

Declassified<sup>1</sup>
AS/Soc (2018) PV 06 add.
AS/Ega (2018) PV 07 add.
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# Committee on Social Affairs, Health and Sustainable Development Committee on Equality and Non-Discrimination

Minutes of the joint hearing on "Protecting the rights of persons with psychosocial disabilities with regard to involuntary measures in psychiatry", held in Strasbourg, on 9 October 2018, from 8.30 to 10 am

Mr Schennach, Chairperson of the Committee Social Affairs, Health and Sustainable Development opened the meeting, welcoming members of the two committees and the distinguished guests who had accepted to participate in the hearing. He set the background for the hearing: in its Recommendation 2091 (2016), the Assembly had asked the Committee of Ministers to instruct the Committee on Bioethics to withdraw the proposal to draw up an Additional Protocol to the Oviedo Convention concerning the protection of human rights and dignity of persons with mental disorder with regard to involuntary placement and involuntary treatment, which was at the time at the initial stage of drafting. The drafting process had, however, continued. The Assembly was now being consulted on the draft Additional Protocol in the context of an informal procedure. This hearing would provide food for thought for the comments to be prepared by the Committee on Social Affairs, Health and Sustainable Development and the Committee on Equality and Non-Discrimination.

Ms Ioan, Chairperson of the Council of Europe Committee on Bioethics (DH-BIO) explained that the draft Additional Protocol was needed due to legal gaps in certain member states regarding measures for involuntary placement or treatment, and the increasing number of human rights violations found by the European Court of Human Rights in this field. The draft aimed at giving a higher legal rank to a number of fundamental principles by setting out, for the first time in a legally binding instrument, indisputable individual rights in line with the Court's case-law, and would serve as a reference for national legislations. The draft promoted the use of alternatives to involuntary measures, which should only be used as a last resort and in compliance with the principle of necessity and proportionality. It also ensured appropriate protection for the persons concerned, by foreseeing the termination of involuntary measures when they no longer meet the necessary criteria, as well as the possibility to appeal against the lawfulness of involuntary measures. It also enabled persons concerned to effectively exercise their rights, through the recognition of the right to choose a person of trust, the right to benefit effectively from legal assistance, the right to information and the right to communication.

The drafting process had begun in 2014 with a hearing of INGOs representing the different sectors concerned (including the patients and their families, health professionals patients' associations). Representatives of relevant bodies, including the Ad Hoc Committee of Experts on the Rights of Persons with Disabilities (CAHDPH) and the INGO Conference, had participated in DH-BIO meetings, and comments had been solicited from the DH-BIO delegations. Umbrella INGOs had been invited to all relevant plenary sessions of DH-BIO since June 2017. An open public consultation had also been held from June to November 2015, where approximately half of respondents had expressed fundamental concerns about the draft Protocol (judging its approach as being incompatible with the United Nations Convention on the Rights of Persons with Disabilities (CRPD)), whereas the other half had implicitly or explicitly accepted its approach.

<sup>1</sup> These minutes were approved and declassified by the Committee on Equality and Non-Discrimination at its meeting on 3 December 2018 in Paris, and by the Committee on Social Affairs, Health and Sustainable Development at its meeting on 4 December 2018 in Paris.

Following the adoption by the Assembly of Recommendation 2091 (2016), DH-BIO had suspended its work and awaited the reply of the Committee of Ministers. In its reply to this recommendation, the Committee of Ministers had considered that in exceptional situations, where there is risk of serious harm to the health of the person concerned or to others, and in the absence of alternatives, involuntary measures could be justified subject to strict protective conditions. It had considered that the draft Additional Protocol would contribute to preventing abuse and encourage the progressive transition to a more uniform application of voluntary measures in psychiatry by the member states, in accordance with the spirit of the CRPD. It had recognised the importance of developing guidelines to reduce the use of involuntary measures, and had encouraged DH-BIO to directly involve disability rights organisations in the work still to be undertaken. In June 2018, the draft had been sent for consultation to various stakeholders with a view to its finalisation by the end of 2019. Strengthening the rights of persons currently concerned by involuntary measures and work on promoting alternatives were complementary.

Ms Devandas-Aguilar, United Nations Special Rapporteur on the rights of persons with disabilities, elaborated on why the draft Additional Protocol violated existing human rights standards and should therefore not be adopted by the Council of Europe. The draft Additional Protocol's out-dated, paternalistic and medical approach was contrary to the CRPD Fundamental rights such as the right to legal capacity, the right to liberty and security, the right to integrity, and the right to be free from non-consensual medical treatment had been systematically denied to persons with psychosocial disabilities for decades. The CRPD had brought about a transcendental change, providing that all persons with disabilities should enjoy all human rights on an equal basis with others. Exceptions to the enjoyment of rights on the basis of a mental health condition or diagnosis – as those contained in the draft Additional Protocol – were contrary to the spirit and letter of the CRPD and more specifically to the right to equality and non-discrimination.

There was increasing evidence of the effectiveness of non-coercive interventions, for instance hospitalbased and home intervention strategies, crisis or respite services, peer-run initiatives, advance planning. The biomedical model and coercive practices were failing to improve mental health outcomes, to reduce the risk of self-harm and facilitate access to treatment. Studies showed an alarming growth of stigma and discrimination, inequality and even torture, as well as ill-treatment. There were significant differences in both legislation and clinical practices regarding involuntary treatment. Indeed, countries with mental health legislation reflecting the standards of the draft Additional Protocol experienced significantly higher rates of involuntary treatment - up to 30 % - whereas in areas with a long-standing tradition of community mental health and alternative practices, involuntary commitment was very low. Countries should continue to research and develop these practices and urgently address the structural factors that normalise coercion in mental health services, including discriminatory legislation, the absence of psychosocial support, limited human resources, lack of flexibility within services, stigma and prejudice, and regulations governing liability of health professionals. Rather than regulating forced interventions, the Council of Europe should discuss how to scale up and support the creation and sustainability of human rights based responses. Thus, adopting the draft Additional Protocol would be a regrettable mistake. This opinion was shared by many human rights bodies, including the UN Committee on the Rights of Persons with Disabilities and the Working Group on Arbitrary Detention, and most significantly, the rights-holders themselves (the European Disability Forum, the European Network of Users and Survivors of Psychiatry, amongst others).

Ms Mijatović, Council of Europe Commissioner for Human Rights, said that the Council of Europe was going in the wrong direction with the drafting of an Additional Protocol focusing only on legal safeguards for involuntary measures. While it was not its intended goal, the said text would potentially prolong the status quo, if not worsen the situation. Moreover, it would put the Council of Europe on a collision course with universal human rights standards. The conflict with the CRPD was not limited to the principle of acceptability of involuntary placements; it also concerned out-dated and stigmatising language in the draft Additional Protocol (such as "persons with mental disorder"), its discriminatory approach and its neglect of the positive support needs of the persons in question to enforce their human rights. From her office's experience, the lack of legal safeguards was very rarely the real problem for persons with psychosocial disabilities. It was rather their ineffectiveness, or the fact that they could be reduced to a formality between the physicians and judges. The standards urgently needed today were not more safeguards but what the States should do as a minimum to avoid involuntary measures in the first place. Indeed, the Protocol only said that States should do their best, without defining what the minimum efforts should be. It would therefore not improve the situation on the ground. The divergence in practices and recourse to involuntary measures in the Council of Europe member States varied enormously from one country to another. This was a clear signal that safeguards were not an issue, and that member states urgently needed clearer guidance on minimum standards concerning alternatives to involuntary measures. Yet, the draft Additional Protocol did not address that need, and even overshadowed it by its exclusive focus on safeguards. The Commissioner shared the Assembly's concern regarding the lack of proper consultation of the persons concerned in the drafting

procedure. The history of the human rights of persons with disabilities was all about how they had been treated as objects, with no say on their own destiny, and not as subjects of human rights with personal autonomy. This had changed to some extent due to their activism, with the motto "nothing about us without us". The CRPD clearly stated that no policy should be approved without the full involvement of persons with disabilities in its elaboration. However, some of the most relevant NGOs working in this area had protested that their concerns and opinions had been ignored in the drafting of the Protocol, despite their consultation by DH-BIO. This should justify a fundamental questioning of the soundness of the project as a whole. The Commissioner regretted that the work on the draft Protocol was continuing despite the clear warnings given by the Parliamentary Assembly and her office.

Mr Giakoumopoulos, Director General of Human Rights and Rule of Law ofthe Council of Europe, pointed out that, in proceedings before the Committee on the Rights of Persons with Disabilities, all member states of the Council of Europe in the last five years had indicated that they implemented some form of involuntary placement or involuntary treatment. In an increasing number of judgments, the European Court of Human Rights had identified serious violations of rights of people with disabilities in the context of involuntary measures due to the lack of appropriate guarantees. The Committee for the Prevention of Torture (CPT) had repeatedly referred to cases of abuse, as had many NGOs and national human rights institutions. The CPRD required a paradigm shift and asked States to provide for alternative measures. However, this should not prevent from taking action concerning those who were already subjected to involuntary measures. That was why the draft Additional Protocol introduced safeguards for those who were in this situation, in compliance with the ECtHR case-law. He believed that the difference of approach between the draft Additional Protocol and the CRPD could be solved through coordinated and complementary action rather than by ceasing work on the draft Additional Protocol.

Ms Runciman, Psychologist and owner of Psycovery, pointed out that despite years of human rights breaches regarding forced treatment, nobody had ever researched whether forced treatment had actually helped patients. The only research which appeared to get close was a meta-analysis from ten countries, dated 2016, which looked at how forced treatment affected the length of stay in the hospital, based on the assumption that if forced treatment was useful, it would shorten the amount of time spent in the hospital. The research had found that the three analysed types of forced treatment (isolation, restraint and forced medication) lengthened the time spent in the hospital. The story of a patient named Pat should serve as a reference to develop a more humane system to help persons with psychosocial disabilities. Pat was interned in psychiatry because she attempted to commit suicide after being raped. Despite knowing that rape was the reason for her suicide attempt, psychiatrists diagnosed schizophrenia - focusing on the fact that she heard voices and exhibited bizarre behaviour -, and implemented forced treatment. After years of being a revolving door patient, she met the Hearing Voices Movement. It enabled her to relate her behaviour to her personal history of ill-treatment as a child and therefore to bring meaning to it. She eventually got out of the psychiatric system. Psychosocial disabilities could be dealt with without having to resort to coercion and force. A system of care using dialogue as treatment - i.e. without resorting to force and where drug treatment is optional for the patient - had the highest rate of success in the work with regards to schizophrenia. There were other great initiatives such as WHO QualityRights. The global south had many community orientated help systems which we could learn from, rather than attempting to impose western psychiatry upon them. "Of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive. ... [T]hose who torment us for our own good will torment us without end for they do so with the approval of their own conscience." (C.S. Lewis)

**Ms Kovács**, Chairperson of the Committee on Equality and Non-Discrimination, thanked the speakers for their valuable contributions and opened the floor.

Ms de Bruijn-Wezeman noted that everyone agreed that there was an unacceptably high prevalence of human rights violations in mental health settings and that action should be taken to address this problem. However, there was disagreement on how to go about it As a Rapporteur on this matter, she was of the view that, considering the controversy surrounding the draft Additional Protocol, the drafting process should be stopped and work should be started on alternatives to involuntary measures. However, this solution encountered resistance. An issue to be considered was the way to comply with the doctors' positive obligation to protect the life of people with suicidal tendencies without resorting to involuntary measures.

**Ms Kyriakides** considered that the motto "nothing about us without us" should be kept in mind. She pointed out to the need to change stereotypes about persons with psychosocial disabilities, in particular with regard to their pseudo-dangerousness. The draft Additional Protocol's focus on safeguards intrinsically allowed involuntary measures instead of putting the focus on alternative measures, on prevention, on ways to enable

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persons with psychosocial disabilities to be integrated into society and be supported. The adoption of the said draft could in fact weaken the rights of those whom it sought to protect.

**Ms Piggot**, from the European Disability Forum (EDF), recalled that her organisation has been opposing the draft Additional Protocol since 2015, and calling for a meaningful conversation on alternatives. She regretted that EDF's concerns and recommendations had not been taken into account in the drafting process and that no meaningful consultation had taken place. The general approach and the scope of the draft were a matter of concern. She welcomed the opposition to the draft expressed by Bulgaria, Portugal and "the former Yugoslav Republic of Macedonia", and the discussion which had started in some member states. The draft should be withdrawn and work should be started on alternative measures. She added that there were problems even in countries where the safeguards proposed within the draft were already implemented.

As someone who had been subjected to forced treatment, **Ms Wooley** from the European Network of (Ex-) Users and Survivors of Psychiatry (ENUSP) testified against it. Forced treatment compromised the patient's prognosis, led to mistrust and avoidance of any form of public healthcare. The rise in the number of involuntary measures was a symptom of the current mental health systems' failing. Coercion was not care, as the CRPD Committee had recognised.

Ms Labaki, from Human Rights Watch, recalled that the CRPD required a transition from involuntary measures to alternatives that respect the fundamental rights of persons with psychosocial disabilities. Ten years after the entry into force of the CRPD, the Council of Europe should move forward, not backwards. This meant investing in mental healthcare based on informed consent and dignity as well as integrity of all people. It also meant ending confinement of people in institutions, and supporting them to live in the community. It meant developing tools to share good practices between States and listening to what people with psychosocial disabilities wanted. She urged the Council of Europe and its member states to withdraw the draft Additional Protocol and redirect their efforts to promote alternatives to involuntary measures in psychiatric care.

In replying to the comments from the floor, **Ms loan** reaffirmed that the draft Additional Protocol did not promote the use of involuntary measures. On the contrary, it aimed at preventing abuses and providing necessary safeguards to persons with psychosocial disabilities. The case presented by Ms Runciman was precisely what DH-BIO tried to avoid by putting forward this draft Protocol. It was a fact that involuntary measures were still in place in the Council of Europe member States and that abuses were taking place. DH-BIO's goal was to make these measures exceptional and subject to strict safeguards so that people could effectively exercise their human rights, by establishing sufficient safeguards. While DH-BIO recognised that the development of alternative measures should be the ultimate goal and was ready to engage in this type of approach, it considered that the draft and the development of alternative measures were not mutually exclusive but rather complementary.

**Ms Devandas-Aguilar** asserted that despite its intention, the draft Additional Protocol was contrary to the evolution of human rights standards concerning mental health. The history of involuntary measures had been constructed on the basis of the idea of last resort and safeguards, but it had not worked. Moreover, coercion was expensive as it required a complex system. The money which had been invested for many years in the use of coercive measures could have been allocated to supporting people through more human rights-based measures. If everyone agreed that investment and research in non-coercive measures were needed, it was pointless to discuss about an instrument going in the other direction. Human rights treaties should aim for the highest standards and have a forward-looking approach. The draft Additional Protocol was a short-term response and should be withdrawn.

**Ms Mijatović** considered that even if the draft Additional Protocol managed to achieve its intended goal, it would be a very modest contribution. The very clear conflict with the CRPD would be catastrophic. The treaty body set up under the CRPD and the relevant UN Special Rapporteurs considered that the approach and the text of the draft Protocol were incompatible with the UN system. There could not be a clearer warning.

**Mr Giakoumopoulos** concluded that there was often a gap between theory and reality, which the draft Additional Protocol tried to take into account. He gave the example of when, in 2012, at the CPT's initiative, the Committee of Ministers had decided to elaborate an instrument regarding safeguards for the detention of migrants. At that time, both the UN Special Rapporteur on the human rights of migrants and the Council of Europe Commissioner for Human Rights had opposed it on the basis that migrants should not be detained. Five years later, thousands of migrants were detained in awful conditions. In the elaboration of the Additional Protocol, co-operation with civil society was essential and whenever there had been a useful input it had been considered, such as the introduction of the person of trust. The objective of the Additional Protocol was

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to convince member states which did not have sufficient safeguards to introduce such safeguards. If civil society and member states which already had sufficient safeguards were not part of the process, it would not be possible to convince those member states which were non-compliant. Thus, the whole process would be deprived of its useful effect.

**Ms Runciman** reaffirmed that persons with psychosocial disabilities wanted a paradigm change, not more of the same.

Ms Kovács thanked the experts and participants for the very stimulating discussion.

**Mr Schennach** did likewise and drew the participants' attention to the film "12 jours" which would be screened in the evening, at the cinema Odyssée in Strasbourg, at the initiative of Amnesty International.

Video link to the hearing: https://vodmanager.coe.int/coe/webcast/coe/2018-10-09-1/en

#### Appendix I

## Attendance list / Liste de présence

Committee on Equality and Non-Discrimination

Commission sur l'égalité et la non-discrimination

(The names of members present appear in bold. / Les noms des membres présents apparaissent en gras.)

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Ms Elvira KOVÁCS Serbia / Serbie

Vice-Chairpersons / Vice-Président(e)s

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2.	Mr Víctor NAUDI ZAMORA	Andorra / Andorre	Ms Patrícia RIBERAYGUA
3.	Mr Edmon MARUKYAN	Armenia / Arménie	Ms Karine ATSCHEMYAN
4.	Ms Petra BAYR	Austria / Autriche	Mr Andreas SCHIEDER
5.	Ms Monika MÜHLWERTH	Austria / Autriche	Mr Franz Leonhard ESSL
6.	Ms Ganira PASHAYEVA	Azerbaijan / Azerbaïdjan	Mr Nagif HAMZAYEV
7.	Ms Sahiba GAFAROVA	Azerbaijan / Azerbaïdjan	Ms Ulviyye AGHAYEVA
8.	Mr Piet De BRUYN	Belgium / Belgique	Mr Philippe BLANCHART
9.	Mr Damien THIÉRY	Belgium / Belgique	Ms Sabine de BETHUNE
10.	Mr Saša MAGAZINOVIĆ	Bosnia and Herzegovina / Bosnie-Herzégovine	ZZ
11.	Mr Andon DONCHEV	Bulgaria / Bulgarie	Ms Aneliya KLISAROVA
12.	Mr Plamen HRISTOV	Bulgaria / Bulgarie	Ms Milena DAMYANOVA
13.	Mr Goran BEUS RICHEMBERGH	Croatia / Croatie	Ms Sabina GLASOVAC
14.	Ms Christiana EROTOKRITOU	Cyprus / Chypre	Ms Stella KYRIAKIDES
15.	Mr František KOPŘIVA	Czech Republic / République tchèque	ZZ
16.	ZZ	Czech Republic / République tchèque	ZZ
17.	Mr Rasmus Vestergaard MADSEN	Denmark / Danemark	Mr Mogens JENSEN
18.	Mr Raivo AEG	Estonia / Estonie	Mr Tiit TERIK
19.	Ms Jaana Maarit PELKONEN	Finland / Finlande	Mr Olli-Poika PARVIAINEN

20.	Ms Maryvonne BLONDIN	France	Mr Arnaud BAZIN
21.	Mr Bruno FUCHS	France	Ms Bérengère POLETTI
22.	Ms Albane GAILLOT	France	Mr Jérôme LAMBERT
23.	Ms Isabelle RAUCH	France	Ms Alexandra LOUIS
24.	Mr Dimitri TSKITISHVILI	Georgia / <i>Géorgie</i>	Ms Eka BESELIA
25.	Mr Frank HEINRICH	Germany / Allemagne	Ms Elisabeth MOTSCHMANN
26.	Ms Gabriela HEINRICH	Germany / Allemagne	Ms Ute VOGT
27.	Ms Gyde JENSEN	Germany / Allemagne	ZZ
28.	Ms Daniela WAGNER	Germany / Allemagne	Ms Josephine ORTLEB
29.	Ms Athanasia ANAGNOSTOPOULOU	Greece / Grèce	Mr Georgios PSYCHOGIOS
30.	Mr Miltiadis VARVITSIOTIS	Greece / Grèce	Mr Georgios MAVROTAS
31.	Ms Hajnalka JUHÁSZ	Hungary / Hongrie	Mr Barna Pál ZSIGMOND
32.	Ms Zita GURMAI	Hungary / Hongrie	Ms Lajos OLÁH
33.	Ms Thorhildur Sunna ÆVARSDÓTTIR	Iceland / Islande	Ms Halldóra MOGENSEN
34.	Mr Robert TROY	Ireland / Irlande	Ms Colette KELLEHER
35.	ZZ	Italy / <i>Italie</i>	ZZ
36.	ZZ	Italy / <i>Italie</i>	ZZ
37.	ZZ	Italy / <i>Italie</i>	ZZ
38.	ZZ	Italy / <i>Italie</i>	ZZ
39.	Mr Boriss CILEVIČS	Latvia / Lettonie	Mr Romāns MEŽECKIS
40.	Mr Daniel SEGER	Liechtenstein	ZZ
41.	Ms Vida AČIENĖ	Lithuania / Lituanie	Mr Simonas GENTVILAS
42.	Ms Françoise HETTO-GAASCH	Luxembourg	Mr Serge WILMES
43.	Ms Rosianne CUTAJAR	Malta / Malte	Mr Etienne GRECH
44.	Mr Valeriu GHILETCHI	Republic of Moldova / République de Moldova	Ms Maria POSTOICO
45.	Ms Béatrice FRESKO-ROLFO	Monaco	ZZ
46.	Ms Sanja PAVIĆEVIĆ	Montenegro / Monténégro	Mr Ervin IBRAHIMOVIĆ
47.	Ms Reina de BRUIJN-WEZEMAN	Netherlands / Pays-Bas	Mr Pieter OMTZIGT
48.	Ms Petra STIENEN	Netherlands / Pays-Bas	Ms Ria OOMEN-RUIJTEN
49.	Ms Jette CHRISTENSEN	Norway / <i>Norvège</i>	Mr Petter EIDE
50.	Mr Jacek OSUCH	Poland / Pologne	Mr Tomasz CIMOSZEWICZ
51.	Mr Krzysztof PASZYK	Poland / Pologne	Ms Margareta BUDNER
52.	Mr Krzysztof TRUSKOLASKI	Poland / Pologne	Mr Killion MUNYAMA
53.	Ms Edite ESTRELA	Portugal	Ms Idália SERRÃO
54.	Mr Adão SILVA	Portugal	ZZ

55.	Mr Liviu Ioan Adrian PLEŞOIANU	Romania / Roumanie	Ms Erika BENKŐ
56.	Ms Cristina-Mădălina PRUNĂ	Romania / Roumanie	Mr Viorel Riceard BADEA
57.	Mr Corneliu ŞTEFAN	Romania / Roumanie	Mr Cristian-Sorin DUMITRESCU
58.	Mr Marco NICOLINI	San Marino / Saint-Marin	Ms Vanessa D'AMBROSIO
59.	Ms Elvira KOVÁCS	Serbia / Serbie	Mr Aleksandar STEVANOVIĆ
60.	Ms Biljana PANTIĆ PILJA	Serbia / Serbie	Ms Dubravka FILIPOVSKI
61.	Mr Štefan VAVREK	Slovak Republic / République slovaque	Ms Veronika REMIŠOVÁ
62.	Ms Violeta TOMIĆ	Slovenia / Slovénie	Mr Anže LOGAR
63.	Mr José Manuel BARREIRO	Spain / Espagne	Mr José MONTILLA
64.	Ms Miren Edurne GORROTXATEGUI	Spain / Espagne	Ms Ángela BALLESTER
65.	Mr Juan José MATARÍ	Spain / Espagne	Mr Iñaki OYARZÁBAL
66.	Ms Annicka ENGBLOM	Sweden / Suède	ZZ
67.	Mr Jonas GUNNARSSON	Sweden / Suède	Mr Johan NISSINEN
68.	Mr Jean-Pierre GRIN	Switzerland / Suisse	Mr Filippo LOMBARDI
69.	Mr Manuel TORNARE	Switzerland / Suisse	Mr Alfred HEER
70.	Ms Frosina TASHEVSKA-REMENSKI	"The former Yugoslav Republic of Macedonia" / "L'ex-République yougoslave de Macédoine"	Ms Shpresa HADRI
71.	Ms Selin Sayek BÖKE	Turkey / Turquie	Mr Yunus EMRE
72.	Ms Feleknas UCA	Turkey / Turquie	Mr Hişyar ÖZSOY
73.	Ms Serap YAŞAR	Turkey / Turquie	Mr Ali ŞAHİN
74.	Mr Mustafa YENEROĞLU	Turkey / Turquie	Ms Sena Nur ÇELİK
75.	Mr Georgii LOGVYNSKYI	Ukraine	Mr Vladyslav GOLUB
76.	Mr Pavlo UNHURIAN	Ukraine	Mr Andrii LOPUSHANSKYI
77.	Mr Kostiantyn USOV	Ukraine	Mr Mustafa DZHEMILIEV
78.	Mr David DAVIES	United Kingdom / <i>Royaume-Uni</i>	Mr Steve DOUBLE
79.	Mr Jeffrey DONALDSON	United Kingdom / Royaume-Uni	Ms Stella CREASY
80.	Mr Baroness Doreen MASSEY	United Kingdom / <i>Royaume-Uni</i>	Ms Susan Elan JONES
81.	Mr Martin VICKERS	United Kingdom / Royaume-Uni	Mr Nigel EVANS

Committee on Social Affairs, Health and Sustainable Development Commission des questions sociales, de la santé et du développement durable (The names of members present appear in bold. / Les noms des membres présents apparaissent en gras.)

## Chairperson / Président

1 <sup>st</sup> 1 <sup>er</sup>	Vice-Chairpersons / Vice-Président(e)s Mr Luís LEITE RAMOS	Portugal / <i>Portugal</i>	
2 <sup>nd</sup>	Ms Carina OHLSSON	Sweden/ Suède	
2 <sup>ème</sup> 3 <sup>rd</sup> 3 <sup>ème</sup>	ZZ		
1.	Mr Tritan SHEHU	Albania / <i>Albanie</i>	ZZ
2.	Mr Víctor NAUDI ZAMORA	Andorra / Andorre	Ms Judith PALLARÉS
3.	Mr Mikayel MELKUMYAN	Armenia / Arménie	Arpine HOVHANNISYAN
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5.	Mr Stefan SCHENNACH	Austria / Autriche	Ms Doris BURES
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7.	Ms Ganira PASHAYEVA	Azerbaijan / Azerbaïdjan	Ms Ulviyye AGHAYEVA
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9.	Mr Stefaan VERCAMER	Belgium / Belgique	Ms Petra De SUTTER
10.	Ms Milica MARKOVIĆ	Bosnia and Herzegovina /	ZZ
11.	Mr Nikolay ALEKSANDROV	<i>Bosnie-Herzégovine</i> Bulgaria / <i>Bulgari</i> e	Mr Krasimir BOGDANOV
12.	Ms Aneliya KLISAROVA	Bulgaria / Bulgarie	ZZ
13.	Ms Marijana BALIĆ	Croatia / Croatie	Mr Mihael ZMAJLOVIĆ
14.	Ms Stella KYRIAKIDES	Cyprus / Chypre	Ms Christiana EROTOKRITOU
15.	Ms Zdeňka HAMOUSOVÁ	Czech Republic /	ZZ
16.	Mr Jaroslav KYTÝR	République tchèque Czech Republic / République tchèque	ZZ
17.	Ms Aaja Chemnitz LARSEN	Denmark / Danemark	Ms Christina EGELUND
18.	Mr Jaak MADISON	Estonia / Estonie	Ms Marianne MIKKO
19.	Ms Anne KALMARI	Finland / Finlande	Ms Anne LOUHELAINEN
20.	Mr Bernard CAZEAU	France	Mr François GROSDIDIER
21.	Ms Yolaine de COURSON	France	Mr Bertrand BOUYX
22.	Ms Bérangère POLETTI	France	Ms Sophie AUCONIE
23.	Ms Jennifer DE TEMMERMAN	France	Ms Nicole TRISSE
24.	Ms Irina PRUIDZE	Georgia / Géorgie	ZZ

25.	Ms Sybille BENNING	Germany / Allemagne	Mr Matern von MARSCHALL
26.	Mr Andrej HUNKO	Germany / Allemagne	Ms Katrin WERNER
27.	Mr Ulrich OEHME	Germany / Allemagne	Mr Stefan RUPPERT
28.	Mr Volkmar VOGEL	Germany / Allemagne	Ms Doris BARNETT
29.	Ms Nina KASIMATI	Greece / Grèce	Mr Konstantinos KATSIKIS
30.	Mr Evangelos MEIMARAKIS	Greece / Grèce	Mr Konstantinos TZAVARAS
31.	Ms Mónika BARTOS	Hungary / Hongrie	Mr Jenö MANNINGER
32.	Mr Márton GYÖNGYÖSI	Hungary / Hongrie	Ms Zita GURMAI
33.	Mr Bergþór ÓLASON	Iceland / Islande	Mr Birgir THÓRARINSSON
34.	Mr Joseph O'REILLY	Ireland / Irelande	Mr Rónán MULLEN
35.	ZZ	Italy / <i>Italie</i>	ZZ
36.	ZZ	Italy / Italie	ZZ
37.	ZZ	Italy / <i>Italie</i>	ZZ
38.	ZZ	Italy / <i>Italie</i>	ZZ
39.	Mr Andris BĒRZINŠ	Latvia / Lettonie	Ms Inese LAIZĀNE
40.	Ms Susanne EBERLE-STRUB	Liechtenstein	ZZ
41.	Mr Virgilijus PODERYS	Lithuania / Lituanie	Mr Kęstutis MASIULIS
42.	Ms Martine MERGEN	Luxembourg	Ms Françoise HETTO-GAASCH
43.	Mr Etienne GRECH	Malta / <i>Malte</i>	Ms Rosianne CUTAJAR
44.	Mr Valeriu GHILETCHI	Republic of Moldova / République de Moldova	Ms Valentina BULIGA
45.	Ms Béatrice FRESKO-ROLFO	Monaco	Mr Guillaume ROSE
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