mental health and prevent mental health conditions. Early life development can have huge impacts, both positive and negative, on a person's mental health later in life.

Factors known to increase the risk of developing mental health conditions include exposure to adverse events, especially in childhood or on a large scale, limited social support or connections, genetic factors, exposure to environmental pollutants, substance use, poor nutrition, some infections and other physical health conditions.

There are no sufficient qualified medical personnel and facilities to take care of this lot of patients. A 2015 performance audit report from the Office of the Auditor General (OAG) on the state of mental health paints a grim picture. As at 2015, there were only 92 psychiatrists in the country instead of the 1,533 required and 327 psychiatrist nurses instead of 7,666. The report stated that "While it's expected that a psychiatrist should serve 30,000 citizens, currently a psychiatrist is serving about half a million citizens".

Out of the 47 counties, only 25 have psychiatric units. Even in the 25 counties where the services are available, they are faced with the challenge of outdated equipment, inadequate stocks of essential drugs and insufficient personnel to treat mentally ill patients.

According to the OAG, besides Mathari national referral hospital, mental healthcare services are only available at 29 of the 284 hospitals in Level 4 and above of the referral chain. "This represents just 10 per cent of the total facilities in Level 4 and above and 0.7 per cent of the 3,956 government-owned health facilities," notes the report.

In this issue of CHAK Times, we explore the subject of mental health and learn from health facilities that are taking care of the mentally ill. We will also examine issues around mental health in Kenya.

We invite our readers to send feedback on our social media platforms or by writing to the editor: communications@chak.or.ke.

@chak_kenya

CHAK
Christian Health
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Cover photo: Mental health illustration from Web sources: https://i.pinimg.com/originals/54/6b/e4/546be487cb88a6565bdc1e183b97871b.jpg

True mental health can only come from God

Someone once said, "Peace is that calm of mind that is not ruffled by adversity, overclouded by a remorseful conscience, or disturbed by fear."

Many mental health issues are caused primarily by ongoing anger, anxiety, fear, worry, feeling helpless, hopeless, and shame and lack of self-acceptance. All of these feelings start in the mind and end in behaviour.

Stigma against people living with mental illnesses may also be caused by the same feelings.

Optimal mental health can only be provided by God, never by the world, because there is nothing in the world that can provide perfect peace, contentment, or security. Everything in the world is temporary and risky.

In Matthew 11:28-30, Jesus is talking about the burden that the law, the pharisees and the world has put on people to be a certain way.

Then he says, "come to me". The world says "Do", but Jesus says come. In other words trust in me. You don't have to be anything special for me to treat you kindly.

Jesus has the perfect blueprint for our lives because he created us. He shows us the perfect way to live to have mental health. Not that life will necessarily be easy, or trouble free, but that we will have perfect mental health, peace, contentment, and security in spite of what life throws at us.

Notice he doesn't leave it at taking the yoke, becoming a disciple, he also clearly tells us to learn from him. Not just from his words in the Bible, but from how he lived as an example for us. We see that he had emotions just like us. Yet He never said don't feel those emotions; instead he warned us not to be those emotions.

In Philippians 4, we see through Paul how God wants us to deal with our thoughts that bring emotions other than joy and peace. He knows the truth that all emotions come from thoughts first.

Verses 6-9 says: "Do not be anxious about anything, but in everything by prayer and supplication with thanksgiving let your requests be known to God. And the peace of God, which surpasses all understanding, will guard your hearts and minds in Christ Jesus. Finally brothers and sisters, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things.

Peace, security, and contentment allow us to relax, to take ourselves for granted because we trust that we are in God's hands, and focus on others.

What we are feeling, what problems we have, no longer have any power over us, God is bigger than all of them, and he is in us, so we are completely free to be there for others, and share the secrets to this unusual peace that we have that is so obviously different from the rest of people.

I am not saying to just deny that we have any problems. This state I'm referring to is a place of peaceful confidence, knowing we are Ok and completely upheld by Christ.

You have gone to the Lord, you have truly given him all your problems, and he in exchange has given you peace, confidence, and security that allows you to not worry about yourself. You are coming from a state of freedom in Christ, not avoiding your own issues.

People affected by mental illness can also find true peace in Christ as well as healing. For the Bible says that 'by His stripes we are healed'. It is also critical that we avoid stigma by practicing true love as shown and taught by our Lord Jesus Christ.

So what do we do now? We should honestly identify our deepest fears, then "come to Christ" with them and see what he says about them.

Then we take all that junk and leave it at His feet emptying our burden. Then we follow Jesus instructions, focus on all the things Paul tells us, and we learn as much as we can about how he and Jesus lived, and we practice being like them all the time.

We trust, have faith that Jesus will take care of us as we live for Him and others.

Adapted from: https://www.sermoncentral.com

Faith based health service providers sign MOU with Council of Governors

Faith Based Health Service Providers and County Governments have signed an MOU for provision of health services.

The FBOs, CHAK, Kenya Conference of Catholic Bishops (KCCB), Supreme Council of Kenya Muslims (SUPKEM), and the Council of Governors led by Chairman H.E. Wycliffe Oparanya, signed the MOU on Wednesday, November 20, 2019, at the Moevenpick Hotel in Westlands, Nairobi.

Also present during the signing ceremony were Governors Dr. Alfred Mutua (Machakos County), Prof. Anyang' Nyong'o (Kisumu), Mutahi Kahiga (Nyeri) and Dr. Wycliffe Wangamati (Bungoma County).

The FBOs were represented by CHAK Trustee Rev. Prof. Zablon Nthamburi, CHAK General Secretary Dr Samuel Mwenda, Ms. Jacinta Mutegi, the Executive Secretary of KCCB- Catholic Health Commission of Kenya and SUPKEM Director General Mr Latiff Shaban.

Speaking to the faith based health service providers, COG Chair Governor Oparanya said the MOU would serve as a basis for collaboration between the counties and the FBOs in health service provision. He urged the FBOs to build partnerships with individual counties by signing an MOU with each region. He added that the signed agreement would provide a concrete basis for collaboration between the faith based health service providers and individual counties.

Faith-based health facilities provide an estimated 40 percent of health care services in the country, a figure that sky rockets whenever health workers in Government hospitals are involved in industrial action. The MOU will therefore ensure improved service delivery to all parts of the country.

HE Wycliff Oparanya exchange copies of MoU with CHAK General Secretary after the signing which was witnessed by Governors, KCCB, CHAK Trustee and SUPKEM.

The signing of the MOU follows a process that involved consultations between the FBOs and all levels of Government.

The Faith Based Health Service Providers in November 2018 met with the Director of Medical Services – MOH to discuss the MOU. During the meeting which was also attended by a representative of the Council of Governors (COG) Secretariat, CHAK General Secretary Dr Samuel Mwenda presented a revised draft of the MOU which incorporated feedback from the MOH and COG.

A zero draft of the MOU had been prepared early in the year in May and discussed by the Faith Based Health Services Coordinating Committee. It was also shared with CHAK Regional Coordinating Committee chairs and Board for feedback.

The draft was also shared with the DMS-MOH and the Council of Governors chief executive officer. CHAK General Secretary Dr Mwenda also delivered a presentation on the MOU during a meeting of all CECs in Naivasha in July 2018 for feedback and comments.

Kenya Mental Health Policy 2015-2030 a guide to interventions for systems reforms

The Kenya Mental Health Policy 2015-2030 is a commitment to pursuing policy measures and strategies for achieving optimal health status and capacity of each individual.

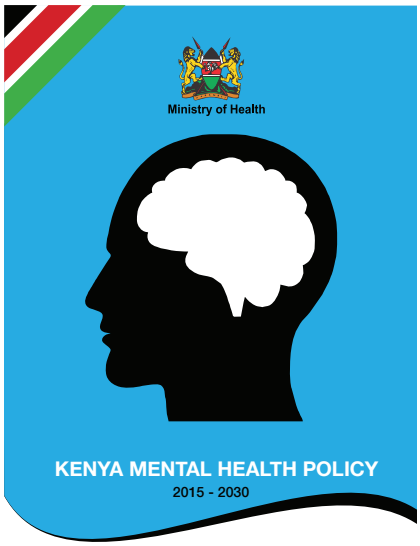
The goal of this policy is attainment of the highest standard of mental health. The policy recognizes that it is the responsibility of every person in the public and private sector to ensure this goal is attained.

Mental health policy interventions are broad and cut across other sectors. Consequently, this calls for a multi-disciplinary and inter-sectoral approach in the implementation of the policy.

Thie Kenya Mental Health Policy was developed through a consultative process involving the public, private and non-state actors under the stewardship of the Ministry of Health.

The policy highlights why mental health should be understood; mental health is a key determinant of overall health and socio-economic development.

It influences individual and community outcomes such as healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily living, higher education attainment, greater productivity, employment and earnings, better relationships with adults and with children,



more social cohesion and engagement and improved quality of life. (WHO: 2009)

The policy also brings out the determinants of mental health and mental disorders, the burden and prevalence of mental disorders globally and locally and the challenges facing mental health care and service delivery in Kenya.

It also provides policy directions on prevention, management and control of mental disorders.

The Kenya Mental Health Policy 2015-2030 provides for a framework on interventions for securing mental health systems reforms in Kenya. This is in line with the Constitution of Kenya 2010, Vision 2030, the Kenya Health Policy (2014- 2030) and global commitments.

The Constitution of Kenya 2010, in article 43. (1)(a) provides that "every person has the right to the highest attainable standard of health, which includes the right to health-care services". This necessarily includes mental health. The 65th World Health Assembly adopted Resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive coordinated response from the health and social sectors at country level.

Subsequently, during the 66th World Health Assembly, Resolution WHA66.8 was adopted. It called on member states to develop comprehensive mental health action plans in line with the Global Comprehensive Mental Health Action Plan 2013-2020.

Understanding mental health

The World Health Organization (WHO) in its constitution of 1948 defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" .

Mental health is defined as "a state of well-being whereby individuals recognize and realize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities"3 (WHO: 2003). Positive mental health includes emotion, cognition, and social functioning and coherence. (WHO: 2009).

The prevalence of mental disorders may be attributed to the noted cases of suicide, homicides and violence at household level

Mental health and mental disorders

Determinants and consequences
Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports.

Exposure to adversity at a young age is an established preventable risk factor for mental disorders.

If untreated, mental disorders can create an enormous amount of suffering, disability and economic loss (WHO: 2003). Mental disorders have an impact on individuals, families, communities and nations.

People with mental disorders experience disproportionately higher rates of disability and mortality. Mental disorders frequently lead individuals and families into poverty. Homelessness and inappropriate incarceration are far more common among people with mental disorders than for the general population, and having mental disorders exacerbates their marginalization and vulnerability.

Persons with mental disorders often have their human rights violated, as a result of stigmatization and discrimination. Many are denied economic, social and cultural rights, with restrictions on the rights to work and education, as well as reproductive rights and the right to the highest attainable standard of health.

They may also be subjected to unhygienic and inhumane living conditions, physical and sexual abuse, neglect, as well as harmful and degrading treatment practices in health facilities.

The most frequent of diagnosis of mental illnesses made in general hospital settings are depression, substance abuse, stress and anxiety disorders

They are often denied civil and political rights such as the right to marry and found a family, personal liberty, the right to vote and participate effectively and fully in public life, and the right to exercise their legal capacity on other issues affecting them, including their treatment and care.

As such, persons with mental disorders often live in vulnerable situations and may be excluded and marginalized from society, constituting a significant impediment in the achievement of national and international development goals.

The Convention on the Rights of Persons with Disabilities, which is binding on state parties that have ratified or acceded to it, protects and promotes the rights of all persons with disabilities, including persons with mental and intellectual impairment, and also promotes their full inclusion in international cooperation including international development programmes.5

Development of the Mental Health Policy was informed by the need to reform mental health systems in Kenya. The policy seeks to address the following:

a. To align the mental health services with the Constitution of Kenya, and with the National and Global health agenda

b. To address the mental health systemic challenges, emerging trends and mitigate the burden of mental disorders

c. To integrate the mental health services within the Kenya Essential Package for Health (KEPH)

d. To promote, respect and observe the rights of persons with mental disorders in accordance with national and international laws.

Burden and prevalence of mental disorders

Currently in the Kenyan context, there is inadequate data and information on the prevalence of mental health, neurological, and substance use (MNS) in Kenya.

However, it is estimated that up to 25 per cent of outpatients and up to 40 per cent of in-patients in health facilities suffer from mental conditions (KNCHR: 2011).

Further, the probable prevalence of psychosis in Kenya is at an average of one per cent of the population (Kiima and Jenkins, 2012).

The most frequent of diagnosis of mental illnesses made in general hospital settings are depression, substance abuse, stress and anxiety disorders. (Ndetei et al: 2008).

The prevalence of mental disorders may be attributed to the noted cases of suicide, homicides and violence at household level.

Traumatic events such as accidents and disasters as well as violence and conflicts, for example the 2007 post-election violence and similar conflicts, have played a significant role in the development of post-traumatic disorders, anxiety and depression among those affected.

Why the Church needs to take a leading role in the fight against mental illness

By Dr. Nancy Nyaga - Clinical Psychologist, Blossom-Out Consultants

In the month of October, CITAM's focus was on holistic care with an emphasis on taking care of the mind. This coincided with the global Mental Health Day celebrated on 10th October.

This was timely for the Church, if the cases of murder within families, addictions and suicide cases we have seen flashed on our TV screens are anything to go by.

Mental health challenges are real and the church choosing to focus on this issue is freeing to the congregants, especially those who have been suffering in silence and feared to come out due to stigma.

WHO (2014) defines health as "A state of complete well-being: physically, mentally, socially and not merely the absence of disease or infirmity." Mental health according to (WHO, 2014) is a state of well-being in which every individual: realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. There is no health without mental health!

Globally, every 40 seconds, a person dies from suicide. Statistics also indicate that there are about 800,000 deaths from suicide alone annually. Further, for every completed suicide, there are 20 attempts. Men are four times more likely to commit suicide than women. Depression is now the leading cause of disability and a major contributor to the global burden of disease.

These are worrying trends and everybody including the church needs to take responsibility to fight the stigma.

For us to deal with mental health, we need to understand who is affected, triggers for the illness, types of illnesses, common symptoms to look out for, treatment options available and preventative lifestyles to adopt.

Mental Illness affects all regardless of race, gender, religious beliefs, education level or even social economic status. Children as young as five years old are being diagnosed with mental illness.

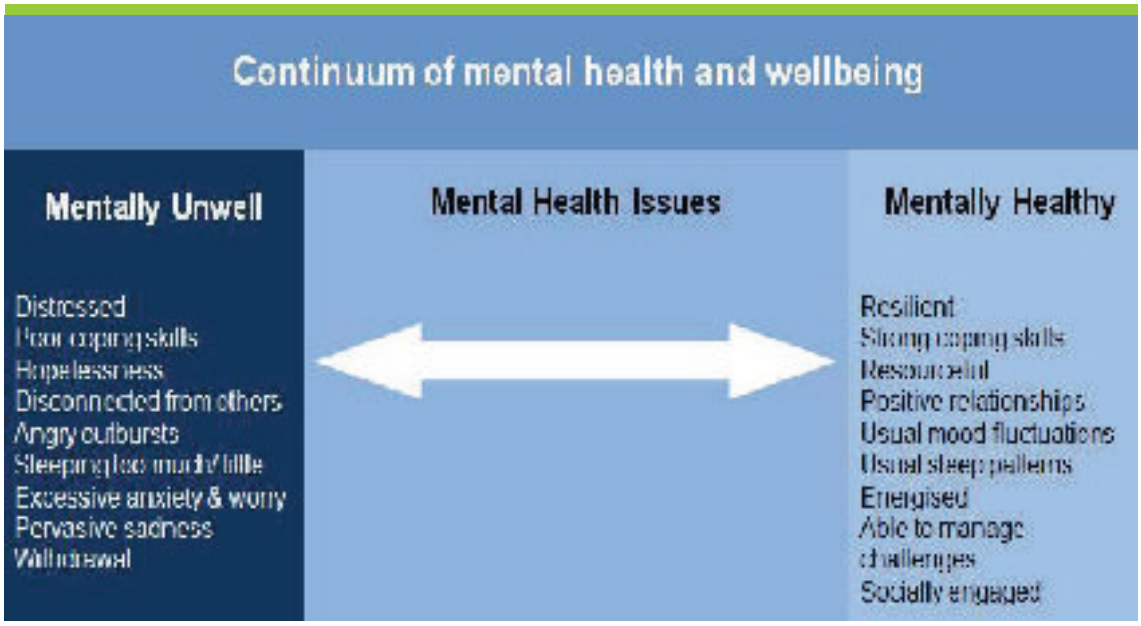
Mental illness in Kenya

Presently, there is inadequate data Kenya on the prevalence of mental illness. However a report by (KNCHR: 2011) suggests that, up to 25 per cent of outpatients and four per cent of inpatients in health facilities suffer from mental conditions.

Kiima and Jenkins, (2012), shows probable prevalence of psychosis is at an average of one per cent of the population. Further, (Ndetei et al: 2008), asserts that the most frequent diagnosis of mental illnesses made in general hospital settings are depression, stress and anxiety disorders as well as substance abuse.

The prevalence can also be attributed to the noted cases of suicide, homicides, violence within households and addictions.

The Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5) lists over 300 dif-



Who is Affected?

ferent conditions under 20 major categories. The five common categories are: psychotic (schizophrenia); mood (bipolar, depression); anxiety (panic attacks, social anxiety); substance use and addictive as well as personality disorders.

Triggers of mental illness

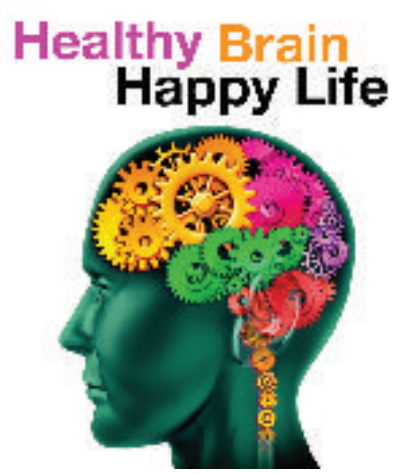
Triggers of mental illnesses are very multifaceted: genetic predispositions, neurotransmitters (chemical hormones in the brain), environmental factors such as poverty, medical factors such as terminal illness, traumatic experiences/head injuries, tumors and personality factors such as being melancholic, sensitive, aggressive and passive.

Marital infidelity, violence, separation and divorce act as major triggers for mental illnesses for both the adults and children within these families.

Symptoms of mental illness

Common symptoms include but not limited to: feeling sad or down- for prolonged periods (depressed mood), confused thinking or reduced ability to concentrate, excessive fears or worries, anxiety, extreme mood changes of highs and lows, withdrawal from friends/social media and previously enjoyed activities, fatigue, tiredness, low energy, disturbed sleep (too much or too little), detachment from reality (delusions), paranoia or hallucinations referred to as Psychosis.

The symptoms leave the individuals with inability to cope with daily problems or stress, trouble understanding and relating to situations and to people, negative coping mechanisms such as alcohol or drug use, major changes in eating habits (poor appetite), sex-drive changes (reduced libido) and in some conditions, excessive anger, hostility or violence, despair, hopelessness, helplessness and suicidal thinking as well as attempts.



Treatment

Types of treatments available include psychotherapy (talk therapy) done by professional psychologists who use proven techniques and strategies to work with the clients' mental processes. Psychologists work collaboratively with psychiatrists who specialize in treating mental illness with medication and non-medical approaches such as Electro Convulsive Therapy (ECT). Best Treatment approach is a combination of both medical and psychotherapy, especially for severe conditions.

Barriers to treatment

Challenges that prevent early treatment include stigma where mental illness is viewed as Wazungu(White man's disease), labelled as; crazy, wazimu, mad, weakness and seen as due to cultural or religious issues. Lack of awareness on mental health issues, lack of early diagnosis, lack of support/isolation and negative coping mechanisms exacerbate the problems.

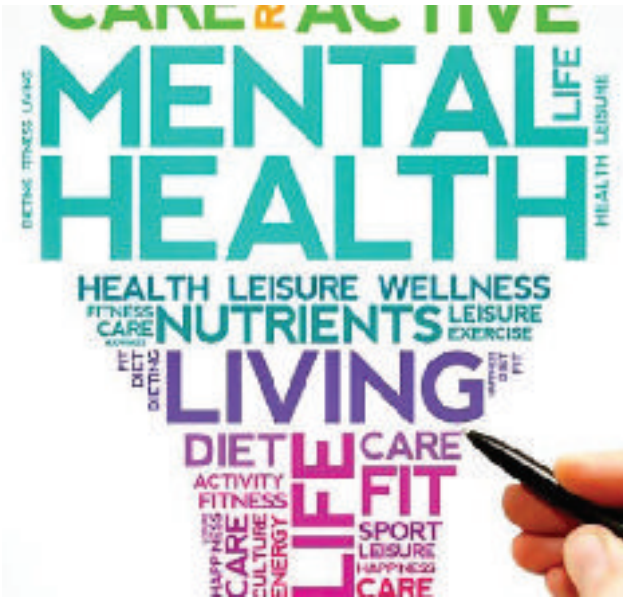
How we can avoid/prevent mental illness

As Christians we can adopt a preventative life style where we live a purposeful life-for God and man which is a meaningful life.

1. Know God's Word/MANUAL for our life.

Joshua 1:8 says: keep this book of the law always meditating on it day and night, so that you may be careful to do everything written in it. Then you will be prosperous and successful.

Meditation means focusing our minds for a period of time, in silence-



think deeply, consider.

Our minds are highly stimulated due to electronic gadgets and lifestyles.

Phil: 4; 6-8 says not to be anxious but in prayer and thanks giving present our requests…and the peace of Christ will guard our hearts in Christ Jesus - what our minds conceive, we achieve.

We are also told to put our hope in God. Psalms 42: 5 says: Why, my soul, are you downcast? Why so disturbed within me? Put your hope in God, for I will yet praise Him, my savior and my God.

Learn to use God's word to do self- talk.

2. Building meaningful relationships for deep conversations, especially for men

Genuine love, forgiveness and peace and care are needed in times of need such as mourning or times of sickness and lack.

We need to also have humility, not think highly of ourselves and avoid competition.

When feeling overwhelmed, seek help early; talk to someone e.g. a pastor, therapist or friend

3. Work for fulfillment, not just for money

Prov. 12:11: Those who work their land/business/career will have abundant food, but those who chase fantasies have no sense.

Prov: 14:23: all hard work brings profit, but mere talk leads only to poverty

4. Discovering our gifts of service

We can serve in the Church as deacons, leaders, comforters/careers, giving, merciful with joy, teachers, mentors, givers, among others

5. Exercise to release the happy hormones

Endorphins, dissipate anxiety and depression, physical pain, and improve concentration and sleep.

6. Healthy diet

Eat more vegetables and fruits. Water intake should be 2-3 liters per day. Supplement appropriately with fish oils, vitamin D3 (known to relieve chronic pain and sleep problems), vitamin B12 and vitamin B3). Talk to your Doctor about this especially if on any medication

Take note of Prov: 23:20: Do not be a heavy drinker or stuff yourself with food.

7. Get 15 minutes of sunshine every day for vitamin D

The sun is one of the best sources of vitamin D for the human body. Several factors affect how much vitamin D a person's body can make from exposure to the sun, such as time of day, geographical location, skin color, and wearing sunscreen.Vitamin D is an essential nutrient for the body.

The body needs vitamin D to absorb calcium. Vitamin D also plays a role in bone growth, bone healing, and immune system function.

Vitamin D is crucial for proper brain development and functioning. Low levels of vitamin D are associated with depression, seasonal affective disorder and schizophrenia in adults.

8. Sleep hygiene

Avoid stimulants such as coffee and alcohol. Have a specific time for going to bed and waking up. Go to bed when you feel sleepy and use the bed for sleeping not for work, eating and watching TV.

Practice relaxation techniques before bed time; deep breathing, long hot shower, reading a book, listening to slow music, prayer, meditation on God's word

9. Rest and pursue hobbies and interests

Ladies can knit their way to great mental health. Knitting dissipates anxiety and depression, chronic pain and improves mental alertness.

Reading, fishing, cooking, writing are other hobbies one can explore. Men can enjoy writing, reading as well as cooking.

10. Intimacy with God

For more information contact:
Dr. Nancy Nyaga
Clinical Psychologist
Blossom-Out Consultants
Park Suite Offices 2nd Floor Suite 5, Parklands Road
Cell: 0705671777/0734189379
Email: nancy@blossomout.co.ke

Understanding and reducing the impact of stress for improved mental health

By Jacqueline Anundo - Senior Clinical Psychologist & HOD Psychology Dept. & Mental Health Training, Chiromo Lane Medical Centre

In life we all go through struggles and are likely to experience stress at one point or another. This is normal; however when our stress levels escalate to a point where they affect how we think feel or behave, they become a cause for concern.

Basically, stress is a reaction to any change that requires one to adjust or respond to a particular situation. Stress can either be positive (like planning your wedding, a job promotion, graduation, winning a prize/lottery etc.) or negative (such as a toxic job, major relationship problems or death of a loved one).

Stress affects us emotionally, physically and behaviourally.

Causes of stress

A number of factors can cause stress. These may include:

a) Death of a loved one

b) Loss of a job/change of a job

c) Divorce

d) Getting married

e) Moving to a new home/environment

f) Chronic illness or injury

g) Emotional problems such a depression, anxiety, guilt, low self-esteem etc.

h) Financial obligations

i) Relationship problems both interpersonal and intrapersonal

Types of stress

Positive stress

This is also called the good stress or Eustress which is a result of one perceiving a stressful situation as an opportunity that will lead to a good outcome. This includes receiving a job promotion, buying a car, getting married, having a child, traffic jam, trying to beat deadline with a report, revising for exams etc.

Negative stress

This is also called distress which is a result of one perceiving a situation as a threat that will have a poor outcome. This may include being diagnosed with a terminal illness, losing a job, having relationship problems, poverty, road accident that has led to disability, terror attack etc.

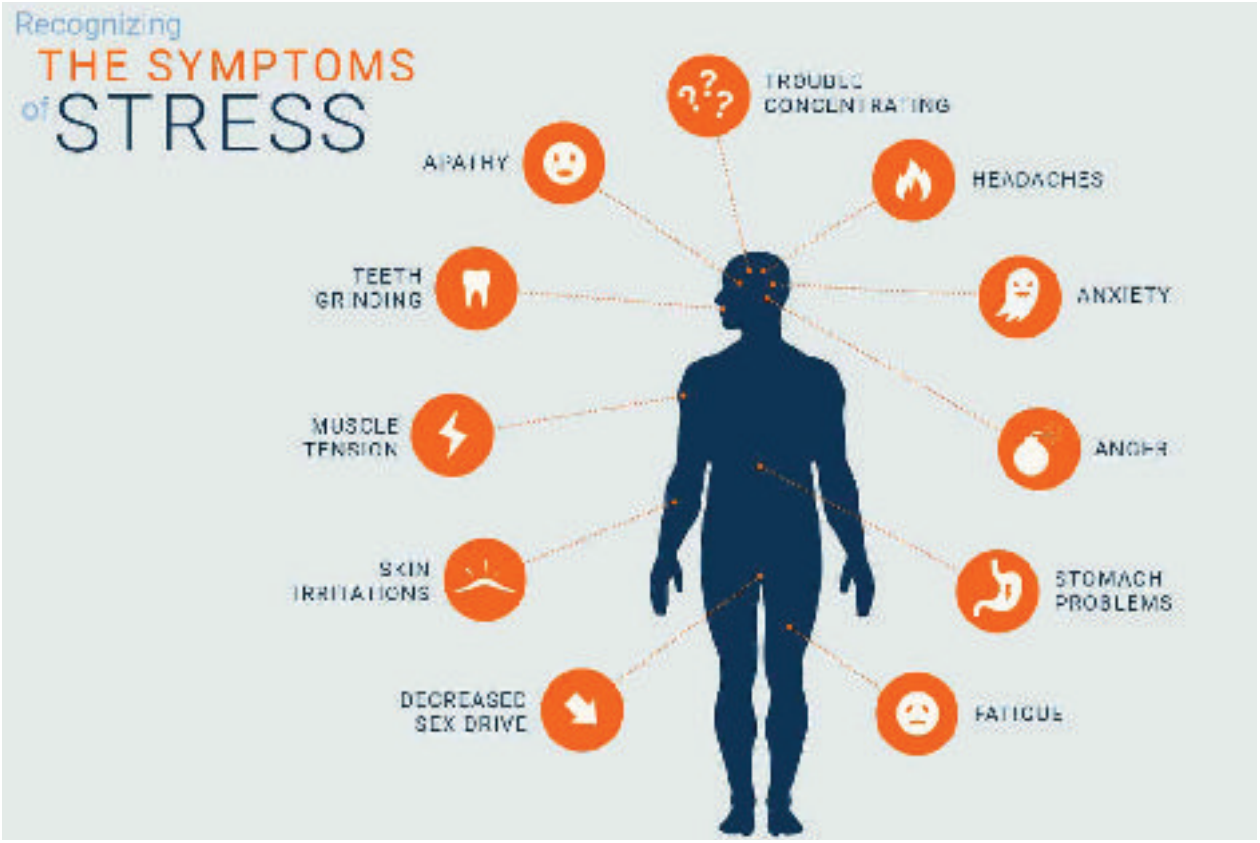
Forms of stress

a) General stress

This is a reaction to a stressful situation that emanates from various aspects of one's life i.e. school, work, family, marriage, finances etc. The reaction takes a short period of time before one comes up with a solution.

b) Cumulative stress

This form of stress is as a result of accumulation of various stress factors in a specific area of reference. Example is a work place where one can be subjected to heavy workload, poor communication between employer and employee, multiple frustrations, low pay, lack of recognition despite hard work, being treated with suspicion by colleagues or family members etc. All of these factors contribute to accumulated stress and with time, it escalates to a severe form of stress.



c) Acute Traumatic Stress

This is a form of stress that is as a result of an immediate reaction to a traumatic event. For example, someone witnesses a car accident in which people are seriously injured or people have died. This person will afterwards have trouble functioning normally hence start having issues with sleep, avoiding cars or the accident scene, isolating themselves, experiencing nightmares, replaying the accident scene over and over in their minds, extreme guilt etc.

d) Post-traumatic Stress

This is a psychological disorder that one develops when they experience a traumatic event, e.g. being involved in an accident, being burnt by an explosion or fire, being sexually and physically assaulted. The stressful situation impairs their daily routine, leading to the person experiencing problems like:

- Having mental images or pictures of the event that can manifest in dreams (nightmares or night terrors)
- Avoiding events that could trigger the memories
- Having physical arousals or reaction like sweating, trembling, feeling light headed or dizzy or fainting, heart pounding, feeling panicky, extreme anxiety etc.

The above mentioned symptoms tend to become present consistently for a period of time i.e. 2 weeks after the traumatic event.

Symptoms of stress

1. Physical: Some of the symptoms include having low energy, headaches, chest pain, rapid heartbeat, frequent colds and infections, insomnia, reduced appetite, joint pains and general body weakness etc.

2. Cognitive: This includes constant worrying, having racing thoughts, forgetfulness, inability to focus, poor judgement, being pessimistic and focusing on the negative side of a situation.

3. Emotional: A stressed person tends to experience mood swings, anxiety, lack of motivation, feeling hopeless, being angry and irritable.

4. Behavioural: Change of sleeping patterns, absenteeism, feeling constantly tired or exhausted, use of alcohol or drugs, unhealthy eating habits and procrastination etc.

How the human body deals with stress

a) Fight or flight response: When a person encounters a stressful situation that poses a risk or danger, the person develops a defence mechanism which allows him/her to engage the problem and come up with a solution there and then. This type of reaction is known as Fight response.

When a person is subjected to acute stress, a physiological response is triggered and enables the person to immediately look for an escape route to counter the risk or threat. This type of reaction is called a Flight response.

b) How stress affects your brain: High levels of cortisol hormone (stress hormone) can wear down the brain's ability to function properly. Stress can kill brain cells and even reduce the size of the brain (Brain atrophy).

Chronic stress has a shrinking effect on the prefrontal cortex, the area of the brain responsible for memory and learning. This leads to memory lapses, inability to learn new things making an employee forgetful and leading to poor job performance.

Factors influencing work stress

- Intensity of work load
- Low pay
- Increased financial obligations
- Change of duties
- Job insecurity
- Lack of autonomy
- Long work hours
- Tight deadlines

Stress related illnesses

It is important to seek help to deal with stress because untreated stress can be debilitating if not dealt with. The following conditions are often associated with untreated stress.

Physical illness associated with stress

- Gastrointestinal problems
- Headaches
- Diabetes
- Obesity
- Asthma
- Cardiovascular diseases

Psychological illness associated with stress

- Depression and anxiety
- Post-traumatic stress disorder (PTSD)
- Bipolar mood disorder
- Acute stress disorder
- Adjustment disorders

How can one manage/cope with stress/respond to stress?

a) Physical - engaging in physical activities like sports, yoga, jogging, practising breathing exercises.

b) Cognitive - calming oneself, writing down the situation that triggered the negative thought, identifying the moods involved, trying to think positively, engaging in cognitive exercises that will improve memory, attention and concentration including board games like scrabble, chess, monopoly etc.

c) Emotional - practice mindfulness, distract yourself, withdraw from the stressful situation, practice meditation, pray and talk to a psychologist.

d) Behavioural - coming up with healthy coping mechanisms, doing self-care activities, work-life balance (avoid carrying work home or working past normal hours so that you can socialize with your family), engaging in positive exercises, e.g. pick a favourite sport, formulating healthy eating habits by avoiding junk food and getting enough sleep, drinking plenty of water, going for regular reviews (don't wait until you are too sick), talking to a psychologist on whether you are going through Eustress or Distress.

Benefits of stress management

a) Increased concentration

b) Increased productivity

c) Improves relationships

d) Reduces burnout

e) Decrease in anxiety

f) Decrease in anger outbursts

g) Enhances one's physical health

h) Reduces frequent visits to the hospital because of reduced body aches

i) Reduces frequent absenteeism from work

j) Improved physical and mental health

k) Improved relationships with family, friends and colleagues

l) One develops better coping mechanisms against stress

m) Improved sleep

n) Improved appetite

o) One develops improved self-esteem

p) Enhances team work in the workplace

q) Reduced bitterness leading to peace of mind

(Top) Front view of Chiromo Lane Medical Centre and (bottom), a health worker attending to a client at the facility.

About Chiromo Lane Medical Centre

Chiromo Lane Medical Centre, (CLMC) is the leading private psychiatric hospital in East & Central Africa and have been providing quality mental healthcare for the past 23 years.

CLMC specializes in the treatment of all Psychiatric disorders such as:

- Depression
- Anxiety disorders
- Bipolar disorder
- Attention Deficit Hyperactivity Disorder (ADHD)
- Schizophrenia
- Stress disorders
- Drug and Alcohol Abuse among other mental health issues etc.

Chiromo Lane Medical Centre is NHIF accredited and the able team of qualified psychiatrists, psychologists, psychiatric nurses and other mental health professionals provide quality in-patient and out-patient services such as:

- Detoxification
- Individual therapy
- Family therapy
- Occupational therapy
- Group therapy
- Art therapy
- Psychiatric nursing care

CLMC caters for people of all walks of life including:

1. Cash paying individuals
2. Members of all medical insurance schemes

Chiromo Lane Medical Centre offers treatment in a serene environment with a home-like set up which goes with our motto of "Recovery in Dignity"

All our patients are treated with dignity by highly qualified mental health professionals. CLMC has two branches, one located on Chiromo Lane, Westlands, off Muthithi Road, Nairobi, and the Bustani branch located on Muthangari Road, Lavington, at Braeside Gardens.

For more information visit www.clmc.co.ke or get in touch with us:

Cell: 0780820048, 0729359501, 0733778609, 0700779704

Email: info@clmc.co.ke,

Facebook: Chiromo Lane Medical Centre

Instagram: clmckenya

Twitter: @ChiromoLMC

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Role of the family in reversing worrying alcohol addiction trends in Kenya

Florence Ambayo, a counseling psychologist and behavioral analyst speaks on the causes and symptoms of alcoholism, and how the family can assist people living with this condition to overcome it

Four out of every 100 people who lost their lives in Kenya in 2016 did so as a result of alcohol abuse, according to a report released by the WHO in October 2018. The report also showed that alcohol consumption has become alarmingly routine among minors in Kenya.

Definition of alcoholism

Alcoholism is a condition or situation in which an individual has an insatiable desire for alcohol. Such a person cannot do without alcohol. They find themselves going back to alcohol despite its negative effects on them.

Alcoholism is different from social drinking where one can do without alcohol and can make a decision not to drink. An alcoholic craves alcohol and can become restless at a certain time because they have a ritual that compels them to look for alcohol in order to settle the brain.

Causes of alcoholism

Alcoholism has several causes:

a) One of the causes of alcoholism is genetic pre-disposition. Some people have a genetic predisposition for alcohol; the disease runs in families. On the bright side, some people may overcome this cause because they become very angry with the effects of the alcohol that they see in their families.

b) The second cause is environment. The environment contributes significantly to one becoming an alcoholic, for example, in instances where one is always with alcoholics and therefore ends up becoming like them. Such a person may start off as a social drinker but his habit will later develop into alcoholism.

c) Trauma: Some people are unable to cope with the pressures of life.

d) Culture: In some cultures, alcohol is readily available and even taken with meals. Some people may become alcoholic as a result.

e) Professions: In some professions, alcohol is taken as part of daily work e.g. the clergy during Holy Communion where Church wine which has a high percentage of alcohol is taken. This consistent exposure to alcohol may lead to alcoholism.

Florence Ambayo: The family may contribute to alcoholism by enabling the behaviour.

Role of the family

How can the family contribute to one of their own becoming an alcoholic?

The biggest way the family contributes to alcoholism is by enabling alcoholic behavior. We enable behavior by reinforcing it.

Many families, despite having an alcoholic member, do not talk about the issue and give it the attention it deserves.

Many deny that their family member has a problem with alcohol. This contributes to enabling, encouraging and reinforcing this behavior.

Women hide or cover for their husbands. For example, a woman whose husband has used all his earnings on alcohol and is unable to go to work may call the office and report that he is sick. The husband will therefore repeat the same behavior many times over because his wife is enabling it.

Family members also give money for alcohol, knowingly or unknowingly. For example, the woman whose husband has drunk all his earnings may clear the children's school fees. This is enabling alcoholism.

By clearing the school fees bill, this woman is sending her husband the message that he can continue taking alcohol as she takes care of his responsibilities.

Doing nothing about alcoholism in the family is also enabling behavior. The alcoholic family member may decide that because the drinking is genetic, nothing can be done to address the situation. This may lead the person deeper into alcoholism.

Some alcoholics sell household

items in order to sustain their habit. In many instances, family members will complain about this behavior but do nothing to recover the property that has been sold. This is enabling behavior.

One of the symptoms of alcoholism is anger. People that are alcoholic are very angry and irritable. They tend to threaten family members and can be very manipulative. In order to get money to buy alcohol, they tell a lot of lies.

The family becomes accustomed to this manipulation which may often involve small amounts of money which they have no trouble giving. However, by giving even these little amounts of money, the family members are enabling the alcoholism.

Signs that a family member is an alcoholic

Alcoholic family members will tend to hide their habit and do it very well. However, there are signs that one can watch out for if they suspect a family member is becoming an alcoholic.

a) They cannot function without alcohol. Such a person may begin looking for alcohol immediately they wake up or get out of the house. Alcohol is also the last thing they take before they go to bed.

b) The person drinks alone or hides when drinking.

c) They are not able to limit their alcohol intake and their tolerance levels are very high. They are also not able to cut down on their alcohol intake but keep increasing the amount they take and the time they spend drinking.

d) Some black out and cannot recall what happened before they blacked out.

e) They store alcohol in an unlikely place, e.g. in the car, computer bag, e.t.c.

f) Such a person spends a lot of time obtaining alcohol or recovering from its effects. Some people are restless when they have not had alcohol. Additionally, they will go to great lengths to get money to buy alcohol.

g) They cannot fulfill their obligations at home, work or elsewhere. They miss work or school and are not effective.

h) They also have social issues. They have no friends outside their alcohol circles and anybody that tells them to stop drinking becomes an enemy. Even a relative who reprimands them becomes an enemy.

i) Many give up hobbies and social occupations that they used to enjoy previously in order to get more time to indulge in alcohol.

j) If such a person fails to take alcohol, they develop withdrawal symptoms, e.g. shaking and restlessness which disappear once they have a drink. A simple test is to place an A4 sheet of paper on their hand. The paper shakes visibly when placed on the alcoholic's hand.

k) Some people leave work or school and go directly to a pub. Many people will not see this for the serious sign of alcoholism that it is. This especially happens when people are working far away from their families. Such workers may have a lot of time and money and time on their hands and turn to drinking, especially if they are young.

Effects of alcoholism on the family

Every member of an alcoholic's family is affected by the habit. A family that has an alcoholic member also becomes alcoholic, not because they take alcohol but because they are affected by the person's behavior. Alcoholism affects the community and society as a whole.

Anxiety is common in such families due to the unpredictability of alcoholism. The family is usually unsure of whether the person will come home and the state and mood of such a person.

Alcoholism hits a family hard financially. Due to the large amount of money spent on drink, children are often in and out of school due to lack of school fees. Some children are so deeply affected that they do not even want to talk about a parent who is alcoholic.

It becomes very difficult to recover financially after years of drinking. An alcoholic achieves little financially and economically, even where they work until retirement. Family break-ups are common and many alcoholics express regret at the way they have lived their lives.

A family with an alcoholic member is often very dysfunctional. There is physical, emotional and psychological abuse as well as irresponsibility on the part of the alcoholic. Children are often the most affected by this dysfunc-

tion. For example, an alcoholic father may get home in the wee hours of the morning and demand to see his children. Because the children have to be woken up, this disrupts their sleep and interferes with their day. Their mother may try to stop this behavior but will most likely encounter violence in the process.

There is also lack of trust. One cannot trust an alcoholic. Even when such a person is telling the truth, it is difficult to believe them. Families experience the anxiety of not being able to trust one of their own.

Alcoholism is a disease. It is a serious mental illness and has been classified so in the diagnostic and statistical manual for mental illnesses. It therefore needs to be treated as an illness and the alcoholic person as a patient.

Alcoholism also leads to health conditions such as liver cirrhosis and fetal alcohol syndrome. A mother who drinks while pregnant may give birth to a child with fetal alcohol syndrome. Such a child is born with distinct features such is a small head circumference, brain damage and growth problems.

Depression and shame often accompany alcoholism. Family members may feel that everybody knows that one of them is an alcoholic. When other people are talking about their spouses or children, for example, such a family member may feel they have nothing to contribute to the discussion. They are ashamed to say that their relative is alcoholic, to be seen together or even associated with such a person.

Alcohol abuse and sexually transmitted diseases are also said to be cousins because many people will engage in irresponsible sex when under the influence of alcohol.

It is also important to realise that alcohol is a depressant. It depresses neuro transmitters in the body. Alcohol poisoning occurs when one drinks so much alcohol that their blood-alcohol content rises to toxic levels. The body has a limited capacity to safely metabolize the toxins in alcohol, so too much alcohol can overwhelm the body's systems. Alcohol poisoning is a major risk of binge drinking, or drinking large quantities of alcohol in a short span of time. In serious cases of alcohol poisoning, a person could enter a coma, stop breathing, or have a heart attack or seizure.

Helping an alcoholic family member to quit the habit

To help a person who is genetically inclined to alcohol, one needs to create self-awareness in the individual. For example, help them see the effects of alcohol on their family. The alcoholic needs to think about and state realistically what they see as their future if they continue taking alcohol.

It is important to help an alcoholic realise that even if they have this dependence, avoiding places with alcohol and company that encourages them to take alcohol are key steps in helping them break the habit. The alcoholic needs to develop self-control, change their way of thinking about alcohol and avoid environment where alcohol is present.

It may be easier to arrest alcoholism in a teenager or younger person because one can be able to guide them and talk them out of the habit which may be due to factors such as peer pressure, a traumatic event or they may be modeling the behavior of an adult close to them such as a father. Teachers can also help to talk to youths who are of school-going age. Some teenagers will just get out of the situation by themselves after realizing that what they are doing is wrong. Others may be too far gone and will need rehabilitation.

For adults, the first step is to take them to a doctor who will assess the need for medical interventions and refer the patient to a rehab centre. An addiction counsellor will help assess the situation and may recommend rehabilitation, detox or whatever they see as the next step.

Many people have a negative attitude towards rehab due to perceptions that nobody comes out of rehab and leaves their drinking habit behind. However, some rehab centres are doing great work.

Family support is very important. Many family members give up on alcoholics yet the family is the main structure that can help hold this person together. Family members will make a decision on whether or not to seek professional help for the alcoholic and the level of support they will avail to this patient. Many, especially Christians will pray for the alcoholic family member to quit the habit. This should be accompanied by professional help.

A lot of work is being done at community level so that

even a Community Health Worker can be able to assess for alcohol use. A nurse or clinical officer should be able to assess that the person has an alcohol problem and refer them for help.

Right approach, right action

Talking to a family member who is alcoholic about the problem and getting them to accept help requires skill. For example, one may say: "I have observed that you seem to be coming home late and drunk. Do you think you could be having a problem with alcohol?"

A lot of times they will deny that they have a problem and you may have to talk to them over a long period of time before they can accept help. Alcoholics also tend to put off family members very easily. They also become hostile and defensive.

You can also get trusted friends to talk with such a person. Find out who it is that they respect and trust and that can talk to them gently. Ask such a person to bring to the alcoholic's awareness that they have a problem and get them to admit to being alcoholic. Getting the alcoholic to admit they have a problem will lead then to seek help.

Role of the Church

The church is also taking responsibility and is very influential. Pastors are key informants in the community. People often open up to pastors and put a lot of trust in them. In some instances, it would be prudent to approach a clergy for counseling in the hope that the alcoholic would listen to the pastor and seek treatment.

However, the Church needs to do more to reach out to people affected by alcohol abuse. The key driving factor towards reaching out is that everybody in the Church is affected somehow by this challenge.

Outreaches, talking about alcohol abuse on the pulpit, setting aside a mental awareness month or week,

How to avoid addiction triggers

can lead to deeper conversations about this illness. The church should also encourage support groups for families whose members are alcoholic or come up with a system to get those affected to open up.

Pastors need to be wary of using alcoholics as examples on the pulpit as this hurts and discourages them and their family members. Increased knowledge and openness can help destigmatize alcoholism, leading to better quality of life for those affected.

Children and alcoholism

Exposure to alcoholism affects the behavior of children. It affects their self-esteem and may lead to feelings of guilt. It is easy for a child to blame themselves for say, a parent's drinking problem.

Children also suffer anxiety. They feel anxious because they do not know whether their school fees will be paid or not due to the financial effects of alcoholism on the family. They are anxious about where they will go when school closes because of the conflict in the family. Some children do not want to go home when schools close because they do not want to face the conflict in their families.

When at school, especially for those in boarding school, they are anxious about the safety of both their alcoholic parent and the non-alcoholic one who may have to deal with violence and conflict.

They also feel embarrassed that their family member is alcoholic. This is a major setback for children who will usually be extremely proud of their parents, as well as teenagers.

Many children also get very confused. They wonder why their parent of family member is the way they are. Sometimes the children are sent to buy alcohol which may lead to their becoming alcoholic themselves because they become unsure whether alcohol is good or bad.

They also get angry and may turn into bullies.

Many also get depressed. A lot of research has been done on depression and it has been found that many teenagers are having dystemic depression; continuous sadness because home is not a nice place and their parents do not love each other. Some parents get frustrated about their partner's drinking and take it out on the children. This may lead to depression.

Conclusion

Alcohol is currently the drug of choice in Kenya. About 70-80 per cent of drug abusers in Kenya abuse alcohol. It is also readily and easily available for very little money or exchange in kind. We need to talk about alcohol everywhere.

AIC Litein Hospital Tumaini Clinic giving hope to patients with mental illness

By Dr. Matthew Loftus - AIC Litein Hospital

It is not easy to have a mental illness. The symptoms of depression, anxiety, bipolar disorder, or schizophrenia can be debilitating, disabling, or even fatal.

There's no guarantee that a patient who overcomes the stigma associated with mental illness and seeks medical assistance will find a clinician trained to treat mental illness.

They also cannot be certain that they will be given the proper medication for their condition or see someone who can provide appropriate, non-judgmental therapy.

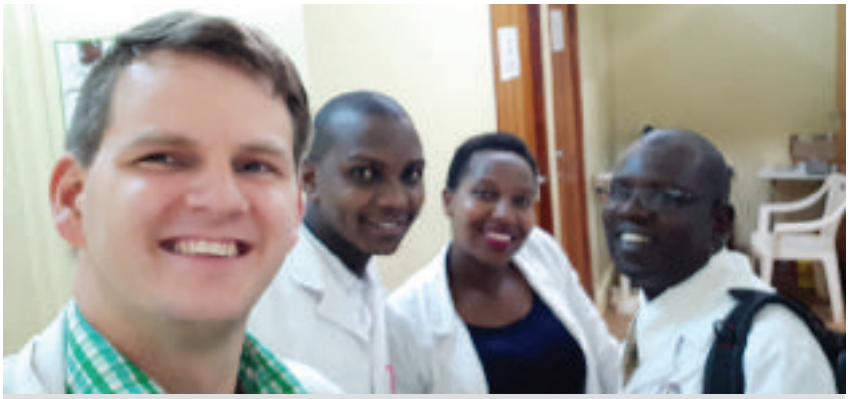
Fortunately, patients in Litein and surrounding communities can get help at AIC Litein Hospital's Tumaini Clinic. Established in 2018, the clinic offers services to patients struggling with addiction and mental health issues.

The clinic began when hospital leadership began noticing strange admission patterns, with male wards full of patients suffering from alcohol-related injuries and suicide attempts. At times, such patients would make up majority of admission cases.

The hospital leadership directed missionary doctor, Matthew Loftus, to start a clinic to address mental health issues and help patients get treatment without being admitted.

Things got off to a slow start with only three or four patients per clinic session. However, word about the availability of mental health services went round and the clinic now sees 20-30 patients per week. Patients use NHIF outpatient cover or pay the usual hospital outpatient cash rates.

The clinic began with four staff; Dr Loftus, a nurse (Mr. Nicholas Langat), a social worker (Ms. Joyce Siele), and a chaplain (Ms. Dinah Chelule). A psychologist, Ms. Brenda Chepngetich, has since joined the team to help with counseling as well as a second nurse, Mr. Naphtali Salim.



AIC Litein Hospital Tumaini Clinic staff (from left) Dr. Matthew Loftus, Dr. Abiuty Omweri (Family Medicine resident) Brenda Chepngetich and Nicholas Langat.

The clinic uses a multidisciplinary approach to assess and treat patients, doing home visits when time allows and working together to unearth issues that can be sorted out through counseling.

Common conditions treated at the clinic include depression, anxiety disorders, somatization disorders, schizophrenia, bipolar disorder, and alcohol abuse.

Dr. Loftus, a family physician with a special interest in mental health, trained in the US. As program coordinator for the AIC Litein Hospital site of Kabarak University Family Medicine Residency, he is passionate about equipping African health care professionals to carry on the work across the country.

Not every patient can access a psychiatrist if they need one. However, training Family Medicine doctors who serve across the country and medical officer interns who have now been directed to do eight weeks of mental health as part of their internship year, can ensure patients have access to quality mental health services.

Patients have been very appreciative of the care they receive. Many come to the clinic having been prescribed powerful drugs with severe side effects, some of which are not appropriate for their condition.

Few have had opportunities for counseling before. The team works together to craft an individualized plan for each patient and follows patients up (weekly, if necessary) to help control their symptoms and live a healthier life.

What's next?

The team has applied for a grant to help expand their work into the community. There are still many people suffering in silence. The church and community are ideal for conversations about preventive mental health and spiritual wholeness. The team also hopes to train others to assess patients, make a proper diagnosis and provide appropriate treatment so that every Kenyan can access mental health services at their nearest health facility.

loftus.matthew@gmail.com

Nurturing and maintaining healthy minds in children living with HIV/AIDS

By Mrs. Rose Mireri - Children's Counsellor KAH CCC

Kendu Adventist Hospital Comprehensive Care Centre has 587 children under care. They are in different clusters as follows:

- <1 years - 0
- 1-9 years - 91
- 10-14 years - 209
- 15-19 years - 172
- 20-24 years - 115

Children under care usually receive and comply with treatment with continuous counselling and support as need arises. However, those over 14 years may begin doubting themselves and seeking answers as to how and why they contracted HIV.

The age between 14-16 years is the 'stormy' stage, with various issues as stated below:

- Asking questions about how they contracted the infection; it was not their fault
- Poor drug compliance leading to high viral loads
- Those not in a relationship start seeking information on whether they can be accepted by potential partners.
- Those in a relationship ask questions about disclosure to their partner and what may happen after disclosure.
- They also ask about the ability to conceive and deliver a HIV-negative baby.
- Substance abuse, mainly alcohol and bhang, due to peer pressure while seeking recognition and acceptance.
- Suicidal attempts due to stigma - "this one will just die like the parents"
- Pregnancies during the adolescence stage
- Depression due to fear of death
- Some develop a 'don't care attitude'

In addition, prolonged use Efivarenz is reported to cause psychiatric disorders. The clients are switched to other ARVs so as to avoid this effect.

Rose Mireri, a trained psychosocial nurse, conducts a session for the adolescents and young people on reproductive health.

Substance abuse complicates treatment because of the unfavorable drug interactions. So far in the programme, no child has developed a psychiatric disorder.

All the babies born by the adolescents have turned out HIV-negative due to the PMTCT services they receive and effective compliance.

Client interview case study

Clients A, B, C and D receive care at the KAH CCC (we have named them in alphabetical order for confidentiality).

The clients are aged between 17 – 21 years and commenced their care and treatment at the CCC from birth except client D who got infected at seven years.

Two are in single parent families headed by their mothers while the other two are being raised by both parents. They have other siblings and are among the last two siblings.

Client B has a girlfriend who knows his status but is HIV negative. "Am happy she accepts me the way I am," he said.

They are happy with the care they are re-

ceiving and are responding well to drugs. They appreciate the support groups where they learn more about drug compliance, effects of substance abuse, how to avoid and manage stress and share their challenges.

They say that their families are very supportive and they take drugs together and encourage each other.

Challenges experienced

a) "Why me among other children?" They often ask. They are encouraged to continue with treatment because it is about their lives. Answers will never be available.

b) "Sometimes our fellow pupils/students abuse us due to our status. Other people may not understand our situation, so we usually don't answer them back."

c) "Others gossip about our status, but we move on without minding them"

Most of the time, the clients ignore those perpetuating stigma against them. They are able to live positively due to support from the nurse, their parents and trusted buddies who they freely talk to when an issue is bothering them. This prevents stress and depression.

None of the clients has abused drugs and alcohol inspite of peer influence and pressure. The health messages they receive at the KAH CCC have enabled them to make wise decisions.

Kendu Adventist medical school equipping nurses to provide mental health services

By Angellah Omondi - Kendu Adventist School Of Medical Sciences

Psychiatry disorders are an emerging issue in the society today and affect everybody. Nurses meet clients and patients with psychiatry disorders or issues during their day to day activities.

The nurses therefore, require training on relevant areas affecting the person as a whole so as to be effective and efficient in their daily work.

Kendu Adventist School of Medical Sciences is a training facility established by the Seventh-day Adventist Church. It offers training in Kenya Registered Community Health Nurse [KRCHN] and Clinical Medicine and Surgery. The KRCHN go through vigorous theoretical and practical sessions from year one to four focusing on diseases affecting the human body or person.

Upon entry to training, students are taught and examined on behavioral sciences including psychology. Human beings are a complex unit not only in the physical but also in their psychological and spiritual domains.

During their second year, the student nurses are taught and examined on psychiatry nursing which covers basic management of psychiatric disorders and conditions. This knowledge enables them to understand diagnosis and manage a patient or client with psychiatric issues which may range from stress, depression to schizophrenia, bipolar, among others.

Upon completion of the psychiatry unit the students undergo a clinical placement of six weeks in a psychiatry unit for practical exposure. During this time, they interact with, manage and counsel psychiatry patients from admission to discharge. They also attend and participate in psychiatry outreach and out-patient clinics. This is an important opportunity for them to practice what they have learned because these patients are usually isolated from others due to their condition.

The Church needs to take up the challenge to set up training schools, treatment and rehabilitation centres to meet the need for mental health services

Training facilities with psychiatry units are few and most are government-owned. Through partnership, KASMS psychiatry students' clinical placements are done in Kakamega and Kisumu. The facilities in Kisumu and Kakamega cannot meet the training demands and student nurses have to wait until an opportunity for a practical session arises. This means the institution can only admit a limited number of student nurses.

The number of patients suffering from psychiatric conditions is rising daily and there is a large unmet need for services.

Church health facilities therefore need to take up the challenge and set up psychiatry training schools, treatment and rehabilitation centres to meet this need.

Life Hope Treatment Centre accompanying addicts on the long journey to sobriety

By Mr. Joshua Owiyo & Mr. John Oruko - Life Hope Treatment Centre

Life Hope Treatment Centre (LHTC) is a faith-based health care facility of the Seventh Day Adventist Church-Kenya Lake Conference. It was started in June 2013 in response to the high rate of drug and alcohol addiction, need to rehabilitate addicts and restore broken lives and families.

The LHTC is located within the headquarters of the SDA Kenya Lake Conference in Kendu Bay and off Kendu Bay-Oyugis road, next to Gendia Boys High School.

The facility caters for male clients and has a capacity of 30. Since it began, LHTC has handled a number of clients who have recovered and have remained in contact with the centre towards their continuous journey to recovery. They also help other clients who are admitted in the facility.

Treatment plan

The LHTC focuses on personal growth, spiritual progress, positive lifestyle, personal responsibility and acceptance.

It also enhances inculcation of positive values and change within the society. This healthcare facility has a treatment plan that is implemented in three stages.

Orientation stage

The clients starts with orientation which begins between 24 and 96 hours after admission at the centre. This treatment stage handles the clients immediate challenges of withdrawal experience.

Denial is also dealt with at this stage and natural detoxification started. The clients are also introduced to the centre's operation program. This stage takes a period of two weeks.

Primary treatment stage

This stage entails the 12-step work program which is the core of addiction treatment. This stage runs for a period of eight weeks. Primary counseling or treatment stage helps the client to understand the benefits of not taking alcohol or drugs.

Spiritual awakening is also handled at this stage. This helps the client to become aware of the presence of God through prayer and meditation.

Discharge plan or relapse prevention stage

This is the last stage of the treatment program at LHTC. The relapse prevention stage helps to inform clients on what to expect in the society once they have been discharged. This includes compulsion by old friends to have a drink, cravings and mechanisms of minizing them.

This stage also equips the clients with tools to help them during their endless recovery journey and how they could be of help to other suffering addicts.

The clients are informed that despite falling in to the trap of drug and alcohol addiction, they can rise again and become sober. The discharge plan or relapse prevention stage takes two weeks.

Admission

The centre admits clients between 8am and 5pm daily. On admission, the clients should be willing to go through the program for the required period of time depending on the drug they have been abusing.

Alcoholics should undergo treatment for a three-month period while drug addicts should stay in treatment for a period of six months.

The clients also sign an admission agreement, read

Serene grounds at the Life Hope Treatment Centre, which is run by the Seventh Day Adventist Church, Kenya and caters for only male clients.

and understand the rules and regulations of the centre. They are expected to adhere to the rules for the entire period of their stay within the centre.

The clients should bring personal effects including clothes, shoes, toothbrush and toothpaste, bathing and washing soap, bathing towel, writing material and pens, toilet paper, among others. Accommodation and meals are available and are catered for in the fees the client pays.

The client's sponsors or parents are not allowed to visit him/her within one month of admission.

Financial obligations

The LHTC charges Ksh30,000 per month, summing up to Ksh90,000 for three months. Payment in instalments is accepted. Sick sheet fees of Ksh2000 are also payable on admission only.

Where a client lacks fees but is seeking admission, this may be considered with certain conditions. The management reserves the right to alter the charges.

Other financial obligations

The sponsors will incur other treatment costs, for example, psychiatrist fees of Ksh4000 paid once for monthly assessment of progress. Client's pocket money must be kept by the office.

Administration

The centre is one of the health facilities under the Seventh Day Adventist Church- Kenya Lake Conference. Its administration is hierarchical.

Contacts:

Office telephone: 0799791737

Email: lifehoperehab@gmail.com

Promoting mental health in the workplace has positive impact on productivity

During our adult lives, a large proportion of our time is spent at work. Our experience in the workplace is one of the factors determining our overall well-being.

Employers and managers who put in place workplace initiatives to promote mental health and to support employees who have mental disorders see gains not only in the health of their employees but also in their productivity at work.

A negative working environment, on the other hand, may lead to physical and mental health problems, harmful use of substances or alcohol, absenteeism and lost productivity.

Key facts

- Work is good for mental health but a negative working environment can lead to physical and mental health problems.
- Depression and anxiety have a significant economic impact. the estimated cost to the global economy is USD1 trillion per year in lost productivity, according to a recent WHO-led study.
- Harassment and bullying at work are commonly reported problems, and can have a substantial adverse impact on mental health.
- There are many effective actions that organizations can take to promote mental health in the workplace; such actions may also benefit productivity.

Overview

Globally, an estimated 264 million people suffer from depression, one of the leading causes of disability, with many of these people also suffering from symptoms of anxiety.

Unemployment is a well-recognized risk factor for mental health problems, while returning to, or getting work is protective.

Workplaces that promote mental health and support people with mental disorders are more likely to reduce absenteeism, increase productivity and benefit from associated economic gains.

Work-related risk factors for health

There are many risk factors for mental health that may be present in the working environment. Most risks relate to interactions between type of work, the organizational and managerial environment, the skills and

competencies of employees, and the support available for employees to carry out their work.

For example, a person may have the skills to complete tasks, but they may have too few resources to do what is required, or there may be unsupportive managerial or organizational practices.

Risks to mental health include:

- inadequate health and safety policies
- poor communication and management practices
- limited participation in decision-making or low control over one's area of work
- low levels of support for employees;
- inflexible working hours
- Unclear tasks or organizational objectives.

Risks may also be related to job content, such as unsuitable tasks for the person's competencies or a high and unrelenting workload.

Some jobs may carry a higher personal risk than others (e.g. first responders and humanitarian workers), which can have an impact on mental health and be a cause of symptoms of mental disorders, or lead to harmful use of alcohol or psychoactive drugs.

Risk may be increased in situations where there is a lack of team cohesion or social support.

A negative working environment may lead to physical and mental health problems, harmful use of substances or alcohol, absenteeism and lost productivity

Bullying and psychological harassment (also known as "mobbing") are commonly reported causes of work-related stress by workers and present risks to the health of workers. They are associated with both psychological and physical problems.

These health consequences can have costs for employers in terms of reduced productivity and increased staff turnover. They can also have a negative impact on family and social interactions.

Creating a healthy workplace

An important element of achieving a healthy workplace is the development of governmental legislation, strategies and polices.

A healthy workplace can be described as one where workers and managers actively contribute to the working environment by promoting and protecting the health, safety and well-being of all employees.

An academic report from 2014 suggests that interventions should take a 3-pronged approach:

- Protect mental health by reducing work–related risk factors.
- Promote mental health by developing the positive aspects of work and the strengths of employees.
- Address mental health problems regardless of cause.

Building on this, a guide from the World Economic Forum highlights steps organizations can take to create a healthy workplace, including:

- Awareness of the workplace environment and how it can be adapted to promote better mental health for different employees.
- Learning from the motivations of organizational leaders and employees who have taken action.
- Not reinventing wheels by being aware of what other companies who have taken action have done.
- Understanding the opportunities and needs of individual employees, in helping to develop better policies for workplace mental health.
- Awareness of sources of support and where people can find help.

Interventions and good practices that protect and promote mental health in the workplace include:

- implementation and enforcement of health and safety policies and practices, including identification of distress, harmful use of psychoactive substances and illness and

A high and unrelenting workload is a risk factor for poor mental health. Additionally, a person may have the skills to complete tasks, but they may have too few resources to do what is required. This also contributes to poor mental health in the work place.

providing resources to manage them

- informing staff that support is available
- involving employees in decision-making, conveying a feeling of control and participation; organizational practices that support a healthy work-life balance
- programmes for career development of employees
- recognizing and rewarding the contribution of employees.

Mental health interventions should be delivered as part of an integrated health and well-being strategy that covers prevention, early identification, support and rehabilitation.

Occupational health services or professionals may support organizations in implementing these interventions where they are available, but even when they are not, a number of changes can be made that may protect and promote mental health.

Key to success is involving stakeholders and staff at all levels when providing protection, promotion and support interventions and when monitoring their effectiveness.

Available cost-benefit research on strategies to address mental health points towards net benefits. For example, a recent WHO-led study estimated that for every US$1 put into scaled up treatment for common mental disorders, there is a return of US$4 in improved health and productivity.

Supporting people with mental disorders at work

Organizations have a responsibility to support individuals with mental disorders in either continuing or returning to work.

Research shows that unemployment, particularly long term unemployment, can have a detrimental impact on mental health. Many of the initiatives outlined above may help individuals with mental disorders.

In particular, flexible hours, job-redesign, addressing negative workplace dynamics and supportive and confidential communication with management can help people with mental disorders continue to or return to work.

Because of the stigma associated with mental disorders, employers need to ensure that individuals feel supported and able to ask for support and are provided with the necessary resources to do their job.

Article 27 of The UN Convention on the Rights of Persons with Disabilities (CRPD) provides a legally-binding global framework for promoting the rights of people with disabilities (including psychosocial disabilities). It recognizes that every person with a disability has the right to work, should be treated equally and not be discriminated against, and should be provided with support in the workplace.

Source: WHO

At a global policy level, WHO's Global Plan of Action on Worker's Health (2008-2017) and Mental Health Action Plan (2013-2030) outline relevant principles, objectives and implementation strategies to promote good mental health in the workplace.

These include: addressing social determinants of mental health, such as living standards and working conditions; activities for prevention and promotion of health and mental health, including activities to reduce stigmatization and discrimination; and increasing access to evidence-based care through health service development, including access to occupational health services.

To assist organizations and workers, WHO has produced the "Protecting Workers' Health" series which provides guidance on common issues such as harassment and stress that can affect the health of workers.

As part of the Mental health Gap Action Programme (mhGAP), which provides tools for evidence-based health care, WHO's technical instruments for early identification and management of alcohol and drug use disorders and for suicide prevention can also be relevant for mental health in the workplace. WHO is developing and testing IT-supported self-help tools to address common mental disorders, harmful use of alcohol and psychological distress in low-and middle-income countries.

http://www10.who.int/mental_health/in_the_workplace/en/

PCEA Chogoria Hospital psychiatric clinic meeting the need for mental health services

PCEA Chogoria Hospital psychiatric clinic was started to address an unmet need for mental health services in the facility's catchment area.

Stigma and discrimination is one of the biggest challenges facing people with mental illness and this is clearly seen in health service provision where very few health facilities deal with mental health. Most of these cases therefore remain unattended.

It is this gap that PCEA Chogoria Hospital sought to close by setting up a mental health clinic, according to Chief Medical Officer, Dr Franklin Ikunda.

The clinic was started in 1989 but closed down in 2014 due to lack of staff. It was however revived in May 2018.

With the clinic not operational, mental health patients would be referred to county-run facilities in Chuka and Meru. These health facilities were inadequate to meet the high demand for mental health services in the catchment population.

PCEA Chogoria Hospital therefore identified a psychiatrist nurse and began offering mental health services. Services have picked up well over the past one year. The hospital plans to grow the clinic into a fully-fledged mental health unit with in-patient and rehabilitation facilities in the next five years.

Among the common conditions treated at the clinic are:

- Mood disorders with bi-polar being the most common
- Schizophrenia, mostly drug induced
- General anxiety
- Stress related conditions, e.g. in school children

Psychiatric nurse Peter Gitonga

Currently, most of the patients are treated as outpatients. Only non-violent psychiatric patients are admitted to the hospital in normal wards while the violent ones are referred to the Meru County Level 5 hospital.

Dr. Franklin Ikunda: PCEA Chogoria Hospital sought to address a need for mental health services within its catchment area by setting up a clinic.

The hospital has acquired the services of a psychiatrist who visits the clinic at least twice a month depending on the demand for services. The clinic's staff complement also includes a psychiatrist nurse, psychologist and chaplain. The clinic team work closely together with the medical team to ensure patients are well taken care of.

The number of clients visiting the clinic has been growing by an average of 8-12 patients each month. New patients over the last four months have been as follows:

- August 2019 – 16 patients
- September 2019 – 8 patients
- October 2019 – 11 patients
- November – 12 patients

In june to December 2018, new patients and revisits totaled 201 while in the period January-October 2019, the total number of patients was 185. This excludes patients admitted directly to the hospital due to conditions such as alcoholism.

According to the hospital's psychiatric nurse Peter Gitonga, this is a very tiny fraction of the patients who need the services in the area. The high consultant fees of Ksh2,000 per patient has shut out many needy cases. The NHIF package does not cater for these patients as they see a consultant directly. The patient numbers would greatly increase were NHIF to cater for the costs of these patients.

Services offered

- Counseling: A psychologist is available to offer counseling to patients who need the service. The psycholo-

gist teams up with the chaplain to counsel the patients.

- Referral of patients especially the violent ones who are referred to Meru Level 5 Hospital.
- Admission and detoxification for alcoholics
- Treatment of withdrawal symptoms
- Treatment of psychiatry cases

Challenges

- Irregular attendance for continuous follow-up by patients due to poor finances
- Many patients have little or no support from their families.
- The NHIF does not support consultation fees for the patients. Support by NHIF would ensure more people access mental health services.
- Lack of a ward to admit violent patients

Future plans

- Have a psychiatric unit, complete with rehabilitation facilities and wards in the next five years. This will however depend on patient numbers.
- Ensure proper admission facilities for psychiatric case
- Marketing of the service: There are plans to work with area managers to spread the message about the mental health services being offered at Chogoria. There are also plans to organize seminars to reach the unreached patients.
- Community outreaches and mental health talks to create awareness e.g. in churches and chiefs' barazas
- Networking with other health facilities especially at lower level in order to capture as many patients as possible

Conclusion

All mission hospitals need to serve the community in this way. There are many needy people and this is a condition like any other.

Considerations in ensuring the mental well being of people with disability

Interview with Winnie Adoyo – Sign language consultant

The proportion of persons with disability in Kenya stands at 2.8 per cent with rural areas having a higher proportion of 3.3 per cent compared to two per cent for urban areas, according to the Kenya National Bureau of Statistics.

People With Disability (PWD) may have special needs and some conditions require a lot of patience and understanding. Sometimes the family may intentionally or unintentionally mishandle such a person, leading to feelings of worthlessness and depression for the PWD.

Teenagers living with disability, on the other hand, may want to have a full life, just like their counterparts without disability. Most families will have difficulties handling teenagers or adolescents and where communication is hindered by disability, this may prove quite a challenge, leading to major misunderstandings. Many adolescents have left their families and disappeared after feeling unloved and misunderstood.

Society may also discriminate against a person with disability, making the PWD feel unloved and leading to mental health issues. For example, a child with dyslexia, which is a hidden disability, may feel uncomfortable being asked about his or her school performance. Parents with a child with this learning disorder may become angry because of the poor performance at school and speak harshly to and of the child. When discussions around school performance take place, such a parent may speak of their child's poor performance in a derogatory manner. This may lead to mental health issues for the child beginning at a young age. Some mental health conditions also lead to disability.

Living with a disability can contribute to mental health issues due to:

a) Social isolation which leads to loneliness

For a PWD to get to a social function, they have to consider how to get to and from the venue, the accessibility of the venue, whether they will require assistance, among other issues. One may decide to avoid the social function altogether thinking they are a burden.

b) Lack of employment opportunities

Disability can make it extremely difficult for people to find a job, leaving a significant void in their life. Work plays a big role in how we perceive ourselves. The longer someone is unemployed, the more they may feel hopeless and down on themselves. Unsurprisingly, it has been found to increase a person's likelihood of developing anxi-

ety or depression.

c) Financial difficulty: For someone with a disability, this can often be made even harder by the high costs of managing their disability.

d) Discrimination

As seen earlier, when one feels discriminated against because of their disability, this can have a large effect on their mental health. Disability exerts a detrimental effect on adolescent mental health.

e) Coming to grips with an acquired disability

When a disability happens due to an accident or illness later in life, it can be incredibly difficult to get used to a new way of living.

People With Disability encounter a range of barriers when they attempt to access health care including:

a) Prohibitive costs

Affordability of health services, transportation and high poverty levels are the main reasons why people with disability do not receive needed health care.

b) Limited availability of services

The lack of appropriate services for people with disability is a significant barrier to health care.

c) Physical barriers

Most health facilities are not disability friendly and not welcoming in terms of infrastructure.

d) Inadequate skills and knowledge of health workers

Each disability has its own peculiar needs. Professionals trained to handle mental health issues among people with disabilities are very few.

The Church

The Church needs to create awareness about disability and mental health with messages specifically for the PWD.

Faith leaders reaching a wide audience with messages on family planning

A case study developed by CHAK with support from CCIH under the Christian Advocacy for Family Planning in Africa Project funded by the Bill and Melinda Gates Foundation

Challenge

County structures and competing priorities have hindered prioritization of family planning in Kenya. There is limited funding for advocacy to push for tangible outcomes such as favorable policies, a budget line for FP in county budgets and Costed Implementation Plans (CIP) for family planning.

Why religious leaders are key to family planning acceptance

Involving religious leaders in health matters and social norms is important because they are critical influencers of health outcomes. Religious leaders are able to reach policy makers and influence key decisions. They are engaged community members and understand their communities' culture, beliefs, and other factors that may influence health.

The Christian Advocacy for Family Planning in Africa (CAFPA) project, funded by the Bill & Melinda Gates Foundation, engages religious leaders to advocate for community and policy maker support for family planning to drive positive policy change. The project is implemented in Kiambu, Meru, and Murang'a Counties.

The key players are Christian Health Association of Kenya, religious leaders, national and county policy makers, hospital managers, health care workers and community social influencers.

Strategy and approach

Religious leaders are natural advocates for health matters, including family planning because they care about the well- being of their congregations.

The CAFPA project engaged religious leaders to advocate for policy changes and budget allocation specifically for FP and to ensure availability of FP commodities and supplies.

Tactics

Religious leaders from Meru County, who were trained in family planning advocacy, have actively used mass media, primarily radio and TV, to share information about raising healthy families with their community.

In July 2019, Reverend Carol Mberia of the Maua Methodist Church and Venerable Reverend Silas Micheni, Archdeacon, Anglican Church of Kenya, Meru Diocese appeared on Weru TV and radio to discuss how family planning protects the health of mothers and children and is consistent with Christian values.

Another religious leader, Reverend Jamlick Murimi of the Anglican Church of Kenya, Nyanya, also in Meru County, hosts a programme on Meru TV with a focus on the role of the Church in a variety of aspects of

life. Before he started hosting the TV programme, Reverend Murimi had a similar show on a community radio station, Thiiri FM.

The TV programme, which started in August 2019, airs every Saturday morning from 7-8am and is repeated on Sunday between 6 and 7pm. These are prime viewing times for the TV channel. The station agreed to air the repeat programme due to demand from the viewers.

In several episodes of the programme, Reverend Murimi has touched on family planning and healthy spacing of pregnancies. He also invites other religious leaders with knowledge on family planning and healthy spacing of pregnancies to participate in the discussions and answer questions from the viewers. CHAK trained the religious leaders to discuss family planning, although they always encourage people to seek counseling from a health worker.

The show is interactive with viewers sending in their questions through text messages. The response from the viewers has been encouraging with approximately 100 to 120 questions or comments received in each show. The questions come from viewers in Meru County as well as the neighboring Embu and Kirinyaga counties. Reverend Murimi and the other guests speak a mix of the Meru language as well as English and Kiswahili to cater to audiences that are not fluent Kimeru speakers.

Reverend Carol Mberia of the Maua Methodist Church (center) and Venerable Reverend Silas Micheni, Archdeacon, Anglican Church of Kenya, Meru County (right) on WERU TV July 25, 2019.

Reverend Murimi at the community radio station.

Outcomes

Through use of the mass media, Meru County religious leaders have reached a large section of the population in the county as well as surrounding counties with messages on healthy families. The viewers are now actively seeking information on family planning and health timing and spacing of pregnancies.

Couples have approached Reverend Murimi at his church and in the community asking for more information about family planning because they have seen him on TV. Reverend Murimi refers them to a health facility, and some of them have come back later to tell him they took his advice and are now using an FP method.

Next steps

The TV station management realized that Rev. Murimi is passionate about family planning and proposed that he raise funds to pay for a segment which will specifically focus on the issue. Although fundraising is challenging, Reverend Murimi and other religious leaders are hopeful they can continue to share their message through TV and radio. Reverend Murimi has also been invited to other churches in Meru County to speak on FP.

Lessons learned

Religious leaders have a powerful voice for reaching communities with messages on family planning and healthy families.

Open discussions on community mass media provide a platform for the audience to learn and ask questions about issues they might find difficult to address on a one-to-one basis with a health practitioner without discussing with a faith leader first.

The open discussions also provide a space for correcting myths and misconceptions on FP and healthy timing and spacing of pregnancies by the religious leaders, who are well informed and equipped through their training from CHAK and trusted by the community due to their position.

The Church should shine the light on family planning for healthy congregations

By Reverend Moses Kariuki

Lack of family planning services deprives millions of people of the fundamental right to time and space their pregnancies. More than 200 million women worldwide lack access to modern contraception. In Kenya, unmet need for family planning stands at 26 per cent.

Studies have found that short periods between pregnancies are dangerous for mother and child. It is painful when women die in the process of giving birth.

Research shows that when a child is born less than two years after a previous birth, that child is 60 per cent more likely to die as an infant than a child who is born three to five years later.

Healthy families lead to healthy communities who can seek education and avoid poverty. The Church should therefore shine the light on family planning to save our families and communities.

In Kenya, faith-based organizations provide an estimated 40 per cent of health care, and many of them provide family planning services, recognizing that it is consistent with their values. The Church has an obligation to ensure God's people lead healthy lives, free from suffering and deprivation.

Most problems associated with unmet need for family planning are a result of inadequate investment in reproductive health by Government.

Rev. Kariuki

Development problems are more often than not tied to low budgetary investment and in the Kenyan family planning case, it is no different.

It is the Government's obligation to prioritize family planning and close the contraception gaps that exists. County governments should ensure they develop Costed Implementation Plans (CIPs) for family planning or at the very least, have a line item for family planning services in their health budgets. This is because quality family planning services provide health and economic benefits to families, communities and countries.

It is critical that the clergy is at the front line in educating communities on the benefits of family planning while working in close collaboration with the national and county governments, health care workers and social workers. The clergy's voice also need to be heard in the fight against teenage pregnancies and youth and adolescents reproductive health issues.

Young people are the parents of tomorrow. They need to be counselled on life skills and sexuality to reduce early sexual debut and unwanted pregnancies, which may lead to unsafe abortion thus risking their lives. We all need to identify and implement innovative and effective channels to reach the youth with these important messages.

Children are a gift from God. Some people go further and argue that since children are gifts from God, it is wrong to take steps to regulate the timing and number of children one has.

However, John 10:10b tells us Jesus came "that we may have life and have it in its fullness". Healthy lives and women and children who survive childbirth lead us to "abundant life", not having a large number of children who are not healthy and thriving.

Family planning helps us avoid the tragedy of children who are born too close together to survive, mothers dying in childbirth, and families struggling to take care of a large number of children, and helps lead our communities to the abundant life God intended for us, thus the need for direct budgetary allocations to support family planning.

Reverend Moses Kariuki is a PCEA minister

County governments should develop Costed Implementation Plans (CIPs) for family planning or at the very least, have a line item for family planning services in their health budgets

KENDU ADVENTIST SCHOOL OF MEDICAL SCIENCES

For more info.

CONTACT: The Principal
Kendu Adventist School of Medical Sciences,
P. O. Box 20 – 40301, Kendu Bay
Phone: 0711954609, 0721230535, 0734000009, 0780500507

The Kendu Adventist School of Medical Sciences [KASMS] which was established in 1948, has continued to produce highly skilled nurses and clinicians who are ready serve in nearly any kind of environment that provides them an opportunity.

The School, formerly known as the Kendu Adventist School of Nursing initially offered training at certificate level until the year 2007 when the Diploma program was established giving room for both direct admission and qualified nurses seeking to upgrade to Diploma level. The name was changed to School of Medical Sciences upon introduction of a new diploma course in Clinical Medicine and Surgery in 2011.

The Programmes offered at the School are regulated by the Nursing Council of Kenya (NCK), Clinical Officers Council of Kenya (COC), Technical and Vocational Education and Training Authority (TVETA), as well as the Adventist Accrediting Authority (AAA).

Students admitted for the Diploma in Clinical Medicine and Surgery normally take 3 years to complete their course before proceeding for 1 year internship placement by the government of Kenya, while those enrolled for the Diploma in Community Nursing take 3½ years of course work.

KASMS also offers opportunities for distant learners who hold Certificate in Enrolled Nursing and meet the relevant requirements for upgrading into Diploma course. The program is designed for those who are already employed and who may not get opportunity for full time study at the School.

With the Mission to train competent multidisciplinary professionals who will provide holistic care to the community, the Kendu Adventist School of Medical Sciences is well known for producing men and women who have not only demonstrated excellence in service but also displayed leadership skills in various capacities in their service areas.

ADMISSION REQUIREMENTS

CLINICAL MEDICINE & SURGERY

- Mean Grade of **C [plain]**
- Minimum of **C [plain]** in either English or Kiswahili
- Minimum of **C [plain]** in Biology
- Minimum of **C- [minus]** in either Mathematics, Chemistry or Physics

Intake for the above course is only once a year and is during the month of **September.**

NURSING

- Mean Grade of **C [plain]**
- Minimum of **C [plain]** in either English or Kiswahili
- Minimum of **C [plain]** in Biology
- Minimum of **C- [minus]** in either Mathematics or Chemistry

Nursing intake takes place during the month of **March** and **October.**

FINANCIAL SUPPORT PLAN

Students are supported through Higher Education Loans Board [HELB], constituency bursaries and student work-plan.

APPLICATIONS

All interested candidates are expected to send their application letters with a copy of the result slip or certificate at any time of the year while waiting for the upcoming month of entry. Application forms can be obtained from the school or by email request to medicalschool@kenduhospital.org