

# An Invisible Victim –

## Testimony from a Man with Mental Disabilities in Nigeria



*People with psycho-social and learning disabilities are among the least visible victims of discrimination. They suffer, often systematically, violations of a broad range of human rights. Yet, because of the stigma of these types of disability in practically all societies in the world, they are invisible and their plight is mostly undocumented. Since the 1970s the most severe forms of discrimination suffered by people with psycho-social and learning disabilities have been recorded in some states of North America and Western Europe, giving rise to mental health care reforms and the creation of programmes for their social inclusion. In the past decade, scrutiny by human rights monitors of discrimination experienced by these groups has been focused on some states of Central and Eastern Europe and South America. However, in Africa, little research and advocacy has been conducted to promote greater respect of the basic rights of people with psycho-social and learning disabilities in Africa.<sup>1</sup>*

In July 2008, a team of ERT researchers visited Nigeria to study discriminatory law enforcement practices that led to deaths in custody. Among the custodial facilities that the team was interested in were asylums, established within prisons, where people with psycho-social and learning disabilities are placed – without proper judicial review or effective legal representation - under the procedure of the Lunacy Law, a vestige of the colonial rule. Their placement is seldom reviewed and their survival in the asylums largely depends on support provided by charitable organisations. However, one local human rights organisation has taken concrete steps to address this, until recently ‘invisible’ problem. Prisoners Rehabilitation

and Welfare Action (PRAWA), based in Enugu, is a non-governmental organisation that has in recent years conducted programmes to affect the release of women and men held in Enugu Prison Asylum, helping them to obtain treatment in the state psychiatric hospital or, where possible, to return to their families. PRAWA activists helped ERT researchers speak to some of those who had been released. Among them was 39-year-old Uchenna Emenike, an eloquent survivor of the Enugu Prison Asylum. Uchenna Emenike went to considerable trouble and expense to post to ERT his handwritten statement accompanied with hand-drawn illustrations, to complement information given in a face to face interview in July 2008.

### **Uchenna Emenike:**

*I was 18 years old and in my first year at the polytechnic when I started experiencing mental health problems. Initially, I was treated in a private hospital where I was subjected to electroconvulsive therapy (ECT).<sup>2</sup> Subsequently I left school as I needed time to recuperate and was permanently on psychotropic medication. Then there was another breakdown and I was subjected to another course of ECT. Over the years I have been hospitalised several times and the treatment administered included six ECT sessions. In 1993, it was administered without anaesthetics with only some people holding down my arms<sup>3</sup> – reportedly the psychiatrist involved had been trained in Poland. You cannot imagine how terribly I felt. The last session was in 1995 and then in 1996 the machine broke down.<sup>4</sup>*

*In 1990, I enrolled in a second polytechnic but could not keep up. I was always sleepy because of my medication. In 1991 and 1992, I completed several courses at a private computer-training school. Then in 1993, I started working in the family company processing food. In the period 1996 – 2000, I worked with a new food technician who had been hired to process starch from cassava. When in 1999 the business started to decline I found work in a bakery as a mixer. After some time I became the chief mixer. But I wanted to educate myself further and in the year 2000, I managed to persuade my father to let me sit for the Enugu State University of Science and Technology entrance exam. The exam was very tough but I passed and enrolled in the Department of Urban Planning. Unfortunately in 2001, during a lecture, I had another breakdown, became very confused and lost control.*

*I cannot explain how I fell into trouble again. The following spring, on 26 March 2002, I fell from the roof of my house and landed on the concrete on my head. I had no fracture except on the left wrist and shoulder. I was admitted to a psychiatric hospital and discharged eight months later, on 25 November 2002. I went home and then tried to resume my studies but that proved difficult. The university asked for a medical certificate*

*establishing that I was healthy and so I went to the psychiatric hospital to get such a report.*

*In July 2003, before I could go back to the university, I had an accident at the family home. After a kerosene burner tipped over while I was preparing breakfast, I was accused that I had tried to burn down the house deliberately. In the evening a female and a male police officer came to my house to arrest me and take me to the police station where I was held for three nights. There were few people in the police cells and the family brought me food. On Monday 14 July 2003, I was taken to the Nkwo Nike Magistrate Court in Enugu. I was in handcuffs, hungry, unshaven and looking a bit unkempt, having stayed in a police detention cell for about two days. I was very confused and upset as I had not had my medication. The hearing was very brief. The magistrate did not ask me any questions. It was my father who did all the talking, complaining that I had been violent and wanted to burn down the house. I had no lawyer representing me. The magistrate decided that I should be sent to the asylum for observation for two months and that a report should be submitted to the court on 28 September 2003.*

*But in fact, it seems to me that I was actually sent to the asylum for punishment, as I was never subjected to any psychiatric assessment and my case was never reviewed by the magistrate. I ended up spending three years, 10 months and some weeks and days, until I was released on 1 June 2007, during the State Chief Judge release (or Jubilee) into the care of PRAWA (Prisoner Rehabilitation and Welfare Action), who intervened on my behalf. Praise God!*

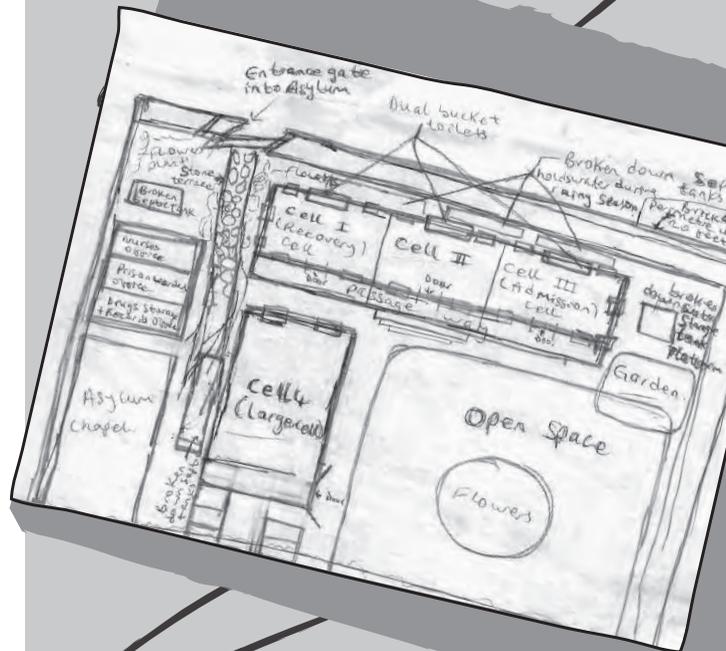
*The situation in the asylum was very different from what I had experienced in the police station. The conditions were terrible. When a new person arrived in the asylum, the others would say: “Ka omuta kwueie” (“To learn something new”), to experience a different world, a world of confinement.*

*Those sent to the Asylum are usually labelled either “civil lunatic” or “criminal lunatic”; even if nothing is wrong with their senses. Only three or*

four men that I came into contact with while I was in the asylum were there because they had been accused of committing a murder or another serious crime. The rest were there simply because of a break-down in the family relations. Maybe you and your relations had a dispute over a family inheritance. The relatives may go to the magistrate's court and allege you are a threat or a danger to their lives. This is how it is done: the individual may or may not appear at the magistrate's court, where the "prosecutor", usually a close relative, testifies that the individual is violent or that they had been threatened. The magistrate will then send such a person to the asylum for medical observation, with a date set to reappear in court for an assessment. But they usually stay for very much longer periods. Then God only knows if, or when, the individual will make it to the outside world again.

In fact, people are sent to the asylum to die. Ventilation, nutrition, water supply and sanitation are poor or broken down. The authorities do not even allow trees to grow in the asylum yard, especially near the tall walls, to prevent escape.

The entire asylum consisted of four cells, each measuring about 25 square metres. There were around 40 men in each cell. Cell number 1 was for those considered as "getting better"; cell number 3 was for those newly admitted and cells number 2 and 4 were for "hopeless cases". I was held in cell number 3, following admission, for 13 months. The day I arrived, the cell was full of "new breeds" and I was "stocked". This cell is equipped with a chain attached to the floor. The chain is used to restrain men deemed "difficult" or as punishment. The chain is fixed with a lock around a detainee's ankle, a method we referred to as "stocked". Some inmates were known to have been put in chains for many months at a stretch - even up to 6 months or above - eating, sleeping, defecating, bathing or resting in one spot while in chains. After some months, while I was there, wardens began collecting bribes



*from inmates to release them from their chains. Some wardens began to exploit the opportunity as a means of making quick cash when they were broke, looking for the most flimsy excuses to put someone in chains. The wardens – you give them money and they are your friends.*

*On admission one had no bed and slept on a straw mat which you had to purchase by yourself. In earlier years of my incarceration, a bed, when available, was constructed of very simple wooden planks. We were all infested with lice and constantly bitten by bed bugs.*

*In my later years in the asylum, people from an Anglican church, who started to visit us, brought us spring mattresses. They would visit us once a week to cook food and provide us with some soap and other toiletries, and some clothes.*

*Those who appeared sane were given some work such as administration within cells. One of the inmates, designated by wardens to be the man in charge of the cell, was called the provost. The provosts and “cell police” sometimes bribed the cell wardens to be allowed extra privileges. Strong men from the asylum were taken to prison whenever there was a need to suppress a riot. They were called “the task force”. Others were assigned to the “water gang” to bring in a limited quantity of water in dry season from a well in the prison yard. Those who could not bribe the provost for an assignment to a better job would be forced onto the “toilet gang” to take out the buckets used in the cells as toilets.*

*One was allowed into the asylum yard for two hours a day, Monday to Friday – not on weekends, when there were fewer staff on duty. In 2005 after an attempted escape all inmates were prohibited from going outside for two or three months, unless one had special duties, for example to go to the gate and bring food that was sent by family members or charitable organisations.*

*Stocking was not the only way to punish someone who the wardens thought had misbehaved. Nylon binding was also used by wardens for restraint. I*

*was bound so tightly that my body was numb as if paralysed. My arms were tied behind the back and then tied to both legs. The patient is then lifted like a sack and dumped in a corner or left on the spot where he was tied. As the minutes or hours progress, both the pain and the on-setting paralysis is very excruciating. No human being alive will be able to withhold any information or refuse to submit when this is done to him. When the wardens or provost feel the inmate might die or lose consciousness if he is not loosened, he will then be loosened and left alone or maybe have cold water poured over his head. I was tied 3 times in 2004.*

*Another punishment was referred to as a “general beating”. It was organised by the provost as a punishment. The provost made most decisions although sometimes he received instructions from the warden.*

*Three or four people would die each year. It seemed to me that people died from poor sanitary conditions. The water we consumed was mostly collected on the roof. The death of some of my fellow inmates and the sufferings and deprivations I experienced at the asylum affected me profoundly creating a sense of emptiness and worthlessness about the whole concept of life itself. Knowing that I would never see the deceased inmate again in this life, memories of times shared together, of love and hate, haunted the soul.*

*Poor sanitation and lack of appropriate and sufficient quantity of food affected almost all of us and certain body functions and conditions were either altered, or retarded or maybe reversed. For example, skin texture and respiratory functions became poor due to malnourishment, poor ventilation and lack of space.*

*An account or narration of one’s prison experience would be incomplete without any mention or comment about one’s sexual life while in incarceration. After all, only males are put together with males, and females are confined only with females likewise. One who has never been in prison or similar facility before,*

would then wonder: What do you do with your sexual urge when it rises? And of course we know that it is bound to rise sooner or later. I think that generally the psychiatric drugs which are administered to most inmates in the asylum greatly suppress one's libido, as impotence was said to be a long-term side-effect of some of the drugs. Also, stories and rumours of homosexual acts at the main prison occasionally filter into the asylum, but I neither heard of nor witnessed any such thing within the asylum.

Occasionally, "stable inmates" relapsed for a variety of reasons including the over-confined nature of the place, too much fear, worry, anxiety, disillusionment, inadequate and inappropriate nutrition, lack of visitors from the outside world, heat in the cells at certain seasons, no physical exercise and "drug reactions" (side-effects). I encountered different "drug reactions" among inmates such as those affecting the tongue, the fingers, the speech, eyesight, the legs, and movement functions.

Before I conclude this account, I would like to say something about stigma and rejection in general. Naturally no sane or "normal" person may desire any close contact or prolonged direct association with people or persons labelled "mad", or psychologically imbalanced. Even those that have already been discharged from the asylum return to the free society with a sort of tag or identity, as one who has once lived with "mad people". And if he or she is not careful, almost every and any flaw or misjudgement he or she might commit would be directly attributed to the fact that such a person is an ex-asylum inmate. But where such a person

is "the optimistic type" who has confidence in himself and belief in God to succeed, and knows how to forget, or cast behind the obstacles and mistakes of the past, to forge ahead with the drive for greater improvement, achievement and perfection, stigma and rejection would then not be any trouble at all.

Many mentally ill individuals here seem to perceive themselves less worthy than the mentally sound. They see themselves as second class citizens. Having lived in isolation from those of sound mind and health for quite some time, they feel inferior. I remember once, after I had been transferred to the Recovery Cell in 2006 - the last stage before discharge in many cases - when some trainee nurses, who were mostly female, came for excursion, and were peeping into our cell windows, slowly and carefully, to see what we looked like as if we were guinea pigs meant for experiments. I got angry and shouted at them: "Stop looking at us like monkeys in the zoo!"

But to be honest with myself, with you and any person who might be interested to know: asylum experience, at least for me, was not only sorrow and pain. Having been incarcerated for a few years, I can say: for those of us that did their time with faith, I noticed a secret kind of small and incomplete spiritual joy within my soul. In the midst of all the captivity and deprivation in the physical world, this secret foundation of an inexplicable joy or sweetness was always welling up within the soul. Especially when or after one had spent time praying or singing songs of praise to God.

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<sup>1</sup> See Amnesty International, *Nigeria: Prisoners' Rights Systematically Flouted*, February 2008.

<sup>2</sup> Electroconvulsive therapy (ECT) is a treatment whereby a controlled electric current is passed through the brain. ECT is a rapid treatment for severe depressive disorders. Nowadays it is used mainly when doctors consider it is essential to bring about improvement quickly, such as in a high risk of suicide, depressive stupor, or the depressed patient is not drinking enough fluid to maintain kidney function. With modern pharmacology the use of ECT has greatly diminished.

<sup>3</sup> The electric current induces a generalised seizure which, if uncontrolled, can lead to fractures, including vertebral ones. The use of muscle relaxants prevents this happening, but the paralyzing effects also stop the functioning of respiratory muscles, so that the patient cannot breathe unaided. For this reason ECT must only be given with a general anaesthetic and a muscle relaxant, under the supervision of an anaesthetist. This is known as “modified ECT”.

<sup>4</sup> Use of unmodified ECT is in violation of international human rights standards including Principle 14 of the UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care, and standards for conditions and treatment in psychiatric institutions elaborated by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in its Eighth Annual Report. Unmodified ECT would amount to cruel, inhuman and degrading treatment in violation of Article 15 of the UN Convention of the Rights of Persons with Disabilities (2006), as well as Article 7 of the International Covenant on Civil and Political Rights (1966), Article 5 of the African Charter on Human and People’s Rights (1981), Article 5 of the American Convention on Human Rights (1969), Article 3 of the European Convention for the Protection of Human Rights and Fundamental Freedoms (1950).