SIVILOMBUDET
Norwegian Parliamentary Ombud

VISIT REPORT | nr. 70

SUMMARY AND RECOMMENDATIONS

St. Olavs hospital, Regional secure psychiatric unit (Østmarka)

26. – 28. September 2022

National Preventive Mechanism against
Torture and Ill-Treatment

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Summary of visit report to

St. Olavs hospital

Regional secure psychiatric unit (Østmarka)

26 – 28. September 2022

Summary

About the visit and the regional secure psychiatric unit in Østmarka
The National Preventive Mechanism (NPM) conducted a visit to St. Olav's Hospital, Regional secure psychiatric unit in Østmarka, from September 26th to 28th, 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.

RSA Østmarka moved into new premises on November 16th, 2021 and is located on the outskirts of a hospital area in Lade, Trondheim. The regional secure psychiatric unit consists of two inpatient wards, and the unit is located together with the local security unit and the national unit for involuntary care for persons with mental disabilities who have committed serious crimes. The NPM visited the two inpatient wards at the regional secure psychiatric unit.

Weak decisions and deficiencies in the justifications for continued use of mechanical restraints
The decisions regarding the use of mechanical restraints (belt fixation) varied in quality, and in some of the decisions it was difficult to see that the legal requirements for the use of mechanical restraints were met. In several decisions, it was also unclear whether less intrusive measures had been attempted, before the decision to use mechanical restraints was made.

The law requires that the use of mechanical restraints is "absolutely necessary" in the specific situation. This requirement applies for the whole period where coercion is used. We found several examples where there was no independent assessment of whether the conditions for continued use of belts were met. Some patients were also sleeping with belts on. A situation where a patient is asleep would generally not meet the legal requirements for the continued use of belts.

Several patients were restrained with belts for extended periods of time. Prolonged use of transport belts can normalize their use, creating a risk that they are applied to non-emergency situations and without continuous and genuine review and oversight of such use. When examining decisions and records of several belt fixation episodes, we found grounds to raise concerns about a problematic normalization of the use of mechanical restraints, especially transport belts.

We found several examples of weak justifications for the use of belts in the records written by on-call doctors who do not normally work at the unit. This may indicate that the on-call system at the hospital leads to decisions where legal requirements are not met. For on-call doctors, who normally work elsewhere and deal with different issues, it may be challenging to assess the necessity of coercive measures independently and adequately.

Extensive and unlawful restrictions on patients' right to communication
The regional unit prohibited patients' use of private mobile phones. Patients subject to involuntary mental health care have the right to use mobile phones. The legislation allows for decisions to be made, under certain conditions, to limit an individual patient's contact with the outside world. However, the legislation does not permit a blanket prohibition for all, like the one practiced by the unit. The hospital showed little awareness of how intrusive it is to deprive a person who is already deprived of their liberty of essential means of communication.

The right to contact with the outside world was facilitated by staff making the call for the patient from the ward's patient telephone and then handing over the phone to the patient. However, for patients who were secluded, a general presumption was established that visits were not allowed, and phone calls beyond those to lawyers and the supervisory commission could only be permitted after an individual assessment. Such limitation on contact with the outside world require separate decisions and should not be part of a seclusion decision. A general restriction of this kind is not allowed.

Areas for improvement: preventing coercion

During the visit, we found several factors that affected the department's prevention of coercion. The house rules at RSA Østmarka were strict, highly detailed, and conveyed in an unfriendly language. They were formulated as absolute rules. Several of the rules went beyond what could be justified by security needs and excessively restricted the patient's right to self-determination. Some of the rules also exceeded what is permissible to regulate in house rules. Such rules can contribute to increased frustration, which can escalate into conflicts and lead to increased use of coercion. This was confirmed by a specific case where a rigid enforcement of internal rules significantly contributed to escalating the situation, resulting in the use of restraints.

In acute situations, staff often try to calm down the situation through verbal communication to avoid the use of force. Therefore, good language comprehension is important. Patients who lack Norwegian language skills and are in a psychotic state, may become more agitated because they do not feel understood or because employees misinterpret their behavior. In such situations, it is important that staff have a low threshold for requesting interpretation services.

There are few female patients admitted to the regional secure psychiatric units in Norway, and a majority of the staff working with the patients at Østmarka are men. In certain contexts, it may be important to have both female and male staff available during a shift, because some individuals may find it easier or safer to interact with someone of the same gender, particularly in more intimate situations.

Oversight and complaints

The supervisory commission at the unit had divided itself into two groups, one led by the head of the commission and the other led by the deputy head. The two parts of the supervisory commission visited the unit alternately, resulting in two different commissions visiting the institution. This division poses a clear risk that crucial information about and from patients is lost between the two groups and a lack of continuity in their work.

Staff members were often present during patients' conversations with the supervisory commission. The supervisory commission seemed to make little effort to ensure that patients were given the opportunity to speak with them in private.

The supervisory commission had assessed the unit's prohibition on the use of mobile phones and concluded that there is a legal basis for a general prohibition. The NPM finds it alarming that the board had not conducted a more thorough legal investigation into the matter.

Recommendations

Mechanical restraints (belt fixtures)

- The hospital should immediately take measures to ensure that mechanical restraints, both belt fixtures to beds and transport belts, are only used in acute dangerous situations and that the measure is terminated as soon as the risk of harm is no longer present.
- The hospital should establish procedures to ensure that sleeping patients in mechanical restraints always are sought to be released.
- The hospital should ensure that the doctors serving the on-call duty at RSA Østmarka are familiar with the regulations regarding the use of restraints, including the conditions for the use of belts.

Seclusion

- The hospital should ensure that decisions regarding seclusion always include a specific description of the actual background for the seclusion decision and why seclusion is necessary.
- The hospital must ensure that seclusion of a patient does not impose greater restrictions on the patient than what is permitted by law. If there is a need for restrictions beyond what is covered by a seclusion decision, a separate decision must be made.

House rules

- The hospital should review the house rules to ensure that they do not extend beyond what is permittable by law and do not contribute to unnecessary conflicts and use of coercion.
- Patients' relatives should have access to the house rules.

Contact with the outside world

- The hospital must abolish the prohibition on the use of private mobile phones.
- The hospital must ensure that there is always a decision with a specific justification when the hospital denies or restricts patients' rights to visits, phone calls, or other forms of contact with the outside world.

Documenting the use of coercion and force

- 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.
- The hospital should ensure that decisions state whether patients’ next-of-kin have been informed about the decision, or alternatively, what the reason is for not informing them.

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).

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