Transforming Communities for Inclusion

BI-ANNUAL REPORT: YEARS AT A GLANCE

January 2020-December 2021

Presented at:
The Strategy meeting, Bangkok, 25-27 April, 2022
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Acronyms

ABT: Arts Based Therapy
ADHD: Attention Deficit Hyperactivity Disorder
CBID: Community Based Inclusive Development
COSP: Conference of State Parties
CRPD: Convention on the Rights of Person with Disabilities
DAC marker: Development Assistance Committee marker
DI: De-institutionalisation
DRF: Disability Rights Fund
DRR: Disaster Risk Reduction
ECCL: European Coalition for Community Living
ENIL: European Network on Independent Living
GC: General Comment
GDS: Global Disability Summit
HI: Humanity and Inclusion
HLPF: High-Level Political Forum
HR: Human Rights
HRC: Human Rights Council
IDA: International Disability Alliance
IMHA: Indonesian Mental Health Association
INGO: International Non-Governmental Organization
IPS: Intentional Peer Support
LGBTQI: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MENA: Middle East and North Africa
MH: Mental Health
MIS: Management Information System
NALSAR: National Academy of Legal Studies and Research, Hyderabad
NHRI: National Human Rights Institution
OHCHR: Office of the High Commissioner for Human Rights
OPD: Organization of Persons with Disabilities
OSF: Open Society Foundation
SDG: Sustainable Development Goals
SEA: South East Asia
TCI: Transforming Communities for Inclusion
UN: United Nations
UNDP: United Nations Development Programme
UNESCAP: United Nations Economic and Social Commission for Asia and the Pacific
UNICEF: United Nations Children's Fund
ILO: International Labour Organization
COVID: Corona Virus Disease
DPO: Disabled People’s Organization
UNDIS: United Nation Disability Inclusion Strategy
UNPRPD: United Nations Partnership on the Rights of Persons with Disabilities
UPR: Universal Periodic Review
VNR: Voluntary National Reviews
WHO: World Health Organization
TCI (Transforming Communities for Inclusion)
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1. Introduction

1.1 Who are we?

Transforming Communities for Inclusion (TCI) is a post-CRPD movement of persons with psychosocial disabilities and its cross-disability supporters. It is a membership-based global OPD (Organization of persons with disabilities) focussing on national capacity strengthening of emerging leaders and OPDs 1.

The identity of ‘Persons with psychosocial disabilities 2’ has been derived from the CRPD description of disability and is inclusive of persons who identify as ‘users and survivors of psychiatry’, ‘mad’ persons’ and persons with intersectional and neurodiverse identities, including persons with psychosocial disabilities. In TCI, we say that, any attribution of ‘mental illness’ by service providers, and seeing us as purely ‘patients’, ‘consumers’ and such, will also instigate the same legal, societal barriers to our full and effective participation: Such persons are also part of our movement. So are persons who may never have used a mental health service, but experience high restriction of participation due to social, legal, attitudinal barriers due to their neurodiversity.

In the years 2020-2021, persons and groups with neurodiverse identities (cognitive disability, learning disability, ADHD and autistic persons) and more persons with intersectional identities facing multiple discriminations (e.g. LGBTQI) have also participated in our events, reached out for membership, resources, etc. We leave it to the persons to define and construct their own

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1 In December of 2020, considering its unique positioning as an ‘inclusion movement’, TCI Asia Pacific decided to become TCI, a global organization of persons with psychosocial disabilities, and other identities thereof.

2 Participants to the first Asia workshop on ‘Transforming communities for Inclusion’ who met in Pune, India, in May 2013, decided to build an identity location as ‘persons with psychosocial disabilities’, considering this identity to be more inclusive of diversity than ‘user and survivor of psychiatry’.
identities and their belonging to TCI, and we are inclusive in admitting applications for membership. We have, in these years, built a strong alliance with OPDs of other under-represented groups, based on our common experience of exclusion.

1.2 The legacy of our worldwide movement and our purpose

TCI is inspired by the strong history and legacy of the movements of users and survivors of psychiatry, ex-patients’ liberation movements and a variety of mad pride movements, which have existed since the 1960s. We pay our respect to those leaders. We are inspired also by the tremendous resilience of our leaders in fighting hard to get a CRPD that ‘we can live with’

Empowered by the extraordinary vision and guidance of the CRPD, TCI’s purpose is to relocate ourselves at the center of the cross-disability movements at the national, regional and global levels, as a way to reclaim our dignity and autonomy and experience our independence to realize our right to live in the community.

Over the years, TCI has sustained its focus on the Right to live independently in the community and be included (Article 19 of the CRPD), conducting studies, supporting initiatives on community inclusion and participating in the advocacy for our inclusion.

TCI turned 10 years old in May of 2022. It started as a workshop idea in Pune, with 4 countries, in 2012 and now is across 40 countries from various subregions of South Asia, SEA, Pacific, East Asia, MENA region, East Africa and West Africa. TCI also has a small set of members from the United States of America, Europe, Australia and Canada.

2. What did we do in 2020-21- Overview

2.1 Visibility achieved in redefining the ‘entry point’

The greater the marginalization, the higher is the risk of medicalization; and the more severe, the restrictions to participation, including institutionalization. While addressing the medicalization is one pathway for realizing human rights, removing the restrictions to participation by full inclusion in the SDGs is the other, more sustainable way. TCI (from January 2020 to December 2021) successfully brought world attention on the ‘entry point’ issue through the Bali Declaration of 2018: We do not enter disability rights discourse from ‘mental health’, but we do so from ‘inclusion’.

Continuous advocacy on the ‘entry point’ issue, on the meaning and significance of this difference was presented in academia, developing programs on the ground and through

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3 To commemorate our efforts to leaders who gave us the CRPD, TCI organized a webinar ‘Looking Back, looking forward: Remembering the CRPD’ in December, 2020, as a part of the #WhatWENeed Campaign. Find the video at [https://www.youtube.com/watch?v=XUaER7Fwy8](https://www.youtube.com/watch?v=XUaER7Fwy8)

4 [www.tci-global.org](http://www.tci-global.org)

5 [https://www.tci-global.org/bali-declaration/](https://www.tci-global.org/bali-declaration/)
trainings\textsuperscript{6}, were the highlights of 2020-2021. TCI engaged with a wide variety of documents, surveys, guidances, resolutions, statements, reports, conferences, webinars, videos and various virtual and physical formats in diverse country contexts, and with multiple stakeholders: TCI is satisfied that the policy world is starting to notice a change and a nuance in entering the debate around inclusion from a social, human rights paradigm standpoint, for example, the leaving Special Rapporteur’s final report drew extensively from TCI positionality on changing the entry point\textsuperscript{7}. High level political spaces such as the UN interagency initiatives, actors involved in the UN Disability Inclusion strategy, INGOs, bilateral agencies etc. are starting to take into their mandates- ‘community inclusion’ and ‘de-institutionalization’\textsuperscript{8}. However, a stronger force of the movement and its partners is needed for the future, to build on this initial momentum in advocacy for inclusive communities. TCI is among the key interlocutors on this advocacy, able to showcase illustrative practices, and lead a dialogue with multiple stakeholders.

\textbf{2.2 General comment 7 and strengthening OPD engagement}

TCI appreciates the tireless work of the CRPD committee and particularly, the leaving special rapporteur (Disabilities), Ms. Catalina Devandas‘ strong contribution to OPD engagement and the guidance of General Comment 7 (on participation)\textsuperscript{9}. TCI has played a huge role in enabling the creation and empowerment of national OPDs of persons with psychosocial disabilities and enhancing their participation in the broader disability and human rights advocacy. The movement building strategies of TCI are unparalleled for our constituency.

TCI has tirelessly worked to enable and strengthen networks of people with psychosocial disabilities, empowering national leaders, national OPDs, and individuals with strong advocacy interest within countries that have no OPD presence, through implementing its core instruments-

- Membership development (with individuals and OPDs of persons with psychosocial disabilities)
- Regular strategy planning meetings, plenaries and General Assembly with lead members
- 2 streams of Fellowships (i. Emerging Leader and ii. Consolidation of Leadership)
- DPO support grants
- Micro-grants (A new instrument developed during Corona times)

\textsuperscript{7} A/HRC/44/48 at the 44th Session of the Human Rights Council
\textsuperscript{9} CRPD/C/GC/7 General comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention
TCI is not just an internet-based alliance, but a live one, physically meeting and collaborating with members regularly. By the end of 2020-21, TCI had presence in 33 countries, enabled the start-up of 6 new OPDs and built stronger co-operations and partnerships with 8 older member OPDs. More than one organization changed its internal governance to become an OPD. TCI Fellow alumni started to receive OPD support grants and microgrants, while a new cohort of 3 Fellows developed their OPDs (Pakistan, Indonesia – for young people, India – underdeveloped north east region, for young people).

TCI conducted 1 country mission and 1 multistakeholder meeting physically in Fiji Islands, when the pandemic struck. However, the Fiji visit, along with continuing virtual exchanges with Inclusive Asia, supporting the Chinese regions, Rainbow Star in Myanmar, identifying various new groups in Africa, connecting with peers in Canada, United States of America and continuing exchanges through 2020 resulted in building the context for a global organization. Membership grew to over 150 individuals, with increasing organizational representation. Induction meetings were held online to brief new members about TCI, with a landslide number of applications for memberships coming from the African region. A South Asia sub regional meeting held online, pre-GDS conferences in 3 countries (Nepal, Indonesia, Pakistan) with IDA, engagement with the Youth platform by young members of TCI, etc. kept a live culture of learning and advocacy around key themes: Inclusion, DRR, ‘return to school’ advocacy, Social Protection including employment, housing, political participation and gender equality. Fellow alumni such as Kim Tiengtom and YeniRosa Damayanti reached new, accelerated heights in intersectoral advocacy, working on inclusion in employment, social protection, political participation, de-institutionalization, and across a variety of Ministries, courts and senate. Speaking engagements were created through participation in COSP, TCI and partner webinars, design, support and participation in conferences of members (Malaysia), etc.

With the onset of COVID-19 in 2020, TCI gathered information on the status of persons with psychosocial disabilities in the Asia Pacific region. We pivoted our role and strategies more fully to empower national groups to support peers, expanding virtual presence and networking for support, improving national actions towards inclusion in DRR, creating new instruments for OPD engagement (microgrants, webinars), strengthening our national presence and supporting national OPDs to influence policy changes. Two rounds of microgrants to a total of 11 partners, of which 1 was from Africa, have been given out by the end of 2021. TCI successfully completed the first cohort of ‘COVID microgrants’ towards

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the microgrants had objectives of mobilizing persons with psychosocial disabilities in their countries and provinces; building a support network, peer-peer connection and access to mainstream services (including rations, housing, health care, social protection, cultivating wellbeing, etc.) and de-institutionalization.

2.3 Community Inclusion practices

TCI has engaged since long on advocating for Article 19, and in early years was inspired by the community works of Inclusion International and the Independent Living movement, particularly ENIL. TCI also learnt by applying CRPD principles to an existing ‘mental health’ program in Pune, India, steering the program towards CRPD compliance and CBID. In the past, TCI along with the Bapu Trust, organized the largest international platform on alternatives to psychiatry (in Pune, 2016), learning institutes on peer support, supported Fellows or member initiatives on building peer support, supported national efforts on building support systems (Japan, Nepal) etc. A visible shift was seen during Corona times, of an increasing number of members (individuals and OPDs) learning about, piloting and / or enabling a community of practice on community support systems, peer support and enabling mainstream services for inclusion.

Inclusion was not only a vision or a value, but for TCI, became an emerging Community of Practice in these 2 years. With our implementing members and partners, grassroots initiatives developed which were ‘transforming communities for inclusion’ (TCI). The community of practice in TCI included, the maturation of a 10 year old, CRPD compliant ‘zero coercion’ program (Seher) , experiences from implementing a De-institutionalization project , ‘building back better’ post DRR , OPDs offering peer to peer support digitally and physically, using Integrated Arts (ABT) for supporting persons with disabilities , arts based supports as an alternative, augmentative method of communication for persons with disabilities , the

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12 https://www.youtube.com/watch?v=XwGh-n38b-E&feature=youtu.be
13 https://www.youtube.com/watch?v=Tn6dmEHbAAA&feature=youtu.be
17 https://youtu.be/8W1pAI03cdw ‘Experiences of DI in low income countries’. The first of a DI series by the ENIL-ECCL (European Coalition for Community Living) initiative.
19 https://bapufoundation.com/student-reports/
20 https://bapufoundation.com/abt-2022/
micro grants initiative for strengthening community support systems and inclusion \(^{21}\) and trainings on inclusion, and gathering good practices on building community support systems.

The microgrants had the objectives of accelerating access to community support, services and mainstream resources for persons with psychosocial disabilities, as a way of strengthening capacities for inclusion and preventing institutionalization. Following the findings of the COVID human rights monitor \(^{22}\), a new priority on De-institutionalization emerged from different constituencies, including ours, in this time as institutional violations came to light and differences among underrepresented groups were bridged by forming coalitions towards DI. Learnings on how to implement a CRPD compliant De-institutionalization program, on the 3 parallel fronts of (i) Enabling policy frameworks for DI (ii) Community support systems and support services and (iii) Access to mainstream services was gathered in the last half year of 2021 through a series of webinars.

2.4 UN Human rights mechanisms and TCI advocacy

TCI has been very visible in engaging the UN human rights mechanisms, OHCHR and its special procedures offices and has been invited into several speaking engagements for influencing states parties. In this period, the Special Rapporteur (Health) Dr. Danius Puras’ leaving report\(^{23}\) devoted lengthy references to the Bali Declaration citing good practices from TCI members programs (Seher, from India). TCI contributed to the consultations on HRC’s resolution on MH and Human rights \(^{24}\); and a hearing on HRC’s resolution on ‘Accelerating efforts to eliminate all forms of violence against women and girls’ \(^{25}\), which recognizes with concern that ‘Forced institutionalization is a form of violence …’. Other than global actions, several lead members (Nepal, Thailand, Sri Lanka, India, Fiji Islands, Pakistan \(^{26}\), Japan, Indonesia \(^{27}\)) actively engaged stakeholders, the NHRIs, UN agencies such as UNICEF and UNDP, INGOs such as CBM, HI, DRF and national governments in areas of interest: social protection, inclusive DRR response, de-institutionalization, right to live in the community, etc. [In brief, right to life and liberty are seriously compromised during disasters, as shared and documented by members from Sri Lanka, Japan, Indonesia, India]. Several members participated in the CRPD review processes for the region.

TCI intensively engaged as an active contributing partner to the ‘De-Institutionalization Global Coalition’ to support the Working Group of the CRPD committee, in developing a detailed


\(^{23}\) A/HRC/44/48 at the 44\textsuperscript{th} Session of the Human Rights Council.

\(^{24}\) A/HRC/RES/43/1/3 HRC 43\textsuperscript{rd} Session of the Human Rights Council.

\(^{25}\) A/HRC/47/L18/Rev.1, HRC 47\textsuperscript{th} Session of the Human Rights Council.


\(^{27}\) https://disabilityrightsfund.org/covid-19-indonesian-mental-health-association-imha/
TCI has continued to contribute to several global think tanks, conferences, academic engagements and teaching courses (such as the ‘Handover Dialogues’ 29 organized by the Human Rights Monitoring Institute and the University of Essex, ‘Human Rights and Equity Informed Mental Health Services and Supports’ of York University; speaking engagements at McGill’s summer course on Community Based Mental Health; Arts as healing and support activities through McGill, teaching a course on ‘Madness, Normality and Disability’ at NALSAR, York, etc.). TCI members have participated at the Conference Of the States Parties 30, speaking at the UN Round Tables and side events, organizing with IDA towards GDS 2022 through Pre-GDS conferences, regional, sub-regional and national advocacy with the UNDP (contribution to their report on Political Participation 31), and other UN agencies and interagency reports (e.g. Social protection 32), academic engagements globally, regionally and nationally, and strengthening relationships with national and regional DPOs in the cross disability movement through multistakeholder engagements.

More universally, for TCI, advocacy thematics have been around inclusive OPD engagement, respecting the identities of persons with psychosocial disabilities as disabled persons, having the voices of persons with psychosocial disabilities included in SDGs discussions, and deeply engaging with agendas of DI and removing legal barriers to our participation. The latter has been a louder advocacy from TCI in the last 2 years of work.

2.5 #WhatWENeed Campaign

Through both the years, the #WhatWENeed campaign was very successful because of the unique curating of activities: In 2020, the campaign contained 2 high profile global webinars and greater participation of persons with psychosocial disabilities and identity diversities worldwide. As the previous years, each and every key message was about inclusion in development and none was on the improvement of mental health services. 3 additional features were added to the campaign, towards movement building: ‘Spotlight on TCI members’, ‘Remembering the CRPD’ webinars and ‘Life after COVID’. In 2021, the campaign

29 https://www.handover-dialogues.org/
30 Side event on ‘Enabling social support systems: Preparing grassroots communities for Inclusion of persons with psychosocial disabilities’ (June 16th 2021); ‘Transforming our communities: from segregation to inclusion’ (June 15th, 2021).
31 https://www.undp.org/publications/political-participation-persons-intellectual-or-psychosocial-disabilities
featured 4 Webinars on De-institutionalization to support and honour the work of the CRPD committee on their efforts towards a guideline on DI 33.

2.6 Advocacy for ‘zero coercion’ in ‘mental health’

TCI supported Bapu Trust, as an implementation partner, to develop community work on ‘zero coercion’ inclusion projects, illustrative of CRPD compliance 34. This program evidenced excellent scaling success, with 5 established community centers fully functional and accessible to digital record keeping (automated MIS); as well as established partnerships in Maharashtra, Madhya Pradesh and Chhattisgarh for service delivery, on the model of Seher 35, 36. A component of De-institutionalization has been in place since last 4 years, also providing learnings on the ‘how to’ of DI. Grassroots strategies for prevention of institutionalization, establishing community support systems, linkages with support services, and negotiation for inclusion with local communities – These, in brief, are key, for having an outcome of inclusion. The program is the largest and the oldest peer support-based program in the Global South, covering a population base of 1 mn. people, from low-income communities. With this experience, TCI was able to support several members in making the shift from the ‘medical’ model to the ‘social’ model of disability. In coming years, TCI will continue to develop CRPD compliant services with BT and its other members as well, as implementation partners. Such programs will contribute to the ‘zero coercion’ imperative of the CRPD, as guided in several UN documents.

3. Challenges faced

By the year 2021, in a world recovering from COVID, many new challenges and risks became visible. Among other actors in the worldwide movement of ‘mental health activism’, TCI has been dogged in its advocacy for inclusion and the full realization of Article 19. Mental health topic became audible everywhere in the world, but it did not come with ‘human rights’ tag. It has been a challenge within the donor, INGO and international cross disability communities, for actors to see a difference peculiar and paradoxical within the mental health sector- that a specific health care designed for a constituency of persons with disabilities can be inherently violative of human rights; But yet, the care system takes the role as a representative voice for persons with psychosocial disabilities; And that, professionals and their associations and institutions continue to both perpetrate violence and violations, and to speak about us and

for us. TCI at the global level, and also its national members, have faced a lot of pressure to adopt the ‘mental health’ way, remaining with just harm reduction by the system, betterment of services, concede to being led by and spoken to by service providers. There have been struggles to have the OPD voices heard, as ‘mental health’ is slowly seeping into the disability discourse, in its own way re-constructing and diluting the human rights framework. GC-7 of the CRPD committee, on participation, became increasingly important to understand and advocate for.

TCI considers it an important positive impact of its advocacy on the right to live in the community, that, a sea of service changes were adopted by various mental health sector actors, including the global mental health movement, the WHO, etc. TCI critically engaged with the WHO which produced 3 sets of resources: on quality rights, on good practices and a third, new one on a refreshed set of legal resources on mental health legislation. These sets of resources have not prohibited systemic coercion nor given explicit guidance on de-institutionalization. While efforts to ‘improve mental health services’, improving the quality of client-provider relationships and to provide ‘quality assurances’ is redeeming and ‘ameliorative’ 37, paradigmatic / systemic change to the disability inclusive development model is far from realized for persons with psychosocial disabilities. The attempt continues to be one of reducing medical harm, rather than acknowledge universally that harms have been committed, offer reparations and plan a transformation of the paradigm. Naming violence as violence, even if it occurs within the care system; And demanding an ethic of ‘saying sorry’ (reparations) from the state and from service providers, is the new platform for TCI advocacy.

While the UN Disability Inclusion Strategy is of farsighted vision and interagency actions taken are commendable, there is imbalance across diverse agencies in compliance with the CRPD, on OPD participation and in catching up with the CRPD jurisprudence. For example some agencies working with health care, children, etc. have been very active in many countries with the roll out of a ‘mental health’ package, that is not cognizant of the inherent human rights violations within the mental health system. Without the full and effective participation of underrepresented groups, including global representative OPDs of persons with psychosocial disabilities, initiatives within broader inclusion strategies run the risk of diluting human rights of underrepresented groups, and increasing their risk of exclusion and institutionalization.

There is a universal sentiment from grassroots OPDs of TCI that, in donor relationships and receipt of funding (1) their voice is not heard and (2) under-represented groups including persons with psychosocial disabilities were dropping off the negotiation table. For TCI, it is taking years to retrieve OPD voice and restore dignity in countries, where INGO and service provider values outweigh human rights frameworks. Further, funding opportunities are also

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being driven towards ‘mental health’ and OPD members are pushed to join ‘mental health’ funding streams. The gap between those far ahead of us in the disability movement, and those who are still immobile within institutions and other kinds of community based attitudinal institutionalization, is vast. TCI is concerned about the slow erosion of OPD voices in the race to re-interpret CRPD compliance in the context of progressively realizable goals, while not changing the mandate or the paradigm of care. The role of international organizations of persons with disabilities, INGOs and support agencies, have in these negotiations, been challenging and with mixed outcomes.

4. Way forward: Harm mitigation in ‘mental health’ OR working towards inclusion

Keeping the above learnings, risks and challenges as context, TCI proposes the following strategies for the next 3 years:

1. Mobilization at the national level, globally: In the coming 3 years,
   a. We will continue to foster relationships and capacity building of our members in the Asia Pacific, Africa regions through our programs and may include providing fellowship opportunities, DPO support grants, Micro-Grants and organize country missions.
   b. We will facilitate and support our inclusion in the cross-disability movements in Asia (South Asia and South East Asia), by supporting international cross disability agencies in their work in these regions.
   c. We will exchange on identity issues (whether user / survivor or persons with psychosocial disability or other…) in our dialogues with independent groups in the Global North, building understanding, trust and co-operations with other regional and continental groups, and join their advocacy.
   d. We will have a strong presence in Asia, Pacific, Africa and an emerging membership base in Latin America, Europe, United States of America and Canada, with an increased number of exchanges, webinars, academic events, programs, joint campaigns, etc. to better establish a common platform for advocacy.
   e. We will strengthen the platform for young persons with psychosocial disabilities in our networks and membership, giving them opportunities to participate in the international cross disability movement, and other significant platforms for advocacy.
   f. We will develop human rights campaigns around removing reservations on Article 12 for the north countries and ratification of the CRPD in the Pacific.
2. **Capacity building for Inclusion** - In the next 3-4 years,
   a. TCI will organize, or participate in, or lead different trainings that support the vision of inclusive communities such as IPS (Intentional Peer Support) training, training by the Hearing Voices Network, withdrawal from drugs and other opportunistic trainings, learning from the user survivor movement and their community development initiatives.
   b. Training on Inclusion by TCI members, exchange / field visits, members’ knowledge sharing opportunities, webinars and training opportunities. A community of practice around Inclusion will be developed through a Task Force on 'Community Inclusion', supporting members and OPDs to transition from the medical to the social model.
   c. Supporting member initiatives on implementing DI in their countries, support with technical consultations, resources creation and sharing, creating accessible resources, translations, etc. other than campaigns and pilots.
   d. TCI will continue to build strategic partnerships with DRF, Validity Foundation, Inclusion International, ENIL, and other world movements for DI and inclusive development.
   e. TCI will continue to partner with IDA on BRIDGE, online trainings etc. and offer facilitation support, nominate participants, etc. other than participating in GDS, and other initiatives.

3. **Influencing INGOs, bilateral agencies and donor networks** on genuine OPD engagement and participation.
   a. To advocate for the inclusion and participation of TCI as the largest representative voice of persons with psychosocial disabilities worldwide and to demand a genuine participation of OPDs of persons with psychosocial disabilities under the guidance of General Comment 7 of the CRPD.
   b. To build stronger alliance within the cross disability movements at national regional and international levels for our inclusion in all multistakeholder engagements on disability rights advocacy.
   c. To influence donor funding and study trends, if any, in the DAC markers towards the inclusion of persons with psychosocial disabilities worldwide, particularly on removal of barriers, de-institutionalization and support to realize the right to live in the community.

4. **Engaging UN Human rights mechanisms and other bilateral agencies on community inclusion** - We have a role to play, and discussions with cross disability leadership on how to take this forward.
   a. A programmatic approach to bringing DI to the OPDs on the international disability networks (perhaps through BRIDGE or other spaces).
b. Continued participation in the alliance of partners to de-institutionalization (‘Global coalition on De-institutionalization’).

c. Against this context, TCI has aspiration to be a part of cross disability and disability inclusion initiatives on 'Community Inclusion', 'Community 2030' etc. with a programmatic approach. TCI hopes indeed to be influencing these vehicles for community inclusion by mobilizing good practices, contributing to resources and consultations, etc.

d. TCI will continue to participate and engage with resources and other interagency initiatives on access to justice, right to live in the community, DRR, political participation, right to health and other emerging areas for action.

e. Regional exchanges with UNESCAP, UNDP and other interagency efforts at the regional levels.

5. **Legal advocacy and access to justice** - It is quite clear, with 15 years of the CRPD, that, unless legal incapacity laws leave the national legislation, and there is true harmonisation with the CRPD, we will be left behind in a big way. We will keep this in focus over the next years, possibly working with law and human rights agencies, to address this gap.
   
a. Again, a couple of in-depth law reviews in the Global South and 'pilots' may be in order, to see how we fare in supporting our members in contesting the constitutionality of incapacity legislation.
   
b. Supporting organizations and think tanks on DI, how to do this in a CRPD compliant way, sharing experiences of TCI and its members, articulating legal barriers to safe DI process, etc.

6. **Engagement in a wider cross sectoral thematics, SDGs, etc.** A key learning for us has been that, if we are held sequestered by incapacity laws, that is a kind of institutionalization. Unless released from these laws, gaining entry into the various other human rights would be impossible (as evidenced by the DI experience in Pune, India, supported by OSF). However, we will continue to engage inclusion in SDGs through influencing GDS commitments, HLPF, VNRs, UPRs, etc.

7. **Strengthening governance for a more global role for TCI**: The next years will be spent in bringing representation in the Board from every region, adopting policies and processes for good governance of TCI, strengthening the Secretariat, program management frameworks, and developing an executive structure for the organization; other than statutory compliances and financial management.
5. In Conclusion

TCI, with the opening up of global spaces facilitated by the pandemic in 2020, began to have a vision for the movement for the inclusion of persons with psychosocial disabilities beyond the Asia Pacific region. In a Steering Committee meeting bringing 2020 to a closure, the Steering Committee members agreed, in a significant move, that, ‘TCI remains uniquely positioned and strengthened itself as a post CRPD movement of persons with psychosocial disabilities, working from the core of the cross-disability discourse worldwide, differentiating itself as the ‘inclusion’ movement’. By December 2020, TCI Steering Committee decided to register in Geneva. In 2021, efforts began to reach out to peers and groups in Africa and MENA regions. By end of 2021, registration in Geneva was in advanced stage, with support from IDA.

Reasons for TCI ‘going global’:

- The absence of a strong global voice of persons with psychosocial disabilities, to represent our constituency with respect to the momentum on international legal, policy and other proposals being discussed at high level political platforms and UN HR mechanisms, other than the UNDIS (Disability Inclusion strategy).

- The co-optation of our work by INGOs, the global mental health movement and other agencies not representing the voice of OPDs of persons with psychosocial disabilities, of our knowledges born of lived experiences, co-opting our lead persons; the ‘mental health’ tag (rather than ‘inclusion’ tag) attached to resources diluting the advocacy of OPDs of users and survivors of psychiatry and persons with psychosocial, neurodiverse identities.

- Our potential, of working with the grassroots, to have a vision and a community of practice on inclusive communities. TCI is poised for its role as a key global interlocutor on the topic of ‘Community inclusion’, and will develop its programs and engagements with this topic at its epicenter. Following extensive discussions with various actors in the field of community development, there is an emerging consensus that adding up all material goods and services will not result in community inclusion. There is a need to throw light on micro level actions in communities, to record what happens there, what are community support services and systems, and to build knowledges and advocacy around this. Whether exchanging with memberships, or laws, or UN human rights mechanisms, or donor engagement, or the cross disability movement engagement, TCI will keep its focus on community inclusion.
Heartfelt thanks to...