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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,

A handwritten signature in blue ink that reads "Dinesh Bhugra". The signature is written in a cursive, slightly slanted style.

Dinesh Bhugra, CBE,
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FRCPsych(Hon), FACP(Hon), FHKCPsych(Hon), FAMS(Sing),
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