



Transforming Communities for Inclusion - TCI Global

REPORT

TCI Survey on Situation of Persons with Psychosocial Disabilities in Institutions



This short report is a compilation of how persons with psychosocial disabilities are most marginalized in their communities, situations inside institutions and are denied access to legal capacity. This short report also examines what needs to be available in communities for preventing institutionalization and community inclusion of persons with psychosocial disabilities. A detailed report will be produced as part of the TCI Community Inclusion resource pack and shared with wider stakeholders for Transforming Communities for Inclusion.

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Introduction:

Institutionalization is growing massively in countries across the globe and persons with psychosocial disabilities are most commonly found within these institutions. These include and are not limited to mental asylums, psychiatric hospitals, rehabilitation centers, halfway homes, placement in other similar closed-door institutions such as 'beggars' homes', internment in forensic psychiatric wards, and other special institutions created under law to detain people, to provide them segregated education or care, including children with disabilities. Persons with psychosocial disabilities are subject to shackling and live as 'non-persons' with no legal capacity, no access to social capital, overcrowded and unsanitary conditions, facing life-threatening risks of malnutrition, overuse of psychiatric drugs, infections, often leading to death. Persons with psychosocial disabilities who exit institutions or have not been institutionalized, receive no support to live equally and independently in the communities which puts them at risk of re-institutionalization and trans-institutionalization. This in turn leads to no access to mainstream services such as inclusion in any aspect of development: basic education, basic health care, employment opportunities, government social protection schemes for in-kind support such as cash transfers, disability pension, support for housing, access to community support systems, access to wellbeing services, etc. This is disability specific deprivation of liberty and is in direct contradiction to the UNCRPD.

About TCI: Transforming Communities for Inclusion (TCI) is a membership based and a global organization of persons with psychosocial disabilities having presence in more than 50 countries. TCI Global is committed to advocating for the rights and empowerment of persons with psychosocial disabilities. Through its programs, TCI Microgrants, TCI Fellowships, and TCI OPD grants, TCI Global plans to raise awareness and build the capacity of its national members. TCI continues to engage in policy advocacy and support members in establishing community-based support systems to empower persons with psychosocial disabilities to access mainstream services and live independently in their communities.

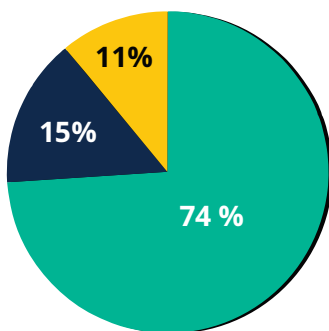
About the survey: TCI launched a survey for its member networks on the current state of persons with psychosocial disabilities in institutions and the urgency to de-institutionalize. The survey was launched as part of TCI's annual advocacy campaign, #WhatWENeed 2023 from October-December 2023. A total of 73 participants responded to the survey from 31 countries. The survey was completed by persons with psychosocial disabilities, self-advocates, OPDs of Persons with Psychosocial Disabilities (OPDs), cross-disability organizations, and human rights activists. The insights derived from this survey serve as a

guide for future advocacy initiatives aimed at promoting the rights and inclusion of persons with psychosocial disabilities in disability and development agendas.

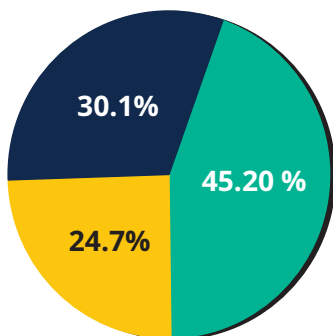
List of countries participated in the survey

 Argentina	 Guatemala	 Montenegro	 Suriname
 Australia	 India	 Namibia	 Taiwan
 Bangladesh	 Japan	 Nepal	 Tanzania
 Brazil	 Kenya	 Peru	 Thailand
 Colombia	 Malawi	 Philippines	 United States
 East Timor (Timor-Leste)	 Malaysia	 Rwanda	 Zambia
 Ethiopia	 Maldives	 Solomon Islands	
 Fiji	 Mexico	 Sri Lanka	

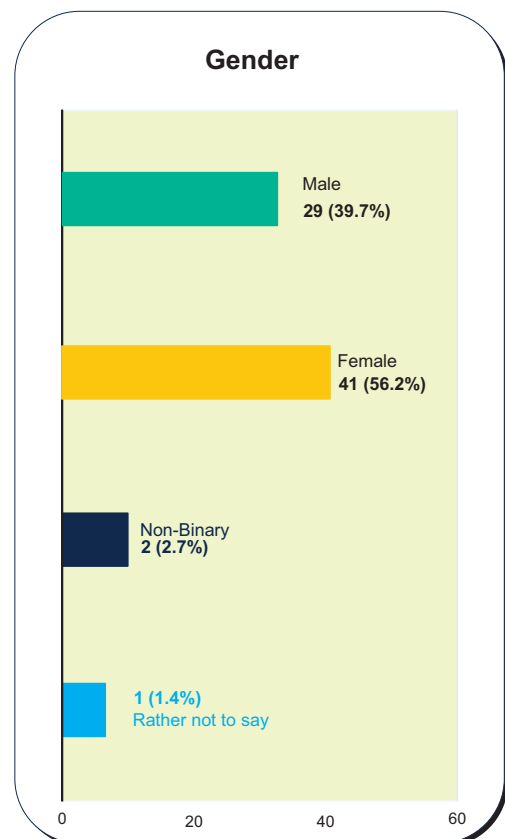
Participation details:



- Persons with Disabilities - **74%**
- Family member of a person with a disability - **15%**
- Not a person with disability but working in the sector - **11%**



- People with disabilities between ages from 44 and above - **45.2%**
- People with disabilities between ages from 35 - 44 - **30.1%**
- Youth with psychosocial disabilities between ages from 18 - 35 - **24.7%**



Key Findings:

Awareness and importance of the CRPD

Despite 18 years since the adoption of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), persons with psychosocial disabilities are still left behind with minimal access to any opportunities available at the national level. It was also evident from the survey responses, that national OPDs have less or minimal technical expertise and knowledge on the CRPD. The issue of low awareness around our identity as persons with psychosocial disabilities was another notable finding. The respondents remarked that persons with psychosocial disabilities are confined to the health sector. This lack of awareness serves as a significant barrier for persons with psychosocial disabilities to access their rights and live independently in society.

The survey respondents strongly agreed there is little to no awareness in the community on identity, human rights and independent living of persons with psychosocial disabilities on an equal basis to others. The communities are not prepared and nor are aware of how cultivation of community support systems can play a vital role for community inclusion of persons with psychosocial disabilities. The respondents strongly agreed and emphasized on the importance of implementation of article 8 of the UNCRPD (Awareness Raising) to sensitize the grassroots communities and prepare for inclusion. The respondents also stressed that there is an urgent need to bring CRPD at grassroot levels and strengthen the capacities of self-advocates and OPDs of persons with psychosocial disabilities for policy advocacy.

A significant number of respondents reported that they have been using CRPD in their work and advocacy efforts but have witnessed a gap on in-depth knowledge on CRPD, de-institutionalization models and community inclusion practices. However, a notable percentage of respondents mentioned that they rarely use it, do not use it, or are unsure of how to integrate the CRPD into their activities. This highlights the need for capacity building and strengthening of OPDs of persons with psychosocial disabilities to lead advocacy for policy and legal reforms and developing CRPD compliant programming for inclusion at national levels.

National Disability Framework and Legal Systems

The survey responses showed that many countries have disability rights laws and legislations in place to protect the rights of persons with disabilities. However, the survey also revealed that persons with psychosocial disabilities are excluded in these legislations therefore are not engaged in key decision-making processes at national level. More than 70% of the respondents shared that legislative framework in their countries is based on the medical model and persons with psychosocial disabilities continue to be confined within the mental health legislations. This further restricts them to the realm of psychiatric medications, psychiatric treatments and rehabilitation services. The mental health laws are highly discriminatory and takes away the legal capacity of persons with psychosocial disabilities rendering us as non-persons in legal systems and robbing us of opportunities to enjoy and flourish in our lives on an equal basis to others.

More worrying is the fact that, within the disability and human rights discourse, persons with psychosocial disabilities are exclusively put in the box of 'right to mental health care'. This leads to a tsunami of 'mental health-ification' of human rights and every aspect of our lives, pushing us back to just being (*forced*) subjects of health care systems and closed-door institutions. This severely limits our access to the open world and its opportunities for inclusion through the realization of civil, political, social, economic and cultural rights, as prescribed by the CRPD.

Despite relentless advocacy by organizations of persons with psychosocial disabilities, only a few countries have started to include persons with psychosocial disabilities in their disability legislations. However, they are still not meaningfully engaged in the consultative processes hence remain excluded and subjected to medical treatments only.

What have you observed is happening in your country under the mental health laws/systems?

- Establishment and/or renovation/improvement of mental health institutions/asylums/psychiatric hospitals or clinics
- The right to decide for themselves of where to stay, when to leave, what to do, what to eat etc. is taken away when they are institutionalized
- Persons with psychosocial disabilities are forcefully admitted in mental hospitals by families and friends.
- Persons with psychosocial disabilities are forced to take the psychiatric medications by families and medical professions
- Increasing investments from the private and public sectors directed towards mental institutions (like psychiatric hospitals, asylums etc.) and other medical services
- Establishment of care homes, transit living centers and nursing homes for persons with psychosocial disabilities

These findings emphasize the importance of meaningfully engaging persons with psychosocial disabilities and their representative organizations in decision making processes so that they are included in the disability rights legislations. Additionally, as per the CRPD, countries should be repealing discriminatory laws that take away the legal capacity of persons with psychosocial disabilities. In order to prevent institutionalization, it is imperative to prepare communities by creating awareness, enabling community-based support systems, ensuring availability and access to mainstream services.

The survey reveals that the government institutions and line ministries do not involve OPDs of persons with psychosocial disabilities in national level consultation processes. There are several reasons for this exclusion such as, no invitation from the relevant stakeholders, lack of understanding on identity, no or less number of OPDs of persons with psychosocial disabilities in the country, gatekeeping by cross disability organizations, mental health approach to psychosocial disability, lack of awareness and sensitization among policy makers and stakeholders, poverty and no access to community support mechanisms.

The issue tokenistic engagement came out very strongly in the survey responses. More than 78.7% of the survey respondents expressed that OPDs of persons with psychosocial disabilities are sometimes invited to program meetings organized by national umbrella OPDs. However, they are never made part of the full programming nor any program details are shared with them. The respondents shared that self-advocates and OPDs of persons with psychosocial disabilities at national level are discriminated during partnership building and developing collaborations with cross-disability organizations. They are always informed that the cross-disability organizations has other priority areas to focus upon. There were a few strong OPDs of persons with psychosocial disabilities which are working closely in partnership with the cross disability and development stakeholders including INGOs and governments.

Message Board of Respondents

Persons with other disabilities seem to get most of the attention.

If I lead the charge, they will give lip service to supporting my efforts

There is no team work and they do not work as movement together

They run programs and projects only for urban area

They are not willing to put their energy into actually fighting for the abolition of forced psychiatry.

They think we will take away their donors and so they don't invite us to meetings

There is no support available from the peers in movement to build confidence

Stakeholders fear to work with us as we are labelled as persons with unsound minds

The knowledge and awareness of the governmental organization and the society is so poor, which is the great challenge for the advocacy work.

In Montenegro there is not even an OPD of persons with psychosocial disabilities

We are very highly stigmatized in the society

We never hear of any such participations and collaborations. Especially youth is totally excluded from of any leadership

the legal disability status of persons with psychosocial disabilities is difficult to obtain - e.g. the person has to be in stable medical care for more than six months before he/she can enter the identification process.

As a youth cross disability group, we are mostly active in working for deinstitutionalization of persons with psychosocial disabilities in Montenegro

They think that mental health is not a disability. So many people relate it either by choice or being weak or evil spirit attack.

The authorities responsible for social welfare and mental health often pass the buck to each other when it comes to community support resources for people with psychosocial disabilities.

Budgets for most organizations are too small to accommodate such collaborative partnerships.

We are preparing an assembly of people with disabilities to begin to generate dialogues between different disabilities to recognize each other and learn about shared needs.

We have created a national level coalition of persons with disabilities including to advocate together for our rights as a movement

families and medical professions have long been in control of the discourse on the issue of persons with psychosocial disabilities.

What happens to people with psychosocial disabilities inside institutions

Majority of the survey respondents have self-experience of living inside an institution and have been subjected to psychiatric treatment. Only 6.9% of the survey respondents were not aware of discrimination faced by persons with psychosocial disabilities due to institutionalization.



On asking the question “Have you or any of your peer’s faced discrimination on the basis of intersectional identities such as age, gender, sexual orientation, poverty, indigenous, culture, religion etc.?” 97.2% responded “yes”.

In TCI’s experience, during programs and events, we have witnessed confusion among stakeholders on the meaning and types of institutions that exist in countries. The survey presented an exhaustive list of the types of institutions that exist in countries under the garb of care and treatment.

- ❖ We have mental asylums in our country
- ❖ We have separate/segregated living arrangements in the name of rehabilitation and care centers
- ❖ We have psychiatric hospitals
- ❖ We have social care institutions
- ❖ We have nursing homes and long stay hospitals
- ❖ We have half way homes
- ❖ We have transit homes
- ❖ We have special education “boarding” schools for children with psychosocial and intellectual disabilities
- ❖ We have large foster care family type homes for children
- ❖ We have group homes

The survey respondents threw light on the gross human rights violations of persons with psychosocial disabilities, including women, children, and other neurodiverse identities inside institutions. This inhumane treatment includes instances of sexual violence, abuse, forced treatments, electroshock therapies, administration of psychiatric drugs, chaining, isolation,

and mechanical restraints. Persons with psychosocial disabilities who are institutionalized face constant surveillance, coercion, physical violence, and forced sterilizations, abortions, and separation from their children.

There are more than 100 institutions in my country and lack of community support services

There are too many institutions in my country, I am not sure what to cover and what not to cover

There are cases reported on assault and murder in our national mental health institution

I was institutionalized against my will. I had personal savings that allowed me to "buy" my way out of the center.

A friend's mother was forced to eat pills without her knowledge to make her more compliant.

In the 1960s, the R.O.C. government set up a large -scale organization with more than 4,000 beds in Yuli, Hualien. It also housed passersby arrested by the police and political prisoners from the "White Terror" period. Because of the COVID-19, until the beginning of this year all the residents were imprisoned in the collective sick house, using the same washbasin to contain their feces in their rooms, and not having enough food to eat. These institutions are not legally established, and information about them is not publicly available, making it difficult to monitor them.

Persons with psychosocial disabilities are forced by the institution staff to go to the streets and beg.

There are locked wards in the psychiatric hospitals, and private care homes.

In Kotor Persons with psychosocial disabilities are placed in the Special Hospital for Psychiatry in my country, which is overcrowded, as there is no any other institution and service for residential stay and community life for this population.

We are admitted to specialized education systems on the basis of mental health

Zambia's main mental health hospital Chainama is the only facility in the country spearheading institutionalisation and is getting over crowded

Persons with autism are placed in the Institute "Komanski most", the social care institution for adults with intellectual disability and autism

There must be more community awareness so persons with psychosocial disabilities can be better supported.

There is lack of community support in Solomon Islands. We have only one psychiatric Unit. People with psychosocial disabilities are admitted there by law or by doctor's referral for them to be treated there. When luckily discharged, that's the last time we will see them. Families and communities are not ready to support them and the next time we see them, they are on streets and other places but not in family homes.

In Taiwan, taking 2022 as an example, the average length of stay in acute psychiatric wards is 41.5 days, while in chronic psychiatric wards it is as high as 278 days.

In my country they place persons with psychosocial disabilities in hospitals in the name of treatment.

We people from the LGBTQI communities, we are totally neglected and are subject to forced treatments and institutionalization.

Once, A Woman was admitted to a mental hospital for psychiatrist treatment and she was beaten and died after few days due to the assault.

Institutionalization is scary, there was a person that urinated on herself while being admitted into the institution.

There is forced sterilization, segregation, admitted to mental hospitals for a long time, discrimination during employment, and leadership opportunities, law of succession, marriage

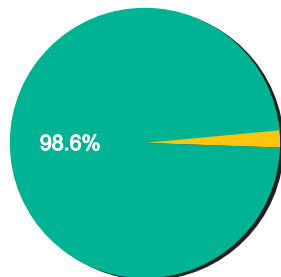
There is forced Female genital mutilation

We have many private institutions that torture people with psychosocial disabilities. This is also been reported on news

I was institutionalized and treated inhumanely, it resulted in a complete degradation of my wellbeing and an attempt to end my life.

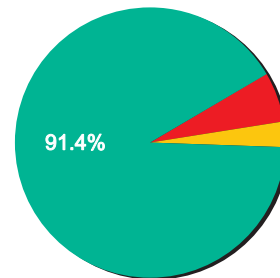
We have observed that persons with psychosocial disabilities face discrimination when accessing support systems and mainstream services, and they are frequently denied their fundamental human rights due to the stigma surrounding psychosocial disability. This discrimination can manifest in various forms, including limited access to healthcare, education, employment opportunities, and social services. Furthermore, individuals with psychosocial disabilities are often marginalized and excluded from society, leading to further isolation and discrimination.

Do you think and agree that lives of people with psychosocial disabilities are at a very high risk inside institutions in case of any pandemic or emergency...D-19, earthquakes, floods droughts, tsunamis etc.?



• Yes • No • I don't know

Do you agree that in most of the pandemic or emergency situations, people with psychosocial disabilities are not provided with any support or s...d in the planning of disaster management programs.



• Yes • No • I don't know

The survey also underscores the heightened risk faced by people with psychosocial disabilities within institutions during pandemics and emergency situations including but not limited to covid-19, earthquakes, floods, droughts, tsunamis. People with psychosocial disabilities are left out from the planning of disaster management programs.

We observed that there is huge lack of understanding on the concept of community inclusion and how people with psychosocial disabilities can access to mainstream services. Moreover, people with psychosocial disabilities lack access to community support systems which play a vital role in community inclusion of persons with psychosocial disabilities. There are no peer support systems, family support, individual support, support for decision making, support for securing housing, etc. in the communities for creating an enabling environment for people with psychosocial disabilities.

On asking "Can you explain how difficult it is to have access to education and employment opportunities in your country?" the respondents stressed on following barriers:

Different medical approach identities	User of psychiatry services	Lack of knowledge on reasonable accommodation	Complicated processes of registrations
Poor education or special education backgrounds	Perception of having mental incapacity	Locked inside institutions	Discrimination inside education institutions

No support in family and community	No access to disability certificate	No access to skill building and vocation trainings	Labeled as not fit to work by psychiatrist on disability certificate
No budget is allocated for services and support	No concept of inclusive education	Legal incapacity and bindings	No access to enough information
Confinement to medical approach and charity approach	Misconceptions	Stigma	No OPDs of persons with psychosocial disabilities
Teachers are not trained	No understanding of CRPD	No capacity of OPDs to advocate	Poverty

More than 80% of the respondents expressed that there is not enough social protection schemes, in-kind support, cash transfers, old age pensions, universal health coverage etc. available for persons with psychosocial disabilities, some said a system of social protection is not even available for people with psychosocial disabilities in their countries. The legal incapacity laws are playing a big role in countries to keep persons with psychosocial disabilities confined to various legal incapacity laws and giving no access to mainstream services and support systems.

Recommendations:

We are presenting below a list of recommendations, drawn from the survey responses:

- States must ensure to raise awareness among the stakeholders specifically governments and policy makers. There is a need to sensitize and educate stakeholders on the rights-based approaches and UNCRPD for promoting the rights of persons with psychosocial disabilities at national levels. Alongside there must also be awareness raised at community levels to prepare communities and sensitize them on community support mechanisms for preventing institutionalization and creating an enabling environment
- There is a dire need for capacity strengthening of the OPDs of persons with psychosocial disabilities, and movement strengthening with support of cross disability stakeholders. Where movements do not exist, national OPDs must be established, and programs must be developed for the capacity building of OPDs on CRPD to lead advocacy and influencing public policy. The OPDs must be provided with opportunities at national, regional and global levels through umbrella OPDs for providing technical knowledge on

inclusion practices and models for making them CRPD compliant. OPDs must gain knowledge on the UN guidelines on deinstitutionalization to advance on the advocacy for preventing and closing institutions at country levels.

- States are required to outlaw all forms of discriminatory legislations. All persons with psychosocial disabilities must be considered and shall be provided with all rights on an equal basis to others. Any differentiation, exclusion, or restriction based on a person's disability, or connected to the intersection of the two grounds, that restricts the rights of people with psychosocial disabilities should be eliminated.
- Laws and policies at national levels that prohibit or prevent people with psychosocial disabilities from receiving services and benefits should be eliminated and states must ensure effective policy making and law reforms to provide equitable and universal access to all persons with disabilities inclusive of persons with psychosocial disabilities. States shall also take all necessary steps to guarantee that people with psychosocial disabilities are provided with any reasonable accommodation when and where requested.
- Institutionalization of person with psychosocial disabilities must be stopped immediately and no person should be institutionalized in the name of care and treatment. States needs to bring transformation in the society and ensure support systems and support services in the community. States must ensure full and effective implementation if de-institutionalization guidelines which was adopted by the CRPD Committee in 2022 and dismantle all legal incapacity laws, mental health laws, which takes away legal capacity of persons with psychosocial disabilities and the right to live independently in the community on an equal basis with others. There must be an increase in the provision of in - home and community support; improve accessibility within the community; provide adequate information and easy to understand information; and ensure access to disability-inclusive social protection system in countries.
- States must ensure the effective access of persons with psychosocial disabilities to a wide range of community-based support services and arrangements inside the community, including personal assistance; support for decision-making; assisted living arrangements; mobility aids; assistive devices and technologies; palliative care; and community services. These support services must be available, accessible, affordable, acceptable and adaptable to all persons with psychosocial disabilities regardless of age and impairment. Support in the community must provide people with psychosocial disabilities with various options and control over those options. When designing and implementing support services, States must ensure participation and dialogue with OPDs and persons with psychosocial disabilities for effective planning, and

implementation of support systems and services in the community. Therefore, all forms of assistance must be given available in the community and must uphold the rights and dignity of persons with psychosocial disabilities. States must also ensure that people with psychosocial disabilities have the freedom to request, organize and manage their own assistance, including via proactive planning and personalized solutions.

- In many low-income countries there is no system of social protection schemes and universal health coverage. State parties must ensure that budgets are allocated for persons with disabilities and people with psychosocial disabilities are part of that to have access to social protection schemes, in-kind supports, cash transfers, disability assistance, universal health coverage systems and adequate general health care as they require. People with psychosocial disabilities must be part of the data collection and census for effective planning of the government to ensure availability and access of mainstream services. One window operation and easy to access disability registration systems must be cultivated in countries for persons with psychosocial disabilities.
- States must ensure food security and right to life for persons with psychosocial disabilities living in the communities. People living in institutions must be moved to communities as guided by the DI guidelines. States must ensure both, economic and physical access to adequate food and dietary requirements despite giving up on other right to life aspects. States must ensure that persons with psychosocial disabilities are able to maintain and have access to social security programs specifically designed to support with financial constraints or lack access to sufficient food. Create awareness and education in the community to foster community-based support systems that involve neighbors, local organizations, community workers, volunteers, in providing support to the elderly to access adequate food.
- States must ensure that community support systems are available for persons with psychosocial disabilities in the communities. Community support systems, depending on the local contexts, may include a wide spectrum of humane exchanges and processes: Neighborhood support systems, simple befriending actions, altruistic actions, foster support, neighborhood supports for homeless persons with psychosocial disabilities, group support, peer to peer support, support for exercising legal capacity, contributions to peaceful communities, support to negotiate family, conflict reduction in the household and community, reducing gender violence, enabling community negotiation processes to prevent institutionalization and supporting people with psychosocial disabilities to access mainstream services and be included in decision making processes.

Case Studies:

1. In a distressing case from a **China based** psychiatric institution, a respondent shared his traumatic experience. Initially deceived by a police ambulance, he was taken to China Medical University Hospital, where he was immediately detained in a protection room, without consent. For two harrowing days, he was forcibly restrained by multiple individuals before being transferred to the psychiatric acute ward, where he remained for two months. The person expressed that this violates the Constitution, the person's will and informed consent, and personal freedom. It was useless to communicate by phone calls within the institution. There was no communication with the person to understand what caused the physical and mental fear, rather they were held in the protection room and subjected to forced injections and medications worsening their physical and mental distress. One of the drugs causes akathisia, as was shared by the person.

He remarked that there are others also who are 'imprisoned' under similar conditions. Many of them face economic and social difficulties. He stated that being 'accused' of having a mental illness should not lead to such mistreatment and such individuals should be compensated for the violation of their human rights and violation of the CRPD. He also shared that there are psychiatric departments that prescribe 'white PL tablets', which feel like 'white terror', which causes severe heart palpitations within 50 minutes of taking them. To neutralize the effects of the white tablet, you need to take pink tablets quickly or else it leads to fatal consequences. He said that he only recently found out that he had to take pink tablets as supplements. The respondent also shared his experience of having jaw clenching, sore cheekbone muscles, improper biting and speaking nonsense. He reported that some psychiatric drugs are relatively mild but makes you tremble. He also mentioned about the Libidu Extrapiramidal Syndrome, marked by hanging eyes and drooling. He was forced to be hospitalized by the Zhongshan Hospital which also prescribed some drugs, referred to as 'poison' by the respondent that led to clenching of cheekbones and jaws and irregular heartbeats.

2. A respondent from **India** shared her experience of being institutionalized against her will following a suicide attempt. Fortunately, her savings allowed her to "buy" her way out of the center. This highlights the harsh reality that without financial resources, many individuals are left to suffer in psychiatric institutions against their will; their freedom relies upon their ability to pay.

3. The respondent from **Ethiopia** shared her experience of being institutionalized two or three times. During her last admission, she recalls a disturbing incident. At night, patients were forced to sleep, or they risked being physically assaulted with a plastic water pipe. One night, when she tried to use the restroom, she saw a nurse kicking a patient and ordering them back to bed. She politely suggested that the nurse speak more kindly to the patient. Instead of listening, the nurse became aggressive, ordering her to return to bed and threatening to kick her, too. Despite trying to explain, the nurse kicked her and forcibly injected her with medications.

4. A respondent from Fiji I was admitted at St Giles hospital, in November. She was at the hospitalized in the psychiatric unit for 2 weeks. She was prescribed with risperidone - 2mg, which has very severe side effects on her, she began lactating and rashes started appearing on her body. She mentioned in the survey responses that there must be peer support rather than putting the individual in mental institutions.

Conclusion:

The survey conducted by TCI Global highlights the urgent need for action to address the alarming situation faced by individuals with psychosocial disabilities worldwide in institutions. The findings reveal a pattern of discrimination, human rights violations, and social exclusion experienced by persons with psychosocial disabilities in institutions.

Urgent Reforms Needed:

- Deinstitutionalization and dismantling legal incapacity laws
- Inclusive laws and policies
- Capacity strengthening of OPDs of persons with psychosocial disabilities and movement building
- Mobilizing with movements of persons with psychosocial disabilities at national levels for leading advocacy
- Capacity building of OPDs and persons with psychosocial disabilities on DI Guidelines



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