

Rapid assessment summary: Impact of COVID-19 on people with disabilities, including people with mental health disabilities, in Ghana

About this summary

This is a summary of how COVID-19 impacted people with disabilities, including people with mental health disabilities in Ghana, during the first four months of the pandemic. It aims to help people and organisations delivering services during a pandemic to better plan for the provision of services for people with disabilities, including people with mental health disabilities.

The full rapid assessment report can be read by contacting Ghana Somubi Dwumadie, who conducted the rapid assessment. The rapid assessment was informed by data collected up to 25 June 2020, including a survey with disabled people's organisations and self-help groups.

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme with a specific focus on mental health. This programme is funded with UK aid from the UK government and run by an Options-led consortium, which also consists of Basic Needs-Ghana, King's College London, Sightsavers International and Tropical Health. It focuses on:

1. Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
2. Scaling up high quality and accessible mental health services
3. Reducing stigma and discrimination against people with disabilities, including mental health disabilities
4. Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions.

Key findings

As COVID-19 cases increased around the world, and governments implemented responses, evidence emerged of the severe and disproportionate impacts on people with disabilities, including people with mental health disabilities. The rapid assessment in Ghana and experience from around the world identified the following risks for people with disabilities, including people with mental health disabilities:

- greater potential risk of contracting COVID-19
- greater adverse economic and social impacts resulting from restrictions
- exacerbation of pre-existing mental health conditions
- potential for increased stigma, discrimination, neglect, violence, and abuse

This summary expands on the findings for Ghana.

Lack of inclusion and engagement

The Ghanaian government response to the pandemic was well received by the wider population, however disabled people's organisations felt more could be done to help people with disabilities, including people with mental health disabilities, to stay safe and protected and to access services.

Our survey highlighted that there was little involvement of organisations working with people with disabilities, including people with mental health disabilities, in the government's design of health and socio-economic responses to COVID-19.

It is unclear how many services provided as a response to COVID-19 were accessed by people with disabilities, or people with mental health disabilities, as the data collected was not disaggregated.

Access to information

A high number of survey respondents identified access to information as their most common need, and for nearly half of respondents, this was the most pressing need. But, information on COVID-19 was not widely available in a range of accessible formats, which impacted people's ability to respond accurately to COVID-19 rules and to keep themselves and others safe during the early months of the pandemic.

For example, while the government provided support to vulnerable families (which included people with disabilities and mental health disabilities) less than half of those surveyed said they took the government's food assistance, even though most respondents identified "food and other basic supplies" as a key need during COVID-19. Lack of accessible information may explain the low awareness of this available support.

Public education efforts on COVID-19 through television, radio and information vans were extensive, but not in other formats such as braille, or Easy-Read, thereby excluding many people with disabilities, including people with mental health disabilities. In addition, much of the public health communication was in English, targeted at adults and on digital platforms.

Access to supplies and services

Our survey found that access to food and other basic supplies, medical services, and medication was affected for people with disabilities, including people with mental health disabilities. Our review also found that people with disabilities, had difficulty accessing hand washing facilities and protective supplies such as hand sanitiser, soap, face masks, and gloves.

The World Health Organization warned that the onset of COVID-19 stretched the capacity of health systems, increasing pressure on services and impacting the quality of care provided. Those relying on this specialist care particularly felt the consequences of this extra pressure and healthcare services were disrupted or limited due to movement and distancing restrictions. This disruption has the potential for long-term and wide-ranging consequences.

Exacerbation of inequalities

People with disabilities, including people with mental health disabilities, are already disadvantaged by societal, economic and physical barriers to inclusion. As a result, they are more likely to feel the impact of any economic recession resulting from government restrictions to curb COVID-19. People with disabilities, including people with mental health disabilities, may rely on others for support, many tend to be unemployed or earn less and are often in informal work or self-employed, with less access to labour protections.

The physical environment of people with disabilities, including people with mental health disabilities, can make them more vulnerable to contracting COVID-19. This can be because of poorer quality housing and care conditions, or increased use of health and medical facilities. People with disabilities that are in psychiatric facilities or prisons may be particularly at risk of contracting COVID-19. This can be linked to overcrowding, hygiene facilities, lack of staff and resources due to sickness, isolation and lack of training to prevent outbreaks.

Exacerbation of stigma and discrimination

It is internationally recognised that the vulnerabilities of any community are exacerbated in emergencies. People with disabilities, including people with mental health disabilities, are at risk of increased stigma, discrimination, neglect, violence, and abuse when emergency responses come into action. For example, Ghana's Accra Psychiatric Hospital confirmed that a patient with COVID-19 was refused access to the COVID-19 treatment centre due to their mental health status.

Exacerbation of risk

International reviews have found that during health emergencies people with disabilities, including people with mental health disabilities, have been identified as vulnerable to abuse, neglect and lack of medical care and other services. People with disabilities including people with mental health conditions and psychosocial disabilities may experience acute stress caused by the pandemic and the disruption, fear and frustration it causes, which can increase social, behavioural, psychological and psychiatric problems. Isolation and quarantine policies are also likely to have negative psychological effects, exacerbating existing mental health conditions, or causing new ones.

International calls to action

There has been an urgent call from the World Health Organization, the United Nations, and the International Disability Alliance to include people with disabilities in responses to safeguard their wellbeing during the pandemic, and also for benefit beyond the pandemic.

The UN Special Rapporteur on the Rights of Persons with Disabilities has called for heightened responsibility towards people with disabilities in psychiatric facilities and prisons, who are at higher risk.

National calls to action

The Ghana Federation of Disability Organisations called upon the Ministry of Gender, Children and Social Protection of Ghana to ensure the national COVID-19 response is inclusive, including improving the protocols and responses in mental health services and psychiatric hospitals.

Recommendations from the rapid assessment for Government

- Strengthen national COVID-19 responses by engaging people with disabilities, including mental health disabilities, in:
 - planning of response measures
 - implementation of response measures
 - monitoring of service use and response measures
 - advocacy
 - behaviour change communication strategies
- Provide information to mitigate and prevent risks in a range of accessible formats, for example:
 - Braille, Easy Read or audio / sound recordings
 - sign language interpreters or transparent masks to allow lip reading
 - in languages other than English
- Use the upcoming census to collect disaggregated data on the number of people with disabilities.
- Disaggregate data so that it is easy to identify who is using services. Health providers should be supported in collecting data and information to build evidence from both the response and recovery phases.
- Provide training for healthcare workers at treatment centres to work effectively with people with disabilities or mental health disabilities.
- Assess psychiatric hospitals and facilities providing mental health services for their ability to respond to COVID-19.



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For further information, visit our website:

<https://options.co.uk/work/ghana-participation-programme>

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