



WPA Secretariat

Geneva University Psychiatric Hospital
Bâtiment Les Voirons
2, Chemin du Petit Bel-Air
1225 Chêne-Bourg
Geneva
Switzerland

Tel: +41 22 305 5737
Fax: +41 22 305 5735
E-mail: wpasecretariat@wpanet.org
Website: www.wpanet.org

Executive Committee

President

Dinesh Bhugra (UK)

President-Elect

Helen Herrman (Australia)

Secretary General

Roy Abraham Kallivayalil (India)

Secretary for Education

Edgard Belfort (Venezuela)

Secretary for Finances

Armen Soghoyan (Armenia)

Secretary for Scientific Meetings

Masatoshi Takeda (Japan)

Secretary for Publications

Michelle Riba (USA)

Secretary for Sections

Afzal Javed (Pakistan)

Board/Zonal Representatives

1. Donna E. Stewart (Canada)
2. Edmond Hsin-tung Pi (USA)
3. Virginia Rosabal (Costa Rica)
4. Silvia Gaviria (Colombia)
5. Alfredo Horacio Cía (Argentina)
6. Michel Botbol (France)
7. Jyrki Korkeila (Finland)
8. Zvi Zemishlany (Israel)
9. Stojan Bajraktarov (Republic of Macedonia, FYROM)
10. Petr Morozov (Russia)
11. Nahla Nagy (Egypt)
12. Walid Sarhan (Jordan)
13. Owoidoho Udofia (Nigeria)
14. David M. Ndeti (Kenya)
15. Khalid Attaullah Mufti (Pakistan)
16. T. V. Asokan (India)
17. Min-Soo Lee (South Korea)
18. Francis Agnew (New Zealand)

Council (Past Presidents)

Pierre Pichot (France) (1977-1983)
Costas Stefanis (Greece) (1983-1989)
Jorge A. Costa e Silva (Brazil) (1989-1993)
Felice Lieh-Mak (China) (1993-1996)
Norman Sartorius (Switzerland) (1996-1999)
Ahmed Okasha (Egypt) (2002-2005)
Juan E. Mezzich (USA) (2005-2008)
Mario Maj (Italy) (2008-2011)
Pedro Ruiz (USA) (2011-2014)

4 - SEP 2017

Recipients : HR Council

..... SRB

.....

.....

August 29, 2017

Joaquin Alexander Maza Martelli, President, United Nations Human Rights Council

Dainius Puras, United Nations Special Rapporteur

Office of the High Commissioner for Human Rights

United Nations Office at Geneva

CH-1211 Geneva 10

Switzerland

Dear Mr. Maza Martelli and Mr. Puras:

I am writing on behalf of the World Psychiatric Association in response to the report of Mr. Dainius Puras, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health (A/HRC/35/21), submitted to the Thirty-fifth session of the United Nations (UN) Human Rights Council, 6-23 June 2017. WPA represents over 225,000 psychiatrists around the globe. I understand that colleagues from the European Psychiatric Association, the American Psychiatric Association, and other organizations have already communicated with you or will do so shortly.

General comments

The World Psychiatric Association, while sharing most of the goals of the June 2017 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, expresses great concern and disappointment over the portrayal of psychiatry and psychiatrists in the document. In particular, there are several sections in which offensive comments are made about psychiatry, mental health services are discredited, and the biomedical approach (not anywhere defined) is equated with neglect, abuse and coercion.

The Report presents the biomedical model as the key factor explaining the current unsatisfactory status of mental health care. In fact, the main problem to be addressed in most countries around the world is the lack of parity in attention to the mental and physical health of citizens. Although, like the Special Rapporteur, we support closer collaboration between psychiatry and primary care (where, ironically, the biomedical model is more dominant than in psychiatry), we object to the attempt of the document to promote a negative image of specialized psychiatric care. Identifying weaknesses and unmet needs is commendable when pursued constructively, but not when it is likely to undermine the therapeutic alliance among psychiatrists, patients and families by casting doubts on the intent of psychiatrists and the efficacy of psychiatric treatment. We would regard as more appropriate, in terms of promoting advocacy and cooperation among stakeholders, a focus on the lack of financial resources for mental health treatment, often linked to governments' low degree of investment in mental health.

Specific comments

- Psychiatry is presented unfairly as a discipline marked by rights violations, characterized by a reductionist approach, and enslaved to the pharmaceutical industry.
- Gender orientation discrimination is unfairly attributed to psychiatry, while cultural issues promoting discrimination in many parts of the world (against many people: women, immigrants, LGBT, etc.), which psychiatrists and their organizations have fought to combat, are not even mentioned.
- Mental health services as a whole are presented as useless and the large number of people who have been successfully treated and enabled to live a meaningful life is simply ignored.
- Treatment with psychotropic medications is portrayed as useless if not harmful, ignoring the evidence on its effectiveness and undermining the efforts of all (mental) health workers and families to promote treatment adherence, with treatment discontinuation still representing the leading cause of relapses and (non-consensual) hospitalizations.
- All long-term care facilities are considered incompatible with respect for human rights. No suggestions are offered on alternatives for people requiring long-term housing and daily assistance, such as elderly people with dementia, beyond generic references to psychosocial supports in the community.
- Interventions aimed at improving public mental health and provision of care for those suffering from mental disorders, instead of being seen as complementary approaches, are presented as incompatible approaches. While ostensibly advocating a holistic approach, which would represent a goal shared by all stakeholders, the document posits a dangerous dichotomy between biological and psychosocial approaches.

With the release of the World Health Organization (WHO) Comprehensive Mental Health Action Plan (2013-2020), national and regional psychiatric organizations have acted in accordance with the plan by strengthening effective leadership and governance for mental health through a focus on equity and parity, including the development of policy and legislation.

On World Mind Matters Day last year, the WPA released our *Bill of Rights for Persons with Mental Illness*, with support from over 30 organizations, reiterating the conclusions of the CRPD that most persons with mental illness, mental disability, and mental health problems have the capacity to hold and exercise their rights and should be treated on an equal basis with other citizens. I attach a copy for your attention, along with findings of a survey that we conducted globally.

Subsequently we have produced Bill of Rights for Children and Young people, Bill of Rights for People with Intellectual disability and Position statements on LGT mental health, domestic violence etc (available on the WPA web site).

I would welcome the opportunity to provide additional information and participate in further discussions to facilitate a greater understanding of the issues.

Thank you for your consideration.
Yours Sincerely,

Dinesh Bhugra

Dinesh Bhugra, CBE,
MA, MSc, MPhil, MBBS, FRCP, FRCPE, FRCPsych, FFPHM, PhD,
FRCPsych(Hon), FACP(Hon), FHKCPsych(Hon), FAMS(Sing),
FRSA, FAcad Med Ed,

President, World Psychiatric Association

BILL OF RIGHTS FOR PERSONS WITH MENTAL ILLNESS

The World Psychiatric Association (WPA), a global organization representing nearly 250 000 psychiatrists, urges ALL Governments to ensure that persons with mental illness/mental disability/mental health problems are not discriminated against based on their mental health status, and are treated as full citizens enjoying all rights on an equal basis with other citizens.

The WPA supports the efforts of the international community as expressed through various international human rights Covenants and Conventions, and, more particularly, the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The WPA reiterates that persons with mental illness/mental disability/mental health problems have the capacity to hold rights and exercise their rights and should, therefore, be treated on an equal basis with other citizens. This includes, but is not limited to:

1. Right to **accessible** and **affordable** mental and physical healthcare;
2. Right to live **independently** in the community as other citizens;
3. Right to **work** and **opportunities** to work and **protections** at work, including **affirmative action**, as available to other citizens;
4. Right to **adequate** income to meet their basic needs for food, housing, clothing and other basic necessities;
5. Right to **accessible, integrated, affordable** housing;
6. Right to **training** and **education** as available to other citizens;
7. Right to **freedom of movement** and **removal** of restrictions on free travel.
8. Right to **own, inherit**, and **dispose** of property, and to be provided **adequate support** to exercise this right;
9. Right to **marry, have** and **adopt** children, and **raise** families, with additional support when required;
10. Right to **determine** their future and make their **own life choices**;
11. Right to **vote** and be **elected** to public office;
12. Right to be recognized as **equal** before the law as other citizens, and the right to **full protection** of the law;
13. Right to be **free** from **cruel, inhuman, degrading treatment**, and **punishment**;
14. Right to **confidentiality** and **privacy**; and
15. Right to **participate** in the **cultural** and **social life** of the community and **practise a religion** of their choice.

DISCLOSURE STATEMENT

The author is President of the World Psychiatric Association and has no conflicts of interest to report. The author alone is responsible for the content and writing of the paper.

ACKNOWLEDGEMENTS

Grateful thanks are due to Soumitra Pathare, Helen Herrman, Kenneth Appelbaum and Julio Torales, as well as the Executive Committee of the World Psychiatric Association (WPA), for their input.

Dinesh Bhugra

World Psychiatric Association, Geneva, Switzerland (Dinesh.Bhugra@kcl.ac.uk)



**Social Justice
for People with
Mental Illness**



WPA
World Psychiatric
Association

Supported by:



World Organisation
of Family Doctors



World Association of
Social Psychiatry



World Association
for Psychosocial
Rehabilitation



Asociación
Psiquiátrica de
América Latina



Asian Federation
of Psychiatric
Association



European
Psychiatric
Association



European Federation
of Psychiatric
Trainees



Federation Global
Initiative on
Psychiatry



Centre for Applied
Research and Evaluation
International Foundation



Human Rights in
Mental Health FGIP



Mental Health
Foundation



Maudsley
International



Mind



SANE



The Tavistock
and Portman NHS
Foundation Trust



Schizophrenia Research
Foundation

Schizophrenia
Research Foundation



Centre for Mental
Health



Time to Change



Royal College of
Psychiatrists



Armenian
Psychiatric
Association



Asociación
Psiquiátrica
Mexicana



Emirates Society
of Mental Health
Foundation



Institute of Mental
Health Belgrade
Serbia Foundation



Israel Psychiatric
Association



Lebanese
Psychiatric Society



Netherlands
Psychiatric
Association



Psychiatric
Association
of Turkey



SNEHA



Sonepsyn



Beyond Blue



The Royal Australian
and New Zealand
College of
Psychiatrists



Sociedade
Portuguesa de
Psiquiatria e Saúde
Mental



Associação Brasileira
de Psiquiatria



The German Association
for Psychiatry, Psychotherapy
and Psychosomatics