

THE WORLD MEDICAL ASSOCIATION, INC.

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needs of their patients. Thus, we suggest the change of the word “biomedical” by “biological” within the report.

Additionally, considering physicians as solely advocates of a biological model and the other relevant stakeholders as solely advocates of a psychosocial model has harmed those in need of mental health care. This compartmentalizes mental health treatment rather than embracing a holistic approach to care. Thus, the WMA advocates for placing all stakeholders together for a balanced biopsychosocial model of care (such as in paragraph 10).

2.2 The Importance of Pharmacological Treatment

In light of paragraph 8 of the report, we emphasize the development of specific drugs to treat mental illnesses. This advancement in psychiatry and medicine as a whole decreases the need to hospitalize patients suffering from mental illnesses, and combats the issue of neglected mental health.

Additionally, we would like to point out that the main problem is not a “reductionist biomedical paradigm” as suggested, but rather the frugal investment in good quality public mental health services.

We fully share the concerns of the Special Rapporteur that “many of the concepts supporting the

stakeholders", the document needs to be inclusive to psychiatrists and not consider them one of the biggest problem affecting people's human rights.

2.4 Scaling Up and Scaling Across

As discussed in paragraph 55, the scarcity of mental health services as well as diverse and good quality mental health care is a worldwide phenomenon. Thus, calling "scaling up" of a rhetoric does not properly defend a broad package of integrated and coordinated services. Furthermore, replacing "scaling up" with "scaling across" does not completely address the issue because "scaling up" and "scaling across" are not mutually exclusive. Rather, they should both be enhanced. Thus, we suggest both scaling up appropriate care and scaling across sectors to improve care provisions.

2.5 Lack of Investments in Mental Health

We do not agree with the statement that "mental health investment continues to be predominantly focused on a biomedical model" (paragraph 12). The current problem for most countries continues to be the low investment in mental health programs and the scarcity of services and adequately educated people to provide mental health care.

We would also like to emphasize that the issues concerning first line treatments are not due to a "biomedical model of psychiatry", but rather to the burdens general physicians face in their daily practice. These practitioners are the ones in charge of treating at first place the majority of the population. Lack of adequate education and overwhelming working conditions may also contribute to the misuse of first-line prescriptions. Moreover, the lack of primary health care specialized mental health services exacerbates this problem. We therefore suggest to widen/deeper the study of this problem in order to tackle this issue more efficiently.

Accordingly to WHO 2014 Mental Health Atlas¹, "levels of public expenditures on mental health are very low in low and middle-income countries (less than US\$ 2 per capita)". There is worldwide an important lack of psychiatric services available and in countries that have adopted reforms to close psychiatric hospitals, policies were not followed by enough new community services for severe mental disorders and specialized outpatients' clinics to treat the most prevalent mental disorders. In parallel, general practitioners and family doctors working in primary care services in most countries do not have the necessary education to diagnose and treat the most common mental disorders².

2.6 Geographical Terms

We suggest the use of general geographical distribution terms such as "many countries" (such as in paragraph 56) or "in different regions of the world" when referring to particular situations instead of specifying the specific location (such as "in Central and Eastern Europe" noted in paragraph 57).

2.7 Separation of Mental Illnesses

When referring to people with cognitive, intellectual and psychosocial disabilities, the WMA does not see the need to separate specified groups of patients, such as person with autism (paragraph 4).

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3. Conclusion

The World Medical Association welcomes the discussion on mental health by the Special Rapporteur. We agree that mental health is often an underfunded and neglected sector which contributes to abuses in provision of mental health services. For this reason, we would like to emphasize that physicians are not to blame for the current situation in mental health but rather low investments in mental health care. Thus, we urge the Special Rapporteur to include psychiatrists and other physicians in the discussion on human rights in mental health and in advocating for an inclusive, biopsychosocial approach.

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