NEGLECTED IN HEALTH AND DEVELOPMENT: MENTAL HEALTH AND PSYCHOSOCIAL DISABILITY

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Keynote panel presentation

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TEAR Australia

Do not hallucinate.
INTRODUCTION

Teresa Hall
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Image: Timor-Leste marketplace, TH
WHAT ARE MENTAL HEALTH AND PSYCHOSOCIAL DISABILITY?

• ’Mental health’ includes positive aspects of well-being

• ’Psychosocial disability’ recognizes that people are disabled by the interaction between their functioning and unsupportive environments

• Key in both development and humanitarian settings

• Mental health and well-being in the SDGs

• UN Convention on the Rights of Persons with Disabilities (2007)

• So why are these areas neglected?
CHALLENGING EXPERIENCES FACED BY PEOPLE WITH PSYCHOSOCIAL DISABILITY

- Stigma and discrimination
- Exclusion from education, employment, housing
- Poverty and disability cycle
- Functional lack of mental health services
There is a lot of work that development practitioners from all sectors can do.

Today we will present you with best practice examples.
PANEL STRUCTURE

Social inclusion/exclusion

Programs

Policy and advocacy

Images: TEAR Australia, India & Nepal, Bapu Trust, India
PHOTOVOICE STUDY ON BARRIERS AND ENABLERS FOR PEOPLE WITH LIVED EXPERIENCE OF PSYCHOSOCIAL DISABILITY IN NEPAL & INDIA

Helen Fernandes
Principal Investigator Effectiveness Team
TEAR Australia

Co-researchers: Stephanie Cantrill, Raj Kamal, Nicole Butcher, Ram Lal Shrestha, Rachel Raj, Dr Nathan Grills
BARRIERS TO INCLUSION

1. Stigma and social distance
2. Economic factors
3. Difficulty accessing appropriate treatment, and services
“This picture represents people in the community who are humiliating me and making fun of me. This makes me feel like I can never be accepted … [and it is] one of the most significant barriers to inclusion in my community.”
“...My parents are the ones who ... took me to India for my treatment, spending two million rupees. They got that money from selling gold and buffaloes. When all our assets were used for my treatment, my mother would cry a lot.”
“My husband didn’t support me to receive treatment due to his beliefs that mental illness is not treatable.”
ENABLERS OF INCLUSION

1. Support from family and friends
2. Nature, religion and safe spaces
3. Engagement in meaningful activity
4. Community based groups &/or advocates
“It is very easy..., as friends have accepted me and they listen to my feelings and support me. We must live in harmony with our family and society. For example, helping each other fetching water in water tap. We should work together peacefully.”

Image: TEAR Australia
“This business has helped me to participate in the community, because through the business I could talk to others as well. It has also helped me to increase my self-esteem and my motivation in life.”
“This is an important part of my life. It would be hard to live if it was not there to support me to get through my financial difficulties - And even during the financial crisis, it helped me in generating income and supported me to move ahead in my life.”
“This group has helped me in interacting with other people and has provided an opportunity and created a forum to listen to the difficulties of others.”

“Right people at the right time who provided right information ... they are my neighbours and these are volunteers from the project and they helped me... they helped me at the right time and took me to the right place.”
IMPLICATIONS

Family-centred

Livelihoods and economic inclusion

Collective voice

Address stigma and misunderstanding
TRANSFORMING COMMUNITIES FOR INCLUSION OF PERSONS WITH PSYCHOSOCIAL DISABILITIES

Bhargavi Davar
TCI Asia Pacific Representative
Participation at Australasian Aid Conference 2019 supported by DFAT-funded CBM-Nossal partnership

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CRPD AND ARTICLE 19
INCLUSION AS NOT ONLY CORE VALUE, BUT ALSO PROGRAM DESIGN AND OUTCOME

- MH within Development, SDGs, within CRPD framework
- Article 19 Importance of 19(a) on Housing needs (b) on access to services and (c) both generalist and specific services closer to home
- Understanding psychosocial and inclusion needs from a community and a population perspective – inclusive of urban amenities, migration patterns, socio economic features, violence, features of social capital, food and nutrition patterns, culture and coping
- All Development interventions as already having positive psychosocial impact, if integrated, needs based, and customized to not only individuals but also families, and neighbourhoods.
- Partnerships and co-operations at small and big levels within communities to develop locally relevant community based inclusion programs in mental health; and developing tools and measures of capturing population level intervention data on such programs.
Source: Alex Cote 2018 TCI Asia Pacific Plenary, Bali, Indonesia.
Addressing psychosocial needs

Social

- Multitude of social factors
- Addressed by implementing the SDGs

Psychological

- Individual Experience of barriers and facilitators
- Addressed by realizing the CRPD

Psychosocial

- Range of Psychosocial Needs
- Addressed by trainings on Inclusion, pilots, creating inclusive program designs, capacity building communities for mutual support and care.
The 8 Point Framework Of Recovery- The “coming together” of “multidimensional” and “individual” factors
The 8 Point Framework Of Recovery - The “coming together” of “multidimensional” and “individual” factors

1. Selfcare
2. Nutrition
3. Social Justice
4. Families
5. Groups
6. Individual Support
7. Healthcare
8. Social Capital

RECOVERY
And many many more- People who assist either by making services available to our clients and their families, people who donate in kind at level of community or outreach centre, providing free space, giving time for assisting clients to visiting service providers, people who offer local jobs, people who offer to mobilize community around events, people who do neighbourhood alerts, participate in community panchayat meetings, people who give food to a family who is starving, its endless the contributions local communities bring in to our work on a daily basis. Many things to learn here in community potentials and a number of small events of transforming community spaces through partnerships, collaborations, collective efforts, in moving towards inclusion. Everyone has something to Share!

Partnerships for Inclusion
IMPLICATIONS

- Family-centred
- Livelihoods and economic inclusion
- Rights-based support
- Collective voice
- Address stigma and misunderstanding

Images: Tear Australia, Bapu Trust, BA, TH
WORKING ON MENTAL HEALTH THROUGH NON-HEALTH SECTOR PROGRAMS

Becca Allchin
FaPMI Coordinator, Monash University
Consultant, TEAR Australia
MENTAL HEALTH WOVEN INTO WHOLE OF LIFE

Intersections

• Stigma
• Disability
• Poverty
• Gender inequity
• Disadvantage
• Trauma
• Community disruption
LIVELIHOOD & POVERTY ALLEVIATION

• Address contributing factors to developing mental illness

• Target people with psychosocial disabilities & their families for livelihood programs

• Strengthen inclusion of people with psychosocial disabilities into existing benefits & opportunities
Addressing gender disadvantage can assist with access to mental health support

“since I have this problem, my husband never took me to a health facility to treat me.”

Afghan woman
“since my husband married for [the] second time, his behaviour with me is changed and he has started being violent to me.”

Afghan woman

Integrate mental health into gender based programs that focus on:

- Empowerment
- Leadership
- Skill building
- Health including reproductive health
STRENGTHENING FAMILY RESILIENCE

• Tailor support for families at risk
• Community education can help to decrease the stigma families experience
• Holistic family approaches needed

“Earlier there was stigma and people don’t want to associate with us, as mental health is caused by a curse, but now people know it is a disease”

Family member of person with psychosocial disability UP, India
STRENGTHENING FAMILY & CHILD WELLBEING

- Support parenting in adversity
- Everyday interactions are important for child wellbeing
- Support nonviolent teaching and parenting methods
Part of IAM's work in Mental Health is raising awareness about mental health issues. Check out our recent documentary on childhood trauma here.
https://iam-afghanistan.org/childhood-trauma/

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Home
Posts
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Community

Build awareness of impact of violence through media

Advocate for policy change
**IMPLICATIONS**

- Family-centred
- Livelihoods and economic inclusion
- Rights-based support
- Link to other sectors
- Collective voice
- Address stigma and misunderstanding
- Socio-cultural context
- Address gender inequalities

Images: Tear Australia, Bapu Trust, BA, TH
INCLUDING PEOPLE WITH PSYCHOSOCIAL DISABILITY WITHIN CIVIL SOCIETY AND GOVERNANCE IN ASIA AND THE PACIFIC

Aleisha Carroll
Disability Inclusion Advisor Manager,
CBM Australia

Copyright: CBM Australia. Picture of members of a Disabled People's Organisation in Bangladesh.
Address the widespread misunderstanding of psychosocial disability

- Shift from biomedical understanding of disability to human rights
- Recognise the capacities of people with psychosocial disability

“Initially there was hesitation – were mental health issues as “valid” as other disabilities? Was it that much of a problem in the community? Staff were initially hesitant – frightened when we had the idea of working in this area, because there is such entrenched stigma. They were worried they wouldn’t be safe…”
“When talking about disability inclusion now, our view has widened. It’s not just about physical disability…. And because everyone is challenged by mental health issues, you realise that inclusion is about everyone”.
Intentional actions are required to ensure that no one is left behind in disability inclusion efforts.

• Strategies for engaging with the disability movement needs to take into account marginalisation of people with psychosocial disability

“My organisation has been working in the area of disability for over 35 years, but it is only in the last two years that we’ve started to have a focus on supporting people with psychosocial disability.” Arshinta Shinta, Director.
Focus on psychosocial disability in efforts to harmonise national laws with the CRPD

• Opportunities through justice and health programs

“In Bangladesh, the Lunacy Act says that once someone is a ‘lunatic’, he cannot vote. What type of citizen is one who doesn’t have the right to vote? They cannot own property. His property will be grabbed. He will lose everything. So they are deprived of all rights.”

Badrul Mannan, Bangladesh

Source: https://www.endthecycle.info/resources/mental-health/
Include people with psychosocial disability in mainstream development programs

• Particularly economic empowerment, education, and gender based violence programs.

“With schizophrenia, most of the time they are quite OK...But as soon as it becomes obvious—visible—they are labelled. Straight away, without any reason, they lose their employment.”

Badrul Mannan, Bangladesh.
Source: https://www.endthecycle.info/resources/mental-health/

Image copyright: CBM Australia. Suharyianto receives business support though Yakkum Livelihood empowerment program.
Focus on good practices in community mental health and community based inclusive development

- Multi stakeholder engagement and empowerment

- Support generation of evidence to inform policy and for DPOs to use in advocacy efforts

Copyright: CBM Australia. Picture of Transforming Communities for Inclusion Asia Pacific representative providing training to stakeholders in Timor-Leste through the Australian Government Supported Partnership for Human Development Program.
IMPLICATIONS

- Family-centred
- Livelihoods and economic inclusion
- Rights-based support
- Link to other sectors
- Advocacy

- Collective voice
- Address stigma and misunderstanding
- Socio-cultural context
- Address gender inequalities
- Community-based mental health care

Images: Tear Australia, Bapu Trust, BA, TH
RECOMMENDATIONS

Foreground voices of people and families with lived experience

Integrate mental health and psychosocial disability into intersectoral development programs

Invest in:
• Community-based, culturally-appropriate mental health programs
• Participatory research
FOR FURTHER INFORMATION

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MAKING YOUR PRACTICE INCLUSIVE OF PSYCHOSOCIAL DISABILITY AND MENTAL HEALTH

1. Create space for lived experience voice
2. Support staff in your organisation to develop skills in communication, listening and providing psychosocial support at a community level
3. Include people with psychosocial disability in data collection/indicators
4. Work with existing or develop new lived experience groups, support groups or Disabled Persons Organisations (DPOs)
5. Adopt holistic family approaches in programs
6. Incorporate information about mental health into maternal and child, reproductive health programs
7. Think about how you can support groups known to be vulnerable in communities
8. Consider the mental health of your organisation’s staff

Source: adapted from internal report, Tear Australia