



Mental Health and Disability

How Kupenda is addressing the mental health needs of people impacted by disabilities

More than a billion people in the world, at least 15% of the population, have a disability that limits their full participation in community life. This alienation contributes to people with disabilities and their caretakers reporting mental health challenges at a higher rate than people not impacted by disabilities. Many of these mental health challenges are in addition to other non-mental health related disabilities. Mental health, as defined by the World Health Organization, is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Among people with disabilities, about 30% report feelings of mental distress due to depression, anxiety, post-traumatic stress disorder, dissociative identity disorder, borderline personality disorder, or attachment disorders. There is little research available on the occurrence of these mental health challenges among people impacted by disabilities in low-income countries, but they are likely to be higher in countries with higher rates of stigmatization, abuse, and poverty. These challenges only create added barriers for people with disabilities.

Stigma

Individuals and families impacted by disabilities are often discriminated against, dehumanized, and undervalued. People who experience discrimination are twice as likely to have poor mental health as those who don't, and people with disabilities in the United States are twice as likely to experience discrimination as are non-disabled people. There is little research on this in low- and middle-income countries, where many people believe disabilities are the result of witchcraft or a punishment from God. In these countries, mothers are often told their child's disability is their fault or even that they should kill their child. They are also often excluded from places of worship and other activities important to the communities in which they live. This stigmatization and discrimination leads to isolation, guilt, and low self-esteem. All of this results in mental health challenges occurring among these populations at even higher rates among similar populations in high-income countries.

Abuse

Most people with disabilities experience some form of emotional, verbal, or physical mistreatment from an early age. Children with disabilities are almost four times more likely to experience violence than non-disabled children. Additionally, people who experience abuse are three times as likely to experience mental illness. Some children with disabilities are regularly beaten, hidden away in rooms locked from the outside, or tied to trees. In some low- and middle-income countries, families undergo harmful healing rituals from faith or traditional healers to “cure” their disability. These rituals include cutting skin to release the demons believed to cause the disability. Some people with disabilities are even buried to give them a “new birth,” as well as many other physical and psychologically damaging practices. Years of such neglect and trauma are likely to result in poor mental health for most people living with disabilities.

Poverty

Common mental health disorders are twice as frequent among people classified as poor as they are among people with means. Since 80% of people with disabilities live in low-income countries, poverty is another factor leading people with disabilities to experience more mental health challenges than those not similarly impacted. Disability is both a cause and consequence of poverty. It is a cause because it can lead to job loss and reduced income, raise barriers to education and skills development, impose significant additional expenses, and create many other challenges that can lead to economic hardship. It is also a consequence because poverty can limit access to health care and preventive services.

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- 30% of people with disabilities report experiencing mental distress.
- People with disabilities are 5 times more likely to experience poor mental health than those without disabilities.
- Parents of children with disabilities are 5 times more likely to experience depression than parents of children without

Kupenda's Education and Advocacy Solutions

Since 2003, Kupenda for the Children has been working to support improved mental health among families impacted by disabilities by reducing the stigma, abuse, and poverty they so often experience. We do so by educating local leaders about disability and equipping them with the tools they need to support and include children with disabilities in their communities. We also directly support the families and individuals impacted by disabilities themselves. We do this through school scholarships, medical support, and education about their rights. This includes supporting them in advocating for those rights alongside their community allies.

Kupenda's family-based care and community development initiatives help to improve mental health and prevent or limit the impact of avoidable mental health challenges.

Our **Family-Based Care** initiatives include:

- Family assessment and ongoing case management
- Individual and family counseling
- Disability awareness and care workshops for parents
- Parent support groups
- Abuse prevention and care training
- First aid and sign language training for families
- Transportation, referrals and fee waivers for medical care
- Access to education and medical services
- Income generating support
- Crisis intervention

Our **Community Development** initiatives include:

- Technical assistance and training for medical and education professionals
- Awareness-raising through community-based volunteering and Disability Awareness Days
- Disability advocacy workshops and trainings for government, religious and community leaders

Although global research connecting disability and mental health is limited, many families and individuals in our programs report that they have an improved sense of safety, belonging, and self-esteem because of our initiatives. Through our work, these individuals and families impacted by disabilities also understand their value, experience less abuse, and develop skills and support to pull themselves out of poverty. Together, these changes help to improve mental health and prevent or reduce the impact of mental health challenges among people living with disabilities and their families.

Kadzo Katana Charo



Due to the way Kadzo's community treated her and her sons, Kadzo was so depressed that she wanted to commit suicide. Kadzo's sons, Furaha and Baraka, were both born with microcephaly. Adding to Kadzo's depression, her husband abandoned them because he believed it was somehow her fault that their sons were born this way. Although their condition is likely genetic, he believed microcephaly was a punishment or some kind of witchcraft.

Things changed dramatically for Kadzo when she joined a parent support group started by a local leader. Through a Kupenda training, this local leader learned that conditions like microcephaly come about for biological reasons and not spiritual ones. The leader shared this information with Kadzo and the parent support group he formed.

Once a part of this group, Kadzo found support from other parents like her. Together they advocated for the rights of all their children and changed the beliefs of many in their communities. Kadzo's sons are now in a school that meets their needs. As a result of the support of this group and Kupenda, Kadzo said:

"I was suicidal before I joined a parent support group, but now I am part of a family who helps me care for my children."

For more information:

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