

EXECUTIVE SUMMARY

In the course of the sixth periodic visit to the Netherlands, the CPT reviewed the situation of persons held in police custody and in several prison establishments. Particular attention was also paid to patients held in penitentiary psychiatric centres and, for the first time, a visit was made to two civil psychiatric establishments where patients were deprived of their liberty.

The CPT's delegation received excellent co-operation from the authorities throughout the visit, with the sole exception of Scheveningen Prison, where its work was obstructed by the attitude of the managerial staff.

Law enforcement establishments

Many persons interviewed by the CPT stated explicitly that they had been treated correctly by the police and appreciated their politeness and professionalism. However, a few isolated allegations of unduly tight handcuffing were received.

The CPT attaches particular importance to three safeguards against ill-treatment. As regards access to a lawyer, the CPT welcomes the fact that persons in police custody now have, in principle, the possibility to be assisted by a lawyer prior to questioning by the police. It is, however, critical of the fact that 16 and 17 year old juveniles were not always provided with a lawyer and a trusted adult prior to questioning. As to notification of custody, many persons claimed that their request for a third person to be contacted had been rejected by the police. There were also some problems with access to a doctor being filtered by police officers and medical confidentiality not being respected.

Material conditions in most of the police establishments visited were very good, notably at Houten Police Detention Facility, the biggest police establishment in the country. However, specific improvements should be made in certain police establishments visited regarding artificial lighting at night, access to natural light and the use of CCTV cameras in cells.

Prison establishments

The CPT welcomes the considerable decrease of the prison population in the course of the last decade, a situation almost unique in Europe. As was the case during the 2011 visit, the delegation did not receive a single allegation of physical ill-treatment by staff in the prisons visited, De Schie, Krimpen aan den IJssel and Zuyder Bos. Also, inter-prisoner violence appeared to be limited and dealt with appropriately when detected.

As regards material conditions, the prison buildings visited were well maintained and operated below their maximum capacity, and inmates were, in general, held in individual well-equipped cells. However, many complaints were heard about the pre-packed frozen food provided to inmates at two establishments and the CPT encourages the authorities to follow the model operated at Zuyder Bos Prison where inmates could cook for themselves. The basic regime provided to prisoners was generally good with the possibility of engaging in activities, work and outdoor exercise. Nevertheless, educational programmes and vocational training should be improved. The CPT is also concerned about the impact of the current budget reductions on the regime, notably the closure of prison libraries and the reduction in time of the open door regime.

The delegation gained a very good impression of the Extra Care Provision unit (EZV), present in every Dutch prison, where vulnerable prisoners are provided with appropriate care. As regards the "terrorist" unit in De Schie Prison, placement and risk assessment procedures should be reviewed and the applicable regime improved.

The CPT considers that a fundamental review of the health-care services in prisons should be made, notably by giving a more active role to doctors. Further, the presence of general practitioners in the three establishments visited should be doubled. Improvements could also be made to the medical screening of newly arrived prisoners and to addressing drug-related problems in a less punitive manner. More generally, the CPT invites the Dutch authorities to consider the possibility of bringing prison health-care services under the Ministry of Health.

The CPT welcomes the Dutch authorities' intention to introduce a review mechanism for prisoners sentenced to life imprisonment, and it recommends that necessary legislative and administrative measures be taken rapidly to provide these persons with both a prospect of release and a possibility of review, based on objective criteria, after a defined time period. As regards discipline, the Committee considers that the current procedures do not comply with due process requirements, and should be reviewed, including the role of health-care staff.

Penitentiary Psychiatric Centres (PPC)

The CPT emphasises at the outset that its general assessment of the PPC concept is rather positive, in particular as regards the situation observed by its delegation at Zwolle; PPCs represent a more suitable environment for prisoners suffering from mental disorders than ordinary prisons.

In the two PPCs visited, no allegations of deliberate physical ill-treatment of patients by ward-based staff were received. In this context, it should be noted that the CPT's delegation gained a favourable impression of the attitude of the frontline carers working daily in direct contact with the patients as well as the training provided to them. However, in both establishments, a few patients met by the delegation alleged that they had been ill-treated by members of the special intervention teams (IBT), in some cases prior to their transfer to the PPCs. All members of special intervention teams in the Netherlands should be reminded that no more force than is strictly necessary and proportionate should be used to bring an agitated and/or violent patient or prisoner under control.

Material conditions in both PPCs were in all respects of a very high standard. As regards the regime, the CPT finds it positive that patients in both PPCs could participate in some work, sports, and education, and could associate with other patients in a spacious common room. That being said, in both PPCs visited, patients spent up to 17 hours a day locked in their individual rooms (and those held under an "individual regime" up to 22 hours), without any contact with staff or other patients. In this respect, the PPC regime falls seriously short of the standards of a psychiatric hospital and the CPT recommends that the regime and lock-up times be reviewed.

Due to the problem of cooperation referred to above, at *Scheveningen*, the CPT's delegation could not obtain a complete picture of the establishment. However, on the basis of information received through interviews with staff and patients alike, the CPT formulates several recommendations, including increasing staffing levels of certain categories of staff, widening the range of therapeutic options offered to patients and drawing up comprehensive individual treatment plans for patients. As regards the situation observed at *Zwolle*, psychiatric treatment was generally very good. Patients participated in the drawing up and modification of their treatment plans and a wide range of non-pharmacological treatment was available to them. However, there is a need to review the staffing levels of certain categories of staff. Concerns are also expressed regarding both establishments about a lack of medical examination of patients after they had been subjected to the use of force and, more generally, about an incomplete recording of patients' injuries.

The principal means of restraint used in both establishments visited were seclusion and chemical restraint. Patients were placed in seclusion for relatively short periods of time, ranging from several hours to a few days. However, the CPT expresses concerns about the frequent deployment of special intervention teams (IBT) in full protective gear in the context of the transfer of patients to seclusion and the routine practices of handcuffing and strip-searching secluded patients; further, inmates should not be required to undress in sight of custodial staff of the opposite sex, which had occurred at Zwolle.

The use of chemical restraint could only be examined by the delegation at Zwolle and particular attention is paid in the report to the use of rapidly acting tranquillisers on the basis of *pro re nata* (PRN) prescriptions. The CPT highlights the associated risks and emphasises that such use should be very exceptional and that any PRN prescription should only be conditional, meaning that a medical doctor must be contacted and must confirm the prescription prior to its use. The Committee also sets out safeguards which should accompany the use of a PRN prescription for rapid tranquillisers and, more generally, the use of any means of restraint.

As regards disciplinary sanctions, the CPT acknowledges the efforts made in both PPCs visited to keep resort to disciplinary solitary confinement to a minimum; however, it expresses general reservations about the use of disciplinary sanctions vis-à-vis psychiatric patients and encourages the authorities to abolish disciplinary sanctions in PPCs.

Civil psychiatric institutions

The CPT's delegation received no allegations, and found no other indications, of ill-treatment of patients by staff at either the Psychiatric centre "Rielerenk" in Deventer or the Kastanjehof building of the "Zon en Schild" Psychiatric Hospital in Amersfoort.

Material conditions were of a very high standard in both establishments. As regards the regime, it is positive that in neither establishment were patients locked in their rooms during the day or at night and instead were free to move about their wards and associate with other patients.

The CPT underlines that the staff met were competent, dedicated and well-trained, and displayed considerable professionalism in their attitude towards patients. That being said, the number of psychiatrists at Kastanjehof should be increased.

Psychiatric treatment provided to patients in both establishments visited was generally of a high quality, with a range of therapeutic activities being offered to the majority of patients. However, at Kastanjehof, the offer of activities to patients who were under a closed ward regime was limited. Moreover, in this establishment, patients were not always involved in the drawing up and subsequent modification of their treatment plan; these shortcomings should be remedied.

As regards the use of means of restraint, the CPT finds it positive that mechanical restraint was not applied in either of the two establishments; if necessary, patients could be subjected to seclusion and/or chemical restraint, which appeared to be used as a last resort and not excessively. However, at Kastanjehof, restraint measures should be recorded in a central register.

As regards recourse to *pro re nata* (PRN) prescriptions of rapidly acting tranquillisers at Kastanjehof, reference is made to the Committee's considerations in respect of the PPCs.

It is a matter of concern for the CPT that in both establishments, police officers (or private security guards) were at times called upon to intervene when very agitated patients could not be controlled by health-care staff. The Committee recommends that this practice be stopped and that appropriate training be provided to nursing staff. Moreover, patients who were involved in a violent episode, most notably in the context of interventions by the police, were not systematically examined for injuries. The CPT emphasises the need for such examinations and for systematic recording of injuries.