

Felicitating the Special Rapporteur (Health), Dr. Danius Puras'
For His Final Report to the HRC (A/HRC/44/48)

A Response Statement by

Transforming Communities for Inclusion Asia Pacific (TCI Asia Pacific)

Redesfera Latino Americana de la Diversidad Psicosocial

Pan African Network of Persons with Psychosocial Disabilities

We, persons with psychosocial disabilities, users, ex-users, survivors and mad people from the global south, true experts by experience, representing *Transforming Communities for Inclusion Asia Pacific*, *Redesfera Latino Americana de la Diversidad Psicosocial*, the *Pan African Network of Persons with Psychosocial Disabilities* congratulate Dr. Danius Puras for his tenure as Special Rapporteur on the right to health. We thank him for the legacy of his reports on the status of mental health systems worldwide and the possibilities of transforming them^{1,2}.

The SR's final report, adopted at the 44th session of the Human Rights Council on July 3rd (A/HRC/44/48), provides a critical direction for the transformation of mental health systems worldwide. This report is in line with various efforts from the Human Rights Council such as a Mental Health and Human Rights resolution³, reports of the Special Rapporteur on the rights of persons with disabilities⁴ and years of concluding observations by the Committee for the Convention on the Rights of Persons with Disabilities. Including Dr. Puras' final report, all these efforts have been converging and clear in noting that human rights violations, perpetuating coercion, stigma and discrimination against persons with psychosocial disabilities, are happening due to practices

¹ A/HRC/35/21

² A/HRC/44/48

³ A/HRC/36/L.25

⁴ A/HRC/43/41

existing within the field of mental health. This is a message we have been pressing for many years.

The SR's latest report is distinctive in declaring that 'There is no mental health without human rights'. The report urges that protecting and promoting the mental health and wellbeing of everyone is critical to fulfilling the UN's visionary charter and its 3 pillars, viz., human rights, development and peace and security. While framing the field of global mental health, the report cautions, it is of vital importance how it is defined and delivered, as the framing will determine whether human rights is really respected or violated.

Importantly, the report contextualizes the entry points and priorities in responding to psychiatry, to three factors: whether countries are low and middle income or high income; the colonial history of the country; and the structural social determinants causing psychosocial distress and disabilities. We, persons with psychosocial disabilities, from the global south agree that setting policy debates – direct and binding - within this contextualization resonates very strongly with our lived experiences.

Therefore, we affirm the supreme importance to de-colonize, de-economize and de-psychiatrize mental health by naming the different aspects of the 'colonial' mindset. As the report suggests, we see excellent opportunities for integrated community development inclusive of psychosocial health, in countries where traditional mental health infrastructure is negligible or low. This point is unique and distinctive to this report and we appreciate that it has been so clearly articulated. Finally, we agree that addressing social injustice and economic inequality through implementing SDGs and integrated development within the CRPD framework, is already a way of promoting mental health and wellbeing. Together, these 3 strategies will transform mental health services to be human rights based.

As his earlier report, Dr. Puras' final report reiterates the 3 'global burdens of obstacles' *within* mental health systems worldwide- biomedical dominance, power asymmetries and the biased medical evidence base. The report resolutely challenges the moral basis of the mental health system of using medicalization to justify coercion. Recognizing such 'outdated' colonial frameworks entrenched within psychiatry and its institutions, State Parties and

United Nations entities are advised not to export global north strategies of mental health care to the global south. This statement directly speaks to us and our situation, against a rising tsunami of globalizing psychiatry and heightened and intensive presence of pharmaceutical businesses. Instead, the report calls States not to qualify social justice issues and its natural manifestations amongst those who suffer it as mental disorders and to root out the unjust social, economic, cultural and other conditions that cause suffering and exclusion.

We, persons with disabilities, users, ex-users, survivors and mad people from the global south, fully endorse the statement that a *'combination of a dominant biomedical model, power asymmetries and the wide use of coercive practices together keep not only people with mental health conditions, but also the entire field of mental health, hostage to outdated and ineffective systems'*, and the appeal to *'abandon the legacy of systems based on discrimination, exclusion and coercion'*. Bringing forth recent research on the violations and harms caused by over medicalization and coercion, the SR's report highlights his concerns with respect to 3 areas- the diminution of respect, dignity, autonomy, and lived experiences of persons with psychosocial disabilities; health related harms caused by psychiatric drugs (e.g. iatrogenesis) not warranting nor justifying their use as first line of treatment and as solution to social structural issues; and finally, the unwarranted over medicalization of some groups within the life span.

A substantial part of the report is devoted to describing the 'quiet revolution' happening in neighbourhoods and communities, including dozens of human rights based community projects from around the world. Dr. Puras defends the need for achieving zero coercion in mental health, placing an obligation on state parties to scale such programs to realize our human rights. We appreciate and agree to this far reaching strategy to re-direct mental health work towards a more inclusive multidimensional infrastructure outside the psychiatric paradigm. A key recommendation is to 'end the dismissal of alternative, rights-based support initiatives that are non-coercive'. Further, we wholesomely appreciate the many sections in the report, devoted to the issue of the full and effective participation of persons with lived experiences, and the call to 'recalibrate' communities and expand evidence to reflect the

diversity of experiences by communities. There can be no transformation of the model without us.

As we, persons with psychosocial disabilities, users, ex users, survivors and mad people from the global south have been insisting, the violence, abuse, use of cruel, inhuman, degrading, torturous methods, and discrimination has become so systemic within the traditional mental health systems, as to be invisible and remain in impunity. We express gratitude to various UN efforts and our full confidence in the decade old Convention. There is no further rationale for sequestering persons with psychosocial disabilities in age old undignified and human rights violative practices. We insist that a reparation process must begin and accelerate to fulfill the mandate under the CRPD. We ask the UN and its Member States to embrace the recommendations of this report, which paves the way for the future of a human rights based mental health.