



Call to Action: Financing Deinstitutionalisation in the Global South

Issued by the Community of Practice on Deinstitutionalisation (CoP on DI)
Transforming Communities for Inclusion - TCI Global





Deinstitutionalisation (DI) is a human rights imperative. Yet across the Global South, it remains severely underfunded, marginalised in donor and government agendas, and often misunderstood or miscategorised within broader traditional mental health programming. This perception must change and should be prioritized by applying a whole of society, whole of government approach in global south countries.

As a collective of Organisations of Persons with Psychosocial Disabilities (OPDs), convened through TCI Global's Community of Practice (CoP) on Deinstitutionalisation supported by CBM Australia, with funding from the Department of Foreign Affairs and Trade (DFAT), we issue this urgent call to action to donors,

development partners, national governments, multilateral agencies, and philanthropic actors.

We call for **sustainable, diversified, and stand-alone financing to advance deinstitutionalisation** in line with the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Guidelines on Deinstitutionalisation (including in Emergency Situations) (the DI Guidelines). Deinstitutionalisation is not a mental health service reform. It is a rights-based, systemic shift to implement the policies, programs, community services and support systems needed to end segregation and institutionalisation to ensure the right to live independently and be included in the community.

Why this Matters

Too often, DI work is excluded from funding frameworks. OPDs must shoehorn DI priorities into adjacent initiatives such as inclusive community development or mental health campaigns. This fragmentation undermines impact and sustainability, distracts from rights-based approaches, and prevents long-term engagement with key stakeholders, especially governments.

This funding gap is not just a technical problem — it has real consequences. Millions of people with psychosocial and intellectual disabilities remain institutionalised, denied autonomy, legal capacity and exposed to systemic discrimination, violence, abuse, and neglect.


This funding gap is not accidental either- it reflects historical, colonial and structural biases and market interest of mental health and psychopharmacology sectors. These forces have long favoured a biomedical model of disability and have been promoting institutionalization as a one stop solution.

Women and girls and gender diverse individuals with psychosocial disabilities are especially at risk, facing heightened violence and gender-based discrimination in institutions. Deinstitutionalisation efforts must be intersectional, gender-responsive, and aligned with other anti-institutionalisation movements — including those advocating for human rights, rights of children and youth with disabilities and older people.

It must also be multisectoral. Supporting persons with psychosocial disabilities and other disabilities to live in the community requires coordinated support across many areas. This includes identity and recognition in cross disability spaces, social protection, community support services, housing supports, inclusive health, community support systems, non-discrimination legislation, access to justice, inclusive education, assistive technology, and more.

Our Key Asks

We urge all development actors – including donors, national governments, philanthropic organisations, NGOs, multilateral institutions and others - to commit to the following:


 **Establish dedicated, stand-alone funding for deinstitutionalisation efforts**



Create dedicated funding streams for deinstitutionalisation efforts that are distinct from funding to support other programming and policy efforts regarding psychosocial disability issues.



At all times, fund DI as a human rights and social inclusion agenda, not solely a health or medical issue.

 **Provide core, flexible, long-term funding to OPDs of persons with psychosocial disabilities to pursue their DI work in line with the DI Guidelines and the CRPD**



Support with strengthening national OPD networks including persons with psychosocial disabilities and Organisations of Persons with Psychosocial Disabilities, and strengthen their capacity to lead advocacy initiatives.



Invest in strengthening capacity of OPDs and persons with psychosocial disabilities regarding the DI Guidelines and the rights of persons with psychosocial disabilities.



Support the leadership of these OPDs to drive DI efforts through multi-year, unrestricted funding.



Resource the critical role of OPDs in advocating for, co-designing, implementing and monitoring DI reform.



Ensure that DI processes are firmly grounded in the experiences and realities of persons with psychosocial disabilities and survivors of institutionalization.



Fund systems-change work

Support OPDs and allied organisations to undertake sensitisation and advocacy activities for legal and policy change regarding DI, particularly in regard to the following areas:



Repealing laws that allow for substituted decision-making regimes and involuntary detention of people with disabilities (disability-specific deprivation of liberty).



Ensuring full recognition of legal capacity and supported decision-making systems for persons with psychosocial disabilities.



Integrating DI into social protection, sexual and reproductive health rights, gender justice, independent living, economic development, inclusive national budgeting and inclusive education agendas.



Recognising institutions as places of detention and the processes of institutionalisation as involving human rights violations including torture and cruel and inhumane treatment.



The process of bringing about compensation and redress systems.



Reforming policy and programming frameworks towards non-coercive approaches including community inclusion and addressing attitudinal barriers.



Supporting legal processes for all people experiencing institutionalisation without exclusion based on legal capacity, eligibility for legal aid, or otherwise.



Invest in community support systems, community support services and inclusive mainstream services for people with psychosocial disabilities

- Funding should be initiated to prioritise initiatives that strengthen community support systems such as family, peers, neighbours, elders, community collectives or groups and others, building upon culturally relevant and contextually appropriate support systems and networks.
- Fund programming that builds community support services such as personal assistance, crisis support, mobility support, in-home support, supported decision making, trauma informed services, intentional peer support etc.
- Invest in developing inclusive mainstream services such as housing, inclusive education, rights-based comprehensive healthcare services, inclusive employment, nutrition, social protection, financial services, legal aid and access to justice etc.
- All of the above should have meaningful participation of persons with disabilities, should be grounded in upholding rights, dignity and autonomy and be aligned with the CRPD and the DI guidelines.



Resource research, data, and documentation

- Fund rights based, practice informed research led by persons with psychosocial disabilities recognizing grassroots experiences and initiatives as valid sources of knowledge. This means supporting OPDs to document their community works to build practice-based evidence that informs policy and strengthens rights-based alternatives to institutionalization.
- Support documentation of lived experience, especially from women, girls, gender-diverse people, LGBTQI+ people, youth, elderly people, Indigenous persons, and other marginalised groups.



Support OPD-led regional and national convening on DI

- Facilitate sustained learning, movement-building, and coordination among OPDs and other actors working on DI.
- Provide support to enable alliances, cooperation and partnerships with other, such as the international disability rights movement, intellectual disability movement, feminist movement and child rights organisations, to strengthen joint advocacy on deinstitutionalization.

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Ensure gender-responsive and intersectional financing

- Mandate and fund specific analysis and action to address experiences of people with psychosocial disabilities of all genders in institutions.
- Provide budget to enable DI initiatives to be inclusive of and responsive to the needs of LGBTQI+ persons, indigenous peoples, older persons, and those facing multiple and intersecting forms of discrimination.
- Invest in the development of dedicated support systems and informal networks for LGBTQI+ people with psychosocial disabilities who have experienced or are at risk of institutionalisation, especially as they may not be able to mobilise freely, as well as for such indigenous people with psychosocial disabilities.



Align financing with international human rights standards and CRPD-compliant budgeting principles

- Ensure that financing for DI is consistent with the CRPD, including General Comment No. 5 on Article 19, the UN Guidelines on Deinstitutionalisation, including in Emergencies (2022), and the Sustainable Development Goals.
- Apply CRPD-compliant budgeting principles to ensure that public and donor financing upholds rights, enables choice and control, and redirects funds away from institutional models toward inclusive, community-based supports.
- Do not fund institutional models or retrofit institutions as “alternatives” — even in humanitarian or emergency settings. Resources must be directed toward long-term systemic change and rights-based community inclusion.

- Support development of flexible and informal funding modalities for people with psychosocial disabilities who are at risk of or who have experienced institutionalisation, including facilitation of: mutual aid and community support, self-help and saving groups, flexible and alternate funding mechanisms for psychosocial OPDs who have barriers to accessing registration and traditional donor funding, flexible crises payments.
- Ensure dedicated availability of these modalities particularly for groups experiencing intersectional discrimination, for example queer people with psychosocial disabilities and indigenous or ethnic minority people with psychosocial disabilities.



Prioritise and protect financing for deinstitutionalisation in emergency and conflict settings

Ensure that emergency preparedness, response, and recovery financing explicitly includes and prioritises deinstitutionalisation efforts. This includes:

- Prohibiting the use of emergency or humanitarian funds to support institutional models, including temporary or transitional institutions, in line with the CRPD and DI Guidelines.
- Directing emergency and recovery resources toward CRPD-compliant, community-based support systems and services that enable persons with psychosocial disabilities to live independently and be included in the community, even during crises. Providing here dedicated focus to ensuring support systems of those experiencing intersectional discrimination such as queer people with psychosocial disabilities.
- Integrating deinstitutionalisation strategies as part of emergency response and recovery strategies, such as identification and support of persons with disabilities in all their diversity in institutions or at risk of institutionalisation in emergency and conflict settings.

- In settings of conflict or high risk of emergency, providing flexible resourcing to enable peer support for people with psychosocial disabilities in institutions or at risk of institutionalisation.
- Ensuring the participation of persons with psychosocial disabilities and their representative organisations in the design, implementation, and monitoring of programs and policies for community-led supports and services in emergency and conflict settings, with dedicated focus on supporting participation of people experiencing intersectional discrimination.

A Path Forward

Transforming communities for inclusion is possible — but not without long term and dedicated investment. People with psychosocial disabilities have long envisioned and fought for a world without institutions. Now is the time for governments, the global development and donor community to match that vision with dedicated, real, sustained, and transformative resources.

We urge all actors to re-examine their funding portfolios and priorities. The future of deinstitutionalisation — and the rights of millions — depends on it.

This Call to Action

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