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Romania: "Protection of basic rights of people with mental disabilities placed in psychiatric establishments - an imperative for the Romanian state"

## Presentation at the Round Table "Advocacy for Dignity 5 November 2004, Bucharest

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In May, Amnesty International published a memorandum to the Romanian government concerning inpatient psychiatric treatment and addressed extensive recommendations to the authorities. Following our methodical research we concluded that the placement, living conditions and treatment of patients and residents in many psychiatric wards and hospitals in Romania are in violation of international human rights standards and best professional practice in this field. Amnesty International continues to receive reports that give rise to concern.

Psychiatric wards and hospitals, which I shall refer to as psychiatric establishments, are an important segment of a complex system of institutional care for people with mental disabilities in Romania. The problems faced by people with mental disabilities, be they mental disorder or intellectual and other developmental disability, placed in such institutions are often very similar. The government's programmes to address these problems appear to lack a consistent conceptual approach and coordination.

We believe that the only way to address the ongoing violations of human rights in psychiatric establishments is through effective enforcement of international human rights standards. These are legal norms which Romania has ratified and they should apply to people with mental disabilities in the same way as to any other human being in this country. For example, the provisions of the International Covenant on Civil and Political Rights, the European Convention on Human Rights and the Convention against Torture apply to placement in psychiatric establishments. Placement practiced in Romania amounts to arbitrary deprivation of liberty; and the living conditions and lack of adequate treatment, when so deplorable, amounts to cruel, inhuman and degrading treatment. At the same time Romania needs to ensure effective enforcement of international standards of particular relevance to people with mental disabilities such as Principles for the Protection of Persons with Mental Illnesses and the Improvement of Mental Health Care, UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, case law of the European Court of Human Rights and extensive norms developed by other bodies of the Council of Europe

to protect people with mental disabilities.

We also believe that the effective protection of many of these rights depends on a thorough and appropriate reform of the mental health care services in Romania, which will be the focus of our afternoon discussions.

Protecting the rights of people with mental disabilities placed in psychiatric establishments was at the very core of recommendations which Amnesty International addressed to the Romanian government in its memorandum. Implementation of these recommendations requires concerted and well coordinated action by all relevant ministries and other authorities. The situation in psychiatric establishments has been neglected for far too long. Few have ever been held accountable for violations and abuses suffered by some of the most vulnerable members of society. This must no longer be tolerated and we once again appeal to the authorities to implement our recommendations as a matter of highest priority.

Our detailed recommendations are in the memorandum. I would like to emphasise here the following four points:

We believe that what is needed is a comprehensive reform, not cosmetic change. A list of measures adopted by the Romanian government on 19 May are important but are not enough. The focus of the authorities efforts so far appears to have been on the six high security psychiatric hospitals which are directly controlled by the Ministry of Health. The review of conditions and treatment in all other establishments, as well as reassessment of all patients and residents is a welcome step and we look forward to receiving information about their results. However, we are concerned that creating new institutions as a result of this review process - placing patients and residents into the so-called social-medical centres - is in stark contradiction with the government's own national action plan for reintegration into the community of people with mental disabilities, launched a year ago. So, let me emphasise, the government must look at a thorough and appropriate reform of the mental health care services and at ways to significantly increase the capacity of the community to support the rehabilitation and reintegration of people with mental disabilities. A comprehensive reform should enable people with mental disabilities to fully exercise their right to health care and other social, cultural and economic rights, such as right to education, employment or right to family life. Furthermore, a successful reform of the mental health care services would not be complete without putting in place all the safeguards for the protection of basic rights of people for whose full benefit these services should be designed. Every aspect of these services should ensure that the clients are protected from abuse, whoever the perpetrator might be: a service provider, a family member or anyone else.

In the immediate and short-term, before winter sets in, the government must ensure that all psychiatric establishments are provided with adequate heating, food, clothing and bedding. Standards should be introduced and enforced for all aspects of inpatient living conditions and the full range of therapies should be provided to patients. The government must ensure that medication prescribed is in fact provided, and that a regular supply of appropriate medicines is guaranteed. Adequate medical therapy for somatic conditions and dental therapy should be provided to patients and residents by appropriate medical and dental services. All psychiatric establishments should be adequately staffed by medical and non-medical staff of adequate number and training. Let me clarify that addressing the immediate situation should not in any way divert attention from the issue of fundamental reform, which should be a topmost priority. With regard to involuntary treatment, the government must ensure that the Law on Mental Health is being effectively enforced in line with international human rights principles. We have yet to see the realization of the government's self-declared commitment to have the necessary rules in place by December 2004. Other systems need to be put in place to ensure that patients are always adequately assessed and that their needs are being appropriately addressed; that people with significantly different needs are not placed together, thus putting at risk of abuse those who are more vulnerable; and that a patient's state of health and therapy is regularly

reviewed particularly in view of a possible discharge from hospital or transfer to a less restrictive environment.

Regulations and systems should be introduced to effectively protect patients and residents from ill-treatment and other abuse. These concern: adequately informing the patients about their rights and their ability to effectively exercise their right to free and informed consent to treatment and medication; medical examination of all patients on their admission and to referral of reports of any injuries observed to the public prosecutor in charge; providing assistance to anyone claiming that they had been subjected to police ill-treatment during their admission into hospital to file complaints to the public prosecutor. There are a number of other safeguards detailed in our recommendations which concern patients' contact with the outside world; regular visits by public prosecutors; adequate training for all orderlies in managing patients exhibiting violent behaviour; a system for patients to file complaints and an independent oversight mechanism. Safeguards against ill-treatment should also include detailed regulations on restraint and seclusion practices which must be in line with international standards. Allegations of ill-treatment and abuse must be effectively investigated by prosecutors in order to bring to justice those responsible of any criminal offence as well as by independent inquiries to establish any failing of the services involved and issuing appropriate recommendations so that the risk of similar incidents occurring in the future is minimized. With regard to deaths in psychiatric establishments we issued a number of recommendations regarding post-mortem examinations in all instances of unexplained deaths; compilation of national data on mortality in psychiatric establishments; and the requirement that all deaths of patients and residents are promptly, thoroughly, independently and impartially investigated and that the results are made public. Those suspected of a criminal offence must be brought to justice.

Let us in our debate build consensus about the imperative that the basic rights of people with mental disabilities in psychiatric establishments should be fully respected and protected; that the state must undertake all necessary steps as a matter of utmost urgency; and that civil society organizations, particularly those representing service users and their families, should play an active role in maintaining an oversight of the situation and ensuring all our objectives are met.

Amnesty International remains committed to these issues. I look forward to a debate, particularly about the ways in which we can all work to bring about change. Let us constructively explore possibilities to protect the rights of people confined in psychiatric establishments and put an end to discrimination, neglect and daily despair. Let us work together to ensure that people with mental disabilities can lead their lives with human dignity, develop their potential and be fully integrated into the community like all of us.

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