

INTERVENTION 2:

Supporting the needs of people with disabilities during a COVID-19 outbreak

People with disabilities and their caregivers face barriers that could prevent them from accessing care and essential information to reduce their risk during the COVID-19 outbreak.

These barriers might include:

- Environmental barriers:
 - Risk communication is essential to promote health and prevent the spread of infection and reduce stress in the population, however information is often not developed and shared inclusive to people with communication disabilities.
 - Many health centres are not accessible to people with physical disabilities. Due to urban barriers and lack of accessible public transit systems, people with disabilities might not be able to access health care in facilities.
- Institutional barriers:
 - The cost of health care prevents many people with disabilities from being able to afford essential services.
 - A lack of protocols established to take care of people with disabilities in quarantine.
- Attitudinal barriers:
 - Prejudices, stigma and discrimination against people with disabilities, including the belief that people with disabilities cannot contribute to the outbreak response or make their own decisions.

These barriers can lead to additional stress for people with disabilities and their caregivers during the COVID-19 outbreak.

The inclusion of the voices and needs of people with disabilities during outbreak planning and emergency response is critical to maintaining both physical and mental health while reducing risk of being infected with COVID-19:

- Accessible communication messages need to be developed, including considerations for people with disabilities (including sensory, intellectual, cognitive and psychosocial disabilities). Examples might include:
 - Accessible websites and factsheets ensuring that people with visual disabilities can read key information about the outbreak.
 - News and press conferences about the outbreak include certified sign language interpreters validated by people with deafness.

- Health staff know sign language or at least have certified sign language interpreters validated by people with deafness.
 - Messages being shared in understandable ways to people with intellectual, cognitive and psychosocial disabilities.
 - Forms of communication that do not rely solely on written information should be designed and utilised. These include face to face communication or use of interactive websites to communicate information.
- If caregivers need to be moved into quarantine, plans must be made to ensure continued support for people with disabilities who need care and support.
 - Community based organizations and leaders in the community can be useful partners in communicating and providing MHPSS support for people with disabilities who have been separated from their families and caregivers.
 - People with disabilities and their caregivers should be included in all stages of the outbreak response.

Sources:

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