



Shelter & Health Learning Day

14th May 2020

Introduction: background and objectives of the day, the Global Burden of Disease, connections between shelter and health, self-recovery, knowledge and evidence gaps.

Sue Webb. CENDEP

Niall Roche. Environmental health consultant

Bill Flinn. CARE International

Jamie Richardson. Catholic Relief Services (CRS)

Fiona Kelling. Humanitarian shelter consultant

Enrique Sevillano Gutiérrez. CRAterre

Panel 1. Physical health issues related to shelter/housing

Facilitator: Bill Flinn (CARE International)

Lucy Tusting. London School of Hygiene and Tropical Medicine

Elizabeth Berryman. Save the Children South Sudan

Andy Bastable. Oxfam

Jenny Lamb. CRS

Panel 2. Measuring and mitigating health impacts in a variety of housing/shelter settings.

Facilitator: Charles Parrack (CENDEP)

Emily Nix. University College London and Liverpool University

Sarah Ruel Bergeron. ARCHIVE Global

Ronita Bardhan. University of Cambridge

Samuel Cai. University of Oxford

Panel 3. Mental health issues related to shelter/housing in disasters and conflict.

Facilitator: Beth Simons (CARE International)

Jamie Richardson and Melissa Tucker. CRS

Olivia Nielsen. Miyamoto International

Guglielmo Schininà. International Organization for Migration (IOM)

Jill Baumgartner. McGill University and Imperial College, London

Panel 4. Game-changing crises? The implications of COVID-19 and the climate emergency for shelter, housing and health .

Facilitator:

Cathrine Brun (CENDEP)

Ilan Kelman. University College London

Cecilia Schmöller. International Federation of Red Cross and Red Crescent Societies

Brett Moore. The United Nations Refugee Agency (UNHCR)

Niall Roche. Environmental health consultant

Breakout group discussions involving all participants

What have we learnt? What are the gaps? What are the next steps?

Panel 3

Mental health illnesses relating to housing, disasters & conflict.

- Pre-existing mental health illnesses and inclusion
- Upgrading and self-esteem
- Housing tenure & mental health

Facilitators:

Beth Simons (CARE UK)
Jamie Richardson (CRS)



Melissa Tucker, CRS



Guglielmo Schininà, IOM



Jill Baumgartner,
McGill / Imperial



Olivia Nielsen,
Miyamoto International



Mental Health and Psychosocial Support and Shelter

faith. action. results.

How are people affected

One person in five (22%) living in an area affected by conflict is estimated to have depression, anxiety, post-traumatic stress disorder, bipolar disorder or other mental health problems.

Almost all people affected by emergencies will experience psychological distress, which for most people will improve over time.

Among

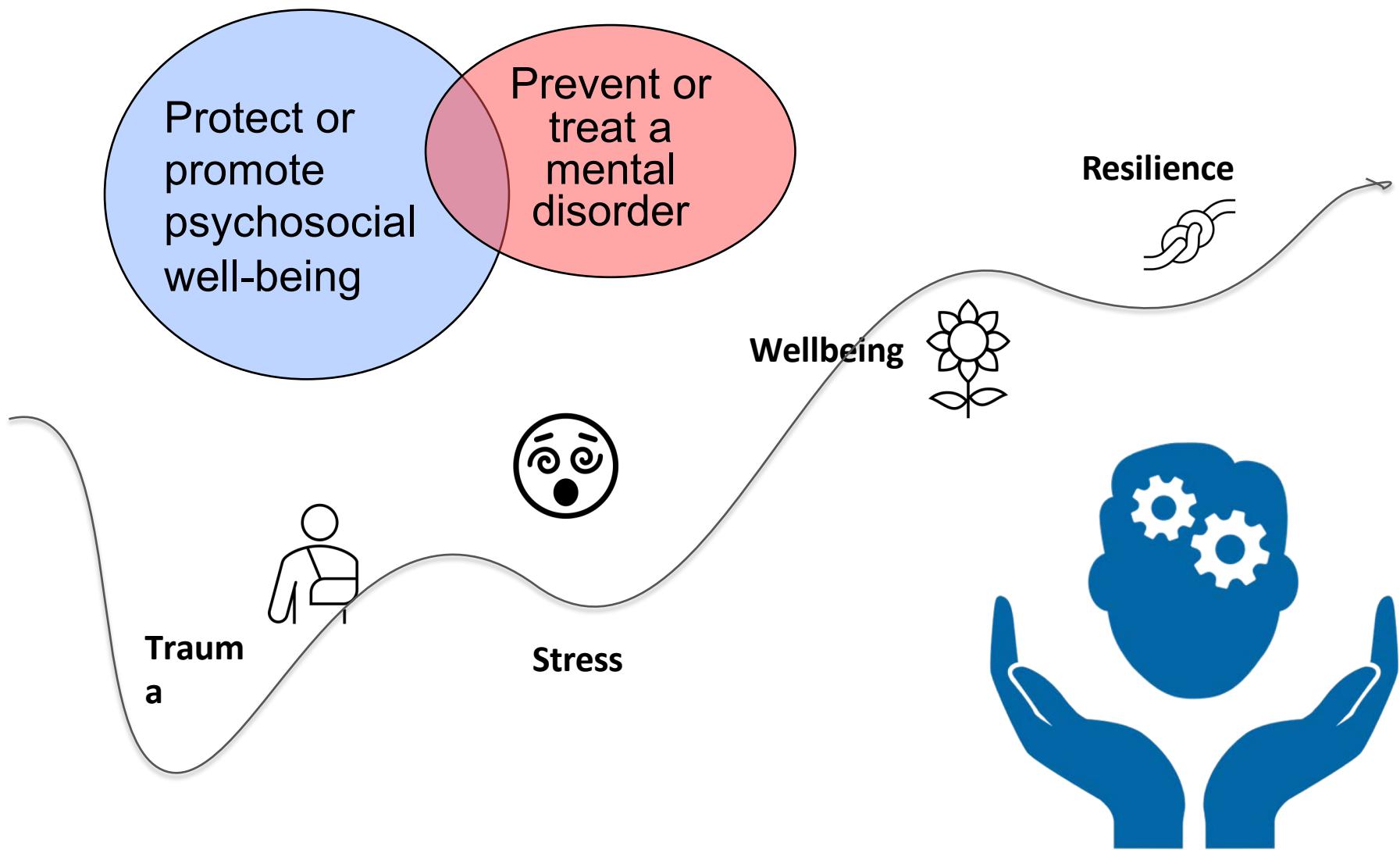
People with severe mental disorders are especially vulnerable during emergencies and need access to mental health care and other basic needs.

people who have experienced war or other conflict in the previous 10 years, one in 11 (9%) will have a moderate or severe mental

guidelines recommend services at a number of levels—from basic services to clinical care—and indicate that mental health care needs to be made available immediately for specific, urgent mental health problems as part of the



Mental Health and Psychosocial Support



Case example: Bangladesh



“There are a lot of people like me who couldn’t afford the boat fare, and were very hungry. I think many must have died there from hunger.”

- Sanamula, 20, in Thangkhali camp



Pathways to Recovery

	Mitigation	Therapeutic
Shelter/Home	<p>Participation in self-recovery (PFA)</p> <p>Safety and security</p> <p>Trained field staff</p> <p>Engaging self-efficacy</p> <p>Space to fulfil roles</p> <p>Coordination with Health</p>	<p>Safety and security</p> <p>Sense of ownership</p> <p>Beautification and individual choice</p> <p>Hope for future</p> <p>Sense of Identity</p>
Settlement	<p>Participatory planning</p> <p>Access to Community/Cultural supports</p> <p>Community Protections</p> <p>Space for livelihood</p>	<p>Social connectedness</p> <p>Social Cohesion</p> <p>Access to support</p> <p>Connecting to formal and informal services</p> <p>Hope for future</p>



Housing & Mental Health

A photograph showing the aftermath of a disaster, likely a typhoon, in a coastal area. In the foreground, there is debris, trash, and damaged structures. A small, simple wooden house with a corrugated roof stands prominently in the center. A person in a blue dress is seen walking away from the camera towards the entrance of the house. The background is filled with palm trees and other damaged buildings under a cloudy sky.

Research by Olivia Nielsen (Miyamoto International)
and Luis Triveno (World Bank)

miyamoto.

Poor housing quality stunts self esteem

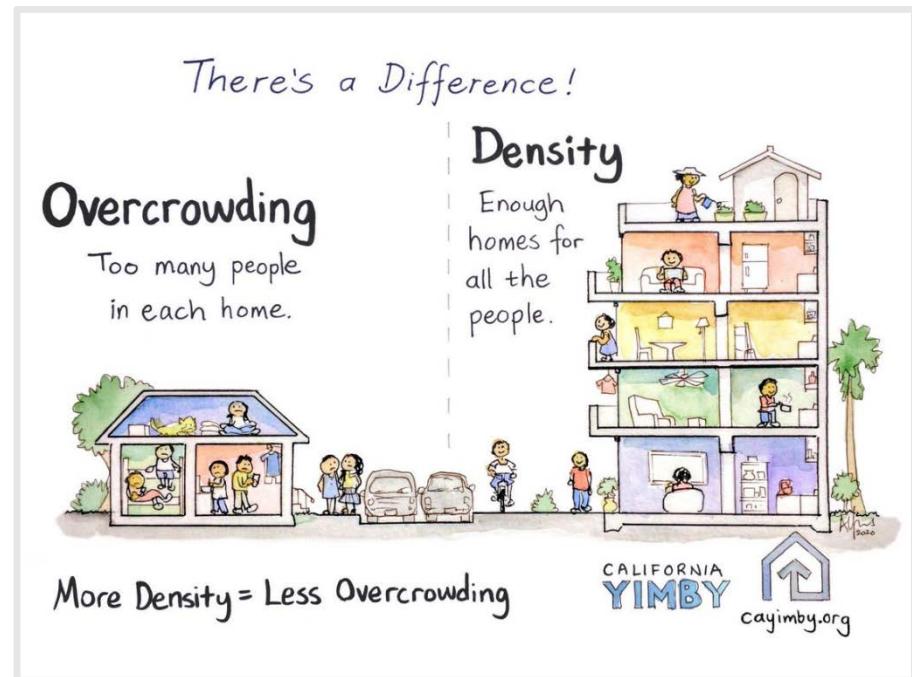
- In many cultures, personal identity is closely tied to our homes
- Our homes are seen as an extension of oneself.
- Home improvements can be empowering and build confidence.
- How are we effected by:
 - Ownership v. rental
 - Appearance on outside v. inside?



Overcrowding and stress

- Poor housing quality increases levels of depression and stress, leading to domestic violence.
- Living in crowded conditions not only limits privacy but also can lead to domestic violence.
- Overcrowding should not be confused with density!

With COVID-19 and worldwide ‘stay-at-home’ orders, the importance of good housing has never been so important!



High housing costs and stress

- High housing costs are a major issue, with one in four adults suffering from stress of paying their rent or mortgage (Shelter UK).
- Many households spend more than $\frac{1}{2}$ income on rent.
- 1 in 3 renters didn't pay their rent in April in the US due to the pandemic

Many households are feeling this stress at the moment!



Poor Quality Housing and PTSD

- Nearly one quarter of earthquake survivors suffer from PTSD.
- The mental and emotional impact of highly devastating earthquake has been called “the other invisible disaster”.
- Displacement is also another cause of stress and PTSD.

Reconstruction alone simply cannot build back what was lost- need to focus on prevention and resilience!





make the world a better, safer place.

INCLUSIVE SHELTER AND SETTLEMENTS PROGRAMMING, BEYOND THE PHYSICAL.

Addressing mental health and psychosocial needs in shelter and settlements programming

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Inclusion of Persons with Disabilities in Shelter and Settlements programming WG



The inclusion of persons with disabilities in shelter and Settlements programming Working Group is building on existing guidelines and work addressing vulnerability factors conducted by the Global Shelter Cluster (GSC), to integrate a wider and more systematic disability inclusive approach to shelter and settlements programming. It is also supporting more general inclusion mainstreaming, as prioritized by the GSC Strategy 2018 – 2022.



All under One Roof

Guideline on disability-inclusive shelter and settlement response to emergencies.



The baseline mapping report

Broad overview of some of the challenges and pinch points and identify existing barriers to inclusive programming.

disability.inclusion@sheltercluster.org

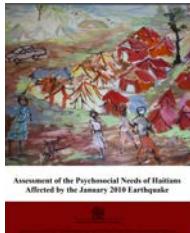
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Mental health and psychosocial needs in shelter and settlements programming

Two main relations between shelter and MHPSS:

- 1) Lack of shelter and conditions of shelter have an impact on MHPSS
- 2) people with MHPSS need to receive adequate shelter and care

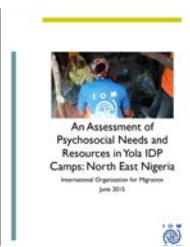
Mental health and psychosocial needs in shelter and settlements programming



Haiti, 2010:

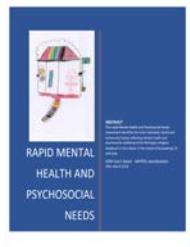
"Lakou" defines both the extended family and the courtyard in old houses.

Where it was possible to organize the camps following Lakou, residents felt **safer** and **less isolated**, and they felt that they could better **help each other in taking care of** elderly, the children and the vulnerable members of Lakou.



Nigeria, June 2015:

Inadequacy of shelters for the forthcoming raining season listed as a factor **Provoking Psychosocial Uneasiness**.



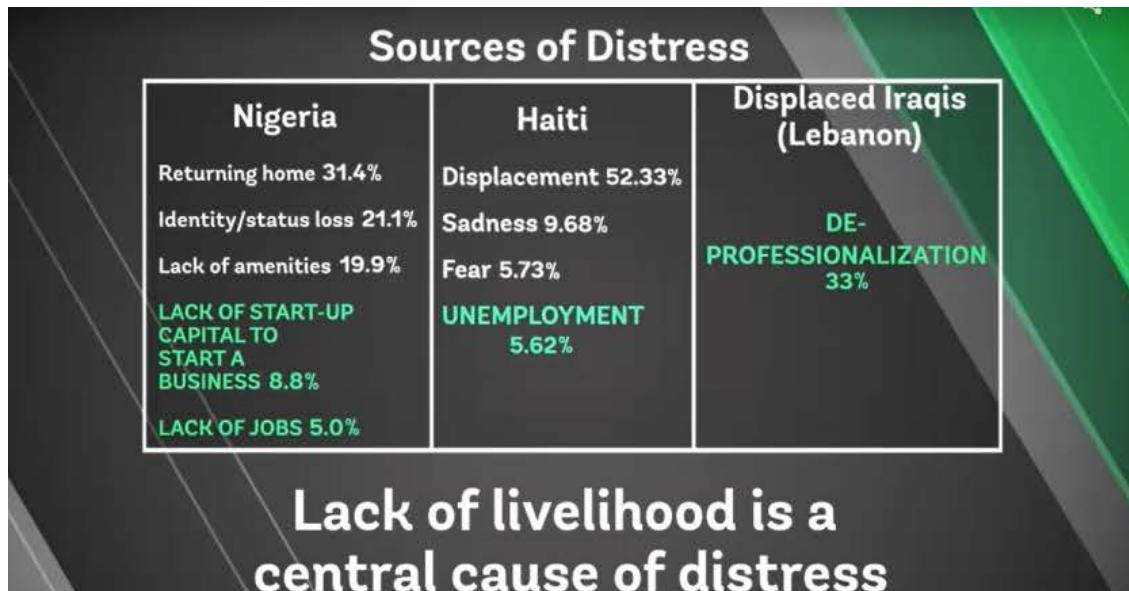
Cox's bazar, Jan-Feb 2018:

Inadequateness of shelter with lack of personal space and poor lighting are among the most common factors **affecting psychosocial wellbeing and mental health**.

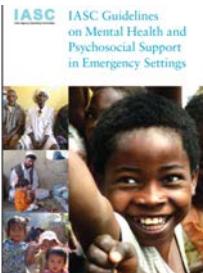
Most of female youth **afraid and not feeling protected**.

Cooking rice is a very important **family gathering that has been restricted** due to the lack of cooking fuel and overcrowded conditions within the shelters.

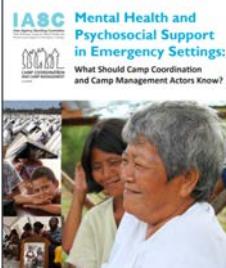
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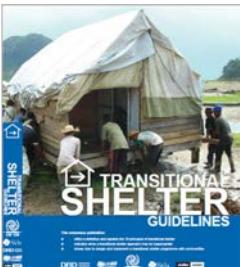
Mental health and psychosocial needs in shelter and settlements programming



**IASC, 2007
MHPSS guidelines**
Chapter for shelter and site planning



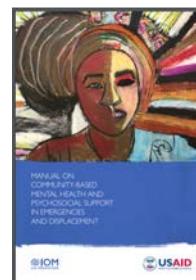
IASC, 2014
What should CCCM actors know about MHPSS



Transitional Shelter Guidelines, 2011



World Bank, 2014
Psychosocial concepts for Livelihoods Programming



IOM, 2019
Manual on **community-based** MHPSS



HPN, 2018
Humanitarian exchange



Secure housing tenure for healthier and more equitable cities

Jill Baumgartner
Associate Professor
Department of Epidemiology
Institute for Health and Social Policy
McGill University

Detailed slides to follow: research paper featured in presentation is awaiting publication