

# AMNESTY INTERNATIONAL

## Media Briefing

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## **Bulgaria: Summary of Amnesty International's concerns regarding the treatment of people with mental disabilities**

Published

This document summarises Amnesty International's concerns presented in the report "*Bulgaria: Far from the eyes of society. Systematic discrimination against people with mental disabilities*".

Amnesty International is concerned about the grave lack of respect for basic human rights of people with mental disabilities in Bulgaria. Some of their basic rights are systematically violated when being subjected to treatment against their will in psychiatric hospitals, or when placed for residential care in social care homes for children or adults with mental disabilities.

Many of these violations of basic human rights, arising from legal regulations and procedures which are not in line with international standards, or from the observed, widespread practices, such as the enforcement of seclusion or lack of rehabilitation and active therapy, amount to systematic discrimination against people with mental disabilities. There is a very high probability that any person with a mental disability in Bulgaria, because of their disability, would suffer some violations of his/her basic human rights.

Traditional attitudes to mental and physical disabilities in Bulgaria result in the social stigmatization and consequent discriminatory treatment of people with mental disabilities and their families. The Bulgarian government has failed to sufficiently combat this kind of discrimination.

### **Psychiatric Hospitals**

The living conditions in hospitals visited by Amnesty International's representative were inadequate and did not meet international human rights standards. Although psychotherapy and controlled pharmacotherapy were administered in these hospitals there was a notable lack of other opportunities for rehabilitation and therapy which are considered as essential by international standards.

Electroconvulsive therapy was administered in some institutions in its unmodified form (i.e. without the use of anaesthetic or muscle relaxant) which is regarded as poor practice by medical experts and contrary to international standards.

Hospital procedures for seeking and obtaining informed consent from patients placed for compulsory

in-patient hospital treatment were inadequate and did not meet international standards.

Some patients in compulsory psychiatric treatment complained that they had been roughly, sometimes violently, treated by police officers, before they were admitted into the hospital. A number of patients also complained that orderlies, who sometimes exercised security-related tasks, resorted to violence or to excessive force.

Restraint and seclusion practices in psychiatric hospitals were not in line with international standards and in some instances amounted to cruel, inhuman and degrading treatment or punishment. There were no protocols for, nor records kept regarding the use of restraint and seclusion. Seclusion was frequently enforced as a punishment. In some instances, when it concerned patients who were admitted for treatment on a voluntary basis, seclusion amounted to arbitrary deprivation of liberty and detention.

Legal regulations regarding placement for compulsory psychiatric treatment in Bulgaria did not provide sufficient guarantees of independence and impartiality. There is still no statutory obligation for prosecutors to seek a medical opinion prior to a patient's placement for assessment in an in-patient facility. The Public Health Act also fails to make obligatory the legal defence of a person who is subjected to the placement procedure.

Furthermore, the legal criteria for involuntary psychiatric treatment under the Public Health Act as defined in Article 36(3) - that a person with a mental illness is "likely to perpetrate crimes constituting a serious danger to society or is dangerous to family members or others, or seriously threaten his/her own health" - are so broad and ambiguous that they allow for arbitrary interpretation. These criteria for placement require proof only of a probable action, without any specification whether such probability is short or long-term. However, it is recognized that modern psychiatry is unable to prove a long term probability of dangerous behaviour. Secondly, the norm does not make clear what kind of danger the mentally ill should constitute to their family members or others.

Other failings to protect people placed for involuntary psychiatric treatment include:  
lack of any legal requirement or established practice in any of the psychiatric establishments visited to inform patients of their rights;  
contact with the outside world is difficult for most patients in hospitals, such as Karlukovo and Patalenitsa, which are far from the urban centres;  
there were no independent bodies to supervise the conditions and treatment in compulsory psychiatric treatment in Bulgaria or systems for filing and reviewing patients' complaints. Even the prosecutors, who are mandated to supervise the administration of the decisions for compulsory placement, apparently exercise this function with great irregularity.

### **Social Care Homes for Children**

The placement of children into institutions are frequently based on unscientific diagnoses, not on a genuine assessment of the level of support which they require. Once 'labelled' they are seldom reassessed until the age of 16 when they qualify for a state disability pension. There are no rules, no procedures, no practice which would impose consistent monitoring and reassessment of the diagnosis by teams of specialists.

Poor living conditions prevailed in all social homes for children visited. State-allocated resources were reportedly inadequate for even basic maintenance of the facilities, provision of food, heat and clothing. Any improvements depended on donations and the work of charitable organizations. Dormitories were overcrowded and in several places bare and in poor decorative condition, lacking any visual stimulation. Sanitary facilities were inadequate.

The children's contacts with parents were mostly completely severed and any contacts with the community extremely restricted.

None of the institutions visited were staffed or attended (even on an irregular basis) by the range of specialists required to conduct an appropriate rehabilitation program for children with developmental disorders.

Medical care was inadequate. With few exceptions there were no physicians in these institutions. General practitioners were often far away from the social care home. Treatment by specialists, including psychiatrists, rehabilitation and reassessment, was not a standard practice.

Lack of adequate treatment and rehabilitation for children impairs their development and the possibility of leading a more meaningful and useful life. If active and appropriate treatment is not started soon, these children will be permanently and severely affected. Amnesty International is concerned that depriving children with developmental disabilities in social care homes of thorough assessments, adequate medical care and appropriate rehabilitation amounts to cruel, inhuman and degrading treatment.

Although reports of physical abuse of children are very rare, Amnesty International is concerned that they are not investigated promptly and impartially. The organization is also concerned that the national authorities responsible for social care homes for children do not exert the necessary supervision of these institutions.

### **Social Care Homes for Adults**

Substantive and procedural norms for placement in social care homes blatantly fail to meet requirements of international human rights standards and violate the rights to due process and freedom from arbitrary detention.

The living conditions in seven of the eight social care homes for adults with mental disabilities visited by Amnesty International amounted to inhuman and degrading conditions in violation of international law. None of the facilities were adequate for the purpose of caring for people with special needs.

Placing many of these institutions in very remote locations, some of which are unsuitable for all-year residential accommodations, appeared to be the result of a deliberate policy of isolating those with disabilities. Most of the buildings were in a poor state of repair. The level of neglect rendered some buildings derelict, filthy, and, in places, dangerous for the residents. Dormitories frequently contained large numbers of residents and few institutions had any space, even toilets, which afforded privacy. Night-tables or lockers where residents can store their property were rare. Electricity was centrally controlled and there was no possibility of using the lights in daytime.

In all the institutions visited residents were dressed in ragged clothing or old army uniforms.

All the homes were providing three meals a day, but many residents appeared malnourished and complained that the food was of poor quality and insufficient quantity. None of the homes visited kept weight and height records in the medical files of the residents. The dining rooms were no better than the dormitories or other facilities.

In many of the homes visited heating in winter months was grossly inadequate.

Generally, the toilet facilities were filthy and the stench was overwhelming. The bathing facilities were all crude, often broken and for many, inaccessible.

Residents in most institutions visited complained that they were sometimes ill-treated by certain orderlies.

All homes visited by Amnesty International resorted to the use of seclusion methods, usually imposed as punishments, which were cruel, inhuman or degrading and in violation of international human rights standards. No detailed records were kept of how and when seclusion and methods of restraint were used.

and it appeared that such ways of controlling residents' behaviour would be ordered by a nurse or an orderly.

The institutions visited were severely understaffed. Both medical and non-medical staff (orderlies) lacked appropriate training to work with people with mental disabilities. As already noted, most of the institutions were far from urban centres and it was therefore difficult for residents to receive appropriate medical care and for the institution to recruit staff that had appropriate training.

Most people were placed in social homes on the basis of diagnoses made long ago and of very dubious accuracy. Although these institutions were for people with various mental disabilities, the levels of staffing and the quality of staff training were dangerously inadequate. The role of psychiatrists in the care of residents was extremely limited. Psychiatric treatment in many institutions visited appeared to consist solely of the prescription of medication on the basis of data provided by the medical staff in the home.

Poor records of medical treatment as well as records of incidents in which residents suffered injuries were observed in most social care homes visited. Specialist medical and dental care were rare.

Psychotropic medication was openly used in the institutions visited to subdue behaviours which may well not have a psychiatric basis, but be due to distress and/or anger arising from the environment. The prescribing of drugs was not consistent with good medical practice in some institutions. There was no recognition of the residents' right to free and informed consent to medication. Storage of medication was not adequate in several institutions visited.

Medication was the only available therapy in most of the social care homes visited. Occupational therapy in most places consisted only of residents doing the menial work of the staff without any recompense.

In several institutions visited the staff appeared unwilling or unable to disclose information on the deaths of residents. In some institutions the mortality rates were high, particularly in years that had colder and longer winters. In most of the homes post-mortem examinations had never been performed nor had police or other authorities investigated the circumstances of deaths of residents. Records on deaths in social care homes are not reliably kept and apparently this data is not systematically collected and published by the National Service for Social Assistance.

Legal procedures for incapacitation and appointment of a guardian do not contain necessary safeguards to protect the interests of the person concerned. Representation by a qualified lawyer is not obligatory in the incapacitation proceedings. Judicial proceedings are reportedly frequently conducted in summary fashion and the court seldom if ever questions the medical expert opinion. Legal provisions which set criteria on who can be appointed as a guardian are vague and do not preclude the appointment of a social care home administrator or staff, which is frequently the case. There were reports that incapacitation procedures had been abused by family members or others. Once incapacitated there are no provisions for a periodic review of the situation. Those who were placed in a social home had very limited contact with the outside world and found it impossible to engage a lawyer or draw the attention of the local prosecutor to assist them in initiating a review of their status.

Supervision of social care homes by state authorities was sporadic and inadequate.

'*Far From The Eyes of Society*' video (in Bulgarian and English). Please note you will need to download the free [Realplayer](#) software to play these clips.

### **BULGARIAN LANGUAGE**

[http://amedia.amnesty.org/Bulgaria\\_Bulgarian1.ram](http://amedia.amnesty.org/Bulgaria_Bulgarian1.ram) - Introduction to Amnesty's concerns in social care homes in Bulgaria

[http://amedia.amnesty.org/Bulgaria\\_Bulgarian2.ram](http://amedia.amnesty.org/Bulgaria_Bulgarian2.ram) - Amnesty's concerns relating to children

[http://emedia.amnesty.org/Bulgaria\\_Bulgarian3.ram](http://emedia.amnesty.org/Bulgaria_Bulgarian3.ram) - Use of medication and restraint, lack of staff training and high mortality rates

[http://emedia.amnesty.org/Bulgaria\\_Bulgarian4.ram](http://emedia.amnesty.org/Bulgaria_Bulgarian4.ram) - Amnesty's recommendations

### **ENGLISH LANGUAGE**

[http://emedia.amnesty.org/Bulgaria\\_English1.ram](http://emedia.amnesty.org/Bulgaria_English1.ram)- Introduction to Amnesty's concerns in social care homes in Bulgaria

[http://emedia.amnesty.org/Bulgaria\\_English2.ram](http://emedia.amnesty.org/Bulgaria_English2.ram)- Amnesty's concerns relating to children

[http://emedia.amnesty.org/Bulgaria\\_English3.ram](http://emedia.amnesty.org/Bulgaria_English3.ram) - Use of medication and restraint, lack of staff training and high mortality rates

[http://emedia.amnesty.org/Bulgaria\\_English4.ram](http://emedia.amnesty.org/Bulgaria_English4.ram) - Amnesty's recommendations

### Public Document

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