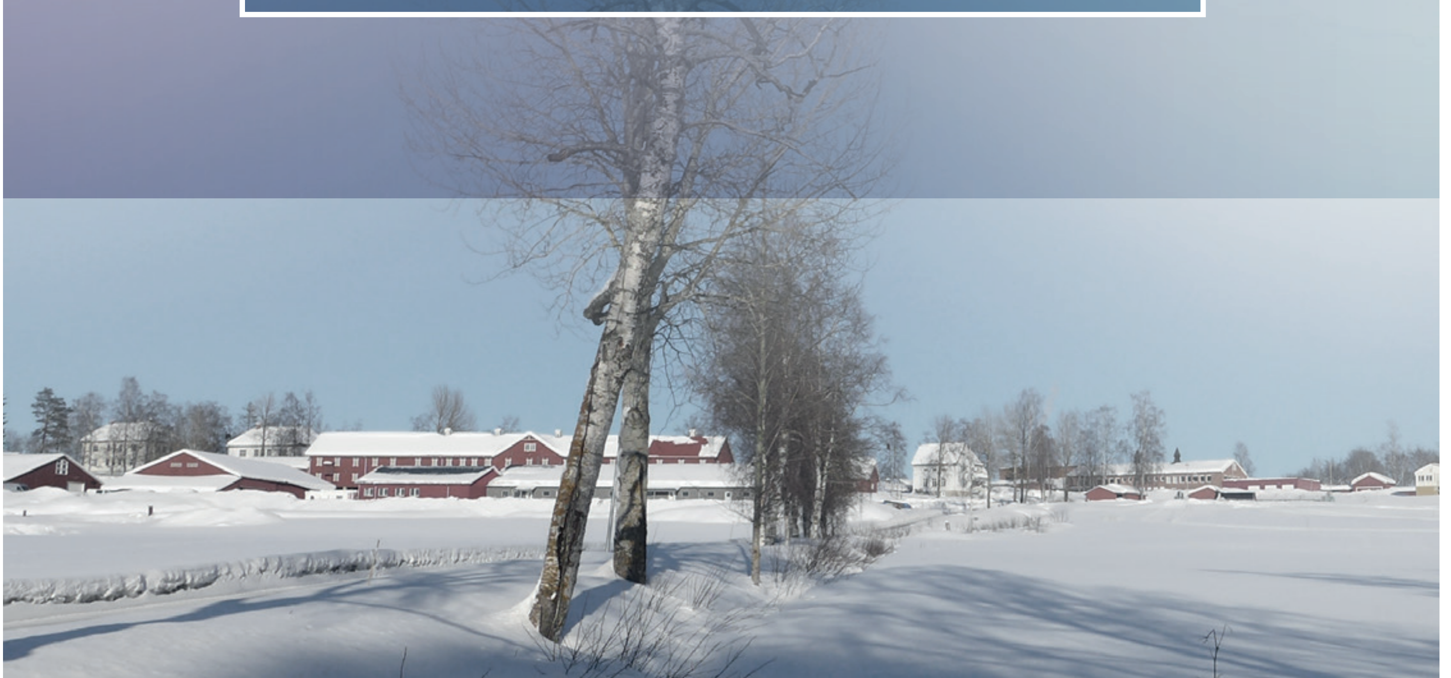
SIVILOMBUDSMANNEN

Norwegian Parliamentary Ombudsman



VISIT REPORT

SUMMARY AND RECOMMENDATIONS

Reinsvoll hospital, the emergency psychiatry and psychosis treatment department

27 February – 1 March 2018

National Preventive Mechanism against Torture and Ill-Treatment

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1 The Parliamentary Ombudsman's prevention mandate

As a result of Norway's ratification of the Optional Protocol to the UN Convention against Torture in 2013, the Parliamentary Ombudsman was issued with a special mandate to prevent torture and other cruel, inhuman or degrading treatment or punishment.[1] The Parliamentary Ombudsman has established its own National Preventive Mechanism (NPM) in order to fulfil this mandate.

The NPM regularly visits locations where people are deprived of their liberty, such as prisons, police custody facilities, mental health care institutions and child welfare institutions. The visits can be both announced and unannounced.

The Parliamentary Ombudsman has right of access to all places of detention and the right to speak in private with people who have been deprived of their liberty. The Parliamentary Ombudsman also has right of access to all necessary information that is relevant to the conditions for people deprived of their liberty.

The risk of torture or ill-treatment occurring is influenced by factors such as legal and institutional frameworks, physical conditions, training, resources, management and institutional culture.[2] Effective prevention work therefore requires a broad approach that does not exclusively focus on whether the situation complies with Norwegian law.

The Parliamentary Ombudsman’s consideration of factors that constitute a risk of torture and ill-treatment is based on a wide range of sources. During its visits, the Ombudsman examines the conditions at the institution through its own observations, interviews and a review of documentation. Private interviews with those who are deprived of their liberty are a particularly important source of information, because they have first-hand knowledge of the conditions at the institution in question. They are in a particularly vulnerable situation and have a special need for protection. Interviews are also conducted with the staff, management and other relevant parties. Documentation is also obtained to elucidate the conditions at the institution, such as local guidelines, administrative decisions on the use of force, logs and health documentation.

After each visit, the Parliamentary Ombudsman writes a report describing its findings and recommendations for preventing torture and other cruel, inhuman or degrading treatment or punishment.

The reports are published on the Parliamentary Ombudsman's website and the institutions visited are given a deadline for informing the Ombudsman about their follow-up of the recommendations. These letters are also published.

In its endeavours to fulfil the prevention mandate, the Parliamentary Ombudsman also engages in extensive dialogue with national authorities, control and supervisory bodies in the public administration, civil society and international human rights bodies.

[1] Section 3 a of the Parliamentary Ombudsman Act.
[2] See the UN Subcommittee on Prevention of Torture (SPT), The approach of the Subcommittee on Prevention of Torture to the concept of prevention of torture and other cruel, inhuman or degrading treatment or punishment under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 30 December 2010 CAT/OP/30/6.

2 Summary

The Parliamentary Ombudsman's National Prevention Mechanism visited Reinsvoll hospital, the emergency psychiatry and psychosis treatment department, on 27 February – 1 March 2018. The date of the visit was not announced in advance.

A key finding was that the department as a whole seemed to have an institutional culture characterised by respect for the integrity and needs of the patients. A clear majority of patients, including patients admitted against their will, described the department and the staff in positive terms. The department had systems in place for maintaining a good institutional culture over time, including a clear management and a thorough process for recruiting new employees focusing on assessments of personal suitability. Several aspects of the department's operation should serve as an example to be followed by other hospital departments in the mental health care services.

The patients were offered varied activities adapted to their wishes and level of functioning. Several staff members in the department were responsible for planning and organising joint activities. The hospital had pleasant natural surroundings that were frequently used for outdoor activities. The department's inpatient units had welcoming and pleasant communal areas. The entrances to several of the inpatient units in particular were designed in a manner that was appropriate for making patients in crisis feel safe upon arrival. Many patients emphasised that they were received in a caring and welcoming manner.

Weaknesses were found in the department's practice in relation to administrative decisions to use force, particularly decisions regarding treatment without the consent of the patient. A review of such decisions showed that the administrative decision often did not contain a description of the actual circumstances and an assessment of whether the requirements were met. This was particularly the case in relation to the condition that the patient must be incompetent to consent and the condition that there must be a 'great likelihood' that the involuntary treatment will have a positive effect. Since treatment without the consent of the patient is a very serious intervention, there was a need for further measures to ensure that the considerations of whether the legal requirements are met are sufficiently documented.

The department seemed to have a great focus on avoiding giving patients several types of neuroleptics at the same time, and on ensuring that, in principle, older types of neuroleptics with serious side effects were not be administered to patients. At the same time, medical treatment was a prominent part of the treatment at the department, and there seemed to be few other treatment options available, such as e.g. cognitive therapy. The department had few psychologists and specialist psychologists on staff.

Findings made during the visit also showed that, in some cases, patients did not receive administrative decisions on the use of force, and that some decisions were given to patients that did not contain written grounds. The Parliamentary Ombudsman pointed out that all patients are entitled, as a matter of routine and unsolicited, to be informed about the grounds for use-of-force decisions in order to ensure that their rights are safeguarded and to prevent arbitrary use of force.

There had been an increase in the use of mechanical restraints in some wards in 2017. However, no findings were made that indicated disproportionate use. Nor were any findings made that indicated that patients were held in restraint beds for a disproportionately long time. A review showed that

patients were normally in restraints for periods of a few minutes to a few hours. However, the Parliamentary Ombudsman expressed concern that there were examples of restraints being used for more than six hours.

The department conducted monthly reviews of its use-of-force records and decisions so that the management could monitor developments in relation to the use of force. It is positive that the work on preventing use of force seems to focus more on attitudes and communication to prevent situations from escalating than on training in the practical use of force in conflicts that have already arisen.

The statutory obligation to give patients an opportunity to state their opinion before an administrative decision on the use of force is made was not sufficiently implemented as part of the procedures at the department's inpatient units. It was also found that the patients were to a varying degree offered an evaluation interview after an inpatient ward had made a decision to use force, which is required by law.

In some of the segregation units, the restraint beds were placed in the corridor outside the patients' living units. Although the straps were covered by a sheet, the beds were clearly visible, which is unfortunate and can lead to a lower threshold for use and make patients in a vulnerable acute phase feel even more insecure.

Several of the segregation units had a somewhat sterile feel, but were kept in a proper and clean state. Segregation in the department was carried out in a humane way within the framework of the restrictions a segregation measure entails. It was emphasised that the staff generally seemed to have regular contact with the patients in the segregation units, and that the department's management had given clear signals on how important this was. It was also positive that segregated patients were generally given the opportunity to spend time outdoors every day and that they could also engage in recreational activates in the segregation unit.

According to the hospital, ECT had not been administered on grounds of necessity at the department in the period 2015–2017. The Parliamentary Ombudsman has taken note of the department management's information that other types of treatment measures have been selected in a few of the cases where ECT on grounds of necessity would otherwise have been relevant.

Recommendations

Decisions on use of force

- Administrative decisions on the use of force should contain concrete grounds that make it possible to see how the applicable statutory conditions have been taken into account in the case at hand.

- The department should ensure that patients, as a matter of routine and unsolicited, receive written administrative decisions with the grounds for the coercive measure.

Use of coercive measures

- The department should implement measures to ensure the systematic involvement of the patients in connection with the use of force during their stay.

Segregation

- Restraint beds should not be placed in segregation units.

Treatment without the consent of the patient

- The department should implement measures to ensure that the assessment and documentation of treatment without consent satisfactorily safeguard the patients' legal protection.

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