

Transforming Communities for Inclusion- Asia Pacific

[TCI Asia Pacific]

We, persons with psychosocial disabilities and cross disability supporters from 21 countries of the Asia Pacific region, in Bali, on August 29th 2018, and at the Plenary meeting of Transforming Communities for Inclusion – Asia Pacific [TCI Asia Pacific],¹

Hereby confirming

- The systematic and pervasive violation of all our human rights; including all forms of discrimination, exclusion, violence, inhuman, degrading and torturous treatments taking place, in higher and lower income countries; in cities and rural areas; in outer islands; in institutions and communities; in schools, universities, health care centers, and in social services.
- The failure of the most current, and new policy responses framed by the medical model which are restricting freedom, choice and opportunities; the gatekeeping by the mental health system, by assessing, conditioning, controlling and restricting our exercise of our rights; often ignoring resources for inclusion within communities, cultures, belief systems that may increase our choices and chances of full inclusion.
- Those policy responses often centered on mental health do not comply with international human rights standards and, frameworks provided by various international Conventions and treaties, most importantly, the UN Convention on the Rights of Persons with Disabilities [CRPD].

Encouraged by the progress made by some countries in the region ensuring the inclusion of persons with psychosocial disabilities within policies and legislation for the inclusion of *all* persons with disabilities, in accordance with the CRPD; *confirming the absolute relevance of the paradigm shift towards 'inclusion' and away from medical model or a sole focus on 'mental health'*;

Alarmed by the extent to which even the most progressive mental health environment still control and deny our rights to education, work, have a family, access to social protection, food, basic needs and an adequate standard of living; rights to vote, life and liberty, equal recognition before the law, among all other rights guaranteed by the human rights framework;

Among the issues of sustained discrimination, and exclusion of persons with psychosocial disabilities, we highlight as grave:

- The growth of new mental health laws in the Asia Pacific region with core provisions of involuntary admission and treatment; often leading to highest rates of stay in psychiatric hospitals²; the terrible conditions in mental institutions, including physical and sexual abuse of

¹ **TCI Asia Pacific** is an Asia Pacific alliance of persons with psychosocial disabilities from the Asia and Pacific regions, and their cross disability supporters, from 21 countries. The vision of TCI Asia Pacific is the implementation of CRPD for all persons with psychosocial disabilities. TCI Asia Pacific is focussed on expanding the pedagogy and practice, of the inclusion of persons with psychosocial disabilities (Article 19 of the UNCRPD).

² Korean DPO and NGO Coalition for parallel report on CRPD (2014). INT_CRPD_CSS_KOR_18207_E. After the new mental health was implemented, over 90% admissions are involuntary. Average stay in mental hospitals is 247 days; 3693 days for those living in psychiatric sanatoriums. See CRPD Monitoring Committee List of Issues in relation to the initial report of the Republic of Korea. CRPD/C/KOR/Q/1 of 12th May, 2014.

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people with psychosocial disabilities of the region³; risk of life due to infections, starvation, malnutrition, direct shock treatment (Shock treatment without the use of anesthesia)⁴, unregulated use of restraints and solitary confinement, and other inhuman, degrading, and torturous treatments;

- Violations in the families and communities- including *pasung*, (shackling) a practice commonly found; being cast out and deprived of all access to any kind of family, or community engagement; seclusion in inhuman, degrading, cruel and torturous conditions within social care institutions, unregulated houses, shanties and animal coups;
- The complete silencing of voices of persons with psychosocial disabilities through State sanctioned discrimination using incapacity laws more frequently practiced in the Commonwealth; the systemic discrimination against our inclusion within development especially of women, children, LGBTI, indigenous and other groups otherwise facing multiple discriminations in our societies.

That, such concerns are not being a sporadic occurrence but confirmed as frequent occurrences, in all parts of Asia Pacific; deeply embedded within legal, normative, and social structures; being reinforced by colonial, historical traditions set within national laws;

That, such violations in law and practice cannot be addressed by marginally improving mental health systems that perpetuate the denial of human rights in the name of 'our best interest', but by adopting the full shift of paradigm of the CRPD towards inclusion in accordance with our choice, will and preference.

Recalling,

- Commitments of all UN members states to implement the sustainable development goals to leave no one behind reduce inequalities and *empower and promote the social, economic and political inclusion of all*,
- Obligation of most Asia-Pacific countries **that have** ratified the CRPD to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity, autonomy and independent decision making, on equal basis with others
- Commitments of all Asia Pacific states to "Make the right real" for all persons with disabilities through the implementation of the Incheon Strategy
- Commitments of Pacific countries to the Pacific Framework on the Rights of Persons with disabilities

Recognising, that an inclusive implementation of Sustainable Development Goals and the full realisation of human rights mutually reinforce each other,

³ Human Rights Watch, (2014). "Treated worse than animals. Abuses against women and girls with psychosocial and intellectual disabilities in India". <https://www.hrw.org/report/2014/12/03/treated-worse-animals/abuses-against-women-and-girls-psychosocial-or-intellectual>

Human Rights Watch, (2016). "Living in Hell. Abuses against people with psychosocial disabilities in Indonesia". <https://www.hrw.org/report/2016/03/20/living-hell/abuses-against-people-psychosocial-disabilities-indonesia>

⁴ Center for Advocacy in Mental Health (2006). "ECT in India". <http://www.ect.org/?p=551>, accessed online on 04-09-2018

Welcoming,

- The concluding observations and recommendations of the UN CRPD committee to Asia – Pacific countries to date, as well as the General Comments on Equal Recognition before the law (Art 12)⁵, Women with Disabilities (Art 6)⁶, Living independently and being included in the community (Art19)⁷, Non-discrimination and equality (Art 5)⁸ among others,
- The reports of the UN Special Rapporteur on the Rights of Persons with disabilities to the UN Human rights Council on Social protection⁹, Inclusive policy¹⁰, Legal capacity¹¹ and participation and rights-based support for persons with disabilities¹²,
- The report from the Special Rapporteur on the Right to highest standards of physical and mental health to the human rights council on Mental Health, statement on the "corruption" in the mental health systems around the world¹³ and the denunciation of the "global burden of barriers" faced by persons with psychosocial disabilities¹⁴,
- The 2017 Human Rights Council Resolution on Mental Health and Human Rights¹⁵, including call to address the underlying social, economic and environmental determinants of health; to abandon all practices that fail to respect the rights, will and preferences of all persons; de-institutionalization; to prevent over medicalisation and to promote and respect the enjoyment of the rights to liberty and security of person and to live independently and be included in the community.

In full realization of all human rights as enshrined in the CRPD, and especially the human right to live independently and be fully included in communities (Article 19, General Comment 5), we want (1) to be able to decide our place of residence and who we want to live with (2) have access to a range of in home, residential and / or community support services nearby our places of residence (3) be included in all services available on equal basis with others and (4) all services should be responsive to our specific needs.

Call for Actions

That recognize, inclusion of persons with psychosocial disabilities involves a paradigm shift and reframing of policy environment from medical model to social model; mental disorder to psychosocial disability; public health to inclusive development; institutionalization to inclusion; treatment to support systems, evoking the guidance of CRPD and the SDGs to bridge such reframing;

- That will place Inclusion of persons with psychosocial disabilities as the purpose, process and outcome of all social, legislative, policy, program, service actions, across all sectors, involving all actors including, but not limited to health care, and within all Development agendas, plans, programs, and partnerships for change,

⁵ CRPD /C/GC/1, (2014) CRPD General Comment 1 on Right to Equal Recognition before the Law.

⁶ CRPD/C/GC/3 (2016) General Comment on Women with disabilities.

⁷ CRPD/C/GC/5 (2017) General Comment on Right to Living independently and being included in community.

⁸ CRPD/C/GC/6 (2018) General Comment on Equality and Non - Discrimination.

⁹ A/70/797

¹⁰ A/71/314

¹¹ A/HRC/37/56

¹² A/HRC/34/55

¹³ A/72/137

¹⁴ A/HRC/35/21

¹⁵ A/HRC/34/32

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- Going beyond recent harm reduction approaches for example, by the WHO, to revive and reform towards "humane" mental health care; and also expressing apprehensions about the continuing "reform" efforts to maintain the systemically flawed, archaic colonial designs of psychiatric detention; and concerned that the WHO Quality Rights¹⁶ would be wrongly considered as the solution to our problem of inclusion,
- Adopting the movements for non-violent, peer led, trauma informed, community led programs, healing, cultural practices preferred by local groups of persons with psychosocial disabilities; attentive to the movement of non-medical alternatives worldwide, and in the Asia Pacific region; and progressive models for support in the communities,

We submit, the following measures be realized, with the due consideration that *persons with psychosocial disabilities be engaged at every step-*

- The **right to education** be realized within all educational systems supported by reforms towards lifelong learning; access to alternative and augmentative means of communication such as non verbal / arts based expression; reasonable accommodation; access to flexible programs and a range of support services; prohibition of hazardous, forced or over medicalization and institutionalization of children;
- The **right to work and employment** be realized with the inclusion of persons with psychosocial disabilities in all job markets, employment exchanges, job placements and support for livelihood opportunities; provision of support, flexible hours and reasonable accommodation within work places; disability benefits at work, on equal basis with others; due recognition of contributions; possibilities of professional growth, access to trainings, promotions, etc. on equal basis with others;
- The **right to adequate standards of living** and social protection be realized for the inclusion of persons with psychosocial disabilities in all social security programs; the **right to food** ensured; the **right to housing** being of utmost importance, especially for relieving the persons in detention / shackled in the region, to prevent institutionalization and to live in communities; social protection schemes to help persons to escape poverty and to thrive; such schemes be designed to ensure the dignity, respect, autonomy and independent living of all persons with psychosocial disabilities.
- The **right to health care** be realized including comprehensive general health care, on equal basis with others; that psychiatric care does not become a barrier to access highest standards of health and wellbeing; that reporting of iatrogenic concerns by persons with disabilities and their families (for example, zombism, tardive dyskinesia, Parkinson's, psychosis, suicidal ideation and behaviours, in addition to metabolic, cardiovascular and other general health complications) be recognized and addressed; various kinds of culturally sensitive healing and well being methods, including diet therapy, yoga, tai chi, qi gong, meditation, trauma informed counselling, talk therapies, arts therapies and other, be available within health care coverage;
- Program measures be available for de-institutionalization, ensuring community support systems, such as personal assistance, community circles of care, peer support, formal and informal networks for support, family empowerment, listening spots, refuge / drop in / quiet rooms, spaces for creative expression, personal insight building especially about crisis, support persons trained to dialogue and negotiate the safety on the basis of the will and preference of persons with psychosocial disabilities, support to be available nearby where the person is living, especially concerning the homeless, and environments of peace and safety within communities;

¹⁶ WHO Quality Rights Initiative (2017). http://www.who.int/mental_health/policy/quality_rights/en/

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- The **Right to political participation** is ensured in all countries of the region, especially the right to vote, stand in elections, and hold public office;

We recommend,

That, our right to full and equal recognition before the law be immediately recognized by all countries in our regions; that laws be so harmonized with the CRPD so that noone with a psychosocial disability shall ever be denied a civil, social, political, economic or cultural rights on the basis of "incapacity" or "unsoundness of mind"; that the legal system be cleansed of its colonial legacy, especially in the Commonwealth;

That, the dictum of "Nothing about us without us" be ensured in all processes including the development of technical, ethical and other guidelines, policies, legislations, and any other efforts towards our inclusion;

That, all United Nations and allied agencies, aid agencies, and global actions of governments towards the development of our regions, including the WHO, to consider our participation and inclusion in all co-operations towards inclusive development; that all such actions be mindful of the paradigm shift from mental health to inclusion;

We aspire,

- To the extent that all such progressive actions for our inclusion are in our interest, to contribute to those actions through co-operations on trainings, capacity building, guidance on inclusion, research and any actions thereof, towards re-directing the legislative and policy environment towards inclusion;
- To work with organisations whose goals are aligned with ours, and which respect the principle of leadership and full and effective participation of persons with psychosocial disabilities and our expertise on all matters that concern our lives and our rights, in the drive for social change;
- To have a meaningful place in our societies, be it through paid work, social justice work, creative work, informal care and support work, or so on. We believe that an environment that facilitates the full development of our human potential in all its diversity will also further the social, economic, cultural and political advancement of our societies.

**Declaration adopted by TCI Asia Pacific
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