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The Parliamentary Ombudsman Norway

National Preventive Mechanism against Torture and Ill-Treatment

VISIT REPORT

- Summary and Recommendations

Diakonhjemmet hospital 24-27 February 2015

DIAKONHJEMMET HOSPITAL

Report Summary and Recommendations from the National Preventive Mechanism's Visit to Diakonhjemmet Hospital[1]

24-27 February 2015

The Parliamentary Ombudsman's preventive role

After Norway's ratification of the Optional Protocol to the Convention against Torture (OPCAT) in the summer of 2013, the Parliamentary Ombudsman was given a mandate to prevent torture and other cruel, inhuman or degrading treatment or punishment.[2] To fulfil this mandate, a special unit called the National Preventive Mechanism (NPM) was established in the Parliamentary Ombudsman's office.

Representatives of the NPM make regular visits to locations where people are deprived of their liberty, such as prisons, police custody facilities, psychiatric institutions and child welfare institutions. The visits may be announced or unannounced.

On the basis of these visits, recommendations are issued with the aim of preventing torture and other cruel, inhuman or degrading treatment or punishment.

The Parliamentary Ombudsman, through the NPM, is authorised to enter all places of detention and to engage in private conversations with those who have been deprived of their liberty. The NPM also has access to all essential information relating to detention conditions. Through independent observation and dialogue conducted during its visits, the NPM seeks to uncover risk factors that could open the way for abuses to occur. Conversations with persons deprived of their liberty are given special priority.

The NPM also conducts extensive dialogue with national authorities, civil society groups and international human rights bodies.

Summary

The Parliamentary Ombudsman's National Preventive Mechanism (NPM) visited the psychiatric inpatient units at Diakonhjemmet Hospital on 24–27 February 2015. Diakonhjemmet Hospital is an ideal, non-profit corporation, owned by the Church of Norway's Diakonhjemmet Foundation. The hospital operates under an agreement with the South-Eastern Norway Regional Health Authority (Helse Sør-Øst RHF) and offers specialist health services in the areas of internal medicine, surgery, rheumatology/rheumasurgery and psychiatry. The hospital has three psychiatric sections. Two of these sections – the Tåsen geriatric psychiatry section and the Vinderen adult psychiatry section – have inpatient units with a total of 38 beds. The NPM visited both sections. Each of the sections has one closed and one open inpatient unit.

[1] You can find the full visit report in Norwegian on the NPM's website: https://www.sivilombudsmannen.no/reports/category2967.html.
[2] The Parliamentary Ombudsman Act § 3a.

The hospital's management and other staff were forthcoming throughout the visit. The NPM's information posters were posted in all the units and the staff seemed to have been properly informed about the visit. The NPM has received thorough reports with information requested prior to and after the visit.

At each of the sections, the visit started with a meeting with the section management in which the NPM presented the Parliamentary Ombudsman's prevention mandate and the working method for the visit. The meetings were followed by inspections of the inpatient areas. The inspection included patient rooms, shielding (segregation)[3] suites, communal areas, activity rooms, electroconvulsive treatment (ECT) rooms and rooms equipped with restraint beds.

Patients from both the inpatient units at the Tåsen geriatric psychiatry section and the Vinderen adult psychiatry section were interviewed. All available patients were offered private conversations with the NPM. Interviews were also conducted with members of staff, elected union representatives, the hospital's experience consultant and the independent patient representative from Mental Helse (an organisation for people with mental health problems).

The NPM also reviewed relevant documents, records and administrative decisions[4]. This included all use-of-force registers and the supervisory commission's inspection reports for 2012, 2013, 2014 and to date in 2015, as well as spot checks of administrative decisions on the use of force and of patient records. The visit concluded with a meeting with the hospital management, at which preliminary findings and recommendations were presented.

In general, the physical conditions were satisfactory at all the inpatient units. The closed unit at Tåsen geriatric psychiatry section is planning to make several changes that the NPM believes will lead to a safer treatment of patients.

The NPM focused on patient rights during its visit. The NPM examined whether patients had been informed verbally and in writing of any administrative decisions and of their right of appeal. It further examined whether next of kin were informed about administrative decisions.

The NPM visited the shielding suites at both the Tåsen geriatric psychiatry section and the Vinderen adult psychiatry section's emergency inpatient unit.

The visit showed that an individual assessment is made for each patient of whether they should have access to leave the unit and possibly also the hospital area, and if so, whether they should be accompanied. The assessment is referred to as 'status and leave' and is a method of classifying the need for control and the security of the patient, co-patients and staff. 'Status and leave' is assessed, changed and cancelled by the doctor/psychologist who is treating the patient together with the social worker. This is part of the treatment plan. The patients that the NPM spoke with perceived 'status and leave' as a dynamic assessment and classification.

[3] In Norway, the practice of shielding resembles the concept of "open-area-seclusion", "segregation nursing", "segregation area", "quiet room" or "sheltered area" in international literature. See Tonje Lossius Husum, Dissertation, "Staff attitudes and use of coercion in acute psychiatric wards in Norway", 2011.

[4] An administrative decision is a decision made in the exercise of public authority which determines the rights or duties of individuals.

During the visit, it emerged that, as a matter of routine, staff at the Vinderen adult psychiatry section look through the patients' possessions on admission. No administrative decision is made to conduct such a search. Searches are based on the patient's consent. The NPM points out that the hospital has no authority under applicable regulations to carry out routine searches of the patients' belongings on admission. Nor does the patient's consent form an independent basis for carrying out a search under Section 4-6 of the Mental Health Care Act. The NPM recommends that the Vinderen adult psychiatry section only search patients' possessions when there are grounds for suspecting that medication, drugs or alcohol, means of escape or dangerous objects are present, and then only following an administrative decision that a search should be carried out.

During its visit, the NPM focused in particular on the use of coercive measures. Spot checks of patient records from 2014 showed that some patients had been strapped to a restraint bed for several days or had been in restraints several times during their stay on account of disruptive behaviour or violence directed at staff. The documentation showed that clinical assessments were made continually, including of the possibility of using strap extenders. After such incidents, however, the patients were not offered consultations with staff on a regular basis so that they could talk about the incident. The handwritten use-of-force registers lacked some information, but they were fairly well-organised.

All patients were mapped and suicide risk was assessed on admission.

The vast majority of patients felt that they were heard and looked after by both nursing staff and doctors. The patients said that they trusted the staff, and that even if the staff were busy, they found the time to speak with them. Many of the patients described the staff as caring and forthcoming, and they appreciated the fact that routines and control were adapted to individual needs. All the patients stated that the units were secure. None of the patients had experienced any threats or violence from members of staff or other patients. Some patients were concerned about excessive or incorrect medication, but most of them felt that they could discuss this with the person responsible for treating them.

It was found that both sections offer ECT. In order for ECT to be administered, the patient must consent and next of kin must not object to such treatment. The head of the section at the Tåsen geriatric psychiatric section stated, however, that it is sometimes difficult to determine whether the patient is competent to consent and whether the consent is genuine. ECT is administered out of necessity once or twice a year at the Tåsen geriatric psychiatric section. These are cases in which it is considered that, without treatment, the patient would die in the course of a few days. During the NPM's visit, none of the patients expressed any concerns regarding the administration of ECT.

Based on its visit, the National Preventive Mechanism finds that there are grounds for issuing the following recommendations:

- Patients should always be informed both verbally and in writing about administrative decisions to use force and of the grounds for such decisions in each case. As a rule, the patient should not have to request access to his/her patient records in order to get information about the grounds for an administrative decision to use force.

- If the patient's health condition is such that he/she is unable to receive the administrative decision at the time when it is made, the patient should be re-informed when he/she is better able to receive and understand the information.

- Medical personnel should ensure that patients are aware of their right of appeal. If the patient's health condition is such that he/she is unable to understand his/her right of appeal at the time when the administrative decision is made, the patient should be re-informed when he/she is better able to receive and understand the information.

- The supervisory commission should ask the patient directly whether he/she wishes to speak with the commission.

- Vinderen adult psychiatry section should only look through their patients' possessions when there are grounds for suspecting that medication, drugs or alcohol, means of escape or dangerous objects are present. Decisions to conduct such searches should be made in the form of an administrative decision by the person with professional responsibility.

- Medical personnel should ensure that patients are offered consultation (debriefing) when coercive measures have been used. Unless the patient objects, such debriefing should also be offered to next of kin.

- The inpatient units should improve documentation in the use-of-force registers so that it always includes the patient's name and date of birth, the time that the coercive measure was initiated and discontinued, the grounds for the coercive measure, the names of both the doctor on duty and the doctor who ordered and approved it and an account of any injuries to patients or staff. Patients should be given an opportunity to comment on the use-of-force register, and they should have access to the use-of-force register related to their particular incident.

- Mechanical restraints should be used for as short periods as possible.

- Medical personnel should ensure that patients are offered consultation (debriefing) following incidents involving the police. Unless the patient objects, such debriefing should also be offered to next of kin.

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