LEARNING REPORT, 2021

TRANSFORMING COMMUNITIES FOR INCLUSION OF PERSONS WITH PSYCHOSOCIAL DISABILITIES

SUBMITTED TO: WELLSPRING PHILANTHROPIC FUND (2020-2021)

Report submitted by TCI (Transforming Communities for Inclusion)
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1. **Background**

Named in 2014 as "TCI", (Transforming communities for inclusion of persons with psychosocial disabilities) its vision is the full realization of all human rights as provided for in the CRPD, with realization of the right to live independently and be included in communities (Article 19).

The purpose of the grant was, "Persons with psychosocial disabilities in Asia Pacific regions will live independently and will be included in the community thanks to stronger awareness in communities, supportive state policies and resource allocation, as well as a strong community oriented self-help and advocacy movement". The focus of TCI is Article 19 and its elaboration and enablement in different national, sub regional and regional levels. The long term goal of TCI is that persons with psychosocial disabilities will organize as DPOs to contribute to inclusive development and disability laws, policies, and zero coercion programs compliant with the CRPD.

1.1 **Strategies adopted in the grant period**

**Strategy 1: To influence and support DPO participation in governance processes at the national, sub regional, and regional levels**

1.1 Through activities that will retain focus on TCI’s sub regional influence over policy and governance.
1.2 Through consultations at regional and sub regional levels, facilitating national level multi stakeholder meetings with key players on policy and governance.
1.3 By mentoring and fielding emerging leaders into global advocacy to help retain and strengthen TCI’s visibility internationally.

**Strategy 2: To develop strong internal core strengths of governance within TCI and wean it away from Bapu Trust on legal fiscal support**

2.1 By expanding the delivery of Bapu Trust’s 18 month "Programming for Inclusion" training to countries in the Asia Pacific.
2.2 Ensure inclusion of persons with psychosocial disabilities through zero coercion micro actions (creating evidence base through the Seher program).

**Strategy 3: Supporting a global emergence as a strong voice of persons with psychosocial disabilities**

3.1 To convene increased South - South dialogues in the future.
3.2 TCI to continue providing a global platform - for strategic conversations on Inclusion.
## 1.2 Expected and actual grant outcomes by the end of grant period

<table>
<thead>
<tr>
<th>Expected grant outcomes</th>
<th>Actual grant outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>By June 22, at least 15 strong DPOs of persons with psychosocial disabilities will be active in Asia Pacific region, to influence governance processes at their country levels.</td>
<td>19 strong DPOs of persons with psychosocial disabilities were active in Asia, Pacific and Africa to lead national advocacy for our constituency. Names of the organizations are REMISI (Indonesia), IMHA (Indonesia), LAT (Thailand), Koshish (Nepal), PSA (Fiji), Inclusive Asia (China), JNGMDP (Japan), TMA (Taiwan), BT (India), PDRN (Pakistan), PDIP (Philippines), MHSG (Maldives), Rainbow Star (Myanmar), Consumer In Action (Sri Lanka), Ya_All (Manipur), MIASA (Malaysia), CIC-K (Kenya), UNSAI (Uganda) and TRIUMPH (Uganda)</td>
</tr>
<tr>
<td>By June 22, at least 35 countries would become members of TCI Asia Pacific, with at least 150 individual members.</td>
<td>TCI has its members in 40+ countries and 150+ individual members along with 42 organizational members.</td>
</tr>
<tr>
<td>By June 22, there will be at least 15 TCI Fellows who are starting DPOs or becoming active at the national level as emerging leaders.</td>
<td>TCI has a total of 9 fellows, all of them have strengthened or established their own OPDs in their countries.</td>
</tr>
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<td>TCI will have a stronger influence over members and DPOs in the Chinese and Pacific regions.</td>
<td>Strengthened Pacific group PSA (Fiji islands) with microgrants, DPO support grants and other opportunities.</td>
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<td>At Least 50% of individual members of TCI will be young people under the age of 30.</td>
<td>TCI has young people under the age of 30 years as members but it will be developing an indicator this year to clearly track the age groups of its members.</td>
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<tr>
<td>At least 2 academic papers / reports of Seher as a zero coercion / CRPD compliant program will be published.</td>
<td>BT, oldest and founding member of TCI has successfully published 1 academic paper on Seher as a CRPD compliant program. One other report is in the process.</td>
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<td>1 study report will be published on de-institutionalization based on Bapu Trust experiences</td>
<td>4 webinars were held on Deinstitutionalization ;1 webinar for the DI momentum of Global Coalition on DI; 1 webinar wherein Seher was presented as a case study for DI; 1 report on DI from BT experience (in process), 1 report in process on DI webinars (Concrete</td>
</tr>
<tr>
<td>Steps for preparing communities and individuals for deinstitutionalization: Good practice examples from all over the world</td>
<td></td>
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<tr>
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<tr>
<td><strong>TCI will have an increased number of actions within cross disability movements at the sub regional, regional levels.</strong></td>
<td></td>
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<tr>
<td><strong>TCI started planning for an inperson subregional meeting in East Africa along with two country missions in East African countries. One panel was organized with Latin American and African leaders in 2021; GDS and COSP side events were done on “OPD strengthening of persons with psychosocial disabilities” in collaboration with PANPDD.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Under a global south co-operation of regional DPOs of persons with psychosocial disabilities, at least 3 activities will be done.</strong></td>
<td></td>
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<tr>
<td><strong>Dynamic changed, and TCI became a global organization. Other global south leaders moved on to different other opportunities not associated with their movement.</strong></td>
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<tr>
<td><strong>TCI will have conducted at least 2 training sessions on Inclusion of persons with psychosocial disabilities in Asia Pacific regions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Trainings were conducted for RUSIHA (Turkey based OPD on advocacy initiatives and human rights based approaches), Inclusive Asia and Koshish (Nepal) by BT team. 1 task force meeting of 3 country members to strengthen vision and practice sharing on community inclusion in Pune in 2022.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Some of these objectives changed, by the end of 2020, due to the Corona pandemic, as well as the greater participation of TCI in global platforms (e.g. Global Coalition for DI, and engaging various UN human rights mechanisms). In December 2020, TCI became a global OPD of persons with psychosocial disabilities. This altered the dynamic within the movement, and while overall, the outcomes have been satisfying, challenges have been faced in building co-operations with global south OPDs in Africa and Latin America. With a growing interest from the African nations, TCI also mobilized national movements of persons with psychosocial disabilities in these regions along with taking steps to create program strategies for Africa. With its global avatar taking shape, TCI also pursued mutual explorations on inclusion and advocacy with our counterparts in the Global North.

### 2. Key Developments in the grant period

#### 2.1 Visibility achieved in redefining the ‘entry point’

In the reporting period, TCI, in partnership with IDA, OSF and Wellspring, is satisfied that it has been successful in redefining the entry point to enable outcomes of inclusion and in reframing the discourse and articulation of the ‘problem’ from ‘right to health, inclusive of mental health’ to ‘right to all human rights, leading to full inclusion’. Several stakeholders are noticing a change and a nuance in entering the debate around inclusion from a social, human rights paradigm. The title of TCI (‘transforming communities’) is being used in a generic way in policy documents and ‘community inclusion’ is becoming filtered upwards to policy circles.
The real significance of ‘transforming communities so that they include’ (TCI) became more clear, with maturation of zero coercion pilot programs (Seher, of the Bapu Trust), experiences of De-institutionalization and creation of trainings on inclusion.\(^1\) Continuous advocacy on the ‘entry point’ issue\(^2\), with illustrative papers of the meaning and significance of this difference, in academia, programs on the ground and trainings to suit grassroots inclusion initiatives\(^3\), were highlights of this grant period. High level political spaces such as GDS and UN bodies such as UNICEF and the CRPD committee have taken on their agendas ‘community inclusion’ and more prominently, de-institutionalization, in the latter part of the current grant period.

### 2.2 General comment 7 and strengthening OPD engagement

TCI’s role in enabling and enhancing participation of OPDs of persons with psychosocial disabilities, in the broader disability rights advocacy, is unparalleled in their constituency. Through this grant, TCI has continued working to enable and strengthen networks of people with psychosocial disabilities, empowering national leaders, through implementing its core instruments- Fellowships, DPO support grants and microgrants.

TCI cultivated presence in more than **40 countries**, supported OPDs, aided setting up of 1 new OPD in Kenya, and built stronger partnerships with 8. TCI successfully continued the strategy of ‘COVID microgrants’ towards closure in 2021, developing a policy framework and monitoring mechanism for these grants.\(^4\),\(^5\),\(^6\) Older fellows started to receive OPD support grants and microgrants, while another cohort of 3 Fellows developed their OPDs (Pakistan, Indonesia – for young people, India – underdeveloped north east region, for young people). The next round of fellows were inducted from Kenya, Uganda and Sri Lanka (2021-22), giving an Africa focus. In 2020, TCI conducted 1 country mission physically in Fiji islands, when the pandemic struck. However, the Fiji visit, along with continuing virtual exchanges with Inclusive Asia and Rainbow Star in Myanmar, identifying various new groups in Africa through 2020 resulted in building alliance with PANPDD, USP Kenya, etc. and helped mobilize in new regions (East Africa, West Africa). Key facilitators of this process have been long term members of TCI. An exploratory visit was done in Maldives and a new member (OPD) from Maldives, Mental Health Support Group (MHSG), were contacted and possible collaborative works discussed for the future. Support for CRPD committee review was offered, however, it did not materialize due to dynamic at national level with cross disability leadership. Membership grew to **150+ individuals** and **48 organizations**. Induction meetings (2) were held online to brief new members about TCI, with a landslide of requests for memberships from African region. TCI members from Africa were engaged in various TCI works for instance conducting and organizing Deinstitutionalization consultations, representation in High Level policy circles, COSP speakers, moderators and organizers of thematic webinars, OPD formation through fellowships and working TCI

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\(^2\) [https://www.tci-global.org/bali-declaration/](https://www.tci-global.org/bali-declaration/)


\(^5\) [https://www.youtube.com/watch?v=XwGh-n3Bb-E&feature=youtu.be](https://www.youtube.com/watch?v=XwGh-n3Bb-E&feature=youtu.be)

\(^6\) [https://www.youtube.com/watch?v=Tn6dmEHbHAA&feature=youtu.be](https://www.youtube.com/watch?v=Tn6dmEHbHAA&feature=youtu.be)
microgrants etc. Membership requests also started coming from neurodivergent communities such as the autistic persons etc.

In 2021, pre-GDS conferences in 3 countries (Nepal, Indonesia, Pakistan), 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 housing, political participation and gender equality. Humbled by the growing interest of organizations of persons with psychosocial disabilities and individuals to join TCI as members from the African countries, TCI started planning an in-person East African sub regional meeting in the mid of 2022 followed by country missions in Kenya and Uganda led by TCI members.

To further mobilize and help in capacity building of OPDs, TCI organized a side event during GDS 2022 on ‘Capacity Strengthening of Organization of Persons with Psychosocial Disabilities in the Global South’. The side event aimed at raising our voices and drawing attention to our rightful inclusion in high policy circles, which often side-lines our constituency and renders us as invisible. The side event called out this issue to all governments, global technical support organizations and cross disability organizations working in global landscape, to recognize us as belonging in the disability sector; share opportunities with us for full and genuine inclusion, and the realization of article 4.3 to enable our full and effective participation. The session was highly successful in terms of ongoing engagement by the audience and followed an interactive design. A similar side event on the thematic of inclusive OPD engagement was organized during COP 15.

TCI, also launched a new project titled ‘Inclusion at the centre: Mapping positionalities of UK/European DPOs on the spectrum of inclusion’. OPDs from the Global North have been reaching out to TCI and expressing an interest in our ‘inclusion vision’. However, as the context of the movement, advocacy landscape, cultural geographies and perspectives on community inclusion differs from the Global South, TCI reached out to persons with psychosocial disabilities and OPDs in UK/Europe to have exploratory calls on the topic. The aim is to gain an understanding on the positionalities of OPDs in these regions with respect to the inclusion spectrum. TCI envisions creating a discussion platform (in the form of a webinar, virtual Working Group) with various OPDs in UK/Europe and Global North to have a discourse on the direction of inclusion movement.

2.3 Priority on Community Inclusion

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 (Seher), 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, Sri Lanka, Thailand, Malaysia) etc. A plenary was organized in Bali (2018) to provide content to the concept of ‘Inclusion’. Inclusion was not only a vision or a value, but for TCI, became an emerging Community of Practice in these 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 micro grants initiative for strengthening community support systems and inclusion and trainings on inclusion, and gathering good practices on building community support systems.

Seher, through community micro actions, aimed at ensuring full inclusion of persons with psychosocial disabilities in their own communities and every aspect of life, showcased the practical implementation of Article 19 (Living independently and being included in community). Multiple linkages were established through referrals to local community partners and stakeholders. Through the reporting period, a total of 2073 micro actions (944 successful) were done to help the full inclusion of 420 clients in the bastis.

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10 https://youtu.be/8W1pAlD3cdw “Experiences of DI in low income countries”. The first of a DI series by the ENIL-ECCL (European Coalition for Community Living) initiative.
12 https://bapufoundation.com/student-reports/
13 https://bapufoundation.com/abt-2022/
### Table 2: List of Community Inclusion Actions

<table>
<thead>
<tr>
<th>Domain</th>
<th>List of Community Inclusion Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livelihood</td>
<td>Inclusion of work in the workplace, to find livelihood opportunities, support for independent decision making regarding livelihood, To talk about equality and rights-based awareness at the workplace, To support for education and vocational training</td>
</tr>
<tr>
<td>Health Care</td>
<td>To give support for health care system accessibility, to give support for medication, To support for health care related schemes, to mobilize community support and nutrition support during hospitalization, to Refer for alternative therapy, To support for health tests- MRI, Sonography X-ray &amp; Blood tests.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Nutrition referral support from the Family Relatives, community &amp; NGO</td>
</tr>
<tr>
<td>Socialization</td>
<td>To connect with local social groups (Friends, neighbors, Mandal's , Bhajan Groups, Self Help Groups ), park/ Garden Walking, Community Inclusion Awareness Meetings, To support for participation in community programs</td>
</tr>
<tr>
<td>Partners and Government Related</td>
<td>To support for government schemes, adhar card, pan card, voting card, ration card, income certificate, disability certificate, domicile, gas connections, electricity connections, pension schemes, water connections, House repairing &amp; employment schemes</td>
</tr>
</tbody>
</table>

**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. **Six TCI organizational members** closed their microgrants and submitted reports in the grant period. TCI focused on SITAN (Situational Analysis) in its members regions for this cycle of microgrants. The SITAN was done at the country level and focused on thematic such as gender and inclusion of women and non-binary persons with psychosocial disabilities, building community support systems, social protection, COVID 19 and DRR and employment and livelihood opportunities. A new priority on Deinstitutionalization from different constituencies emerged in this time as institutional violations came to light and differences among underrepresented groups were bridged.
In the spirit of encouraging its members to meet and learn from each other on community inclusion, TCI organized a learning exchange visit between two of its old and founding members, KOSHISH (Nepal) and Bapu Trust (India) and a new member, Mental Health Support Group (MHSG) from Maldives. KOSHISH and MHSG teams travelled to the field areas of Bapu Trust, interacted with the staff, attended in-field demonstrations of awareness activities and learnt about crisis support and use of ABT, among others. This visit was also helpful for TCI to envisage a taskforce on community inclusion, which through exchange visits, creation of resources and knowledge exchange can further strengthen the community of practice on community inclusion of persons with psychosocial disabilities.

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 state parties. The Bali plenary (2018) with 21 country participation in the earlier grant period, with over 75 participants, and creation of ‘Bali Declaration’\(^{15}\) had become a landmark event\(^{16}\) and a rallying point of TCI, and continued to influence the global discourse on the inclusion of persons with psychosocial disabilities. In 2020, the Special Rapporteur’s (Health) Dr. Danius Puras’ leaving report\(^{17}\) released in this grant period, devoted a whole paragraph to the Bali Declaration, indeed, the report drew several ideas from the Declaration and TCI’s work, also citing the Seher program. While Dr. Puras’ earlier report started with the motto, ‘No health without mental health’, there was a shift in his final report: ‘No mental health without human rights’. TCI contributed to the consultation on HRC’s resolution on MH & Human rights\(^{18}\); and a hearing on HRC’s resolution on ‘Accelerating efforts to eliminate all forms of violence against women and girls’\(^{19}\) 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\(^{20}\) Indonesia\(^{21}\) actively engaged 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\(^{22}\) de-institutionalization, right to live in the community, etc. Several participated in the CRPD review process for the region.

\(^{15}\) [https://www.tci-global.org/bali-declaration/](https://www.tci-global.org/bali-declaration/)
\(^{17}\) A/HRC/44/48 at the 44th Session of the Human Rights Council.
\(^{22}\) YeniRosa Damayanti (2020). Indonesian Mental Health Association Investigation in Palu, Central Sulawesi. The condition of people with psychosocial disability who lived in confinement or shackling, during and post-disaster in Central Sulawesi. A report.
TCI has contributed to several global think tanks and teaching courses (such as Dr. Puras’ Human Rights Monitoring Institute, University of Essex initiative of the sustained ‘Handover Dialogues’\(^{23}\), ‘Human Rights and Equity Informed Mental Health Services and Supports’ of the York University, Arts as healing and support activities in McGill University, etc.), have been influencers at the Conference Of the States Parties 13 and 14\(^{24}\), speaking at the UN Round Tables and side events, organizing towards GDS 2022 through Pre-GDS conferences, regional, sub-regional and national advocacy with the UNDP (contribution to their report on Political Participation\(^{25}\)), ILO, UNICEF (led by IDA)\(^{26}\) other UN agencies, academic engagements globally, regionally and nationally, and strengthening relationships with national and regional DPOs in the cross disability movement. Thematic 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.

In the current reporting period, TCI was approached by various UN organizations, under the UNDIS (United Nation Disability Inclusion Strategy) call to harmonize their current documents and strategies with the CRPD, to review the material and provide critical feedback. TCI made formal submissions to UNICEF on a report titled ‘Inclusion of children and young people with disabilities in routine general health care’, to UNFPA on ‘Deciding for Myself: Forced, coerced or otherwise involuntary sterilization of people with psychosocial disabilities: The struggle for reproductive autonomy in law and practice in the Asia Pacific region’ and WHO on their report ‘WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030’. In its reviewing process and WHO ‘Fora on Disability Inclusion in the Health Sector’. A submission was also made at the HLPF 2022 for the Global Online Consultation on the SDGs under Review.\(^{27}\)

### 2.5 Work on deinstitutionalization

TCI intensively engaged as an active contributing partner to the ‘De-Institutionalization Global Coalition’\(^{28}\) to support the Working Group of the CRPD committee, in developing a detailed guideline for de-institutionalization. The guidelines were officially launched for public consultations in 2022\(^{29}\). As part of the yearly campaign, 4 webinars were planned and executed on DI and building community support systems\(^{30,31,32,33}\). This was in tandem with joining the Global Coalition on DI, to support the work of the CRPD committee on DI. Key partnerships were built around 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

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\(^{23}\) [https://www.handover-dialogues.org/](https://www.handover-dialogues.org/)

\(^{24}\) Side event on ‘Enabling social support systems: Preparing grassroots communities for Inclusion of persons with psychosocial disabilities’ (June 16\(^{th}\) 2021); ‘Transforming our communities: from segregation to inclusion’ (June 15\(^{th}\), 2021).


\(^{26}\) [https://www.internationaldisabilityalliance.org/sites/default/files/ida_south-asian-region-report_02-02-2021_2.pdf](https://www.internationaldisabilityalliance.org/sites/default/files/ida_south-asian-region-report_02-02-2021_2.pdf)

\(^{27}\) [https://docs.google.com/spreadsheets/d/1nRfAhvW3uR814dPC9z9kveSAgUpwYxx.JmfSg48tz8Uw/edit#gid=93711696](https://docs.google.com/spreadsheets/d/1nRfAhvW3uR814dPC9z9kveSAgUpwYxx.JmfSg48tz8Uw/edit#gid=93711696)

\(^{28}\) [http://qc-di.org](http://qc-di.org)


\(^{30}\) [https://www.youtube.com/watch?v=EgML1fQaN74&t=5s](https://www.youtube.com/watch?v=EgML1fQaN74&t=5s)

\(^{31}\) [https://www.youtube.com/watch?v=H3kkyHy2zBY&t=3s](https://www.youtube.com/watch?v=H3kkyHy2zBY&t=3s)

\(^{32}\) [https://www.youtube.com/watch?v=SunkKTyM9k&t=1144s](https://www.youtube.com/watch?v=SunkKTyM9k&t=1144s)

\(^{33}\) [https://www.youtube.com/watch?v=CCqJWo1tW28&t=6s](https://www.youtube.com/watch?v=CCqJWo1tW28&t=6s)
systems and support services (iii) access to mainstream services and (iv) Gender and DI was gathered during the reporting period.

Various stakeholders, especially persons with disabilities and their representative organizations and collectives were encouraged to submit their feedback on the guidelines. TCI, along with other members of the Global Coalition on Deinstitutionalization (GC-DI) organized an exploratory webinar to relay information on the processes involved in drafting the guidelines and submission procedures. TCI, also disseminated the information with its members and provided financial and technical support for 7 member organizations to hold consultations in their regions and prepare feedback for the Committee.

TCI, participated in a webinar on deinstitutionalization organized by ENIL-ECCL where Bapu Trust’s Going Home project was presented as a case study on DI. COSP 15 included a full panel on deinstitutionalization at the Civil Society Forum, in the light of UN draft guidelines for deinstitutionalization, including in emergencies, along with a side event on Remedy and Reparation following institutionalization.

TCI also led a spotlight session on community inclusion as part of the GDS 2022 proceedings. With the launch of the deinstitutionalization guidelines, TCI witnessed the gradual evolving of agendas of civil societies, INGOs, donor agencies and State (to some extent) on community inclusion. Our inclusion, as a movement of persons with psychosocial disabilities, had to be constantly negotiated and talked about at different platforms to ensure that we are not left behind and excluded.

2.6 Advocacy for prevention of institutionalization and ‘zero coercion’ in ‘mental health’

The Bapu Trust, one of TCI’s founding and oldest member, has been spearheading services and advocacy for the right of persons with psychosocial disabilities to live in and be included in communities, through the comprehensive urban community based mental health program, ‘Seher’. Support to these programs have come from various domestic sources, and also WS and OSF. In their experience, it has been seen that where there is community support, the need for institutionalization and abandonment becomes less. Caring, creating a feeling of belonging,
having self care skills to handle stress, mental health enhancing nutrition, psychosocial techniques, peer support and community development around the theme of disability inclusive development, are effective and tested modalities to the crude handling of persons in distress, within lock up.

Bapu Trust has been engaging in multiple micro actions to prevent institutionalization of persons with psychosocial disabilities, transform communities for inclusion and develop a good practice example on DI and practicalities of a zero coercion model. The service encourages recovery of persons with psychosocial disabilities through an eighth point recovery framework. The above mentioned micro actions are implemented along the domains of this framework. Where the program hits a barrier to inclusion with the eight point framework, they evoke a 3 Door Framework: Mental health services- Inclusion in Development- Human rights realization. The 3 Door Framework is the broadest range of partnerships and microactions possible, in low income communities, to foster the inclusion of persons with psychosocial disabilities in their communities.

In the grant reporting period, **36 clients** from the basti (community) were supported through a total of **3532 micro actions** in order to support their deinstitutionalization and promote inclusion and independent living in the community.

<table>
<thead>
<tr>
<th>8 Point Framework Wise</th>
<th>Actions</th>
<th>No of action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Caregiving Support, Family Confrontation Work, Psycho Education, Nutrition &amp; health support, Family Counselling, De-addiction</td>
<td>225</td>
</tr>
<tr>
<td>Group</td>
<td>Trauma support group, Fitness group, Arts based support group, Gardening group &amp; Support group (Home Visit- Reminder Visits)</td>
<td>383</td>
</tr>
<tr>
<td>Health Care</td>
<td>Hospitalization (for general health care), Health check-up Referrals, Homeopathy OPD, Tests Concessions &amp; Mental Hospital Check-up Visits (for DI clients monitored by the MH)</td>
<td>799</td>
</tr>
<tr>
<td>Individual</td>
<td>Support counselling, Lay counselling, Psychotherapy work &amp; Artas based support work</td>
<td>964</td>
</tr>
<tr>
<td>Self Care</td>
<td>Breathing, Body and Voice Activities</td>
<td>528</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Nutrition Module, Nutrition Inputs, Nutrition Referrals, To understand challenges and follow up</td>
<td>347</td>
</tr>
<tr>
<td>Livelihood/Socialization</td>
<td>Circle of care, Market, Temple, Local Auto/ Bus Travelling - Support, Hospitalization Referrals, Foundation Course, Vocational Course, Self-Empowerment Training, Aadhar Card and other Documentation referrals</td>
<td>622</td>
</tr>
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*Table 3: DI supporting micro actions*
### 2.7 Legal advocacy and access to justice

One of our movements’ biggest challenge has been tackling the issue of legal barriers and legal incapacity laws that rob us of our ‘personhood’. It is quite clear, with 15 years of the CRPD, that, unless legal incapacity laws leave the national legislation, and there is true harmonization with the CRPD, we will be left behind in a big way. TCI, along with its members, has been advocating for and working towards repealing all discriminatory laws and legislations in our member regions. In our initial years, we struggled with making sense of old colonial mental health laws which were still being followed or modernized by modification in various countries across Asia-Pacific and intrigued by some countries which did not have these legislations. We wished to engage in a discourse around legal realities in our members' respective countries. Absence or presence of similar mental health laws, harmonization of existing laws with the CRPD, our constituency covered by solely mental health laws or disability laws in all spheres of life, how these legal structures affect persons with psychosocial disabilities, ease or difficulty of accessing courts, deficiencies in the legal system, status of supported decision making, guardianship systems, substituted decision making etc.

Towards this goal, TCI was invited to participate in the World Justice Forum and Realizing Human Rights and Social Justice in Mental Health; Realizing Human Rights and Social Justice in Mental Health Knowledge User Meeting. Discussions were also held with UN Women, Women Enabled International and Validity Foundation to explore and look for common grounds to work and collaborate on this extremely important topic. TCI was also a part of closed door discussion on the heinous MAiD law (Medical Assistance in Dying) in Canada, along with long term partners Inclusion International, IDA and partners. Additional dialogues have been initiated with Validity Foundation, UN Women, Women Enabled International and DRF towards developing a strategy and grant proposals on Legal capacity and Access to Justice, in the coming months and year. Concrete actions are being planned and the MOUs are in an advanced stage.

### 3. #WhatWeNeed Campaign

Through both the years, the #WhatWeNeed campaign was very successful because of the curating of activities: In 2020, the campaign contained 2 high profile global webinars and greater participation of persons with psychosocial disabilities and 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 featured 4 Webinars on De-institutionalization to support and honour the work of the CRPD committee on their efforts towards a guideline on DI (Add links)

### 4. Forging and sustaining partnerships

As tabled in the last report\(^ {38}\), the global movement of users and survivors of psychiatry, mad persons, persons with psychosocial, neuro-diverse and intersectional identities has continued to remain fragmented: Regional movements, with varying tempo and effectiveness, have been active, coming together functionally, on co-operations. However, the aspiration for having a ‘unifying voice’ of a human rights movement with the CRPD framework, is far from achieved. TCI is making an effort to bring the movement together, to the extent possible, by expanding membership to other regions and by inviting peers and activists from around the world to engage with TCI through its webinars.

TCI has sustained its strong partnerships with IDA in this time, as well as other support agencies, including CBM Australia, Pacific Disability Forum (PDF), Disability Rights Fund (DRF / DRAF), Human Rights Watch (HRW), Inclusion International, ENIL, Validity Foundation, DRI, CIP and others through national, Asia regional, pacific regional, and global actions.

The OSF-WS funding to the Bapu Trust to support work on ‘zero coercion’ inclusion projects, illustrative of CRPD compliance\(^ {39}\) evidenced excellent scaling success, with 5 established community centres 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.\(^ {40,41}\) Even though intensively human process orientated, it was feasible to ‘scale’ these projects, which may serve as a good evidence base for the future. Regulatory changes had serious financial and governance related consequences for the Bapu

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\(^{38}\) TCI (2018). ‘Turning the Tables: The imperative to reframe the debate towards full and effective participation and inclusion of persons with psycho-social disabilities Excerpt from ‘Galway-Trieste’ conversations. Compiled and edited by Alex Cote.


Trust, but those were crossed over smoothly by end of 2021, including receiving a new FCRA license. Inclusive of 3 key thematic areas (scaling, COVID and regulatory changes), Bapu Trust was able to maintain and sustain its overall service delivery frame, and also be responsive to additional demands made by other organizations for educational, knowledge resources as well as trainings on psychosocial wellbeing and inclusion. At the national level, Bapu Trust engaged with various CRPD linked human rights documents and guidance produced (e.g. the SR’s report, the WHO good practice document), enabling the grassroots projects to become more inspired by international developments. In coming years, TCI will continue to develop CRPD compliant services with BT and other members as well, as implementation partners.

5. Lessons Learned

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. It has been a challenge within the donor, INGO and international cross disability communities to see a difference peculiar to the mental health sector- that a specific health care designed for a constituency of persons with disabilities can be seriously violative of human rights; but yet, the care system take the role as a representative voice for persons with psychosocial disabilities. TCI has faced a lot of pressure, to go the ‘mental health’ way, and remaining with just betterment of services, and be led 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. In 2020, TCI critically engaged 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 legislations. These sets of resources have not prohibited coercion nor given explicit guidance on de-institutionalization. However, while this is redeeming and ‘ameliorative’, paradigmatic change to the disability inclusive development model is far from realized for persons with psychosocial disabilities. The TCI call for shifting the discourse from ‘mental health’ to ‘inclusion’ has continued to remain relevant and strong in this period. The attempt continues to be one of reducing medical harm, rather than acknowledge universally that harms have been committed and planning a transformation of the paradigm. Therefore, CRPD compliance on Articles 12, 14, 15, 16, 17 and 19 remain unfulfilled.

42 Training and teaching resources created for ‘Inclusion Trainings’ in the reporting period (2020): Programming for Inclusion of persons with psychosocial disabilities, BT’s intensive course for development CBOs and DPOs to integrate a psychosocial wellbeing module, provided an opportunity to create a number of colourful, and playful board games, card games and games that involved group play, movement and participation. The purpose of these games were to make the learnings on inclusion, diversity of needs, etc. more tangible and practical. These games are used as training aids in the classroom, and some are used in the communities.

TCI posed a strong challenge to the Global Mental Health movements and the ‘mentalhealthification’ of psychosocial disabilities by engaging in discourse around our identities and putting in efforts to move the discourse from medial to social/human rights model with TCI’s own members.

While the UN Inclusion Strategy and efforts by several UN agencies (UNICEF, in particular) are of farsighted vision and actions taken are commendable, there is imbalance in congruence with the CRPD, across agencies and in catching up with the CRPD monitoring committee. For example UNICEF has been very active in some 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. The spread of initiatives within the UN Inclusion strategy runs the risk of diluting the human rights of under represented groups, especially their risk of institutionalization, by cherry picking the priority items for harmonization (e.g. accessibility) and omitting to address the issues adversely impacting lives of persons with psychosocial disabilities. The role of international organizations of persons with disabilities has in these negotiations, been challenging and with mixed or regressive outcomes.

There is a universal sentiment from grassroots OPDs that, in donor relationships and receipt of funding (1) their voice wasn't heard and (2) under-represented groups were dropping off the negotiation table. In some countries, such as SriLanka and Bangladesh, OPDs have been 'INGO-fied'- or agendas overpowered by service / INGO interests, rather than human rights and fulfilment of the CRPD. For TCI, it has taken years to retrieve OPD voice and restore its dignity. However, TCI is concerned about the slow erosion of OPD voices in the race to interpret CRPD compliance but not changing the mandate or the paradigm.

6. Organizational vision:

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.

By the end of the reporting period, the registration process is well underway. All the relevant documents have been submitted in Geneva and TCI is waiting for the official confirmation of its formal registration and opening of its bank account in Geneva. Efforts to wean off TCI from Bapu Trust, its parent organization were also successfully made in the reporting period. BT transitioned into a founding member of TCI.
In March 2022, at the momentous occasion of TCI’s 10th year anniversary, a successful General Assembly, a Strategy meeting and an official launch of TCI Global was conducted in Bangkok. A full board and Executive Director were officially appointed at this meeting. As TCI started off as a movement in Asia Pacific, its main founding members are from the region. However, efforts were made to ensure the newly elected Board of TCI has representation from Asia Pacific and Africa regions. The Board members and Executive Director are as follows:

Ms. Robinah Alambuya (President)
Ms. Yenirosa Damayanti (Vice President)
Ms. Kim Tiengtom (Secretary)
Mr. Matrika Devkota (Treasurer)
Mr. Ammihud Joseph (Resident Board Member, Geneva)
Dr. Bhargavi Davar (Executive Director)

6.1 Reasons for ‘going global’ phase of TCI

• 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 UNIS (Inclusion strategy). We run the risk of being left out.

• 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 coming from INGOs, grant makers and philanthropists and bilateral donors; the shadow cast by ‘mental health services’ during times of corona, diluting the advocacy of OPDs of users and survivors of psychiatry and persons with psychosocial, neurodiverse identities over the decades. The diminution of the voices of persons with psychosocial disabilities needs to be countered at the global level, and to prevent the funding being dispersed along the spectrum from anti-CRPD positions in mental health towards CRPD compliant mental health and inclusion.

• This fiscal sponsorship arrangement with IDA along with logistics and organizational support from Bapu Trust, over the years allowed TCI Asia Pacific to galvanize this movement consolidation, by being largely program driven, leaving financial management, compliances and logistics to the support agencies. The relationships intra TCI and with the fiscal sponsor (IDA) have also been more nuanced but strong, in this reporting period, with 3 differentiated layers of administration and decision making:
- Accountancy, operational and fiscal arrangements with the support from IDA;
- Senior program management of TCI (Executive Director and ongoing recruitment of a deputy) in charge of TCI strategy, Program supervision, high level advocacy, strategic partnerships, donors relations and fundraising;
- Governance (Steering committee, gearing towards a full Board registered in Geneva by 2021).
- An Articles of Association has been created, and all paperwork completed for a Constituent General Assembly, scheduled for early 2022.

Through 2021, effort was made to wean TCI off Bapu Trust and to redefine the relationship. Bapu Trust agreed to become a member of TCI, being the earliest OPD of persons with psychosocial disabilities in the Asia Pacific region. Further, financial exchange between Bapu Trust and TCI was also restricted for the next budgets, due to changing relationships in TCI with the Trust, and sea of changes within the Bapu Trust and regulatory issues. Bapu Trust and its sister organization, Bapu Foundation, will partner with TCI as implementing agency, of CRPD compliant social innovations and trainings on inclusion.

With an independent governance in place, and operational support during a transition period from both IDA and Bapu Trust, TCI mission has expanded to more regions and more thematics in the coming years. TCI has elicited the interest of several donors (DRF, Ford, etc.) and INGOs, and will follow up with proposed works in the coming years.

7. Harm mitigation in ‘mental health’ and working towards inclusion in the next 3 years

Keeping the above as context, TCI proposes the following strategies for the next 3 years:

1. Mobilization at the national level, globally- In the coming 3-4 years,

   a. We will have strong presence in Asia, Pacific, Africa and an emerging membership base in Latin America, Europe and Canada, with an increased number of exchanges, webinars, academic events, joint campaigns, etc. to better establish a common platform for advocacy.
   b. We are particularly interested in revisiting the identity issues (whether user/survivor or persons with psychosocial disability or other…) in our dialogues with independent groups in the global north.
   c. We will develop human rights campaigns around removing reservations on Article 12 for the north countries and ratification of the CRPD in the Pacific.
   d. We will facilitate and support the somewhat dormant cross disability movements in South Asia and South East Asia, by supporting IDA in their work in these regions.

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 and other opportunistic trainings.
b. Bapu Trust training on Inclusion is on the anvil, with field visits and online training opportunities.

c. A community of practice around Inclusion will be developed through a task force on 'Community Inclusion'

d. Contribution to the IDA online learning platform on this topic, and possibly, also a dedicated global post-GDS on community inclusion, by harvesting commitments on this topic, has been proposed.

e. TCI will continue to partner with IDA on BRIDGE trainings.

3. Influencing INGOs - (CBM, HI, etc.) –

a. A proactive measure discussed to restore our voice in such spaces, discussed with IDA, was, for example, to build a partnership proposal on TCI+IDA+CBM training for inclusion and program implementation in select countries.

b. To advocate for the inclusion of TCI as the largest representative voice of persons with psychosocial disabilities in such influential forums and demand full and effective participation therein.

c. To bring sharper advocacy on GC 7, on Participation, through our broader yearly campaigns, COSP side events, etc. in partnership with other under represented groups such as II.

4. Engaging UN Human rights mechanisms and other bilateral agencies on community inclusion-

We have had good achievements in this area, especially the 'Guidelines on DI' being among the spotlight of our work. We have a big 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 IDA networks was discussed (perhaps through BRIDGE or other spaces). Other than this, discussions are ongoing in TCI network and allies, as well as the GCDI group on how to take forward the DI work.

b. Against this context, TCI negotiated hard to be a part of a consortium (that you may be aware of) on 'Community Inclusion', 'Community 2030' etc. again, with a programmatic approach.

c. TCI hopes indeed be included in this consortium (of IDA, IDDC, UN agencies), and conduct some 'pilots' in a couple of countries. Those ideas are developing and we hope to engage.

d. TCI has also been invited into several UN initiatives as part of the more universal strategy within UN on Inclusion, for example, UN Women, UNICEF inclusion strategy on health of young persons, etc.

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 harmonization 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).

7. Strengthening governance for a more global role for TCI

The next years will be spent in 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.

In conclusion, TCI is poised for its role as a key 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 will not result in community inclusion. There is a need to throw light on micro level actions in communities, to record what happens there, and to build an advocacy around this. Whether exchanging with memberships, or laws, or UN human rights mechanisms, or donor engagement, TCI will keep its focus on community inclusion.

8. Changes in the context

The differences with other stakeholders (INGOs, bilateral donors, mental health stakeholders) has become sharper and stronger, post COVID, towards ‘mental health services’. An advocacy position alone will not be enough to counter this tide. Capacity building for implementation of grassroots psychosocial support and inclusion services, convincing various stakeholders of good practices and pilots that support community inclusion, independently of MH services, advocacy for adoption of DI guidelines, etc. we hope, that we can stand up to the upsurge of ‘mentalhealthification’ of our environment. We will focus on GC 7, and advocate for our unique position worldwide as the genuine, representative voice of OPDs of persons with psychosocial disabilities.