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CBR Guidelines

Supplementary booklet

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Introduction

These community-based rehabilitation (CBR) guidelines are applicable to all disability groups. However, the need was identified for a supplementary booklet to highlight a number of issues which CBR programmes have historically overlooked, i.e. mental health problems, HIV/AIDS, leprosy and humanitarian crises. These issues may have been overlooked for a number of reasons. Originally, CBR programmes focused on issues that were seen as high priorities at the time, e.g. poliomyelitis and other communicable diseases, while the involvement of many professional groups, e.g. physical therapists in the implementation of CBR programmes resulted in a strong focus on physical impairment. Today however the focus and concerns are different; CBR managers may lack knowledge and confidence about how best to address new issues in their programmes, while stigma and discrimination continue to be associated with many of the issues.

As these CBR guidelines highlight, much more is known about disability today as over the past 30 years CBR has undergone a significant evolutionary process. CBR is a strategy for community-based inclusive development which takes into account the principles of the Convention on the Rights of Persons with Disabilities, e.g. non-discrimination and the need to include all people with disabilities in development initiatives. Therefore, it is important that CBR programmes take steps to address issues which they have traditionally excluded, such as mental health problems, HIV/AIDS, leprosy and humanitarian crises. While these four issues have been chosen for inclusion in this booklet, CBR programmes are encouraged to think broadly about other issues (e.g. CBR and children, CBR and ageing) that are particularly relevant in their communities and which may be included in future editions of the guidelines.



CBR and mental health

Introduction

Mental health is a state of well-being in which a person realizes his/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/her community (1). Mental health is an inseparable part of general health, essential for the well-being and functioning of individuals, families, communities and societies (see Health component).

Mental health has a low priority on the development agenda and for society in general. There is a lack of knowledge about mental health issues, with widespread stigma, prejudice and discrimination. In every community, there are people living with mental health problems who are likely to be isolated, abused and deprived of their fundamental human rights. The Convention on the Rights of Persons with Disabilities (2) highlights that persons with disabilities include those who have “mental impairments” and emphasizes the need to: (i) ensure their full and equal enjoyment of all human rights and fundamental freedoms; and (ii) promote their participation in civil, political, economic, social and cultural spheres with equal opportunities.

People with mental health problems have extremely limited access to support and health services particularly in low-income countries and historically have also been excluded from community-based rehabilitation (CBR) programmes. However an evaluation of a CBR programme for people with chronic schizophrenia in rural India shows that CBR programmes can achieve positive outcomes for people with mental health problems, particularly in resource-poor settings (3).

These CBR guidelines are relevant to all people with disabilities, including people with mental health problems – many of the issues affecting people with mental health problems are similar to those affecting any other impairment group and therefore other components should be referred to. However this section provides additional guidance regarding inclusion of people with mental health problems in CBR activities, as it is acknowledged that many CBR programmes have limited experience in working in this area.

The language used when referring to people with mental health problems can be confusing because many different terms are used, e.g. mental illness, serious mental illness, mental disorders, mental impairments, mental health condition, behavioural disorders, madness, mental ill-health, users and survivors of psychiatry, psychosocial disability. This section uses “people with mental health problems” as this is easy to understand and translate; it includes people with conditions such as chronic depression, schizophrenia, bipolar disorder and substance abuse disorders.

Cocoron

In 2002, Cocoron, a non-profit-making-organization, was established in the Fukushima Prefecture of Japan by local community members, including the mayor and a community mental health specialist. The name Cocoron, meaning heart and/or mind, was selected by the wider community. The focus of Cocoron was on community development, given that poverty was an issue of concern in the region, aiming to develop and support the community as a whole so that people with and without disabilities could live with equal rights, security and dignity.

In the beginning, Cocoron raised awareness and developed capacity among community members, its staff and board members, by running a series of workshops over a three-year period. With the support of the provincial authority and local community, resource people were invited from different development sectors to run these workshops.

Cocoron then worked towards establishing a number of income-generating activities in the community. Since a major source of income in the local area is agriculture, Cocoron decided to develop many of its activities around this industry. Cocoron opened shops and a café called Cocoroya to sell local products such as vegetables, mushrooms, fruits and saki, and to serve lunches and sweets. Cocoroya soon become a very popular meeting place for local people, particularly after being publicized in the newspaper and on television.

In March 2004, Cocoron opened a community centre in Izumizaki village to support people living with mental health problems. Cocoron had become aware that people with disabilities, particularly people with mental health problems, were marginalized from mainstream development initiatives. Cocoron has established a number of supports for people with mental health problems and their families, including a counselling service, residential accommodation, and work-based education, training and support.

Many people with mental health problems are now integrated into Cocoron's various income-generating activities – they are the major workforce of Cocoroya – and also other businesses within the community. Their lives have changed; they no longer experience

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