

EXECUTIVE SUMMARY

The main objective of the CPT's fifth periodic visit to Lithuania was to review measures taken by the Lithuanian authorities in response to the recommendations made by the Committee after previous visits. In this connection, particular attention was paid to the treatment and conditions of detention of persons in police custody and penitentiary establishments. The delegation also examined the treatment, conditions and legal safeguards offered to psychiatric patients as well as residents of a social care institution.

Police establishments

As regards ill-treatment, the overwhelming majority of the persons interviewed by the delegation, who were or had recently been in police custody, stated that they had been treated by the police in a correct manner. This confirms the positive conclusion in this regard reached by the CPT during previous visits.

The findings as regards the safeguards against ill-treatment (i.e. the rights of access to a lawyer and to a doctor and the right to have the fact of one's detention notified to a relative or another third party) are in most respects identical to those made by the CPT during the 2012 visit. Thus, the Committee reiterates its long-standing recommendations that the Lithuanian authorities ensure that these rights are enjoyed by all persons obliged to remain with the police, as from the very outset of their deprivation of liberty.

Material conditions in the police arrest houses visited were generally good or even very good for the duration of police custody, i.e. up to 72 hours.

Penitentiary establishments

The delegation carried out follow-up visits to Alytus Correction Home, Lukiškės Remand Prison and Prison in Vilnius and Marijampolė Correction Home. Further, for the first time, the delegation visited Kaunas Remand Prison and Panevėžys Correction Home (for women).

The Committee acknowledges the efforts of the Lithuanian authorities to reduce the prison population. That being said, the Committee regrets to note that, despite repeated previous recommendations, the official minimum standards of living space per adult sentenced prisoner (i.e. between 3.1 and 3.6 m²) remain too low. The CPT once again calls upon the authorities to raise the standards to at least 4 m² per prisoner in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility) and 6 m² in single-occupancy cells.

The delegation received a number of allegations of deliberate physical ill-treatment and of excessive use of force by prison staff at Alytus and Marijampolė Prisons. In these two establishments, the delegation also heard (as during previous visits) allegations of physical ill-treatment by members of special intervention units (both those belonging to the Prison Department and those run by the Public Security Service of the Ministry of the Interior) in the context of large-scale cell searches.

Furthermore, the delegation was again struck by the extent of inter-prisoner violence at Alytus and Marijampolė Prisons. It gained the impression that, regrettably, the situation in this respect had become even worse as compared with previous CPT's visits to these establishments. The phenomenon of inter-prisoner violence was also present at Panevėžys Prison, where it seemed to be related mainly to extortion by some powerful inmates.

Material conditions differed widely amongst the prisons visited by the delegation. Nevertheless, all the establishments seen were, to varying degrees, in need of refurbishment. The CPT calls upon the Lithuanian authorities to pursue their efforts to modernise the prison estate.

As regards regimes, the Committee once again calls upon the Lithuanian authorities to take decisive steps to develop programmes of activities for both sentenced and remand prisoners. The current situation where more than half of sentenced prisoners have no meaningful activities certainly does not contribute to their social rehabilitation.

The delegation gained the overall impression that the provision of health care in penitentiary establishments visited was rather poor and the services were not well organised. The CPT invites the Lithuanian authorities to develop a comprehensive long-term strategy for the organisation and provision of health care in the penitentiary system.

The health-care staff complement in the prisons visited could be considered on the whole acceptable as regards doctors; however, nursing staff complements were grossly inadequate in all the prisons visited and there was no 24-hour nursing coverage at Lukiškės and Panevėžys Prisons. The lack of adequate access to psychiatric care is also a matter of serious concern for the Committee. Further, the CPT recommends that the Lithuanian authorities reinforce the provision of psychological assistance in prisons.

As observed during previous visits, there was a high number of registered drug users amongst prisoners, especially in Marijampolė and Alytus. Unfortunately, the situation in this respect had worsened since the 2012 visit, mainly because hardly anything had been done to put an end to the supply of drugs, reduce the demand and provide prisoners concerned with necessary assistance, including harm-reduction measures and specific psycho-socio-educational support.

Furthermore, despite the Committee's earlier recommendation, a multidisciplinary programme for the prevention of transmissible diseases in prisons has still not been developed.

Custodial staffing levels were generally too low in the prisons visited. This was at least partially due to modest staff salaries. To address this, a recruitment strategy should be developed based on proper funding and enhanced conditions of service, including competitive salaries.

The CPT welcomes recent legal amendments which have granted remand prisoners the right to receive short-term visits and to make telephone calls. However, the Committee recommends increasing the visiting entitlement for sentenced prisoners to the equivalent of at least one hour of visiting time per week.

Regarding discipline and security, the CPT calls upon the Lithuanian authorities to take immediate steps to improve the presently unacceptable material conditions in several of the disciplinary cells at Alytus and Marijampolė Prisons. Further, the Committee recommends that prisoners in disciplinary cells be allowed visits and telephone calls. The CPT also calls upon the Lithuanian authorities to stop using restraint beds in prisons; such beds should not be used in a non-medical setting.

Psychiatric establishments

The CPT's delegation carried out a follow-up visit to Rokiškis Psychiatric Hospital and visited, for the first time, Vilnius Mental Health Centre.

There had been no significant changes to the legislative framework governing both civil involuntary and forensic psychiatric hospitalisation and treatment since the 2008 visit and thus most (if not all) of the law reform recommendations made by the CPT after that visit remain unimplemented. The CPT calls upon the Lithuanian authorities to speed up the pace of legislative reform and ensure that the new Mental Health Act (the draft of which addresses most of the Committee's concerns) enters into force as soon as possible.

Regarding ill-treatment, most of the patients interviewed by the delegation in both establishments visited spoke positively about the staff, especially the doctors and nurses.

The delegation was impressed by the high standard of refurbishment in Rokiškis Psychiatric Hospital, representing indeed a huge improvement as compared with the situation observed during the 2008 visit. On the other hand, living conditions on the closed wards of Vilnius Mental Health Centre were relatively poor. In this context, the CPT recommends that the Lithuanian authorities implement, as a matter of priority, their well-advanced plans for new purpose-built premises for the closed and psycho-geriatric wards.

Psycho-pharmacotherapy appeared adequate in both psychiatric establishments visited. However, despite the existence of individual treatment and rehabilitation plans and some elements of multi-disciplinary team work, patients on both closed wards in Vilnius and those on maximum and medium security units in Rokiškis were not sufficiently involved in psycho-social rehabilitation activities. This was particularly regrettable as both hospitals possessed impressive and generally well-staffed occupation and rehabilitation centres.

Seclusion was not practiced in either of the psychiatric establishments visited. Mechanical restraint (i.e. fixation to a bed with magnetic belts) was not resorted to excessively and was each time accompanied by the administration of tranquillising medication (chemical restraint). The CPT is, however, concerned by the non-implementation of some of its long-standing recommendations: in particular, there were still no dedicated restraint registers (instances of chemical restraint were not recorded at all) and restraint continued to be applied in full view of other patients.

Regarding safeguards in the context of involuntary hospitalisation, the main issues of the CPT's concern are as follows: in practice the patients' presence during court review hearings remains highly exceptional, there is no involvement of external psychiatric expertise and no effective legal

assistance, and, in the case of civil involuntary patients, consent to treatment is not always sought separately from consent to hospitalisation.

Social care establishments

The delegation visited, for the first time, Suvalkijos Social Care Home, an establishment under the responsibility of the Ministry of Social Security and Labour.

No allegations of physical ill-treatment of residents by staff were received. On the contrary, staff appeared to be polite, respectful, and dedicated to providing residents with the best possible care.

Living conditions were mostly very good, especially in the newer building where residents' rooms were spacious, well-lit and ventilated, properly furnished, clean and pleasantly decorated. That said, the older accommodation building could benefit from some refurbishment.

The care provided to the residents appeared to be adequate to their needs and health conditions. Every resident had an individual care plan, which was established after a detailed assessment, and regularly reviewed. Efforts were being made to involve as many residents as possible in occupational and rehabilitative activities.

Resort to seclusion appeared to be rare and its use was well recorded in the dedicated register and complied with internal written instructions. As regards mechanical restraint (fixation to a bed with magnetic belts), establishment's internal guidelines on its use appeared not to be entirely in line with the CPT's standards.

Turning to safeguards, the CPT recommends that the relevant legislation be amended so as to ensure that residents of social care establishments have the effective right to bring proceedings to have the lawfulness of their placement decided by a court, that they are duly informed of this right, and that in this context, they enjoy the rights to legal assistance and to be heard by the judge concerned. The need for continued placement of legally incompetent persons should be automatically reviewed by a court at regular intervals or residents themselves should be able to request at reasonable intervals that the necessity for continued placement be considered by a judicial authority.

Further, the Committee once again calls upon the Lithuanian authorities to search for alternative solutions for guardianship arrangements which would better guarantee the independence and impartiality of guardians. This recommendation applies to both psychiatric patients and residents in social care establishments.