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:

The International College of Neuropsychopharmacology is submitting a response to the report of Mr. Dainius Puras, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/HRC/35/21), submitted to the Thirty-fifth session of the United Nations (UN) Human Rights Council, 6-23 June 2017.

The International College of Neuropsychopharmacology (Collegium Internationale Neuro-Psychopharmacologicum or CINP) is the world's oldest scientific organization devoted to mobilizing advances in brain research to alleviate the suffering and disability of people with mental illness. It is the only global organization of its kind and its members are based in every continent.

We applaud the prioritization of mental health as a global public health priority and efforts to increase the access of individuals with mental illnesses to humane and effective treatment. Further we support efforts to address the problems of poverty, societal violence, disempowerment, social exclusion, and other factors that contribute to mental illness and undermine recovery.

**We wish to express our strongest possible objection to the report's misrepresentation of both the aims and overall impact of biomedical approaches to mental illness**:

1. We note that the terms "biomedical model", "biomedical paradigm", and "biomedical intervention" are never defined directly in the report. Let us define them here. The Random House dictionary defines "biomedicine" as the application of the biological sciences to clinical medicine. In practice, this involves the process of studying the root causes of illness (etiology, pathophysiology), recognizing the presence of illness (diagnosis), making reasonable predictions about the outcomes of illness (prognosis), and initiating interventions to prevent or alleviate suffering (treatment).
2. The biomedical approach supports the identification and application of effective treatments for mental illnesses. There is nothing in the biomedical approach *per se* that stipulates that the treatments that are delivered must be medications. In fact, it is the biomedical approach that advocates for healthy diets and lifestyles. The application of demonstrably effective psycho-social treatments for patients receiving a psychiatric diagnosis is, in fact, a biomedical approach. However, for many mental illnesses pharmacologic treatments have been demonstrated to be either *the* most effective

approach or among the most effective approaches for alleviating suffering; risk for suicide, homicide, and self-harm; and disability associated with mental illness.

3. Many problems attributed to the biomedical approach are actually problems in the psycho-social or societal approach to mental illness. The challenges presented by involuntary hospitalization, physical restraint, and involuntary treatments are all "psycho-social" interventions that are not expressions of the biomedical approach. They reflect the effort of society to protect individuals who are dangerous to themselves, dangerous to others, or so gravely disabled by mental illness that they cannot care for themselves in society. These societal responses date to the early Middle Ages and precede the emergence of the biomedical approach to mental illness by more than a millennium. It has been robustly demonstrated that the introduction of antipsychotic, mood stabilizing, and anti-anxiety medications in the 1960s enabled many people with chronic mental illness to leave the asylums and, for the first time, live productive recovery-oriented lives in their communities of origin. In other words, it is precisely the biomedical approach that, to a greater extent than any other advance, has reduced the involuntary treatment of mental illness.

**The Report from Mr. Puras contains numerous innaccuracies in its attack on biomedical approaches to mental illness**. In the **Appendix** to this letter, we list many of the examples that are particularly troubling to us. Our greatest concerns are that the report appears to advocate for the abandonment of effective treatments without providing adequate alternatives. It also appears to advocate for the elimination of involuntary treatments instituted to prevent harm to individuals with mental illness or others, without accepting responsibility for the resulting preventable harm or death.

**Why doesn't this Report call for greater investment in biomedical approaches to mental illness and psychiatric training?** The brain is, arguably, the most complex structure in the universe. Advances in neuroscience are occurring at a remarkable pace. Fundamental new insights into the causes, mechanisms, and treatments for mental illness are emerging. We advocate for the inclusion of pharmacologic and neurostimulation treatments within comprehensive treatment programs for illnesses where these treatments can be shown to be safe and effective. However, we recognize that there is a continued need to study brain mechanisms underlying mental illness in the service of developing safer and more effective treatments. Further, there is a need to better train practitioners to use psychopharmacologic treamtents to optimize benefits and minimize the risks of treatment. Sadly, the report argues for a paradigm shift away from biomedical approaches to psychosocial approaches or, as it concludes, "from chemical imbalances to power imbalances" (page 19, item 86).

In summary, CINP strongly objects to the report. We welcome the opportunity to provide additional information and to participate in further discussions to facilitate a greater understanding of the biomedical approach to mental illness.

Thank you for your consideration.

Sincerely,

John H. Krystal, M.D.
President

**Appendix 1:**

•The report falsely equates psychotropic medications with "non-consensual treatment" and says that they are "no longer defensible" (pg. 4, item 10).

•It suggests that the limitations in our understanding of the biology of mental illness, the current diagnostic system, the effectiveness of medications, or the ability of biomedical perspectives to eliminate stigma means that biomedical approaches are a "myth", i.e., are without merit (for example, page 6, item 19). Yet abandoning these approaches would leave patients without access to life-saving treatments. Further, the evidence base for these diagnostic and therapeutic approaches are much stronger than those espoused in relation to psychosocial treatments.

•The report asserts that the pharmaceutical industry promotes assymetries in power relationships between doctors and patients (page 7, item 26). We are not aware of any evidence to support this hypothesis.

•The report asserts, "the evidence base for the efficacy of certain psychotropic medications and other biomedical psychiatric interventions is increasingly challenged from both a scientific and experiential perspective" (page 7, item 27) but fails to acknowledge that rigorous analyses uphold both the safety and effectiveness of these treatments.

•It falsely asserts that academic psychiatry has confined its research and training agenda to biomedical treatments (page 8, item 28). This view ignores the large portfolio of psychosocial psychiatry research supported by the National Institutes of Health (US); Medical Research Council, and Wellcome Trust (UK); European Union, and other funding agencies. Further it is clear that the Reporteur failed to consult the training requirements for psychiatry as specified by the Accreditation Council for Graduate Medical (US), Royal College of Psychiatrists (UK), and other agencies that set national training requirements for psychiatry across the world and that require extensive training in psycho-social approaches and perspectives.

•The "medicalization of women's feelings" (page 14, item 59) is described as negative consequence of biomedical approaches to psychiatry. It is one of numerous examples where this report attributes a false biological reductionism to the biomedical perspective. However, this point fails to acknowledge advances in neuroendocrinology that shed light on mood and anxiety symptoms uniquely experienced by women that have led to treatments that enable women to more effectively cope with these symptoms.

•The report appears to diminish the real threat to people with mental illness posed by suicide or the risk that individuals with mental illness may pose to others (page 14, item 64). The Global Burden of Disease study reported that suicide is one of the leading causes of death worldwide. For example, it is the leading cause of mortality among teenagers. It is manifestly irresponsible to assert that intervening to prevent immenent suicide is an unacceptable form of coercion. Further, in most countries there are legal procedures in place to prevent the misuse of involuntary hospitalization and that strongly limit the delivery of involuntary treatments within these contexts. For this reason, we oppose in the strongest possible way the assertion that "immediate action is required to radically reduce medical coercion and facilitate the move towards an end to all forced psychiatric treatment and confinement" (page 14, item 65).

•We would assert that all treatment should be personalized. As a result, we disagree with the notion that "most patients" with moderate depression should be treated with psychosocial approaches (page 18, item 79). Instead we would assert that patients with

depression need careful assessment to determine the most appropriate course of treatment for them.

•We disagree that “coercion, medicalization and exclusion” are “vestiges of traditional psychiatric care relationships” (page 18, item 81). This distortion is mirrored by other vague and unsupported assertions that treatments for severe symptoms of psychiatric disorders are ineffective or harmful overall, i.e., “an indictment of the biomedical tradition (same item).”