



POVERTY, HUNGER AND DISABILITY - THE MISSING LINK

Towards Living Independently in the Community with Dignity



The fourth webinar in the series sponsored by IFRA and IDF on 11th January 2023

In his welcoming remarks, B. Venkatesh (Venky), IFRA Convenor, said, “This webinar is about hope.” In spite of the overwhelming statistics about the number of people experiencing mental illness and the lack of psycho-social support available, the three presenters in the webinar shared how effective and active involvement by communities and local authorities can make a difference, especially for those living in poverty, who are unequally affected. They showcased successful community based interventions for people with mental illness. It is examples like these that demonstrate that home and community based rehabilitation services must be included in the proposed World Health Assembly (WHA) Resolution on "Strengthening Rehabilitation in Health Systems" to benefit everyone.

The first presenter, **Dr. Rajaram Subbian, Director, Basics Needs India**, spoke about **Community Reintegration of Persons with Psychosocial Disability (Mental Illness)**.

Dr. Rajaram explained that in India one in seven people suffer from a mental disorder, yet for nearly 80% of them, treatment is either not available or unaffordable. In their communities, myths and misconceptions about mental illness continue to block their ability to get the help they need. People with mental illness and their families are stigmatized and ostracized which can delay seeking treatment. Even in cases where appropriate treatment is available in a hospital, “It will take many decades to fill the treatment gap that prevails,” he said. “There should be an alternative.”

Basic Needs India is providing that alternative. Its approach focuses on keeping the person who has a mental illness in their community by enhancing its organic support systems and Increase capacity of community-based partner organizations. Its program provides training to community volunteers who visit homes, identify and monitor persons with mental illness. Family support groups are created and community awareness raising is done to challenge fears about mental illness. Community organizations are also encouraged to advocate for greater access to government treatment and rehabilitation.

Dr. Rajaram explained that when people experiencing mental illness, go to hospital and come back restored after a few months, their community does not know how they got healed and therefore, the prejudice continues about mental illness. Being in the community as healing and restoration of mental health progresses, has advantages for both the individual and the community. By staying home with family, rather than being taken away for institutional healing, members of the community become aware of the changes and how healing takes place for people with mental illness. Dr Rajaram, described how cooperation happens at the local level and thousands of people have been treated and reintegrated into functional community life, and how stigma and discrimination have been reduced.

Operating in 55 districts in nine states in India, as a result of these interventions, thousands of people with mental illness have been treated and reintegrated into functional community life; stigma and discrimination have also been significantly reduced.

A community-based rehabilitation approach is an alternative model of care that works!

See his presentation here: https://youtu.be/yb_vVH3P6vI

Mr. Devkota Matrika, Director, KOSHISH, the second presenter, spoke about the ***Community Mental Health Program in Nepal***, and compliance with the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

As someone who has personally experienced mental illness, Mr. Matrika also emphasized the problem of stigma and the barriers and prejudices people face at the local, legal and policy level. KOSHISH's community mental health approach emphasizes self-advocacy, peer support groups, self-help groups, economic empowerment, and effective and meaningful inclusion. Through its work, 25,000 people in Nepal have been informed about mental health, and more than 8,000 have received mental health out-patient services and counselling in their communities. Health professionals and 11,000 female community health volunteers have been trained, along with awareness raising sessions with teachers, students, parliamentarians, judges, civil servants and community members. He emphasized the importance of sensitization, support and rehabilitation at the community level – all of which are outlined in the UNCRPD. These actions and others in the Convention Nepal ratified in 2009 must be operationalized for people with mental illness to really experience their rights. See his presentation here: <https://youtu.be/MbZv69Z3vHA>

Dr. Anil Kumar Patil, Founder and Director, Carers Worldwide, spoke about ***Caring for Caregivers***.

Dr. Patil defined a “carer” as an individual of any age who cares for someone who requires help “due to physical or mental ill health, disability, old age, fragility, substance misuse or other causes.” In low and middle income countries, he said, these carers are “invisible, isolated and vulnerable” and their lives are affected by loss of employment or education, poor health, reduction in social contact and lost opportunities. Research shows, as a result of their role, 89% of carers suffer from depression, 86% suffer from physical health problems, 92% experience financial worries, and there is usually no chance for respite. Carers do 85% of the work as a partner-in-care with professionals so there is a huge need to support this unpaid army of carers.

In a model developed by *Carers Worldwide*, 750 groups in three countries have been created, focusing on things such as carer support groups and community care centres that provide respite. A recent evaluation of the model showed a reduction in the percentage of carers' families living below the poverty line, from 97% to 22%, and the number of carers experiencing depression and anxiety, from 61% to 9%. There have also been positive impacts at the policy level — bills on the rights of persons with disabilities and mental health have been approved and a caregivers allowance is now available in some states in India. Dr. Patil emphasized their work aims to serve as a catalyst and inspire systemic change. He said, “It’s like a drop of ink in a bucket full of water. You don’t need a whole bottle of ink to change the colour.” See his presentation here: <https://youtu.be/CDykB4-RcOY>

All three presentations provided concrete examples of what can be done at the community level to ease the burden on people and their families experiencing mental health issues – through education and training, peer support, timely rehabilitation, reintegration of individuals within community life, caring for those who care for others, and advocacy at all levels.

The presentations demonstrated that much can be done for the estimated 792 million people living in communities around the world who experience mental illness and much must be done! We trust that examples like these will assure member states that including home and community based rehabilitation services in the proposed World Health Assembly (WHA) Resolution on "Strengthening Rehabilitation in Health Systems" will benefit everyone – those experiencing psychosocial disabilities, their carers and health care systems. Participants were invited to an open Zoom discussion about the webinar and to share their stories on February 3, 2023, 14:00 hours GMT. View full proceedings here: <https://youtube.com/playlist?list=PLILjXRcfegE1FnOnkTFQyH7-JFgiSAmiN>