Protecting and Empowering Persons with Disabilities in the Context of COVID-19 Pandemic

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17% of adults in Bangladesh experience mental health problems.

The crisis emerging from the COVID pandemic situation intensified mental health problems.

Persons with disabilities were facing more barriers to accessing mental health services.

There were severe stigma about mental health.

Community based mental health services were virtually missing.

CDD initiated community based inclusive mental health services with OPDs and persons with disabilities at the forefront.
Overall objective

• Promote inclusive community-based mental health services for persons with disabilities in Bangladesh to protect their mental well-being in the context of the COVID-19 pandemic.
Different at-risk groups at community level

Peer responders (persons with disabilities)
- Awareness
- Tele Response (Hotline number)
  - Door 2 Door
  - Integrated service locations
  - Referral

Disabled People’s Organizations (DPOs)
Organizations Working for Persons with Disabilities

MH Professionals
- Tele counseling
- Periodic On field services
  - challenging cases

Lessons & Evidence
- Process documentation on the Model
- Knowledge Hub

Advocacy
- National Institute of Mental Health
Capacity Building of Peer Responders
• The peer-responders providing mental health support to persons with and without disabilities.
• The peer-responders raising awareness on mental health needs (courtyard meeting, individual session etc.).
Mental health support being provided through referral services and organizing mental health camps.
Progress made through the Interventions

- Training and resource materials developed
- Selection and capacity building of peer responders
- Community level sensitization
- Peer responders are providing mental health counselling support at project locations through door-to-door visits, group therapy sessions, tele-services, and referrals
- A mental health professional is providing mental health services to people in need of advanced mental health support
- MH Camps were organized at community level for providing advance level mental health support
- Referral linkages were established with mental health institutes
- An online knowledge hub was developed and being accessed by peer responders
- Partner organizations of the project including OPDs and DSOs have come together to advocate on community based mental health
Outcome Generated through the Activities

• **Acceptance** of the peer-responders (with disabilities) in the community increased.
• Demand of **MH services** increased at community level.
• Community people and different stakeholders are **sensitized on mental health needs** and referred for mental health services.
• The **participation** of persons with mental health needs increased in the family and in community.
• **Service providers are sensitized**, and they are including persons with mental health needs in their existing services and opportunities.
• Community Health service providers are **aware of mental health issues**.
• Being part of the peer responders team **persons with disabilities** are contributing at community level.
• Additional organizations are **showing interests** to provide community level mental health support through peer responders.
Challenges Faced During the Interventions

- 2\textsuperscript{nd} wave of COVID – 19 and imposed restrictions.
- Despite having mental health needs, many people are reluctant to receive treatment due to social stigmas.
- It is difficult to explain the concept of mental health to lower-income group of community people due to the prevailing stigmas, lower rate of literacy, lack of mental health awareness and poverty.
- Many people with disabilities in need of medical treatment, despite being referred, are unable to afford services at health care facilities due to lack of finance, and Caregivers.
- MH service demands increased at the community level, but service provisions are limited.
Fatema (26) is a single mother of a 04-year-old child who was mentally devastated after her divorce.

At one point she thought of committing suicide due to her miserable life.

Identified by peer responders.

After receiving counselling support from the peer-responders her condition gradually improved.

Fatima is now working in a private organization and has a far-reaching dream for her only child.

“Now, I have dreams and I want my daughter to be educated to live a quality life that she would be able to fulfill all her dreams.”
Thank you