



**Transforming Communities
for Inclusion (TCI)**

**A Synthesis Report of the
Exploratory
Visit to Maldives**

**For Mobilizing with people with psychosocial disabilities
and cross disabilities**

January 2022

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Background & About TCI

Transforming Communities for Inclusion (TCI) is an independent global Organization of Persons with psychosocial Disabilities [OPD], focusing on the monitoring and implementation of all human rights, for persons with psychosocial disabilities. We are guided by the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), with a special focus on Article 19 (Living independently and being included in communities). Our aim is to mobilize persons with psychosocial disabilities and their organizations to advocate for inclusion within disability and development.

Since 2012, TCI has made several countries mobilization visits, national-level capacity-building workshops, mentoring of emerging leaders, holding multi-stakeholder dialogues/plenaries, and has engaged up to 26 member countries in the Asia Pacific region. TCI has enabled leaders from the region to advocate for inclusion and led the process with its cross-disability supporters and development organizations.

Our key strategy and strength is to enable the development of OPDs of persons with psychosocial disabilities and to strengthen their national advocacy work. Our plans for a region include-exploratory visits to the countries in the region, organizing country missions and stakeholders' meetings, offering fellowships, OPD help desk, and support grants, micro-grants, and continuous networking with our membership to support persons with psychosocial disabilities and self-advocates with national-level advocacy in line with the UNCRPD.

TCI established the strategy of organizing exploratory visits and country missions to create solutions for mobilizing with people with psychosocial disabilities in a country where movements of persons with psychosocial disabilities do not exist, are very medically modelled, or not actively engaged nor supported by any disability advocacy initiatives. There are countries where there is a lot of difficulty to identify persons with psychosocial disabilities and their organizations, to engage with them and support their groups/movements to establish OPDs and initiate advocacy for their rights, dignity and inclusion in the community. TCI organizes exploratory visits in countries with the support of a local/national organization of persons with disabilities; engage with the cross-disability movements and work in partnership for building, creating and enabling a national movement of persons with psychosocial disabilities.

TCI since 2017 has been putting efforts to mobilize with persons with psychosocial disabilities in the Maldives, a delegation from the cross disability and a person with psychosocial disability (identified by an associate member of TCI) was invited to a plenary meeting held in Bali in 2018, organized by TCI in collaboration with Indonesian Mental Health Association (IMHA). A person with psychosocial disability also participated in the South Asia sub regional meeting in Kathmandu, thereafter. Against this context, TCI organized an exploratory visit to Maldives to learn about the disability movement, what are the key challenges faced by people with disabilities and how is the movement of people with psychosocial disabilities: Where are they, are they only confined to their houses, mental health centers or mental asylums; Are there OPDs in Maldives, of persons with psychosocial disabilities; etc.

With the support and active collaboration of the Maldives Association for Physical Disabilities (MAPD), TCI organized the Senior Program Officer, TCI, Mr. Waqar Puri to make an exploratory visit to Male. The visit happened in January of 2022.

Objectives of the Visit

- Identify, meet and exchange with organizations of persons with psychosocial disabilities if any and individual self-advocates.
- Engage with the different stakeholders including cross-disability movements in Maldives and other important stakeholders for a dialogue on the situation of persons with disabilities in Maldives.
- Engage with cross disability movement and make them aware about what is psychosocial disability and the identity issues of people with psychosocial disabilities in countries of the region.
- If possible, meet with the relevant ministerial officers on mental health and disabilities.

Methodology

Compared to a traditional ‘country mission’¹, this was an ‘exploratory visit’. TCI shared the minimum objectives of its visit to Maldives with an associate member organization (MAPD) and requested to organize meetings with key stakeholders. A meeting plan was developed together upon reaching Male. Dialogues and meetings were conducted with the below mentioned stakeholders with the support and collaboration of MAPD.

1. Organization of persons with psychosocial disabilities
2. Umbrella organization of persons with disabilities in Maldives
3. Cross disability stakeholders
4. Government stakeholders
5. Service providers

The list of stakeholders with their details are mentioned in the below ‘results section’

This exploratory visit was conducted from January 10th to 14th, 2022.

Synthesis of the Dialogues held with Stakeholders

The Current State of People with Psychosocial Disabilities in Maldives

A dialogue held with Mr. Ahmed Mohammed, Chair Person, Maldives Association of Persons with Disabilities², MAPD & Ms. Ula Ahmed, Chairperson, Mental Health Support Group (MHSG)

While engaging with the stakeholders it was known that the situation of people with psychosocial disabilities in Maldives is challenged and discriminated on all aspects of their lives. People with psychosocial disabilities are not even known as persons with disabilities in Maldives. They have no identity as a ‘person with a disability’ and are recognized as medical patients, ‘mad’ people who need medical treatment. The perspective towards psychosocial disability is extremely medicalized and is controlled by the WHO, a few psychiatrists and other service providers trained by them. As with other countries, the WHO has an office in the Maldives and covers policy guidance on ‘mental health’. There is lack of awareness and lack of knowledge of the CRPD and the rights of persons with psychosocial disabilities.

¹ <https://tci-global.org/country-mission-and-exploratory-visits/>

² <https://www.mapdmv.org/>

- They are identified and labeled with names which are not appropriate in the community.
- They are seen as a result of committing sin.
- They are not registered as persons with disabilities under the National Social Protection Agency [NSPA].
- There is a lack of awareness in the government and community about the CRPD, community inclusion and the human rights model of psychosocial disability.
- Persons with psychosocial disabilities are not encouraged to talk about the issues associated with their lives. There is no recognition of 'lived experience' or being 'expert by experience'.
- They feel guilty about expressing themselves in the community and hesitate in even talking about their mental health condition because of the stigma and discrimination.
- There is no awareness or existence of self-help groups, peer support networks or OPDs of persons with psychosocial disabilities.

The stigma and assumptions associated with people with psychosocial disabilities often results in people being ostracized from their own community in Maldives. During the dialogue it was mentioned that 'People with psychosocial disabilities are confined inside the houses by their own families. We witnessed this during a visit to a young person's home, who was taking psychiatric medications. We were conducting a door-to-door survey and reached out to a person with psychosocial disability. We offered him to work with us in the community as he was young and educated. His family refused and said that he is on medication and cannot be included in the community³'. It was also shared that 'In Maldives people with psychosocial disabilities are treated inside homes, the counselors and service providers conduct home visits and shared that he has been trying very hard with the help of the service providers to reach out to people with psychosocial disabilities and include them in our own workforce, but it has not been possible'. In Maldives, people with psychosocial disabilities do not have access to any alternative therapies and community inclusion programs due to which they remain excluded from the mainstream societies and are put only to psychiatric care. There are no other self-help groups or peer support groups available outside Male.

There was a Mental Health Strategy⁴ in place for people with 'mental health conditions'. The development of the mental health strategy was led at the time by Dr. Arif Mahomed, one of the leading psychiatrists in Maldives⁵ at the Indhira Gandhi Memorial Hospital. However community based support services were not begun by the end of this planning period. Another five year plan has been set in motion (2022-2025), under which a new 'Center for Mental health' is proposed⁶. Psychosocial support services are quite unknown in these plans. People with psychosocial disabilities are treated by the medical professionals and or sent to a rather new custodial asylum in Atoll Guraidhoo. Maldives has one mental asylum which is run by the government of Maldives and is located in another Island, far from the other islands. Recently, the Human Rights Commission of Maldives visited there, and described several gaps and violations in custody. Even though there is no mental health law, the government of Maldives has the authority to send persons with disabilities to the mental asylum and around 300 people with disabilities are locked in that institution currently indefinitely. The Working Group on Arbitrary Detention also noted that the custodial asylum not only

³ In dialogue with MAPD and its chief functionary, Ahmed Mohamed.

⁴ [https://health.gov.mv/Uploads/Downloads//Informations/Informations\(44\).pdf](https://health.gov.mv/Uploads/Downloads//Informations/Informations(44).pdf) 'National Mental Health Strategic Plan 2016-2021'. Ministry of Health, Maldives. Plan/23/MoH/2016/07.

⁵ Mohammed Arif (2015). 'Resuscitating the National Mental Health Policy in the Maldives'. Australasian Psychiatry, 23(6):26-28.

⁶ Government of Maldives (2022). Central and Regional Mental Health Services Development Plan. (2022-2025). Ministry of Health. Male: Maldives. Accessed on 26th December 2022 at <https://health.gov.mv/storage/uploads/NAq7Loeg/opbcrit8.pdf>

housed persons with psychosocial disabilities, but also the elderly⁷. In case a family member, NGO, OPD or an INGOs, has an interest to visit the institution, they require to take a permission from the Maldivian government to visit people with disabilities locked inside. Based on existing health policy, the institution is one of the ‘Homes for People with Special Needs’. In such institutions people with psychosocial disabilities, persons with disabilities, other persons with non-binary identities are at a greater risk of sexual violence, abuse and exploitation.

The situation of people with psychosocial disabilities in Maldives has been complex. During this exploratory visit, after having exchanges with so many stakeholders and people with disabilities from the cross-disability movement, TCI was able to identify one woman with a psychosocial disability, who, without any support, is running an organization of persons with psychosocial disabilities (Mental Health Support Group-MHSG)⁸. She is providing peer support for people with psychosocial disabilities in Maldives, under extraordinary conditions and neglect and exclusion.

TCI will work in partnership with MAPD and MHSG for creating an enabling environment for persons with psychosocial disabilities in Maldives. There were a few commitments made, which can be found in the sections below.

Understanding Disability Movement of Maldives

Maldives has a small population of just under half a million people. Of the 1192 islands, only about 15% are inhabited by people. Demographically, the population is young. Maldives faced several political strife in governance, but became a modern democracy with a fairly stable government and full constitution, in 2008. It has a Uniform Civil Code as well as the Shariah. As a way of restoring the faith of the international public gaze, and restore the country to political stability, the country has ratified all the Conventions, including the Convention against Torture, and has several national focal points to monitor and regulate human rights violations. The country accedes to the voluntary review processes of the Universal Periodic Review and made its last submission in 2020⁹.

As per the world report on disability, there are 10-15% of the population are persons with disabilities globally and as per the census held in the Maldives the stats of the disability have been as follows:

- 1) According to year 1981 – there are (0.9%) 1,390 persons with disabilities in Maldives, this survey/census was conducted by the government of the Maldives.
- 2) According to the study conducted by the International Centre for Evidence in Disability in 2016, it was estimated that 6.8% of the total population are persons with disabilities.
- 3) As per the latest study on the House Hold Income and Expenditure Survey, the total disabled population in Maldives in 9% of the total population. For this survey, the government used the Washington Group Short Set Questionnaire, which does not give coverage for persons with psychosocial disabilities.

It is possible that none of these figures capture accurately, data related to disabilities in the Maldives. As in other countries, data with respect to persons with psychosocial disabilities is totally absent.

⁷ A/HRC/51/29/Add.1 (2022). Visit to Maldives. Report of the Working Group on Arbitrary Detention. 6th July 2022.

⁸ <https://mhsgmv.org/>

⁹ A/HRC/WG.6/36/MDV/1 (2020). “National report submitted in accordance with paragraph 5 of the annex to Human Rights Council resolution 16/21”.

Maldives ratified UNCRPD in 2010 and as per the constitution of Maldives, every Maldivian must have the right to live as an equal citizen without any discrimination. Their first country report was submitted in 2018, adopted for review in 2019. In 2022, the 27th Session of the CRPD Committee, the List of Issues was rolled out.

There are various laws which exists in Maldives to protect the rights of persons with disabilities, out of which some are as follows:

1. The Employment Act
2. Sexual Offense Act
3. The Penal Code
4. Disability Act 2010
5. Inclusive Education Policy formulated in 2013
6. The Anti-torture Act of 2013 (criminalizes inhuman, degrading treatments and torture of persons with disabilities)

The Constitution itself protects persons with disabilities, on equal basis with others, against cruel, inhuman, degrading treatments and torture. However, persons with disabilities are discriminated and unable to live their lives on an equal basis to others.

The Disability Act 2010 is said to be fully CRPD compliant, which was approved by the Maldivian government. However, it is more like a copy paste version of the CRPD. Furthermore, the Ministry of Gender and Family works on the rules of businesses of and policies for persons with disabilities. The mandate of disability and development is the responsibility of the Gender Ministry in Maldives, under which there is a 'Disability Council' to work with DPOs and NGOs on disability issues and programs for disabled people in Maldives. This council consists of 7 people including: 1 representative as a chair, appointed by the president of Maldives, 1 psychologist (to be elected by the psychologists), 1 INGO representative, 1 disabled person (to be elected by persons with disabilities), 1 parent of any disabled person (to be elected by parents of persons with disabilities), 1 representative of the gender ministry and 1 medical doctor (to be elected by doctors). Members of the disability council are changed every five years. The council sits two times every month to discuss the issues of persons with disabilities.

The situation of persons with psychosocial disabilities within law and policy, in Maldives is complex. It is odd that a mental health professional is listed as an official member of the Council, suggesting a stereotype about *all* persons with disabilities. There is only 1 representative of persons with disabilities. Persons with psychosocial disabilities are not included in most disability initiatives. However, in the recent mental health plan (2022-2025), 'mental health' is fully and finally segregated from disability and handed over to the health department. Listings and reporting of disabilities in Maldives does not include persons with psychosocial disabilities.

Under the National Social Protection Agency (NSPA)¹⁰ the government of Maldives provides a number of social protection schemes (e.g. health coverage, single parent scheme, foster care scheme, etc.) Moreover, there is a national health insurance scheme which can be accessed by all persons with disabilities on an equal basis with others which is upto 1000 MVRs. This social protection does not have any direct relation with a disability registration or identity card. However, only 6 groups of disabilities have been identified under the scope of the Disability Act of 2010, including persons with 'psychological' disabilities and autism. A person with a disability card can also get a social protection.

¹⁰ <https://socialprotection.org/discover/programmes/disability-allowance-programme-dap>

NSPA provides 2000 MVRs (180 USDs approx.) to each registered person with a disability to cover their disability related cost, such as procuring assistive devices, or paying for reasonable accommodation. Both cash and kind support is allowed within the scope of the scheme, termed 'unconditional' (allowing for diversity of needs). For 'in kind' assistance, the NSPA is mandated to offer 'psychosocial support', though, policywise, this concept is not defined or budgeted for.

Maldives was a British protectorate, and has been a Commonwealth nation (except for a brief recess between 2016-2020). A report on Maldives mental health systems was published by the WHO in 2006¹¹. Maldives does not have laws or policies for mental health, thereby, does not have the legal barriers that other countries have, for community inclusion. [However this may be changing very fast, see Post Script below, in this report.]

In their country report submission, the Government of Maldives has admitted that the recognition of full legal capacity may be falling short of international standards set by the CRPD, as guardianship arrangements in civil life and health care are still being followed. However, the government will attempt to rectify this gap in forthcoming efforts¹². Maldives has maintained its lunacy, guardianship and incapacity provisions as in any post-colonial state, as an 'improvement' over the *shariat*¹³. These provisions are found, as in other Commonwealth laws, across multiple laws (for example, family law has provisions on unsound mind). For persons with psychosocial disabilities there is a guardianship law. A person living with a 'mental health condition' must present a guardian to access the social protection scheme. To avail this protection a person has to apply separately and get verification from doctors/medical professionals, passing through a diagnostic and treatment gate.

There is a huge problem of access to information in Maldives, people with disabilities deaf, blind, intellectual disabilities, psychosocial disabilities have no access to information in accessible formats. Therefore, people with disabilities are unable to access much information shared about them or already available for them in the country.

In Maldives, people with disabilities have no access to employment opportunities because of inaccessible infrastructures, negative attitudes of employing a person with a disability and having a perspective that he might not be able to perform well. People with psychosocial disabilities are firstly not known as people with disabilities, though they are seen as medical patients with unsound minds. People with psychosocial disabilities have to hide their impairment while seeking an employment in the Maldives. Also, there is no quota system for the employment of people with disabilities in Maldives under which they are bound to provide employment opportunities, MAPD is advocating for a quota should be allocated for persons with disabilities.

People with disabilities who have a national identification card and cannot afford any assistive devices, can request for assistive devices under the NSPA. The process is time taking and depends on the budgets available/allocated for persons with disabilities in the fiscal year.

There was a housing program launched by the government of Maldives in 2013, and the provision was to provide 10-15 homes to persons with disabilities based on criteria set by the government. Later on

¹¹ WHO (2006) 'The WHO-AIMS Report on Mental health Systems in the Maldives'. Geneva.

<https://apps.who.int/iris/bitstream/handle/10665/312323/9789290223030-eng.pdf?sequence=1&isAllowed=y>

¹² CRPD/C/MDV/1 [Sections 57-60]

¹³ UNFPA (2004). 'Family Law Report- Maldives' gives a comprehensive view of the exchange between the Sharia and the new codes that came in.

the policy was revised due to some scams and the government of Maldives initiated to provide discounts to persons with disabilities for having access to houses. But as people with psychosocial disabilities are not registered as people with disabilities, they were not included in the program and did not have access to housing schemes.

The Ministry of Gender and Family, Ministry of Health and WHO have been working together since long, to put up a national mental health strategy for people with psychosocial disabilities, as a way of changing systems for better power sharing. The mental health care system is controlled and run by the psychiatric professionals. During the meeting with the Gender ministry, it was highlighted by the visiting TCI team that having a mental health law or a stand-alone mental health strategy is *not a solution* and will lead towards the promotion of medical model of psychosocial disabilities. This should be the mandate of the Disability Council to include people with psychosocial disabilities in consultations and discussions when formulating policies for persons with disabilities. [Refer Post-Script of this report].

‘Professionals of behavioural sciences’ including ‘mental health professionals, therapists and councilors [sic!]’ and ‘clinical and physical therapists’ (working with those with physical or mental impairment) come under the ‘Health Care Professional Act (3/2015)’. An interesting feature of this law, is that it brings ‘behavioural professionals’ (mental health professionals) within the full scope of regulation by the health care legislation and binds them to medical ethics as practiced by other medical professionals. This welcome move is unusual for a post colonial commonwealth country and can set a gold standard for regulating the ‘psy’ professionals in other global south countries.

In Maldives there are no community inclusion programs available for persons with disabilities. Even if a person with a physical disability requires rehabilitation, he/she will be shifted to the Guraidhoo island and will be rehabilitated inside an institution. People with disabilities are at a greater risk of sexual violence, abuse and torture. There are some laws in Maldives which protects persons with disabilities from torture such as Sexual Offenses Act, Maldives Anti-Torture Act, Disability Act 2010.

In Maldives education for children with disabilities is free of cost, the education policy is quite inclusive but people with disabilities are unable to attend school and college because of accessibility issues, bullies, stigma and negative attitudes inside the schools. But it was shared during a meeting with the Down Syndrome Association that during the policy development the education ministry involves and invites cross disability groups to how best include children with disabilities in the mainstream schools. People with visual impairment and people with hearing impairment face more challenges as the teachers and staff in the schools are not trained on languages and accessibility issues.

There are very less opportunities available for persons with disabilities to meet the parliamentarians and advocate for the rights, of persons with disabilities. MAPD is working with Westminster Foundation (NGO working on Democracy) for creation of a platform called ‘Break Through the Parliament’ to initiate advocacy with parliamentarians directly.

While MAPD was an active member of the disability council and after their participation in the Bali plenary with TCI, they have been trying to communicate work through the disability council for establishing a DPO of persons with psychosocial disabilities in Maldives, but due to lack of awareness the gender ministry focused towards promoting mental health centers run by medical professionals.

Engagements during the exploratory visit

Meeting Details / Organization

Meeting with Maldives Association of Persons with Disabilities MAPD



Meeting with MHSG Ms. ULA Ahmed, Chairperson, MHSG



Key Commitments

- MAPD has offered to support people with psychosocial disabilities by building their capacity and provide them with all administrative support to start a DPO. Initially we appointed Mr. Nafiz for this but due to his busy schedule and other commitments he was not able to commit.
- MAPD will support the organization MHSG with any administration support needed or office space needed. They are happy to support MHSG in their work.
- MAPD will support and involve MHSG in all disability discussion/consultations/events held at the national level on the inclusion of persons with disabilities so that she can raise her agenda and advocate for inclusion
- MAPD will assist MHSG in contacting with Ministry of Gender and Human Rights Commission Mechanism for including people with psychosocial disabilities in consultations and if possible organize a CRPD session for the HRCM staff members

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- MAPD will work in partnership with MHSG and supported by TCI to hold a country mission for Maldives in the year end. MAPD will raise money for local transportation of people with disabilities, and the full program will be as follows:
 - One day workshop with people with psychosocial disabilities and engaging with the group,
 - One day CRPD training, people with psychosocial disabilities, government stakeholders and cross disability stakeholders for awareness on the rights of people with psychosocial disabilities with a CRPD perspective
 - One day multi-stakeholder meeting with cross disability stakeholders, NGOs, INGOs & Government
 - MAPD and MHSG will work together with the country representative from the UN Resident office to be involved in the consultation process
 - TCI shared about the Seher program run by BT and also shared about the IDA CRPD trainings and share that we will try to involve ULA from MHSG to BRIDGE trainings for her learning about the UN CRPD and disability inclusion.

Meeting Details / Organization

Mr. Ahmed Ansam, Founder of Down Syndrome Association



This association is run by parents of children living down syndrome in Maldives

DSA is a parents' group for persons with Down's Syndrome. They are conducting several advocacy activities in partnership with the Autism Association and MAPD for the inclusion of people with down syndrome. The group is run by parents of down syndrome children, adults are taken care by the family or sent to the Guraidhoo mental institution.

There is no government funding available for them at the national level and they are funded by the corporate companies and businesses mostly. Their main fundraising day is during the month of Down Syndrome day and they sell some products to collect funds for doing activities in the next fiscal year.

There are no employment opportunities specifically for people with down syndrome, and the movement has just started 8-9 years ago in Maldives, now since last years the group is putting efforts in supporting people with down syndrome with speech therapies and other trainings through which some people were able to access employment opportunities. Also, during the monitoring visits to the

employers, they observed that people with down syndrome are just kept in jobs for only in the context of doing a good deed, and give sympathy.

There is no employment quota, under which people with down syndrome can access employment opportunities.

Down Syndrome Association is also working with HRCM to be included in the five-year disability strategy plan and will be requesting for trainings support.

Down Syndrome Association will take part in the TCI country mission (when organized) and will attend the stakeholder meeting.

Meeting Details / Organization

Meeting with Human Rights Commission Mechanism, HRCM, Maldives



TCI shared about the organization and work we have been doing globally for the inclusion of people with psychosocial disabilities. TCI also shared what opportunities we provide to our members and how we engage with government stakeholders through our national members as well as through our multi stakeholder meetings. TCI shared with HRCM that there is no movement of people with psychosocial disabilities in Maldives, and our purpose of coming here and meeting the stakeholders is to build a momentum to support people with psychosocial disabilities to be supported by the cross disabilities, and government stakeholders for building their movements in Maldives.

TCI shared about the rights-based model of disability and why we advocate for the rights of people with psychosocial disabilities, why it is important to see psychosocial disabilities through CRPD perspective and why people with psychosocial disabilities are left behind in all walks of life. During the briefing it was highlighted that social protection, education, information and communication, housing, families, friends, employment etc., all is important for people with psychosocial disabilities also to be included in the communities on an equal basis. We cannot exclude by discriminating them in accessing what all others can.

TCI also shared that in partnership with HRCM we can organize together a country mission in year end and work on the rights of persons with disabilities in a partnership. During the discussion, ideas of doing a joint MoU were also discussed with TCI global and MAPD to work on the country mission program of TCI and also, some areas of support which HRCM can provide for the inclusion of persons with psychosocial disabilities in Maldives.

TCI also emphasized on involving people with psychosocial disabilities in the consultation processes, at least which are being organized by the HRCM. This point was well taken by the HRCM and committed to involve people with psychosocial disabilities in all future consultations. They will work in close collaboration with MAPD to include people with psychosocial disabilities in the processes.

TCI shared with HRCM about all our webinars going on to learn about community inclusion and deinstitutionalization. HRCM committed to watch all webinars which are already on the YouTube channel and will also be interested in attending any upcoming webinars in the future to learn more from TCI and work locally with DPOs of people with psychosocial disabilities and MAPD.

Meeting Details / Organization

Mr. Ahmed Atif, Executive Director, Care Society Foundation



Care Society is working in Maldives for last 20 years and is one of the oldest organization to empower people with disabilities in Maldives. Their mandate is to advocate and eliminate barriers and stigma attached with people with disabilities so that they can be included in the community as others

Ahmed Atif shared that care society has not worked directly in partnership with the individuals with disabilities but has the mandate to partner NGOs of persons with disabilities and has been working with only MAPD in the past.

Currently their focus is on 4 areas where they are working for people with disabilities, that includes:

- 1) Early intervention
- 2) School to work transition – people with disabilities complete schools but are not employed by employers, they are promoting self-employment as well as job opportunities for people with disabilities.
- 3) They are providing therapy services for people with disabilities, these include occupational therapies, counselling services, behavior therapies and physiotherapies.

They generate their own income by fund raising and also seeking support from other civil society organizations.

They have not really even thought about this earlier and never seen mental health condition as a psychosocial disability. They shared that this is really a new learning for them and they would want to collaborate with TCI in some areas for e.g. creating awareness on what is a psychosocial disability and why we see mental health condition as a psychosocial disability.

TCI did a brief overview of the CRPD, disability inclusion and specifically inclusion of people with psychosocial disabilities for the Care Society, so that they understand how in the future they can work

with MAPD and also during the implementation of their own programs if they identify people with psychosocial disabilities, they can connect with MAPD & MHSB.

Care society also shared that the Youth of Maldives is very active and also shares a lot about mental health, but they do not see it from a disability lense and don't also accept it, but they are quite engaging and if some resources can be mobilized, care society, MAPD and TCI can work on the youth empowerment specifically for young people with psychosocial disabilities.

They have a huge parents groups and located into each island in Maldives, in those parent groups there has ben a lot of discussion about mental health etc, the parent groups can also be an intervening point and can do some community awareness sessions in different islands.

Care society will participate in the multi stakeholder meeting if organized by TCI in future and will facilitate at maximum to reach out to people with psychosocial disabilities in Maldives.

Meeting Details / Organization

Meeting with the Blind Association Maldives, Mr. Maazin, Mr. Ibbu, and Mr. Hussain



Specifically people with visual impairment are facing huge challenges and a lot of barriers in getting education as it is one of starts, from where a person start to builds its career. The education policies in Maldives are great and not at all discriminatory but unfortunately there is no implementation due to to the lack of knowledge and lack of resources with government. Especially the higher education of universities, hardly any person with visual impairment have got that. We always get hard copies in the schools, colleges and universities but no audio or braille copies of the courses.

If we talk about the statistics and data, there is no data of how many people with visual impairment are there in Maldives and also further no data on how many of us are with low vision and how many of us are completely blind. There is need for a survey with good statistics in Maldives related to persons with disabilities.

The blind association is involved in the policy development they have been struggling in implementation of those policies. The constitution and the disability act are much inclusive.

The idea of doing a country mission and holding a multistakeholder meeting with cross disability and other stakeholder was shared with the blind association and they were happy participate and contribute to the multi stakeholder engagement when organized in Maldives.

Meeting Details / Organization

Meeting with Mental Health Awareness Foundation

Ms. Yooliya, Director, MAF



MAF is closely working with WHO and has been involved in the WHO GAP training since quite long. They have trained approximately more than 200 people on working more on training and awareness for people, they call people with psychosocial disabilities as medical patients,

They providing such trainings to the nurses, medical professionals and also in the community, that this is a medical problem which should be addressed on a priority basis and the government should pay attention on this.

During the meeting, they continuously emphasized on the needs for people with psychosocial disabilities inside hospitals and the government of Maldives is not being able to fulfill the demand of psychiatrist.

Through this meeting it was learnt that how much work is being done in the medical context of psychosocial disability and through the WHO as well as the government they are planning to allocate huge amounts for psychiatrists an mental health centers rather than investing in the community support systems. These policies are been driven from the mental health strategy in Maldives which was formed by the psychiatrists and they are also taking help of international consultants from the Bangladesh for making such strategies in Maldives.

Under the mental health strategy there is another mental health law on which the stakeholders are working at the moment.

On sharing the rights based model and rights based approach to menta health condition the MAF team shared that for the very first time we got to think about the rights based model and they agreed that yes, it is important to promote inclusion and rights rather than keeping people with psychosocial disabilities excluded from the communities.

MAF team emphasized on organizing some sessions or trainings with partnership of local stakeholders and they would really want more to learn about the CRPD and disability inclusion.

They also shared that the mental health strategy changes every 3-5 years and is amended, it can be an opportunity to advocate for a rights based policies

Meeting Details / Organization

Meeting with Ministry of Gender & Family,

Meeting with Disability Council Members



Ms. Shiana, MGF

Ms. Mona Shah, MGF

Dr. Farzana, Disability Council Member, MGF

They shared that the council is responsible for working and making policies for all diverse people with disabilities, they also have the mandate of monitoring the rights of people with disabilities in Maldives.

During the meeting they shared that the council is also facing challenges, we are something not having complete members as this is a voluntary group due to which a special attending and responsibility is not taken by the members of the council. It was also highlighted that the council is not a trained council on the CRPD which makes the processes and policy formulations more challenging.

They shared that the underrepresented groups of people with disabilities are more challenged and face discrimination but unfortunately the groups of people with diverse disabilities in Maldives do not have enough capacity, they are not trained and are also not encouraged by the families to be included in the communities.

They shared that they never got a chance to include people with psychosocial disabilities in their programs and consultation processes as there is no movement and the mandate has been taken care by the health ministry for mental health,

TCI gave a brief overview of CRPD perspective and psychosocial disabilities, it was shared about the definition of the crpd, how it protects the rights of people with disabilities and specifically for people with psychosocial disabilities why CRPD has been an important document. Importance of community inclusion, social protection, housing, data collection was shared with the MGF and also about the CRPD principles.

The gender ministry group was not engaging enough and seemed as a gatekeeper, where they do not want to share much about it and also not do about it because there was one person with a disability involved in the disability council, he can also be a persons without disability to represent the DPOs, Ahmed was representing the DPOs in disability council since last 5 years.

The MGF is happy to be included in the country mission if organized by TCI in the future, and also showed interest in the CRPD trainings for the MGF staff and disability council.

Meeting Details / Organization

Meeting with the Special Olympics

Mr. Ibrahim Riaz, Technical & Sports Director, Special Olympics

Special Olympics is an organization and a registered NGO and working on the inclusion of people with intellectual disabilities in the sports activities/Olympics. They are working on a model where people with intellectual disabilities and people without disabilities can play sports promoting inclusive sports in Maldives.

They do not see themselves as restricted, but rather as more specified. They include people with intellectual disabilities to play football, athletics and basketball games. They are also involving the first division clubs in Maldives to help them with this initiative of promoting the concept of inclusive sports.

During the meeting they shared 'that they can help TCI and MHSB in building such community inclusion programs for people with psychosocial disabilities' in Maldives. They can depute volunteers, and work on such programs.

Meeting Details / Organization

Meeting with UN Resident Office

Ms. Salini, Partnership & Development Officer, UN Resident Office



The UN Maldives office is the partnership and development officer and represents all UN agencies working in Maldives, and also is a focal point by the UN in Maldives to work on disability focused issues with ministries and organizations of persons with disabilities. She shared that one of their focused area for next coming years is mental health and we are looking for DPOs/advocates to work with us in creating a platform for people with psychological disabilities.

They were looking this in context of working again on supporting the services for mental health, but it was requested to the representative if they can work on the existing policies.

During the COVID they also received funds for doing mental health projects which were utilized by the UNICEF and WHO without the participation of OPDs of persons with psychosocial disabilities.

For the next five years plan they have mental health as one of the major components where they will be working and on asking some questions relevant to CRPD. She responded that we will make sure all the projects are in compliance with the CRPD as its one of core bindings, which guides the agencies and state parties to include people with disabilities.

During the consultations in 2020, all DPOs were consulted by there were no such psychosocial DPOs who were present. As TCI shared with them about MHSG and the UN representative committed to involve her organization in the upcoming consultations.

They are also creating a disability reference group in Maldives for the DPOs and will involve all DPOs as well as MHSG for being part of the reference group. MAPD will support in this process and assist MHSG as well as the UN office.

She also emphasized on this and agreed that mental health approach brings stigma for people with psychosocial disabilities. If we start raising awareness on the rights based model it will surely work, it is important people see psychosocial disabilities from within the rights based model, than the medical model.

They are soon creating a platform for mental health. She shared that we now name it as a platform for people with psychosocial disabilities. She shared that while we were working on the idea for creating a platform where all human rights organizations will come together and work. We did a lot of research to find people with psychosocial disabilities, but, now we will keep in touch with MHSG for this.

There is huge need of trainings and awareness workshops in Maldives as then only people would know what is wrong and what is correct, she shared that she is happy to meet TCI team who has visited the country for the specific agenda and trying hard to establish a movement of people with psychosocial disabilities.

They want to enable leaders of persons with psychosocial disabilities and will be happy to support also work in partnership with UN and TCI together can do partnerships, during the country mission in Maldives.

They are also working on the State Owned Enterprises policies to make workplaces inclusive for persons with disabilities, the have created a separate 'disability advocates network'. There was no clue on how many persons with disabilities are running this network and what are their capacities. People with psychosocial disabilities were not involved.

Post Script – New Developments in 'mental health' for Maldives

Time moves slowly in the Maldives. We wait for stakeholder commitments to be realized. Maldives government ratifies all conventions. However implementation is poor. One or two OPDs of persons with physical disabilities dominate the disability rights narrative.

In the 27th Session by the CRPD Committee, Maldives was one of the countries reviewed for its List of Issues¹⁴. Organizations and individuals of persons with psychosocial disabilities in the efforts of the cross disability movement and lead organization in providing inputs. However, the CRPD committee has provided guidance on LoI, of relevance to persons, particularly women and girls, with psychosocial disabilities. Here is a brief extract from the List of Issues.

¹⁴ CRPD/C/MDV/1 (2019). 'Initial report submitted by Maldives under article 35 of the Convention, due in 2012'.

Art 5

3 b

Collect disaggregated data on cases of discrimination against persons with disabilities, in particular persons with psychosocial and/or intellectual disabilities, on investigations conducted, sanctions imposed and remedies provided to victims, especially women and girls with disabilities, who are subject to multiple and intersectional discrimination;

3 c

Combat discrimination against all persons with disabilities, including affirmative action, in addition to the allocation of housing.

Art 10

8 Please indicate whether the State party intends to maintain its moratorium on the death penalty. Please provide information on the measures taken to protect persons with intellectual and/or psychosocial disabilities and autistic persons from being sentenced to death, including steps taken to amend national laws in order to abolish the death penalty for all crimes.

Art 12

10 Please indicate the measures taken to:

(a) Reform the State party's legislation to ensure that equality before the law encompasses all persons with disabilities, including those with psychosocial and/or intellectual disabilities, and that safeguards and support are provided for the full exercise of this right in all aspects of life, on an equal basis with others;

(b) Replace the substituted decision-making regime by a supported decision-making regime in order to guarantee that persons with disabilities can exercise their legal capacity concerning their rights, will and preferences and that the guardianship system is eliminated.

Art 13

11 (c) Measures taken to provide persons with disabilities, including persons with psychosocial and/or intellectual disabilities and persons who are deaf, hard of hearing or deafblind, with procedural adjustments that are gender-sensitive and age-appropriate in judicial and administrative proceedings, including measures taken to provide information in accessible formats, such as Braille, Easy Read versions and sign language, and to ensure the physical accessibility of courts and all judicial and administrative premises;

Art 14

12. Please provide the Committee with information on:

(a) Measures taken to reform legislation allowing for the forced institutionalization and treatment of persons with disabilities;

(b) The number of persons with disabilities placed in mental health institutions or deprived of their liberty without their free and informed consent, where there is a risk of harm to themselves or others, as indicated in paragraph 68 of the State party's initial report, and measures in place to restore their right to liberty and security and to obtain redress;

(c) Progress on the mental health law, which was in draft form at the date of submission of the initial report, and the extent to which this law is harmonized with the Convention;

(d) Steps taken to ensure that persons with disabilities who are deprived of their liberty have access to safe, quality and accessible services and that reasonable accommodation is provided.

Art 15

13. Please provide information on:

(a) Measures taken to ensure that article 54 of the Constitution, which provides that no one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment, is implemented in psychiatric institutions;

(b) The compatibility with the Convention of article 52 of the Constitution, which provides that no confession shall be admissible as evidence unless it is made before a court of law and the accused is of sound mind;

(d) Measures taken to punish perpetrators of torture or cruel, inhuman or degrading treatment or punishment and to ensure that persons with disabilities who have been subjected to such treatment have access to civil redress and rehabilitation.

Art 16

14. Please indicate what measures have been taken to:

(a) Monitor and assess compliance with article 22 of the Disabilities Act, which provides that persons with disabilities must be protected from all forms of violence, cruel and inhuman treatment, torture, harassment, abuse and exploitation, in the home and elsewhere;

(c) Protect persons with disabilities, particularly women and girls with disabilities and persons with psychosocial and/or intellectual disabilities, who are still living in institutions from exploitation, violence and abuse, including forced sterilization and abortions;

Art 17

15. Please provide information on measures taken to harmonize legislation so that safeguards are in place to support persons with disabilities to make their own decisions before any medical treatment is administered or procedure undertaken, and to ensure that their informed and personal consent is sought, including in sterilization and abortion procedures, thus not relying, as is currently the case, on consent from the next of kin, who acts as guardian.

Art 19

17. Please provide information on:

(a) Existing community services, in addition to financial assistance, to support persons with disabilities, in particular women with disabilities and persons with psychosocial and/or intellectual disabilities, to exercise their right to live independently and to be included in the community;

(b) Action to ensure the accessibility of public housing, to promote community awareness and to ensure safe and accessible infrastructure in communities and individualized support, and to monitor landlords' resistance to renting housing to persons with disabilities, which is allegedly seldom reported;

(c) Progress made in the implementation of the policy initiative in the Housing Scheme to provide housing to persons with disabilities and to provide incentives for the construction and maintenance of accessible private housing;

(d) The deinstitutionalization process, and the extent to which it involves persons with disabilities and the organizations that represent them.

Art 23

21. Please provide information on:

(a) The legislative and policy measures that have been adopted to eliminate discrimination against persons with disabilities, especially women with disabilities and persons with psychosocial and/or intellectual disabilities, in marriage, parenthood and adoption and to encourage them to exercise their right to marry and establish a family on an equal basis with others;

(b) Measures taken to provide comprehensive information, budgetary support and services to children with disabilities and their families, in order to prevent institutionalization;

Art 25

23. Please provide the Committee with information on:

(b) Measures to guarantee the right of persons with disabilities, especially persons with psychosocial and/or intellectual disabilities, women and girls with disabilities, children with disabilities and migrants and refugees with disabilities, to access quality health-care services on an equal basis with others, to make health centres physically accessible and to ensure that persons with disabilities, including those living on the small islands, receive accessible information and communications;

Art 29

28. Please indicate the measures that have been taken to:

(b) Enable persons with disabilities to cast their vote in secret and independently, and to raise awareness of the electoral process among all persons with disabilities, including persons with psychosocial and/or intellectual disabilities.



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