



Sisters  
Hospitallers

*Newsletter - July 2021*

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Nº 43

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## #Committed

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# Mental health support in Cameroon



**In the first four months of 2021, the Fundación Benito Menni and the Sisters Hospitallers' Benedict Menni Mental Health Clinic in Douala (Cameroon) have undertaken a project to "Support for Mental Health Consultations in Tole," funded by the City Council of Cendea de Olza (Spain).**

This project offers mental healthcare and medication to people suffering from mental illness, especially women, in Tole, a municipality located in Cameroon's southwest province. The need for this project has only increased as a result of the region's political war, which has lasted more than three years.

The people treated under this initiative struggle socio-economically to gain access to food because violence in the area has caused a large portion of the population to abandon their homes.

## **Our mental health clinic in Douala**

The Sisters Hospitallers' St. Benedict Menni Mental Health Clinic began operating in 2000 in Douala,

providing support to people suffering from neurological or mental health disorders (anxiety, stress, psychogenic headaches, nervous breakdowns, psychosis, epilepsy, etc.). The centre develops its actions through four healthcare channels: the mental health clinic, the outpatient centre, caring for the unhoused population suffering from mental illness, and dispatching the team to areas that do not have specialised mental health institutions.

In addition to caring for those suffering from mental illness and providing occupational therapy, the clinic helps raise awareness of mental health among the families of patients and society at large through audiovisual materials.

“At the moment, the region’s socio-political situation is deteriorating even more due to domestic conflicts that affect the population and inevitably have repercussions on some of the project’s activities”



### Current context in Tole

Tole is located in Cameroon’s southwest province. Its capital, BUEA (58,156 h), is situated at the foot of Mount Cameroon, an active volcano at an altitude of 1,000 meters. A team from the Benedict Menni MHC in Douala travels the 100 km to Tole once a month. At the moment, the region’s socio-political situation, which has never been exemplary, is deteriorating even more due to domestic conflicts that affect the population, with repercussions on some of the project’s activities.

Specifically, the conflict in the northwest and southwest provinces that began in 2016, which could be classified as a civil war, has intensified in recent months. On one side are the Anglophone Cameroonians, themselves divided into secessionists and federalists, and on the other side are the French-speaking government of president, Paul Biya, the military, and the police. The separatist protesters incited a series of riots in late 2016 to protest the widespread abandonment of Anglophone areas due to the appointment of French judges to courts in English regions.

In 2017, this culminated in the unilateral declaration of independence of Ambazonia, an area in southwest Cameroon, by the Southern Cameroons Ambazonia Consortium United Front (SCACUF), se-

cessionists from the English-speaking northwest and southwest regions. In light of this situation, the Cameroonian government used force as a repressive tactic, and since the country has seen a significant escalation in violence on both sides; Ambazonia also has armed groups, including the Ambazonian Restoration Forces.

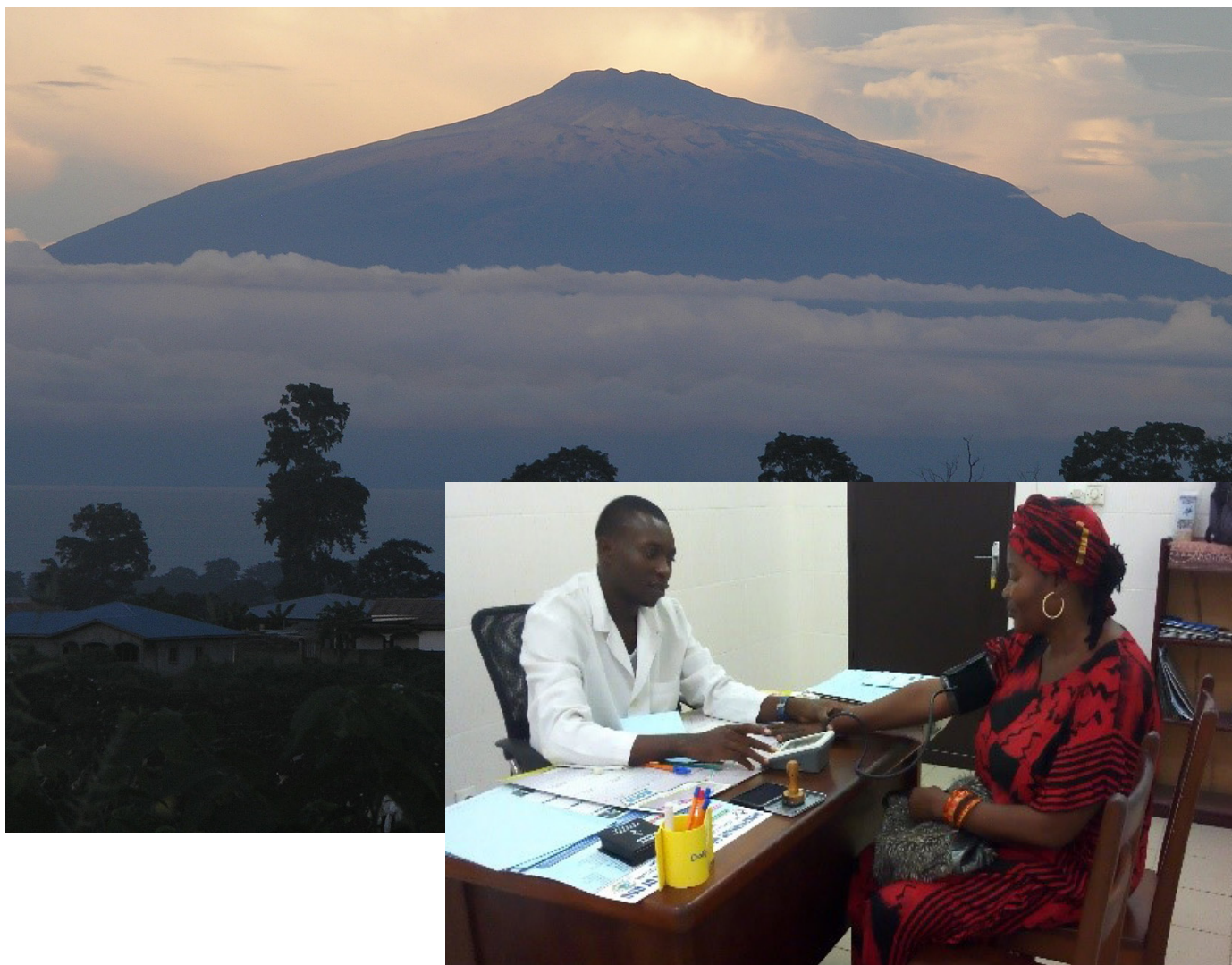
In turn, the arrest of Tabe, considered the first self-proclaimed president of Ambazonia, triggered the formation of a new, armed group in 2018, the Bansa Resistance Army, currently operating in the northwest. This conflict has already displaced more than 180,000 people in English-speaking areas, where both the military and separatists have been accused by international organisations of violating fundamental human rights by razing villages and attacking schools, among other atrocities.

Because it is located in the southwest, Tole is particularly affected by the conflict, especially by the recent upsurge in violence, which has had a direct impact on the activities and beneficiaries of the project, who have been forced to flee their homes.

### Activities carried out

Given the violence in the region, it has been decided to adapt the project’s activities in order to ensure its objectives: to provide treatment and me-





dicine to epileptic patients and those suffering from mental health issues. It should be noted that the violence makes treatment even more critical, since war is likely to exacerbate trauma and fear.

Therefore, the Benedict Menni Mental Health Clinic in Douala has acquired medicine and collaborated with priests in the area (Lazarist missionaries) in order to provide care and get medications to patients in need, thus guaranteeing the continuity of treatment and an awareness of mental health matters.

In addition, consultations have been conducted and medications administered (as indicated according to the treatment in each case) at the Mental Health Clinic in Douala, to those patients who have been able to escape the areas engulfed in violence. Thanks to a grant from the City Council of Cendea de Olza (Navarra, Spain), fifteen patients have recei-

ved medication and can continue their treatment.

Moreover, this project contributes to the achievement of Sustainable Development Goal 3, concerning good health and wellbeing, and particularly Target 3.4: "By 2030... to promote mental health."

### **Awareness**

On Thursday, 22 April at 11 a.m., a virtual talk was held via Zoom to raise awareness about the project to "Support for Mental Health Consultations in Tole (Cameroon)" and about the mental health situation in the region. More than 45 people from all over the world participated in this event, which featured a speech from Alphonsine Futi, Sister Hospitaller, doctor, and director of our Benedict Menni Mental Health Clinic in Douala, Cameroon.



## Ricardo de la Espriella

Director of healthcare for the Province of Latin America

**“The COVID-19 pandemic in Latin America is far from under control”**

We talk to Ricardo de la Espriella, psychiatrist, clinical epidemiologist, and director of healthcare for the Province of Latin America, about the current COVID-19 situation on the continent.

### **How is the pandemic controlled on a national level in each of the seven Latin American countries where there is a Hospitaller presence?**

As of June 2021, the pandemic is far from under control. Brazil has surpassed more than 500,000 deaths; Colombia and Argentina have seen around 100,000 fatal cases; Uruguay is the least affected country with 5,558 fatalities. We are in the midst of a third wave, which, in most countries has meant the highest number of cases and deaths, triggering a collapse in the healthcare systems. At the same time, the number of fully vaccinated people varies considerably: not yet 6% in Bolivia, but over 54% in Chile.

### **As healthcare director, how has the pandemic affected your work?**

Much of the work has focused on trying to register and control the appearance of cases and outbreaks at centres, in addition to training and coaching staff. Access to other countries is restricted and in the past year we've only been able to visit centres in Colombia, Ecuador, Bolivia and Brazil under tight restrictions, not Chile, Argentina or Uruguay, whose borders remain closed.

### **In such a large, dispersed province, have you**

### **been able to manage the situation in a coordinated way, or is each centre managed independently?**

There are principles that can be applied generally to all countries, but the diversity of patients treated within the province's structures (psychiatry, palliative care, geriatrics, children with disabilities), coupled with local regulations, means that specific measures are implemented in each place.

### **How would you assess the current situation of hospitals in Latin America?**

The pandemic has had a profound impact on outpatient services; inpatient and hospital services have recovered their occupancy levels.

### **In your opinion, what have been some of the pros and cons in managing the crisis at our centres in Latin America?**

The pros: working as a network, the search for fact, and the speed of action. One con could be the delay in the flexibility of temporary measures or the delay in adopting new approaches to care, such as telemedicine, at some centres.

### **Do you think healthcare management will change in Latin America as a result of this crisis?**

We hope there will be a greater awareness of care, prevention measures, and a focus on individual responsibility. This pandemic, however, has deepened inequities that are chronic in the region.

**If faced with a similar crisis in the future, which preventative measures should be taken in terms of human resources, material resources, and the management/organisation of our centres?**

It is essential to articulate evidence-based decisions, to train staff in prevention and emergency action. This pandemic also revealed the challenges of obtaining material resources and personal protective equipment that are difficult to foresee.

**Based on what you've experienced in recent**

**months, personally and professionally, what have you learned and what has surprised you most about the work carried out by the collaborators at our centres in the Province of Latin America?**

They have shown their capacity to adapt, innovate, create, and promote teamwork at the centres. We have also learned the importance of communicating through technological tools.

## **Dedication and service Province of France**

On 10 June 2021, sister **Ángela Gutiérrez**, a Sister Hospitaller from the Province of France, was awarded the Officer's Cross of the Order of Isabella the Catholic by the Spanish Embassy in Kinshasa (Democratic Republic of Congo), where she has dedicated herself to the Hospitaller mission for more than 30 years.

This honour is in recognition of her great work on behalf of people suffering from mental illness in the Congo and her efforts to restore their dignity.

When she arrived in the African country, sister **Ángela** found many sick people, abandoned and living on the streets. In a society where they are considered possessed by evil, no one offered them help. So, sister **Ángela** launched a campaign to raise awareness through TV, radio, and the church. Shortly thereafter, she helped build the Sisters Hospitallers' **TELEMA** Mental Health Clinic. The centre currently has a multidisciplinary team of professionals, including doctors and nurses specialised in psychiatry, a social worker, and psychologist.

It has also launched an occupational therapy workshop and the "Betani Home", which welcomes unhoused women suffering from mental illness and aims to reintegrate them with their families and



provide them with social and employment rehabilitation. For all these reasons, **TELEMA** is the national standard-bearer in the field of mental health.

Because Kinshasa has more than 14 million residents, the majority living in extreme poverty, and only one medical clinic, sister **Ángela** helped create another mental health centre in the municipality of Kintambo, west of Kinshasa, which is equipped with an occupational workshop and a laboratory.

In addition to this latest award, sister **Ángela's** work and commitment to unhoused people suffering from mental illness has been recognised by local and national medical centres, the diplomatic corps, and local NGOs, as well as by the Nobel Peace Prize.



## II National Volunteer Meeting Province of Spain

On 12 June, volunteers from all the Sisters Hospitallers centres in Spain participated in the “II National Meeting of Hospitaller Volunteers”, the central theme of which was “Vulnerability”.

Sister Matilde Porras, provincial superior, and Alberto Martín, managing director, opened the event by thanking all of the volunteers for their hard work and commitment to the Hospitaller project and acknowledging their incalculable value to the Institution.

During the meeting, several managers and volunteers from the Province of Spain spoke, delivered presentations, and discussed best practices.

The main presentation addressed “Vulnerability as a revolution in a palliative society”. The Hospitaller



Volunteer’s Guide to Best Practices was then discussed, followed by the presentation of four experiences of best volunteer practices at our centres during the pandemic:

- Innovative experiences
- Volunteer partnerships with external entities
- Online Hospitaller volunteer workshops
- Best practices in volunteer management and integration with the healthcare area.

## In her footsteps... Province of Latin America

On 21 June, all the residents, users, and collaborators at the Father Benedict Menni Home and the Sisters Hospitallers’ Benedict Menni Psychosocial Rehabilitation Centre in Montevideo (Uruguay) were invited to immerse themselves in the same journey taken 141 years ago by our founders, María Josefa and María Angustias, two brave women.

What we remember today as the “Hospitaller Exodus” was driven by a deep desire to serve the sick and needy. Certain that the Lord would guide their steps, they embarked on the path of exploration, dedication, and friendship.

They dreamed together and by surrendering their lives to Jesus, little by little, they created the Hospitaller project. **Today, faithful to our roots, we are central players in the present and the builders of the future, where the practice of hospitality is born in every heart.**

Early in the day, collaborators from all areas met



(respecting the measures established by health authorities) in different groups at different times to watch one video about the Hospitaller Exodus, and another about the Day of Solidarity, received from the Province of Latin America.

That same day, a group of Lay Hospitallers also gathered for what they dubbed REUNION. They organised a fair with all the collaborators, the proceeds of which went to support the Institution’s clinic in Medellín, Colombia.

## A different interpretation of the Bible Province of Italy

At the Sisters Hospitallers' Villa San Benedetto Menni centre in Albese (Milan, Italy), the Pastoral Service has, in some departments, resumed Gospel reading and discussion groups. Wondering how to lead the group for people with functional and physical diversity at the care home, whose residents are affectionately referred to as "kids", the team ultimately chose artistic expression through drawing and colours.

This group began meeting in 2018 by "listening" to six evangelical parables that, recreated by the residents in six posters, immediately surprised the centre's own collaborators with their unique sense of expression. Despite the suspension of activity during the pandemic, the group continued to work on the Old Testament, and in May 2021, they presented 18 posters depicting various stories from the Bible.

Just like the evangelical parables, the Biblical stories



stimulated a sense of expression in these residents that infused the book's messages with a different flavour, demonstrating that the Word of God can touch all of those who are "pure and simple of heart". To bear witness, the Pastoral team was tasked with organising an exhibition featuring all of the posters.

The centre's entire Hospitaller community want to thank the residents for the emotions they have shared through their unique interpretations of the Word of God.

## St. Benedict Menni, patron Province of Portugal

Coinciding with the celebration of our founder, Father Fernando Koya suggested that the Sisters Hospitallers of Angola name the chapel in the village of Teve, which has long awaited a patron. Therefore, in an effort to spread the word about our Father in this mission territory, they named it St. Benedict Menni.

A great celebration was held on 24 April at the Teve Chapel, with a Mass delivered by Father Nicolau, who reminded us that Jesus the Good Samaritan does not tire of loving and serving the poor who have fallen along the way. During the offertory, the sisters of the community left an image of St. Benedict Menni, as patron of the Chapel, and prayed to it at the conclusion of the ceremony.



We want to thank all of those who prayed with our Sisters Hospitallers and accompanied them on this special day. May the memory of St. Benedict Menni live on in Angola, which is so badly in need of the Hospitaller mission to help those who suffer.





## Cornelia Jimenez Petrache

**“When I started volunteering, I had only one thing in mind: to help children, especially those in need of extra support”**

My name is Cornelia Jimenez Petrache and through my friendships with teachers and the sisters of the Philippine Delegation, I felt the need to become a Hospitaller volunteer, despite my age and physical limitations.

When I started volunteering in 2019 as a vocational counsellor at the Sisters Hospitaliers' Guardian Angel Learning Center in the Philippines, I had only one thing in mind: to help children, especially those in need of extra support, be it emotional, moral, intellectual or spiritual.

My desire is to serve the Lord through others. It is my way of returning the many blessings He has bestowed on me and my family. Shortly after I began volunteering, I realised that the children who needed my guidance the most were those from broken families, who had never experienced love in their homes (if we can call them “homes”). These children resent the world as a result of their situations.

I know that God gives me the strength to spend my remaining years serving Him through these children and one day they will beco-

me instruments of His love. I try to help the children and their parents understand that God's grace is always available to everyone. They need only open their hearts to Him.

