**Concluding speech at the "The Right to whole Life" international conference, Department of Mental Health, International School of Franco Basaglia, Trieste, Italy, 18th November, 2017**.

For TCI Asia (Transforming Communities for Inclusion, Asia)

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*The International school in Trieste is hailed as a visionary ideal of "Freedom first". TCI Asia members had the great opportunity to visit and participate in the 3 day symposium, with support of IDA. The exposure left us with wholesome admiration, many mixed feelings and some clear "no-nos". Herewith, some reflections.*

"The right to have a whole life" is a powerful vision to work towards, together. It reflects and resonates with the human right of Inclusion, which is in the heart and spirit of the CRPD through the provision of Article 19. Inclusion is the kind of topic which can bring different kinds of people together to exchange and co-operate.

Here, in this conference, we have heard the sincere and determined efforts by dozens of kind people worldwide, to bring about systems transformation. It was amazing to hear in a very open and candid way, that Mental health "treatment", in the way it has been traditionally practised, has caused serious harm to the body, mind and spirit of people with mental health issues and psychosocial disabilities.

One of my mentors in the movement, Gabor Gombos, used to say, "You are either pregnant or not pregnant, there is no middle path, no compromise". So also with coercion, either you do it, or you don't. Service providers have to vow to "no coercion".

Any and all practices that bring violence of the physical, mental boundaries of a person, and what they will upon themselves, *must leave*. An environment of zero tolerance to the use of force must prevail. "Freedom first" is good, but "Freedom *Now*" is better.

Some of us practice "care" as a way of being with each other, sometimes in silence and calm; sometimes standing by to listen, reflect and respond to a personal support need in the way such a need is asked for; sometimes to move away where we are not needed, where our "self" comes in the way; sometimes offering our homes, our food, our friendship, and our capacity to communicate quietly, and in a non-threatening way. It is these daily practices that we call "care".

We find it intolerable that coercion, whether less or more- no matter, is also called "care". We really hate and reject this use of the construct of "care".

Many recent UN documents have defined what counts as an "institution". There are ofcourse the colonial, physical structures warehousing people by force, the transit / halfway homes, the small bedded hospitals facilities. More insidious are the mentalities of institutionalization, which creates a barrier for full and effective participation for example, community centers (the proverbial wolves in sheep's clothing practicing CTOs!), mixing medicines in food, patches, depots, and other chemical restraints, that reduces subjectivity to vegetativeness.

We need to move more confidently into the direction of Freedom now, keeping aside fears of threats to professional identities: What is the future of psychiatry in this scenario? The SR's report, which TCI Asia felicitates unreservedly, is a poignant question to ask.

"Is mental health really the gateway to Right to whole life"? is the question asked by another mentor, Alex Cote. Article 25 of the CRPD is *only one* article amongst many others, each of the others opening up new gateways for the full enjoyment of the Right to whole life. Can people have the opportunities to access all those kinds of gates?

In this context, we express our disappointment with WHO-QR, which is about expanding the "kindliness" quotient of staff. It does not address the elephant in the room, about the mental health legislations and normative frames that keeps all those other gates closed to us.

It is a necessity to make a moral decision to close some gates; only then, the other gates can open.