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Norwegian Parliamentary Ombud

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SUMMARY AND RECOMMENDATIONS

Haukeland University Hospital, Regional secure psychiatric unit (Bergen)

5. – 7. December 2022

National Preventive Mechanism against
Torture and Ill-Treatment

Summary of visit report to

Haukeland University Hospital

Regional secure psychiatric unit (Bergen)

5 – 7 December 2022

Summary

About the visit and the regional secure psychiatric unit
The National preventive mechanism (NPM) conducted a visit to Haukeland University Hospital, regional secure psychiatric unit in Bergen from the 5th to 7th of December 2022. The hospital was informed that the NPM was planning to conduct a visit during 2022, but the exact date for the visit was not known to the hospital.

The regional secure psyciatric unit is located at the outskirts of a hospital area in Bergen and is in the same building as the local secure psychiatric unit. The NPM visited both wards of the regional secure psyciatric unit.

The legal grounds for involuntary hospitalization
During the visit, we met a patient who had been admitted over a longer period for a psychiatric assessment. After some time, a diagnostic assessment made by the hospital indicated that the patient did not suffer from a serious psychiatric condition. This also meant that the patient did not fulfill the requirement for further involuntary hospitalization. The hospital has to ensure that no patient is held back against his or her will, when the legal requirements for involuntary hospitalization is not present. It is the hospital's, not the supervisory committee's task to ensure that patients who do not meet the legal requirements are discharged.

Problematic circumstances for body searches
According to the written procedure for admitting patients to the regional secure psychiatric unit, the patient is supposed to first pass through a metal detector and then change all clothing, including underwear. We found, however, that the procedure lacked detailed guidance on how this should be carried out. It seemed unclear to staff how routine body searches should be conducted and when administrative decisions regarding more intrusive examinations had to be made. Insufficient guidelines and uncertainty among the staff regarding how searches should be conducted, increased the risk of routinely conducting more extensive interventions than permitted. Therefore, it is important for the hospital to have well-defined written procedures and staff training to ensure a consistent practice that upholds the dignity and integrity of the patients. During the visit, we found that full strip searches were conducted in the visiting room at the hospital. Having to undress in a room designed for visits, which also served as a passageway to the entrance area, with multiple doors and windows, is not a suitable setting and contributes to a reduced sense of security in such an intimate and vulnerable situation.

Weakly substantiated legal decisions
During the document review, we found examples where the justification for the use of restraint belts did not meet the legal requirement that it must be "absolutely necessary" to use them. In some of these decisions, the use of restraint belts was justified with reference to preventing potential future danger. We also found decisions that did not clarify why the use of restraint belts was necessary in the given situation and where there was a lack of information about whether the use of less intrusive measures had been considered.

Insufficient justifications were also found in other types of decisions. This included a patient who was limited in contact with the outside world for a longer period. In six consecutive decisions, the justifications for the restrictions were identical, and there was no updated
assessment of the situation or mention of the patient's behavior in recent weeks. The long duration of the restrictions increases the requirements for justification, and a specific and individual assessment must be documented for each decision.

Preventing the use of force

We found that there was uncertainty about who was responsible for conducting follow-up conversations with patients after the use of force and coercion. Given that patients at the regional security level are subject to significant restrictions and that several patients were subjected to extensive coercion for longer periods, it is important for the institution to ensure that follow-up conversations are carried out for each individual patient. This is also an important component of the institutions' general work to improve its interactions with patients.

Complaints and oversight

Our document review suggested that in some cases, the hospital leaves the legality review to the supervisory commission. Since there are generally few coercion decisions appealed at the regional secure psychiatric unit in Bergen, these examples highlight the need for the supervisory commission to conduct a thorough document review, in addition to handling individual complaints.

Recommendations

Physical conditions

- The hospital must ensure that patients' outdoor areas are secured in a way that does not hinder their use.
- The hospital should work towards providing all patients with access to toilets in their rooms.

Criteria for involuntary admission

- The hospital must ensure that patients who do not meet the requirements for involuntary admission are discharged.

Body searches

- The hospital should ensure that the premises where searches are conducted ensure the safety and privacy of patients.
- The hospital should ensure that staff receive training in a consistent practice of body searches that upholds the dignity and integrity of the patient.

Use of coercive measures

- The hospital should immediately take action to ensure that mechanical restraints, both belts in beds and transport belts, are only used in acute situations of danger, and that the measure is discontinued as soon as the risk of harm is no longer present.
- The hospital should implement measures to ensure an ongoing assessment of whether the conditions for continued use of belt restraints are met during the period a patient is subjected to them.
- The hospital should ensure that the patient's face is never covered when they are placed in mechanical restraints.

Contact with the outside world

- Patients' right to contact with the outside world should not be limited due to physical conditions in the ward.

Documentation of the use of coercion and power

- The hospital should take measures to ensure that decision-makers systematically assess whether all legal requirements are met when making coercion decisions and document specific justifications for this.

Preventing coercion

- The hospital should establish regular procedures for conversations with patients about their experience of the use of coercion following its occurrence (follow-up conversations).

Complaints and oversight

- The supervisory commission should independently assess whether the hospital's basis for decisions that restrict patients' rights, are in accordance with law.

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