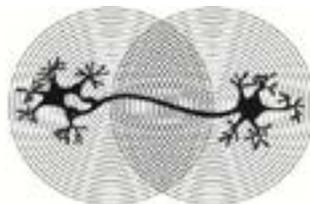




# **PLANNING AND CONDUCTING A ‘COUNTRY MISSION’**

**TOWARDS NATIONAL  
MOBILIZATION OF PERSONS  
WITH PSYCHOSOCIAL  
DISABILITIES**





**BAPU TRUST FOR RESEARCH  
ON MIND & DISCOURSE**



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**PRODUCED BY:**  
**Transforming Communities for  
Inclusion of persons with psychosocial  
disabilities (Asia Pacific)**

**SUPPORTED BY:**  
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# 1. INTRODUCTION TO TCI ASIA PACIFIC

Transforming Communities for Inclusion – Asia Pacific (TCI – AP) is an independent, regional Organisation of Persons with Disabilities [OPD] focusing on the monitoring and implementation of all human rights, for persons with psychosocial disabilities. We are guided by the United Nations' Convention on the Rights of Persons with Disabilities (UNCRPD). TCI forecasts a future in which all human rights and full freedoms of persons with psychosocial disabilities will be realized. Our contribution to the realization of the CRPD is by focusing intently on the pedagogy and the practice of Article 19 of the UNCRPD – the right to live independently and be included in communities, and to share our learnings with multiple stakeholders, including governments and policy bodies. We advocate for the practice of inclusion and dream to see it manifest in all national and regional policies and laws of the Asia Pacific region.

**This document provides detailed processes on 'how to' engage and empower persons with disabilities at the national level. It provides a step-wise introduction to planning and executing Country Missions. We hope this document will be useful to OPDs which are mobilizing persons with disabilities at the sub-regional, or regional levels.**

# WE AIM

- To provide a regional platform for people with psychosocial disabilities to create a common vision for advocacy for our inclusion
- To mobilize persons with psychosocial disabilities and supporters, to advocate for our inclusion within disability and development, through unique instruments like country missions, multi-stakeholder workshops, sub-regional and regional plenaries, TCI fellowships, etc.
- To develop status and strategy papers for advocacy actions with respect to laws, policies and institutional relationships in the region, to facilitate an enabling environment, for the full inclusion of people with psychosocial disabilities
- To lead, partake of and contribute to global advocacy on the full realization of our human rights, particularly Article 19 (Living independently and being included in the community)
- To enable human rights based, CRPD compliant community mental health and inclusion services, for persons with psychosocial disabilities, by capacity building of DPOs in the creation of violence free social habitats, community support systems and expanding choice in the realm of wellbeing services and practices.

**TCI Asia Pacific sets an example on the importance of Socratic Dialogue – using peaceful means towards reaching the goal of preparing and transforming the Asian Pacific communities for the inclusion of people with psychosocial disabilities, guided by the CRPD.**

# 2. BACKGROUND TO COUNTRY MISSIONS

**This document provides detailed processes on 'how to' engage and empower persons with disabilities at the national level. It provides a step-wise introduction to planning and executing Country Missions. We hope this document will be useful to OPDs which are mobilizing persons with disabilities at the sub-regional, or regional levels.**

All disability movements strive for the effective mobilization of people with disabilities. TCI, similarly, struggled with this issue, being a regional organization since inception.

Several countries did not seem to have a visible presence of persons with psychosocial disabilities. Cross disability presence was not so inclusive, or there was no awareness of our constituency. Particularly in countries that had signed, but not ratified the CRPD, the invisibility of persons with psychosocial disabilities was high.



Further, in some countries, the cross disability movement was a strong gatekeeper and a potential barrier to the full and effective participation of persons with psychosocial disabilities.

To add to this diversity, in some countries, the lead person with a psychosocial disability was more of an individual enabler or inspirational speaker, building on their own personal stories, and not being interested in building a movement as such.

Finally, in several countries, and especially those which were high income, or commonwealth, persons with psychosocial disabilities were custodialized by the mental health service delivery system, were incorrigibly and forcibly in and out of institutions, were otherwise in custodial arrangements or in tightly framed household conditions, that free participation by them was difficult.

Even in more liberal policy environments without the lacing of a coercive mental health law or colonialism, persons with psychosocial disabilities were caught in the epiphany of the medical model and the complacency and somewhat condescending care of traditional mental health service providers. Access to development and human rights was not within their reach.

More universally, persons with psychosocial disabilities worked in isolation, often without any supports or guidance, or a space for sharing lived experiences or have a discussion on inclusive solutions.

TCI convened about 15 people from 5 countries together in 2013, in Pune, India, to discuss these issues.

TCI achieved an important milestone in the express need for country level engagements. The group highlighted the significance of dismantling an identity as ‘user survivors’, as not useful for the region.

We chose the identity of a person with psychosocial disability instead, and defined the movement as a (post-CRPD) movement of persons with psychosocial disabilities. Congruent with Asia Pacific ethos, there was also a strong opinion expressed, of the intersectional nature of personal identity, where a ‘peer’ is someone who shares common cultural, social and economic status, and identities, and not just the identity of a person with lived experience of mental distress, or disability.



TCI started a new pathway to the realization of human rights of persons with psychosocial distress and disability, by focusing on Article 19 of the CRPD ('Inclusion'). In 2014, the group named itself as 'Transforming communities for Inclusion of persons with psychosocial disabilities', putting out a distinctive nature of this movement, as a movement on the inclusion of persons with psychosocial disabilities.

TCI institutionalized the strategy of 'Country Missions' early on, having visited several countries from 2012<sup>1</sup> onwards. Country mission was a great solution to the challenges that TCI faced in those early years, of isolation, exclusion and co-optation. While some missions were exploratory, some futile, several missions were hugely successful. Inter country exchanges brought forth a new energy, and a platform for cross learnings, the much needed panacea of solidarity, the connectedness of shared experiences, and motivation to express ourselves more audibly and visibly, within different policy and movement spaces. Raw experiences in the early years led to the key learning that, a country mission needed at least 2 objectives,

and possibly 2 separate platforms for national advocacy actions-

## **(1) mobilizing persons with psychosocial disabilities**

## **(2) engaging the cross disability movement and other important stakeholders in a dialogue on our inclusion.**

*1 TCI lead members at the time, were trained in the CRPD by the International Disability Alliance and its ToTAL program. Alexandre Cote, at the time, was an IDA Program officer for capacity building, and initiated and conceptualized the idea of 'country missions'. Bhargavi Davar, a trainee in the program, and later, convenor of TCI, developed and implemented the missions with his technical assistance. Later on the Country Mission strategy was institutionalized within TCI, as a long term strategy for mobilization of persons with psychosocial disabilities at the national level.*

# 3. PLANNING A COUNTRY MISSION

TCI has made 'Mission' visits to several countries in Asia and Pacific and has facilitated the mobilization of people and groups with psychosocial disabilities in many member countries. We have made successful engagement within countries by building capacity and delivering trainings on the CRPD and Inclusion, empowerment of emerging leaders and national DPOs, facilitating multi-stakeholder dialogues and giving technical inputs to governments on the inclusion of persons with psychosocial disabilities.

## VISITS TO SUPPORT NATIONAL LEADERS

Malaysia (2),  
Indonesia (2),  
Thailand

## MISSIONS ACCOMPLISHED

China (2), Fiji Islands (2), Hong Kong, Japan, Nepal (2),  
Philippines, South Korea, Sri Lanka, Timor Leste, Tonga

## EXPLORATORY VISITS

Cambodia

Since 2012, thirteen full country Missions have been done to several South Asian, South East Asian, East Asian and Pacific island countries. TCI has organized support visits to countries for participating in multi-stakeholder conferences, providing support to national DPO to advocate with government, participation in government consultations as technical support, making exploratory visits to countries to make initial contact with DPOs there on inclusion of persons with psychosocial disabilities.

## 3.1 OBJECTIVES OF A COUNTRY MISSION

When there is an invitation by a local DPO, emerging voices of people with psychosocial disabilities or support from an agency to visit a country, a 'Mission' is put together with a few or more of the following objectives, differing from country to country:

- 1** When there is an invitation by a local DPO, emerging voices of people with psychosocial disabilities or support from an agency to visit a country, a 'Mission' is put together with a few or more of the following objectives, differing from country to country:
- 2** To provide CRPD trainings to the DPOs and emerging leaders at the national level, and help DPOs make a shift from the 'medical model' to the 'social model' of disability
- 3** Facilitate the formation of a DPO of persons with psychosocial disabilities
- 4** To exchange and engage with the cross disability movement as well as to pave the way for the inclusion of persons with psychosocial disabilities within the cross disability movement

## 3.2 INITIAL STEPS

Typically, TCI connects with persons who may reach out to them at the Secretariat or through the membership in new countries or through the cross disability movement. Participation of new country members in TCI gatherings, sustaining email or WhatsApp correspondence, some initial activities by the emerging person with psychosocial disability, requests for support in their advocacy, etc. may lead to strengthening the partnership with the person or the group. Out of these continuing exchanges, there may be a request to make a Country Mission Visit. A Country Mission is the first evolutionary step in national mobilization, where the work of a country member is recognized and validated by further investment by the country member.

## 3.3 PROCESS OF A COUNTRY MISSION

TCI member organizations or lead members planning a Country Mission may take guidance from this section, adapting different steps in the process to their own expectations and local situations. Some aspects (e.g. legal frameworks) may be more important in some countries while other aspects (e.g. engaging cross disability movement) may be more important in some others.

### STEP ONE

Connect with an emerging DPO or a person with psychosocial disability who is active or has ideas on transforming mental health systems towards inclusion. Engage in preliminary exchanges regarding the situation of persons with psychosocial disabilities in the concerned country. Alternatively, follow through with an invitation received or suggestion from any supporting agency/reliable source, especially a national cross disability leader, regarding contacts in a particular country and discuss ideas for a country mission.

## STEP TWO

In the preliminary exchanges, it is important to find out the exact situation of persons with psychosocial disabilities in the country. It is recommended to look into the following areas outlined below although the list can be adapted country wise. TCI usually prepares background papers to facilitate a somewhat knowledgeable entry into a new country. Country presentations at TCI plenaries<sup>2</sup>, extended exchanges with country members, also gives a picture of the country situation.

**LEGAL MEASURES** in place for social, economic and legal inclusion of persons with psychosocial disabilities.

Look into when the laws and policies were last amended to incorporate human rights elements and the efforts to harmonize the CRPD for countries that have ratified it.

Find out whether persons with psychosocial disabilities are included in a national Disability Act and in the implementation. There are still some countries in the Asia Pacific region which have signed, but not ratified the CRPD.

That context would introduce new advocacy elements when working with national DPOs. Human rights authorities, UN authorities such as the WHO, the CRPD committee may have issued various guidance documents or monitoring documents for the country of interest.

If required, consult a national legal expert or a technical support organization for this deconstruction and bring them into the process.

Conduct a small study of extant systems in the country before embarking on the country mission.

**HISTORY OF THE COUNTRY.** The particular **socio-economic, political history** of the concerned country is an important step while making preliminary connections.

Look for a **history of colonisation** in the country and who the colonisers were. Specifically for Asia Pacific countries, Commonwealth frameworks (erstwhile British colonies or Protectorates), give a good indication of their mental health legal infrastructure.

<sup>2</sup> TCI organizes a General Assembly every 2 years, bringing as many country DPOs as possible, and members, to exchange and share learnings and challenges, and also to take organizational decisions.

There are approximately 28 Commonwealth countries in the Asia Pacific region. Commonwealth countries have the peculiarity of mental health law which are coercive; as well as incapacity laws which may be all encompassing in their denial of human rights.

Several countries have **not repealed** their coloniser's mental health laws, or, made new mental health laws based on the coercive model, or are using the old lunacy laws.

Make **inquiries and research** on other specific national laws that allow for legal incapacity, substituted decision making and involuntary incarceration on grounds of 'unsound mind', 'lunacy' and mental illness.

These are again, commonwealth legal peculiarities, but may be found in diluted forms, across other colonial frameworks. While looking into the history of colonisation, also look at who were the colonizers, for how long the country was colonised, for how long the country has been free, whether the liberation was a struggle or a negotiation.

Each country will have a specific history that will have affected the trajectory, perception and treatment of persons with psychosocial disabilities.

Other areas to explore are whether there was a history of conflict, political instability, natural disasters, humanitarian issues, internal conflict and civil wars, governmental oppression and suppression, war.

Looking into the history of the country will give the visiting team an idea of what to look for before and during the visit, what areas will require more work, who to target for policy change, how far reaching is the medical model in the country, medicalization of distress and trauma, etc.

**POLICY MAKING HISTORY AND PATTERNS** Tracing the **policy making patterns of the country** is likely to be an insightful endeavour that will allow for a higher chance of a successful Country Visit. While there are many signs that will range from country to country, there are some key signs and takeaways that will highlight the country's willingness to work towards a progressive, human rights model for persons with psychosocial disabilities.

A review of the government's past efforts in policy framing especially at how much the government prioritizes and safeguards human rights of its citizens can be very informative.

Whether the government has a history of ratifying and legally harmonizing UN International laws and what is the country's relationship with the UN and international human rights organisations-

**These are useful questions to ask, for gauging political will for transformation.**

Look at the government's attitude toward participation of its citizens especially civil society organisations in policy framing and the way they source experts for legal and policy making and changes. The governance of the country is indicative of the way ahead for human rights measures that need to be put in place. **Looking into the government's policies and patterns of policy making allows for a useful gauge of the possibilities and obstacles that one might encounter during a Country Visit.**

Do also consider what the status of the cross disability movement in the country is.

**PRESENCE OF MENTAL ASYLUMS.** As the global discourse of human rights of persons with disabilities moves towards de-institutionalisation and programming for inclusion, an important area to discuss in the preliminary planning is how many, if any, mental asylums the country has, the capacity of these institutions are, average length of stay per individual, and how are they funded.

These are good indicators of which side of the discourse the government allies with, the **physical condition of these mental asylums** is an insightful measure as well.

There may also be institutions supposed to function as inclusive, to realize the right to housing. These alternative institutions may however function as custodial homes with medical professionals overseeing and acting as gatekeepers, by locking up and/or engaging in more disguised forms of human rights violations.

In this regard, one can inquire also about 'beggar' homes, shelters, social care institutions, rehabilitation homes, halfway homes etc. house persons with psychosocial disabilities and what kind of agency is given to persons with psychosocial disabilities in these sites.

This exploration lends itself to more pressing questions, whether the country relies more on institutions as a primary service for persons with psychosocial disabilities and whether this reliance of institutions is indicative of forced psycho-pharmacology, shock treatments and restraints, as 'cures' for psychosocial distress.

This is a **useful tool** to gauge the government's political will in introducing the social model of disability for persons with psychosocial disabilities.

**PRESENCE OF LOCAL COMMUNITY SUPPORT MECHANISMS.** As per Article 19 of the CRPD, all persons with psychosocial disabilities are obliged to enjoy a choice of where they would like to live, are entitled to community support structures and resources within the community itself.

Before a Country Visit, the teams can work together to **map the community resources** that is available for persons with psychosocial disabilities in the community.

Given that most Asia Pacific cultures and nations are community oriented as opposed to Western countries, one can also look at the presence of local and traditional methods to support persons with disabilities, be it through self-help groups, women's groups or other prevalent systems.

Finding out the local perception of persons with psychosocial disabilities will also help in navigating the Visit.

Existing resources, community models, cultural and religious belief systems, social capital specific to the country are additional elements that can be incorporated into the Visit.

**SCOPE OF TRANSITION FROM MEDICAL TO SOCIAL MODEL.** All countries have the capacity and resources to transition from the medical model to the social model of disability for persons with psychosocial disabilities. They may lack the political will to make the transition. DPOs may be too dependent on medical funding to take the risk to shift to disability or development funding.

When planning a Country Visit, the team can **consider the intent, resources available and support** that the emerging DPO has in order to make a successful transition in their advocacy. Efforts could be made to build a **strong alliance** with the cross disability movement to enable the transition.

It is also important that the DPO has or can **make connections** with other human rights movements in the country, such as women's movement, indigenous movement, LGBTQ movement, human rights movement, etc., and work together with them as a united group.

The stage of CRPD information, capacity and knowledge that the emerging DPO currently possesses, can also be considered. This will determine the level and content of support and learning to be provided by the visiting team.

**KEY ACTORS IN THE DISABILITY AND INCLUSION SPACE.** This is an important area to include in preliminary exchanges and will be useful when drawing up the invitation list for the national multi-stakeholder meetings.

Enlisting the key people in the disability movement, donors and grant makers keen on supporting emerging, transitioning projects, international NGOs for support, actors in the SDG space to link up with, people active in regional or sub-regional bodies can **produce more effective results** for the Country Visit.

## STEP THREE

Constitute a team from both ends – the Visiting Team and the Organising Team from the emerging DPO.

The teams can take into consideration the several dimensions and requirements of carrying out a Mission Visit including experts by experience for training in the subjects needed (local and international), technical support people, coordinators of meetings, schedules, agendas, translators, sign language interpreters, other accessibility measures, minute keepers, finance management team for seamlessly managing international money exchanges and transfers.

The core planning team can work together through several meetings and with a willingness to incorporate what the country needs best to successfully carry out a Country Mission.

Keeping **communication clear, straightforward and transparent** between the two groups is critical and focal contact persons between the two groups can be constituted. All emerging needs and concerns can be addressed before the visit is conducted to ensure a smooth Mission.

## STEP FOUR

Based on the discussions and emerging needs identified by both groups, create a plan, schedule and agenda, objectives for the visit, desired outcomes and aims of the meeting.

It is important that this be **created as a process**, and in clear consultation with both groups.

The organisers can also keep in mind that every Country Visit is dependent on the local context. The needs, local probabilities, likely outcomes, suggestions for the thematics will be based on the inputs and largely the responsibility of the country team; Advice, suggestions, sourcing experts, designing and planning content for trainings will be the responsibility of the visiting team.

**Defining** clear roles, responsibilities and written communication is important. Working as an overall **team** and **collaborating** together based on the context is the key aim.

In TCI planning, the Training for persons with psychosocial disabilities and the Multi Stakeholder meeting are considered as two separate events, done back to back; with the second, multi stakeholder event

being an outcome of the first event. Two separate agendas and plans can be made – one each for the training/conference of only persons with psychosocial disabilities and another for the dialogue between persons with psychosocial disabilities and various multi stakeholders.

Sometimes, it may also be the case that, multi-stakeholder exchanges is not one large meeting, but is broken down into several smaller and more intense exchanges. For example, in Timor Leste, separate meetings were held with a large group of cross disability leaders, family group, and with mental health service providers.



## STEP FIVE

Selecting **dates suitable to both** the groups as well as the experts can be done many months before the visit, so as to ensure that invitations and communication with the concerned persons happen much in advance.

Creating an **invitation list** is also a critical aspect of Country Missions. Two invitation lists could be prepared for the visit. One list is prepared for persons with psychosocial disabilities who will attend the first part of the visit.

In TCI experience, a special note is taken to invite those persons with psychosocial disabilities, who are active in national or provincial advocacy and who are committed to making the change from ‘mental health’ to ‘psychosocial disability’.

The other invitation list for the **multi stakeholder** meeting can be more varied and include a wide range of professionals in the field of disability, policy makers, government officers especially from the disability departments, cross disability members, lawyers, academics, family groups, community leaders, UN representatives at a regional or country level, international NGOs, donors and more.

Do invite persons who are supporters, national technical support organizations and implementers who have an intention as well as a key role in making real changes towards the inclusion of persons with psychosocial disabilities. The aim is to invite persons who can commit to making changes. Keep in mind the country’s context and setting and adapt the invitation list accordingly. More information on how to create invitation lists for the multi stakeholder meeting is detailed below.



## STEP SIX

Once the dates, agendas, persons attending have been confirmed, **logistics** and travel coordination have to be initiated. These include working on finances, making liaisons with an accessible hotel, accessible training venue, flight bookings with reasonable accommodations, preparing rooming lists, specific accommodation requirements, local travel arrangements, preparing notes for the safety and smooth transfer of international travellers, are areas to consider.

One can also prepare for any additional coordination needs that may be country specific. Any specific accommodations and materials required for the trainings or meetings can also be organised for in this phase. Translators, sign language interpreters, documents in accessible formats, sound systems, banners, and brochures can also be organised before the meeting. Organisational policies from either side can be kept in mind while making these arrangements and can be clearly communicated to both the teams.



## STEP SEVEN

Once the visit is organised and ongoing, **documentation** – written and audio visual – is an important aspect of the visit.

One can also plan ahead for any setbacks and obstacles that might arise and arrange for backups in case they arise.

Communication can be maintained throughout, preferably over an accessible group communication platform, to ensure the safe pick up, time coordination and other such logistics that will come up.



## STEP EIGHT

Once the visit is complete, **follow up communication** can be made and reports from either both teams or the country's teams can be made.

A **closure meeting** is desirable to discuss outcomes reached, barriers faced and plan for the way ahead to ensure that the emerging DPO/person with psychosocial disability are able to sustain the outcomes of the visit and the visiting team can also connect and share learnings that can be transferred to the next visiting team.

The partnerships built can also be discussed in the follow up meetings and further planning may be needed for **future projects**.

## STEP ONE

Invitation by an emerging leader or a DPO  
Connect with an emerging DPO/person with psychosocial disability

## STEP TWO

Preliminary exchanges with the concerned DPO  
Prepare a checklist of areas to explore in the preliminary discussions

## STEP THREE

Form two teams to jointly work together - one from the Visiting Team and one from the Country  
Clarify roles and responsibilities between the two teams (eg: finance, define roles and responsibilities of each team member)

## STEP FOUR

Create a plan, schedule, agenda, objectives, desired outcomes and goals of the Visit  
Plan together as two teams working as one is key

## STEP FIVE

Select dates for the Visit suitable to both the groups as well as the experts  
Jointly preparing the invitation list of those who will attend the Visit from the country as well as the experts  
Send invitations to key indispensable persons/invitees in order to confirm the dates

## STEP SIX

Begin logistics - finance management, choosing an accessible hotel, accessible training venue, flight bookings, rooming lists, accessible and reasonable accommodation needs of each participant, local travel arrangements, notes for international participants, translators, sign language interpreters, materials required for training - accessible formats of documents, individual sound kits for interpretation, etc

## STEP SEVEN

Source an individual for written documentation  
Source for audio-visual documentation  
Prepare for setbacks/obstacles

## STEP EIGHT

Maintain follow up communication  
Written reports of the Visit  
Written documents/papers/brochures/declarations from the meeting  
Plan for follow-up partnerships/work

# 4.

# PLANNING A MULTI STAKEHOLDER MEETING

A strong dialogue culture prevails in the work of TCI Asia Pacific. TCI takes opportunities to engage with all kinds of stakeholders in conversations about the inclusion of persons with psychosocial disabilities. TCI Asia Pacific governance itself comprises of persons with psychosocial disabilities and cross disability supporters. Every engagement within countries and the plenaries are constructed in a way to have open dialogue sessions.

Multi-stakeholder meetings are usually scheduled for the last day of the Country Mission after extensive engagements, discussions and training on both the CRPD as well as on inclusion of persons with psychosocial disabilities. To ensure that the voices of persons with psychosocial disabilities are centred and kept at the forefront, thorough discussions are had with the DPO members/persons with psychosocial disabilities in the initial phase of the Country Visit to identify the gaps, barriers and areas that need to be worked on at a national level. These are then presented to the multi stakeholders on the last day.

In these meetings, TCI is a **facilitator**. The lead role is taken by the national DPO or emerging leaders. TCI facilitates the multi-stakeholder meeting by opening the floor for dialogue, helping in articulating questions for the session and securing concrete commitments from the multi stakeholders and persons with psychosocial disabilities and through a steady process of building partnerships.

The **multi stakeholders** that local DPOs and TCI engages with in such meetings are:

- 1** Cross disability leaders at the national level who closely exchange and engage with us when we make country visits and also in the plenary meetings.
- 2** TCI Asia Pacific participates in symposia, conferences and in academic engagements to share our learnings and to build a culture of research around Inclusion.
- 3** TCI, while excluding family groups in the membership, validates the valuable efforts of family groups and engages with them towards empowering themselves, as a way of creating the causes and conditions within households and communities for the values of support and care to prevail.
- 4** TCI is excited to meet people in governance in different departments especially disability affairs to suggest policy directions that may have outcomes of Inclusion.
- 5** TCI meets and exchanges with the larger human rights, gender and social movements for having self-representation in activism.
- 6** TCI visits mental health facilities and engages in dialogue with the service providers with a view to bring news on alternatives to coercion to them as well as best practices.
- 7** TCI takes a lead, participates in and otherwise engages in global actions every year towards taking small steps in building bridges of support and learning with users and survivors worldwide.

While Country Mission planning is inclusive of the multi stakeholder meeting, the latter is the second phase of the Country Visit and involves a different agenda, schedule and invitation list from the Country Visit. The multi stakeholder meeting also differs in that it allows for participation from a wider resource list of professionals, NGOs, government officials, cross disability movement leaders, community leaders and such.

TCI Asia Pacific multi stakeholder meetings usually consists of a half day meeting of about 30-35 participants. The meeting is usually divided into two broad halves

The first involves the presentation, introduction of TCI and the emerging DPO, as well as the presentation of the key advocacy goals and outcomes.

The second half consists of opening the floor to dialogue with the stakeholders present.

**The second half is critical as it allows for commitments, partnerships and opens a platform for an honest and guided discussion on the needs of persons with psychosocial disabilities.**

TCI has also found that the Multi Stakeholder meetings gives room for many stakeholders to interact directly with persons with psychosocial disabilities and for many, this becomes a first time experience and an eye-opener.

The meeting usually concludes with a lunch.

## 4.1 MAPPING STAKEHOLDERS & CREATING INVITATION LISTS

For TCI, the process of mapping out stakeholders to invite to the multi stakeholder meetings is very important and underlying the process are certain rationales that have been created to match the philosophy, values and mission of TCI. Since TCI is a post-CRPD DPO, the core of every TCI program has the message of full inclusion of all persons with psychosocial disabilities and reaching back into the CRPD again and again.

Keeping the spirit of inclusion in the design of all programs, the process of mapping stakeholders is a rigorous process involving those persons and organisations that are human rights based, social model oriented, SDG influencers, UN based. TCI allies with those organisations that are ready to incorporate a strong paradigm shift from mental health to inclusion. TCI also works incorporating a strong message of intersectional identities and focuses on representation from various intersectional groups.

Below is a list of the broad arch of organisations and persons that TCI includes as stakeholders:

- UN experts including Special Rapporteurs
- UN bodies such as ILO, UNICEF, CEDAW representatives, CDAC representatives, etc
- Cross disability leaders including members from various cross disability groups including those from invisible illnesses groups, deaf, deaf-blind groups and other under-represented disability communities
- CRPD Committee experts especially the ones from Asia Pacific
- Experts by experience especially the ones with a lived experience of psychosocial disability who may not be members of TCI Asia Pacific
- Human rights organisations including law networks, women's rights organisations, indigenous people's rights organisations, queer rights organisations, other minority groups and more
- The national human rights institutions and their key officers
- Media houses and groups for training on the CRPD and ensuring a dignified representation of persons with psychosocial disabilities
- Family groups keen on promoting, ensuring and empowering persons with psychosocial disabilities
- Community leaders especially those who are in decision making and influencing positions to create community changes in perception of persons with psychosocial disabilities as well as in ensuring commitment to providing resources
- Academics, universities to ensure that the discourse of social model of disability and knowledge of the CRPD is transferred in literature production
- Government officials across sectors who are in decision making capacities to ensure a CRPD informed governance of persons with psychosocial disabilities with a special focus on targeting officials from the Disability Departments/Offices
- Policy makers from civil society organisations who conduct surveys, studies, policy work so they are informed of the CRPD and where to direct their efforts

TCI prioritises reframing the debate from mental health to inclusion and uses this spirit, sentiment and opportunity to also guide the meetings, invitation lists and future projects.

## 4.2

# OUTCOMES TO EXPECT FROM THE MULTI STAKEHOLDER MEETING

TCI Multi Stakeholder Meetings are planned to influence national processes, policies and to impact outcomes.

The approach that TCI takes in facilitation is aimed at producing concrete outcomes towards the full inclusion of persons with psychosocial disabilities in the country. While the training phase of the Country Visit are aimed at brainstorming, creating a list of issues the persons with psychosocial disabilities in the country face and strategizing on the potential advocacy measures that are required to bring about the inclusion is usually a key outcome;

The Multi Stakeholder meetings are aimed at the presentation of the list of issues derived by persons with psychosocial disabilities, and finding sustainable solutions from the stakeholders that are partnership based, CRPD framed and that have inclusion at the base of the commitment. The obligations of the State (through list of issues and concluding observations, where available) are also usually clarified by TCI / national DPO partner in the Multi Stakeholder meeting, along with what community support mechanisms consist of.

Some suggested commitments and outcomes to consider and plan for in the Multi Stakeholder meetings are:

- Commitment from the national cross disability organisation/federation to work with the DPO concerned
- Charting a National Declaration or a Charter of advocacy goals along with, preferably, a time frame to realise the goals
- Partnerships with **International NGOs** especially ones from the cross disability movement
- Concrete steps from **government officials, psychiatric professionals** on the steps they are going to take towards de-institutionalisation

- Commitment from the country **national human rights commission** on what areas they will immediately work towards
- Commitment from **policy makers** to include persons with psychosocial disabilities in the reframing, creating of new policies for persons with psychosocial disabilities and joint rallying for CRPD harmonisation
- Partnerships with **sub-regional or national offices of the UN agencies and SDG representatives** to include the DPO and persons with psychosocial disabilities in future meetings, future projects, etc
- Securing clear and concrete commitments from **government officials** who are in decision making capacities on what areas they will work with the DPO to realize full inclusion
- Commitment from **media persons and media houses** on respectful and CRPD appropriate representation of persons with psychosocial disabilities and to focus on issues of human rights violations
- Funding opportunities from **funders** present at the meeting
- Commitment from the **other human rights organisations** to work together with the DPO for representation as well as full involvement
- Commitments from **community leaders** to ensure the realisation of Article 19 and the protection of the human rights of persons with psychosocial disabilities living in the communities
- Commitment from the **family groups** on promoting the full inclusion of persons with psychosocial disabilities in all spaces including education, employment, community events, etc
- Commitment from **academics** to study the CRPD, represent persons with psychosocial disabilities through the social model lens, include more persons with psychosocial disabilities in conferences, seminars, book/paper writing, regular reference to the resources created by persons with psychosocial disabilities

## 4.3

# USEFUL RESOURCES THAT CAN BE SHARED WITH PARTICIPANTS TO A COUNTRY MISSION MEETING

CI usually sends out a batch of reading resources before the Country Mission to the national DPO, who may in turn share them with all the participants. Powerpoints, videos, etc. that may be used is also sent in advance so that interpreters and translators have some time to prepare for the sessions. A sample of resources shared include-

- Bali Declaration which contains a comprehensive list of TCI's advocacy goals [<http://www.tci-asia.org/bali-declaration>]
- The full text of the CRPD and the optional protocol, any national translations thereof
- General Comment 1 on Article 12 of the CRPD, issued by the CRPD monitoring committee
- General Comment 5 on Article 19 of the CRPD, issued by the CRPD monitoring committee
- Recent relevant reports, resolutions, etc. emanating from the offices of the Special Rapporteurs (Disability, Health, other)
- Concluding Observations of the country concerned
- Shadow Report(s) of the country concerned
- Any advocacy manifesto, resources or petitions made by persons with psychosocial disabilities at the national level

## STEP ONE

Opening and presentation by TCI on the mission, goals and vision of TCI

Opening and presentation of the emerging DPO on the needs, gaps, barriers of persons with psychosocial disabilities in the country

## STEP TWO

Presentation of specific needs of the country with a focus on 3-5 key issues requiring immediate and long term change

Different DPO members presentation on varying topics

## STEP THREE

Opening the floor for dialogue between participants, partners, stakeholders and persons with psychosocial disabilities

Receiving questions, comments and doubts from the participants present

## STEP FOUR

Clarification round by the emerging DPO/persons with psychosocial disabilities

Presentation of clear needs, partnerships required, commitments required from the participants

## STEP FIVE

Opening the meeting for each participating member to comment, provide constructive commitment, provide partnership opportunities for the emerging DPO

Planning realistic and achievable commitments and partnerships

## STEP SIX

Comments by TCI experts, suggestions and ways to improve

Closure of the meeting by TCI and the emerging DPO after securing areas to work on together and with the partnership and commitment of the participants present

## In conclusion

We hope that this document will help leaders and organizations working at the sub regional levels to reach out to groups and individuals within the sub regions to animate other countries on inclusion of persons with psychosocial disabilities.

Country Missions have helped TCI to mobilize memberships, enable the formation of national DPOs, empower national DPOs with continuing capacity building and a joint learning platform on the CRPD and inclusion of persons with psychosocial disabilities.

TCI thanks all its Fellows, partners, technical consultants, membership in different countries and sponsors for the enriching experience of doing so many Country Missions, and counting.

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