



## WORLD HEALTH ORGANIZATION

# Custodial psychiatric hospitals in conflict situations

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### Background

- Custodial psychiatric hospitals (often referred to as mental asylums) - which often hold people with mental disorders for a life-time - exist throughout the world and are of human rights concern during war and peace.
- It has been firmly established that large custodial psychiatric hospitals tend to be repressive and regressive, and hinder rather than facilitate recovery from mental illness.
- The failures of custodial psychiatric hospitals have been evidenced by inadequate treatment services, repeated ill-treatment to patients, inadequate inspection and quality assurance procedures, and absorption of limited financial resources for mental health care.
- As described in detail in the World Health Report 2001, *Mental Health: New Understanding, New Hope*, many countries across the world are in the process of addressing this health and human rights issue and are gradually phasing out existing custodial psychiatric hospitals while strengthening community mental health care.

### Conflict situations

- During emergencies - such as wars - children, women, the elderly, the disabled and persons with severe physical or mental disorders are all rightly considered as belonging to vulnerable groups.
- Persons in custodial psychiatric hospitals may be among the most vulnerable for at least three reasons. First, they tend to live in physical isolation from their families. Second, they are less likely to receive help from community members because of misplaced public fear of people with mental disorders and because of social stigmas. Third, some persons in custodial psychiatric hospitals may have become too dependent on custodial care to feasibly move and settle elsewhere if necessary during conflict.

### Responsibilities of the public health official

- During conflict, all health facilities, staff and patients should receive special protection. The public health official must ensure that custodial psychiatric hospitals are not excluded from such protection.
- Hospitals should have in place a crisis contingency plan. Such a plan should outline assignment of responsibility and mechanisms to carry out care during emergencies and evacuation if needed. If the institution contains locked facilities or cells, contingency plans should describe a hierarchy of responsibility for keys to ensure that doors can be unlocked at any given time.

- The public health official must ensure that the basic physical needs of patients are met. These basic needs include potable water, adequate food, shelter and sanitation, and access to treatment for physical diseases.
- During emergencies the public health official should implement or strengthen human rights surveillance in institutions. Custodial psychiatric hospitals are places where human rights often are violated, even during times of peace. During emergencies, when resources are low and staff may be less in numbers, patients are at further increased risk of human rights violations, such as general neglect, punishment, physical and sexual abuse. Enhanced surveillance, especially by senior staff, can reduce the risk of such violations.
- The public health official should ensure at least basic mental health care to patients throughout the emergency. In other words, the public health worker should be vigilant to ensure that sufficient, essential psychotropic drugs and psychosocial support are available throughout the emergency and that drugs are rationally prescribed. Sudden discontinuation of psychotropic medication can be harmful – sometimes even dangerous - and should be avoided.

### **After the emergency**

In the aftermath of an acute emergency, there is frequently impetus to develop and implement new mental health programmes. This may be an opportune time to make a paradigm shift towards gradually phasing out existing custodial psychiatric hospitals and to developing community services for people with severe mental disorders.

### **For more information contact:**

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