

Kommission für Verstöße der Psychiatrie gegen Menschenrechte Deutschland e.V.

Im Einsatz für Menschenrechte

KVPM Deutschland e.V. · Beichstraße 12 · 80802 München

Prof. Dr. Peter Falkai

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President elect, European Psychiatric Association (EPA)
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OPEN LETTER

"... Coercion is built into mental health systems, including in professional education and training, and is reinforced through national mental health and other legislation. ... Despite the lack of evidence that they offer any benefits, and the significant evidence that they lead to physical and psychological harm and even death"

- World Health Organization, June 2021, "Guidance on community mental health services, p. 8"

The WHO and the UN Office of the High Commissioner on Human Rights condemn coercive psychiatry. The European Psychiatric Association (EPA) must Report its Actions Taken to Stop Forced "treatment" (Torture) and Condemn the Chemical Imbalances Causes Mental Disorder Theory as Fraudulent.

Munich, 24 March 2023

Dear Prof. Peter Falkai, Dear Prof. Geert Dom,

The Citizens Commission on Human Rights (CCHR) is an international 53-year mental health industry watchdog with chapters all over the world, denounces all forced and coercive psychiatric interventions using, for example, antidepressants, antipsychotics or a combination of both, and electroshock treatment – a coercive practice which the United Nations says constitutes torture.

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Mitglied der Citizens Commission on Human Rights International, Los Angeles, USA

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Die deutsche KVPM wurde 1972 von Mitgliedern der Scientology Kirche gegründet.

We are calling on the EPA to further commit itself to eliminating coercive practices and to formally condemn the unproven theory that a chemical imbalance in the brain causes depression or other psychiatric disorders, which, when conveyed to users of mental health services, violates their informed consent rights and could constitute consumer fraud.

This marketing scam has been exploited in the mental health field for over 30 years and was recently thorougly debunked by researchers from University College London (UCL) in the much discussed study published 20 July 2022 in Molecular Psychiatry, *The serotonin theory of depression: a systematic umbrella review of the evidence*. (https://doi.org/10.1038/s41380-022-01661-0)

The researchers reviewed major studies published over several decades and found no convincing evidence to support the theory that a chemical imbalance causes mental disorder. As one of the researchers stated, this misleading situation has arisen because it serves the interests of the psychiatric profession and the pharmaceutical industry. "Patients should not be told that depression is caused by low serotonin or by a chemical imbalance and they should not be led to believe that antidepressants work by targeting these hypothetical and unproven abnormalities," one of the researchers said. (https://www.bmj.com/content/378/bmj.o1808.full.pdf)

Giving users of mental health services this sort of misinformation prevents them from making an informed decision and has resulted in many millions of people taking antidepressants or other psychotropic drugs with harmful side effects, erroneously believing these would "correct" something that simply never existed.

The EPA should issue a formal statement abhorring this theory and putting members on notice that further advising patients of this myth could result in consumer fraud litigation.

The WHO report of June 2021 says coercive practices are pervasive and there is significant evidence that they lead to "physical and psychological harm and even death," and countries must ensure that the right to refuse treatment is respected. (World Health Organisation June 2021, Guidance on community mental health services – Promoting person-centered and rights-based approaches, p. 8. ISBN 978-92 4-002570-7)

Already in 2018, a United Nations report on "Mental Health and Human Rights" called on governments to recognize forced psychiatric interventions as, "practices as constituting torture or other cruel, inhuman or degrading treatment or punishment and as amounting to discrimination against users of mental health services, persons with mental health conditions and persons with psychosocial disabilities." (Annual report of the UN High Commissioner for Human Rights to the UN Human Rights Council, 24 July 2018, p. 14, item 46.)

In April 2021, the EPA Committee on Ethical Issues approved the EPA Code of Ethics. It says there inter alia:

"Psychiatrists shall not act as proxy decision makers for their patients and need to stay respectful of patient's decisions and ensure patient's rights to express their will. Psychiatrists should inform patients about diagnostic and therapeutic procedures, promote their autonomy and always seek their informed consent. ... The psychiatrist may not exploit the psychiatrist-patient relationship for their benefit. Psychiatrists are not permitted to be involved during the course of the treatment with a patient in a sexual relationship of any kind."

"Respect for autonomy & dignity: Informed consent from patients for care, treatment, rehabilitation, and research is desirable. The psychiatrist is to provide the patient with all relevant information, ensuring that the patient is fully informed of the treatment options, benefits, and drawbacks."

"Relationship with industry: Psychiatrists need to disclose affiliations with supporting/collaborating organizations and financial sponsors. It is important for psychiatrists to ensure that any incentives from sponsors do not influence their professional work and, in-turn, the health of their patients."

"<u>Torture:</u> Psychiatrists must not take part in any process of mental or physical torture, even when authorities attempt to force their involvement in such acts." (https://www.europsy.net/app/uploads/2021/06/EPA-Code-of-Ethics March-2021-GA-approved.pdf)

Yet, psychiatrists continue to condone and practice involuntary use of psychotropic drugs and other interventions.

On 27 March 2023, at the EPA Congress 2023, lectures will be held on the topic: "Reducing coercion in mental health care" (3pm – 4.30pm, room 153). Excerpt: "The need and feasibility of reducing coercion in mental health care is widely acknowledged. Current efforts to better understand, reduce and implement alternatives to coercion are under way. In this symposium Lieselotte Mahler/Germany will set the scene by reporting on the preventive effect on coercion of working according to the recovery-oriented 'Wedding Model' in Berlin." ... "Silvana Galderisi/Italy will give insight into the current state of the WPA work on implementing alternatives to coercion as a key component of improving mental health care."

(https://b-com.mci-group.com/CommunityPortal/ProgressivePortal/EPA2023/App/Views/InformationPage/View.aspx?InformationPageID=17291)

At its 31st European Congress of Psychiatry themed "Social Cohesion, a Common Goal for Psychiatry" the EPA must reaffirm its statement of intent and report what actions have been taken within the EPA and its membership to stop forced treatment of users of mental health services in Europe. And secondly, in light of the confirmation that a chemical imbalance is not causing people's mental health issues, what actions will the EPA also take to rectify this?

We look forward to hearing of the above.

Sincerely,

Bernd Trepping President CCHR Germany Nicola Cramer Executive Director CCHR Germany