

A SERBIAN PERSPECTIVE: Monitoring of psychiatric institutions and dehumanization

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Background

- Center for Rehabilitation of Torture Victims (IAN), since 2000 (1997); independent, non-governmental organization for psychosocial assistance (www.ian.org.rs);
- Torture victims – detainees from concentration camps and prisons in Croatia and Bosnia and Herzegovina;
- Since 2004 – human rights are inseparable and indispensable for proper treatment of torture victims;

Mental health reforms

- 2003-2008: Stability Pact MH Project - National MH Strategy and Action Plan, New MH Law, Pilot CMH Center.
- 2008 – project stopped and Center reduced to outpatient service;
- Change of approach:
 - From „top to bottom“ to „bottom to top“ – development and capacity building of users associations, young professionals, media and public.
 - From „development of services“ to „human rights“.

Let's call it TORTURE

- 2008 – UN CAT “Shadow report”;
- EC – Progress report

- 2009 – Council for protection of rights of people deprived of liberty (prisons, police stations but also psychiatric hospitals and social institutions)

- 2010 – large EC funded project for prevention of torture and institutional violence covering Balkan countries (“post-war violence”) – Croatia, B&H, Kosovo, Serbia.

Torment not Treatment:

**Serbia's Segregation and Abuse of
Children and Adults with Disabilities**



OPCAT in Serbia

- September 25, **2003**: Serbia signed the OPCAT;
- December 1, 2005: Law on Ratification;
- September 26, 2006: Serbia became a State Party of the OPCAT;
- July 28, **2011**: Serbian National Assembly designated the Protector of Citizens as the authority performing the duties of the NPM.

Mandate of the NPM

- NPM conducts visits to the institutions
 - where there are or may be persons deprived of liberty
 - in order to deter public authorities and officials from any form of torture or any other form of ill-treatment, and
 - to provide direction to public authorities towards the creation of accommodation and other living conditions in the institutions where persons deprived of liberty are placed,
 - in accordance with applicable regulations and standards.
- NPM has the right to
 - unhindered and unannounced access, at any time, to all facilities;
 - to have private conversations with these persons, the officials who are obliged to cooperate in this regard;
 - to access all documentation relating to any such person;
 - to make recommendations to the competent authorities.

Methodological principles

- Referential framework is „applicable regulations and standards“ – i.e. existing legislation and sub-law documents, but also *international documents and standards*;
- Reports include **concrete, operationalized recommendations** supported with references to regulations and standards;
- Building of the cooperative relationship with the authorities and employees of the institution; monitoring followed up by „continuous dialogue“;
- Finding „balance“ between the confidentiality and the publicity and transparency of our work.

Messages

- Deinstitutionalization is a form of PREVENTION of TORTURE; even existance of hospitals is “inhuman and degrading treatment”!
- All recomendations should point to the ultimate goal – closure of hospitals and development of community based services.
- Focus is not on institutions (and their staff), but on the system which is abusive.

Dehumanisation

- Torture, physical abuse, beating – extreme cases which are rarely documented;
- Prerequisite for torture is a dehumanizing context – observable at different levels, from organization of services, denial of patient's needs, to biomedical theories implicit within the professional attitude;
- Monitoring includes observation of different indicators of dehumanizing context.

























Refugees – a new challenge

- „Balkan Route“ – hundreds of thousands of refugees passing through the country;
- IOM: 246.336 refugees entered Serbia in 2015 (>October 19th)
- September 29th-October 12th 2015, **4.300** refugees *per day* were coming to Serbia from Macedonia, and 250 to 550 from Bulgaria.
- Highest influx on October 18th when **10.000 people** were registered in the refugee camp in Preševo.
- At the present „Balkan Route“ is formally closed, but refugees are coming in continuously.

Refugees at the checkpoint in Serbia



Refugees entering the train to Croatia



Systematic torture?

- Around 40% of the participants reported some form of torture or abuse in transit countries (N=205). (Janković Jovanović, A., Trivunčić, B., & Đurašinić, V. (2015). *The demographic picture, the assessment of the legal status and needs as well as examination the traumatic experiences of refugees who are in transit through Serbia.*)



Refugee crisis as a challenge to the organization of services

- The services are only partially developed as a response to the population's needs;
- Those who are not able to “adapt” (lower social status, no support from the family, etc.), will receive the least from the health system;
- How to transform services in a way that will more directly respond to the needs, not only of the refugee population, but the domicile population as well

Refugee crisis as a challenge to the biomedical model of disease

- It is impossible to understand psychopathology of our client refugees without taking into account their social context;
- What is perceived as a great “cultural” diversity of refugee population can be probably understood as a part of symptomatic presentation that is modeled by cultural factors, as it was described by the concept of “pathoplasticity”.
- Case A: Afghan boy (15) with self-injuries
- Case B: Pakistani boy with seizures