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Transforming Communities for Inclusion (TCI Global)

At the OHCHR: Consultation Mental Health & Human Rights HRC RES 52/12
Wednesday, 23 October 2024, 10:00-13:00 & 15:00-17:00 CEST; Room XVII

From your specific perspective and experience, please tell us how either at the local, national and/or regional level the right to mental health in different areas of a persons' life has effectively been realized by ensuring the autonomy, independence and dignity of the rights-holders.; What legislative and/or policy tools or other measures were used to this end?

I am Richa Sharma-Dhamorikar, I represent Transforming Communities for Inclusion (TCI), a global OPD of persons with psychosocial disabilities and I speak here as a woman with psychosocial disability. TCI advocates for full inclusion of our constituency in communities, in disability and development agendas. I also take this moment to pay our respect to our leaders, past and present, and our Founding Director, Dr. Bhargavi Davar, whose extraordinary vision, relentless commitment to the CRPD and unwavering faith in the potential of communities guided her advocacy for an inclusive world.

We convey our sincere thanks to the UN OHCHR office, Government of Brazil and Portugal, the co-sponsors of this resolution, to organize and invite us for this crucial consultation and ensuring that the voice of the movement most affected by today's thematic is included in this process. We commend the efforts of the said Resolution to urge State Parties to end coercive practices and human rights violations in mental healthcare settings and uphold the dignity and autonomy of persons with psychosocial disabilities.

However, we would like to stress upon the need to go beyond just ameliorative changes to the mental health systems and not to apply health lens to our rights. Till the time the discriminatory incapacity laws are abolished, not just updated, modified or adapted, our lives will continue to get interrupted. As Dr Bhargavi said '*Freedom first is good, but freedom now is better.'*

We, in TCI, have side stepped the polemics of engaging solely with mental health systems by redefining our advocacy entry point from the narrow door of mental health to the larger, welcoming door of inclusion and development. So, we talk about our right to true and meaningful inclusion in our communities. Of course, reforming mental health systems and eradication of coercion is crucial and needs to be done, but we

aspire for fuller and richer lives in our communities, beyond just care reforms. This approach has supported us to design and build our own lives, as per our dreams and aspirations, where we are included, where we belong and thrive.

To inform and build practice-based evidence, we aimed to create opportunities for meaningful participation in community life and this led to forming a community of practice around inclusion, that goes beyond clinical settings and involved our social networks, our communities and circles of care.

In this context, I present the example of a **Community Inclusion model of Bapu Trust for Research on Mind & Discourse, India.** They ambitiously built a CRPD compliant support program, and evolved what they call an Eight Point Recovery Framework, which includes self-care, nutrition and fitness, family empowerment, skills and livelihoods, peer support, and enabling access to mainstream services in the community. To release people from high restriction to community participation, the program specializes in conflict resolution, setting up community dialogue spaces, preventing institutionalization, deploy bystander ethics changing the psychosocial ecosystem of the community.

Living Association, Thailand, focuses on vocational training programs for its members, that can be used for income generation or building skills for applying for jobs in establishments. Options include arts and craft, urban organic agriculture, food, beverages and bakery and administrative and academic skills in line with the will, preferences and choices of persons with psychosocial disabilities. The organization also collaborates and advocates with external stakeholders for ensuring that there is no disability-based discrimination in the right to access employment effecting change in laws and policies.

NCS-CAF, Sri Lanka, focuses on raising awareness on the rights of persons with psychosocial disabilities in the communities. They organize community consultations where persons with psychosocial disabilities and other disabilities, community persons and stakeholders come together to exchange and learn from experiences, understand the support needs of community members and work out solutions together thus promoting community ownership and local solutioning.

UNSAI, Uganda is implementing a peer support program that facilitate persons with psychosocial disabilities to live in the community. The program has at its core informal peer support groups that collaborates with local organizations, community leaders and association to support people with psychosocial disabilities in areas such as housing, food, public security, employment, finance, and social protection, in line with their will and preferences, while also aiding in supporting decision making. This program has been successful in preventing institutionalization of persons with high support needs.

Like this, many of our member organizations, are ‘transforming communities for inclusion’ using their own culturally relevant ways of organizing for rights-based supports, access and community justice. We have witnessed these programs working at the grassroots and effecting transformative changes within communities and at policy levels. We have heard directly from our peers who are running these programs and participating in them about how when social justice issues are addressed, persons live violence free lives, have access to food, housing, work, adequate standard of living, social protection, social capital etc., that they experience psychosocial health and well-being, addressing the right to inclusion, inclusive of right to health.

In our works, we refer to the standards set in CRPD, UN Guidelines on DI and the Sustainable Development Goals (SDGs) framework as they help us to set benchmarks against which we measure our progress and fine tune the initiatives. In TCI, along with one of our Founding Members, we are also working on developing a tool that aims to measure community inclusion actions so that we can demonstrate that inclusion is not just a value or a sentiment, but a set of practical measurable actions.

This is not just about laws and policies, it is about real people of our movement, who have long lived in the shadows of mental health systems and structures and but have been demanding for our rightful place in the world, on an equal basis with others. I would end by sharing that everyone has a right to see the blue sky, dance in the rain, take long walks, laugh with family and friends, marry the one they love, work and contribute and feel the warmth and safety of one’s home and space. That is what our movement has ever wanted and still wants: Our right to full and true inclusion in policies, in our communities, in our own lives and in all development agendas.

Please suggest three actionable recommendations for States and other relevant stakeholders do you have, including suggestions of effective policy tools or other measures for the implementation of a human rights perspective to mental health?

1. Community inclusion should be a standalone funding stream and policy, not tied to health care. For effective community inclusion and realization of the right to inclusion, investments must flow directly into communities, effecting social, behavioural change in neighbourhoods, empowering families and transforming them for inclusion.
2. All State led processes on community inclusion, legal reforms and deinstitutionalization should truly and meaningfully engage persons with psychosocial disabilities and their representative organizations. States must prioritize leadership of persons with psychosocial disabilities in policy making and active decision making at all steps of reform.
3. State Parties must recognize and provide legitimacy to experiences of the normative victimization and cruelty done to particular groups, based on our disability status. In line with the UN Guidelines on DI, we are asking for a public reparation mechanism from states parties and the professional lobbies, for this colossal wrongdoing. This view recognizes institutionalized persons as survivors and as victims of historical oppression. ties, and their representative organizations. In this context, TCI honours our leaders and martyr's past, present and future, giving their lives to expose the harms caused by old laws and policies allowing disability-based incarceration.

In your view, which should be the next steps in OHCHR's work on mental health (e.g. thematic research, a more operational focus or else)?

Operational focus on supporting grassroot led and driven community inclusion models by facilitating capacity building, funding and fostering constructive conversations around right to inclusion. Additionally, OHCHR could also set in motion a series of works around establishing reparations and redress mechanisms to support State Parties, ensuring accountability, acknowledgement and justice for past harms.