



Declaration of Kobe

On the

Human Rights of People with Mental Illness

We, the members of the World Association for Psychosocial Rehabilitation, meeting in Kobe, Japan in October 2004 are mindful of the large numbers of persons with mental illness and disabilities that die prematurely in developed and developing countries, and

Expressing our understanding that fundamental to human rights and affirmed in the Declaration of Principles at the founding of the United Nations, is the right to live and to health, and

Dismayed by reported life expectancies in a multitude of developing countries of less than 50 years and with reports of persons with mental illness who become separated from their families dying prematurely at even younger ages, and

Concerned that in America death rates have almost tripled among persons with mental disorders, coincident with increasing homelessness and untreated mental illness, and

Recognizing that worldwide some 3 million persons with mental illness die prematurely each year from a range of preventable risk factors, and noting that,

Deficits in the quality of medical care seem to explain a substantial portion of the excess mortality experienced by patients with mental disorders after myocardial infarction; and further noting that

Medications and psychosocial rehabilitation have been shown to be effective in promoting community and family retention,

However, note with concern that in many developing countries, medications for mental illness are costly and not accessible for many families, and

Noting with approval that the WHO and advocacy groups have succeeded in alerting the public to the massive premature death toll among persons with HIV-AIDS, and

Recognizing that the efforts of such advocacy has resulted in greater access to medications for HIV-AIDS in developed and developing countries, and

Recognizing that the WHO has, in the Alma Ata Declaration and in recent years urged strengthening of treatment and psychosocial rehabilitation in primary care; and noting with concern that

Primary Mental Health Care and particularly that provided by nurses is not available in developing countries largely as a result of the nurses trained there being recruited to developed countries without compensation to the countries of origin,

We Therefore:

Declare the need to work with the WHO and other international organizations, NGO's and Ministries of Health to alert the public and to advocate to make psychotropic medications more accessible and affordable to those in need of them, and

Urge the WHO and NGO's to stimulate research in developing countries which can elucidate strategies which can promote community retention and reduce premature mortality among persons with mental illness, and further

Urge consideration of this resolution and action by other associations and advocacy organizations

1. World Health Organization, Life expectancy tables, 2003
2. Currier, Glen Psychiatric Bed Reductions and Mortality for Persons with Mental Disorders, Psychiatric Services, July 2000, 51 p 851 Death rates rose from 5.7 per 100,000 in 1979 to 15.5 per 100,000 in 1995
3. Druss et al., Archives General Psychiatry, June 2001.