



Sisters
Hospitallers

Newsletter - March 2020

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#Committed

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Benedict Menni Foundation: committed to mental health



The purpose of the Benedict Menni Foundation is to carry out national and international development cooperation and humanitarian aid actions, with special emphasis on the most underprivileged counties and populations.

The Benedict Menni Foundation (Fundación Benito Menni, "BMF") was created in Spain on 8 July 2004 and sponsored by the Congregation of Sisters Hospitallers of the Sacred Heart of Jesus. Its purpose is to "carry out national and international development cooperation and humanitarian aid actions, with special emphasis on the most underprivileged counties and populations."

The Benedict Menni Foundation specialises in development cooperation and mental health to improve the lives of thousands of people living in situations of marginalisation and social exclusion in Latin America, Africa and Asia, and to prevent the perpetuation of these cases.

Development Cooperation

Development Cooperation entails a series of actions that contribute to human development, with the aim of promoting global economic and social progress that is sustainable, inclusive and equitable and that helps lower incidents of poverty and promote the full exercise of rights, justice, and equality among the world's citizens. These actions, which are carried out by public and private bodies, as well as civil society organisations, advocate several principles, including: equity, international solidarity, mutual interest, mutual responsibility, sustainability and efficacy.

Today there is an international road map signed

by 193 countries to facilitate progress toward Development Cooperation. This road map, which emerged through a global consensus of the world's governments and civil societies, is known as the 2030 Agenda.

The 2030 Agenda includes 17 Sustainable Development Goals (SDG), 169 targets, and 241 integrated and indivisible indicators. The SDGs are universal; they apply equally to developed and developing nations; they address the roots of poverty, inequality, and the degradation of the planet; they aim to be profoundly transformative. This document proposes a new, global social contract that "leaves no one behind", understanding that true development is more than mere economic growth and must include both social and environmental aspects. This is the first time that an international document of this type has featured a goal expressly dedicated to mental health: goal 3.4, which aims "...to promote mental health and wellbeing."

Consistent with its track record and commitment, the Benedict Menni Foundation has adopted this global Agenda, contributing particularly to the achievement of SDG 1, "To end poverty in all its forms everywhere"; SDG 3, "To ensure healthy lives and promote wellbeing for all at all ages"; SDG 4, "To ensure inclusive and equitable quality education and promote lifelong learning opportunities for all"; and SDG 5, "To achieve gender equality and empower all women and girls."

The Foundation further supplements these goals with a Hospitaller approach to development: "the passage, for each and everyone, from less humane to more humane conditions."

Four major lines of activity

Inspired by the values of respect, transparency, participation, responsibility, and commitment, the Benedict Menni Foundation works primarily in four areas: social-welfare actions that include cooperation projects and the sponsorship program, international volunteerism, awareness, and training.

The **cooperation projects** address the needs of Sisters Hospitallers centres in developing countries. These needs include:

Comprehensive clinical care (physical, mental, and spiritual) for excluded individuals, especially those suffering from mental illness or physical disability.

Development of programs aimed at improving the economic, social, and cultural conditions of these individuals, their families, and their surroundings.

Social awareness of mental illness and its context.

Strengthening local capacity to design and execute actions in the field of mental health.

In addition to mental health projects, the BMF supports **quality training and education** in an effort to improve people's ability to integrate professionally and access all levels of education.

In total, for 2020, the Benedict Menni Foundation has more than 32 projects in its portfolio, spanning 12 countries in Africa, Latin America,





In 2020 the Foundation will pursue the steps outlined in the 2030 Agenda, the Foundation's objectives, and the proposals of the Congregational Chapters, particularly the 21st General Chapter, advocating the need to "strengthen international solidarity and cooperation at the Institution"

and Asia.

With regard to the **Sponsorship** program, the goal is to offer children from nations with minimal economic resources the chance to access proper education without removing them from the socio-cultural and family environment, but rather making society a participant in the process of their human development. We estimate that 73 children will be sponsored by the Foundation's program in 2020.

Finally, the goal of the **International Volunteerism** program is to promote solidarity awareness by training and dispatching volunteers to various countries throughout Africa, the Americas, and Asia. **Awareness** aims to enhance knowledge and commitment to ensure the right to mental health and disability care in underprivileged countries through rehabilitation and development education actions.

Organisation for 2020

In 2020, with the goal of executing its mission, the Foundation will pursue the steps outlined in the 2030 Agenda, the Foundation's objectives, and the proposals of the Congregational

Chapters, particularly the 21st General Chapter, advocating the need to "strengthen international solidarity and cooperation at the Institution."

Recently, the BMF published its 2020-2022 strategic plan, the structure of which contains six strategic lines and a total of 13 objectives.

It is worth noting that these strategic lines include improving working processes at the Benedict Menni Foundation, increasing the Foundation's resources, and motivating and raising awareness among stakeholders.

In order to achieve these objectives, the preparation of a 2020 work plan is underway, which aims to obtain better responses to funding demands. Work is also being done to reinforce the Foundation's communication efforts through the website and social media content, in an attempt to boost visibility.

These activities were introduced by our new technical coordinator, Sabrina Haboba, who is responsible for helping us achieve these goals and grow the Foundation.



Alicia Ordoñez Banda

Educator and Sisters Hospitallers co-worker since 2003.

“Our aim is to ensure people with autism are protagonists in their own lives by providing security and offering them communication tools to boost their self-esteem”

Alicia Ordóñez Banda, an educator and Sisters Hospitallers co-worker since 2003, talks to us about her work with people affected by autism at the Sisters Hospitallers disability home in Arroyomolinos, Madrid (Spain).

What is autism? Which areas of development does it affect? Are there different types?

Today, when we talk about autism, we refer to people with autism spectrum disorders (ASD).

The most common effects of people suffering from ASD include difficulty communicating, limited social relations, and behavioural patterns characterised by limited interests, repetitive behaviours, and cognitive inflexibility that restricts social engagement.

As for types, they are differentiated by the level of severity and the skills affected. Occasionally, people with ASD also have a diagnosis of intellectual disability, as is the case with our residents.

There is also Asperger's syndrome, which is used to describe high-functioning individuals with this disorder but who display different traits, such as limited social interaction with peers.

Effectively, these are individuals who concentrate on their interior world, gradually losing contact with external reality.

Broadly speaking, the centre serves which type of profiles? How many people are currently receiving care?

At the centre, we serve a total of 210 people, 20 of whom are autistic. Though this group represents a small percentage of the whole, their care is very specific and specialised. Their quality of life can improve greatly with the appropriate support, services, and treatment.

What type of care do these individuals receive and what kinds of resources does the centre have?

The approach is comprehensive and interdisciplinary. We rely on support from various professionals (educators, psychologists, assistants, nurses, therapists, psychiatrists, etc.), who work with specific programs of basic activities for daily life (dressing, eating, personal hygiene, etc.) and who conduct occupational therapy sessions in classrooms and workshops. We also work on regulating wait times, internal and external mobilisation, inclusive leisure activities, relaxation, sleep hygiene, positive behavioural feedback, personalised planning, sensory stimulation (Snoezelen room), canine therapy, and communication support systems using pictograms, communication notebooks, visual cues, etc.

In general, how has caring for people with autism evolved in recent years? What are the centre's main achievements?

Today there is a greater commitment on the part of public administrations and institutions to improve the quality of care for people with ASD. We are moving toward an increasingly inclusive and participatory model by creating more community-oriented structures.

At our centre, in particular, the first residents with ASD arrived in late 2015, so our experience only began recently. Since that time, we have grown together as a team and there is a clear before and after in our professional lives. We have had to rethink part of our working method. After the initial breaking of the mould, we began to focus distinctly on each individual and their specific characteristics.

Our aim is to ensure people with autism are protagonists in their own lives by providing security and offering them communication tools to reduce the number of outbursts, boost self-esteem, and assert the "I" within a group of peers.

At our centre, we are proud to say that we are continually progressing, converting our surroundings into a true home that is accessible in every way.

The centre also offers support services for family members, who play a pivotal role in the lives of

those with autism. What do those services consist of and what benefits do they provide family members?

Because we believe family is integral to providing true care, we have established various communication and coordination channels between family members and professionals.

"It is everyone's responsibility to keep moving forward to achieve the full integration of people with ASD, from political and legislative changes to true cultural change, that results in total inclusion."

We offer weekly tutorials, telephone follow-ups, therapeutic sessions, and a quarterly workshop specifically for family members, where we address matters of importance to them, as well as issues related to the needs of residents.

These activities involving family members enhance

the quality of life for our residents by helping to create a climate of transparency, mutual trust, involvement and commitment.

Where should we focus our efforts in order to achieve real social inclusion and rehabilitation for people with autism?

It is everyone's responsibility to keep moving forward to achieve the full integration of people with ASD. This includes political and legislative changes that guarantee their rights, as well as the provision of resources and support for people with ASD, their families, and the centres that provide care, until a true cultural change, that results in total inclusion (research, participation, etc.), is attained.

Let us adapt to their needs, enhance alternative communication systems, facilitate that all-important transition from child to adult. Let us work to structure their days, to create a schedule together, and ensure our gaze and our closeness make them happier.

"It is everyone's responsibility to keep moving forward to achieve the full integration of people with ASD, from political and legislative changes to true cultural change, that results in total inclusion."

World Day of the Sick Province of Latin America

On 11 February, the Father Benedict Menni Home and the Sisters Hospitallers Benedict Menni Mental Health Centre in Montevideo (Uruguay) celebrated the festival of the **Virgin of Lourdes and the World Day of the Sick**.

Users from both centres, together with sisters, co-workers and family members enjoyed this special day with a celebration of the Eucharist delivered by Father Guido Danelón, who offered communion to those who, for health reasons, could not rise to receive the sacrament.

The festivities continued throughout the afternoon with various recreational activities for all attendees to enjoy.



Second anniversary Province of England

Two years ago, the Sisters Hospitallers hospital in Liberia launched an ambitious project to provide support for women suffering from mental illness.

Since then, the St. Benedict Menni centre has helped 92 women who previously had no access to treatment. This is a commendable figure, but the desire to help means that the centre's objectives include an increasing number of women in need.

The centre is also tasked with giving care to patients who have been discharged, ensuring they continue to progress favourably and providing education on how to prevent relapses.

Through the determination and dedication of the sisters, co-workers, and family members, all



obstacles and challenges have been overcome. Their willingness to help has also increased and every day they are more resolved to offer training to Liberian society in an effort to end the stigma of mental illness in Africa.

"When we look back, we are overjoyed at how far we have come. It is a long road, but we are delighted to continue our efforts. Two years have passed and our desire to work and to help remains intact," said our co-workers in Liberia.

Family reintegration Province of France

The Sisters Hospitallers Yendoubé Mental Health Centre in Dapaong (Togo) promotes family reintegration among its users as an essential part of their rehabilitation.

In Africa, many people suffering from mental illness abandon their families and live on the street, receiving no treatment. Our centre's personnel collects them and we provide them with medical and psychological care which, undoubtedly, contributes to their recovery.

We also locate their relatives so that, once stable, they can continue treatment in the care of their loved ones.



The centre provides training and counselling for the relatives of those suffering from mental illness as well.

Treating these individuals with respect and dignity, and accompanying them to the centre in the event of relapse is crucial to their recovery.

Management and recovery Province of Italy

The Sisters Hospitallers Villa San Benedetto centre in Albese (Italy) **participates in an "illness management and recovery" program.**

The illness management and recovery (IMR) program was developed more than 10 years ago by Kim T. Mueser, a clinical psychologist and Executive Director of the Center for Psychiatric Rehabilitation at Boston University, and Susan Gingerich, a trainer and consultant based in Narberth, Pennsylvania. The pair conducted three days of intense training, from 16-18 January 2020 in Rome (Italy), sponsored by SIRP (the Italian Psychosocial Rehabilitation Society), in which our centre participated.

IMR is an evidence-based psychiatric rehabilitation practice that primarily aims to enhance patients' ability to manage their own illness, pinpoint their recovery goals, and make



decisions about their treatment by acquiring the necessary knowledge and skills.

IMR gives those suffering from mental illness access to information, strategies, and skills that can help improve the quality of their lives. This is a rich and complex practice that revolves around the individual, a key-value at our Institution.

Benedict Menni Foundation Province of Portugal

Last December, the Sisters Hospitallers Province of Portugal, unveiled the Fundação Bento Menni.

The Foundation is a non-profit institution that operates domestically and internationally. Its goal is to promote social justice, mental health, and the social inclusion of people in vulnerable situations.

The Foundation operates in the following areas:

- Development cooperation: It supports our Institution's missionary projects through the submission of candidates and the development of solidarity campaigns, as well as the promotion of international volunteerism and sponsorship.
- Education and prevention in mental health: Prevention is essential to the promotion of



healthy lifestyles, leading to a reduction in the number of psychosocial risk situations.

For more information about the Foundation's work, please visit www.irmashospitaleiras.pt

Digitisation of the personnel area Province of Spain

The Sisters Hospitallers Province of Spain has begun 2020 with a very exciting and challenging project: the digitisation of the personnel areas of all centres.

Digitisation is an inevitable progression for any organisation that seeks to improve its capacity to keep pace with society's changes. This is one of the reasons for embarking upon this project.

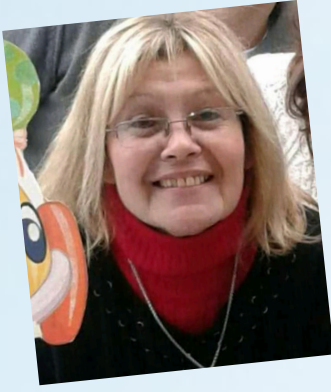
The implementation is directly linked to Human Resources processes: personnel administration, payroll, recruitment, training, assessment, development, career and succession planning.

According to Fuencisla de Santos, Director



of Personnel for the Sisters Hospitallers in Spain, "Our main objectives with this project include improving internal communication and boosting agility and efficiency."

All of these efforts are in line with the ultimate goal of improving employee satisfaction, which in turn improves the wellbeing of the people we serve.



María del Carmen Núñez

“As a lay Hospitaller, I strive to live my vocation as a baptised person, answering to Jesus, the Good Samaritan, with the utmost dedication and joy”

My name is María del Carmen Núñez and I am from Uruguay, co-worker and head of the pastoral health team at the Home and the Sisters Hospitallers Benedict Menni Mental Health Centre in Montevideo. I have been a member of the Hospitaller discipleship (lay Hospitallers) since 2013.

When I first began working at the Father Benedict Menni Home, Sister Cristina Clavijo invited me to join the Hospitaller discipleship. I remember the sense of excitement I felt. I asked God: Do you want me to serve you in this charism? And I understood why the Lord had brought me here and for what purpose.

Together with the Hospitaller Community, the laity are called upon to serve our users, share the Hospitaller charism, and support them in their limitations and illnesses. This is how we practice hospitality.

By example, we contribute to awakening a desire in each co-worker to live a life that embraces the values of our founders, while practising the hospitality, mercy, and compassion expounded by our Church and our charism.

As a lay Hospitaller, I strive to live my vocation as a baptised person, answering to Jesus, the Good Samaritan, with the utmost dedication and joy.



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