

## **Report**

**to the Government of Cyprus  
on the visit to Cyprus  
carried out by the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)**

**from 12 to 19 May 2008**

The Government of Cyprus has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2012) 35.

Strasbourg, 6 December 2012

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**Copy of the letter transmitting the CPT's report**

Mr Euripides Evriviades  
Ambassador Extraordinary and  
Plenipotentiary,  
Permanent Representative of Cyprus  
to the Council of Europe  
20 avenue de la Paix  
F- 67000 STRASBOURG

Strasbourg, 9 December 2008

Dear Ambassador

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I have the honour to enclose herewith the report drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Cyprus from 12 to 19 May 2008. The report was adopted by the CPT at its 67<sup>th</sup> meeting, held from 3 to 7 November 2008.

The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I of the report. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Cypriot authorities to provide within **six months** a response giving a full account of action taken to implement them. The CPT trusts that it will also be possible for the Cypriot authorities to provide, in the above-mentioned response, reactions to the comments and requests for information formulated in this report, which are also summarised in Appendix I.

In respect of the recommendation and comment in paragraph 71 of the report, the CPT requests the Cypriot authorities to provide a response within **three months**.

It would be most helpful if the Cypriot authorities could provide a copy of the response in a computer-readable form.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Yours faithfully

Mauro Palma  
President of the European Committee for the  
Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment

## I. INTRODUCTION

### A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a visit to Cyprus from 12 to 19 May 2008. The visit formed part of the Committee's programme of periodic visits for 2008, and was the CPT's fifth periodic visit to Cyprus.<sup>1</sup>

2. The visit was carried out by the following members of the CPT:

- Mario FELICE, Head of delegation
- Eugenijus GEFENAS
- Isolde KIEBER
- Vladimir ORTAKOV
- Elena SEREDA.

They were supported by Caterina BOLOGNESE and Isabelle SERVOZ-GALLUCCI of the CPT's Secretariat and assisted by:

- Alan MITCHELL, medical doctor, former Head of the Scottish Prison Health-Care Service, United Kingdom (expert)
- Irina CHRISTODOULOU-PIPIS (interpreter)
- Rhea FRANGOFINOU (interpreter)
- Maria LOUCA-HOUVARDA (interpreter)
- Jonathan MARKEL (interpreter)
- Alexander ZAPHIRIOU (interpreter).

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<sup>1</sup> The CPT's previous visits to Cyprus took place in November 1992, May 1996, May 2000 and December 2004. The reports on those visits have been published, together with the responses of the Cypriot Government, and may be found on the Committee's website (<http://www.cpt.coe.int>).

**B. Establishments visited**

3. The delegation visited the following places:

Ministry of Justice and Public Order

- Nicosia Central Prisons

*Police establishments:*

Famagusta Division

- Paralimni Police Station

Larnaca Division

- Aradippou Police Station

- Holding facilities for immigration detainees at the former Famagusta Police Station

- Holding facilities for immigration detainees at Larnaca Airport

- Larnaca Central Police Station

Limassol Division

- Limassol Central Police Station

- Yermasoyia Police Station

Nicosia Division

- Police Prison (Block 10 of Nicosia Central Prisons)

- Lycavitos Police Station

- Lakatamia Police Station

Pafos Division

- Pafos Central Police Station

- Pegeia Police Station

- Stroumbi Police Station

Ministry of Health

- Athalassa Psychiatric Hospital

Ministry of Labour and Social Insurance

- Nea Eleousa Institution for persons with severe mental retardation

### C. Co-operation between the CPT and the Cypriot authorities

4. In the course of the visit, the delegation held consultations with Neoklis SYLIKIOTIS, Minister of Interior, Kypros CHRYSOSTOMIDES, Minister of Justice and Public Order, as well as with senior officials from these ministries and the Ministries of Defence, Health, Labour and Social Insurance, and Foreign Affairs. The delegation also met Petros CLERIDES, Attorney-General, Eliana NICOLAOU, Commissioner for Administration (Ombudsman), Leda KOURSOU MBA, Law Commissioner and Ombudsman for Children, Yiannakis AGAPIOU, President of the Independent Authority for the Investigation of Police Complaints and Christodoulos MESSIS, Chairman of the Mental Health Supervisory Committee. In addition, discussions were held with members of civil society active in areas of concern to the CPT<sup>2</sup>.

5. The degree of cooperation received by the CPT's delegation from the national authorities and at the local level was, on the whole, very good. In particular, the delegation enjoyed rapid access to all places visited, was able to interview in private all those with whom it wished to speak and was given the information which it requested. However, the delegation did, on occasion, encounter a lack of cooperation during the visit. For example:

- the delegation was obliged to insist at length with the management at Nicosia Central Prisons before they would agree to arrange for the transfer to hospital of a prisoner who required urgent medical care, which the prison health-care service had failed to provide; and
- several persons detained at the immigration detention rooms at Larnaca Airport stated that they had not been allowed to notify someone of their situation. When the delegation requested unequivocally<sup>3</sup> that they be allowed to do so, it encountered resistance, a denial of responsibility and a refusal to rectify the situation.

In view of the CPT's concerns as regards the provision of health care to inmates at Nicosia Central Prisons (see paragraphs 76 to 91), the CPT regrets that no Ministry of Health policy official responsible for somatic – as opposed to psychiatric – care in public institutions was available to meet its delegation during the visit. Such a meeting would have been extremely beneficial.

Further, the delegation received allegations that a prisoner had been questioned by a member of staff in relation to his exchanges with the delegation. The CPT has already pointed out in its report on the 2004 visit<sup>4</sup> that conduct of the kind alleged would be incompatible with the confidential nature of the Committee's interviews with detained persons (see Article 8, paragraph 3 of the Convention) and would, more generally, constitute a serious violation of the principle of cooperation enshrined in Article 3 of the Convention. **The CPT calls upon the Cypriot authorities to take resolute steps to ensure that prison staff refrain from such conduct in the future.**

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<sup>2</sup> A list of the authorities and non-governmental organisations with which the delegation held consultations is set out in Appendix II to this report.

<sup>3</sup> By letter of 8 September 2008, the Cypriot authorities suggested that there had been a misunderstanding between the delegation and the officers on duty.

<sup>4</sup> CPT/Inf (2008) 17, paragraph 6.

6. Beside the State Party's obligation to facilitate the work of CPT visiting delegations, the principle of cooperation set out in the Convention also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations.

The CPT notes that the Cypriot authorities have taken certain measures in response to the recommendations made by the Committee (see for example, paragraphs 42, 54, 115 and 132). The CPT welcomes the measures taken; however, there is still much to be done, and the Committee has been obliged to reiterate many of its recommendations, some of which it has had to reiterate on several occasions (see paragraphs 57, 60, 61, 75, 86 and 105).

Having regard to Article 3 as well as Article 10, paragraph 2, of the Convention, the CPT urges the Cypriot authorities to intensify their efforts to improve the situation in the light of the Committee's recommendations.

7. The CPT has followed with interest the discussions and movement towards resolving the *de facto* division of the island. In the interest of avoiding a vacuum as regards the protection of human rights, the Committee wishes to reiterate the importance it attaches to visiting that part of Cyprus, in the north of the island, where the Republic of Cyprus is prevented from exercising its jurisdiction. The CPT trusts that conditions will soon permit such a visit to take place.

**The CPT would welcome any remarks the Cypriot authorities might wish to make on this matter.**

**D. Immediate observations under Article 8, paragraph 5, of the Convention**

8. At the meeting which took place at the end of the visit, the CPT's delegation made two immediate observations under Article 8, paragraph 5, of the Convention. The first observation concerned conditions of detention of persons held in police custody for prolonged periods (see paragraph 58). The delegation requested the Cypriot authorities to provide the CPT, within 3 months, with detailed information on action taken in response to that immediate observation.

The second observation related to the need for a full inspection of health-care at Nicosia Central Prisons to be carried out. More specifically, the delegation requested from the Cypriot authorities:

- within three months, a report on an extensive review of the diagnoses and medication provided to all prisoners currently receiving treatment; and
- within four months, a report on the assessment of the prison health care service as a whole, including proposals to ensure that the service delivers proper care to all inmates.

9. The above-mentioned immediate observations were confirmed by letter of 6 June 2008. The Cypriot responses, received by letter of 8 September 2008, will be considered in the relevant sections of this report.



## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Police establishments

#### 1. Preliminary remarks

10. The legal framework governing police custody for persons suspected of a criminal offence remains unchanged since the CPT's report on its first visit to Cyprus, in 1992. A person arrested by the police must be brought before a judge no later than 24 hours after the arrest, and the judge must decide, no later than 3 days thereafter, that the person be released or remanded in custody. Remand in custody pending trial must not exceed 3 months, and is normally served in prison. However, a judge may, upon a request by the police, remand a person in police custody for renewable periods of up to 8 days for further police investigation.

As regards the length of detention on police premises in practice, custody registers showed that it was quite usual for persons arrested on suspicion of a criminal offence to remain in police custody for a period of five to eight days. The authorities informed the Committee, by letter of 8 September 2008, that remand in police custody rarely exceeded 16 days' duration.

11. Despite certain amendments in 2007 to legislation, the relevant framework for the detention of aliens under laws relating to immigration and refugees<sup>5</sup> has not changed since the visit in 2004. An immigration officer may order that a person whose entry into the territory is prohibited be detained in custody or confined in such place as the immigration officer, with the approval of the Chief Immigration Officer, may direct. This detention or confinement shall not exceed a period of eight days; it may be extended, by court decision, "for such further period as to the Court may seem fit".<sup>6</sup> Further, the same law provides that the Chief Immigration Officer may order any alien present on the territory without valid documents to be deported and, pending deportation, to be detained in custody. No provision specifies a maximum duration of such deprivation of liberty.

Article 7 (4) of the Refugee Law allows for the detention of asylum seekers only in two cases: either to establish the identity or nationality of an applicant who, suspected of acting in bad faith, does not have valid documents; or for the examination of new evidence submitted after the asylum request has been rejected at second instance<sup>7</sup> and a deportation order has been issued. In both cases, detention must be based on a court order and is initially limited to a maximum of eight days. It may be extended by the court for renewable periods of a maximum of eight days; however, the total period of detention may not exceed 32 days.

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<sup>5</sup> In particular, EU Directive 2004/83/EC of 29 April 2004 "on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted", was transposed into the Refugee Law on 25 July 2007.

<sup>6</sup> See CPT/Inf (2008) 17, paragraph 12.

<sup>7</sup> The independent Refugee Reviewing Authority (RRA), established in February 2004, reviews asylum applications at second instance. Appeals to the RRA have a suspensive effect on any deportation orders. Once the RRA rejects an application, the applicant may appeal to the Supreme Court, without suspensive effect, unless the Supreme Court issues a provisional order to this end.

Nevertheless, under certain circumstances (e.g. impossibility to effect a deportation), an asylum-seeker may, on the basis of the aliens and immigration legislation described above, remain in detention subject to no maximum time limit set by law.

In the course of the visit, the CPT's delegation met persons, detained pursuant to aliens legislation, who were held on police premises for wide-ranging periods: from a few hours to, potentially, six days at Larnaca airport holding facility, to over 15 months, e.g. at Police Prison Block 10. Custody records showed that lengthy detention could occur at any police station and many persons detained for very long periods had been moved several times from one station to another. During the week prior to the visit, a group of 27 aliens had been released, all of whom had been in detention for over six months and some for close to four years.

12. Reference should be made to certain important initiatives taken by the Cypriot authorities since the CPT's visit in 2004. One of them concerns the Law on the Rights of Arrested and Detained Persons, which gives a stronger footing to certain fundamental safeguards advocated by the CPT (see paragraphs 42 to 49 below). Another relates to the establishment of the Independent Authority for the Investigation of Allegations against the Police<sup>8</sup>, which could well play a crucial role in strengthening the accountability of the police and, ultimately, preventing ill-treatment (see paragraphs 25, 26, 34 and 38 to 41 below).

13. On 16 May 2008, the CPT's delegation met a 14-year-old boy at Pegeia Police Station, who had been in police detention for six days, pursuant to a remand order<sup>9</sup>. Further, one unaccompanied female minor released shortly before the visit had been detained at Lakatamia Police Station for nearly six months, pursuant to the aliens legislation. It is not acceptable for children to be held for prolonged periods in police stations. The CPT recommends that the Cypriot authorities ensure that if children, including unaccompanied migrant minors, have to be detained on police premises, they be held for an absolute minimum period and no longer than the time required for the judge to order release or remand in custody. Beyond this short period, detained children must be held in an appropriate secure setting offering material conditions and a regime tailored to their specific needs.

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<sup>8</sup> Law on the Independent Authority on the Investigation of Allegations against the Police, February 2006.

<sup>9</sup> Cf. Section 7 of the Juvenile Offenders Law, which provides that where, exceptionally, a minor committed for trial is not released on bail, the Court shall, instead of committing him to prison, commit him to custody in a police station.

## 2. Torture and other forms of ill-treatment

14. As was the case during the previous visit to Cyprus in December 2004, the CPT's delegation received many allegations of ill-treatment of persons deprived of their liberty by the police. The ill-treatment alleged related to the time of apprehension and, in many cases, to the period of custody and questioning. The allegations referred to police officials of various different services, including the anti-narcotics police (YKAN). Although a majority of allegations were received from foreign nationals, a number of allegations were also received from Cypriot nationals.

The delegation received many allegations of verbal abuse and psychological pressure. Alleged physical ill-treatment consisted mainly of slaps, kicks and punches to the head and body. In a number of cases, implements such as sticks were alleged to have been used. In certain cases, the ill-treatment alleged was so severe that it could be considered as amounting to torture.

In several cases the delegation gathered evidence, including of a medical nature, which was consistent with allegations of ill-treatment. Two examples follow:

15. **G**, a foreign national detained at Nicosia Central Prisons, alleged that he had been repeatedly beaten over a 5-day period at Paralimni Police Station, after he had been transferred from the UK Sovereign Base Area Police to the custody of the Cypriot Police on 14 or 15 March 2008. At Paralimni Police Station he was allegedly repeatedly subjected to various forms of physical ill-treatment by a group of four to five police officials, one of whom was an interpreter. The ill-treatment alleged consisted mostly of punches and kicks to the chest, arms and legs. On one occasion, an officer allegedly pressed the barrel of his pistol to the forehead of **G** and threatened to shoot him; on another occasion, the soles of his feet were allegedly repeatedly beaten with a stick ("falaka"); another time, the police officials allegedly put ice on his genitals and pulled his testes; finally, he alleged that, at one moment, he was forced to lean over a table and a police officer forcibly inserted an object into his anus.

The prison doctor examined the detained person on his arrival at Nicosia Central Prisons on 20 March 2008 and recorded: "Repeated beating. On examination echymosis and bruising 3 to 5 days old right shoulder to forearm 15 cm x 5 cm. Echymosis and bruising right renal area, bruising front of right and left thigh, bruising soles of right and left feet. Reports object inserted in anus. Refer accident and emergency for examination and x-ray. Refer psychiatrist." It would also appear that the prisoner's injuries were photographed at the hospital.

The injuries noted in the prisoner's medical file are fully consistent with his allegations of ill-treatment. Further, the delegation examined the custody registers at Paralimni Police Station, which confirmed the prisoner's presence at Paralimni Police Station from 15 March 2008 at 11h35, until 20 March at 8h25.

At the end of the visit, the CPT's delegation, having obtained **G**'s consent, called upon the Cypriot authorities to carry out an investigation into **G**'s allegations. The action taken by the Cypriot authorities in response to **G**'s allegations is discussed at paragraphs 30 and 36 below.

16. Another foreign national (**H**) arrived at Nicosia Central Prisons on 7 May 2008 after 5 days in police custody at Larnaca Central Police Station and the former Famagusta Police Station in Larnaca. He alleged that, during questioning by YKAN officers, he was punched in the head and body (resulting in both eyes being blackened), and was kicked in the legs. Although no reference was made to injuries in the prisoner's medical file at Nicosia Central Prisons, the photograph in his medical file, taken on admission to the prison and shortly before his medical screening, clearly shows that he had bruising around both eyes on arrival at the prison.

The injuries visible on the photograph contained in the prisoner's medical file are consistent with his allegations of ill-treatment. Further, the delegation examined the custody registers at the Central and former Famagusta Police Stations in Larnaca, which confirmed the prisoner's presence at those two establishments from 2 May 2008, at 05h35, until 7 May 2008, at 09h40<sup>10</sup>.

17. The Committee has continued to receive allegations of ill-treatment since its delegation's visit in May 2008. One particular allegation, from a person detained at Block 10 Police Prison, referred to intimidation and severe beating by immigration police at the new immigration office premises in the afternoon of 27 August 2008. By letter of 18 September 2008, the CPT requested an investigation into this allegation. **The CPT would like to be informed of the results of this investigation.**

18. It should also be noted that, at Pafos Police Station, the delegation found a wooden stick in one of the offices. Apart from inviting speculation about improper conduct on the part of police officers, such objects are a potential source of danger to staff and detained persons alike. The presence and purpose of the stick at Pafos Police Station could not be explained by officers on duty. By letter of 8 September 2008, the CPT has been informed that the stick in question was a standard-issue Police patrolling item used decades ago, kept on the premises merely as a souvenir; it had now been removed and placed in the Police Museum.

In order to dispel speculation about improper conduct on the part of police officers and to remove potential sources of danger to staff and detained persons alike, **the CPT recommends that any non-standard issue objects (such as wooden sticks and other implements) be immediately removed from all police premises where persons may be held or questioned. Any such items seized during criminal investigations should be entered in a separate register, properly labelled (identifying the case to which they refer) and kept in a dedicated store.**

19. In the light of all the information at the CPT's disposal, the Committee can only conclude that persons held in police establishments in Cyprus continue to run a serious risk of ill-treatment. The Committee acknowledges that the Cypriot authorities have made efforts, through legislation and institutions, to strengthen the fundamental safeguards for persons deprived of their liberty as well as the mechanisms in place to hold law enforcement officials to account for their actions. However, for such measures to be effective, persistent weaknesses need to be addressed (see paragraphs 33 to 53). The Cypriot authorities must be resolute in eradicating ill-treatment by the police.

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<sup>10</sup> See also paragraphs 31 and 36, concerning the case of **H**.

20. **The CPT reiterates its recommendation that the Minister of Justice and Public Order impress upon all police officers that the ill-treatment of persons in their custody is an affront to the values which constitute the very foundations of the State, and will not be tolerated. This message should be repeated at regular intervals and make clear that all information regarding possible ill-treatment will be investigated, and that perpetrators of ill-treatment will be the subject of severe sanctions.**

21. As regards professional training for police officers on fulfilling their duties in compliance with human rights standards, the approach followed still appears to be essentially theoretical in nature (organisation of conferences, courses and seminars; distribution of information and pedagogical documents). **The CPT recommends that the Cypriot authorities ensure that practical professional training in managing high-risk situations is offered to police officers of all ranks and categories and is ongoing; such training should focus inter alia on the questioning of suspects, in compliance with human rights principles.**

22. It should also be noted in this section of the report that a combination of inadequate conditions of detention (see paragraphs 55 to 57), and lengthy detention periods (see paragraphs 10, 11 and 58 to 61) can amount to inhuman and/or degrading treatment. Ever since the first visit to Cyprus in 1992, the CPT has pointed out the problems associated with holding persons for prolonged periods on police premises. Despite certain improvements made over the years to the material conditions at police establishments, the situation, on the whole, has remained unsatisfactory: many more persons are detained for much longer periods, and conditions of detention for such persons are still inadequate. **The CPT calls upon the Cypriot authorities to put an end to the practice of holding persons for prolonged periods on police premises.**

### 3. Combating impunity

#### a. introduction

23. The CPT has stressed in the past<sup>11</sup> that an essential component of the prevention of torture and other forms of ill-treatment by law enforcement officials is to ensure that officials responsible for such offences are held to account for their actions. Thus, the emergence of information indicative of ill-treatment must be followed by a prompt and effective response; the failure to provide such a response will engender a culture of impunity, in which efforts to promote human rights principles will be futile.

24. Torture and other ill-treatment offences committed by police officers carry heavy penalties in Cyprus<sup>12</sup>, and persons arrested or detained now have a specific statutory right to be protected from such acts, including (in case of breach) an actionable right to compensation from the State and the officials concerned<sup>13</sup>. The CPT welcomes the existence of these legal provisions.

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<sup>11</sup> See CPT/Inf (2008) 18, paragraphs 22 to 27.

<sup>12</sup> See "United Nations Convention against Torture and other Cruel, Inhuman or degrading Treatment or Punishment (Ratification) Laws" 235/90-2003.

<sup>13</sup> See Law on the Rights of Arrested and Detained Persons (RADP), in force since 30 December 2005.

Further, a presumption of ill-treatment by a police officer arises whenever a person bears medically certified external injuries during or shortly after police custody which were not present at the time of his/her admission to a police station. The police officer in charge of the station and the investigative officer responsible for the arrest can be held responsible for the ill-treatment unless they can reasonably explain that the injuries had not been caused by a police officer<sup>14</sup>.

Moreover, during criminal proceedings, if the accused alleges that he or she provided a statement under ill-treatment, the burden of proof shifts, requiring the prosecution to prove beyond reasonable doubt that the statement was made voluntarily<sup>15</sup>.

25. Alleged police misconduct may be investigated by the police either internally, or under the prosecution's instruction and supervision. The Attorney-General also has *ex officio* power to appoint investigators to conduct inquiries into allegations of police ill-treatment.

Further, a five-member Independent Police Complaints Authority (IPCA) was established and began functioning on 2 May 2006<sup>16</sup>. The IPCA has the authority to conduct investigations *ex officio* or on the basis of a complaint or a referral from the Attorney-General or the Minister of Justice, into alleged police ill-treatment and other misconduct. It can recommend criminal proceedings to the Attorney-General and can order disciplinary action, which the police disciplinary unit is obliged to follow. A 2007 amendment to the law on the IPCA also allows it to entrust cases to investigators from the roster of investigators appointed by the Attorney-General to conduct inquiries.

26. The establishment of the IPCA signals the Cypriot authorities' strong commitment – and is clearly a very important step – towards strengthening police accountability and combating impunity for ill-treatment by law enforcement officials.

Nevertheless, the large number of allegations of ill-treatment heard by the delegation during the 2008 visit to Cyprus, together with certain deficiencies observed in the follow-up given to allegations of ill-treatment, indicate that closer examination of the accountability system is warranted.

A sample of individual cases of alleged ill-treatment by law enforcement officials follows (see section b). The accountability system is subsequently assessed and action recommended, with a view to strengthening the fight against impunity and preventing ill-treatment (see section c).

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<sup>14</sup> See Section 6 UNCAT Ratification Law.

<sup>15</sup> Information provided by the Law Office of Cyprus.

<sup>16</sup> By law N. 9(I) of 2005, which entered into force on 17 February 2006.

b. individual cases

27. **A** alleged that he was ill-treated by police officers on 22 July 2004. A description of the alleged ill-treatment and of the medical examinations he underwent in hospital was provided in the report on the visit in 2004<sup>17</sup>. The Assize Court examined **A**'s ill-treatment allegation as a trial within his murder trial and concluded that **A**'s statement concerning the charges against him, taken immediately after his discharge from hospital, was inadmissible, as the prosecution could not prove beyond reasonable doubt that **A**'s statement was made voluntarily. No further investigative steps were taken with regard to the alleged ill-treatment. A finding of inadmissibility was considered just satisfaction for **A**, thereby obviating the need to enquire further whether ill-treatment as such had occurred.

28. **B** and **C** alleged that, on a roadside in Nicosia in the early hours of 20 December 2005, a group of plainclothed and uniformed police officers repeatedly punched, kicked and stamped on their bodies, while they lay on the ground, their hands cuffed behind their backs. **B** also alleged that his head was repeatedly knocked against the street curb. **B** suffered, inter alia, fractures to the jaw and **C** a fractured left wrist, and both required hospitalisation and treatment, including maxillofacial surgery for **B**. On the same day, **B** and **C** also lodged complaints of ill-treatment and several police officers lodged civil actions against **B** and **C** for damages for injuries sustained by them as described in a news bulletin issued by the police. An internal police investigation into the allegations was opened on 20 December 2005. The Attorney-General's office received a copy of a video recording depicting a scene of ill-treatment inflicted by some, but not all, of a group of persons, consistent with the allegations of **B** and **C**, and appointed an independent investigator on 23 December 2005, whereupon the internal police investigation was discontinued.

At the same time, **B** and **C**'s allegations of ill-treatment were also submitted by their lawyers to the office of the Ombudsman, who opened an inquiry, and interviewed **B**, **C** and several police officers. She unofficially received a copy of the above-mentioned video on 13 January 2006, questioned the officers again and published a report on her inquiry on 7 April 2006<sup>18</sup>, concluding that **B** and **C** had been ill-treated by police officers and requesting that a proper investigation be carried out. Her report also referred to a letter by the Chief of Police, dated 31 March 2006, in which he stated that he intended to await the conclusion of the criminal proceedings under way, before opening disciplinary proceedings against the officers concerned.

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<sup>17</sup> See CPT/Inf (2008) 17, paragraph 17.

<sup>18</sup> See Commissioner for Administration (Ombudsman) report on complaints Nos 3105/2005 and 3106/2005.

A copy of the video was provided - by an undisclosed source - to the media, and on 28 March 2006 the video was broadcast prominently during news programmes and posted on a media website<sup>19</sup>. On 3 April 2006, the police issued a public apology to **B** and **C**. In early April 2006 the Attorney-General appointed eight further investigators to assist in the criminal investigation, which was completed in June 2006. Charges were brought against eleven police officials, who were then suspended from duty, with their salary halved. Their trial began in September 2006. As the author of the video did not wish to disclose his or her identity and take the witness stand, the Attorney-General himself testified as to the veracity of the video material, which, as a result, was admitted as evidence. The trial was ongoing during the CPT's visit. **The CPT would like to be informed, in due course, of the outcome of the criminal proceedings and of any disciplinary action taken.**

29. **D** alleged that, in the early hours of 29 August 2007, YKAN officers stopped his car near a hill-side in the Limassol area, where they proceeded to ill-treat him in order to force him to sign a confession. **D** was allegedly pistol-whipped on the right side of his head, then kicked, punched and hit in the body repeatedly, until he warned the officers that he suffered from epilepsy; they stopped hitting him and instead proceeded to ill-treat his friends, **E** and **F**. After one officer allegedly threatened to rape **D**, forcing down his trousers, **D** agreed to sign a confession. **D**, **E** and **F** were allegedly dragged along on the ground, handcuffed, and taken for a house search, and at 4 a.m. **D** was detained at Yermasoyia Police Station (Limassol). **D** alleged that he sustained injuries, including swelling on the right side of his skull; these were seen and photographed by a forensic doctor at the police station, who certified that the evolution of the injuries was consistent with **D**'s allegation of ill-treatment. During the trial against **D**, the statement he signed at the time of his arrest was invalidated, as it was found not to have been made voluntarily (cf. paragraph 24). However, to the best of the CPT's knowledge, no action was taken against the YKAN officers.

30. **G**'s alleged ill-treatment is described at paragraph 15. Following the CPT's visit, the IPCA appointed a three-member team of investigators, including one lawyer, to investigate **G**'s allegations. **G** alleged to the delegation during the visit, that he had raised the matter both with his lawyer and the judge. The Cypriot authorities informed the CPT<sup>20</sup> that, after **G** had made his allegation to the prison doctor, an administrative investigation was initiated by the police, but the allegation "was not proved", and no disciplinary measures were taken against the police officers. They also stated that during **G**'s time in police custody he never mentioned ill-treatment to his lawyer or to the judge, to whom he was presented twice. **The Committee requests that it be informed, in due course, of the results of the criminal investigation and of any disciplinary measures taken.**

31. **H**'s allegation of ill-treatment is described at paragraph 16. Although **H** was seen with visible injuries on his face by at least the judge who remanded him in prison<sup>21</sup>, and by both prison custodial and prison health care staff on his admission to Nicosia Central Prisons, it would appear that no action was taken to investigate the possibility of ill-treatment. Moreover, **H**'s prison medical file makes no mention of his bruised, blackened eyes, though they are clearly visible in **H**'s prison admission photograph.

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<sup>19</sup> [www.politis-news.com](http://www.politis-news.com) The video has since been removed from the site.

<sup>20</sup> By letter of 8 September 2008.

<sup>21</sup> Injuries were possibly also visible on **H**'s first presentation to the judge who remanded him in police custody.



32. At Pafos Police Station, the delegation interviewed **I**, a foreign national who had been held in detention for one night and had yet to be presented before a judge. Although he stated to the delegation that he had not been ill-treated, his general demeanour suggested otherwise. Further, according to his individual custody register, he had, on arrival at Pafos Police Station, displayed “blows on lips, scrapes, grazes on right hand - states some security officer caused them”. The police had not taken **I** to hospital for a medical examination, nor was such a transfer envisaged.

c. assessment and recommended action

33. The existence of a suitable legal framework is not of itself sufficient to guarantee that appropriate action will be taken in respect of cases of possible ill-treatment. Due attention must be given to sensitising the relevant authorities to the important obligations which are incumbent upon them. The CPT must, once again, stress the important role played by judges and prosecutors, but also by other competent authorities, in preventing ill-treatment by law enforcement officials through the diligent examination of all relevant information regarding alleged ill-treatment which may come to their attention, whether or not that information takes the form of a formal complaint.

34. Several of the individual cases examined (e.g. **B**, **C** and **G**) are indicative of a police culture in which a blind eye is turned to ill-treatment by colleagues.

Combating impunity for police ill-treatment must start within the police service itself. Positive action is required, through training and by example, to promote a culture in which it is regarded as correct and professionally rewarding to belong to a team which abstains from having resort to ill-treatment, and where the right thing to do is to report ill-treatment by colleagues. In the CPT’s view, a clear understanding must prevail that culpability for ill-treatment extends beyond the actual perpetrators and to anyone who knows, or should know, that ill-treatment is occurring and fails to act to prevent or report it.

**The CPT recommends that police training incorporate the above precepts and that all law enforcement officials (including police officers and prison directors) be formally required to notify the Attorney-General or the IPCA immediately – either directly or through a clearly established reporting line – whenever they become aware of any information indicative of ill-treatment; if necessary, whistle-blower protective measures should also be adopted.**

35. In the cases of **A** and **D**, allegations of ill-treatment gave rise to proceedings within the framework of criminal proceedings against **A** and **D**, respectively, as to the voluntariness of the statement given, and its consequential admissibility as evidence. In this so-called “trial within a trial”, it is the prosecution’s role to prove beyond reasonable doubt that the statement obtained was provided voluntarily, and it is the defence counsel’s role to argue against such a finding. Thus such proceedings do not constitute a *prosecution* of the alleged perpetrator of ill-treatment. On the contrary, it is in the prosecuting authority’s interest to advocate against a finding of ill-treatment. Further, the defence counsel’s objective is to ensure that the statement is declared inadmissible, for whatever reasons.

In terms of combating impunity, it is clearly not enough merely to test the voluntariness of a statement obtained under alleged ill-treatment and for the statement to be declared inadmissible as evidence against the complainant. When it comes to acts as serious as deliberate ill-treatment by the police, the only appropriate response to them must be accountability through the criminal justice system. **The CPT recommends that, where evidence of ill-treatment by law enforcement officials comes to light, that issue must be investigated and prosecuted as a separate issue; the relevant legislation should be reviewed accordingly.**

36. In the case of **G**, medical evidence was available which should have given rise to a presumption of ill-treatment<sup>22</sup>, and yet this was not the case: police authorities conducting an inquiry found that “ill-treatment was not proved”, when, by law, in the face of the medical evidence available, it was for the police to *disprove* ill-treatment by producing a reasonable explanation for **G**’s injuries. Similarly, **H** and **I** bore injuries either on arrival in, or during, police custody, and yet they were not referred promptly to a medical examination. **The CPT recommends that the necessary steps are taken to ensure that the presumption of ill-treatment (referred to at paragraph 24) operates effectively in the conduct of inquiries.** In particular, **the presumption of ill-treatment will be of little value as a preventive mechanism unless it is coupled with the necessary systematic medical examination at the beginning of detention.**

37. Several persons met by the delegation during the visit (for example, **G**) alleged that they had complained of ill-treatment to the judge who remanded them in custody, but that the judge had shown little interest in the matter, even when they had displayed injuries on visible parts of the body. Further, despite the fact that **H**’s appearance, as seen on his prison photograph, could be said to amount to *prima facie* evidence of ill-treatment, the relevant judicial authorities had not pursued the matter.

**The CPT recommends, once again, that the Cypriot authorities take the necessary steps, in the light of the foregoing remarks, to ensure that judicial authorities are duly sensitised to their obligations to take appropriate action in respect of cases of possible ill-treatment. Whenever there are grounds to believe that a person brought before a judge could have been the victim of ill-treatment, the judge should immediately request a forensic medical examination of the person concerned and bring the matter to the attention of the relevant authorities.**

**It is also imperative that judicial authorities conduct proceedings in such a way that persons brought before them have a real opportunity to make a statement about the manner in which they have been treated.** For example, it could be the case that persons such as **H** are frightened to complain about ill-treatment, because of the presence at the hearing with the judge of the very same law enforcement officials who had interrogated and allegedly ill-treated them.

38. The CPT recalls that effective investigations into police ill-treatment must meet certain basic criteria: they must offer guarantees of independence and thoroughness, and must be conducted in a prompt and expeditious manner.

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<sup>22</sup> Under Section 6 of the UNCAT Ratification Law. See paragraph 24 above.

The Cypriot Government has stated that the operation of the IPCA “is intended to provide an *independent* mechanism for examining complaints regarding ill treatment whilst in police custody”<sup>23</sup>. During discussions with members of the IPCA, the CPT’s delegation was informed that, in their experience, police officers are more vigorous and effective in their investigations than other investigators with no police experience; their preference was, therefore, to entrust investigations to former police officers.

The CPT acknowledges that the IPCA should benefit from the specific experience of police officers, by calling on them to provide advice on general issues, and training to IPCA investigators on how to conduct investigations. However, in the interest of the independence, both real and perceived, of the IPCA’s investigations, **the CPT recommends that all persons entrusted with the operational conduct of investigations into police ill-treatment be – and be seen to be – independent from the police. Thus, such investigations must not be entrusted to police officers in active duty; further, it would be preferable for former police officers to form, at most, a minority within the team entrusted with a particular investigation.**

39. The CPT was informed that disciplinary culpability is examined irrespective of whether police misconduct is found to constitute a criminal offence<sup>24</sup>. It is also positive that the IPCA can direct the disciplinary board to initiate proceedings.

However, it would appear that the current disciplinary procedures have not been adequately adapted to reflect the IPCA’s power to direct the board to take disciplinary action. Further, the CPT was informed that disciplinary proceedings are conducted and adjudicated by police officials. **The CPT recommends that the disciplinary procedures be reviewed so that disciplinary action is taken whenever the IPCA orders it, and so as to ensure that disciplinary proceedings offer some degree of independence, in particular through the composition of adjudicating panels.**

It is also noteworthy that, in the case of **B** and **C**, the police officers had not been suspended from duty pending the results of the investigation. **The CPT requests the comments of the Cypriot authorities on this matter.**

40. Although it is too early to make a detailed assessment of the IPCA, the CPT wishes to stress that, for it to operate as an effective tool in combating impunity for police ill-treatment, it should be adequately staffed and resourced, and its independence ensured. **The CPT recommends that the IPCA be provided with the necessary means to discharge its functions effectively.**

41. The Committee is concerned that a considerable number of complaints may not be reaching the IPCA. Indeed, none of the above-mentioned individual cases (referring to events which occurred after the establishment of the IPCA, i.e. the cases of **D**, **G**, **H** and **I**) had come to the IPCA’s attention. **The CPT recommends that the IPCA’s functions be properly publicised.** In particular, information on how to lodge a complaint with the IPCA should be visibly displayed in police premises; a person arriving in prison should be able to lodge a complaint about police ill-treatment promptly with the IPCA, and be interviewed by an IPCA investigator. Moreover, in the interest of transparency, **the IPCA should issue information to all complainants on the results of their complaints, including a reasoned report.**

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<sup>23</sup> See the Cypriot response to the 2004 visit report (CPT/Inf (2008) 18) at paragraph 8 (page 16). See also the CPT’s remarks on the independence of investigations in the report on the visit in 2004 (CPT/Inf (2008) 17), paragraph 25.

<sup>24</sup> See the Cypriot response to the 2004 visit report (CPT/Inf (2008) 18), at paragraph 7 (page 16).

#### 4. Safeguards against ill-treatment of detained persons

42. The CPT welcomes the adoption of the Law on the Rights of Arrested and Detained Persons (“RADP”), in force since 30 December 2005, which rectifies most of the deficiencies the CPT has outlined in past reports as regards the legal safeguards available to persons deprived of their liberty by the police<sup>25</sup>. It also notes that the rights afforded by this law expressly include persons arrested or detained under aliens legislation<sup>26</sup>. Another feature of the new law is that officials obstructing the exercise of the right to communication with a relative or third party or with a lawyer or the right of access to a doctor may incur disciplinary and/or criminal sanctions of up to 6 months’ imprisonment or a fine of up to 1000 Cyprus Pounds, or both; arrested or detained persons also have an actionable right to compensation from the State and the officials concerned.

The following remarks will focus on those issues which remain outstanding, including the effective enjoyment, in practice, of the safeguards advocated by the CPT.

43. The right to inform a relative or third party of one’s detention immediately upon one’s arrest, and personally, by telephone, is expressly guaranteed<sup>27</sup>. However, according to the information gathered during the visit, effective enjoyment of this right was not always afforded to persons in police custody. **The CPT recommends that the necessary steps be taken to ensure that the right to inform a relative or third party of one’s choice of one’s situation, from the very outset of detention, is effectively enjoyed.**

As regards the exceptional delay of up to 12 hours in the exercise of this right, the possible reasons for such a delay would appear to be adequately circumscribed (see Article 3(2)). However, additional safeguards need to be introduced; in particular, any delay in notification of custody, including the reasons for such a delay, must be recorded in writing and must require the approval of a senior police officer unconnected with the case, or of a prosecutor. **The CPT recommends that the necessary steps be taken in the light of the above remarks.**

44. As regards access to a lawyer, the RADP law explicitly provides for an arrested person to be given, immediately upon being brought to the police station, a list of the names and telephone numbers of all registered lawyers, as well as the means to telephone them confidentially<sup>28</sup>. Every detained person has the right to meet in private with a lawyer, at any time of the day. The law does not provide for any exceptional delay in communication with a lawyer. However, in their letter of 8 September 2008, the Cypriot authorities suggest that such a delay is possible. **The CPT requests clarification of this issue.**

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<sup>25</sup> See, in particular, CPT/Inf (2008) 17, at paragraphs 28 to 40.

<sup>26</sup> Arrest or detention pursuant to Article 11(2)(f) of the Constitution.

<sup>27</sup> See Article 3(1)(b), RADP Law, and, for communication with a diplomatic or consular representative, Article 5(1)(a).

<sup>28</sup> See Article 8(3), RADP Law.

45. Cypriot law provides for the assistance of a lawyer free-of-charge throughout criminal proceedings for those who cannot afford one<sup>29</sup>. In theory, such a right should apply from the very outset of deprivation of liberty. In practice, however, access to a lawyer free of charge cannot occur before the person's application has been processed, including the necessary investigation into the person's financial situation, and a favourable decision by the court. By way of example, the delegation met one 17-year-old girl at Larnaca Central Police Station who had been in police custody for four days on the basis of a judicial warrant, had been questioned by the police without a parent, guardian or trusted person present, had not yet seen a lawyer and alleged that she had been told she would only be provided with one on the 7<sup>th</sup> day of her police custody. Further, the delegation met many persons detained under the aliens legislation, none of whom had benefited from legal aid as provided under the Law on Legal Aid.

Such a state of affairs is totally unacceptable. It is incumbent upon the Cypriot authorities to ensure that all persons detained by the police<sup>30</sup> are able to have an effective right of access to a lawyer. For persons who do not have their own lawyer, a duty lawyer should be available.

**The CPT recommends that a fully-fledged and properly funded system of legal aid for persons in police custody who are not in a position to pay for a lawyer - including persons detained under the aliens legislation - be developed, so that this right may be effectively enjoyed from the very outset of police custody.**

46. The right of access to a doctor is stipulated in the RADP law and includes the option to call upon a doctor of one's choice at one's own expense, the confidentiality of medical consultations<sup>31</sup>, and the proper recording of the doctor's findings and of possible statements by the detained person regarding ill-treatment. However, Article 30 prescribes prohibitive criminal sanctions<sup>32</sup> for persons who abuse the right to medical examination or treatment. Although the delegation was assured by the Cypriot authorities that this provision had never been applied, the Committee reiterates its view<sup>33</sup> that such a provision could dissuade detained persons – including those who consider themselves to be victims of ill-treatment – from exercising their right of access to a doctor. **The CPT recommends that this provision be abolished.**

47. From the information gathered during the visit, it would appear that, in practice, access to a doctor for those who required one was not guaranteed. At a general level, staff at Police Prison (Block 10) reported that hospital care was provided free of charge only upon presentation of a passport, which many persons at Block 10 did not have.

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<sup>29</sup> See Article 30(3) (d) of the Constitution and the Law on Legal Aid 165(1)/2002, as amended by Laws 22(1)/2005 and 77(1)/2005. These provisions also allow for legal aid in civil matters.

<sup>30</sup> See also Directive on Asylum Procedures 2005/85/EC, requiring legal aid for detained aliens – implementation deadline for Cyprus: end of 2008.

<sup>31</sup> Exceptionally, if the doctor's safety is at risk, a police officer of the same gender as the detained person might observe, but not listen to, the examination (Article 27(2)).

<sup>32</sup> Up to three years' imprisonment and/or a fine of up to 3000 Cyprus Pounds.

<sup>33</sup> See CPT/Inf (2008) 17, paragraph 32.

More specifically, in one instance, the delegation had to request immediate hospitalisation for a person seen on his fifth day of detention at the former Famagusta Police Station in Larnaca. Although the CPT was subsequently informed, by letter of 8 September 2008, that the person concerned tested negative for tuberculosis and returned to the Police Station, no other explanation for his symptoms (loss of weight, night sweats (subjective symptoms); cervical lymphadenopathy, widespread subcutaneous nodules) was proffered. Nevertheless, in the opinion of medical members of the delegation, the person's symptoms required further medical evaluation.

Further, the delegation examined the file of a person who had been held for more than eight months in various police stations and was released from Larnaca Central Police Station the evening before the visit to that establishment. His personal file included medical notes which recorded that he required a neurological evaluation and a testicular cyst removal operation, neither of which he actually received. The Cypriot authorities' affirmation, in their letter of 8 September 2008, that "no illness of any kind was diagnosed" is totally erroneous.

In the light of the above, **the CPT recommends that the Cypriot authorities ensure that persons detained on police premises benefit from effective access to a doctor. Further, for as long as detention periods on police premises remain potentially lengthy, the health-care services provided must be proactive, including systematic medical screening at an early stage and adequate attention to the health-care needs of detained persons.**

48. Further, police officers and the doctor regularly visiting Police Prison (Block 10) did not know how to manage a person detained who was on hunger strike at the time of the visit. Certain basic steps were not taken (e.g. close medical supervision and frequent monitoring and recording of weight) until these were pointed out by the delegation as being necessary. **The CPT therefore recommends that a comprehensive policy be developed on the management of hunger strikes by persons in police custody. Such a policy must include detailed logbook recording and close medical supervision.**

49. The RADP Law stresses the need for adequate provision of information on rights to persons in police custody. The CPT observed that laminated information sheets detailing the rights of arrested persons under the RADP Law (along with the house rules) were posted in all of the law enforcement establishments visited. The sheets were available in a wide range of relevant languages (usually in areas immediately adjacent to cells which were often accessible to persons detained), although the different language versions were often inconsistent and incomplete.

However, the form suggested that access to any doctor, including a government doctor, would be at the expense of the detained person, which is not accurate. **The information sheets should state clearly that detained persons who request access to a government doctor will not be obliged to pay for the doctor's services.**

As to the forms attesting that detained persons have been informed of their rights, the delegation observed that they did not cover the right of access to a doctor. Further, they were often signed and dated apparently without being understood, as the persons did not indicate – though the form provided such an opportunity – whether they wished or not to avail themselves of their rights. **The CPT recommends that the forms cover all the rights available to detained persons and that officers on duty ensure that they are understood by the persons concerned.**

50. More generally, the situation as regards custody records had improved since the CPT's previous visit in 2004. In addition to the general custody register at each police station, a detailed individual custody record was compiled for persons arrested and detained there. **The CPT trusts that the Cypriot authorities will ensure that police officers fulfil their obligation to complete custody records in a diligent manner in respect of every person deprived of his or her liberty.**

51. The CPT would recall that foreign nationals deprived of their liberty under immigration or refugee law should – in the same way as other categories of persons deprived of their liberty – be entitled, as from the outset of their detention, to inform a person of their choice of their situation and to have access to a lawyer and a doctor. Indeed, the RADP Law should apply equally to such persons. However, the right to free legal assistance for this category of detained persons is not provided under legal aid provisions. Although, asylum seekers may be provided with free legal assistance by organisations dealing with refugee matters, some of which are funded by the European Refugee Fund for this purpose, such arrangements do not meet the standard of safeguards required in respect of access to a lawyer. Many persons interviewed by the delegation had not been able to consult a lawyer, although they would have wanted to do so.

Further, although persons seeking asylum are supposed to be provided with an information leaflet (in one of 11 languages), explaining their rights and obligations as asylum-seekers, most of the persons interviewed by the delegation alleged that they had not received such a leaflet.

**The CPT recommends that the Cypriot authorities ensure that the deficiencies outlined above are duly rectified.**

52. The RADP provides special safeguards for minors deprived of their liberty. Their parents or guardians must be notified immediately of their arrest (Article 6(1)(a)<sup>34</sup>). They are to be questioned only in the presence of their lawyer (Article 10). However, during the visit, the delegation met several minors who had not seen a lawyer at all after several days of detention, let alone benefited from a lawyer's presence during questioning by the police. This was the case, for example, of a 14-year-old boy whom the delegation met at Pegeia Police Station on the sixth day of his detention, and of a 17-year-old female detainee whom the delegation met at Larnaca Central Police Station on the fourth day of her detention. Such a state of affairs is totally unacceptable. **The CPT would also like to be informed whether, in practice, minors might be obliged to sign a statement without the benefit of the presence of a lawyer or trusted person.**

**The CPT recommends that the Cypriot authorities take immediate steps to ensure that every minor is provided with effective access to a lawyer from the very outset of his or her detention and before signing any statement. To this end, minors must be made aware of the special safeguards from which they are to benefit. Thus, such information must be explicitly included in information on rights provided to them in writing and which they are obliged to sign.**

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<sup>34</sup> Article 16 also provides for the right for the minor's parents or guardians to visit for up to one hour per day.

53. The CPT considers that the existence of independent complaints mechanisms (such as the IPCA), and the possibility for an authority independent of the police to conduct unannounced inspection visits to law enforcement establishments constitute important safeguards in the prevention of ill-treatment. The Cypriot authorities have announced their intention to ratify the Optional Protocol of the UN Convention Against Torture, and to assign the role of “national preventive mechanism”, including the power to inspect places of detention, to the Ombudsman, and possibly also to one or more other institutions. It would appear that the National Organisation for the Protection of Human Rights (“Ethnopad”) already has such authority, but it encountered resistance from Police authorities when it attempted to visit Block 10 in March 2005. **The CPT would like to be informed about the current and planned arrangements as regards independent, unannounced inspections of police premises.**

## 5. Conditions of detention

54. In general, the delegation noted a number of improvements in material conditions at the police establishments visited, compared to the situation observed in 2004. In particular, the newly refurbished police cells at *Pafos Police Station* provided for access to natural light and ventilation and were equipped with a plinth, a fixed stool and table, an in-cell toilet, sink and shower, and a call-bell. Conditions at *Police Prison Block 10* had also improved, through the installation of air-conditioning in the detention block’s central corridor and the creation of a basket-ball court in the exercise yard. Further, sanitary facilities were entirely renovated at the *former Famagusta police station in Larnaca*, where conditions were also much improved in view of the lowering of occupancy levels.

55. However, the delegation observed that some cells at *Limassol Police Station* had no windows, and, as a result, no access to natural light or ventilation. **The CPT recommends that these deficiencies be remedied without delay.**

Further, due to overcrowding at *Lakatamia Police Station* shortly before the CPT’s visit, several women had been obliged to sleep on mattresses placed on the floor in the corridor. **The Committee recommends that the Cypriot authorities ensure that corridors are not used as ad hoc detention facilities, and that all detained persons are accommodated in rooms/cells designed specifically for that purpose, offering appropriate living conditions.**

At the *Larnaca Airport detention facility*, there was no access to natural light, and ineffective ventilation in the cell for men, giving rise to very hot and humid conditions. The CPT was informed, by letter of 8 September 2008, that the new airport to be opened in Larnaca in the course of 2009 would offer suitable facilities, and that persons could be detained at the existing waiting rooms for a maximum of 12 hours. However, at the time of the visit, custody registers showed that detention frequently lasted up to several nights (when flights by the same carrier to the destination of origin were infrequent)<sup>35</sup> and staff present could remember stays of up to 6 days. **The CPT trusts that the new Larnaca airport will offer adequate conditions of detention for persons held pending deportation; it further recommends that persons never be held in the existing detention facilities for longer than a few hours, unless the above-mentioned shortcomings are remedied.**

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<sup>35</sup> Out of the 10 persons present at the time of the visit, five of them would be staying for four days.



56. Once again, the delegation heard consistent complaints about the provision of food, especially as regards quantity, but also as regards quality. Persons remanded in police custody were not provided with food in the evening for the first eight days at *Larnaca Central Police Station*. For the first 15 days of custody at *Pafos* and *Limassol Police Stations*, only cold food was provided, once a day. **The CPT recommends that all persons held on police premises are provided with appropriate food at regular intervals (including at least one full meal every day).**

57. The CPT has reiterated in the report on each visit to Cyprus that all persons detained longer than 24 hours must be offered the opportunity of one hour of outdoor exercise every day. However, in 2008, outdoor exercise was provided only at *Police Prison (Block 10)* and *Larnaca* and *Paralimni Police Stations*. At *Aradippou* and *Limassol Police Stations*, detained persons were offered, at best, access for several hours to a courtyard covered by corrugated plastic sheeting. Thus, outdoor exercise was still not provided at most police establishments, including those which held primarily or exclusively long-term immigration detainees, such as the *former Famagusta detention facility in Larnaca* and *Lakatamia Police Stations*.

By letter of 8 September 2008, the Cypriot authorities referred to the impossibility of making the outdoor space at these two establishments available to detained persons, due to the fact that the space is open to the public or shared with other police departments. In the CPT's view, such arguments indicate a lack of concern for the basic needs of persons deprived of their liberty for extended periods. **The CPT calls upon the Cypriot authorities to ensure that all persons detained in police stations for longer than 24 hours are offered one hour of daily outdoor exercise.**

58. Subject to remedying the shortcomings identified above, the existing police detention facilities visited in Cyprus were suitable for accommodating detained persons for short periods of time, i.e. for a few days. However, as the CPT has stressed in the past, police detention facilities will generally remain inappropriate for holding persons for prolonged periods. Indeed, none of the police establishments visited offered the material conditions or the opportunities for activities that persons detained for prolonged periods are entitled to expect. By way of example, the women detained at *Lakatamia Police Station*, in addition to not having access to outdoor exercise, had no activities of any kind, nor contact with the outside world. They also alleged to the delegation that the staff had forcibly removed their radio some time before the visit.

At the end-of-visit talks with the Cypriot authorities, the visiting delegation made an immediate observation pursuant to Article 8, paragraph 5, of the European Convention for the prevention of Torture and Inhuman or Degrading Treatment or Punishment, requesting that the Cypriot authorities take immediate steps to improve the conditions of detention of persons held in police custody for prolonged periods. The delegation requested to be informed, within three months, of action taken in response to the immediate observation.

59. By letter of 8 September 2008, the Cypriot authorities informed the CPT that remand police custody rarely lasts longer than 16 days, and that, as regards immigration detention, pursuant to a recent decision of the Minister of Interior, he personally examines, on a case-by-case basis, the files of non-EU nationals detained for longer than six months. Where there is no prospect of deportation and the individual has not committed any criminal act, he or she is set free and issued with a 12-month temporary residence/employment permit, after which the case is re-examined. The Cypriot authorities also informed the CPT that a new establishment for the detention of up to 300 aliens was planned for 2012.

60. As the CPT has stated ever since its first visit to Cyprus<sup>36</sup>, remand custody on police premises in itself poses a series of risks of ill-treatment. It is widely acknowledged that the period immediately following apprehension, and prior to the first appearance before a judge, is when the risk of abuse is greatest. Continued detention on police premises, even after the person concerned has been presented before a judge, also poses risks of intimidation and pressure. Consequently, instead of being kept for longer than four days in police stations, persons remanded in custody should be promptly transferred to prison; any further questioning by the police which may be necessary can be carried out in prison.

**The CPT calls upon the Cypriot authorities to review the system of remand detention on police premises in the light of the foregoing remarks, with a view to substantially reducing its duration.**

61. The CPT remains concerned by the persistence of the Cypriot authorities in using unsuitable premises for persons detained pursuant to the aliens legislation, and for prolonged periods.

It is certainly positive that the Cypriot authorities state that they intend not to keep aliens in detention for longer than 6 months. However, the fact remains that holding such persons in police stations for months on end is not acceptable. A solution to this problem cannot await the opening of the new aliens centre planned for 2012. The CPT has already described, in its previous report, the standards that accommodation provided to persons detained for prolonged periods under aliens and asylum legislation should meet<sup>37</sup>.

**The CPT once again recommends that the Cypriot authorities urgently review the conditions in the existing centres designed to hold persons deprived of their liberty under aliens/asylum legislation, in the light of the aforementioned standards, and that they ensure that any additional centres they establish comply with those standards.**

**Further, the Committee invites the Cypriot authorities to introduce a maximum time limit for the detention of foreign nationals under aliens legislation** (as is already the case in the majority of European countries).

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<sup>36</sup> See report on the visit to Cyprus in 1992 (CPT/Inf (97) 5 (Part 1)) at paragraphs 27 to 28.

<sup>37</sup> See report on the visit to Cyprus in 2004 (CPT/Inf (2008) 17) at paragraph 49.

## B. Nicosia Central Prisons

### 1. Preliminary remarks

62. Since the CPT's previous visit to Nicosia Central Prisons in 2004, the establishment's official capacity of 340 has not changed, whereas the number of inmates has risen from 480 to 520. 80 inmates were on remand and 440 sentenced (296 to long sentences, 18 of which were life sentences); 27 inmates were women and 11 were juveniles under 21 years old. About 54% of the prisoners were foreign nationals.

63. In its report on the visit in 2004, the CPT outlined its concerns as regards the rampant overcrowding at Nicosia Central Prisons<sup>38</sup>. Since then the situation has further deteriorated, and the Committee understands that the establishment had to cope with even greater overcrowding in 2007 (with 662 inmates reported on 30 July); the population reduction since 2007 was largely due to a general amnesty, rather than to a strategic approach. An occupancy rate of over 152%, as observed during the visit in 2008, represents severe overcrowding, posing challenges to the general infrastructure of the prison, including issues of order and security and classification of prisoners. Such overcrowding will necessarily put a strain on relations between staff and prisoners and among prisoners, on the provision of health-care services, on material conditions of detention, as well as on the regime of activities offered to prisoners, and their possibilities for rehabilitation.

64. At the time of the delegation's visit, the prison administration was completing the construction, on the upper floor of Block 5, of 23 new cells, in which it was planned to accommodate up to 2 persons per cell. Further, the prison management informed the delegation that the authorities were considering constructing a new accommodation block with 300 cells.

The CPT was also informed of other new initiatives to tackle the problem of overcrowding: a new *Law on Parole* and a *Law on electronic monitoring*, both of which were expected to be tabled before Parliament in the course of 2008. The latter piece of legislation could potentially help to reduce the Prison's occupancy levels, by permitting an increased resort to non-custodial sentences. However, as regards the Law on Parole, **the Committee would invite the Cypriot authorities to consider broadening its scope to include categories of inmates other than those sentenced to life imprisonment.**

65. As the CPT has stated in the past, it is unlikely that simply providing additional accommodation will, in itself, constitute an effective and lasting solution to the problem of overcrowding. The CPT trusts that the adoption of the above-mentioned laws will bring new momentum to the Cypriot authorities' efforts to adopt a coherent strategy for the sustainable reduction of the prison population.

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<sup>38</sup> See CPT/Inf (2008) 17, paragraphs 56 and 57.

The Committee would reiterate that a strategy for the sustainable reduction of the prison population should be guided by relevant Recommendations of the Committee of Ministers of the Council of Europe<sup>39</sup>. In particular, such a strategy should include a variety of steps to ensure that imprisonment is, in practice, the measure of last resort at all stages of the criminal justice system, from pre-trial to the execution of all sentences, whatever their length. Further, the adoption of measures to facilitate the reintegration into society of persons who have been deprived of their liberty - both prior to and after their release – could also reduce the rate of re-offending and the “revolving-door” phenomenon. **The Committee calls upon the Cypriot authorities to adopt and implement a coherent strategy designed to combat prison overcrowding, in the light of the foregoing remarks.**

66. The CPT welcomes the progress made since the visit in 2004 in separating juveniles from adult prisoners, including during daytime activities. Although juveniles occupied the floor above the segregation unit, the CPT was informed of plans to relocate juveniles to entirely separate accommodation in Block 9, as soon as the building is adapted for this purpose<sup>40</sup>. **The Committee requests up-to-date information on progress in the plans to transform Block 9 into entirely separate accommodation for juveniles, including details of the services, mixed-gender staffing and special facilities to be provided, which are adapted to the needs of juveniles.**

## 2. Ill-treatment

67. Most prisoners interviewed made no allegations of physical ill-treatment by custodial staff. However, a few such allegations were received, apparently consisting of punches and kicks, including of inmates in the isolation section (“Special 8”). In one instance of alleged beating, the prisoner concerned had been previously diagnosed as psychotic and was apparently transferred subsequently to Athalassa Psychiatric Hospital.

**The CPT recommends that the management of the Prisons deliver a clear message to custodial staff – and reiterate it at regular intervals – that all forms of ill-treatment are unacceptable and will be the subject of severe sanctions.**

68. Notwithstanding the extent of overcrowding at Nicosia Central Prisons, relations among prisoners appeared to be relatively relaxed. However, one incident of inter-prisoner violence occurred during the delegation’s visit, and involved a large number of inmates. The delegation also received numerous allegations of tolerance, and at times instigation, by staff of inter-prisoner violence, including in the section for juveniles.

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<sup>39</sup> See, in particular, Recommendations R(99)22 concerning prison overcrowding and population inflation, Rec(2000)22 on improving the implementation of the European Rules on community sanctions and measures, and Rec(2003)22 on conditional release (parole).

<sup>40</sup> See the Cypriot response to the CPT’s report on the visit in 2004 (CPT/Inf (2008) 18), at page 29.

The CPT is obliged to recall once again that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm. This means in particular that staff should be alert to inmates' behaviour and be both resolved and properly trained to intervene when necessary. Further, appropriate arrangements should be made for particularly vulnerable prisoners, by taking care, for example, not to accommodate them or leave them alone with inmates identified as behaving in an aggressive manner. **The CPT recommends that the Cypriot authorities take the necessary measures, in the light of the above remarks, to prevent inter-prisoner violence.**

69. The CPT would recall that the diligent examination by prison management of all information which may come to its attention regarding possible ill-treatment of prisoners by staff or inter-prisoner violence and, if necessary, the instigation of proceedings, is also essential. The lack of an appropriate response by prison management can foster a climate in which those minded to ill-treat prisoners can quickly come to believe – and with very good reason – that they can do so with impunity. The delegation gained the impression that the management of Nicosia Central Prisons could still be more proactive in its approach to such matters. For example, immediately after the incident referred to at paragraph 68, one of the inmates involved was removed from the prison pursuant to an ongoing procedure, in order to be deported; despite the fact that he had sustained facial injuries during the incident, he was neither examined by a doctor nor questioned by an appropriate authority.

**The CPT recommends that all indications of possible ill-treatment, including inter-prisoner violence, be properly investigated and appropriate action taken.**

70. The CPT is also concerned by its delegation's observations as regards the provision of health care to inmates (see, in particular, paragraphs 76 to 91). The Committee would recall that the European Court of Human Rights has found negligent or dysfunctional health-care provision in prison to constitute a violation of Article 3 of the European Convention on Human Rights<sup>41</sup>.

**The CPT trusts that the Cypriot authorities will take the steps necessary to guarantee an adequate provision of health care for inmates.**

71. Further, the vast majority of inmates had no access to the toilet during the night, when, as the delegation learned, call bells were switched off. As a result, inmates were frequently obliged to urinate and defecate in makeshift receptacles in their cells<sup>42</sup>. The CPT considers that to oblige an inmate to discharge human waste, and more particularly defecate, in a bucket or other receptacle in a confined space used as a shared living area, is degrading, both for the inmate concerned and for all other persons occupying the cell.

The Committee considers that a toilet facility should be located in cellular accommodation (preferably in a sanitary annexe) or means should exist to enable prisoners who need to use a toilet facility to leave their cells without undue delay at all times (including during the night). **The CPT recommends that the Cypriot authorities take immediate steps to ensure that prisoners are guaranteed access to a proper toilet whenever necessary. The Committee also trusts that the Cypriot authorities will ensure that call bells are never deactivated.**

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<sup>41</sup> See, e.g., *Farbtuhs v. Latvia*, 2 December 2004, paragraphs 49 to 54.

<sup>42</sup> No CCTV recording could be produced of a prisoner being released from his cell at night during the four days prior to the delegation requesting to view such images.

### 3. Conditions of detention

#### a. material conditions

72. High levels of overcrowding prevailed in nearly all of the detention blocks, with older Blocks (1 and 2) being the most severely affected. For example, Block 2B had an official capacity for 36 persons, yet accommodated 73 prisoners. In Blocks 1B, 2A and 2B many persons were obliged to sleep four to a room measuring 10m<sup>2</sup>, or in bunk beds in the blocks' TV-rooms. Further, several cells in Blocks 1B, 2A and 2B had no window at all, resulting in poor ventilation and reduced access to natural light. Sanitary facilities in those Blocks were also severely dilapidated; however, the delegation noted that work was in progress to construct new sanitary facilities for Blocks 1 and 2.

73. Block 3 (i.e. the women's section) accommodated 28 persons, though it only had an official capacity for 18. Despite the overcrowding, the conditions were, on the whole, good. However, many complaints were received of inadequate provision for the specific hygiene needs of women, as regards access to washing facilities and sanitary supplies, such as sanitary towels and tampons.

Blocks 5 and 8 also offered essentially good material conditions, as described in the CPT's previous report<sup>43</sup>, though the problem of overcrowding persisted. On a more positive note, exercise and recreation yards had been constructed for these blocks.

The CPT's delegation also visited the 23 new cells built on the upper floor of Block 5, which were soon to be brought into service. The fabric of the construction was of a similarly high standard, and included an air cooling and heating system in the central corridor. However, it was planned to accommodate more than one person in each of the cells, which all measured less than 7m<sup>2</sup>; cells of such a size are not suitable to accommodate more than one person. It is also unfortunate that the new cells had no in-cell sanitary facilities and that the communal sanitary facilities for the floor appeared to be insufficient. Moreover, the cells had grille gates but no doors, which would not allow for any degree of privacy.

74. **The CPT recommends that:**

- **immediate action be taken to rectify the deficiencies identified at paragraph 72 in the material conditions of detention in Blocks 1 and 2, with a view to ensuring that they fully comply with the legal requirements (see Section 58 of the Prisons Regulations) in terms of lighting (natural and artificial), ventilation, cell size and equipment, and sanitation facilities;**
- **steps be taken to ensure adequate provision for the specific hygiene needs of female prisoners;**
- **measures be taken to reduce as soon as possible the occupancy levels in Blocks 1, 2, 3, 5 and 8. As occupancy rates are reduced, it should be ensured that those cells measuring just under 7 m<sup>2</sup> are only used to accommodate one prisoner and that the living space in multi-occupancy cells is at least 4 m<sup>2</sup> per prisoner;**
- **steps be taken to ensure an adequate ratio of sanitary facilities to inmates in the new cells on the upper floor of Block 5.**

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<sup>43</sup> See CPT/Inf (2008) 17, paragraph 64.

b. regime

75. It is a positive feature of the regime that prisoners continued to benefit from an open-door regime, allowing them to spend most of the day outdoors. However, the delegation spoke with many inmates and several staff members who pointed to the lack of activities as the most problematic aspect of the prison.

The prison management informed the delegation that 295 inmates in the prison's closed section worked in workshops, the kitchen, and in cleaning and maintenance duties around the prison. However, these positions occupied inmates for, at most, four hours per day; many sentenced prisoners complained of a lack of work opportunities, and of the fact that, as a consequence of not working, they could not earn remission through work. 132 inmates attended educational activities, occupying them for 1.5 hours per week, from October to May. Although facilities were available for sports, access to them was very limited, particularly for inmates accommodated in Blocks 1 and 2.

Thus, the CPT delegation's observations and the information provided to it during the visit indicate that prisoners spent little time engaged in purposeful activities. Moreover, the regime on offer for juveniles and persons serving long sentences was no better, despite it being crucial to engage these categories of inmates in an adequate programme of activities, as outlined in previous reports<sup>44</sup>.

**The CPT reiterates its recommendation that vigorous efforts be made to increase the range of purposeful activities for inmates: work, vocational training, sports, educational and other activities must be available so that all prisoners may be purposefully engaged for most of the day. Particular efforts should be made to offer juveniles and persons serving long sentences a programme of activities adapted to their respective needs.**

#### 4. Health-care services

76. The delegation's observations and findings during the visit led it to conclude that health-care provision at Nicosia Central Prisons was unsatisfactory. At the end of the visit, the CPT's delegation presented to the Cypriot authorities its concerns and requested, within three months, a report on an extensive review of the diagnoses and medication provided to all prisoners receiving treatment and, within four months, a report on the assessment of the prison health care service as a whole, including proposals to ensure that the service delivers proper care to all inmates (see paragraph 91).

77. Health-care staffing levels had increased, compared to the situation observed in 2004. One general practitioner and four nurses, including a senior nurse, were employed on a full time basis. However, the prison records showed that the doctor was not effectively present full-time. Further, he was burdened with the additional responsibility for prison staff health care. The arrangement for the services of a locum during the prison doctor's absence was also found not to be functioning.

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<sup>44</sup> See e.g., CPT/Inf (2008) 17, paragraph 70.

The dentist and a dental nurse were in regular attendance at the prison twice a week. A dermatologist visited once a month, whereas a health visitor (community nurse) administered vaccinations twice weekly. The health-care team was assisted by 9 prison hospital officers acting as medical orderlies, who were trained in first aid, and worked in shifts to ensure a presence for 24-hours, 7 days a week. These medical orderlies inter alia dispensed medicine (including administering injections).

78. During the visit, the CPT's delegation paid close consideration to a number of cases of inmates who were clearly not receiving the medical care they required, partly due to inadequate staffing levels<sup>45</sup>.

By way of example, **J** had been admitted to the prison three months prior to the delegation's visit. Some years previously, **J** had suffered a severe brain injury, as a result of which he required regular treatment with four different hormonal replacement drugs including testosterone<sup>46</sup> and, in addition, anti-epileptic medication<sup>47</sup>. Despite **J** being in receipt of such treatment at the time of his committal to the prison, he had only received two of the hormone replacement drugs<sup>48</sup> during the period of his imprisonment, as a result of which he suffered from excessive production of urine and epileptic fits. In addition, because he had not been provided with the testosterone injections which he required, he had developed feminisation features. On two separate occasions the delegation had to request that **J**'s medical condition be reviewed at the hospital, where he was subsequently admitted for further evaluation and treatment.

79. By letter of 8 September 2008, the Cypriot authorities informed the CPT that the process was under way to hire a second Medical Officer and additional nurses, in order to ensure an almost full-time health-care service; further, the authorities have assured the CPT that the prison health care service would no longer be called upon to provide health care to prison staff.

The CPT welcomes the swift response of the Cypriot authorities on these matters and **requests detailed and up-to-date information regarding health-care staffing levels at Nicosia Central Prisons.**

80. As regards the role of prison officers in providing health-care services, the Cypriot authorities have also explained, by letter of 8 September 2008, that they are considering either employing more nurses at the prison or providing prison officers with nursing school training in dispensing medicine.

In the CPT's view, it is not within the competence of prison officers to dispense prescription medication or to administer injections – dispensing medication can only fall to a nurse or a trained pharmaceutical dispenser, whereas injections can only be administered by qualified medical staff. **The CPT reiterates its recommendation that the nursing team be progressively reinforced with a view to replacing all medical orderlies by qualified nursing staff from the Medical Services of the Ministry of Health.**

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<sup>45</sup> In particular, one inmate with a serious endocrine problem was not receiving treatment. As the prison doctor was abroad and the locum refused to attend, the delegation was obliged to insist on two occasions with the prison management that this person be taken to hospital, before the prisoner received treatment.

<sup>46</sup> The other drugs were hydrocortisone, thyroxin and anti-diuretic hormone.

<sup>47</sup> Phenytoin.

<sup>48</sup> Hydrocortisone and thyroxin.



81. At the time of the visit, some 240 prisoners were receiving psychiatric care, 190 of whom received occupational therapy. One psychiatrist was present three days a week, assisted by two part-time clinical psychologists (one working 21 hours a week, and the other 24), and 4 full-time mental health nurses, one of whom supervised the mental health nursing team. Two occupational therapists were employed part-time, and the services of a social worker were also provided to the prison from the social welfare department.

82. Nevertheless, during the visit, the delegation met several prisoners with a psychiatric condition, who were not receiving adequate psychiatric care; in this regard, there was an absence of psychiatric notes and a lack of narrative in respect of mental health problems within prisoners' individual health-care files. One prisoner suffering from a psychiatric disorder was refusing to take his medication, a fact which was not reported to the psychiatric nursing staff. Another prisoner (**K**) was, in the delegation's opinion, overmedicated, to the point that he slept 23 hours per day: not only was the prescription itself excessive, but, due to a transcription error, the patient was receiving a dose above and beyond that prescribed<sup>49</sup>. Despite being advised that this problem would be remedied immediately, the delegation found, upon returning to the prison several days later, that the situation persisted.

By letter of 8 September 2008, the authorities informed the CPT that **K**'s condition had improved, without mentioning, however, whether any change had been made in the medication prescribed or actually administered to **K**. **The CPT requests clarification as regards the medication currently prescribed and administered to K.**

83. As was observed during previous CPT visits, certain seriously mentally ill prisoners should have been receiving hospital care but were not benefiting from it. Indeed the prison health-care staff stated that transfers to Athalassa Psychiatric Hospital were avoided.

The CPT recalls that mentally ill prisoners should be accommodated and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff. This facility might be a civil mental hospital or a specially equipped psychiatric facility within the prison system. Whichever course is chosen, the care and custody of patients placed in such a facility should be based on treatment and rehabilitation, taking into account the necessary security considerations. This approach should also be reflected in the living conditions offered. Further, adequate staffing by properly qualified health-care personnel should be ensured.

Admission to and discharge from such a facility should be based purely on medical and psychiatric criteria. Preferably, the facility should be placed under the principal authority of the Ministry of Health and be monitored by an independent outside body.

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<sup>49</sup> Prescription: Olanzapine 10mg 3 times daily, Haloperidol 2mg 2 times daily and 5mg at night, Valium 20mg at night, Largactil 100mg at night, Akineton Retard 4mg 3 times daily. On 7 March 2008 the psychiatrist reduced the dose of Haloperidol to 2 mg, 2 mg, and 3mg. Nevertheless, the medication administration sheet showed that **K** was receiving Haloperidol 5mg 3 times daily.

84. **In the light of the foregoing remarks, the CPT calls upon the Cypriot authorities to ensure the adequate provision of psychiatric care to prisoners and that prisoners' health-care records give a complete picture of their physical and mental health.**

**Further, the Cypriot authorities should ensure that mentally ill prisoners who require specialised hospital treatment benefit, without undue delay, from such treatment, and in accordance with the precepts set out in paragraph 83.**

85. It is also noteworthy that coordination between the staff in charge of somatic care and psychiatric care was still not satisfactory, as the delegation could observe from the lack of narrative within health care records and the absence of psychiatric notes.

**The CPT reiterates its recommendation, made after the 2004 visit, that the necessary steps be taken to ensure that the whole health-care service works effectively as a team.**

86. The CPT recalls that medical screening of newly arrived prisoners is essential, particularly to prevent the spread of transmissible diseases, to identify any risk of self-harm, to identify prisoners with drug-related problems, and to record injuries in good time. Compared to the situation observed in 2004, medical screening was carried out more promptly, i.e. within a day or so of the prisoner's arrival. Further, the health-care service kept a specific register in which all instances of trauma should be recorded and where injuries consistent with allegations of ill-treatment should be noted. However, an examination of medical records showed that, with some notable exceptions, screening was very often carried out in a superficial manner (see, e.g. paragraphs 15 and 16, concerning the cases of **G** and **H**, respectively).

**The CPT reiterates its recommendation that the Cypriot authorities immediately take the necessary measures to ensure that every newly admitted prisoner is given a proper medical examination as soon as possible after admission. Save for exceptional circumstances, this examination should take place on the day of admission.**

**Further, the medical file drawn up after examination of a newly admitted prisoner should contain:**

- i) a full account of statements made by the person concerned which are relevant to the medical examination (including the description of his or her state of health and any allegations of ill-treatment);**
- ii) a full account of the objective medical findings based on a thorough examination; and**
- iii) the doctor's conclusions in the light of i) and ii).**

In particular, the doctor should indicate in his or her conclusions the degree of consistency between any allegations made and the objective medical findings. The same approach should be followed whenever a prisoner is medically examined following a violent episode in prison. In addition, the prisoner and, as appropriate, his lawyer, should be provided with a certificate containing this information. Clearly, when appropriate, the necessary follow-up to the medical findings must also be ensured.

87. The CPT also notes that routine blood-testing for blood-borne viruses was carried out on admission without any discussion with the patient before and after the test. Such a practice prejudices diagnoses. By letter of 8 September 2008, the Cypriot authorities informed the Committee that they would improve the pre-blood-testing procedures by providing a comprehensive information leaflet to each newly admitted prisoner, and by instructing nurses to conduct a short pre-test discussion. Such measures are to be welcomed.

However, it is important to stress that the discussion should be informative and that a post-test discussion should also be carried out. Further, the relevant documentation should be available, and discussions held, in a language understood by the patient. **The CPT recommends that the Cypriot authorities take the necessary steps in the light of the above remarks.**

88. As regards the level of confidentiality surrounding the medical care of prisoners, medical examinations always took place out of the hearing and out of the sight of custodial staff. However, a prisoner orderly was present in the treatment room and had access to medical files. Further, custodial staff in the detention blocks vetted requests to see the doctor. **The CPT recommends that these shortcomings be addressed, so as to ensure medical confidentiality for prisoners. In particular, all prisoners must be able to request and obtain a medical consultation in a confidential manner, without such requests being filtered or controlled in any way by non-medical staff.**

89. Prisoners with drug-related problems could benefit from group therapy offered by the occupational therapists, the psychiatrist and the psychiatric nurses, in addition to pharmacological treatment for opiate withdrawal symptoms<sup>50</sup>. **The CPT encourages the authorities to pursue their efforts to develop a health strategy for drug users in prison, aiming at both demand and risk reduction; such a strategy should form part of a comprehensive prisons drug policy.**

90. At the time of the visit, a research project on the treatment of Hepatitis C was under way, involving some four prisoners. The CPT's delegation spoke to the prison doctor about the study and was concerned that the prisoners involved had not been afforded the opportunity of giving their informed, documented, consent to participation in the study. Further, the fact that three of the prisoners had a history of psychiatric illness – which may be an exclusion criterion – had been crossed out from data on the profile of the participants.

At the end of the visit, the delegation requested from the Cypriot authorities full information as to the study's nature, purpose, methodology, inclusion criteria, ethical approval procedures, and as to prisoner participation and informed consent.

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<sup>50</sup> Compulsory urine testing was introduced with the adoption of the Law on Compulsory Urine Testing. On issues relating to drugs, see also CPT/Inf (2008) 17, paragraph 83.

By letter of 8 September 2008, the Cypriot authorities provided the CPT with certain information regarding the project, suggesting that it was an “epidemic research project” as opposed to a research study. However, the information provided does little to dispel the CPT’s doubts. In particular, the patients concerned, whom the delegation interviewed, were clearly ill-informed in respect of the possible side-effects of the treatment, and the provision of such information was not documented. Further, the authorities have provided:

- no explanation for the inclusion of the four prisoners in the study;
- no explanation for the deletion of details of psychiatric histories from the study proforma of the prisoners concerned;
- no explanation for the fact that there was no reference in the prisoners’ medical files as to their participation in the study and to the fact that they tested positive to Hepatitis C; and
- no information as to an ethical review of the study by an independent authority.

The CPT considers that a very cautious approach must be followed vis-à-vis human research projects in a prison context, given the risk of prisoners' agreement to participate being influenced by their penal situation. Safeguards should exist to ensure that any prisoner concerned has given his free and informed consent. Further, the safeguards applicable should be at least as rigorous as those prevailing in the community, with the intervention of a research ethics committee. **The Committee recommends that the Cypriot authorities review the research project under way at Nicosia Central Prisons on the treatment of Hepatitis C, as well as the practice, in general, of conducting biomedical research projects involving prisoners.**

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91. In response to the immediate observations mentioned at paragraph 76 above, the Cypriot authorities expressed, by letter of 8 September 2008, its agreement to adopt the CPT’s proposals. In particular, the procedure was already under way to re-examine each patient as well as to adopt an action plan to improve the medical services in the prison. The authorities also conceded that there is scope for a more productive cooperation between the Ministry of Health, which is responsible for the prison health-care services and the Ministry of Justice and Public Order. Further, the Ministry of Health was exploring structural alternatives to improve the provision of health at Nicosia Central Prisons.

**The CPT recommends that a service arrangement for the provision of health care at Nicosia Central Prisons be clearly defined in a protocol, and it would like to receive a copy of the protocol.**

## 5. Other issues

### a. foreign inmates

92. As stated above, foreign nationals comprised some 54% of the prison population, and yet it appeared that few efforts were being made to address their particular needs. Numerous foreign prisoners interviewed by the delegation indicated that they had received no written information about the internal regulations in a language they understood and that they generally had difficulties in communicating their needs because of language barriers. According to the prison's occupational therapist, occupational therapy and other mental health interventions were only provided to inmates who spoke Greek. In addition, the particular situation of foreign nationals meant that they were rarely eligible to move to the open prison, or for home leave, and restrictions as regards telephone contacts more adversely affected their contacts with the outside world (see paragraph 99).

Many allegations were heard, from foreign as well as Cypriot nationals, of discriminatory practices within the prison. In particular, such allegations referred to the filling of work places, both in terms of the type of work assigned and the corresponding remuneration; for example the delegation was informed that lower paid cleaning and maintenance jobs were typically carried out by foreign inmates from certain geographical regions. Numerous foreign inmates also complained that they were not eligible to play football. Further, in the older accommodation blocks, the delegation observed that Cypriot prisoners were allowed to keep a key to those sanitary facilities which were in a better condition; these facilities were, however, off-limits for foreign inmates.

93. In the CPT's view, an accumulation of practices – real or perceived – such as those enumerated above typically fosters a sense of isolation and discrimination, which is both unfair for the inmates concerned and can be detrimental to the general atmosphere in a prison.

**The CPT recommends that the Cypriot authorities improve the treatment afforded to foreign prisoners, in the light of the above remarks. In particular:**

- **information on the internal regulations should be routinely provided to all prisoners on admission, in a language they understand;**
- **foreign inmates should be provided with health care on an equal footing with other inmates;**
- **language education programmes should be developed for foreign prisoners and for staff working with them;**
- **foreign prisoners should not be excluded, by reason of their nationality, from eligibility for transfer to the open prison, home leave and conditional release (parole); and**
- **a flexible approach should be adopted as regards telephone contacts and access to work, education and vocational training, bearing in mind the special needs of this group of inmates.**

b. discipline and isolation

94. In the report on the 2004 visit, the CPT had reviewed the disciplinary rules and procedures, and their implementation. Most of the CPT's recommendations in this regard remain valid<sup>51</sup>.

The CPT would recall that it recommended amendments to the Prisons Regulations, so as to reduce the maximum duration of confinement; to allow prisoners undergoing punishment to maintain appropriate contact with the outside world; and to expressly guarantee that all prisoners charged with having committed a disciplinary offence benefit from the rights to be informed in writing of the charges against them, to call witnesses on their own behalf and to cross-examine witnesses against them. It also recommended that the right of prisoners facing disciplinary charges to be legally represented be addressed<sup>52</sup>.

Although the Cypriot authorities stated in their response that they would examine these issues after having compared the situation in other countries<sup>53</sup>, the Prisons Regulations were not amended. **The CPT can only reiterate the above-mentioned recommendations.**

95. One positive development was that the disciplinary register had been effectively re-introduced. Nevertheless, the delegation learned that, from time to time, custodial staff imposed cellular confinement on inmates as an informal punishment, subject to no procedure. **The CPT recommends that the Cypriot authorities put an end to the practice of prison staff having recourse to informal disciplinary isolation measures.**

96. The delegation also learned that prisoners were often confined to a cell immediately after allegedly committing a disciplinary offence, for several days, and before being formally charged or benefiting from a hearing and before a disciplinary sanction was imposed<sup>54</sup>.

In this respect, the CPT is of the opinion that provisional disciplinary isolation, prior to a formal charge being brought, should not last longer than a few hours, which should also be sufficient time for a prisoner to "cool down" after a violent incident. Confinement to a cell for longer than a few hours, in relation to an incident giving rise to a disciplinary procedure, should not occur without the prisoner being charged and being given an opportunity to be heard on the matter and to explain his behaviour. **The CPT invites the Cypriot authorities to review the prison disciplinary procedures – and their implementation in practice – as regards provisional cellular confinement, in the light of the above remarks.**

97. Further, the CPT's delegation noted, once again, that prisoners undergoing cellular confinement were not always allowed one hour of daily outdoor exercise. Such a situation is unacceptable. **The CPT reiterates its recommendation that the Cypriot authorities ensure that all prisoners placed in an isolation cell or confined to their cells, for whatever reason, benefit from at least one hour of outdoor exercise every day.**

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<sup>51</sup> See CPT/Inf (2008) 17, paragraphs 85 to 91.

<sup>52</sup> Ibid, paragraphs 86 and 87.

<sup>53</sup> See CPT/Inf (2008) 18, paragraphs 61 to 63.

<sup>54</sup> See Article 155 of the 1997 Prisons Law, which allows for cellular restriction prior to a person being charged with a disciplinary offence, pending the examination of the facts of the case, and for a period lasting up to six days, depending on the seriousness of the case.

c. contact with the outside world

98. Conditions for visits for inmates from Blocks 5 and 8 had improved since the 2004 visit, through the removal of the half-partition which had previously separated inmates from their visitors. Further, the room reserved for visits for prisoners from Blocks 1, 2 and 4 had been renovated. Nevertheless, the delegation once again received many complaints from inmates who stated that this room was noisy, overcrowded, and allowed for very little privacy. **The CPT invites the Cypriot authorities to improve the conditions in which inmates from Blocks 1, 2 and 4 receive visits.**

99. The CPT's delegation observed that telephone booths were available in each detention block. However, the booths remained padlocked for much of the day, while each prisoner's access to the telephone was limited to 10 minutes, 4 to 6 times per month, and always at certain times of the day. Such restrictions had a particularly negative impact on many foreign prisoners, who generally received infrequent, if any, visits from family or friends; further, the time of day imposed for telephone calls made no allowance for time-zone differences.

The CPT recalls that the guiding principle should be to promote contacts with the outside world; any restrictions on such contacts should be based exclusively on security concerns of an appreciable nature. Where restrictions are linked to resource deficits, every effort should be made to provide resources for access to the telephone and to visits. **The Committee recommends that the Cypriot authorities take the necessary steps to increase prisoners' access to the telephone, in the light of the foregoing remarks.** Further, in view of the many foreign nationals detained at the prison and needing to place long-distance telephone calls, **the authorities should explore the possibility of enabling prisoners to use more economical means of audio communication.**

d. staff

100. The CPT notes that, since the visit in 2004, the custodial staffing complement had increased by 35 members to a total of 229. However, as regards training, the initial training course had been reduced from 6 to 3 weeks' duration. Certain efforts had been made to develop in-service training: 10 out of 40 senior officers were provided training in selected study units at the Police Academy, two prison officers had recently been trained as trainers, and four staff members were trained as "listeners", to have closer contacts with prisoners. While the Committee welcomes these efforts, they cannot be considered sufficient to satisfy staff training needs, in terms both of the scope of training provided and of the proportion of staff members benefiting from such training.

**The CPT therefore reiterates its recommendation that the Cypriot authorities give high priority to the development of prison staff training – both initial and ongoing – placing considerable emphasis on the acquisition of interpersonal communication skills.**

101. As was the case during previous CPT visits, female prison officers were not deployed in custodial functions in the detention areas accommodating male prisoners, including in the section for juveniles. In their response to the report on the CPT's visit in 2004, the Cypriot authorities had affirmed that female prison officers did not suffer discrimination as regards positions in detention blocks for males. The authorities added that a study would be undertaken to identify the problems which might be encountered if women were deployed in detention blocks for male prisoners.

In view of the potential benefits of mixed-gender staffing for the general atmosphere prevailing within prisons, **the CPT invites the Cypriot authorities to consider adopting measures to favour the deployment of female staff throughout Nicosia Central Prisons; in particular, mixed-gender staffing should be ensured, as a priority, in the section for juveniles.**

e. complaints and inspection procedures

102. The CPT notes that separate padlocked complaints boxes were present in the detention areas, for prisoners to complain in writing to the Director, to the Board of visitors or to the Commissioner for Administration (Ombudsman). However, a few prisoners alleged that these boxes were not effective and that, in particular, inmates were required to hand a complaint to a prison officer, for it to be forwarded. **The Committee would like to receive the comments of the Cypriot authorities on this point.**

103. The CPT attaches particular importance to regular visits to prison establishments by an independent body with authority to receive and take action, if necessary, on prisoners' complaints and to visit the premises. During such visits, the persons concerned should make themselves "visible" to both the prison authorities and staff and the prisoners. They should not limit their activities to seeing prisoners who have lodged a complaint or have requested to meet them, but should visit the establishment's detention areas and enter into contact with inmates.

The Committee notes that the office of the Ombudsman frequently conducts inspection visits to Nicosia Central Prisons, follows up on complaints from prisoners and draws up ex officio reports recommending improvements.



## C. Athalassa Psychiatric Hospital

### 1. Preliminary remarks

104. Athalassa Psychiatric Hospital has been visited by the CPT on each of its previous visits to Cyprus and its general characteristics, as described in the report on the CPT's 1992 visit<sup>55</sup>, have remained unchanged. The gradual downsizing of the hospital has continued and, at the time of the 2008 visit, it accommodated 106 patients in seven wards: two for admissions, four for chronic psychotic disorders (including two closed wards, and two open - for rehabilitation) and one for learning disabilities. The delegation also visited the secure unit of the psychiatric clinic of the new nearby Nicosia General Hospital<sup>56</sup>.

105. As regards the project to open a new psychiatric hospital – “Mental Health Centre” – to replace Athalassa Psychiatric Hospital, the timeline for its opening continues to slip every time the CPT visits Cyprus: from a projected opening date of 2003 in 2000, the CPT's delegation was told that it would now not open before 2013. This process of continual postponements is impacting negatively on the running of Athalassa Psychiatric Hospital. In their letter of 8 September 2008, the Cypriot authorities indicated that the delay in the construction of a new mental health centre was mainly due to the decision to build two other facilities<sup>57</sup>. In the CPT's view, the time has now come to pass from words to action. **The CPT recommends that the Cypriot authorities take a firm decision, without further delay, either to start building the new Mental Health Centre or to completely renovate Athalassa Psychiatric Hospital.**

### 2. Ill-treatment

106. In general, the CPT's delegation noted that staff demonstrated a caring attitude towards patients. However, it did receive a few allegations of physical ill-treatment of patients by staff at the hospital.

The delegation also received a few allegations of occasional disrespectful behaviour by staff towards patients, especially in the wards subject to a closed regime.

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<sup>55</sup> See CPT/Inf (97) 5, Part I, paragraphs 121-123.

<sup>56</sup> The delegation was informed that another similar secure unit had been established in the new Limassol General Hospital.

<sup>57</sup> A State general laboratory and a unit for rehabilitation and detoxification of persons addicted to alcohol and other substances.

107. The delegation came across the case of a patient who sustained injuries in June 2007. The patient's file merely noted that, on 5 June 2007, the patient was aggressive and negative and was given sedatives, but the file provided no information as regards the circumstances of the case. On 7 June, the general practitioner noted multiple haematomas on the left side of the body: a small yellow bruise below the left scapula, a yellow-blue bruise (3x3cm) on the left lower hemi-thoracic region, a purple-blue bruise (3x3cm) on the left iliac region and a purple bruise (20x10cm) on the left lateral thigh. He subsequently referred the patient to the X-Ray unit of the Nicosia General Hospital on 8 June. The patient's father lodged a complaint with the Attorney-General. An internal investigation carried out by an independent nurse concluded that "assessing all existing data, there were no indications upon which time and circumstances of the occurrence of the bruises could be established". **The CPT would like to be informed whether a criminal investigation into this case was carried out and, if so, of its results.**

108. The delegation also learned about a case of an allegation of excessive use of force by a nurse while applying means of restraint to a patient who had reportedly hit a nurse, on the evening of 7 April 2008. The patient was put in a straightjacket for 15 minutes and administered a sedative. The duty doctor noted that he had a mild swelling of the left cheek and a small cut of the lower lip and was consequently brought to the emergency unit of the Nicosia General Hospital for an X-Ray of his face, which showed no fractures. The patient called his father on the afternoon of 8 April, who brought him to a general practitioner on 9 April for the swelling of his cheek and a pain in his shoulder. The patient's father lodged a complaint with the police and a forensic doctor examined the patient on the same day at Athalassa Psychiatric Hospital. The CPT's delegation was told that a criminal investigation was being carried out into the case. **The Committee would like to be informed of the outcome of the investigation.**

109. In the light of all the information gathered during the visit in 2008, **the CPT recommends that the management of Athalassa Psychiatric Hospital exercise vigilance and regularly remind staff that any form of ill-treatment of patients – including verbal abuse and the excessive use of force in the context of applying restraints – is unacceptable and will be dealt with severely.**

### **3. Living conditions**

110. The living conditions observed were on the whole similar to the ones described in the report on the 2004 visit. On the positive side, ward 39, which had been severely criticised in the CPT's previous report, had been closed down. Further, the delegation noted some limited renovation works, such as the repainting of the wards. Although some patients were sleeping naked during a nocturnal visit to ward 14, they all had either a blanket cover or sheets on their bed. However, the entire hospital resembled an asylum-like institution and would require a complete refurbishment programme for it to be transformed into a modern psychiatric care facility. In general, the outdated buildings showed signs of age, with patients spending long periods of time in an austere and impersonal environment with hardly any visual stimulation. Further, the equipment in the wards for admission and chronic psychotic disorders was mostly limited to beds and empty cupboards, and the patients had no lockers for storing their personal belongings.

By contrast, the living conditions in the secure unit of the psychiatric clinic of the new Nicosia General Hospital nearby were of a high standard (two bedrooms and a common room of some 17 m<sup>2</sup> each, equipped with a call-bell system, CCTV and appropriate furnishings). However, it was still not in use since its opening in October 2006, due to staffing problems.

111. The state of affairs described above highlights how important it is for the Cypriot authorities to reach the firm decisions referred to in paragraph 105 above.

Even if the decision is taken to proceed with the building of the new Mental Health Centre, it is clear that it would be necessary for Athalassa Psychiatric Hospital to remain in service for a considerable time. Consequently, **the CPT recommends that the Cypriot authorities take immediate steps to improve the living conditions in the light of the above remarks. It also recommends that steps be taken to ensure that the modern secure units in the psychiatric clinics of the two new general hospitals are able to receive patients.**

112. Outdoor exercise was offered on a very irregular basis. Most of the patients on the admission wards (n° 23 and 24) were not offered any outdoor exercise. Patients on the closed wards for chronic psychotic disorders (n° 21 and 34) were also de facto confined to their wards as there was still no secure outdoor area and the nursing complement was insufficient to provide the necessary supervision. In addition, patients on the learning disabilities ward (n°14), who previously had access to a secure outdoor area, could no longer use it due to several attempts to abscond. Such a state of affairs is clearly unacceptable.

In their letter dated 8 September 2008, the Cypriot authorities affirmed that all patients from these wards can now benefit from outdoor exercise, and added that a football pitch would be ready by 2009. **The CPT reiterates its recommendation that all patients from the closed regime wards, whose state of health so permits, benefit immediately from at least one hour of outdoor exercise every day in a reasonably spacious and secure setting, which should also offer shelter from inclement weather.**

113. The delegation heard some patients complain that they had no access to their bedrooms during the day, as they were locked. In the CPT's opinion the hospital management should adopt an approach allowing patients who so wish to have access to their room during the day, rather than being obliged to remain assembled together with other patients in communal areas. **The CPT recommends that steps be taken in this direction.**

#### 4. Treatment

114. As in the past, pharmacotherapy remained the main basis for treatment and it was generally used in an appropriate manner. However, the delegation came across two cases<sup>58</sup> in the admission ward (n°23) and one case<sup>59</sup> on the ward for chronic psychotic disorders (n°34), where patients were receiving excessive doses of medication, even for patients diagnosed with the most severe psychotic disorders. In addition, according to the information at the delegation's disposal, such medication was prescribed for long periods.

A patient on the ward for chronic psychotic disorders also underwent a series of five sessions of electroconvulsive therapy (ECT) from 14 April to 5 May 2008. These sessions occurred subsequent to the patient allegedly hitting a nurse on 7 April<sup>60</sup>; the delegation could not identify clear therapeutic indications justifying the resort to ECT in his case. The CPT has stressed in the past that, as with other psychiatric treatment, recourse to ECT should be part of a written individualised treatment plan, included in the patient's medical record; further, there should be a clear written policy on recourse to ECT, including the indications for using it, the conditions under which it is administered and provisions for the outcome of each treatment session to be set out in detail in a special register. In the above-mentioned case, the only information found by the delegation in the patient's file was a recommendation to use ECT, next to the referral for X-Ray examination, as well as written consent by the father of the patient.

**The CPT would like to receive the comments of the Cypriot authorities on the above cases. As regards ECT, the CPT recommends that the authorities establish a written policy on the use of ECT in the light of the above remarks.**

115. The delegation learned that "PRN" medication<sup>61</sup> was no longer prescribed for an indefinite period but was reviewed on a monthly basis. It also noted that a PRN register had been introduced in 2005 in addition to the recording of the use of PRN medication in patients' files. These are positive developments. That said, resort to PRN medication was not systematically recorded in either the patient's file or the PRN register and it was difficult to obtain accurate information on the implementation of the policy on resort to PRN medication (see paragraph 117). In addition, where PRN medication was administered while no doctor was on duty at the hospital, the delegation was given diverging information as to whether a doctor was systematically and immediately notified or whether, once a doctor was present, he verified the conditions in which it was administered. **The CPT recommends that steps be taken to ensure that a doctor is systematically and immediately notified whenever PRN medication is administered and that he verifies the conditions in which it was administered; further, PRN medication must systematically be recorded both in the patient's file and the PRN register.**

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<sup>58</sup> Patient receiving 400 mg 1/15 days of clopixol-depo; 30mg of zyprexa/day, and 10 mg haldol "PRN"; the other patient receiving 800 mg of seroquel/day and 200mg clopixol-depo 200mg 1/15days.

<sup>59</sup> Largactil 3 x 200mg; ativan 3 x 2mg; haldol 3 x 20mg; haldol concentration drops 40 PRN; largactil, 50mg amp PRN; haldol 10mg amp PRN; mogadon 5mg at night; akineton 5mg amp PRN.

<sup>60</sup> See paragraph 108.

<sup>61</sup> "PRN" stands for pro re nata, Latin expression for "something that occurred" referring to open-ended prescriptions made by treating doctors, for drugs not administered immediately, or on an on-going basis, but whenever the nursing staff believe it necessary.

116. The delegation had serious concerns as regards the death of three patients at Athalassa Hospital in the first few months of 2008. An examination of the files revealed several deficiencies: the absence of medical notes and the failure to consider whether the cause of death could have been related to the lack of somatic care provided to the persons concerned prior to their deaths.

The management of the hospital acknowledged the lack of information and follow-up in this respect. In their letter dated 8 September 2008, the Cypriot authorities informed the CPT of their decision to set up a Committee, headed by the Director of the Hospital, to investigate deaths at the Hospital. The CPT supports this move and **recommends that the hospital carry out a thorough inquiry into these three particular deaths and that the Cypriot authorities establish a practice of carrying out thorough inquiries into any deaths at the hospital with a view to improving operating procedures within the hospital; it also recommends that an autopsy be carried out in all cases where a patient dies in hospital unexpectedly, unless a clear diagnosis of a fatal disease has been established prior to death**<sup>62</sup>.

117. The delegation found that patients' files were generally poorly maintained and there was also little information on the somatic status of patients. In many files, there were notes about the mental state of the patient but no reference to the diagnosis. Prescriptions were not clearly recorded, medical notes were often missing, frequently not filed in a chronological order, and often not updated; consequently, it was difficult to glean accurate information about the treatment of patients from the files. Some routine examinations were actually performed but not systematically recorded. In the event of a death, the cause was not systematically recorded. Many files mentioned the admission of a patient, without any information on the circumstances of admission. In the same vein, the discharge procedure did not mention any recommendations or follow-up actions. **The CPT recommends that each patient's file contain diagnostic information (including the results of any special examinations which the patient has undergone) as well as an ongoing record of the patient's mental and somatic state of health and of his treatment.**

118. More generally, there seemed to be no defined or harmonised policy on recording medical and other information aiming at tracking patients' history while hospitalised at Athalassa Psychiatric Hospital. Further, there was no systematic recording of particular incidents relating to the patients. This would be useful in that it would provide an overview of the health care situation in the hospital, at the same time as highlighting specific problems which may arise.

The management of the hospital acknowledged the serious deficiencies identified and informed the delegation that, together with the Director of the Mental Health Services, they had transmitted to the Ministry of Health a document entitled "Draft Regulations for Athalassa Hospital" containing a series of forms intended to accompany the patient during hospitalisation in this facility. The CPT welcomes this initiative and **would like to be informed about its outcome. Further, it recommends that the management of the hospital take the necessary steps to implement a genuine, coherent and harmonised policy as regards medical files and medical registers, in the light of the above remarks.**

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<sup>62</sup> See Recommendation Rec(99)3 of the Committee of Ministers of the Council of Europe to member states on the harmonisation of medico-legal autopsy.

119. In principle, access to somatic care should not pose problems, given the proximity to Nicosia General Hospital. The delegation was told that the outside general practitioner, who visits Athalassa Psychiatric Hospital on a weekly basis, had to conduct medical examinations in the patients' bedrooms, as there was no examination room available for this purpose in the facility. Such a state of affairs would be unacceptable. **The CPT trusts that facilities are available at Athalassa Psychiatric Hospital to allow the general practitioner to conduct medical examinations under appropriate conditions.**

In addition, the delegation heard some complaints about problems of access to dental care, despite repeated requests, and the medical records seemed to support such claims; there were few references to recent visits by a dentist. **The CPT recommends that steps be taken to guarantee appropriate access to a dentist for patients at Athalassa Psychiatric Hospital.**

120. Some improvements were observed as regards the provision of occupational therapy with more activities organised (pottery, painting, gymnastics, table-tennis, cooking). In addition, patients were encouraged to attend the weekly social club as well as social events outside the hospital, such as field trips to the mountains several times a year. The delegation was informed that roughly 60% of the patients of Athalassa Psychiatric Hospital had been prescribed occupational therapy; however, it observed that, during the visit, only some 25% of patients actually took part in the activities, and the situation was far from being homogeneous from one ward to another. The CPT welcomes the efforts made and **recommends that the authorities continue to develop further the range of therapeutic options on offer.**

121. Individual treatment plans had been introduced at the hospital since the previous visit, but they appeared to be of a stereotyped nature, displaying no therapeutic strategy with any identified resocialisation process. In addition, the occupational therapy activities were not included in these plans. Emphasis on social therapy can have a considerable impact upon the quality of care. The CPT has stressed in the past that psychiatric treatment should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient, indicating the goals of treatment, the therapeutic means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication. In addition, the treatment should involve a wide range of therapeutic, rehabilitative and recreational activities. **The CPT recommends that steps be taken to improve the quality of individual treatment plans, in the light of the above remarks.**

## 5. Staff

122. The situation as regards staffing levels was comparable to the one observed during the 2004 visit; at the time of the 2008 visit, there were five psychiatrists, two psychologists, one social worker, two occupational therapists (one full-time and one part-time) and four occupational therapy assistants. Three of the psychiatrists were employed by the hospital, and two were on fixed-term contracts. Despite the fact that two to three doctors were supposed to be constantly present at the hospital during the day shift, five days a week (7.30 a.m. until 2.30 p.m.), the delegation observed that, most of the time, only one doctor was actually present, and there was no doctor present from 2.30 p.m. to 7.30 a.m. the next day. However, a psychiatrist from the nearby Nicosia General Hospital was on call and could come rapidly in case of need, representing a positive departure from the situation observed during previous visits.

As regards nurses, the hospital employed 124 nurses at the time of the visit, which was in principle sufficient. However, their effective presence appeared to be inadequate. The delegation noted that cases of absence, for various reasons, were not uncommon; consequently, only two to four nurses were present during the day shifts (and two at night) in the various wards. Such a low staff/patient ratio can impact negatively on the care provided to patients. In addition, staff appeared demotivated due to the recurrent debate and the uncertainty surrounding the construction of a new mental health centre, the future of Athalassa Psychiatric Hospital and how this might affect their employment and status.

**The CPT recommends that the Cypriot authorities take the necessary steps at Athalassa Psychiatric Hospital to increase the effective presence of nurses on the wards.**

123. As regards training of staff, the CPT has repeatedly pointed out that working with the mentally ill and mentally disabled will always be a difficult task for all categories of staff involved. Staff in psychiatric establishments should receive training in both non-physical and manual control techniques vis-à-vis agitated or violent patients. The possession of such skills will enable staff to choose the most appropriate response when confronted with difficult situations, thereby significantly reducing the risk of injuries to patients and staff. In this respect, the delegation was informed that a university course was being put in place for psychiatric nurses, consisting of two years of training, with a university degree issued on completion. All the psychiatric nurses will undergo this course. The CPT welcomes this development and **recommends that specialised on-going training also be developed for all nurses working with psychiatric patients, taking into consideration the above remarks.**

## **6. Means of restraint**

124. The delegation observed that, as in 2004, resort to physical restraint was used only in exceptional cases and for the shortest possible period. However, once again, the CPT's delegation could not ascertain from the register whether the measure was always explicitly ordered by a doctor or brought to his or her attention for subsequent approval. Despite the fact that recourse to such a measure was now recorded in a register, neither the circumstances of the case nor the reasons for resorting to restraint was noted. The delegation also came across a case of use of means of restraint on a patient in his bedroom, in the presence of his roommate.

Resort to seclusion continued to be used sparingly but there was still no detailed policy, clearly spelling out when seclusion may be used, the objectives sought, its duration, the need for regular reviews, the necessity for appropriate contact and the need for staff to be especially attentive.

**The CPT reiterates its recommendations that:**

- **every instance of physical restraint (manual control, use of instruments of physical restraint, seclusion) of a patient be recorded in a register, including the times at which the measures began and ended, who ordered the measure, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff;**
- **a detailed policy on the use of seclusion be drawn up in the light of the above remarks. This policy should make clear that seclusion should never be used as a punishment.**

In addition, **the CPT wishes to stress that resort to instruments of physical restraint must always be either expressly ordered by a doctor or immediately brought to the attention of a doctor with a view to seeking his or her approval.** Further, **immobilisation of patients should never take place in the presence of other patients.**

## **7. Safeguards in the context of placement in a psychiatric facility**

### **a. the initial placement decision<sup>63</sup>**

125. The 1997 Law on Psychiatric Care (LPC) was further amended in July 2007, introducing a substantial change as regards the procedure for voluntary placement; Article 8.2 of the amended LPC now provides the possibility to admit and treat a patient – who has refused to be treated – without his/her consent for up to 72 hours, upon the recommendation of two doctors (one of whom must be a psychiatrist). The Supervisory Committee on Mental Health must be immediately notified. If, after 72 hours, the duty psychiatrist of the facility, to which the patient was admitted, recommends continuing the treatment but the patient still refuses to consent to it, the procedure for involuntary placement may be initiated. At the time of the visit, there were no instances of this “voluntary placement” procedure having been used.

The CPT is concerned by the introduction of a procedure of so-called “voluntary placement” in a psychiatric facility allowing treatment without consent of a patient, as it might be open to abuse. **The CPT would like to receive the comments of the Cypriot authorities on the issue of safeguarding the fundamental rights of patients who are given no opportunity to give their free and informed consent on admission and are detained without benefiting from the safeguards associated with involuntary placement procedures.**

126. The involuntary placement procedure remains essentially the same as that observed in the past<sup>64</sup>. The deficiencies highlighted in paragraph 119 of the report on the 2004 visit<sup>65</sup> have still not been addressed. As in 2004, the delegation gathered information that, in practice, a patient was virtually never present at the court hearing to decide upon his/her placement. The potential conflict of interest described in the 2004 report as regards the role of the personal representative has still not been remedied. **The CPT recommends that the Cypriot authorities explore solutions which would fully guarantee the independence and impartiality of the personal representative.**

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<sup>63</sup> At the time of the visit, 7% of the patients of Athalassa had been admitted on a voluntary basis, 5% in 2007 and 10% in 2006.

<sup>64</sup> Nevertheless, the initial temporary care order issued by the court has been extended from 14 to 28 days (LPC, Article 10.1.c).

<sup>65</sup> CPT/Inf (2008) 17.



b. safeguards during placement

127. An information leaflet on patients' rights was at the disposal of patients in the common rooms of each ward of Athalassa Psychiatric Hospital. That said, many patients interviewed by the delegation seemed to be unaware of their rights. In addition, the leaflet provided only limited information about patients' rights; for example, it made no mention of access to legal assistance, review of placement (and the patient's right to challenge the decision), consent to treatment or the complaints procedures. **The CPT recommends that the Cypriot authorities draw up a comprehensive information brochure and ensure that it is issued to all patients on admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance. Further, the CPT recommends that the management of the hospital ensure that all staff receive proper and exhaustive information about the existing safeguards of patients' rights, with a view to being in a position to help patients to understand their rights.**

128. The CPT has stated in previous reports that an effective complaints procedure is a basic safeguard against ill-treatment in psychiatric establishments. The CPT welcomes the fact that new complaints boxes at Athalassa Psychiatric Hospital had been installed in all wards, and were regularly emptied (once or twice a month) by the Secretary of the Supervisory Committee, thus enabling patients to make complaints directly to the Committee.

That said, the CPT remains concerned by the ability of the Supervisory Committee to carry out its tasks effectively. Eleven years after its creation, it still had no premises of its own, its 2008 budget had been reduced by 50% and it appeared to have no clear operational structure. In the course of the visit, it became apparent that, due to these deficiencies, the Supervisory Committee was obliged to delegate part of its investigative role to the very hospital it was supposed to monitor. This state of affairs is highly unsatisfactory. **The CPT recommends that the Cypriot authorities allocate to the Supervisory Committee the necessary human, financial and physical resources to enable it, in practice, to fulfil its duties independently under the Law on Psychiatric Care; in particular, it should not delegate its investigative functions.**

129. The CPT welcomes the entry into force of the Law on the Protection of the Rights of Patients in April 2005, concerning consent to treatment, information on rights, access to medical files and the right to complain. Article 22 of the Law concerns complaints mechanisms and provides for the institution of a "patients' rights officer for the safeguarding of patients' rights in a State hospital"<sup>66</sup>, and Article 23 establishes a Complaints Examination Committee (CEC) for every district. The decisions of the CEC shall be notified to the patient as well as to the health care service provider and/or the medical institution which "shall be obliged to take it seriously into consideration" (Article 22.6).

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<sup>66</sup> The officer receives and handles complaints of patients which require his/her judgment, immediate handling, otherwise he refers them to the Complaints Examinations Committee.

Interviews with members of the CEC of the district of Nicosia revealed that none of these mechanisms applied to patients admitted to Athalassa Psychiatric Hospital, due to an “agreement” reached at the time of the drafting of the law that a separate complaints mechanism would be dedicated to mental patients. Further, although the Law Commissioner’s Office receives complaints, the delegation was informed by the Commissioner that if she received a complaint from a patient, she would refer the case to the existing mechanisms (the patients’ rights officer, the CEC, or the Supervisory Committee). **The CPT would like to be informed whether there exists a mechanism for handling complaints from mental patients, other than the Supervisory Committee.**

The CPT is struck by the numerous existing mechanisms aimed at safeguarding patients’ rights and the apparent systematic channelling of complaints from mental patients to only one ineffective mechanism. Nothing in the Law on the Protection of the Rights of Patients would appear to expressly exclude mental patients from being entitled to the same rights as other patients. In the CPT’s view, a coherent approach is needed to ensure effective rights are guaranteed to all patients. **The CPT would like to receive the comments of the Cypriot authorities on these issues.**

130. The CPT has repeatedly stressed the importance of patients being able to maintain contact with the outside world. In this respect, the delegation noted that arrangements as regards visits were satisfactory. However, private access to a telephone for persons not allowed outside the wards continued to be a cause of concern. The delegation heard complaints that staff were present when patients made or received phone calls. **The CPT reiterates its recommendation that all patients be able to communicate by telephone during the day and under conditions allowing privacy, unless there is a reasoned doctor’s order to the contrary.**

c. discharge

131. As previously stressed by the CPT, patients should be discharged from psychiatric establishments as soon as their mental state no longer requires their involuntary placement. The need for such placements should, therefore, be subject to review at regular intervals. Patients should be in a position to request, at reasonable intervals, that a judicial authority examine the need for their continued placement.

132. As regards the renewal procedure and the termination of involuntary placement, the CPT welcomes the amendment of Article 11 of the 1997 LPC allowing the patient or his personal representative to provide the court with an opinion from an independent psychiatrist of their choice, thus implementing the CPT’s long-standing recommendation on this issue.

133. However, Article 11 was not amended to allow patients to be heard in person or through a personal advocate or representative at all court hearings prior to any decision concerning the renewal of their involuntary placement. **The CPT reiterates its recommendation<sup>67</sup> that the Cypriot authorities take steps to ensure that such a right does exist.**

Further, Article 15 of the Law, whereby a patient requires the support of his/her treating psychiatrist in order to initiate a termination procedure for the involuntary placement, has not been amended<sup>68</sup>. **The CPT reiterates its recommendation<sup>69</sup> to have this requirement removed.**

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<sup>67</sup> See CPT/Inf (2008) 17, paragraph 128.

<sup>68</sup> Cf. Article 15, paragraph 1(b) of the LPC.

<sup>69</sup> See CPT/Inf (2008) 17, paragraph 129.

## **D. Nea Eleousa Institution for Persons with Severe Mental Retardation**

### **1. Preliminary remarks**

134. The CPT's delegation visited the Nea Eleousa Institution for Persons with Severe Mental Retardation, which is under the authority of the Ministry of Labour and Social Insurance and run by the Social Welfare Services. The Institution is located within the compound of Athalassa Psychiatric Hospital, and had been briefly visited by the CPT in 1992<sup>70</sup>. Between 1996 and 2001 a deinstitutionalisation process was carried out, which resulted in five small homes being built and the capacity of Nea Eleousa Institution being reduced from 70 to 25 beds. It is now composed of two one-storey buildings ("wings"), one of which was completely refurbished in 1984 with private funding (the "new wing"), while the other building was referred to as the "old wing".

135. The Institution accommodated 22 residents at the time of the visit (18 males and four females). Although it was originally supposed to accommodate children, 16 residents were adults and six were under 18 (the youngest being 9). The vast majority of residents had grown up in the Institution, with five having lived there since the Institution opened in 1977. Most of the residents were severely mentally disabled and almost incapable of communicating or moving around unassisted (four were in wheel-chairs, one was bedridden). Three of the minors were of a higher level of functioning, and one of them was also able to express himself with a few words.

136. At the outset of the visit, the Principal Welfare Officer of the Social Welfare Services informed the delegation that she had recently visited the Institution and identified several deficiencies concerning both the infrastructure and the care provided. A project to reconstruct a part of the Institution had been accepted by the Ministry of Labour and Social Insurance and was awaiting approval from the Ministry of Finances (see paragraph 150).

In addition, the delegation was informed by the recently appointed Commissioner for the Protection of Children's Rights<sup>71</sup> that she had received a number of complaints from parents as regards the situation in the Institution and had begun to look into them. The delegation was also aware that the Ombudsman was preparing a report on the Institution, which was released on 23 July 2008<sup>72</sup>. **The CPT would like to be informed of the measures taken in the light of these investigations and of the Ombudsman's report.**

137. The legal framework governing the Institution and the placement of persons there, was described in the reports on the CPT's visits of 1992 and 2004<sup>73</sup>. At the time of the visit, only one resident was placed by a court order, whereas the others were placed by a decision of the Director of Social Welfare in the interest of the welfare of the child.

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<sup>70</sup> See CPT/Inf (1997) 5, Part I.

<sup>71</sup> The Commissioner is a newly created institution, and the Law Commissioner was appointed to this post in February 2008. At the time of the visit, she had not visited the Institution yet.

<sup>72</sup> A copy of the report was provided to the CPT in September 2008.

<sup>73</sup> See CPT/Inf (1997) 5 Part I, paragraph 143, and CPT/Inf (2008) 17, paragraph 132.

## 2. Ill-treatment

138. The delegation did not receive any allegations of ill-treatment of residents by staff at Nea Eleousa Institution; nor did it gather any information indicative of ill-treatment.

## 3. Treatment and care of residents

139. Pharmacotherapy constituted the main basis of the residents' treatment, most residents also receiving neuroleptic drugs. The levels of medication appeared to be appropriate at the institution and there was an adequate supply of drugs. Despite commendable efforts by most staff to devote time to residents, the activities offered to residents were very limited, consisting essentially of accompanying the residents to the dayrooms or to the yard, ball games, drawing, and some excursions. In addition, three children in wheel-chairs had two hours' schooling at Nea Eleousa Institution, five days a week, by a teacher from the Ministry of Education and Culture, and the three other children had begun attending a School for children with special needs. Apart from this, there was no substantial programme of therapeutic and rehabilitative activities at the Institution and the lack of specific rehabilitation services, such as psychology, was particularly striking.

In fact, the delegation found that many residents were routinely locked or left alone in their rooms without any meaningful contact with staff or other residents, for up to 16 hours a day, from midday until 3 p.m. and from 6 p.m. until 7 a.m. the next morning. The reason invoked was the difficulty encountered by staff to manage the residents once the three children going to the outside school returned from school at midday. It became apparent that the staff's energy was to a large extent monopolised by the children and that the support staff were neither prepared nor trained to deal with residents requiring special attention.

140. The delegation noted that individual rehabilitation and care plans were lacking in substance, consisting of assessments<sup>74</sup> of the overall condition of the residents, with no therapeutic indications provided and no information about the goals to be achieved or activities to be carried out, or any relevant indicators to assess. The CPT wishes to emphasise that the care of residents must imply the drawing up of a plan for each resident, indicating the goals of treatment, the therapeutic means used and the staff member responsible. These plans must be regularly reviewed and adapted according to an in-depth assessment of each resident's physical and mental state. Without such a plan, staff will tend to focus too much on containment and control.

141. In the case of the three children attending the outside school, the delegation's findings showed that there was a lack of knowledge about how to manage them, leading to their stigmatisation and segregation. The children encountered serious problems of integration both at Nea Eleousa Institution – as they had a higher level of functioning, though requiring a lot of attention and specific care – and at the School for children with special needs, as they displayed insufficient capacities to follow the teaching. This led to aggressive behaviour, exacerbated by the fact that they were locked in their rooms for very long periods, which was completely counter-productive in their case<sup>75</sup>.

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<sup>74</sup> The assessment team met on a very irregular basis, the latest assessment found by the delegation dating back to December 2005 and relating to only eight residents.

<sup>75</sup> These findings were corroborated by letters from the child-psychiatrists following the three children with a higher level of functioning, pointing to the absence of individual treatment and of stimuli and the lack of suitable accommodation, as well as the need for a system of care adapted to their needs.

142. The CPT is of the opinion that the development of a psycho-social therapy programme based on comprehensive individual treatment plans, rehabilitative activities and combined with specialised psychiatric nursing training would have a considerable impact upon the quality of care. In particular, this would lead to the emergence of a therapeutic milieu less centred on drug-based treatments. In this respect, a positive move had been made with the arrival of a multidisciplinary team of specialised therapists in March 2008, composed of a psychologist and a physiotherapist (both full-time) and of a speech therapist, a music therapist, an occupational therapist and a kinesiologist<sup>76</sup> (on a part-time basis: ten hours per week). The psychologist had started the evaluation of the residents and, at the time of the visit, the team was in the process of elaborating and putting into operation a therapeutic programme of rehabilitative activities based on the residents' needs.

143. In the light of the above findings, **the CPT recommends that the practice of locking the residents in their rooms for the above-mentioned periods of time be immediately stopped.**

The recent appointment of the multidisciplinary team of therapists represents a crucial step towards the development of a comprehensive psycho-social therapy programme, and is to be welcomed. **The Committee would like to receive updated information on the content and implementation of the programme.**

144. The delegation found that the medical files of the residents were superficial and updated on an irregular basis. Information about a resident's diagnosis was often missing, as was any updated record of the resident's evolution. In the CPT's view, each resident should have a personal and confidential file containing diagnostic information (including the results of any special examinations which the patient has undergone), as well as an ongoing record of the resident's mental and somatic state of health and of his treatment. **The CPT recommends that steps be taken to ensure that a comprehensive and updated medical file is maintained for each resident.**

145. The resort to "PRN" medication<sup>77</sup> appeared to be satisfactory. It was systematically recorded in the daily nursing report, although not always in the nurses' notes for each resident. **The CPT recommends the introduction of a separate PRN register.**

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<sup>76</sup> As well as an administrative officer and a driver on the same funding.

<sup>77</sup> "PRN" stands for *pro re nata*, Latin expression for "something that occurred" referring to open-ended prescriptions made by treating doctors, for drugs not administered immediately, or on an on-going basis, but whenever the nursing staff believe it necessary.

#### 4. Staff

146. The institution's staff consisted of six administration posts, including the director, nine full-time nurses<sup>78</sup> (two being contracted) trained in psychiatry, and 33 support staff. Arrangements for access to specialist and somatic care were satisfactory. A psychiatrist from Athalassa Psychiatric Hospital and a child-neurologist from Archbishop Makarios III Hospital for Children visited the establishment twice a month. In addition, a general practitioner attended twice a week and residents could be transferred either to the nearby Nicosia General Hospital or Archbishop Makarios III Hospital for Children in Nicosia, in case of need. Further, the recent arrival of a team of six specialised therapists was a positive development.

The work in the wards was organised in two day-shifts, from 7 a.m. until 1 p.m., and 1 p.m. until 7 p.m., and a night shift from 7 p.m. to 7 a.m. For each day-shift, there was a complement of ten staff including two nurses, and for the night shift, four staff including one nurse. In terms of numbers, staff resources were sufficient; however, it was evident that support staff were not properly trained to manage the residents under their care or to provide appropriate care and stimulation to residents with considerable needs. In this connection, the delegation was informed that the introduction of an additional day-shift (from 3 p.m. to 9 p.m.) had been requested by the District Welfare Officer<sup>79</sup>. Hardly any of the support staff had received initial or on-going training on how to take care of persons with special needs.

In addition, the delegation heard many complaints by staff as regards frequent violent assaults by the children with a higher level of functioning, and it observed for itself that certain support staff members were ill at-ease when one of the children was approaching them. The staff were conscious of their need for training in this respect. The lack of experience and training clearly prompted a strong reluctance on the part of some staff to interact with the more demanding residents, which, at times, led to high-risk situations both for residents and staff. Such a situation, unsurprisingly, generated highly stressful working conditions.

147. Working with mentally disabled persons will always be a difficult task for all categories of staff involved. Bearing in mind the challenging nature of their work, it is of crucial importance that support staff receive appropriate initial and on-going training. In addition, during the performance of their tasks, they should be closely supervised by qualified health-care staff. The situation observed at Nea Eleousa showed that these precepts had not been put into practice. The managing, nursing and support staff with whom the delegation spoke took the view that support staff were deeply in need of specific training on how to deal with the categories of residents cared for at the Institution. In their letter dated 8 September, the Cypriot authorities indicated that the Social Welfare Services, in cooperation with the Mental Health Services, were working on an intensive training programme for the staff. The CPT welcomes this initial development and **recommends that steps be taken to ensure that staff receive appropriate initial and on-going training, taking into consideration the above remarks.**

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<sup>78</sup> One head nurse, three senior nurses, five nurses.

<sup>79</sup> In a letter addressed to the Director of the Social Welfare Services, following complaints by parents about this situation.

148. As regards the recently arrived multidisciplinary team of specialised therapists, it appeared that they had been contracted in through private funding, and for a period of only one year. The CPT is convinced of the need for the therapeutic project to be sustainable, as it could be decisive in raising the quality of care in the establishment and, inter alia, could make a significant contribution to the integration of the three children with a higher level of functioning both at Nea Eleousa Institution and the school for children with special needs. **The CPT recommends that the Cypriot authorities ensure the sustainability of this project.**

149. The District Welfare Office of Nicosia appointed a social worker to visit Nea Eleousa Institution, but such visits occurred on an irregular and infrequent basis. A social worker was in charge of following each case, but social workers visited the residents rarely, due to the fact that they came from the region of origin of the residents' families, and that communication with the residents was extremely limited. This situation is unsatisfactory considering the difficult social conditions of most of the residents' families and the residents' crucial need for contact and stimulation. **The CPT recommends that a post of social worker be created at Nea Eleousa Institution, with a view to maintaining a genuine link between the residents and their families.**

## 5. Residents' living conditions

150. The living conditions in the residents' accommodation areas were generally good and clean, as were the sanitary facilities.

The "new wing" accommodated twelve residents in seven bedrooms at the time of the visit<sup>80</sup>. All rooms were suitably equipped (beds, cupboards, chest, desk, chairs) and appropriately decorated. They had very good access to natural light and artificial lighting and were well ventilated. The "new wing" also had three dayrooms/playrooms (equipped with a TV set, beds, sofas, and floor mats) and a brand new music-therapy room<sup>81</sup>; all were large, decorated, clean, well lit and ventilated.

The "old wing" accommodated ten residents in ten bedrooms<sup>82</sup>, and offered far less congenial conditions. The six 9 m<sup>2</sup> bedrooms had limited access to natural light via a small window; artificial lighting was sufficient. One room was entirely padded and occupied by a resident who was constantly hitting himself against the walls. Further, the doors of these six bedrooms were wooden and equipped with up to four sliding bolts on the outside, reinforcing the asylum-like impression of the wing. Apart from two rooms in which there were some paintings on a wall, there was no decoration, nor any visual stimulation, and the rooms contained only a bed and a mattress. Such living conditions are not conducive to the treatment and welfare of residents (i.e. a positive therapeutic environment).

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<sup>80</sup> Four single occupancy rooms of 16 m<sup>2</sup>; two double occupancy rooms of 30 m<sup>2</sup>; one four-person room of 33 m<sup>2</sup>.

<sup>81</sup> Not yet in operation as the music-therapist had just been appointed and was in the process of developing the programme.

<sup>82</sup> Six measured 9 m<sup>2</sup>, three measured 19 m<sup>2</sup>, and one measured 29 m<sup>2</sup>. The latter could accommodate up to four residents.

The delegation was informed that there was a proposal to knock down the old wing and build four individual houses, each accommodating five residents following a therapeutic strategy. The houses would be the residential part and the current new wing would be dedicated to activities of a therapeutic and rehabilitative nature. The delegation understood that the project had been approved by the Ministry of Labour and Social Insurance and was being studied by the Ministry of Finance. **The CPT would like to receive detailed information on the content of this project and its timeframe.** The delegation was informed that, pending the implementation of this project, there were plans to further refurbish the new wing. **The CPT recommends that immediate steps be taken to improve conditions in the old wing, in the light of the above remarks. The Committee would also like to receive detailed information on the state of implementation of the plans to further refurbish the new wing.**

In addition, a yard, surrounded by the building of the new wing and the corridor linking it to the old wing, offered space for outdoor activities but no protection against the sun or inclement weather. **The CPT recommends that steps be taken to ensure the yard offers shade and shelter from inclement weather.**

## 6. Other issues

151. There were no specific arrangements for providing residents' families with information concerning residents' stay at the Institution. The CPT considers that an introductory brochure setting out the establishment's routine, the rules for admission and discharge, residents' rights and the possibilities to lodge formal complaints, on a confidential basis, with clearly designated outside bodies, should be issued to the families/guardians of each resident. **The CPT recommends that, taking into account the above remarks, a brochure be drawn up and systematically distributed to residents' families and representatives/guardians.**

152. Arrangements for contacts with relatives were satisfactory. There were no restrictions on visits. That said, most residents had only rare or irregular visits as they came from the whole country and their families did not necessarily have the means to come and visit them. The maintenance of contact with the outside world and more particularly with relatives is essential, from a therapeutic standpoint. **The CPT recommends that steps be taken to improve the possibilities for residents and their families to maintain proper family links.**

153. As regards inspection mechanisms, the Institution received internal inspections from the Ministry of Labour and Social Insurance and had been regularly visited by an NGO. The delegation was also informed that a parliamentary committee had visited the Institution in June 2006.

The establishment could also be inspected by the Ombudsman, as well as by the Commissioner for the Protection of Children's Rights. However, according to the Director of the Institution, neither of these institutions had ever visited the establishment. **The Committee recommends that the Cypriot authorities take steps to ensure regular visits to Nea Eleousa Institution for Persons with Severe Mental Retardation (as well as all other such specialised institutions in Cyprus) by bodies which are independent of the social care authorities.**



## **APPENDIX I**

### **LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION**

#### **Cooperation**

##### recommendations

- the Cypriot authorities to take resolute steps to ensure that prison staff refrain in the future from conduct of the kind described in paragraph 5, subparagraph 3 (paragraph 5).

##### requests for information

- any remarks the Cypriot authorities might wish to make on the matter referred to in paragraph 7 (paragraph 7).

#### **Police establishments**

#### **Preliminary remarks**

##### recommendations

- the Cypriot authorities to ensure that if children, including unaccompanied migrant minors, have to be detained on police premises, they be held for an absolute minimum period and no longer than the time required for the judge to order release or remand in custody. Beyond this short period, detained children must be held in an appropriate secure setting offering material conditions and a regime tailored to their specific needs (paragraph 13).

#### **Torture and other forms of ill-treatment**

##### recommendations

- any non-standard issue objects (such as wooden sticks and other implements) to be immediately removed from all police premises where persons may be held or questioned. Any such items seized during criminal investigations should be entered in a separate register, properly labelled (identifying the case to which they refer) and kept in a dedicated store (paragraph 18);
- the Minister of Justice and Public Order to impress upon all police officers that the ill-treatment of persons in their custody is an affront to the values which constitute the very foundations of the State, and will not be tolerated. This message should be repeated at regular intervals and make clear that all information regarding possible ill-treatment will be investigated, and that perpetrators of ill-treatment will be the subject of severe sanctions (paragraph 20);

- the Cypriot authorities to ensure that *practical* professional training in managing high-risk situations is offered to police officers of all ranks and categories and is ongoing; such training should focus inter alia on the questioning of suspects, in compliance with human rights principles (paragraph 21);
- the Cypriot authorities to put an end to the practice of holding persons for prolonged periods on police premises (paragraph 22).

#### requests for information

- the results of the investigation into the allegation referred to in paragraph 17 (paragraph 17).

### **Combating impunity**

#### recommendations

- police training to incorporate the precepts set out in paragraph 34 and all law enforcement officials (including police officers and prison directors) to be formally required to notify the Attorney-General or the IPCA immediately – either directly or through a clearly established reporting line – whenever they become aware of any information indicative of ill-treatment; if necessary, whistle-blower protective measures should also be adopted (paragraph 34);
- where evidence of ill-treatment by law enforcement officials comes to light, that issue to be investigated and prosecuted as a separate issue; the relevant legislation should be reviewed accordingly (paragraph 35);
- the necessary steps to be taken to ensure that the presumption of ill-treatment (referred to at paragraph 24) operates effectively in the conduct of inquiries (paragraph 36);
- the Cypriot authorities to take the necessary steps, in the light of the remarks in paragraph 37, to ensure that judicial authorities are duly sensitised to their obligations to take appropriate action in respect of cases of possible ill-treatment. Whenever there are grounds to believe that a person brought before a judge could have been the victim of ill-treatment, the judge should immediately request a forensic medical examination of the person concerned and bring the matter to the attention of the relevant authorities (paragraph 37);
- all persons entrusted with the operational conduct of investigations into police ill-treatment to be – and to be seen to be – independent from the police. Thus, such investigations must not be entrusted to police officers in active duty; further, it would be preferable for former police officers to form, at most, a minority within the team entrusted with a particular investigation (paragraph 38);
- current disciplinary procedures to be reviewed so that disciplinary action is taken whenever the IPCA orders it, and so as to ensure that disciplinary proceedings offer some degree of independence, in particular through the composition of adjudicating panels (paragraph 39);
- the IPCA to be provided with the necessary means to discharge its functions effectively (paragraph 40);
- the IPCA's functions to be properly publicised (paragraph 41).

#### comments

- the presumption of ill-treatment (referred to at paragraph 24) will be of little value as a preventive mechanism unless it is coupled with the necessary systematic medical examination at the beginning of detention (paragraph 36);
- it is imperative that judicial authorities conduct proceedings in a way that persons brought before them have a real opportunity to make a statement about the manner in which they have been treated (paragraph 37);
- the IPCA should issue information to all complainants on the results of their complaints, including a reasoned report (paragraph 41).

#### requests for information

- the outcome of the criminal proceedings referred to in paragraph 28 and of any disciplinary action taken (paragraph 28);
- the results of the criminal investigation into the case referred to in paragraph 30, and information on any disciplinary measures taken (paragraph 30);
- the comments of the Cypriot authorities on the fact that the police officers involved in the case referred to in paragraph 28 had not been suspended from duty pending the results of the investigation (paragraph 39).

### **Safeguards against ill-treatment of detained persons**

#### recommendations

- the necessary steps to be taken to ensure that the right to inform a relative or third party of one's choice of one's situation, from the very outset of detention, is effectively enjoyed (paragraph 43);
- the necessary steps to be taken, in the light of the remarks in paragraph 43, to introduce additional safeguards in cases when the exercise of the right to notification of custody is exceptionally delayed (paragraph 43);
- a fully-fledged and properly funded system of legal aid to be developed for persons in police custody who are not in a position to pay for a lawyer – including persons detained under the aliens legislation –, so that this right may be effectively enjoyed from the very outset of police custody (paragraph 45);
- the provision which prescribes criminal sanctions for persons who abuse the right to medical examination or treatment to be abolished (paragraph 46);

- the Cypriot authorities to ensure that persons detained on police premises benefit from effective access to a doctor. Further, for as long as detention periods on police premises remain potentially lengthy, the health-care services provided must be proactive, including systematic medical screening at an early stage and adequate attention to the health-care needs of detained persons (paragraph 47);
- a comprehensive policy to be developed on the management of hunger strikes by persons in police custody. Such a policy must include detailed logbook recording and close medical supervision (paragraph 48);
- the forms attesting that detained persons have been informed of their rights to cover all the rights available to detained persons, and officers on duty to ensure that the forms are understood by the persons concerned (paragraph 49);
- the Cypriot authorities to ensure that the deficiencies outlined in paragraph 51 are duly rectified (paragraph 51);
- the Cypriot authorities to take immediate steps to ensure that every minor is provided with effective access to a lawyer from the very outset of his or her detention and before signing any statement. To this end, minors must be made aware of the special safeguards from which they are to benefit. Thus, such information must be explicitly included in information on rights provided to them in writing and which they are obliged to sign (paragraph 52).

#### comments

- the information sheets detailing the rights of arrested persons should state clearly that detained persons who request access to a government doctor will not be obliged to pay for the doctor's services (paragraph 49);
- the CPT trusts that the Cypriot authorities will ensure that police officers fulfil their obligation to complete custody records in a diligent manner in respect of every person deprived of his or her liberty (paragraph 50).

#### requests for information

- clarification as to whether it is possible for communication with a lawyer to be delayed (paragraph 44);
- whether, in practice, minors might be obliged to sign a statement without the benefit of the presence of a lawyer or trusted person (paragraph 52);
- the current and planned arrangements as regards independent, unannounced inspections of police premises (paragraph 53).

## **Conditions of detention**

### recommendations

- the material deficiencies observed at Limassol Police Station to be remedied without delay (paragraph 55);
- the Cypriot authorities to ensure that corridors are not used as ad hoc detention facilities, and that all detained persons are accommodated in rooms/cells designed specifically for that purpose, offering appropriate living conditions (paragraph 55);
- persons never to be held for longer than a few hours in the existing detention facilities at Larnaca Airport, unless the shortcomings mentioned in paragraph 55 are remedied (paragraph 55);
- all persons held on police premises to be provided with appropriate food at regular intervals (including at least one full meal every day) (paragraph 56);
- the Cypriot authorities to ensure that all persons detained in police stations for longer than 24 hours are offered one hour of daily outdoor exercise (paragraph 57);
- the Cypriot authorities to review the system of remand detention on police premises in the light of the remarks in paragraph 60, with a view to substantially reducing its duration (paragraph 60);
- the Cypriot authorities urgently to review the conditions in the existing centres designed to hold persons deprived of their liberty under aliens/asylum legislation, in the light of the standards referred to in paragraph 61, and to ensure that any additional centres they establish comply with those standards (paragraph 61).

### comments

- the CPT trusts that the new Larnaca Airport will offer adequate conditions of detention for persons held pending deportation (paragraph 55);
- the Cypriot authorities are invited to introduce a maximum time limit for the detention of foreign nationals under aliens legislation (paragraph 61).

## **Nicosia Central Prisons**

### **Preliminary remarks**

#### recommendations

- the Cypriot authorities to adopt and implement a coherent strategy designed to combat prison overcrowding, in the light of the remarks in paragraph 65 (paragraph 65).

#### comments

- the Cypriot authorities are invited to consider broadening the scope of the Law on Parole to include categories of inmates other than those sentenced to life imprisonment (paragraph 64).

#### requests for information

- up-to-date information on progress in the plans to transform Block 9 into entirely separate accommodation for juveniles, including details of the services, mixed-gender staffing and special facilities to be provided, which are adapted to the needs of juveniles (paragraph 66).

### **Ill-treatment**

#### recommendations

- the management of the Prisons to deliver a clear message to custodial staff – and reiterate it at regular intervals – that all forms of ill-treatment are unacceptable and will be the subject of severe sanctions (paragraph 67);
- the Cypriot authorities to take the necessary measures, in the light of the remarks in paragraph 68, to prevent inter-prisoner violence (paragraph 68);
- all indications of possible ill-treatment, including inter-prisoner violence, to be properly investigated and appropriate action taken (paragraph 69);
- the Cypriot authorities to take immediate steps to ensure that prisoners are guaranteed access to a proper toilet whenever necessary (paragraph 71).

#### comments

- the CPT trusts that the Cypriot authorities will take the steps necessary to guarantee an adequate provision of health care for inmates (paragraph 70);
- the CPT trusts that the Cypriot authorities will ensure that call bells are never deactivated (paragraph 71).

## **Conditions of detention**

### recommendations

- immediate action to be taken to rectify the deficiencies identified at paragraph 72 in the material conditions of detention in Blocks 1 and 2, with a view to ensuring that they fully comply with the legal requirements (see Section 58 of the Prisons Regulations) in terms of lighting (natural and artificial), ventilation, cell size and equipment, and sanitation facilities (paragraph 74);
- steps to be taken to ensure adequate provision for the specific hygiene needs of female prisoners (paragraph 74);
- measures to be taken to reduce as soon as possible the occupancy levels in Blocks 1, 2, 3, 5 and 8. As occupancy rates are reduced, it should be ensured that those cells measuring just under 7 m<sup>2</sup> are only used to accommodate one prisoner and that the living space in multi-occupancy cells is at least 4 m<sup>2</sup> per prisoner (paragraph 74);
- steps to be taken to ensure an adequate ratio of sanitary facilities to inmates in the new cells on the upper floor of Block 5 (paragraph 74);
- vigorous efforts to be made to increase the range of purposeful activities for inmates: work, vocational training, sports, educational and other activities must be available so that all prisoners may be purposefully engaged for most of the day. Particular efforts should be made to offer juveniles and persons serving long sentences a programme of activities adapted to their respective needs (paragraph 75).

## **Health-care services**

### recommendations

- the nursing team to be progressively reinforced with a view to replacing all medical orderlies by qualified nursing staff from the Medical Services of the Ministry of Health (paragraph 80);
- the Cypriot authorities to ensure the adequate provision of psychiatric care to prisoners, in the light of the remarks in paragraphs 81 to 83 and that prisoners' health-care records give a complete picture of their physical and mental health (paragraph 84);
- the Cypriot authorities to ensure that mentally ill prisoners who require specialised hospital treatment benefit, without undue delay, from such treatment, and in accordance with the precepts set out in paragraph 83 (paragraph 84);
- the necessary steps to be taken to ensure that the whole health-care service works effectively as a team (paragraph 85);
- the Cypriot authorities immediately to take the necessary measures to ensure that every newly admitted prisoner is given a proper medical examination as soon as possible after admission. Save for exceptional circumstances, this examination should take place on the day of admission (paragraph 86);

- the medical file drawn up after examination of a newly admitted prisoner to contain:
  - i) a full account of statements made by the person concerned which are relevant to the medical examination (including the description of his or her state of health and any allegations of ill-treatment);
  - ii) a full account of the objective medical findings based on a thorough examination; and
  - iii) the doctor's conclusions in the light of i) and ii).(paragraph 86);
- the Cypriot authorities to take the necessary steps in the light of the remarks in paragraph 87 concerning blood-testing procedures (paragraph 87);
- the shortcomings noted in paragraph 88 to be addressed, so as to ensure medical confidentiality for prisoners. In particular, all prisoners must be able to request and obtain a medical consultation in a confidential manner, without such requests being filtered or controlled in any way by non-medical staff (paragraph 88);
- the Cypriot authorities to review the research project under way at Nicosia Central Prisons on the treatment of Hepatitis C, as well as the practice, in general, of conducting biomedical research projects involving prisoners (paragraph 90);
- a service arrangement for the provision of health care at Nicosia Central Prisons to be clearly defined in a protocol (paragraph 91).

#### comments

- the CPT encourages the authorities to pursue their efforts to develop a health strategy for drug users in prison, aiming at both demand and risk reduction; such a strategy should form part of a comprehensive prisons drug policy (paragraph 89).

#### requests for information

- detailed and up-to-date information regarding health-care staffing levels at Nicosia Central Prisons (paragraph 79);
- clarification as regards the medication currently prescribed and administered to K, an inmate referred to in paragraph 82 (paragraph 82);
- a copy of the protocol referred to in paragraph 91 (paragraph 91).

#### **Other issues**

#### recommendations

- the Cypriot authorities to improve the treatment afforded to foreign prisoners, in the light of the remarks in paragraphs 92 and 93. In particular:
  - information on the internal regulations should be routinely provided to all prisoners on admission, in a language they understand;
  - foreign inmates should be provided with health care on an equal footing with other inmates;



- language education programmes should be developed for foreign prisoners and for staff working with them;
- foreign prisoners should not be excluded, by reason of their nationality, from eligibility for transfer to the open prison, home leave and conditional release (parole); and
- a flexible approach should be adopted as regards telephone contacts and access to work, education and vocational training, bearing in mind the special needs of this group of inmates.

(paragraph 93);

- the Cypriot authorities to review the provisions of the Prisons Regulations on disciplinary rules and procedures, in the light of the remarks in paragraph 94 (paragraph 94);
- the Cypriot authorities to put an end to the practice of prison staff having recourse to informal disciplinary isolation measures (paragraph 95);
- the Cypriot authorities to ensure that all prisoners placed in an isolation cell or confined to their cells, for whatever reason, benefit from at least one hour of outdoor exercise every day (paragraph 97);
- the Cypriot authorities to take the necessary steps to increase prisoners' access to the telephone, in the light of the remarks in paragraph 99 (paragraph 99);
- the Cypriot authorities to give high priority to the development of prison staff training – both initial and ongoing – placing considerable emphasis on the acquisition of interpersonal communication skills (paragraph 100).

#### comments

- the CPT invites the Cypriot authorities to review the prison disciplinary procedures – and their implementation in practice – as regards provisional cellular confinement, in the light of the remarks in paragraph 96 (paragraph 96);
- the CPT invites the Cypriot authorities to improve the conditions in which inmates from Blocks 1, 2 and 4 receive visits (paragraph 98);
- the authorities should explore the possibility of enabling prisoners to use more economical means of audio communication (paragraph 99);
- the CPT invites the Cypriot authorities to consider adopting measures to favour the deployment of female staff throughout Nicosia Central Prisons; in particular, mixed-gender staffing should be ensured, as a priority, in the section for juveniles (paragraph 101).

#### requests for information

- the comments of the Cypriot authorities as regards the effectiveness of the complaints boxes (paragraph 102).

## **Athalassa Psychiatric Hospital**

### **Preliminary remarks**

#### recommendations

- the Cypriot authorities to take a firm decision, without further delay, either to start building the new Mental Health Centre or to completely renovate Athalassa Psychiatric Hospital (paragraph 105).

### **Ill-treatment**

#### recommendations

- the management of Athalassa Psychiatric Hospital to exercise vigilance and regularly remind staff that any form of ill-treatment of patients – including verbal abuse and the excessive use of force in the context of applying restraints – is unacceptable and will be dealt with severely (paragraph 109).

#### requests for information

- whether a criminal investigation into the case referred to in paragraph 107 was carried out and, if so, its results (paragraph 107);
- the outcome of the investigation into the case referred to in paragraph 108 (paragraph 108).

### **Living conditions**

#### recommendations

- the Cypriot authorities to take immediate steps to improve the living conditions at the hospital, in the light of the remarks in paragraph 110 (paragraph 111);
- steps to be taken to ensure that the modern secure units in the psychiatric clinics of the two new general hospitals are able to receive patients (paragraph 111);
- all patients from the closed regime wards, whose state of health so permits, to benefit immediately from at least one hour of outdoor exercise every day in a reasonably spacious and secure setting, which should also offer shelter from inclement weather (paragraph 112);
- steps to be taken in order that patients who so wish are allowed access to their room during the day (paragraph 113).

## **Treatment**

### recommendations

- the authorities to establish a written policy on the use of ECT, in the light of the remarks in paragraph 114 (paragraph 114);
- steps to be taken to ensure that a doctor is systematically and immediately notified whenever PRN medication is administered and that he verifies the conditions in which it was administered; further, PRN medication must systematically be recorded both in the patient's file and the PRN register (paragraph 115);
- the hospital to carry out a thorough inquiry into the three deaths referred to in paragraph 116 and the Cypriot authorities to establish a practice of carrying out thorough inquiries into any deaths at the hospital with a view to improving operating procedures within the hospital (paragraph 116);
- an autopsy to be carried out in all cases where a patient dies in hospital unexpectedly, unless a clear diagnosis of a fatal disease has been established prior to death (paragraph 116);
- each patient's file to contain diagnostic information (including the results of any special examinations which the patient has undergone) as well as an ongoing record of the patient's mental and somatic state of health and of his treatment (paragraph 117);
- the management of the hospital to take the necessary steps to implement a genuine, coherent and harmonised policy as regards medical files and medical registers, in the light of the remarks in paragraph 118 (paragraph 118);
- steps to be taken to guarantee appropriate access to a dentist for patients at the hospital (paragraph 119);
- the authorities to continue to develop further the range of therapeutic options on offer (paragraph 120);
- steps to be taken to improve the quality of individual treatment plans, in the light of the remarks in paragraph 121 (paragraph 121).

### comments

- the CPT trusts that facilities are available at the hospital to allow the general practitioner to conduct medical examinations under appropriate conditions (paragraph 119).

### requests for information

- the comments of the Cypriot authorities on the cases referred to in paragraph 114 (paragraph 114);
- the outcome of the initiative mentioned in paragraph 118 (paragraph 118).

## **Staff**

### recommendations

- the Cypriot authorities to take the necessary steps at the hospital to increase the effective presence of nurses on the wards (paragraph 122);
- specialised on-going training also to be developed for all nurses working with psychiatric patients, taking into consideration the remarks in paragraph 123 (paragraph 123).

## **Means of restraint**

### recommendations

- every instance of physical restraint (manual control, use of instruments of physical restraint, seclusion) of a patient to be recorded in a register, including the times at which the measures began and ended, who ordered the measure, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff (paragraph 124);
- a detailed policy on the use of seclusion to be drawn up in the light of the remarks in paragraph 124. This policy should make clear that seclusion should never be used as a punishment (paragraph 124).

### comments

- resort to instruments of physical restraint must always be either expressly ordered by a doctor or immediately brought to the attention of a doctor with a view to seeking his or her approval. Further, immobilisation of patients should never take place in the presence of other patients (paragraph 124).

## **Safeguards in the context of placement in a psychiatric facility**

### recommendations

- the Cypriot authorities to explore solutions which would fully guarantee the independence and impartiality of the personal representative (paragraph 126);
- the Cypriot authorities to draw up a comprehensive information brochure and ensure that it is issued to all patients on admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance (paragraph 127);
- the management of the hospital to ensure that all staff receive proper and exhaustive information about the existing safeguards of patients' rights, with a view to being in a position to help patients to understand their rights (paragraph 127);
- the Cypriot authorities to allocate to the Supervisory Committee the necessary human, financial and physical resources to enable it, in practice, to fulfil its duties independently under the Law on Psychiatric Care; in particular, it should not delegate its investigative functions (paragraph 128);

- all patients to be able to communicate by telephone during the day and under conditions allowing privacy, unless there is a reasoned doctor's order to the contrary (paragraph 130);
- the Cypriot authorities to take steps to guarantee the right of patients to be heard in person or through a personal advocate or representative at all court hearings prior to any decision concerning the renewal of their involuntary placement (paragraph 133);
- the requirement that a patient be supported by his or her treating psychiatrist in order to initiate a procedure to terminate the involuntary placement to be removed (paragraph 133).

#### requests for information

- the comments of the Cypriot authorities on the issue of safeguarding the fundamental rights of patients who are given no opportunity to give their free and informed consent on admission and are detained without benefiting from the safeguards associated with involuntary placement procedures (paragraph 125);
- whether there exists a mechanism for handling complaints from mental patients, other than the Supervisory Committee (paragraph 129);
- the comments of the Cypriot authorities on the issues raised in paragraph 129 (paragraph 129).

### **Nea Eleousa Institution for Persons with Severe Mental Retardation**

#### **Preliminary remarks**

#### requests for information

- the measures taken in the light of the investigations referred to in paragraph 136 and of the Ombudsman's report (paragraph 136).

#### **Treatment and care of residents**

#### recommendations

- the practice of locking the residents in their rooms for the periods of time described in paragraph 139 to be immediately stopped (paragraph 143);
- steps to be taken to ensure that a comprehensive and updated medical file is maintained for each resident (paragraph 144);
- a separate PRN register to be introduced (paragraph 145).

#### requests for information

- updated information on the content and implementation of the psycho-social therapy programme referred to in paragraph 142 (paragraph 143).

## **Staff**

### recommendations

- steps to be taken to ensure that staff receive appropriate initial and on-going training, taking into consideration the remarks in paragraphs 146 and 147 (paragraph 147);
- the Cypriot authorities to ensure the sustainability of the therapeutic project referred to in paragraphs 142 and 148 (paragraph 148);
- a post of social worker to be created at Nea Eleousa Institution, with a view to maintaining a genuine link between the residents and their families (paragraph 149).

## **Residents' living conditions**

### recommendations

- immediate steps to be taken to improve conditions in the old wing, in the light of the remarks in paragraph 150 (paragraph 150);
- steps to be taken to ensure that the yard used for outdoor activities offers shade and shelter from inclement weather (paragraph 150).

### requests for information

- detailed information on the content of the project referred to in paragraph 150 and of its timeframe (paragraph 150);
- detailed information on the state of implementation of the plans to further refurbish the new wing (paragraph 150).

## **Other issues**

### recommendations

- a brochure to be drawn up and systematically distributed to residents' families and representatives/guardians, taking into account the remarks in paragraph 151 (paragraph 151);
- steps to be taken to improve the possibilities for residents and their families to maintain proper family links (paragraph 152);
- the Cypriot authorities to take steps to ensure regular visits to Nea Eleousa Institution for Persons with Severe Mental Retardation (as well as all other such specialised institutions in Cyprus) by bodies which are independent of the social care authorities (paragraph 153).

**APPENDIX II**

**AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS WITH  
WHICH THE CPT'S DELEGATION HELD CONSULTATIONS**

**A. Ministerial authorities**

**Ministry of the Interior**

Mr Neoklis SYLIKIOTIS, Minister of the Interior

Mr Lazaros SAVVIDES, Permanent Secretary

Ms Anni SHAKALLI, Director of the Immigration Department

Ms Natasa ECONOMOU, Administrative Officer

Mr Andreas CONSTANTINOU, Administrative Officer

**Ministry of Justice and Public Order**

Mr Kypros CHRYSOSTOMIDES, Minister of Justice and Public Order

Mr Andreas TRYFONIDES, Permanent Secretary

Mr Costas HADJIPAVLOU, Chief Administrative Officer, CPT liaison officer

Mr Michalis HADJIDIMITROU, Director of Prisons

Mr Michalis PAPAGEORGIOU, Deputy Chief of Police

Ms Marianna FRANTZI, Assistant Chief of Police

Ms Kyriaki LAMBRIANIDOU, Chief Inspector of Police

**Ministry of Health**

Mr Evangelos ANASTASIOU, Director of Mental Health Services

Mr Michalis MICHAELIDES, Chief Administrative Officer, Mental Health Services

**Ministry of Defence**

Mr Petros KAREKLAS, Permanent Secretary

Ms Elena JOSEPHIDOU, Chief Administrative Officer

**Ministry of Foreign Affairs**

Mr George KASOULIDES, Head of Multilateral Organisations Department and Public Organisations

Martha A. MAVROMMATIS, Counsellor, CPT liaison officer

**Ministry of Labour and Social Insurance**

Ms Chara TAPANIDOU, Principal Welfare Officer

**B. Other national authorities**

Mr Petros CLERIDES, Attorney-General

Ms Maro TSIAPPA, Legal Officer, Legal Service of the Republic

Ms Theodora CHRISTODOULIDOU, Legal Officer, Legal Service of the Republic

Ms Eliana NICOLAOU, Commissioner for Administration (Ombudsman)

Mr Aristos TSIARTAS, Director of the Human Rights Department (Ombudsman's Office)

Ms Leda KOURSOUNBA, Law Commissioner and Commissioner for Children's Rights

Mr Yiannakis AGAPIOU, President of the Independent Authority for the Investigation of Police Complaints

Mr Christodoulos MESSIS, Chairman of the Mental Health Supervisory Committee

Mr Andreas POLYDOROU, member of the Complaints Examination Committee for the Rights of Patients

Ms Luisa MAVROMMATIS, member of the Complaints Examination Committee for the Rights of Patients

**C. Non-governmental organisations**

Apanemi

Advocacy Group for the Mentally Ill

Morphou Bishopric

KISA - Action for Equality, Support, Antiracism