TIP SHEET: Psychosocial support in disaster events

DISABILITY INCLUSION KEY MESSAGES

When thinking about disaster events, it is important to plan for and consider the needs of people with psychosocial disabilities:

- ☑ Raise awareness amongst stakeholders.
- Address the driving causes of social marginalisation.
- ✓ Include or represent people with psychosocial disabilities at every stage of disaster event planning, response, and recovery.
- Improve rights-based practices around psychosocial disability.
- Ensure adequate home and community-based supports and services.

WHAT ARE THE SPECIFIC EXPERIENCES OF PEOPLE WITH PRE-EXISTING (DIVERSE) DISABILITIES DURING DISASTERS?

- People with psychosocial disabilities are among those at highest risk during and after disaster events.
- Disaster events can increase the incidence of stress, anxiety, isolation and other mental health issues across the population generally, and particularly in people with pre-existing psychosocial disabilities.
- People with psychosocial disabilities who are in institutions at the time of a disaster event can be left behind without the means to evacuate and survive the event, often leading to death.







- Evacuation of people with psychosocial disabilities particularly those living outside the community or in institutions is rarely properly planned or considered as part of the general evacuation planning process.
- People with psychosocial disabilities face multiple barriers to safety and recovery in evacuation shelters designed and staffed by people who have little understanding of their needs.
- After a disaster, people with psychosocial disabilities can be isolated and left behind without dignified services and community supports throughout the recovery phase.
- Recovery efforts often do not accommodate people with psychosocial disabilities to return to live independently in their community.

HOW TO ADDRESS THE BARRIERS FACED BY PEOPLE WITH PSYCHOSOCIAL DISABILITIES

Raise awareness amongst stakeholders:

- People with psychosocial disabilities can be left behind in disaster risk reduction planning (DRR) because of lack of awareness among stakeholders. This results in a lack of inclusion around the specific issues faced by people with psychosocial disabilities at all levels, and within the disability movement.
- Address the driving causes of social marginalisation:
 - Governments, National Disaster Management Offices (NDMOs), Community Service Organisations and Organisations of People with Disabilities (OPDs), can better foster the inclusion of people with psychosocial disabilities in DRR efforts by addressing the driving causes of social marginalisation.
 - This could be achieved through conducting community awareness-raising programs to reduce the stigmatisation, discriminatory attitudes, and social exclusion of people with psychosocial disabilities.
- ✓ Include or represent people with psychosocial disabilities at every stage of disaster event planning, response, and recovery:
 - Work with the disability movement to ensure people with psychosocial disabilities are represented.
 - Understand the needs of people with psychosocial disabilities regarding information, and accessibility and inclusivity of shelters. This should be done particularly in the planning stage and during development of policies and procedures to ensure that disaster response services and systems include them.







- Improve rights-based practices around psychosocial disability:
 - Monitor for approaches that violate the CRPD such as rights abuses in institutions or coercive practices such as shackling or overuse of medications.
 - Advocate for the compliance of international human rights standards in the context of disaster preparedness, response, and recovery.ⁱ
- Ensure adequate home and community-based supports and services:
 - These are essential to ensuring that people with psychosocial disabilities have dignified recovery from disasters and events such as COVID-19 and alternative models of support in the community.

ⁱ UNICEF (2019) Discussion paper: Rights based approach to disability in the context of mental health, p. 37