## COMMUNITY SAINT-CAMILLE DE LELLIS -TOGO "OASIS OF LOVE"

Association for the care and rehabilitation of mentally ill people abandoned in the streets and villages.



# Bilan des activités-Défis-Perspectives

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#### INTRODUCTION

The Saint-Camille Community of Lellis is a Catholic movement. Created by a group of committed lay people, it leads a fight against all forms of social exclusion. It primarily targets mentally ill people hanging around the streets, chained or nailed in the woods in villages or towns, this is the association's primary concern; it also welcomes any patient accompanied by a parent. She also fights ignorance about mental health, and provides efforts to eradicate the mistreatment of the mentally ill in society. She is also a family for many sick people who are either abandoned by their family on the street, have no place to go or are lost far from their family. These people are welcomed in centers where their dignity and freedom are respected.

We are present in addition to Togo, in Ivory Coast and Benin.

The reception centers are the invigorating source, the fundamental link of the association. As a healthcare establishment, they remain the first points of contact for patients with the Saint-Camille de Lellis structure. From then on, they are taken care of throughout their stay in the various structures of the association until their family and social reintegration, where they remain the responsibility of the association from the point of view of medical treatment and health supplies. medications especially psychotic specialty. We currently have three (03) treatment centers for mentally ill people in Togo (the Kpalimé, Sokodé and Zooti centers).

Once reintegrated into the family, the patient goes to the nearest Relay Center to stock up on medication. Relay Centers are annexes to reception centers where medications are left for patients already reintegrated with their families in order to reduce the obstacle posed by distance. For the year 2022, there are six (06) in Togo.

Furthermore, the training centers are centers created for occupational therapy, that is to say the gradual activation of former patients at the end of their stay in the reception centers. These free training courses for former patients represent an opportunity for their reintegration. We currently have a construction training center in Togo in the center of Zooti.

This report takes stock of the activities of the various treatment centers for mentally ill people and the relay centers mentioned above.

#### **HIGHLIGHTS**

In general and summary terms, the activities of **reception and treatment centers of Togo** are as follows in 2022:

- ÿ Number of consultants (new cases): 1,556
- ÿ Number of consultations: 18,287
- ÿ Number of relapses: 320
- ÿ Note that a total of **1,999** patients were interned in 2022.
- ÿ The total number of patient discharges amounts to 1,577 including:
  - o 1,524 were reintegrated into the family, i.e. 96.64 of the exits
  - o 2 in reintegration centers or 0.13% of exits
  - o 102 for other exits or 3.23%, these are escapes and deaths
- ÿ Drug addiction concerns 225 patients or 14.46% of consultants.
  - o In addition, the relay centers received **369** new patients and carried out **6,470** consultations.

**NB:** In the reception and treatment centers, the patient who comes to the consultation leaves with a batch of medicines for one month and pays 2,000 F as participation fees if he can. If it is a case to be interned, the patient pays 5,000 F for the entire duration of their stay in the center. There he is housed, fed, cared for and clothed. Social cases are fully covered. Consultations are free.

Finally, the activities of the reception and treatment centers were supervised by the Psychiatrist doctor AHONGBONON Nicole helped by psychiatrists from SMAO (Health Mental in West Africa) of which here is the list:

1. William Alarcon	8. Benoît Des Roches	15. Justine Liothier
2. Camille Bergot	9. Moustapha Mbengue	16. Julien Buzer
3. Philippe Raynaud	10. Claire Belalbre	17. Clemence Piaux
4. David Aurore	11. Marion Bur	18. Laure Rouillon
5. Brigitte Rimlinger	12. Yoann Steobner	19. Marco Bertoli
6. Jean-Charles Bernard	13. Helene Efthy	20. Raphael Larcar
7. Kaoutare Bahri	14. Loic Avroudou	·

#### **SUMMARY OF RECEPTION CENTERS IN TOGO**

#### **PRESENTATION**

There are three reception and processing centers in Togo in separate towns:

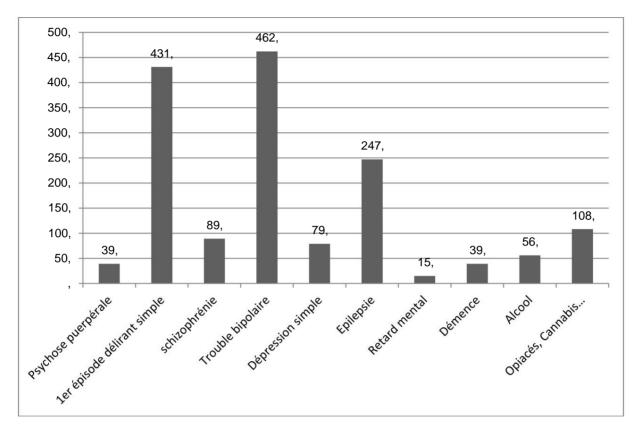
- ÿ The center of Kpalimé in the southwest of the country is the first center in Togo. It opened its doors in 2016.
- $\ddot{y}$  That of Zooti in the south of the country. Open since 2017, it is the second center.
- ÿ That of Amaoudè/Sokodé in the center of the country. This is the third. He opened his doors in 2018.

#### **TECHNICAL REPORT**

#### I. Distribution according to pathologies

	KPALIME S	OKODE ZC	OTI Total		%	
1 <sup>er</sup> delusional	Pathologies Puerperal psychosis	9	2	28	39	2.49%
episode	1 <sup>er</sup> simple delusional episode	122	59	250	431 27	.54%
Several	schizophrenia	9	4	76	89	5.69%
crazy episodes	Bipolar disorder	129	114	219	462 29	.52%
Sim	Simple depression			39	79	5.05%
	Epilepsy	20	93	134	247 15	.78%
М	ental retardation		4	11	15 0.9	6%
	Dementia	7	11	21	39	2.49%
	Alcohol	4	2	50	56 3.5	8%
Substance addiction	Opiates, Cannabis	5	11	92	108 6.	90%
TOTAL	TOTAL	314	331	920 1	565 100.00°	%
	%	20.06% 21	.15% 58.79	% 100.00%	•	

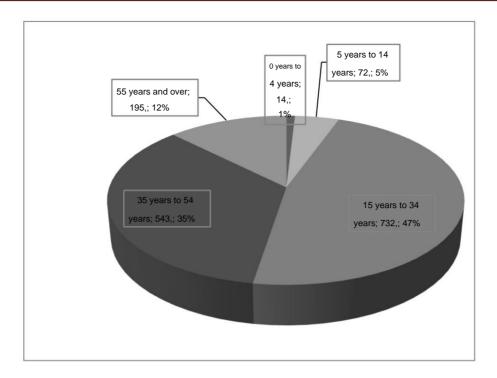
Graph: Distribution according to pathologies



## II. Distribution of patients by age

Age groups KPALIME SOKODE ZOOTI				Total	%
0 years to 4 years	2	3	9	14	0.90%
5 years to 14 years	10	27	35	72	4.63%
15 years to 34 years	133	167	432	732	47.04%
35 years to 54 years	115	98	330	543	34.90%
55 years and over	54	27	114	195	12.53%
TOTAL	314	322	920	1,556	100.00%

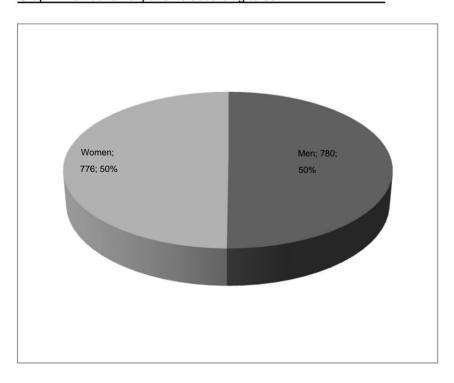
Graph: Distribution of patients according to age groups



## III. Distribution of patients according to sex

Sex	KPALIME SOKODE		ZOOTI	Total	%
Men	151	149	480	780	50.13%
Women	163	173	440	776	49.87%
TOTAL	314	322	920	1,556	100.00%

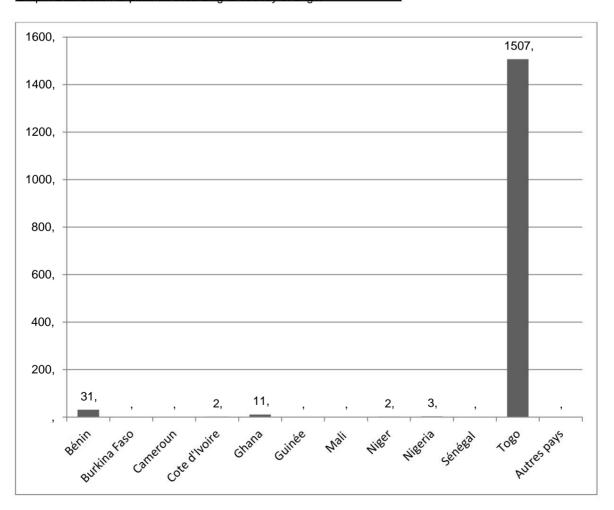
Graph: Distribution of patients according to sex



## IV. Distribution of patients according to country of origin

Native country	KPALIME SOR	ODE ZOOTI		Total	%
Benign	1	9	21	31	1.99%
Burkina Faso					0.00%
Cameroon					0.00%
Ivory Coast		1	1	2	0.13%
Ghana	7	1	3	11	0.71%
Guinea					0.00%
Mali					0.00%
Niger		1	1	2	0.13%
Nigeria			3	3	0.19%
Senegal					0.00%
Togo	306	310	891	1,507 96	.85%
Other countries					0.00%
Total	314	322	920	1,556 10	0.00%

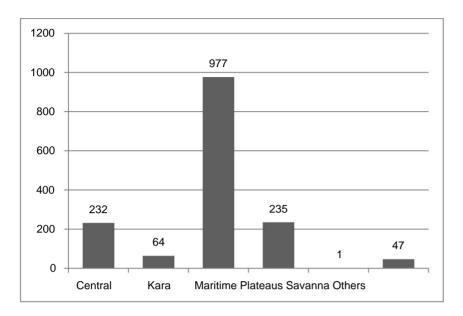
#### Graph: Distribution of patients according to country of origin



## V. Distribution according to regions of origin

	1000			8	16
Region	KPALIME SOI	ODE ZOOTI		Total	%
Central	2	230		232	14.91%
Kara	4	55	5	64	4.11%
Maritime	83	16	878	977	62.79%
Trays	217	10	8	235	15.10%
Savannah			1	1	0.06%
Others	8	11	28	47	3.02%
TOTAL	314	322	920	1,556 10	0.00%

## Graph: Distribution according to regions of origin



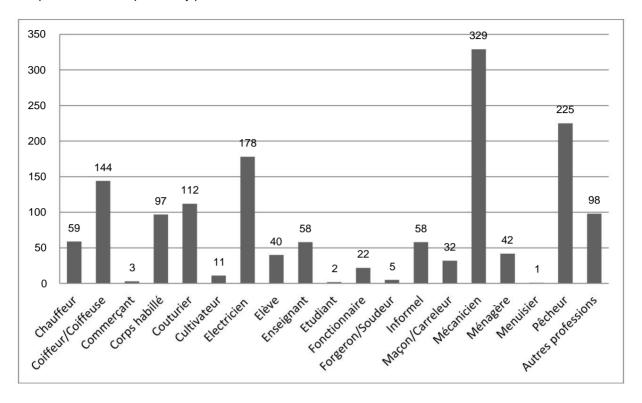
## VI. Distribution of patients according to case

Case	KPALIME SOKODE		ZOOTI	Total
Consultants (New cases)	314	322	920	1,556
Consultations	5,180	2,802	10,305	18,287
Number of relapses	56	34	230	320

## VII. Distribution of patients according to profession

Occupation	KPALIME SO	KODE	ZOOTI	Total	%
Driver	7	11	22	40	2.57%
Hairdresser	6	1	52	59	3.79%
Trader	47	37	60	144	9.25%
Clothed body	2		1	3	0.19%
Fashion designer	24	17	56	97	6.23%
Farmer	22	24	66	112	7.20%
Electrician		4	7	11	0.71%
Pupil	46	46	86	178	11.44%
Teacher	14	8	18	40	2.57%
Student	25	7	26	58	3.73%
Official	1		1	2	0.13%
Blacksmith/Welder	2	1	19	22	1.41%
Informal	1		4	5	0.32%
Mason/Tier	5	11	42	58	3.73%
Mechanic	6	8	18	32	2.06%
Household	52	76	201	329	21.14%
Carpenter	8	5	29	42	2.70%
Fisherman			1	1	0.06%
Other professions	36	26	163	225	14.46%
Unemployed	10	40	48	98	6.30%
TOTAL	314	322	920	1,556	100.00%

#### Graph: Distribution of patients by profession

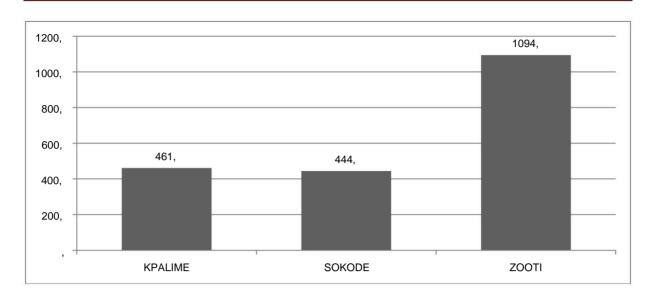


#### VIII. Table of patient movements in centers (Hospitalization)

Ativities	Former				Ελ	(ITS			
Activities	Former patients (12/31/2022)	TOTAL Ent	ries	Family	Reintegration	Without opinion center medical	TOTAL	deaths	REMAINING (12/31/2022)
KPALIME	147	314	461	316		4	1	321	140
SOKODE	122	322	444	319	2	5	6	332	112
ZOOTI	174	920	1,094	889		30	5	924	170
Total	443	1,556	1,999	1,524	2	39	12	1,577	422
				96.64% 0.1	3%	2.47% 0.7	76% 100.	00%	

Graph: Total patients interned according to centers

## Summary of reception and treatment centers in TOGO



## IX. Addiction Report

## 1. Distribution of drug addicts by sex

Sex	KPALIME SC	KODE	ZOOTI	Total	%
Men	64	11	132	207	92.00%
Women	8		10	18	8.00%
TOTAL	72	11	142	225	100.00%
%	32.00%	4.89%	63.11%	100.00%	

## 2. Distribution of drug addicts according to age group

Age groups KPALIME	ZOOTI	Total	%		
				0	0.00%
5 years to 14 years				0	0.00%
15 years to 34 years	41	9	78	128	56.89%
35 years to 54 years	27	2	54	83	36.89%
55 years and over	4		10	14	6.22%
TOTAL	72	11	142	225	100.00%

## 3. Distribution of drug addicts according to profession

Occupation	KPALIME SO	KODE	ZOOTI	Total	%
Driver	3		5	8	3.56%
Hairdresser	2	1	5	8	3.56%
Trader	5		4	9	4.00%
Clothed body			1	1	0.44%
Fashion designer	2		6	8	3.56%
Farmer	7	1	18	26	11.56%
Electrician			1	1	0.44%

## Summary of reception and treatment centers in TOGO

Pupil	11	1	13	25	11.11%
Teacher	3		4	7	3.11%
Student	7	2	4	13	5.78%
Official				0	0.00%
Blacksmith/Welder	1		5	6	2.67%
Informal			1	1	0.44%
Mason/Tier	3		17	20	8.89%
Mechanic	4	3	6	13	5.78%
Household	2		5	7	3.11%
Carpenter	6		7	13	5.78%
Fisherman			1	1	0.44%
Other jobs	11	2	35	48	21.33%
Unemployed	5	1	4	10	4.44%
TOTAL	72	11	142	225 10	0.00%

#### **CHALLENGES OF RECEPTION AND TREATMENT CENTERS**

- ÿ Fighting mental illnesses on a national or international level requires great means.
- ÿ Abandonment of treatment is common, the oldest patients no longer come regularly at the appointment.
- ÿ Side effects are a difficulty that not all patients overcome.
- ÿ Many patients are the total responsibility of the centers even though they are already struggling to meet their basic needs.
- ÿ The social nature of psychiatric services is like an obstacle because revenues are low leading to low salaries and living conditions for patients often difficult and a strong dependence on donors for the supply of medicines, the construction of new centers, etc.
- ÿ Lifelong treatment goes poorly in some patients who tire of taking always medication and often claim to be cured.
- ÿ Modern psychiatric care is not the first reflex of families when they have a sick person. They generally resort to the services of healers or prayer camps driven by the search for immediate healing; They thus become ruined before facing the facts and going to a psychiatric treatment center like Saint Camille.
- ÿ Self-care is a major challenge facing all centers in every country.

#### **RELAY CENTERS**

The relay centers are a major axis of the social policy of Saint Camille; because they reduce travel costs for our patients for the supply of medicines and also for care. The desire of those responsible for Saint Camille is to open as many as possible to better cover the national territory and help patients far from reception centers. In the relay centers, nuns are nurses who provide services on behalf of Saint Camille (care and distribution of medicines). They have received training for this purpose.

Here is the table of relay center activities during 2022:

City	No.	Consultants (New Cases) Consultations		
Relay Center in Togo				
1 A	ffagnan	48	501	
2 A	neho	29		
3 K	ara, Yadè	Yadè 160		
4 K	etao	37	1,170	
5 N	iamoutougou	noutougou 95		
6 T	pkpli	Included in Zooti	Included in Zooti	
	TOTAL	369	6,470	

This year's tour of SMAO (Mental Health in West Africa) doctors' relay centers once again made it possible to revitalize the relay centers to better meet the needs of the populations.

#### **CHALLENGES FOR 2023**

The challenges of relay centers include: the supply of medicines, visits, the creation of new relay centers. However, Saint Camille is working to respond to these various requests with the support of its partners, including the SMAO.

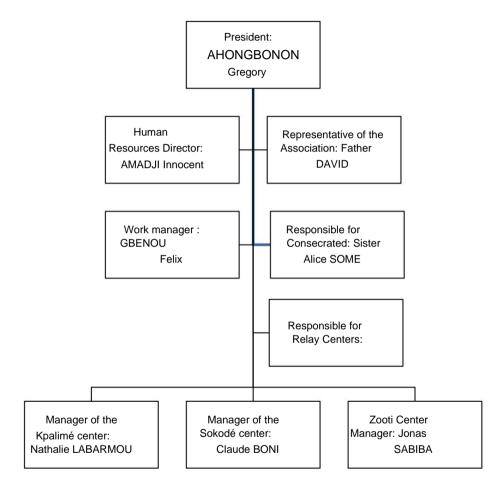
#### OUTLOOK

- A reception and treatment center is being built in Dassa in Benin to treat drug addicts.
- The multiplication of awareness campaigns becomes a prerogative to achieve.
   This will help us change mentalities and thereby limit cases of relapses and patients abandoning treatment.
- Sustained investment in reintegration centers is today an imperative and a challenge. Because the latter constitute the focal point of the Association's self-financing policy.

#### **THANKS**

If this work was successful, it is mainly thanks to the network of benefactors who supported us during this year. We will not fail to thank them whether they are from Benin, Canada, Spain, the United States, France, Italy, Switzerland and Togo. Together, they helped a large number of our patients find themselves together for the happiness of our association. May the Lord bless you and fill you abundantly with his graces.

#### ORGANIZATION CHART OF THE SAINT CAMILLE DU TOGO ASSOCIATION



As of December 31, 2022