the importance of complementarity between the patient's model and the doctor's. In contrast to Szasz's later critique of mental illness, the paper accepts the importance of disorder of function as well as physical lesions.

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Szasz in the context of low-income countries

Sir: It was refreshing to read in the May issue the paper by Moncrieff (2014) and the follow-on comment by Turner (2014). Taking heed from experiences in low-income countries and involving the community to accrue the best benefits when designing interventions are cited in Moncrieff's article. The parallel drawn between health and freedom is a paradox if one is to take the context of mental illness in many low-income countries. Most patients with mental illness in Africa are disadvantaged by the absence of mental health legislation frameworks that somehow favour 'health' over 'freedom', as only 44.4% of countries in Africa have drafted mental health legislation (Word Health Organization, 2011). Some are literally chained and subjected to witchcraft, such is the stigma of mental illness. Freedom in all its forms as advocated by Szasz, and buoyed in Moncrieff's article, is not 'missed' in low-income countries in the context of mental illness, but rather is conveniently lacking, due to stigma.

As should professionals in any branch of medicine, psychiatrists, be it in low-income countries or globally, should be advancing modern and evidence-based understanding of mental illness and advocate for patients in times of sickness and vulnerability to deliver the best available care. At times, the treatment offered might involve the patient's temporary loss of liberty, but this should always be done with due and appropriate consideration to maintaining human rights and dignity. In the long run, advocating advanced and improved mental healthcare will enhance equal opportunities of liberty and freedom.

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