TCI GLOBAL

Call to Action

Centering youth, women and gender diverse communities of persons with psychosocial disabilities in the deinstitutionalization agenda

1 Introduction:

This call to action is developed by the Transforming Communities for Inclusion (TCI-Global), a post CRPD movement and a global membership-based organization of persons with psychosocial disabilities with 28 members in Asia-Pacific, Africa, the Americas, and the UK.

The identity of persons with psychosocial disabilities is derived from the Convention on the Rights of Persons with Disabilities (CRPD) and is inclusive of persons who identify as 'users and survivors of psychiatry, 'mad' persons, persons who have been identified as 'of unsound mind, autistic persons, persons with intersectional and neurodiverse identities, including young persons with psychosocial disabilities. Over the years, TCI has worked with its members across national, regional, and global platforms to advance deinstitutionalization, community inclusion, legal capacity, access to justice, and the right to live independently in the community for persons with psychosocial disabilities.

This call to action is developed following two consultative meetings held between TCI members to advance our advocacy at national, regional, and global levels on deinstitutionalization and community inclusion of youth, women, and gender diverse persons with psychosocial disabilities. These consultations and Call to Action is supported by Disability Rights Fund.

The consultations were held on April 10 & 15, 2026, with members primarily from Asia, the Pacific, East Africa, Europe, Latin America, and North America. These consultations brought together more than 45 TCI members, including their networks from 15 countries including from Kenya, Uganda, Rwanda, Solomon Islands, Indonesia, India, Japan, Taiwan, Colombia, Peru, Ethiopia, Pakistan, Maldives, the United Kingdom, and the United States. Sessions were held in multiple languages — English, Spanish, Bahasa, Japanese, Mandarin, Luganda — and participants were invited to contribute through voice, written chat, and written submissions.

We issue this Call to Action at a moment of urgency. Globally, anti-rights movements are gaining ground. Civic space is shrinking. States continue to invest in institutions rather than community living. And within the disability and human rights universe, there is a growing tendency to frame our lives, our needs, and our

futures as a 'mental health' matter — stripping us of our identity as persons with psychosocial disabilities and recycling us back into coercive health systems. For youth, women and gender diverse persons with psychosocial disabilities, these violations are experienced through intensified control over our bodies, choices, sexuality, family lives, safety and future, often in the name of protection, care or treatment.

We must speak now. We must speak together. And we must be heard as a movement calling for dismantling obsolete systems, their transformation, and the realization of our rights, on an equal basis with others.

2 Why this Call to Action is Urgent:

Persons with psychosocial disabilities, including users and survivors of psychiatry, and those with intersectional and neurodiverse identities, continue to be systematically marginalized across development, human rights, and community life. Across regions, our movement continues to face extreme levels of involuntary institutionalization, coercive practices, and exclusion from education, employment, housing, and social protection, and barriers to full participation in social, economic, political, and cultural life.

Despite over two decades since the adoption of the United Nations Convention on the Rights of Persons with Disabilities, psychiatric, legal, and social control systems continue to dominate our lives.

These systems determine whose voices are heard, whose leadership is recognized, and who is permitted to participate in decision-making processes. Our identities continue to be defined through medicalized and discriminatory labels such as "mental illness," "unsound mind," "mental patient," which strips away our personhood, dignity, and autonomy.

Legal frameworks, including mental health laws, guardianship regimes, and vagrancy laws, continue to deny our legal capacity and decision-making authority, in direct contradiction to Article 12 of the UNCRPD. These frameworks legitimize coercion, institutionalization, and substituted decision-making, reinforcing exclusion rather than enabling participation on an equal basis with others.

Within these realities, young persons, women, and gender diverse persons with psychosocial disabilities experience distinct, yet deeply interconnected forms of discrimination, violence, and exclusion, and remain excluded from the deinstitutionalization agenda.

In this Call To Action, we define young persons as adolescents and young adults with psychosocial disabilities who are below 24[1] years of age, including those navigating transition from childhood, adolescence, and adulthood. This includes our young persons with diverse psychosocial, neurodiverse, and intersectional identities, including users and survivors of psychiatry, whose experiences are shaped by age-based discrimination alongside disability-based discrimination.

We define gender diverse communities as persons with psychosocial disabilities whose gender identity, gender expression and/or sexuality place them outside dominant gender and sexuality norms, including transgender, queer, non-binary and gender non-conforming persons. Their experiences are shaped by multiple and intersecting forms of discrimination arising from disability, gender identity, gender expression, sexuality, race, class, age, indigeneity, and other identities.

Across consultations, we repeatedly challenged the narrow and technical understandings of deinstitutionalization and emphasized that deinstitutionalization cannot be reduced only to the closure of institutions or the relocation of individuals from one setting to another. Institutionalization was described as beyond physical infrastructures, as a system and mentality of control embedded across society, laws, policies, practices, structures, and attitudes. And hence, deinstitutionalization was understood as a deep structural transformation of powers, systems, and communities, in line with Article 19 of CRPD, General Comment 5, and UN Guidelines on Deinstitutionalization. It must be understood as a political agenda that challenges the dominance of the biomedical model and centers human rights, autonomy, and collective care and support for persons with psychosocial disabilities in community settings. Deinstitutionalization asks us to build communities where everyone is valued equally, supported to make their own choices, and able to belong.

[1]We are adding this age bracket for defining youth based on the UN Definition and Fact Sheet on Youth https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf

Young persons with psychosocial disabilities are routinely denied recognition as rights-holders and political actors from an early age. Young persons are drawn into psychiatric systems through diagnosis, forced medication, and confinement in psychiatric institutions, rehabilitation centres, or de-addiction facilities. These practices, frequently justified as medical necessity, disrupt access to education and employment, restrict social participation, and erode the confidence, identity, and agency of young persons. Young people are persistently labelled as "incapable," "unstable," or "not ready" for decision-making spaces within families, communities, institutions, and public life.

Women and gender diverse persons with psychosocial disabilities face multiple and intersecting forms of violence and control. These include gender-based and sexual violence, forced medical interventions such as sterilization and abortion, and denial of bodily autonomy. Psychiatric labels are routinely used to discredit testimony, justify control over bodies and decisions, and render violence invisible. For gender diverse persons, these harms are compounded by transphobia, criminalization, and the pathologization of identity, pushing them further to the margins of both disability and gender justice movements.

We further recognize that many persons with psychosocial disabilities, including youth, women and gender diverse persons experience multiple and intersecting forms of discrimination that extend beyond age and gender. These include persons from racialized communities; indigenous people; asylum seekers, refugees, and migrants; persons with additional physical, sensory, intellectual, or other disabilities; older persons; persons living in poverty or situations of socioeconomic deprivation; persons living in rural, remote, or conflict-affected settings. These intersecting systems of discrimination frequently increase the risk of institutionalization, coercion, violence, legal incapacity, homelessness, and exclusion from community life.

This Call to Action, therefore, demands more than reform of mental health services or institutions. It calls for a political, legal, social, and economic transformation that places persons with psychosocial disabilities, including youth, women, and gender diverse persons, at the centre of deinstitutionalization, community living, legal capacity, bodily autonomy, freedom from violence, and full inclusion in all areas of life, on an equal basis with others.

Calls for Action:

To State Parties:

Begin Comprehensive and Time-Bound Deinstitutionalization

Deinstitutionalization must be treated as a comprehensive, adequately resourced, and rights-based process and not as a one-time act. State parties must adopt and implement time-bound national deinstitutionalization plans to close any type or form of institutions that may segregate us from the mainstream communities.

These national deinstitutionalization plans must specifically identify and respond to the experiences of youth, women, and gender diverse persons with psychosocial disabilities, who may face heightened risks of exclusion and discrimination. Deinstitutionalization planning must therefore include targeted measures, budgets, and safeguards to ensure that these intersectional groups are not left behind or transferred under new forms of control.

The absence of community support systems and support services shall not be an acceptable reason to delay deinstitutionalization planning. States must invest in the simultaneous development of voluntary, formal/informal, rights-based, community-led support systems and support services, including peer support programs, rights-based crisis support, affordable and accessible housing, and individualized personal support mechanisms. These efforts must be done with dedicated budgetary allocations that are transparently tracked, independently monitored, and meaningfully include leadership of organizations of persons with psychosocial disabilities, including organizations and groups led by youth, women, and gender diverse persons with psychosocial disabilities.

Communities also need to be prepared for deinstitutionalization. This requires changing mindsets and attitudes, addressing stereotypes, working with families and communities, and ensuring that community spaces do not reproduce the same systems of control that existed inside institutions. State parties must fund, run, partner with, and support any awareness-raising campaigns and programs that may promote deinstitutionalization at the state level for persons with psychosocial disabilities. The awareness campaigns must be designed by, and led by, persons with psychosocial disabilities and their organizations.

- *Any actions, policies, programs that may prolong institutionalization must be dismantled. No budget should be allocated by the state parties that may promote or enforce building of new institutions, expansion or improvement of existing institutions, either private or public.*

Dismantle Legal Incapacity Frameworks

- *Every form of guardianship law, mental health law, and legal incapacity regime that strips persons with psychosocial disabilities of our legal standing must be repealed and replaced with supported decision-making systems under the national disability laws, that respect individual will, preferences, and autonomy in accordance with CRPD Article 12 and General Comment No. 1.*

- *This means that no person shall be declared legally incapacitated on the basis of a disability. No person shall be subjected to involuntary hospitalization, forced medication, forced sterilization, forced contraception, or any other coercive procedures. Notaries, judges, courts, and administrative bodies must be trained and legally mandated to recognize the legal capacity of persons with psychosocial disabilities in all proceedings.*

- *Legal capacity must be recognized in all areas of life, including decisions related to health care, education, housing, relationships, sexuality, gender identity, marriage, parenting, reproductive autonomy, finances, political participation, and access to justice.*

- *Any new or existing legislation, including social protection, employment, housing, and education legislation, must be reviewed, reformed, and harmonized to ensure compliance with the convention.*

Safeguard and respond to violence against Youth, Women and Gender Diverse Persons with Psychosocial Disabilities

- *States must enact and enforce legislation that creates a world free from violence, abuse, exploitation and promote trauma informed approaches to address the forms of violence experienced by youth, women, and gender diverse persons with psychosocial disabilities in institutional and community settings, including sexual violence, forced reproductive procedures, and conversion practices. Safeguarding measures must not reproduce institutionalization, segregation, family control, guardianship, or forced treatment in the name of safety or care.*

Access to justice must be guaranteed to persons with psychosocial disabilities through trauma-informed, disability-inclusive legal procedures that do not require persons with psychosocial disabilities to prove their credibility against a background assumption of incapacity. In line with CRPD Articles 16 and 6, States must establish independent, survivor-led oversight and monitoring mechanisms for all settings, including hospitals, rehabilitation centres, and family-based settings where youth, women, and gender diverse persons with psychosocial disabilities are at heightened risk. Perpetrators must be held accountable regardless of the institutional context in which the violence occurred and reparations and redress must be made available to the survivors.

Recognize and Uphold the Rights of Youth with Psychosocial Disabilities

No child or young person with a psychosocial disability shall be placed in an institution. Any placement or facility that carries the risk of institutionalization of a young person in the name of care, rehabilitation, recovery, or education is not acceptable. States must pay particular attention to transition points where young persons are at heightened risk of institutionalization, including leaving school, family conflict, homelessness, interaction with police or courts, loss of family support, and transition from child to adult services.

States must invest urgently in family support services, peer networks for youth, inclusive education systems, and economic empowerment opportunities that accommodate the full diversity of young persons with psychosocial disabilities. Educational institutions must ensure the availability of reasonable accommodation on the basis of disability and not on the basis of a psychiatric diagnosis or an illness label.

Employment systems must ensure that young persons with psychosocial disabilities can access dignified, adequately paid work without discrimination. Funding for peer-led youth organizations of persons with psychosocial disabilities must be made available directly, without routing it through non-user organizations.

Build Inclusive Community Support Systems and Support Services

- *States must ensure the development of affordable, accessible, and voluntary, formal or informal community support systems and services. These should be designed with, led by, and evaluated by persons with psychosocial disabilities.*

- *States must ensure that the community support systems and services are trauma-informed, gender-responsive, culturally appropriate, and available in both urban, rural, and indigenous settings. . Additionally, Trauma-informed support must extend beyond individual responses to address the structural harms of institutionalization recognizing that dismantling systems of coercion and segregation is itself a prerequisite for trauma-informed, rights-based community support. These support mechanisms can include and are not limited to peer support, and crisis support programs that does not involve involuntary hospitalization, accessible housing linked with individualized support, livelihood support, including funding for businesses and cooperatives led by persons with psychosocial disabilities, and social protection schemes designed to address the specific economic precarity that institutionalization creates.*

- *States must provide sustained and flexible funding for peer-led and community-led support work, including informal peer support networks, accompaniment during situations, collective spaces, and OPD-led community initiatives. Such funding must not shift the responsibility of sustaining deinstitutionalization onto OPDs, and it should not convert peer support into a medicalized, professionalized, or state-controlled service model.*

- *As guided in the CRPD Guidelines, all existing institutional infrastructure should be converted into open, community-serving resource hubs that enable access to rights, services, entitlements, and community life.*

Ensure Meaningful Participation and Leadership — Not Tokenism

- *States must ensure that persons with psychosocial disabilities and our representative organizations are meaningfully included in leadership positions across all aspects of deinstitutionalization. This means that youth, women, and gender diverse persons with psychosocial disabilities must hold decision-making authority, and not 'only' advisory or consultative roles for all DI-related policy processes, from national planning to international forums. Paid*

positions must be created within government bodies and UN agencies for persons with psychosocial disabilities, and these positions must carry genuine power and decision-making authority.

- *States must fund the capacity-strengthening of organizations of persons with psychosocial disabilities (OPDs) — especially those led by youth, women, and gender diverse communities to ensure that their participation is not tokenistic and have the capacity to engage in planning, implementation, and monitoring processes.*
- *Participation must include self-defined representatives from youth, women, and gender diverse communities with psychosocial disabilities, including those who are not formally registered as OPDs but are organizing through peer groups, survivor networks, cross movement spaces, LGBTQIA+ movements, and community collectives.*

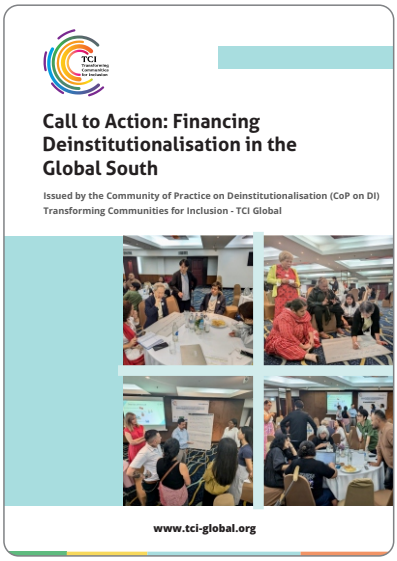
Collect Disaggregated Data and Establish Accountability Mechanisms

- *States must ensure the collection of disaggregated data on the prevalence and forms of institutionalization experienced by youth, women, and gender diverse persons with psychosocial disabilities, as well as data on access to community support systems and support services, economic inclusion, and violence. This data must be collected by working with OPDs and must be used to design, monitor, and evaluate DI policies, plans, and programs.*
- *Data collection must be rights-based, voluntary, confidential, and avoid extractive practices. It must not expose youth, women or gender diverse persons with psychosocial disabilities to surveillance, outing, retaliation, family control, institutionalization or criminalization.*
- *Mechanisms to conduct deinstitutionalization audits must be established, with authority to investigate complaints, access all settings, including private and religious facilities, and impose enforceable remedies. National monitoring frameworks must include indicators drawn from CRPD Article 19, the UN Guidelines on Deinstitutionalization, General Comment No. 5, and relevant concluding observations of the CRPD Committee.*

To Donors and Development Partners:

Fund Deinstitutionalization as a Human Rights Priority

Donors must redirect funding to OPDs of persons with disabilities, particularly those led by youth, women, and gender diverse persons, to support their advocacy and work. Donors must ensure that the funding contributes to the capacity strengthening and leadership development to promote inclusion of youth, women, and gender diverse communities of persons with psychosocial disabilities in the development agenda. TCI developed a separate call to action on financing for deinstitutionalization that can be accessed here.



https://tci-global.org/wp-content/uploads/2025/08/Call-of-Action-CoP-on-DI.pdf

Support Cross-Movement Solidarity and Intersectional Advocacy

Donors must ensure investments in creating spaces for OPDs of persons with psychosocial disabilities for developing cross-disability solidarity with cross disabilities, feminist movements, LGBTQIA+ rights movements, youth movements, human rights movements, economic justice movements, and other allied constituencies. Our consultations consistently revealed that these movements are often working in parallel and sometimes on overlapping issues such as gender-based violence, legal capacity, bodily autonomy, community inclusion, etc., without coordinating, involving, or engaging other allied movements for their advocacy. Strategic alliances across our movements have the potential to amplify and promote the deinstitutionalization agenda.

Support Movement-led Research and Documentation

The practice-based evidence for the deinstitutionalization process must be generated by persons with psychosocial disabilities, especially survivors themselves who have experienced institutionalization. Donors must ensure investments are made in peer-led research on the impacts of institutionalization

- *for youth, women, and gender diverse persons with psychosocial disabilities, and on the effectiveness of community-based alternatives in different national and cultural contexts. This research must be independently owned and disseminated by OPDs.*

- *Donors must also support OPDs to turn research, real experiences, and community documentation into movement knowledge products, including tools, case studies, policy briefs, toolkits, advocacy notes, awareness materials, and treaty body submissions. This is necessary to ensure that knowledge generated by the movement does not get framed as 'grey literature' or project documentation, but becomes accessible, reusable, adaptable, and useful for advocacy, policy change, cross-movement solidarity, and collective learning. This research must inform policy advocacy, treaty body engagement, and public awareness efforts and the development of rights-based deinstitutionalization plans.*

To UN Agencies:

Apply the CRPD Approach to UN Programs Framework Consistently and Without Compromise

- *United Nations agencies—including the World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), United Nations Population Fund (UNFPA), UN Women (United Nations Entity for Gender Equality and the Empowerment of Women), and the Office of the United Nations High Commissioner for Human Rights (OHCHR)—must ensure that all United Nations-led programs and initiatives are in compliance with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).*

- *The UN-led programs must recognize us as rights holders entitled to the full realization of civil, political, economic, social, and cultural rights.*

- *UN agencies must ensure that the United Nations Disability Inclusion Strategy (UNDIS) is meaningfully applied across all pillars of the UN's work by facilitating the participation, leadership, and decision-making authority of persons with psychosocial disabilities and their representative organizations.*

- *UN agencies must ensure that all their policy frameworks and guidance documents on psychosocial disability must be brought into full alignment with the UN Convention on the Rights of Persons with Disabilities and the UN Guidelines on Deinstitutionalization and must not fund, promote, or endorse separate legislation for persons with psychosocial disabilities.*

Centre Intersectionality in Treaty Body Processes

- *CRPD Committee, CEDAW Committee, the CRC Committee, and other treaty bodies must explicitly and routinely address our intersecting experiences of youth, women, and gender diverse persons with psychosocial disabilities in their general comments, concluding observations, and list of issues. The treaty bodies must require states parties to report specifically on the situation of our constituency in relation to institutionalization, legal capacity, violence, and community inclusion.*

- *Treaty bodies should also further strengthen coordination with each other, including through joint statements, cross-referencing of concluding observations, shared lists of issues, and coordinated attention to cases where disability, gender, age, institutionalization, legal capacity, and violence overlap.*

- *OPDs of persons with psychosocial disabilities, particularly youth, women, and gender diverse persons, must be supported, financially and technically, to engage in shadow reporting and other forms of monitoring across all relevant treaty bodies.*

Protect and Expand Civic Space for OPDs

- *In an era of shrinking civic space, UN agencies and international bodies must be proactive in protecting the right of OPDs, particularly youth, women, and gender diverse persons with psychosocial disabilities, to organize, advocate, and operate without harassment or government interference.*

- *UN agencies must also ensure safe and accessible spaces for our participation at national, regional, and international levels, including protection from reprisals when OPDs raise concerns about institutionalization, coercion, violence, legal incapacity, or violations committed by States and service systems.*

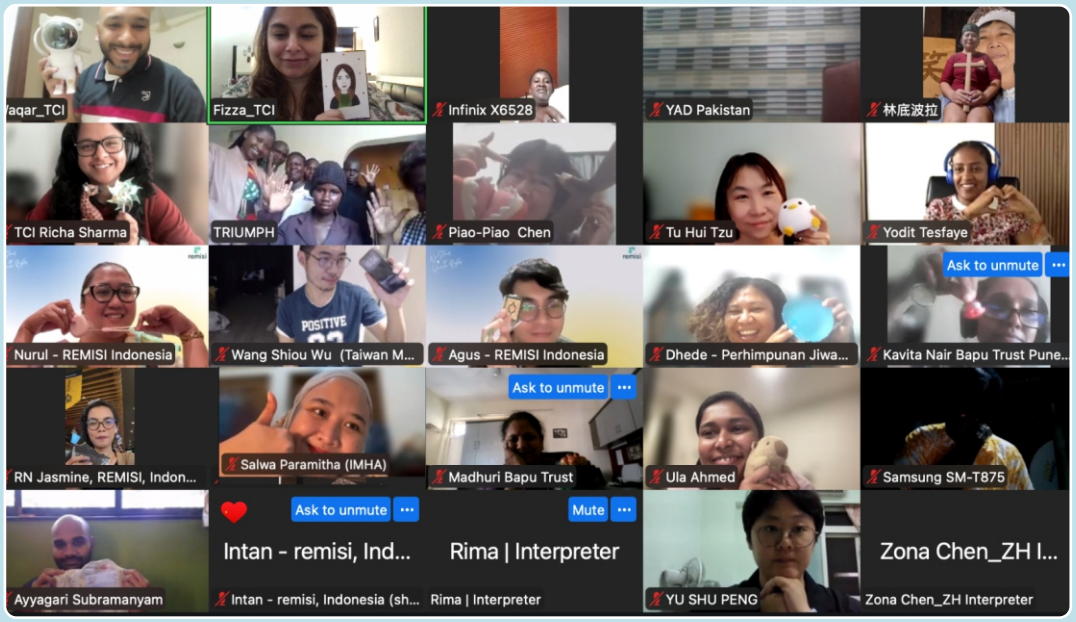
To Cross Movement Actors and Allied Movements:

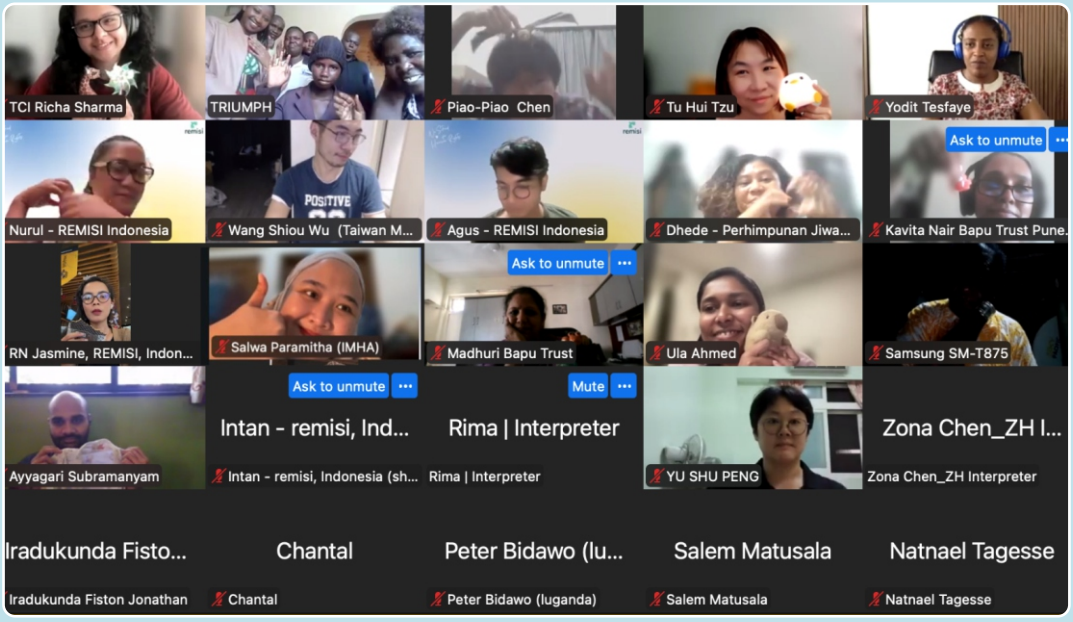
- *Women, LGBTQIA+, youth, anti-poverty, economic justice, climate justice, and other allied movements must recognize institutionalization, coercion, legal incapacity, and denial of independent living as issues that cut across their own agendas. Cross movement spaces must not treat persons with psychosocial disabilities as secondary or 'other' concerns, but must actively include youth, women, and gender diverse persons with psychosocial disabilities in shared struggles around bodily autonomy, freedom from violence, legal capacity, mainstream services, community support systems, and community life.*

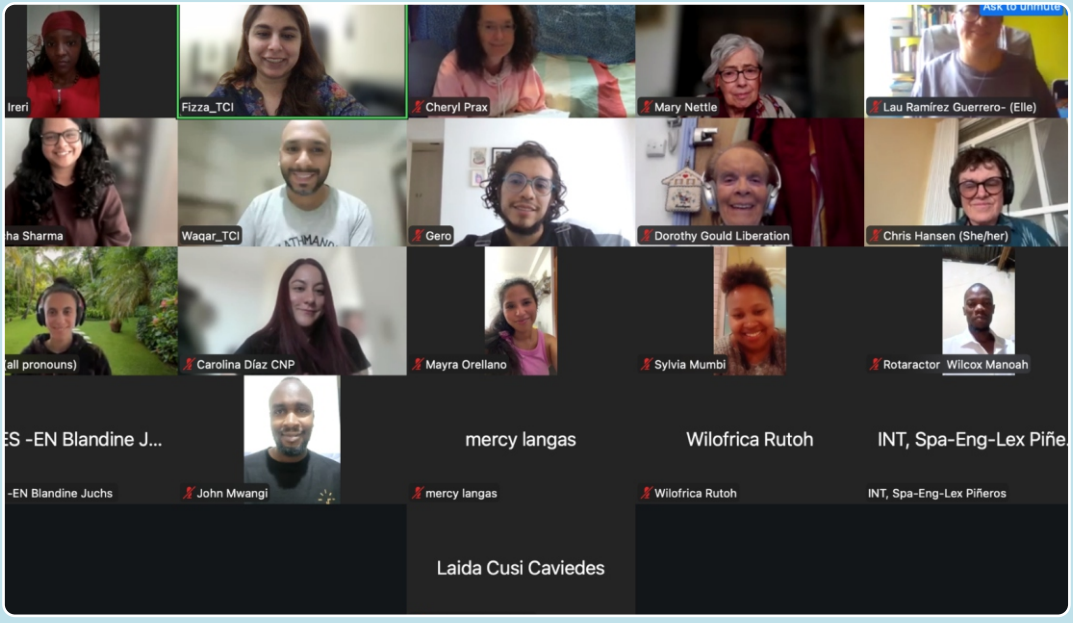
To Our Own Movement of Persons with Psychosocial Disabilities:

- *Our own movement must also commit to centering youth, women, and gender diverse persons with psychosocial disabilities as leaders in the deinstitutionalization agenda. This requires creating a safe space for diverse identities, languages, experiences, and positions within the movement.*

- *As a movement, we must use shared rights-based language for advocacy and the CRPD as our foundation while also respecting and upholding freedom to define our own experiences, identities, and meanings in different cultural, political, and community contexts.*


Waqar_TCI
Fizza_TCI
Infinix X6528
YAD Pakistan
林底波拉
TCI Richa Sharma
TRIUMPH
Piao-Piao Chen
Tu Hui Tzu
Yodit Tesfaye
Nurul - REMISI Indonesia
Wang Shiou Wu (Taiwan M...
Agus - REMISI Indonesia
Dhede - Perhimpunan Jiwa...
Ask to unmute
Kavita Nair Bapu Trust Pune...
RN Jasmine, REMISI, Indon...
Salwa Paramitha (IMHA)
Madhuri Bapu Trust
Ula Ahmed
Samsung SM-T875
Ayyagari Subramanyam
Intan - remisi, Ind...
Rima | Interpreter
YU SHU PENG
Zona Chen_ZH I...
Intan - remisi, Indonesia (sh...
Rima | Interpreter
Zona Chen_ZH Interpreter


TCI Richa Sharma
TRIUMPH
Piao-Piao Chen
Tu Hui Tzu
Yodit Tesfaye
Nurul - REMISI Indonesia
Wang Shiou Wu (Taiwan M...
Agus - REMISI Indonesia
Dhede - Perhimpunan Jiwa...
Ask to unmute
Kavita Nair Bapu Trust Pune...
RN Jasmine, REMISI, Indon...
Salwa Paramitha (IMHA)
Madhuri Bapu Trust
Ula Ahmed
Samsung SM-T875
Ayyagari Subramanyam
Intan - remisi, Ind...
Rima | Interpreter
YU SHU PENG
Zona Chen_ZH I...
Intan - remisi, Indonesia (sh...
Rima | Interpreter
Zona Chen_ZH Interpreter
Iradukunda Fisto...
Chantal
Peter Bidawo (lu...
Salem Matusala
Natnael Tagesse
Iradukunda Fiston Jonathan
Chantal
Peter Bidawo (luganda)
Salem Matusala
Natnael Tagesse


Ireri
Fizza_TCI
Cheryl Prax
Mary Nettle
Lau Ramírez Guerrero- (Elle)
Waqar_TCI
Gero
Dorothy Gould Liberation
Chris Hansen (She/her)
Carolina Díaz CNP
Mayra Orellano
Sylvia Mumbi
Rotaractor Wilcox Manoah
John Mwangi
mercy langas
Wilofrica Rutoh
INT, Spa-Eng-Lex Piñeros
Laida Cusi Caviedes

Transforming Communities for Inclusion (TCI Global)

TCI-Global, Rue de Varembé 1, 1202 Genève, Switzerland

secretariat@tci-global.org

www.tci-global.org

@tciglobalopd @tci_global @TCI_Global @TCI Global @tci-global6626