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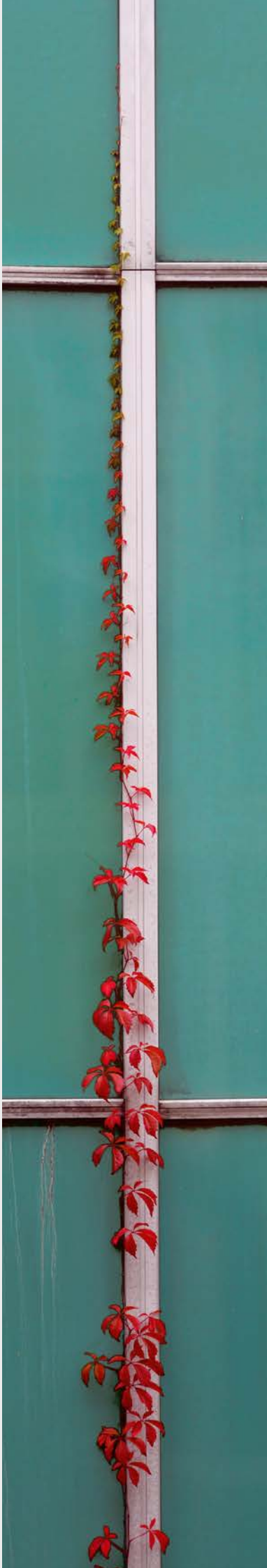
The Parliamentary Ombudsman Norway

National Preventive Mechanism against Torture and Ill-Treatment

VISIT REPORT

- Summary and Recommendations

Telemark hospital
8-10 April 2015



TELEMARK HOSPITAL

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

8-10 April 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 Telemark Hospital in Skien on 8-10 April 2015. Telemark Hospital Health Trust is a district hospital for Telemark County and provides most types of specialist health services to the residents of Telemark. The Clinic for Mental Health Care and Substance Addiction Treatment offers mental health care and interdisciplinary specialised treatment for drug and alcohol problems. The Clinic consists of five sections: the sections for emergency psychiatry, geriatric psychiatry, and rehabilitation, and the psychiatric district centres for lower and upper Telemark County, respectively. Each section consists of one or more units. During its visit, the NPM focused on the inpatients units of the emergency psychiatry, geriatric psychiatry and rehabilitation sections. The NPM did not visit

[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 adolescent psychiatry inpatient unit, which is part of the emergency psychiatry section, or the psychiatric district centres for lower and upper Telemark County.

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

Interviews were conducted with patients from the inpatient units for emergency psychiatry (admission units 19A, 19B and the short-term detoxification unit), geriatric psychiatry and rehabilitation (security unit 3A and severe psychosis unit 19C). All patients who were present were offered private conversations with the NPM, and more than half of them accepted. Interviews were also conducted with members of staff and elected union representatives.

The NPM also reviewed relevant documents, records and administrative decisions.[4] This included all use-of-force registers for 2013, 2014 and to date in 2015, as well as administrative decisions on the use of force and patient records. The NPM was also given access to the hospital's quality management system.

The physical conditions in Building 19, which houses inpatient units 19A and 19B, the short-term detoxification unit and unit 19C, were found to be good. This is a relatively new and purpose-built building. The NPM noted in particular that the patient rooms seemed functional, that the admission facilities were good and that there was free access to an atrium with benches, plants and running water.

Building 4, which houses the geriatric psychiatry inpatient unit, was built in the 1960s and was most recently upgraded in 1995. Most of the patient rooms in Building 4 are equipped with only a sink, and the patients have to share bathroom and toilet facilities. This situation can, among other things, impose challenges related to patients' privacy and self-care, and to the medical personnel's ability to care for the patients.

The rehabilitation section's security unit 3A is located on the first floor of Building 3. This unit appeared to be in poor condition. The air quality in the corridor was poor, and one of the shared bathrooms smelled of mould. There were signs of mould and water damage in one of the communal showers. The security unit had no activity room, exercise room or library that the patients could use. The patients in the security unit had no access to any separate outdoor area, garden, playing fields, balcony or veranda. The physical conditions and low staffing levels resulted in patients in the security unit not always being given the possibility for daily outdoor exercise and physical activity. This gives cause for concern, and reference is made to the *minimum requirement* of one hour of outdoor activity per day for inmates in Norwegian prisons who, like patients under compulsory mental health care, are deprived of their liberty. The situation is even more serious because the average stay for

[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.

patients in the security unit is longer than the average stay for other patients at the Clinic for Mental Health Care and Substance Addiction Treatment.

Documents from the geriatric psychiatry section indicated that patients are not informed of all administrative decisions. Occasionally, patients with administrative decisions for treatment without consent are given medications hidden in their food or drink without their knowledge. Such practice is a serious intrusion on individual autonomy, and could involve a risk of ill-treatment. One patient had been involuntarily admitted to the geriatric psychiatry inpatient unit and had not been informed about the administrative decision. The NPM also noted that one patient in the emergency psychiatry section had experienced a short period of physical restraint without any administrative decision to that effect having been adopted. There was no visible information about the supervisory commission, the County Governor or the Parliamentary Ombudsman in the inpatient units, and patients were not always aware of their rights. The supervisory commission also stated that it is not always given the opportunity to talk to patients alone. This could weaken patients' ability to raise their case with the supervisory commission.

During the visit, it emerged that some patients had their belongings searched on admission. An administrative decision to conduct such a search had not been made in the case of any of the patients that the NPM spoke with. The hospital management informed the NPM that when patients are admitted, the staff search their belongings as a matter of routine. 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.

Patients can participate in various activities offered by the inpatient units. The emergency psychiatry section offered, among other things, horse riding and outings on a weekly basis, and the NPM notes that many patients attended these trips. The inpatient unit for severe psychosis offers weekly outings, communal activities in the gymnasium and film nights. Patients in the security unit participate in a 'New opportunities' programme during which they work outside the institution. Even though a large and well-equipped activity building is located next to the security unit, it is seldom used by the patients because of low staffing levels. Patients in the geriatric psychiatry section participate in a simple morning exercise programme on a daily basis and often have the possibility of going for a walk afterwards. Several of the patients stated that afternoons and evenings can feel very long, however, due to a lack of activities after lunch. The section’s management confirmed that the activity building was not used by geriatric psychiatric patients. The section also does not have a physiotherapist.

None of the patients mentioned mechanical restraints in their conversations with the NPM. According to the use-of-force registers, one patient had been placed in mechanical restraints during the current hospital admission. A review of the use-of-force registers from all the inpatient units indicated that patients were generally placed in restraint beds only for short periods (a few hours). When patients were held in restraint beds for several days, the staff sought to extend the straps gradually and free them of the restraints. The NPM would stress, however, that the use of a restraint bed is a very invasive measure that in itself imposes a high risk of ill-treatment, and that the risk increases with the length of time during which the patient is restrained. The use-of-force registers

were relatively well-organised, but some lacked sufficient information, including the discontinuation date for shielding (segregation), the reason for the coercive measure and the stamp of the supervisory commission.

The majority of patients felt that they were heard and looked after by both the nursing staff and the doctors. Many patients described the staff as kind, considerate and caring. However, several patients complained that it sometimes took a long time before a staff member was able to accompany them outside. In the emergency psychiatry section, several patients felt that there was an informal ban on discussing such topics as illness, religion and politics. The wording of the security unit's 'house rule' regarding clothing could be perceived as degrading.

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

Physical conditions

- The hospital should ensure that the physical conditions in both the security unit and in the geriatric psychiatry section are such as to facilitate health-promoting therapeutic measures and prevent ill-treatment.

- The hospital should ensure that patients in the security unit are given access to daily outdoor exercise and physical activity.

Patient rights

- Patients should always be informed both verbally and in writing about administrative decisions to use force and the grounds for such decisions in each case. 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.

- The immediate next of kin should be informed as soon as possible of any administrative decision to use force. Notification of next of kin should always be documented in the patient's medical record.

- 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 understand the information.

- Steps should be taken to ensure that an administrative decision accompanies every use of force.

- The psychiatry sections should ensure that information about the supervisory commission, the County Governor and the Parliamentary Ombudsman is always on display and easily available to patients.

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

- The supervisory commission should have the opportunity to speak with patients in private, unaccompanied by staff, unless this is not possible for security reasons. The hospital staff should not, under any circumstances, be privy to the conversation.

Searches

- The NPM recommends that the Clinic for Mental Health Care and Substance Addiction Treatment only look through their patients' belongings 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.

Activation

- The Clinic for Mental Health Care and Substance Addiction Treatment should focus on improving environmental therapy measures in its inpatient units.

Coercive measures

- Patients should be given an opportunity to submit comments to be attached to the use-of-force register, and they should have access to the use-of-force register related to their particular incident.

- The inpatient units should improve documentation in the use-of-force registers so that it always includes the patient's name and personal ID number, 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.

- Given the very intrusive nature of coercive measures, justification for the use of force should be clearly specified.

Human relations

- The house rules should be worded so as not to be degrading.

- Patients’ and staff’s freedom of speech should be respected.

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