



# TANA RIVER COUNTY GOVERNMENT

## DEPARTMENT OF HEALTH



MEDICAL SUPERINTENDENT  
HOLY COUNTY REFERRAL HOSPITAL  
16/10/2023  
P. O. Box 38 - 70101,  
HOLA

County Mental Health focal person.

INTEGRATING MENTAL HEALTH SERVICES WITH  
SUBSTANCE ABUSE TREATMENT PROGRAMS WITH  
PARTNERSHIP OF TEENS WATCH ORGANIZATION AT  
HOLA PSYCHIATRIC CLINIC

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**MIRAA, MUGUKA AND HEROIN ABUSE: A  
LITERATURE REVIEW OF THE IMPLICATIONS.**

**ABSTRACT**

Miraa , Muguka and heroin abuse within Tana River County is a serious public and psychological health problem usually affecting adolescents and young adults. It affects both males and females and it is the major source of crimes in youth and health related problems in many communities. It harms unborn babies and destroys families. As indicated by the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition, DSM-5 “The essential feature of substance use disorder is a cluster of cognitive, behavioral and physiological symptoms indicating the individual continues to use the substance despite significant substance related problems”.

Substance abuse is a chronic debilitating disease with significant morbidity and mortality which affects individuals and their families. In 2014, about 250 million peoples between the ages 15 and 64 years were estimated to have used an illicit drug (World

Drug Report, 2012). One-tenth of people who use illicit drug suffer from drug or substance use disorder like drug dependence. Substance or drug can be defined as anything that has the potential of causing addiction, habituation or altered consciousness. It can also be defined as any chemicals that can change the structure or function of the body.

According to the DSM-IV, Substance abuse is the recurrent use of substance that may cause physical or social harm to the user or others but not associated with any symptoms when the substance is stopped. However, Substance addiction (or dependence) is defined as a compulsive pattern of substance use characterized by a loss of control over the use of the substance and continued use despite the significant substance-related problems and the emergence of a state of physiological need such that a physiological signs and symptoms, known as withdrawal symptoms, occur when access to the drug is prevented (United Nations Office on Drugs and Crimes, 2015). Generally, three things are usually associated with addiction: inability to stop, tendency of increasing dosage or behaviour and withdrawal symptoms, those symptoms that develop following abstinence of drug (Barrett et al., 2008). There are four stages of miraa, muguka

and heroin addiction: 1) Experimentation: voluntary use of the drug without behavioral change; 2) Regular use of the substance: the individual seeks the euphoric effects of the drug, establishes a reliable drug source; 3) Abuse: indulges in daily use of drugs. Here warning signs of addiction will begin to appear such as craving, preoccupation with it, depressive symptoms; 4) Addiction: physical and/or psychological dependence in which there is the compulsive use of the drug despite severe negative consequences with occurrence of withdrawal symptoms (Barangam et al., 2002).

Various factors are implicated in patient with Miraa, and heroin muguka addiction, and these include: Genetic predisposition; Psychological factors such as stress, personality traits like high impulsivity, depression, anxiety, eating disorders, personality and other psychiatric disorders; Age at first exposure; Self-medication; Impairment and Environmental factors like availability of drugs, social status, peer pressure, drug awareness like advertisement, sexual abuse or addiction in the family (Kreek et al., 2005; O'Brien et al., 1998). However, certain factors like Self-control, Academic competence, Antidrug information, Strong neighborhoods attachments, some

Genetics, Parents and Enriched environment were shown to have protective effects against drug abuse (Botvin et al., 1990).

According to data from Hola County referral Hospital, Mental Health Department, there is 70% efficacy among men and women respectively abusing Miraa and Muguka.

This cumulatively has led to Drug induced psychosis, at approximately 50% of the total patients seen.

This data provides a justification for the interventions.

## **JUSTIFICATION**

Mental health and substance abuse are two intertwined challenges that have a profound impact on individuals, families, and communities. The co-occurrence of mental health disorders and substance abuse often referred to as dual diagnosis or co-occurring disorders, presents complex clinical and societal challenges. People living with co-occurring disorders frequently experience a more severe course of conditions, decreased quality of life, and increased risk of relapse and overdose. Recognizing the critical need for integrated care, this proposal seeks to outline a comprehensive approach for integrating mental health services into substance abuse treatment programs.

The overall 12-month prevalence of a substance use disorder prevalence of co-occurring disorders: substance use disorders (SUDs) and mental health disorders often occur together. According to the abuse mental services. Nacada underscores the importance of addressing both issues simultaneously to achieve better outcomes.

**Treatment Gaps:** Historically, individuals with co-occurring disorders have faced barriers to accessing effective treatment. Separate silos of fragmented services, leading to suboptimal outcomes. Integrating these services is essential to bridge these treatment gaps in our county Tana River. Lifetime rates of mood and anxiety disorders are significantly higher on many.

**Evidence – based practices:** Research has demonstrated the effectiveness of integrated treatment models, such as the sequential or parallel Models of Integrated treatment (SMIT or PMIT), In improving outcomes for individuals with co-occurring disorders. These men and women who uses hard drugs in Hola and Garsen (heroin) currently data they are 60 clients who inject hard drugs in Garsen and 32 clients in Hola whose a comprehensive psychiatric assessment is critical. And the most common mental disorders which pulled present are anxiety disorders, depression and specific phobia which they is a need to assess every month in a psyctric clinic by using depression PHQ tool and then given treatment of depression and other psychological intervention e.g. CBT which can be done by our

clinical psychologist in the clinic models emphasize the simultaneous treatment of both mental health and substance use issues within a single program. This will aid in partnership between teens watch organization and Hola psycitics clinic to review all puind and treat them.

**Patient – Centered Approach:** integrating mental health services into substance abuse treatment programs is consistent with a patient – centered approach. It recognizes that individuals are more likely to achieve sustained recovery when their unique needs, including mental health, are addressed in a holistic manner.

**Cost savings and improve outcomes:** integrating services not only improves clinical outcomes but also has the potential to reduce healthcare costs associated with repeated hospitalizations, emergency room visits and criminal justice involvement.



In light of the prevalence of co-occurring disorders, the treatment gaps that currently exist, and the well-established evidence supporting integrated care, this proposal seeks to outline a framework for integrating mental health services into substance abuse treatment programs. By doing so, we aim to improve the overall well-being and outcomes of individuals grappling with these complex and interrelated challenges, ultimately contributing to healthier communities and reduced societal burdens in our county Tana river.

## **PROPOSAL OBJECTIVES**

**Objective 1: Develop a Comprehensive integrated Care Model** to create a comprehensive and evidence-based integrated care model that addresses the unique needs of individuals with co-occurring mental health and substance use disorders within our treatment programs.

**Objective 2: Train and Educate staff** to provide specialization training and education for our staff, ensuring they have the

knowledge and skills required to deliver integrated care to clients with co-occurring disorders effectively. Both training from teens watch staff and Hola Mental Health Department.

**Objective 3: Enhance Assessment and screening** to improve the assessment and screening processes within our substance abuse treatment programs to identify co-occurring mental health disorders at an early stage and guide appropriate interventions.

**Objective 4: Implement Dual Diagnosis Treatment Protocols** to implement dual diagnosis treatment protocols that incorporate evidence-based practices for both mental health and substance use disorders into our existing treatment programs.

**Objective 5: Foster Collaboration** To promote collaboration between mental health and substance abuse treatment teams, facilitating communication and coordination of care to provide a seamless and holistic experience for clients.

**Objective 6: Ensure Access to Medication- Assisted Treatment (MAT)** to ensure that clients with co-occurring disorders have access to Medication – Assisted Treatment when

appropriate, in alignment with best practices and clinical guidelines.

**Objective 7: Evaluate and Monitor Progress** to establish a system for ongoing evaluation and monitoring of the integrated care program's effectiveness, client outcomes and satisfaction, with the goal of continuous improvement.

**Objective 8: Reduce relapse and Hospitalization Rates** to reduce relapse rates and the number of hospitalizations or emergency room visits among individuals with co-occurring disorders through the provision of integrated care.

**Objective 9 Improve Quality of Life** to enhance the overall quality of life for individuals with co-occurring disorders by addressing not only their substance use but also their mental health needs, thereby supporting their recovery and well-being.

**Objective 10: Promote Community Engagement** to engage with community organizations, stakeholders, and advocacy groups to raise awareness about the importance of integrated care for co-occurring disorders about the importance of integrated care for co-occurring disorders and to promote collaboration in addressing this public health issue. Since it will create awareness among the communities, care givers and family members the importance of interaction this societies.

### **Proposal Activities**

**Activity 1: Needs Assessment** conduct a thorough needs assessment to identify the specific mental health needs of clients within the substance abuse treatment program. This may involve reviewing existing data, conducting surveys. And consulting with mental health professionals.

**Activity 2: Staff Training** Develop and implement a comprehensive training program for staff members to equip them with the knowledge and skills required for integrated care,

training should cover topics such as dual diagnosis treatment, trauma-informed care, and cultural competence.

**Activity 3: Enhanced screening and assessment** Review the intake process to include comprehensive screening tools and assessments that specifically address mental health issues. Train staff in using these tools effectively to identify co-occurring disorders. Training of the staff from Teen Watch organization and Hola Hospital how to assess the PUWD using PHQ Tool.

**Activity 4: Treatment plan development** work with a multidisciplinary team, including mental health professionals, to create individualized treatment plans that address both substance abuse and mental health needs. Involve clients in the development of their treatment plans.

**Activity 5: Dual Diagnosis Treatment Groups.** Establish dual diagnosis treatment groups within the substance abuse program. These groups will provide a structured environment for clients

to address their mental health issues alongside their substance use.

### **Activity 6: Medical assisted Treatment (MAT)**

Integration collaborate with medical professionals to integrate MAT into the treatment program ensuring that clients with co-occurring disorders have access to appropriate medications when indicated e.g. give anti-craving drugs to the clients with depression.

**Activity 7: peer support** implement peer support programs where individuals who have successfully managed co-occurring clients.

**Activity 8: Regular** clinical supervision provide regular clinical supervision for staff members to ensure the delivery of evidence based integrated care. Use these sessions to discuss complex cases and share best practices.

**Activity 9: Outcome Monitoring** Establish a system for tracking client progress, measuring treatment outcomes, and collecting feedback from clients about their experience with integrated care.

**Activity 10: Quality Improvement Initiatives** conduct ongoing quality improvement initiatives based on data and feedback to continually enhance the effectiveness of integrated care services.

**Activity 11: Community Partnership** forge partnership with local teens watch organization community organization, and support groups to enhance the range of services available to clients and promote a continuum of care beyond the treatment program.

**Activity12: Public awareness campaigns** launch public awareness campaigns to reduce stigma associated with mental

health and substance abuse, emphasizing the importance of integrated care for co-occurring disorders.

**Activity 13: Regular program Evaluation** Conduct regular program evaluations to assess the overall impact of integrating mental health services into the substance abuse treatment program, making adjustments as necessary to optimize outcomes.

These activities represent a comprehensive approach to integrating mental health services into substance abuse treatment programs. They should be tailored to the specific needs and resources of your organization and guided by the objectives outlined in your proposal additionally each activity should have a timeline, responsible partners and clearly defined outcomes to ensure successful implementation and evaluation.



## **4 Implementation Plan**

Objective: to develop and implement a comprehensive integrated care program for individuals with co-occurring mental health and substance use disorders.

### **Phase 1: Pre- implementation (Months 1-2)**

- **Step 1: Formation of implementation Team**

- Identify and assemble a dedicated implementation team consisting of program leaders, clinicians, trainers and administrative staff.
- Assign a project manager to oversee the implementation process.

- **Step 2 Needs Assessment and Gap Analysis**

- Conduct a thorough needs assessment to identify existing gaps in mental health services within the substance abuse treatment program.
- Review current protocols, available resources and clinical data to inform the integration plan.

- **Step 3: Staff Training and Development**

- Develop a training curriculum based on identified needs
- Schedule and conduct initial staff training sessions on dual diagnosis treatment, trauma – informed care and other relevant topics.
- Identify trainers and external resources for specialized training
- **phase 2: program development (months 3-6)**

- **Step 4: Treatment Model Design**

- Collaborate with mental health professionals to design evidence – based integrated care model tailored to your program’s unique needs.
- Create guidelines for assessment, treatment planning and delivery of services.

- **Step 5: Integration of Screening and Assessment**

- Revise intake and assessment processes to include comprehensive screening tools for mental health disorders
- Train staff in the use of tools and ensure their proficiency

- **Step 6: Treatment plan Development**
  - Establish interdisciplinary teams to develop individualized treatment plans for clients
  - Involve clients in the development process, ensuring their preferences and goals are incorporated.
- **Step 7: Medication – Assisted Treatment (MAT) Integration**
  - Collaborate with medical professionals to integrate MAT into the program
  - Develop protocols for MAT assessments, prescriptions, and monitoring.
  - Phase 3: program implementation (Months 7:12)
- **Step 8 Launch Dual diagnosis Treatment Groups**
  - Initiate dual diagnosis treatment groups within the program.
  - Ensure trained facilitators are available to lead these groups effectively.

- **Step 9: Peer support programs**

- Establish peer support programs, recruit and train peer support specialists.
- Create a supportive environment for peer – lead sessions.

- **Step 10: Outcome Monitoring and quality improvement**

- Implement a system for tracking client progress measuring treatment outcomes and gathering client feedback
- Use data and feedback for continuous quality improvement.

- **Step 11: Community Partnership**

- Solidify partnerships with local mental health agencies, community organizations and support groups
- Develop clear referral pathways and communication protocols.

- **Phase 4: Ongoing Evaluation and Sustainability**

- Phase 12: Regular program Evaluation**

- Continue to evaluate the effectiveness of the integrated care program

- Make necessary adjustments based on ongoing data and feedback.
- **Step 13: Public Awareness Campaigns**
  - Launch and maintain public awareness campaigns to reduce stigma and promote integrated care for co-occurring disorders.
- **Step 14: Reporting and Documentation**
  - Maintain comprehensive documentation of program activities outcomes and costs.
  - Prepare regular progress reports for stakeholders and funding agencies.
- **Step 14: Reporting and Documentation**
  - Maintain comprehensive documentation of program activities outcomes and costs.
  - Prepare regular progress reports for stakeholder and funding agencies.
- **Step 15: Continuous staff development**
  - Provide ongoing staff development opportunities to ensure the program remains up-to-date with best practices and emerging research.

**Psychiatric nurse Lukman doing drug and substance health talks among Puwd Garsen.**











# COUNTY GOVERNMENT OF TANA RIVER



## DEPARTMENT OF HEALTH, SANITATION AND MEDICAL SERVICES

### DEPARTMENT OF MENTAL HEALTH

The program will run in all the Tana River sub-counties for a period of 1 year. It will be carried out by 4 mental health personnel: 1 Clinical Officer Psychiatry, 1 Psychiatry Nurse and 2 Clinical Psychologists, 1 monthly visits per sub-county. Community Health Volunteers will be used for mobilization and follow up visits

<b>ITEM DESCRIPTION</b>	<b>UNIT ISSUES</b>	<b>COST(KSH)</b>	<b>QUANTITY REQUIRED</b>	<b>TOTAL(KSH)</b>	
Transport & Lunch	4	5000	1 monthly visit in all 4 sub-counties for 12 months	960,000	
CHVs Allowances	5 CHVs per sub-county	1000	1 monthly visit in all 4 sub-counties for 12 months	240,000	
<b>MEDICATIONS</b>					
Olanzapine 10mg tablets	100s	30	10	30,000	
Benzhexol 5mg tablets	100s	30	15	45,000	
Carbamazepine	50s	60	5	15,000	

200mg tablets					
Sodium valproate 200mg tablets	100s	30	10	30,000	
Phenobarbital 30mg tablets	100s	30	5	15,000	
Amitriptyline 25mg tablets	100s	30	5	15,000	
Fluphenazine 25mg injection	10s	30	200	60,000	
Diazepam 10mg /2mls	10s	10	200	20,000	
Buprenorphine tablets 0.2mg	100s	30	120	360,000	
<b>STATIONERY</b>					
Files	10s	20	100	20,000	
Plain papers	1000s	2	800	1.600	
Pens	20s	10	100	1,000	
<b>Total</b>				<b>1, 612, 600</b>	

<b>ACTIVITY</b>	<b>RESOURCES REQUIRED</b>	<b>UNI T</b>	<b>NO. OF UNITS</b>	<b>RA TE</b>	<b>DA YS</b>	<b>AMOUNT IN KSHS</b>	<b>AMOUNT IN USD</b>
Carrying out sensitization awareness campaign on mental health and drug substance abuse in Hola	Organizing, women groups, public address shows, radio talk shows	Pers on	200	100	5	100,000	854
	Printing T-shirts, Education tools, posters, brochures on	Pcs	200	150	5	150,000	1282
Training of CHW Teens staff	Hall	pcs	1	25,000	5	75,000	641
Management of drugs and substances	Facilitators	Pers on	4	5000	5	100,000	854
	Breakfast	Pers on	54	150	5	40,500	3464
	Lunch	Pers on	54	500	5	135,000	1125
	Transport	Pers	50	500	5	125,000	1068

		on					
	Stationary	pcs	50	200	5	50,000	416
<b>TOTALS</b>						<b>1688100</b>	<b>15346.36</b>
							<b>364</b>

**CONTACT PERSON : LUKEMAN SHEKUWE ATHMAN**


**DESIGNATION : PSYCHTRIC NURSE SPECIALIZE IN DRUG AND SUBSTANCE**

**EMAIL : [lukmanshekuwe@gmail.com](mailto:lukmanshekuwe@gmail.com)**

**PHONE NO. : +254710199112**

***ANY FUNDS / GRANTS TO SUPPORT THIS PROPOSAL SHOULD BE CHANNELED TO ACCOUNT NAME: TANARIVER MOH KEPI***

**ACCOUNT NO. 1104568241**

  
 County Mental Health focal person.

**MEDICAL SUPERINTENDENT**  
**HOLA COUNTY REFERRAL HOSPITAL**  
16/10/2023  
**P. O. Box 38 - 70101,**  
**HOLA**



17 March 2023  
8:39:38

ACCOUNT STATEMENT

Customer: 1104568241 KEPI MOH TANA RIVER

Product Name: Public Sector

Statement Period: 01 MAR 2023 -

Balance at Period Start 7,225.90 KES Balance at Period End: 56,853.90 KES

TXN DATE	DESCRIPTION	VALUE DATE	MONEY OUT	MONEY IN	LEDGER BALANCE
01 MAR 2023	BALANCE B/FWD	01 MAR 2023			7,225.90
10 MAR 2023	Tax Amount Due CHG23 0693YGLW CHG230693 YGLW	10 MAR 2023	-21		7,204.90
10 MAR 2023	Interim Stmt Charge CHG 230693YGLW CHG23069 3YGLW	10 MAR 2023	-105		7,099.90
14 MAR 2023	Direct Credits C4F03D44 10E24A859C97B2C0CC0 BB0E3	14 MAR 2023		50,000.00	57,099.90
14 MAR 2023	EFT Charge AC-1104568 241 FT23073HLK84	14 MAR 2023	-120.00		56,979.90
17 MAR 2023	Tax Amount Due CHG23 0763K750 CHG230763K7 50	17 MAR 2023	-21		56,958.90
17 MAR 2023	Interim Stmt Charge CHG 230763K750 CHG230763 K750	17 MAR 2023	-105		56,853.90
			=====	=====	=====
			=	=	=
	BALANCE AT PERIOD E ND:		-372.00	50,000.00	56,853.90

For: KCB BANK KENYA LTD.  
*[Signature]*  
Asst. Manager Retail Banking  
HOLA