Okay, it's just started. Okay. Okay, it will be too serious. just gonna be casual or. Uh, so welcome to the interview. It's actually when I thought of the project itself, I was wondering who would be the fast person to call and I was like, it'd say the student, but now that would mean I wouldn't want it to be a student in tech because the data would already be biased at the start. So I't had to get more of a background on the mental health side, someone who's a professional, someone who would give insight not only to the industry, but also to uh, let's say, specific ideas we may have. And as an introduction, I'm Ryan, I'm student of AI and data science. I work as career coach at the university, but I also work part-time as AI engineer. It's for a company in the US mainly helping with applying AI. Let me say AI integrations to the gaming, let me say the gaming side of things. And yeah, welcome. Thank you. Yeah. I could start with that brief introduction. Godwin, we saw the and I am a medical doctor, but I am also a psychiatrist. Yeah, so I work at the Mirambi Marsh Mental Health Hospital in Tanzania. Yeah, and I have more than 13 years in the medical field. Yeah, so yeah, but I also love technology. Yeah, and the integration between mental health and technology. Yeah. Nice. So we could have a start. The faster is we could tell us a bit more about your background and how you became involved in psychiatry and global health. Okay, yeah, so yeah, as I said, uh it's uh this is pretty much my 13th going to 14 year in medical field and I've been working at hospital with specializes in mental health at the national level. Yeah, but um I have been involved also in uh global health, uh workshops. So I did my studies at Harvard uh a certificate in global health studies. Yeah, so so that's when I became more interested in in uh technology because uh during uh the time when I was studying uh there were a lot of uh technological case studies which were brought up. Then I said, okay, so this is uh where I would want to go. Yeah, but also why I got into the field, it's because I was pretty much interested in the human mind, how it works. Yeah, and the curiosity behind how the brain processes things how would my brain take. So those are things that drove me towards, um mentor of field. Yeah, that's pretty much it. Interesting. I do have also fascination for the human brain, especially since most of the early AI implementations were just trying to recreate how new runs work, how they activate and the randomness in it. So we could for most of them actually we still relate them to how human would mostly think or even reason if it's a math questions. So, yeah. Yeah, I got I did my medical activities at in Newcastle. Yeah, so uh we were attending at the north time side General Hospital, but also did some lectures at the University of Newcastle. Yeah, so I would at the geriatrics department so I saw a couple of patients who had uh dementia, Alzheimer's. So those are some of the things that, you know, also drove me towards the, you know, thinking more about mental health and neuroscience and the brain. Yeah, and I was more in in my studies as a specialist, I was also more interested in the neuroscience of things. Yeah, so I did quite good in those studies because my curiosity drove my, you know, my interest towards it, yeah. for sure. And what would you say you enjoy most about your work in mental health? Uh, yeah, so um one of the things is seeing my clients get better. so that's uh that's the key part like you see someone comes with an acute psychosis so an acute psychologic episode and then you take care of them, you do, you know, very informed management and then they get better. That's like the most fulfilling experience or moment in my career. But there are a lot of gaps in in my workplace. Yeah, locally and itationally. So whenever we deploy some, you know, techniques that are evidence based in the work, so bridging those caps, so that's like the most interesting part. Yeah, so so that's when the enjoyment comes. Yeah, but also, you know, trying to solve some of the most difficult questions in in mental health as to why they UOas, you know, why does someone feel this way at this moment, that type of, you know, inquisive thinking that's pretty much enjoyable when you do that, yeah, yeah.. And in your experience, how has your perception of mental health, care evolved over the years?, so in my, you know, 14 years experienced now, it's quite interesting because it used to be like it's a taboo. Yeah, mental health is to be thought of as um just an illness. and not all these things like positive psychology, you know, like, uh preventive aspects of mental health that we're not talked about quite as as they are now. So there's quite an improvement because back then it used to be very difficult trying to address communities or even trying to um engage people into, you know, modern medicine because we have uh more than 70% in our setting, uh accessing traditional care. That's even before they attend to modern care. So converting that into uh modern care so that they can access mental health uh services, it's uh it's it's it's very difficult, but right now the conversion is is quite big because people are aware and they even become more interested Yeah, and then we have these things called uh like transcultural psychiatry, where we embraced Indigenous knowledge so that, you know, everyone is included. Yeah, so that makes even things a lot more better. Yeah, so um I think Yeah, that's pretty much does it. I think it's a fund it interesting hearing, especially from different places of the world people approach mental health differently, even from myself. It was more or less found upon until recently. So and it was mostly because you'd find most people were suffering or it becomes a severe case and by then it's sometimes too late. So when it there was a time there was lots of like suicides and and that led to the government itself, actually being more involved, which in turn helped even the nowadays I can see even the average person, which would be, let's say my neighbor or a friend would be able to get help just by a phone call or just by visiting the nearest hospital, which does make it a bit better, but they still a bit more work to be done., yeah, so you see, some illnesses are better treated like in our setting. I mean, they can be easily treated at a hospital setting. and there are some, you know, uh illnesses which are better treat it at a local setting. Yeah, so more of the mental health problems like acute stresses. They can be well managed by the local traditional healers because they're very good canors. Yeah, they can manage them. But chronic illnesses like schizophrenia like pola and it's very difficult to do it. So what we did was call them in, invite them, uh trying to share the knowledge, like this is what we do. Yeah, so we found out that they have medications for things like epilepsy. which uh the active ingredient in those medications that they have spirit much the same as what we have. So we told them, like, so we we are on a better side of the story here, because you don't know what dosage you are giving to your client and the same tree that you take this medication is we have these ones are coming from. So can we bridge this gap here and make a hand? So they they arereed. So whenever they find the case like of epilepsy, they bring them. They yeah, they call the hospital and so they collaboration worked very much. but also, um there are some clients where who need psychootherapies. So we cut with that psychotherapy with what they believe in because their coreelf is pretty much uh the mainstay of uh psychotherapeutic approaches. We are, yeah, so things like cognitive behavioral therapy, yeah, things like dialectical, uh behavioral therapy. They depend on what you are coabililities are. Yeah, so once uh the coreelfs are shaken, it's difficult for you to implement care. So if you involve what they believe in like the religious part and then they the traditional part, we see quite an enormous improvement in our clients. Yeah, so we do an inclusive approach, which involves the community and embraces their knowledge of the locals, which is most of the times quite successful. Yeah, yeah, so that's what we do. Wow. Okay. So the next one, could you describe a typical approach when addressing mental health issues and for this part we could now say, let's say if it's specific to a university setting or for students per se Okay, yeah, so I mean the strategies um uh could start with, um early intervention. Yeah, so early intervention includes, um um, you know, that awareness kind of thing like making people aware that these services are available you have this this and this once you feel like this and this and this. So putting that information out there, which uh can, you know, pretty much safeguard your audience and then they know where the they know where to to seek information, they know how to seek help, they know where who who to call, like befrienders can you know that one. Yeah, yeah, yeah. So that's pretty much an early intervention, right? You always have a show that to lean on you can access these services here and here. That's but also psychoedation. So whenever you have access to the young chaps or people in such groups, you can do psycho education, which helps quite Yeah, quite a lot. And then sometimes we I can say uh there are uh moments where you would like to give that preventive aspect of things to build up the resilience of, you know, yeah, yeah. So a resilience building is quite important and you can do it in a number of ways, like including them in workshops and stuff. Yeah, yeah, so, but it builds over time as you all intervene with education and awareness gives psych education in itself. the resilience builds up and someone knows that, okay, so whenever something like this comes, you quit them with tools like maybe psychological faster age. Yeah, so so they uh they they know where to to fall on yeah, not just fall and then Yeah, in vain, like you can't wake up, yeah, so yeah. interesting. What do you as part of psychoedational does would this entail, let's say, if it was a high stress situation, things I can do for myself to sort of make myself feel less stressed. Does that cover it or things like psychological first age? So you have things like breathing exercise. Yeah, so that covers it, yeah, you have um um relaxation techniques. things like yoga, yeah. Yeah, you have mindfulness. So we have a couple of options when it comes to self care. That's what you mean, right? Yeah, so things like art therapy. Yeah, music, you can involve it and equip people with enough knowledge to recognize music as something that they can use as a way to get rid of, you know, things like automatic negativeolds. So a feeling quite stressed, yeah, yeah, yeah. And then so we have more advanced things like cognitive behavioral therapies. Yeah, there are also strategies to yeah, but those ones they need professionals. so we give tools, we give resilience, we give psychoification, they're more aware. But if it's not working, then you might want to involve a professional who can institute therapy. yeah, talk therapy or things like CBT. DBT, you name it, you have a couple of those, yeah, trauma focused therapist. Yeah.. And for the next one, how do you adapt strategies when working with individuals from different backgrounds? We did cover this a bit? Okay, yeah. Yeah, so how would I the perfect perfect terminology would be something like, you know, being culturalally competent. Yeah, so uh cultural competence is quite a big term, but within it includes things like you being more empathetic to to whatever culture that's uh that's out there. And then not judge. Yeah. You roll with the resistance. Yeah. And then you pretty much reflect and then see what comes out of it. So you deploy all those skills. Yeah, like active listening. you can summarize it. You reflect on what they say and then do not judge being more empathetic. That makes it a lot more better and then it gives you a leeway towards what sort of engagement you want to do in order to make maybe a therapist successful, or the outcomes of our successful. that's pretty noise. For the next spot, what do you see for preventive or what role do you see for preventive measures in mal health and how do you integrate this into practice in preventive measures. Okay, how do I integrate it into into practice. So this one can say Yeah, so we yeah, in on on the ground level, what we do is uh we do awareness campaigns. Yeah, because preventive aspect is key, like I think. Yeah, so do those and then what else. So we sometimes uh in in campaigns, so you find a couple of activities in there. So like screenings, so you you might imp we might give people tools for, you know, self, you know, screening, things like uh PhQ 9. Yeah, the patient health cuin, you can screen for the cushion. Yeah. and then, um you can give people GAD screening tool, it's they journalized variety, that it's sort screening tool. so someone can can use that to, you have to it was early convention. the screaming, the L is screaming, you know they really help. so presenting the aspect. yeah, we are this complian screening daycare we help..., go to order the what do you believe are the most significant barriers toumental healthcare, especially with arts or young artults and universities students. Significant. the first one and the biggest I think has the stigma. Yeah, so stigma has many faces. So you have self stigma. you know, because of fourth out there, you start judging yourself, like, okay, so do I disclose this or are you like, oh, I'm not? So I'm going to suffer. but I have perceived steep. Yeah, like, okay, now is am I gonna be just here, like,, so so so you perceive it like, uh this is somewhere where I shouldn't say anything. this yeah, so it's it's difficult. But you have social sts. Yeah, like so how is everyone going to see me like am I lost in there? they call you all this name? They will call me all these names, things talk about it. But also you have institutional., yeah, so you go somewhere. you know, quite unaware of how they can accommodate someone with of fish. Yeah, so that's like the biggest barri. Yeah, but also lack of awareness and those yeah, you have people quite unaware of what meant to health is and it's quite uh amazing how we take things slightly and true. Yeah, yeah. We have those in the in um the like settings where uh the they were very poor financially and stuff. So it's even more so we have the facilities not being present. people cannot access, so in a you know, in access to care. but uh perpetuates the problem here and then you have um policines which are not welcome and not friendly yeah. then you have all these social economic various things like nationalization and uh so you have people sit in social position who are do not get access to care. Yeah, so muchn normalization you have uh you know, like minority groups, which uh also they have, you know, difficulties in accessing here due to all sorts of barers that are out there, one of them being the addressed they stay in very poor living conditions and services are not, you know, available. Yeah, yeah. So you have all sorts of areas that take yeah. Okay. yeah, in cultural belie. Yeah. For some cultures, might accommodate or even acceptmental health as a as a problem while others might has not, they find it as a curse in, you know, so you need to cast the demons out being fight those, yeah, yeah, yeah. So the culture is also it can promote, but sometimes it cannot as a bar. That's why we have introduced trans cultural to help us out transultural psychiatry in our city. so that we can address such issues. Yeah.. And there was one interesting one. Could you discuss the mental health challenges specific to global health crisis like pandemics or other emergencies? Yeah, so yeah, like I experienced I experienced it totally a couple of emergencies start with the co one. Yeah, I was there and then so um there are a lot of issues. you COVID, yeah, I can give you an example of a lady who uh had uh she had she was darkness to have COVID. I was uh admitted into the ICU. like two weeks for like two weeks and then and then when she came out she couldn't she couldn't go, you know, into her family or her community. She was so scared and anxious and then so she we diagnosed her with a severe depression. Yeah, so she had severe depressive episode. And um she also had some sort of uh somatization, like she had somatic symptoms. So they're not pretty much physical like at the cost by her psych. so that's so that's like the the effect of COVID after treatment too. Yeah, so yeah. I don't know how she's going. she's doing right now, but I think that's like the whole mark offort COVID could do. Yeah, and then I was involved in the response against ABA virus illness. Yeah, so I was practicing psychiatry in that emergency. But also I was coordinator of mental health and psychosocial support from the ministry of Health. So I attended a couple of clients with who are mother positive. So in the in the itself.. So the worst is really depressed. some with psychomotation, that was like the highest level of depression that you could get quite severe and difficult to treat. Yeah, but both of them are right now I doing very nice at very well. Yeah, but that was like yeah, so it's an emergency setting that gives an acute stress to someone they end up being having all these sorts of mental health issues. Yeah. So those were were experiences, and then there are some tamities that we attended to like there were much lights. I attended this one client lost his whole family, like he had three four children. with wife in his house. the whole house disappeared just inruction. The much like. so I attended, so that experience in itself tells you a lot. needs to be done when it comes to mental health. because it's quite a fragile issue and it needs to be handled with, you know, a lot of care. Yeah, so a preventive aspects if that deployed well. that's the way to go. Yeah, yeah, it's the way to go. Would you like a break, like five minutes? Are we are we that far from we have I'm thinking I might cond dance a few questions. So that we finish it but at three? Okay, I'll the technological ones. then I try and cover them as together with the chartboard one. So yeah, I'll leave that rest. Okay, let's start.. Have you seen any promising applications of AI or chat put in mental health support? particularly in early intervention. sort of like a it's there to assist before you get to see the actual profession. Yeah, so back home we have them online but you know, the regulation in the health industry is very strict so yeah, so you need something that um context you might. Yeah, so I' seen one back home. but we have maybe telemedicine that's um we have telemedicine can stay, not not a child, but we have a telemedicine. yeah, so people don't consult us from anywhere within the country and we can respond words. you know, terrist platform, that's one. But uh lucky, I uh tools to we have a project at the hospital called AIentental health. It's called AI4 andH. Yeah, it's a project that's been founded by the government. Yeah, collaboration between the hospital and international center of hospital, the west of Yodoma and Nessom Mandela invest in Arush. collaborating in building a contextual Yeah, so right now there that So we collect data from clients who tend and feedic to our system to learn about yeah, so that we haven'tives, yeah. It's it's still learning from. Yeah, our clients, yeah, but other than that we have chap boots for mental health and psychosocial support. Yeah, so these ones are they are not really democratized, yeah, but they can respond to certain person and they can be helpful. But they issue is ad and we have deployed them, but the people don't have enough knowledge to to aights. and we have the technology it's in gantic, but who who uses it might guess I don't say second last one. would be what are your thoughts on the ethical side of things and where data privacy, especially when it comes to AI and digital tubs in matteralth., maybe transparents in data and It has to be transferred.. So where where is my g gate going? are you going to use it, I against my you are training your model. Did you tell me about it? What if I don't want my data to be part of your model? which makes you money. Or do I have a stake in what you're building, because my data is. Now we are in the data economy of very yeah, like time, so can you toize data? So that someone gets the benefits of the, you know some things like you know, empowering our clients. Yeah, so we take privacy and confident at a quiet. seriously we don't even share between practitioners. data clients, because before we get the consent. That's the Yeah, so the protection do you, like here, do you here to the GDPR? Yeah, to do that and um yeah, so so what if the AI has been programmed wrongly? Yeah. And then it tells me something misleading. So is it the AI that's liable? or the developer? Yeah, yeah., it's it's uh it's a long way to go back to things like those are ethical importance and I need to address them.... do a last on which is looking at the future. How do you envision a wildware mental health support is more accessible and how do you think technology will play roles in that vision? So this this one is we just need to combine them to we have traditional enough traditional traditional ways of moving of quiet, right? Yeah. you a system with tech, like AI to be very fast. here. AI. It's uh you ever sit there to be like you have. You have tools, like, I I mentioned the area likeucky school. to stay five. down, like he has several. bad news anxiety. So kind of PC of fib is from post traumatic stress disorder. So if you have those tools system with adfficient intelligence, then you I mean, you have the best, you have the best outcomes out there. Yeah, so I think we we really need them. And then things like they ask screening tools also. yeah, you can show a system tech it's going to be very nice. Yeah, you have um diagnostic tools, like someone not their story. and then you transcribe them and using aI. You make the meaning out of them subject them to all the diagnostic tools out there., you know, telling it to make the best diagnosis how to afford the symptoms that telling them. So if we dep process such things, yeah, but also if we have means of knowing at an instant where what's really going on in somebody's clinical features like momentarily, like right now I know your distressed, the next second I know that you are calm So things like those can help practitioners a lot when it comes to making decisions on, you know, like management Yeah, and then it's student treatment, yeah, things like that, adjusting environment, yeah, things like that. So AI will be a game changer in EI in theentor of you because it's going to assist in a lot of things. Yeah, and we have a lot of technological groups in men to help. So I think in a very short period of time, we are going to be breached for, thanks a lot. You're welcome to a bit of time, but we built a cover mostly everything. Thanks.