

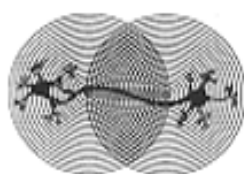
Summary Report on

# Transforming Communities for Inclusion – **Asia:** Working Towards TCI – **Asia Strategy Development**



9 – 12 June 2015

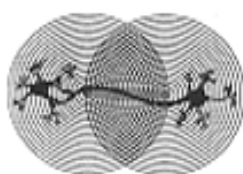
APCD Training Building, Bangkok, Thailand



**Summary Report on  
Transforming Communities for Inclusion – Asia:  
Working Towards TCI – Asia Strategy Development**

Organized by

**Bapu Trust for Research on Mind and Discourse**



In collaboration with

**Asia-Pacific Development Center on Disability (APCD)**



and

**International Disability Alliance (IDA)**

**Open Society Foundation (OSF)**

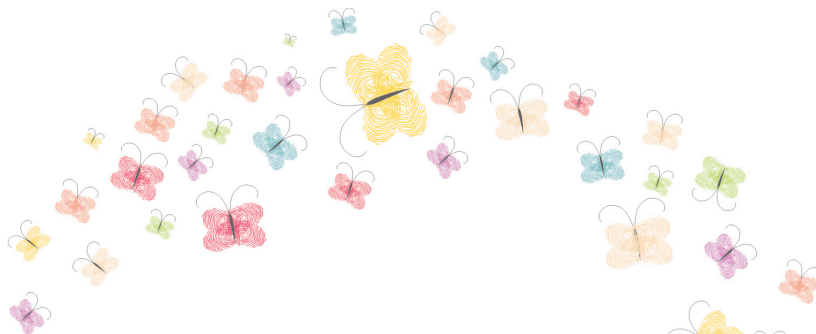
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## ◆ Executive Summary

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) encourages countries to implement the global standard for the inclusion and full and effective participation of persons with disabilities. Persons with psychosocial disabilities are one of the most marginalized people in the society, where they are still facing discrimination and exclusion.

The Asian region is geographically, culturally and linguistically diverse with complex social systems. Some countries have mental health programs and legislations that prevent human rights violations within institutions while some countries don't have. Hence, the conference, "TransAsian Alliance on Transforming Communities for Inclusion of Persons with Psychosocial Disabilities" (TCI-Asia), was first introduced in 2013 in Pune, India. Persons with psychosocial disabilities, researchers, supporters, self-advocates and social workers were invited to the conference to exchange their experiences and perspectives on community-based inclusion efforts in Asian countries. The conference emphasized the need to strengthen Article 19 of UNCRPD (living independently and being included in communities) in the Asian region, which was deeply discussed in the second conference.

In November 2014, the second conference was held in Bangkok, Thailand. This conference focused more on the importance of implementing Article 19 in the Asian region and inclusion within the development processes. The various aspects of inclusion for persons with psychosocial disabilities between countries with mental health legislations (China, India, Japan, and Korea) and those countries without legislations (Bangladesh, Indonesia, Nepal, Philippines, Sri Lanka, and Thailand) were discussed.

Bapu Trust for Research on Mind and Discourse, with support from Asia-Pacific Development Center on Disability (APCD), International Disability Alliance (IDA), and Open Society Foundation (OSF) organized the third meeting of TCI-Asia titled "Working Towards TCI-Asia Strategy Development" at APCD Training Building in Bangkok, Thailand from 9 to 12 June 2015. Eighteen representatives from Asian countries including Bangladesh, China, Hong Kong, India, Indonesia, Nepal, Sri Lanka, South Korea and Thailand attended the meeting with the following objectives:

- 1) To share advocacy work and experiences in the Asian region and to review recent international developments;
- 2) To have constructive dialogue on questions and challenges in in-country advocacy (e.g. cross disability alliance strengthening, common minimum understanding of roles and methods, etc.)

- 3) To debate the possibility and elements of a CRPD-compliant mental health law;
- 4) To consider the Community-based Rehabilitation (CBR) framework, its strengths and limitations towards inclusion of persons with psychosocial disabilities;
- 5) To learn and brainstorm how to better participate and be included in UN-based advocacy, especially in post-2015 agendas, and in UNESCAP's Asian and Pacific Decade of Persons with Disabilities 2013-2022 and the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific.

## Key Outcomes

- 1) Working Group members now have a clearer view of the huge roles and responsibilities each has to play in working towards a TCI Asia strategy development anchored in heightened advocacy work, active networking and collaboration, and a strong sense of inclusion within cross disability networks in the region and within their respective countries.
- 2) Recognizing the different points of development with respect to mental law and policy in various countries, the group was able to exchange information and understand the differences in mental health legislation, which will help in making more appropriate, future advocacy plans.
- 3) Differences between high and low income countries in Asia were clarified, with high-income countries having mental health laws and institutions that still use force and involuntary commitment and low income/poor countries having no laws and very few institutions, but also no services.
- 4) Working Group members agreed to use Community-based Inclusion (CBI) Services, instead of Community-based Rehabilitation (CBR) due to the limitations of CBR in terms of inclusion of persons with psychosocial disabilities.
- 5) There was a general agreement that many partners are joining and supporting TCI Asia in various ways, including capacity building, dialogue with governments in Asia, strong networking, among others.
- 6) Further plans, such as fundraising activities, organizational capacity building, regular meetings, country visits, to name a few, were also supported and approved.



## ◆ About TCI Asia

TCI Asia (Transforming Communities for Inclusion of Persons with Psychosocial Disabilities, Asia) was formed in November 2014 in Bangkok as a new association of people broadly aiming to realize Article 19 of the UNCRPD in the Asian region. TCI Asia's more than 100 members from 12 countries have included a majority of persons with psychosocial disabilities along with a few supporters, reflecting the collective ethos of the Asian region, and recognizing the value of inclusion within the movement. The priorities of TCI Asia are:

- 1) Advocate through strategy/position papers in countries where mental institutions exist, for a process of de-institutionalization and for inclusion in development;
- 2) Influence country policies so that they develop community-based mental health programs for people with mental health problems and psychosocial disabilities, with an accent on alternatives;
- 3) Work closely with cross disability and human rights movements in-country and regionally to ensure our inclusion in disability advocacy for the region at various levels;
- 4) Facilitate through missions and pilots in Asia that governments ensure the implementation of Article 19 through vibrant community development efforts;
- 5) Organize better for effective advocacy in the region





## ◆ Meeting Consensus

Overall, the TCI Asia meeting yielded positive results. For the first time, the Working Group were mindful of representing the larger TCI Asia forum and felt responsible of each member's role in working towards the TCI Asia strategy development. Many participants were emerging leaders of groups or organizations of persons with psychosocial disabilities in their respective countries who expressed hope to see positive changes with the presence of TCI Asia.

Organizations that fully supported and assisted in connecting persons with psychosocial disabilities and other resource persons in the Asian region include Bapu Trust, International Disability Alliance, APCD, Disabilities Thailand Association, Equality Justice Initiative, Disability Rights Fund and Consumer Action Network Mental Health Sri Lanka.

Meeting participants found these regular meeting platforms a very useful way of sharpening their advocacy work in their own countries. Their loneliness within the disability movement was also mitigated somewhat. Clearly, the meetings helped to realize inclusion within cross-disability networks in the region and within countries, thanks to long-term supporters attending such events. TCI Asia has helped in disseminating information about regional and international developments. Participants also shared country situations and received feedback from peers on effective ways to move forward.

Since November 2014 up to June 2015, countries were at varying points of development with respect to law and policy. The TCI Asia meetings paved the way for the sharing and understanding of the mental health legislation in various countries and for making appropriate advocacy plans. Apart from this, differences between high income and low income countries in Asia were also clarified. High-income countries have mental health laws and mental institutions that still use force and involuntary commitment. Low income and poor families, on the other hand, do not have laws and very few institutions. While Article 19 of the CRPD is relevant for all countries, some may be more easily able to develop community inclusion strategies than others in countries that are institution and mental health law driven.

Meeting participants also discussed the issue of CBR themes being limited in terms of inclusion of persons with psychosocial disabilities. Evidently, persons with psychosocial disabilities were not included within the development process. For this to happen, it was suggested that the CBR framework needs to be revised. Focus must be more on proposing theory and instruments to understand community development from the point of view of how people connect, communicate, come together and act for everybody's well-being. Thus, instead of using the word 'CBR', participants agreed to use Community-based Inclusion (CBI) Services.

The TCI Asia Working Group members were happy and grateful that so many partners have expressed interest in joining the regional movement and are supporting in many ways, including capacity building, partnering to dialogue with governments in Asia, training facilities, fiscal support, to name a few. At each meeting, various international and regional organizations have participated in the association's open house stakeholder meetings, or have sent participants to their meetings.

Future plans include fundraising activities; planning for organizational capacity building; development of an anatomy and decision-making structure; regular meetings (at least once in six months) to complete vision making and strategy development; and country visits.

## ◆ Feedback from Participants

A total of 18 people from nine Asian countries (Bangladesh, China, Hong Kong, India, Indonesia, Nepal, South Korea, Sri Lanka and Thailand) participated in the meeting. Four members - two from India and two from Thailand - were new to the proceedings of TCI Asia. Fourteen are persons with psychosocial disability; three were supporters; two are persons with disabilities, one of whom had experiences with a mental health problem in the past; two are social workers who worked as translators; and one person acted as personal assistant. Here are some of their feedback about the meeting:

### Flag : Bangladesh



“I would like to express my heartiest congratulations to APCD and TCI Asia for providing the scope to attend the TCI Asia strategy meeting. The sharing, debate session on mental health law, strategic initiatives including shaping up policies - overall a clear guideline to continue the advocacy in a very effective manner done in the workshop - were tremendous. The workshop, at least, has provided the basis for advancement towards the initiation and continuation of in-country advocacy for the inclusion of persons with psychosocial disabilities in light of the CRPD, though on our own, for the time being.

The APCD venue was outstanding, with a congenial atmosphere for activities on disability issues, the comforting participation of persons with disabilities, the hospitality, the room arrangements and the food. Overall, the highly encouraging management of persons with disabilities in a very cordial and disciplined manner, as well as the emotional involvement of senior APCD officials especially the Executive Director himself, were astonishing and is quite exemplary for anyone. I wish my fortunate involvement with these efforts continue for a long time!”

- Ms. Mahbub Ara Akter, Bangladesh



Flag : China



“The TCI Asia meeting was a very good chance to share various experiences from the self advocates based in several Asian countries. The situation in terms of mental health policy is different among countries, though there are two basic divisions. For one, some voices are out for not legislating a mental health law. For another, self advocates in some other countries argued that the MHL is still useful but it should be revised to be compliant with CRPD. I realized that the former opinion mostly comes from countries who have ‘complete’ (but maybe colonized) legal framework, whereas the latter views are from countries whose legal system is still developing.

I needed to know why we had to discuss this issue, and why we needed to change such legislation of mental health policy, as well as what is obscure for us and what we would like to achieve. In Mainland China, there are really no clear-cut rules; almost anyone can commit anyone to psychiatric hospitals. The newly enacted MHL provides a principle of involuntary commitment - based on the perceived degree of threat (danger to society or individuals) rather than psychiatric diagnosis - where only nearest relatives or guardians have the ‘power’ to commit their family members into institutions. As I see it, the new law in China offers a space for the USPs (Unified Services Program) staff to be empowered to fight for their rights against the abuse from psychiatrists. But this needs their personal motivation as well as skills.

If I was asked whether Chinese MHL needs to be amended or not, I would say yes. For instance, there are many articles addressing the rights of guardians or relatives rather than persons with psychosocial disabilities themselves. And there are too many useless articles in the law. And the law (may) regulate the responsibilities of different levels of psychiatric institutions and psychological services, but not assuring the choices that persons with psychosocial disabilities and the right to informed consent. As for CBR, the discussion made this topic very interesting. I found friends in this meeting who are so well-experienced. Psychiatrists are to be the practitioners themselves. Users are so interested in what real community rehabilitation is and how can we achieve an ideal (user-led) community rehabilitation/inclusion mode. Finally, I submit a suggestion that relates to the language barrier (especially the diverse language accents). I found a resolution that may conquer this: a \*fast-record\* worker may be better than an interpreter. Thank you, APCD, for the accessible and friendly hospitality!”

- Mr. Chouniu Yang, China

“I would first like to thank Bapu Trust for the preparations of TCI Asia meeting in the APCD premises in Thailand. Secondly, it was a great pleasure for me to stay at APCD, which is under the patronage of H.R.H. Princess Maha Chakri Sirindhorn. Thank you, APCD, for supporting the TCI Asia meeting this time. You have offered a very comfortable accommodation and environment to us. The environment is really pretty, and universal design is also very complete. The TCI Asia meeting was very meaningful, reviewing developments of the last half year. Whether there is mental health legislation or none, first as advocates and consumers, what we need is a kind of living environment, and we need to have legislation to protect our living environment and our life. In our country, the number of people in psychiatric hospitals are more than before. No one uses the new Chinese mental health law. All countries have to accept the CRPD unconditionally. We need to have a CRPD-compliant mental health law. But unless guardianship law changes, mental health law alone will be of no use. We want freedom for persons with psychosocial disabilities to return to the community, that is what we should urgently do through Community-based Inclusive Development (CBID). I am looking forward to being included in the Working Group of TCI Asia.”

- Ms. Qimei Xiao, China

**Flag : India**



“I had the opportunity to participate in the TCI Asia meeting at APCD in Bangkok. My role was to share the status of CBR/CBID in the region, particularly in India. This was a great learning experience for me. It was really enlightening to meet and learn from all the participants from various countries. I was really impressed by the sincerity, openness and commitment towards the effort of working towards an inclusive society where all, including persons with psychosocial disability, are treated as citizens with equal rights and fundamental freedoms. I have volunteered to be a part in TCI Asia’s struggle for a just world. We all were grateful to APCD for their hospitality, making us feel at home and their eagerness to be a partner in our efforts for change.”

- Mr. Gautam Chaudhury, India

“It was a great learning environment, for TCI Asia, yet again at APCD in Bangkok. With participation of nine countries, for the first time, we worked as a small working group towards building strategy for TCI Asia. Review of countries, debating advocacy choices with respect to policies and law, recognition of diversity in country situations, and finally, a very enriching day discussing the CBR matrix and its strengths and limitations with respect to inclusion. All these topics were very stimulating with rich and insightful participation. APCD’s training

venue was amazingly accessible, welcoming, friendly and fully furnished with all necessary accommodations for holding really productive trainings and conferences. APCD welcomed, once again, TCI Asia and gave it acknowledgment and recognition as a network that was much needed in the Asian region. Thank you, APCD, for all the support and partnership.”

**- Ms. Bhargavi Davar, India**

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“The TCI Asia strategy meeting was well-structured and focused on key issues including the challenge of countries adopting mental health acts, followed by understanding of independent living and being included in the community, as well as CBR and application of these for persons with psychosocial disabilities. As a person from the cross disability movement there were a lot of learning and realizations from hearing the voices of self-advocates of persons with psychosocial disabilities as takeaways for the movement.

The opening and closing remarks by Mr. Akiie Ninomiya, Executive Director of APCD, greatly enhanced the enthusiasm of all participants. The accommodation provided by APCD was very accessible and comfortable that made my participation as a wheelchair user very convenient. I would like to thank TCI Asia and the APCD for organizing this meeting, giving us all an opportunity to discuss, learn and take the cause further.”

**- Ms. Shivani Gupta, India**

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“The TCI Asia workshop was a meeting of minds for those who have experienced and/or empathized with the pain and sorrow of being discriminated by society on the grounds of psychosocial disability. The commonality of this group itself provided a sense of freedom – freedom to state the hitherto unstated, unvoiced. The entire session was anchored by facilitators in a way that provided a space and time to all participants. It was important to me that while the group was discussing how to build ‘Inclusive Communities’, the process maintained its integrity in creating inclusiveness among its participants despite the language barrier.

Time is one of the greatest resource and gift one receives. The world runs along its own competitive pace with agendas and tight schedules, its outcomes and deliverables. However the experience of being ‘listened to’ with care and attention is rare, especially for those who struggle with thoughts and moods.

Being fully absorbed in implementation of programs for persons with psychosocial disability in Kolkata, and especially the most vulnerable section who are also homeless, I have rarely

been able to look beyond my constituency. Thus, the sharing of country updates from China, Korea, Sri Lanka, Bangladesh, Thailand increased my perspective of the struggles and advancement of other nations in the region. The stimulating debate on whether there should be a CRPD-compliant mental health law or not cleared a lot of my confusions. It also helped to form a perspective on the reality of an emerging mental health law in many countries, which cannot be wished away by idealism. Hence, the enormous importance of advocating for CRPD compliance. Shivani Gupta's session on the Article 19 of CRPD was extremely thought provoking and made me deeply aware of the foundation on which any community-based program will necessarily have to be interwoven to make 'inclusion' a reality. Gautam Chowdhury's session on CBR opened a whole storehouse of ideas, strategies, action areas needed to make inclusion a right for persons with psychosocial disability. The discussions on the forthcoming Incheon Meeting in Korea in November and our Working Group's responsibility to prepare a presentation on CBI has left me with a strong commitment, excitement and energy.

The meetings with the Executive Director of APCD and his team members, the candid sharing of his personal experiences with persons with psychosocial disability, and his refrain that our 'voices' have not reached the UN have had a lasting impression on my mind. The hospitality, the offer to partner and support TCI Asia's work, the training facilities and the unforgettable lunches made the sessions all the more 'special'."

**- Ms. Sarbani Dasroy, India**

"I live as a person with psychosocial disability, and I work as a lawyer looking at legislation and policy for persons across all disabilities. I strongly believe in the cross disability movement, but something which has been a recurring observation is the fact that psychosocial disabilities have a historical trajectory which has been quite different from other disabilities. While other disabilities have gone forward from the charity model, psychosocial disabilities have been looked at through colonial lens as 'criminal'. Despite the CRPD, that tag has not been shaken. One of the most crucial discussions we had in this meeting was whether it was necessary to have a Mental Health Act as a separate law. It was a discussion which went to the heart of the CRPD, and one which forced me to look at the CRPD from the perspective of this formerly criminalized community, and what it would mean to move towards inclusion.

The shared experiences of all the participants was eye opening and comforting, in that we had allies in the Asian region facing the same struggles. Learning about the increasing trends towards western models of treatment of the persons with psychosocial disabilities, i.e. institutionalization and forced treatment, helped me understand that this was a struggle that Asian countries needed to be united on. I look forward to further outcomes of this very intense and enriching session.

Most times accessible campuses are accessible only from the physical and communication perspective. The APCD premise was the first time I felt at home so far away from my own. Due to a series of mishaps, I found myself without any hard currency at the Bangkok airport. My anxiety disorder was exacerbated and I managed to get into a cab and on my way to APCD. The driver called APCD, and the person who spoke to him at the training venue was able to guide him easily. When I arrived at the APCD Training Building and explained my situation, Jieb swung into action and took care of the payment and put me at ease instantly. The training venue was calming, serene and so friendly and inviting. I do hope to return soon.”

**- Ms. Amba Salelkar, India**

**Flag : Nepal**



“The strategy meeting of TCI Asia has changed my horizon in the field of psychosocial disability. It makes me aware of what I have to do in psychosocial disability in Nepal. As the medical model in the field of mental health is dominant in Nepal, the government has neglected issues in psychosocial health. Through this meeting, I have realized that CBI is very useful in Nepal. Most people in Nepal live in rural areas. I have also realized that mental health law is against human rights. The CRPD is ratified by government but there’s few implementation. I was strengthened by this meeting. I am very thankful to APCD for supporting this program. This meeting is fruitful in that we have learned new ways that are beneficial to persons with psychosocial disability. I also would like to thank Bapu Trust for organizing and leading our movement in Asia.”

**- Ms. Susmeera Aryal, Nepal**

“When I entered the APCD Training building in Bangkok on the evening of 9 June 2015 to attend the TCI Asia meeting, I had not anticipated the existence of such a resourceful disability center. Though my stay was brief, only for three days, this visit gave me an unprecedented exposure to learn about the cross-cutting disability issues in Asia-Pacific. The welcome remark of the APCD Executive Director and the commitment of the APCD team to promote psychosocial disability issues in Asia-Pacific and internationally were eureka moments for me. After attending this meeting, I am hopeful such worthy partnership with APCD and the enthusiasm of TCI Asia members will lead the psychosocial disability rights movement into a new height in the Asia-Pacific region. Finally, I thank Bapu Trust for their leadership to materialize the TCI Asia platform.”

**- Mr. Jagannath Lamichhane, Nepal**



## Flag : South Korea



“The TCI Asia strategic meeting and workshop held at APCD showed me the possibility of making our rights real. The institutionalization of persons with psychosocial disabilities made after the Mental Health Act was enforced in South Korea yielded the following results:

- In 2012, the number of inpatients of psychiatric hospitals was 80,569.
- Psychiatric hospital beds grew from 20,176 to 84,220 in 2012.
- More than 76% was involuntarily hospitalized and the length of stay was 247 days. It was 3,693 days in a psychiatric sanatorium for those with psychosocial disabilities (most of whom are involuntarily confined).

When compared to Germany - which has an average length of stay for mental and behavioral disorders that is above the OECD average - and the Netherlands, the extremely long average lengths of stay across mental disorders in South Korea are striking (*OECD, Forthcoming*). The average length of stay for schizophrenia is 178.9 days, compared to 34.6 days in Germany and 27.3 days in the Netherlands. Inpatient treatment for alcohol use disorder, especially long-term hospitalization, is relatively atypical among OECD countries. In South Korea, the average length of stay for alcohol disorder is 76.9 days, compared to 14.2 days in Germany and seven days in the Netherlands (*OECD, Forthcoming*).” (*Emily Hewlett, OECD review on Korean Mental Health System*)

Inclusion and full participation in community life is the right of persons with psychosocial disabilities but it would not be possible to make the right real if we ourselves could not transform our communities for it. Many professionals like psychiatrists and politicians say that they will make the mental health law for the community mental health system, but as we saw in South Korea’s history of institutionalization of persons with psychosocial disabilities, the community mental health system itself cannot make the rights of persons with psychosocial disabilities real. I learned much from other participants from Asian countries and can have conviction on the CRPD Article 19’s effectiveness in making our right real. Attending a TCI Asia meeting always give me a comfortable feeling of being included and welcomed by all participants from diverse countries.

The APCD executive members and staff gave me another kind of comfort in understanding that we are making an effort towards the same goal. From 18 to 21 November 2015, there will be another conference on inclusion strategies of TCI Asia in Songdo IFEZ, Incheon, South Korea. I hope that after the conference, South Korean government officials and key members of the society could better understand the CRPD Article 19 and fulfill it for inclusion of persons with psychosocial disabilities in the community. This transformation in the Korean community could be made a good example among Asian countries.”

**- Mr. Oh Yong Kweon, South Korea (The Republic of)**

**Flag : Sri Lanka**



“Apart from getting to know each other, we also exchanged knowledge and experience about religious and cultural aspects, and about hospitality in each country. We also had the opportunity to discuss about the illnesses of participants from each country, the socio-cultural aspects associated with the aetiology, etc. It was useful to know how consumer forums and advocacy groups are organized in each country. We met representatives from 14 countries in the first round and representatives from nine countries in the second round. Some representatives could not participate in the second round due to issues they had as a result of natural disasters they were going through, such as the earthquake in Nepal. We even discussed how we could assist our neighboring countries through our organizations in such situations. The Bapu Trust, ACPD, IDA, and OSF have supported us in many ways, including financial assistance to accommodation and the overall support in the process of making us a part of this exercise. The translators, interpreters and facilitators have to be specifically mentioned for their tremendous support, which enabled me to actively participate and contribute to these events.”

**- Ms. Mallika Malimbada Hewage, Sri Lanka**

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“I participated as translator and I am a social worker in the community. This is the second time I participated in TCI Asia meeting conducted in Bangkok. The strategic meeting discussed policies, legislation, and overall guidelines to continue the advocacy for human rights in each country. I hope that working together in a community based on inclusion will be a wonderful learning experience as well. Based on what we’ve learned here, we hope to continue our advocacy for the inclusion of persons with psychosocial disabilities in light of the CRPD through our own contributions in Sri Lanka. I appreciate the APCD for providing a Training Building with all the accessible facilities for persons with disabilities and also appreciate very much the delicious food, accommodation facilities, conference facilities and kind and welcoming support.”

**- Mr. Asanga Sampath Pathirana Don , Sri Lanka**

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**Flag : Thai**



“Thank you for the invitation to the last TCI Asia meeting at the APCD in Bangkok. It was an eye-opening experience for me; I am still processing what I have heard and seen. I am quite sure now that I would like to focus my work in line with recovery oriented and rights-based approach. I also believe that persons with psychosocial issues need to have their own voice and work for their own rights and inclusion in society for they alone really know what are needed. I have found that there are understanding professionals and policy makers who are willing to listen and encourage partnerships for the good of our people. I have learned a lot about the rights of persons with disability and community-based inclusion. I would like to thank the organizers and all participants/leaders from other countries who had contributed a lot to my learning. I am very grateful to our kind and generous host, APCD, for your care and for sharing your excellent and greatly accessible venue with us. I hope to continue to learn from you all and do my part.”

**- Ms. Kim Tiengtom, Thailand**



## Programme

**9 June 2015 (Tuesday)**

### **Session 1: Introductions and Updates**

13:00 – 16:00	Arrival
16:00 – 16:30	<b>Item 1:</b> Inaugural and welcome by Bapu Trust and APCD members
16:30 – 17:30	<b>Item 2:</b> Sharing country updates by participants
17:30 – 19:00	<b>Item 3:</b> Re-visiting TCI Asia Position Paper (Pune, 2013) and debriefing
19:00	Dinner

**10 June 2015 (Wednesday)**

### **Session 2: Mental Health and Law**

08:30 – 09:30	Breakfast
09:30 – 10:30	<b>Item 4:</b> Whether mental health law/CRPD compliant mental health law – interesting debate
10:30 – 11:30	<b>Item 5:</b> Panel discussion: In-country debates and challenges on mental health legislation vis-a-vis CRPD key elements & debriefing on learning By Mr. Oh Yong Kweon, Jagannath Lamichhane and Amba Salelkar
11:30 – 12:00	Tea break

### **Session 3: CBR and Inclusion**

12:00 – 12:15	<b>Item 6:</b> Refresher on Article 19, inclusion and recent developments By Ms. Shivani Gupta
12:15 – 13:05	<b>Item 7:</b> CBR, CRPD and inclusion of marginalized groups, strengths and limitations By Mr. Gautam Chaudhury
13:00 – 13:30	<b>Item 8:</b> Is CBR like CMH (Community Mental Health)? Debate from country experiences
13:30 – 14:30	Lunch break

#### Session 4: Processing Article 12/ 19

14:30 – 16:15	<b>Item 9:</b> CBR Matrix and application for purpose of inclusion (Cross-country group work) & debriefing on CBR for inclusion
16:15 – 16:30	Tea break
16:30 – 17:15	<b>Item 10:</b> Elements of a UNCRPD-compliant law (country-wise group work and presentation)  - Debriefing: Q&A and learning from both sessions
17:15 – 18:00	Break
18:00 – 19:00	<b>Item 11:</b> TCI Asia forming working groups (June – November)
19:30	Group dinner

#### 11 June 2015 (Thursday)

##### Session 5

08:30 – 09:30	Breakfast
09:30 – 10:00	<b>Item 12:</b> Reflections
10:00 – 10:30	Tea break
10:30 – 12:00	<b>Item 13:</b> Parallel sessions of working groups
12:00 – 13:30	<b>Item 14:</b> Presentations by working groups
13:30 – 14:30	Lunch break
14:30 – 15:30	<b>Item 15:</b> Planning working group works from June – November
15:30 – 16:30	<b>Item 16:</b> Other matters relating to TCI-Asia
16:30 – 17:00	Feedback
17:00 – 17:30	<b>Item 17:</b> Closing
17:30	Dinner

#### 12 June 2015 (Friday)

08:30 – 09:30	Breakfast
09:30	Free time



## ◆ List of Participants and Facilitators

COUNTRY	NO.	NAME
Bangladesh 	1	Mahbub Ara Akter
China 	2	Mr. Chouniu Yang
	3	Ms. Qimei Xiao
Hong Kong, China 	4	Ms. Sophie Heung
India 	5	Ms. Bhargavi Davar*
	6	Ms. Amba Salelkar
	7	Ms. Shivani Gupta
	8	Ms. Amarmani Bhagat
	9	Ms. Sarbani Dasroy
	10	Mr. Gautam Chaudhury
Indonesia 	11	Ms. Jenny Rosanna Damayanti
Nepal 	12	Ms. Susmeera Aryal
	13	Mr. Jagannath Lamichhane
South Korea (The Republic of) 	14	Mr. Oh Yong Kweon
Sri Lanka 	15	Ms. Mallika Malimbada Hewage
	16	Mr. Asanga Sampath Pathirana Don
Thailand 	17	Ms. Kim Tiengton
	18	Ms. Patcharin Pipatkhemakorn

\* Main facilitator

## Photos



Opening session of the training



Welcoming the group of persons with psychosocial disabilities in Asia





Participants discussing Community-based Inclusive Development and psychosocial disability



Group discussion on TCI-Asia position paper





Working Group giving a presentation on CBR Matrix and inclusion



Introducing CRPD on mental health law and CBR Matrix to the Working Group





Group discussion on Community Mental Health policy according to their country's perspectives and experiences



Working Group sharing their country updates on persons with disabilities





Working Group sharing their reflections on the meeting

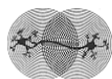


Group photo of participants

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– Asia Strategy Development**



9 – 12 June 2015  
APCD Training Building, Bangkok, Thailand



Accessible for Persons with disAbilities

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