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# Transcript: Podcast Series on Disability Inclusive Development: Episode 5, Disability inclusion in humanitarian response: A focus on mental healthwith Ben Adams

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**Introductory soundbite:** Today, more than 160 million people need humanitarian assistance. But the rate of mental disorders can more than double in humanitarian crises. Who is really following up in the humanitarian response that persons with disabilities are not left behind?

**Carine:** Hi this is Carine Weiss and welcome to the Medicus Mundi Switzerland Health for All Podcast. And today we talk with Ben Adams who works for CBM Global Disability Inclusion as a Senior Mental Health Advisor. CBM Global works alongside people with disabilities in the world's poorest places to fight poverty and exclusion. Ben has worked extensively on the topic of mental health, humanitarian emergencies, disability and inclusion and holds a degree in psychology and a Masters in Global Health. Nice to meet you Ben and thank you for being my guest at the Medicus Mundi Switzerland Health for All podcast today. Welcome to this episode.

**Ben:** Thanks Carine. It's great to be here and I'm excited.

## **Carine: Today we will be talking about humanitarian emergencies, mental health and disability. How come that you combine these three topics in your professional life?**

**Ben:** I think for me my interest in mental health stems from my I suppose personal experiences and among my family as well of mental health difficulties and losing loved ones to suicide unfortunately. I think I've always had a passion for human rights and working to ensure that the most vulnerable are not left behind. And this then coupled with obviously my education and academic background. For example, when I was studying for my Masters I did some research in Sierra Leone just after Ebola. That really heightened my interest in humanitarian contexts as well as obviously my background and interest in mental health. So it kind of all came together eventually and that's why I am where I am now.

## **Carine: What struck you most when you worked and lived in areas like Sierra Leone where there's an emergency situation?**

**Ben:** I suppose obviously the harshness of those you know and the impact of crisis in these settings on the entire population but more specifically on persons who maybe are more vulnerable and come from vulnerable groups such as people with disabilities. And I think you know if you look at the facts you know more than 1 billion people worldwide and 15% of the world's population are people with disabilities. And mental health is a leading cause of disability. On top of that humanitarian crisis tend to be more frequent in low-income countries and 80% I think of people with disabilities live in low- and middle-income countries. And you know many of which experience as I said increased humanitarian crisis such as climate change, conflict and other factors such as epidemics and even more recently obviously we've seen with the COVID-19 pandemic.

And what we know is that people with disabilities are disproportionately affected by these types of crisis and they are at increased risk of routine exclusion within humanitarian response. So kind of bringing it back to your question I suppose my interest in working to ensure the most vulnerable groups are not left behind. I really, I suppose I noticed that you know that one of the most vulnerable groups is persons with disabilities and even more specifically people with psychosocial disabilities. And that's really what I suppose sparked my keen interest and motivation to work in this area.

## **Carine: What does it mean for a person living with a psychosocial disability and being forced to flee because of a natural disaster or an onset of war. What does it mean for such a person?**

**Ben:** There are many risks that people with disabilities face in humanitarian crisis and as I said you know people with disabilities and psychosocial disabilities more specifically are already a vulnerable group before any disaster, especially in low-income countries, where, as we've said most humanitarian crisis unfortunately tend to happen. And as well as the direct physical impact people with disabilities are more likely to experience with the result of humanitarian crisis, they also are more likely to experience distress, increased dependency on others, and this can be coupled with violence including sexual and domestic abuse, exploitation even by family and community members, discrimination and exclusion from access to humanitarian assistance across all sectors, so across shelter, education, livelihoods, health care and other supports and services. And this all obviously has a severe impact on the person's physical and mental health, leading I suppose to a diminished well-being and sometimes even fatal consequences due to being excluded or left behind.

## **Carine: So in your point of view mental health is very important in humanitarian emergencies. But why can't we just focus first on safety, food, shelter or health?**

**Ben:** It's not so much for me that we you know we shouldn't focus on those areas and we should. But it's about ensuring the inclusion of people with disabilities and you know as we said psychosocial disabilities across those sectors.

So mental health and psychosocial disability or disability more broadly is cross-cutting. And in order to ensure the inclusion of this vulnerable group we have to ensure that all of those sectors include people disabilities.

## **Carine: And how can we ensure that the system is better prepared to address the needs of persons with those disabilities?**

**Ben:** Well I think as we’ve said we have to ensure their participation. So in the design and through the delivery and evaluation of these programs we have to ensure that we're responding to their needs. And we have to ensure that we provide access - both physical access and access to services and supports that they require through that. And it's really about you know disability inclusive humanitarian action in general which focuses on the identification and removal of barriers faced by persons with disabilities when accessing humanitarian services across all sectors. And recognizing and ensuring their capacity to engage meaningfully in the process. So it's not so much about you know one or the other but it's about actually that all of those sectors must become more inclusive.

**Carine:** Yeah and the issue is inclusion that we often forget to be more inclusive in the programmes.

**Ben:** Absolutely and I think also a lot of people are maybe unsure of what that means on the ground, so what actually is inclusion.

## **Carine: Exactly. So are there any guidelines for people which are not so familiar with the topic of inclusion? Or how can we support the program makers?**

**Ben:** There are many guidelines. So specific to mental health and psychosocial disability we have the Interagency Standing Committee MHPSS guidelines. Recently we have the disability inclusive humanitarian guidelines that have also been published. And on top of this you know we frequently see more and more guidelines coming out recently and there's very good guidance on shelter and inclusion which also focused on mental health. Obviously as a result of COVID we've also seen a lot of guidance and especially in the MHPSS sector around delivering inclusive humanitarian response in that context. But on more practical level I think if people maybe become more aware that by ensuring participation of people with disabilities at all stages and remembering that accessibility and participation are precursors for inclusion, then people with disabilities must be and will be included in designing, delivering and evaluating humanitarian work through from preparedness response and to recovery across all sectors. And this in itself will help to support inclusion.

## **Carine: And that’s what is meant by disability inclusive humanitarian action?**

**Ben:** Yes absolutely. I mean you know, the textbook definition if you like is that disability inclusive humanitarian action focuses on the identification and removal of barriers faced by people with disabilities. But more practically I think it's kind of what we were just referring to and it's about really ensuring the participation of people and ensuring accessibility.

## **Carine: You are working at CBM Global.** **Can you give us an example of a current humanitarian emergency response that you are involved in and some of the strategies to ensure that you work inclusive in that setting?**

**Ben****:** CBM Global has been engaged in humanitarian action for many years. We have progressively increased I suppose our humanitarian programs and engagement which you know all practice and promote disability inclusive humanitarian action. And mental health and psychosocial support continues to be a core component of this. I think it's important to mention that at CBM Global we work we deliver our work through three core vehicles of change: so one being advocacy, another being field programs as you've mentioned and projects on the ground, and the other being inclusion advisory support. So, examples of those types of work are our membership of the IASC MHPSS reference group where we actually co-chair a thematic group on inclusion. We also, our humanitarian director, is a co-chair of the disability inclusion reference group which formed last year. And we also do external work through our inclusion advisory group supporting UN organizations and organizations of persons with disabilities to deliver inclusive programs. Our own field programs are all you know focused primarily on inclusion and human rights. More recently we have delivered COVID response and humanitarian programs across all regions globally in countries where we work. We had a response to the cyclone in Zimbabwe. To ensure inclusion we facilitated accessibility in camps, so I mean physical accessibility with ramps and handrails, etc. We provided targeted cash assistance for people with disabilities. We provided assistive devices for people with disabilities, safe spaces for people with psychosocial disabilities and ensuring people experiencing distress or with mental health difficulties are being assessed and treated where appropriate.

## **Carine: What is the impact of COVID-19 on mental health? What have you seen?**

**Ben:** Obviously it’s having an impact on the mental health of the entire world really. I think the restrictions that were put in place, the changes in how we live and how we go about our day-to-day business of course are impacting on people's overall well-being and their mental health. This is even further exacerbated obviously, for anyone with a pre-existing mental health difficulty or psychosocial disability. And that then is also coupled especially in low-income settings with a lack of access to appropriate services and supports. And as we've mentioned exclusion in response. So ultimately what this leads to is a worsening of their mental health condition or their psychosocial disability and an overall harmful impact on their well-being.

## **Carine: Let’s go back to the topic of psychosocial disability. What does the inclusion of psychosocial disability mean in humanitarian settings?**

**Ben:** I think firstly it's important people understand what is psychosocial disability and there's a lot of debate around the terminology we use within the disability sector. I think what we have to remember is that psychosocial disability is not about diagnosis but it's about the functional impacts and barriers which might be faced by somebody with lived experience of mental health and/or psychosocial difficulties or someone in distress as a result of a crisis itself. Disability can restrict a person's ability to be in certain environments, to concentrate, to complete tasks and access activities of daily living. It can even impact on their ability to interact with others or to manage stress. So when you consider all of these factors you can really see the impact humanitarian crisis can and do have on people with mental health difficulties or psychosocial disabilities. And hence the importance of an inclusive cross sectorial humanitarian response.

For those familiar with the IASC MHPSS guidelines that I mentioned, there's a really good diagram in there of an MHPSS intervention pyramid which basically has you know basic needs and services and security at the bottom and then specialized services for people with severe mental health difficulties at the top. And if you look at that pyramid it really allows you to explore what contributes to mental health and psychosocial well-being, either positively or negatively, when designing and delivering humanitarian preparedness response and recovery programs. So when you look at it from that way you must consider all things that impact how people feel and our general well-being on a daily basis. And really what you are referring to here is the social and environmental determinants of mental health. So many of us take things like having clean water, food, a home, or shelter in this instance, for granted. But we must consider how we would feel and even survive without these basic needs and the safety and security, and the impact that that would have on our psychological well-being. And I think if you do that you can really see that MHPSS is cross cutting and that mental health and MHPSS are intrinsically linked across all sectors.

## **Carine: How can we ensure that mental health is, let’s say more considered, in health programming. Because after the COVID-19 pandemic for me it became very clear that we need to invest much, much more into mental health. And I have the same background as you. I’m also a psychologist and I think this is an area which we kind of try to ignore, but it affects every single person on this earth regardless of your status or your background. It affects everyone. So how can we ensure that we have more investments into mental health?**

**Ben:** Yeah I mean I agree with you completely and I think maybe a positive to take from COVID is that I think in general globally there is much more of an awareness of mental health and the impact that COVID has had on people's mental health. We have to look at that as a positive. We also have to leverage on that opportunity. So while people have this you know increased awareness and there is more of a focus on mental health and inclusion of vulnerable groups such as people with disabilities, we have to use this as an opportunity to really both advocate for increased investment to create awareness around mental health and psychosocial disabilities, but also what we must consider is that within that that it's very nuanced. So, what might work or might be the needs of people in distress with mental health difficulties in one context is not necessarily the same in another. And similarly, the investment so far in mental health in one context as we know, is always very different to another. So in Western countries for example like where I'm from in Ireland even though there hasn't been enough investment there has been considerably more investment in mental health here than there has if you like in Zimbabwe or in Nepal.

So I think we need to have context specific plans in order to actually respond to the needs on the ground. Whilst at a global level we need to really ensure the that we are advocating for and in our advisory support, fighting for people for the needs of people with psychosocial disabilities and ensuring that mental health continues to be a priority past COVID.

## **Carine: If you had a wish for the universe what would you wish for?**

**Ben:** Oh, many things! One wish. For me it really would be that I suppose focused on equality and inclusion. So really that all people were able to be treated equally on the same basis as others and that they would have the fulfillment of their human rights.

**Carine:** Thank you so much for being my guest at the Medicus Mundi Switzerland Health for All podcast today. And I wish you a lot of success for your future endeavors.

**Ben:** Thank you so much Carine. That went very fast!

**Carine:** This was the Medicus Mundi Switzerland Health for All Podcast with Carine Weiss. You can listen to it on Apple Podcast, Spotify, and on our website. To spread the message, please leave a comment on our website, share and like it. This was the fifth episode of the new season on disability inclusion and human rights. Stay tuned and watch out for the last episode where we will be talking about access to digital health for people living with a disability.