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Report

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

from 18 to 24 September 2012

The Icelandic Government published this report on 19 November 2013, together with its response. The Government's response is set out in document CPT/Inf (2013) 38.

Strasbourg, 5 December 2013

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Copy of the letter transmitting the CPT's report

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Strasbourg, 22 March 2013

Dear Ms Bjarnadóttir,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Icelandic Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Iceland from 18 to 24 September 2012. The report was adopted by the CPT at its 80th meeting, held from 4 to 8 March 2013.

The recommendations, comments and requests for information formulated by the CPT are listed in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Icelandic 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 Icelandic authorities to provide, in that response, reactions to the comments formulated in this report as well as replies to the requests for information made.

The CPT would ask, in the event of the response being forwarded in Icelandic, that it be accompanied by an English or French translation.

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

Yours sincerely,

Lətif Hüseynov
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 visited Iceland from 18 to 24 September 2012. The visit formed part of the Committee's programme of periodic visits for 2012, and was the fourth periodic visit to Iceland to be carried out by the CPT.[1]

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

- Haritini DIPLA, Acting 1st Vice-President of the CPT (Head of the delegation)
- Sean AYLWARD
- Isolde KIEBER
- Stefan KRAKOWSKI
- Costakis PARASKEVA.

They were supported by Borys WÓDZ, Head of Division, and Patrick MÜLLER of the CPT's Secretariat, and assisted by:

- Veronica PIMENOFF, psychiatrist, Head of Department at the Helsinki University Psychiatric Hospital, Finland (expert)
- Ellen INGVADÓTTIR (interpreter)
- Gauti KRISTMANNSSON (interpreter)
- Ólöf PETURSDOTTIR (interpreter)
- Hilda RICHTER (interpreter)
- Alda SIGMUNDSDÓTTIR (interpreter).

[1] The first periodic visit took place in July 1993, the second in March/April 1998 and the third in June 2004. The Committee's reports on these visits, as well as the responses of the Icelandic authorities, have been made public at the request of the Icelandic authorities (see documents CPT/Inf (94) 8, CPT/Inf (94) 16, CPT/Inf (96) 6, CPT/Inf (99) 1, CPT/Inf (99) 13, CPT/Inf (2006) 3 and CPT/Inf (2006) 4).

B. Establishments visited

3. The delegation visited the following places of deprivation of liberty:

Police establishments

- Reykjavík Police Headquarters*
- Akureyri Police Station*
- Hafnarfjörður Police Station
- Keflavík International Airport Police Station*
- Kópavogur Police Station
- Selfoss Police Station*

Prisons

- Akureyri Prison*
- Kópavogur Prison*
- Litla-Hraun Prison*
- Reykjavík (Skólavörðustígur) Prison*

Psychiatric establishments

- Psychiatric ward of Akureyri Hospital*
- Forensic and secure wards of the Psychiatric Department of Reykjavík National University Hospital, Kleppur.

C. Consultations held by the delegation and co-operation encountered

4. In the course of the visit, the CPT's delegation had consultations with the Minister of the Interior, Mr Ögmundur JÓNASSON, the Deputy National Commissioner of Police, Mr Björn HALLDÓRSSON, the Director of Immigration, Ms Kristín VÖLUNDARDÓTTIR, the Director of Public Prosecutions, Ms Sigríður FRIÐJÓNSDÓTTIR, the Director of the Prison and Probation Administration, Mr Páll WINKEL, and the Director of Health, Mr Geir GUNNLAUGSSON, as well as with other senior officials from the Ministries of the Interior and Welfare. The delegation also met with the Parliamentary Ombudsman, Mr Tryggvi GUNNARSSON and held discussions with representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities, non-governmental organisations and persons met by the delegation is set out in Appendix II to this report.

The delegation is particularly grateful to the CPT's Liaison Officer, Ms María Rún BJARNADÓTTIR from the Ministry of the Interior, who facilitated the delegation's work in a most efficient manner.

* Follow-up visit.

5. As had been the case during the CPT's previous visits to Iceland, the delegation received excellent co-operation from both management and staff in the establishments visited. In particular, the delegation enjoyed rapid access to the places visited (including those not notified in advance) and was able to speak in private with persons deprived of their liberty. Further, the delegation was provided with all the necessary documentation in advance of the visit, and additional requests for information made during the visit were promptly met.

However, there was one exception to this positive assessment. In the afternoon of Saturday 22 September 2012, the delegation faced a considerable delay (i.e. almost two hours) before being granted access to the security area at Keflavík International Airport. This was reportedly motivated by the requirement for the CPT's delegation to fill in an application to the airport management for permission to enter the above-mentioned area. Such a requirement is not in accordance with the provisions of the Convention, in particular Article 8, paragraph 2 (c). It was only after repeated interventions by the CPT's Liaison Officer that the airport management authorised the delegation to enter the security zone (without filling in an application), which enabled it to visit the facility for persons detained under aliens legislation. **The CPT trusts that such delays will not occur during the Committee's future visits to Iceland.**

6. As stressed in the past, the principle of co-operation set out in the Convention is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in the light of the CPT's key recommendations. In this respect, the Committee is concerned to note that little action has been taken on a number of recommendations made after the 2004 visit, e.g. as regards the development of the prison estate (especially in the Reykjavík area); regimes for (in particular) remand prisoners; prison health-care services and the adoption of comprehensive legislation in the area of mental health. The CPT hopes that the Icelandic authorities will now take decisive steps to implement its recommendations on these subjects, in accordance with the principle of co-operation which lies at the heart of the Convention.

D. Requests made at the end of the visit

7. On 24 September 2012, the CPT's delegation met representatives of the Icelandic authorities in Reykjavík, in order to acquaint them with the main facts found during the visit. On this occasion, the delegation made requests concerning certain matters.

The delegation requested the Icelandic authorities to confirm, within one month, that the wooden board fitted with six metal rings, found by the delegation next to the security cell of Litla-Hraun Prison (see paragraph 37), would no longer be used. Further, the delegation requested information on any investigation carried out into an incident on 10 July 2012, when a prisoner at Litla-Hraun had been restrained using the above-mentioned board, placed face down and handcuffed behind his back for approximately two hours.

The delegation also requested to be informed, in due course, of the outcome of the criminal investigation into the death of a prisoner in Litla-Hraun Prison in May 2012 (see paragraph 41).

In addition, the delegation requested to be provided, within two months, with information on the outcome of the meeting between representatives of the prison and health-care authorities, planned in the course of October 2012 and aimed at finding a solution to the problem of prisoners' access to psychological and psychiatric assistance (see paragraph 57).

8. The above-mentioned requests were subsequently confirmed in a letter of 17 October 2012 from the Executive Secretary of the CPT.

By letter of 23 January 2013, the Icelandic authorities informed the CPT of the measures taken in response to the delegation's requests. The Committee will consider those measures later in this report.

E. Monitoring of places of deprivation of liberty

9. Since the very outset of its activities, the CPT has been recommending the establishment of independent monitoring mechanisms at national level for all types of places of deprivation of liberty. If adequately resourced and truly independent, they can make a significant contribution to the prevention of ill-treatment of persons deprived of their liberty.

It became clear during the 2012 visit that there is presently no such effective monitoring mechanism in Iceland[2]. Mr Tryggvi GUNNARSSON, the Parliamentary Ombudsman, told the delegation that, due to a lack of both financial and human resources, his Office had not been in a position to carry out regular monitoring of places of deprivation of liberty in recent years, *de facto* limiting itself to responding to individual complaints.

10. The CPT is of the view that the time has come for Iceland to set up one or several independent monitoring bodies at national level, possessing the relevant powers and the necessary resources to exercise them. In this connection, the Committee notes that Iceland signed the Optional Protocol to the United Nations Convention against Torture (OPCAT), which provides for the setting up of such a body or bodies (National Preventive Mechanisms), in 2003; however, no progress has been made since then as regards the ratification of the Optional Protocol and setting up of a National Preventive Mechanism (NPM). **The CPT strongly encourages the Icelandic authorities to consider ratifying the OPCAT and setting up an NPM as a matter of priority.**

[2] See also paragraphs 24, 65 and 90.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

11. The legal and regulatory framework governing the detention of persons by the police in Iceland has remained basically unchanged since the 2004 visit. It is recalled that the maximum period of detention by the police of persons suspected of having committed a criminal offence is 24 hours[3]. The information gathered during the 2012 visit indicated that this time-limit was duly respected by the police; in practice, the delegation observed that persons detained by the police on suspicion of having committed a criminal offence usually spent no more than a few hours in police custody, before being released or transferred to a remand facility.

2. Ill-treatment

12. The CPT's delegation received hardly any allegations – and found no other evidence – of ill-treatment of persons deprived of their liberty by the police. On the contrary, most of the persons with recent experience of police custody interviewed by the delegation confirmed that they had been treated in a correct manner.

Consequently, the conclusions reached by the CPT after the previous visits[4] – namely that persons in police custody in Iceland run little risk of being ill-treated – remain valid.

13. The few allegations received concerned excessive use of force at the time of apprehension, in particular by members of the special task force of the police. In this regard, **the Icelandic authorities are invited to remind all police officers that no more force than is strictly necessary should be used when effecting an apprehension.**

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3 The Criminal Procedure Code (CPC) provides for the possibility of exceptionally prolonging police custody in excess of the 24-hour time-limit, in the event of extreme weather conditions and related transportation difficulties.

4 See paragraph 12 of the report on the 1998 visit (CPT/Inf (99) 1) and paragraph 9 of the report on the 2004 visit (CPT/Inf (2006) 3).

3. Safeguards against ill-treatment

14. There has been no change since the 2004 visit regarding the legal safeguards for persons detained by the police in Iceland, in particular as regards notification of custody, access to a lawyer and access to a doctor. The situation in this respect can be described as generally satisfactory. That said, some long-standing recommendations by the CPT have still not been implemented, in particular as regards access to a doctor.

15. In the reports on its previous visits to Iceland[5], the CPT stressed that any delay in the exercise of a detained person's right to notify someone of his/her situation should require the approval of a senior police officer or a public prosecutor. At the outset of the 2012 visit, the delegation was provided with a copy of the "Regulation on the legal status of arrested persons and interrogations by the police"[6], which *inter alia* specifies the conditions of any delay in the notification of custody. According to the above-mentioned Regulation, such a delay requires a written and duly motivated decision. Further, a copy of the decision must be given to the person detained. The Committee welcomes this.

That said, Regulation No. 651/2009 still allows for such a decision to be taken by the duty officer or the officer in charge of the investigation. Consequently, **the CPT reiterates its recommendation that the relevant provisions be amended so as to ensure that any delay in the exercise of a detained person's right to notify someone of his/her situation requires the approval of a senior police officer unconnected with the case or a public prosecutor.**

In practice, it would appear that the notification of custody was usually rapidly performed, either by police officers or by persons detained (who were allowed to call a person of their choice).

16. Concerning the right of access to a lawyer, the delegation was informed that, pursuant to Regulation No. 651/2009, the exercise of this right cannot under any circumstances be denied to persons detained by the police. That said, a few of the remand prisoners interviewed by the delegation (mostly accused of involvement in organised crime) stated that they had only been able to meet a lawyer after they had signed a confession or statement, or at the beginning of the first court hearing. **The CPT recommends that steps be taken to ensure that the right of all persons detained by the police in Iceland to have access to a lawyer is fully effective as from the very outset of deprivation of liberty.**

17. As had been the case in 2004, although access to a doctor did not seem to pose any particular problems in practice, there were still no specific legal provisions on this subject.

The CPT remains of the opinion that the protection of persons detained by the police against ill-treatment would be reinforced if a right to have access to a doctor was expressly guaranteed in law. Consequently, **the CPT calls upon the Icelandic authorities to adopt formal provisions regarding the right of persons in police custody to have access to a doctor, including - if they so wish - the right to be examined by a doctor of their own choice (in addition to any medical examination carried out by a doctor called by the police), it being understood that an examination by such a doctor may be carried out at the detained person's own expense.**

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5 See paragraph 23 of CPT/Inf (99) 1 and paragraph 13 of CPT/Inf (2006) 3.

6 No. 651/2009, issued on 8 July 2009.

18. As for information on rights, the CPT's delegation was pleased to note – in the police establishments visited – the presence of information sheets in a range of languages (Icelandic, Czech, Danish, English, French, German, Lithuanian, Polish, Romanian, Russian, Thai, etc). Persons detained by the police were asked to confirm with their signature the fact of having received written information on their rights. It should also be added that remand prisoners and police detainees interviewed by the delegation generally confirmed that they had been informed of their rights shortly after apprehension.

19. At the outset of the visit, the delegation was informed that the standard information sheet on the rights of persons deprived of their liberty by the police would soon be revised, so as to include information on access to a doctor. **The Committee would like to receive, in due course, confirmation that this revision has taken place** (see also the recommendation in paragraph 17).

20. The information gathered during the 2012 visit indicates that the return of remand prisoners to police custody (e.g. for further questioning) is now a rare occurrence[7]. Further, since the 2004 visit, instructions have been issued requiring that such returns be subject to the authorisation of a senior police officer with the power to prosecute, and that each such decision be duly motivated in writing. The CPT welcomes these instructions.

21. The custody records seen at the police establishments visited were, as a rule, detailed and well kept, both in electronic form and on paper. That said, the delegation noted that no record was made at police stations of the arrival and departure of remand prisoners brought to them for questioning[8]. **The CPT recommends that this *lacuna* be eliminated; whenever a remand prisoner is present in a police establishment for investigative purposes, this must always be duly recorded.**

22. There is at present no specially designed police complaints authority in Iceland. Pursuant to Section 35 of the Police Act, complaints against police officers are submitted to the Director of Public Prosecutions, who is in charge of the investigation of the case. The Director is assisted in his work by the police.

The CPT notes that, in practice, efforts are made to ensure that the investigative activities are carried out by police officers from a district different from that where the officer who is the subject of the complaint is working. However, it is far preferable for those entrusted with the operational conduct of such investigations to be completely separate from the agency concerned. This is the only way of ensuring that all the persons involved are – and are perceived as being – independent of those implicated in the events.

The Committee invites the Icelandic authorities to examine the possibility of entrusting the operational conduct of investigations into complaints against the police to an agency which is demonstrably independent of the police.

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7 In addition, as a rule, remand prisoners do not spend the night in the police establishment but return to prison by the end of the day.

8 The delegation was told that such records were kept by the prisons.

23. At the outset of the visit, the Director of Public Prosecutions informed the delegation that there were only a few registered allegations of police ill-treatment per year. As far as she could recall, the most recent conviction dated back to 2010 and related to the use of excessive force during apprehension. The police officer concerned was found guilty of a minor bodily assault and breach of conduct, and received a suspended sentence.

In order to obtain an updated picture of the situation, **the CPT would like the Icelandic authorities to supply information, in respect of 2012, on:**

- **the number of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which were instituted as a result;**

- **an account of criminal/disciplinary sanctions imposed following such complaints.**

24. Systems for the regular monitoring of police detention facilities by an independent authority are capable of making an important contribution towards the prevention of ill-treatment and, more generally, of ensuring satisfactory conditions of detention.

In this context, the CPT must stress that there is at present no such effective monitoring system in Iceland[9]. Consequently, **the Committee recommends that the Icelandic authorities develop a system for independent monitoring of police detention facilities. To be fully effective, monitoring visits should be both frequent and unannounced.** Further, **the monitoring body should be empowered to interview detained persons in private and examine all issues related to their treatment (material conditions of detention; custody records and other documentation; the exercise of detained persons' rights, etc.). Reference should also be made in this context to the comments in paragraph 10.**

4. Conditions of detention

25. As had been the case during the 2004 visit, conditions of detention in the police establishments visited were generally adequate for the duration of police custody. The cells were of an acceptable size for their intended occupancy (e.g. individual cells measuring from 6 to 7.5 m²; a cell for triple occupancy measuring some 12 m²). Both the cells and the communal washing and toilet facilities were of a good standard, clean and in an acceptable state of repair. Further, persons held overnight in police custody received a mattress, one or two blankets and a pillow for the night. Warm meals were offered at least twice per day, and there were no problems with the supply of drinking water. It is also noteworthy that cells in all the police stations visited were equipped with call bells.

Artificial lighting and ventilation were adequate in all the cells seen by the delegation. However, only the cells at Reykjavík Police Headquarters had windows letting in some daylight. Despite the short duration of police custody in Iceland, **it would be preferable for all police cells to enjoy access to natural light.**

The delegation also observed that the heating system in the cells of Selfoss Police Station was not operating efficiently. **The CPT invites the Icelandic authorities to remedy this deficiency**.

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[9] See paragraph 9 above.

B. Persons detained under aliens legislation

26. The legal framework governing the detention of foreign nationals who are illegally present in Iceland was described in the report on the 2004 visit[10]. Pursuant to Section 29 of the Act on Foreigners, foreign nationals whose identity needs to be clarified may be placed in police custody for up to 24 hours, and subsequently detained for up to 12 weeks by judicial decision. Under Section 33 of the same Act, a foreign national may be detained by judicial decision for a maximum of 6 weeks, if this is necessary in order to enforce a removal order.

27. At the outset of the visit, the delegation was informed that persons detained by judicial decision pursuant to Sections 29 or 33 of the Act on Foreigners were placed in prisons[11], where they were accommodated together with other inmates. The delegation met certain foreign nationals falling within this category when visiting Skólavörðustígur, Kópavogur and Litla-Hraun Prisons.

In the reports on its previous visits to Iceland[12], the CPT stressed that, if it is deemed necessary to deprive persons of their liberty under aliens legislation, it would be far preferable to accommodate them in a centre specifically designed for that purpose, offering material conditions and a regime appropriate to their legal status and staffed by suitably qualified personnel[13]. In this context, the delegation was informed by the Director of Immigration that she had already requested that such a centre be set up. The plan was to build a facility with an open reception centre and a closed wing with a capacity of approximately 80 places. The Minister of the Interior was in favour of the idea and it was his intention to present relevant legal amendments to the Act on Foreigners in the near future. **The CPT would like to receive updated information on this subject, including as regards the design, capacity, regime and staff complement of the new centre.**

28. As regards safeguards against ill-treatment offered to foreign nationals detained under aliens legislation, the situation continued to be generally satisfactory[14] and no complaints were received on these issues from the foreign nationals interviewed by the delegation in the prisons visited.

Further, the delegation was pleased to note that foreign nationals were now offered free legal aid throughout the procedure and not only at the stage of appeal against the decision on their case. It is also noteworthy that persons apprehended by the police at Keflavík International Airport were provided with an information sheet on their rights[15]. In case of need, interpretation was assured (in person or by telephone) during the period of detention by the airport police.

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10 See paragraph 19 of CPT/Inf (2006) 3.

11 Detentions pursuant to Section 33 were extremely rare in practice, but those under Section 29 were increasingly frequent (15 cases in the period from 1 January to 18 September 2012).

12 See paragraph 32 of CPT/Inf (99) 1 and paragraph 20 of CPT/Inf (2006) 3.

13 Of course, the detention in prisons of foreign nationals who have committed an act qualified as a criminal offence in Iceland is unexceptionable.

14 Pursuant to Section 25 of the Act on Foreigners, detained foreign nationals must be promptly informed, in a language they understand, of their rights to have a lawyer and to contact their consular or diplomatic representation as well as representatives of the UNHCR and non-governmental organisations active in the area. According to Section 34, a judge considering the issue of detention pursuant to Section 29 must appoint a lawyer for a foreign national who does not have one; the judge should in principle also appoint a lawyer (unless this causes "particular inconvenience or delay") when detention is envisaged under Section 33. Further, foreign nationals are entitled to the services of an interpreter throughout the procedure. The Act also contains provisions aimed at ensuring that persons are not returned to a country where they run a risk of being subjected to torture or other forms of ill-treatment.

15 Available in Icelandic, Danish, English, French, German, Lithuanian, Polish, Russian and Spanish.

29. Conditions of detention at Keflavik International Airport Police Station could be described as satisfactory. Persons detained there, for periods not exceeding a few hours and, in any case, never overnight[16], were accommodated in a spacious, well lit and ventilated room equipped with a table, chairs and benches, as well as a TV/video set and some toys. Access to the adjoining toilet was granted upon request.

30. As already stressed in the past, the CPT attaches considerable importance to the manner in which removal orders concerning foreign nationals are enforced in practice[17]. In this context, the delegation was informed by the National Commissioner of Police that removals by air under escort were organised once or twice per week, involving one to three foreign nationals each time. This included two to three Joint Return Operations (co-ordinated by Frontex) per month, in which Iceland was a Participating Member State[18].

In the report on the 2004 visit, the CPT recommended that detailed instructions be issued on the procedure to be followed and, more particularly, on the use of force and/or means of restraint authorised in the context of removal operations. The CPT is pleased to note that such an Instruction was issued by the National Commissioner of Police in February 2006[19]. The Instruction specifies the authorised means of restraint in the course of removal (i.e. handcuffs and a "travel belt" with attached handcuffs) and requires the police to offer the person concerned food and drink, as well as ready access to a toilet during the flight. Administration of medication is only permitted on medical grounds and upon a doctor's order. If required by the circumstances, the escort team should include a nurse or a doctor. After each operation, a detailed report must be drawn up and sent to the Ministry of the Interior, with copies for the Directorate of Immigration and the Icelandic Red Cross.

The CPT welcomes the adoption of these instructions. However, the Committee has noted the absence of a formal monitoring mechanism for removals by air; **it recommends that such a mechanism be set up[20].** Further, the Icelandic authorities acknowledged that there was the need for specialised training for members of escort teams; **the CPT recommends that such training be organised as a matter of priority.**

In addition, **the Committee recommends that Instruction No. 2003070104 be completed by adding the requirement of a medical examination of the person concerned after any failed removal attempt.**

The CPT would also like to be informed whether the current removal procedure foresees an obligation for a doctor, prior to the beginning of a removal operation, to examine the person concerned and to issue a "fit to fly" certificate[21].

Further, **the Committee would like to receive clarification as to whether the above-mentioned Instruction remains applicable after the handover of the person concerned to the escorts of the Organising Member State (in the case of Joint Return Operations co-ordinated by Frontex).**

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16 If there was a need to prolong the period of detention, persons apprehended at Keflavík International Airport were transferred to the nearby Keflavík Police Station.

17 See paragraphs 27 to 45 of the/she 13th General Report on the CPT's activities, CPT/Inf (2003) 35.

18 However, the Icelandic escorts did not accompany persons deported to their final destination, but only to their connecting flight in the Organising Member State.

19 Instruction No. 2003070104, dated 8 February 2006.

20 See also paragraph 10.

21 In the Committee's view, such a "fit to fly" medical certificate should be systematically required prior to each removal.

C. Prisons

1. Preliminary remarks

31. In the report on the 2004 visit[22], the CPT stressed that the Icelandic authorities should attach a high priority to finding an appropriate solution to the problem of accommodation for remand prisoners from the Reykjavík area. The construction of a new prison in Iceland's capital would render it possible to accommodate all remand prisoners from Reykjavík and the surrounding municipalities in the region where they had family and social ties, and close to the seat of the competent investigating and/or prosecution authorities, as well as to offer prisoners an appropriate regime of activities.

The delegation discussed the plans for the new prison with the Project Manager from the Government Construction Agency, and the Committee is satisfied that, once built, the establishment will have the potential to offer appropriate conditions of detention to all categories of inmates (including those on remand and female prisoners) and, in particular, a satisfactory range of organised activities[23]. The delegation was informed that the entry into service of the new prison would make it possible to close the existing establishments in Reykjavík (Skólavörðustígur) and Kópavogur; further, the practice of sending remand prisoners from the Reykjavík area to Litla-Hraun Prison would cease. **The CPT strongly encourages the Icelandic authorities to continue to attach the highest priority to the construction of the new prison in Reykjavík. The Committee would like to be informed of the progress of this project.**

32. At the outset of the 2012 visit, the CPT's delegation was informed that the Icelandic prison service was operating at slightly above its full official capacity[24], and that there was a list of some 400 persons waiting to start their prison sentence[25].

The Icelandic authorities were taking steps to decrease that waiting list. Among other things, recent legal amendments had rendered it possible for courts to impose community service as an alternative to prison sentences of up to nine months[26] (although the Prison and Probation Administration would have wished this limit to be higher i.e. twelve months); electronic monitoring had been introduced shortly before the CPT's visit as a means to allow inmates to serve the end of their unsuspended sentences outside the prison[27], and more frequent resort was being made to early conditional release.

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22 See paragraph 29 of CPT/Inf (2006) 3.

23 According to the information provided to the delegation, the winner of the architect design competition (launched in December 2011) was chosen in June 2012. The Icelandic authorities selected the exact location of the new prison (at Hólmsheiði, near Reykjavík) and it was planned to start the site clearance in February 2013. The tender procedure for the construction was to be completed in April 2013, and the construction itself would start in June 2013. The prison (with a planned capacity of 56) would open in autumn 2015. The funding for this new establishment (2.5 bn ISK, spread over three years) was already secured.

24 There were 162 prisoners for 160 places, including in open prisons (such as the new open prison at Sogn, with a capacity of 20, set up on the site of the former Sogn Institution for Mentally Ill Offenders, see paragraph 69).

25 By comparison, there had been only 50 persons on the waiting list in 2006.

26 Up from the previous limit of six months.

27 The rule being one month of electronic monitoring per year of sentence (e.g. six months of electronic monitoring in the end of a six-year prison sentence).

33. Despite measures taken by the Prisons and Probation Administration (i.e. an agreement with the Child Protection Authority, pursuant to which children should as a rule be accommodated in establishments run by the latter agency), it remains the case that juveniles (aged 14 to 18) are occasionally held in prisons[28], and in such cases they are not separated from adult inmates. The delegation was informed that a recent expert report had recommended that an end be put to this practice and that it be ensured that all juveniles are accommodated in establishments managed by the Child Protection Authority.

The CPT fully agrees with the recommendation made in the above-mentioned expert report. **It would like to be informed of the steps taken to implement that recommendation.**

34. The Committee notes the efforts made by the Prison and Probation Administration to prepare inmates for their release. The standard procedure includes transferring prisoners to an open prison and/or to a half-way house towards the end of their sentence[29]; further, social workers employed by the Prison and Probation Administration assist inmates about to be released with finding accommodation and employment in the outside community.

That said, the delegation's attention was drawn to two issues: the absence of a half-way house for female prisoners and the fact that the country's only half-way house is run by a private organisation, which reportedly requires prisoners to pay for their accommodation. **The Committee would welcome the observations of the Icelandic authorities on these two issues.**

35. The delegation was informed by senior officials met in Reykjavík on 18 September 2012 that new amendments were being prepared to the Prison Act[30]. It was planned to send these amendments to the Parliament during the winter of 2012/13, with a view to their adoption in the first half of 2013. **The CPT would like to receive more detailed information about these amendments.**

2. Ill-treatment and inter-prisoner violence

36. The delegation received hardly any allegations of deliberate physical ill-treatment of prisoners by staff in any of the prisons visited. On the contrary, most of the inmates praised the staff and the delegation observed a generally positive atmosphere in the penitentiary establishments visited.

37. At Litla-Hraun Prison, the delegation was concerned to note that the metal rings in the floor of the "secure cell" (removed following the CPT's 2004 visit[31]) had been replaced by a similar device, i.e. a movable wooden board fitted with six metal rings. When the delegation presented its concerns to her, the prison's director assured the delegation that this board would no longer be used.

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28 Namely, whenever a juvenile is considered to be "dangerous" or otherwise "hard to manage".

29 As mentioned in paragraph 32 above, these measures have recently been supplemented by the possibility of releasing an inmate from prison and submitting him/her to electronic monitoring.

30 No. 49/2005.

31 See the CPT's recommendation in paragraph 61 of CPT/Inf (2006) 3, and the response of the Icelandic authorities on page 18 of CPT/Inf (2006) 4.

As already mentioned in paragraph 8, the CPT requested the Icelandic authorities in the letter dated 17 October 2012 to confirm, within one month, that this is indeed the case. In their letter of 23 January 2013, the Icelandic authorities informed the Committee that a formal decision had been taken to remove the above-mentioned wooden board and not to use it again. The CPT welcomes this.

38. In this context, the delegation learned of an incident on 10 July 2012, when a prisoner at Litla-Hraun Prison had been restrained using the above-mentioned wooden board, placed face down and handcuffed behind his back for approximately two hours. This was a potentially dangerous situation, especially as the inmate concerned was reportedly asthmatic.

The delegation viewed extracts from the CCTV recording of this incident, which showed that – although the prisoner had been very agitated before the placement in the "secure cell", had damaged his cell and had injured himself – he appeared calm and co-operative immediately prior to and during the application of mechanical restraint.

It is noteworthy that the inmate concerned alleged that his shoulders had been painfully twisted during the procedure; he informed the delegation of his intention to sue the prison staff and the Prison and Probation Administration on the grounds that they had ill-treated him.

In the above-mentioned letter of 17 October 2012, the Executive Secretary of the CPT requested the Icelandic authorities to inform the Committee of any investigation carried out into this incident. In their letter of 23 January 2013, the Icelandic authorities provided the CPT with a copy of the report drawn up after the incident by one of the prison's doctors, stating *inter alia* that the prisoner concerned had been under constant supervision by both custodial and health-care staff during the incident. However, the response makes no reference to any investigation. **The Committee therefore reiterates its request for information on the outcome of any investigation carried out into the incident of 10 July 2012 at Litla-Hraun Prison.** Further, **in case it has not yet been initiated, the CPT recommends that such a thorough and independent investigation be opened without further delay.**

39. Although the Prison Act contains a general provision concerning the use of the "secure cell"[32], the delegation was told by staff of Litla-Hraun Prison that there were no detailed regulations and no specific training for the staff (including the health-care personnel) on how to proceed if an inmate needs to be placed in such a cell and (in particular) if means of mechanical restraint have to be applied in this context. Further, the quality of the recording of the use of the "secure cell" and instances of mechanical restraint at Litla-Hraun Prison was poor[33]; for example, the above-mentioned incident of 10 July 2012 was not recorded at all.

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32 Section 59 of the Prison Act states as follows: "A prisoner may be detained in a security cell if this is necessary in order to prevent violence, contain violent resistance on his/her part or prevent him/her from injuring him/herself or others. When a prisoner is detained in a security cell, a belt, gloves and foot- or arm-straps may be used. The prison director shall take decisions on detaining prisoners in security cells. At no time may detention in security cells and other measures taken in connection with such detention last longer than is compatible with the aim of such detention or other measures."

33 The delegation examined in detail the register of the use of the "secure cell" at Litla-Hraun Prison and found only a few entries, including three in respect of 2012. These entries were all made in a free form and as a rule lacked information on the exact time of the beginning and end of the measure, the reason for the measure, the name of the person who had ordered it and information on supervision of the prisoner in the course of the measure.

40. The CPT understands that it is necessary on rare occasions to resort to means of restraint in a prison setting. However, in the Committee's opinion, the approach to immobilisation in prisons should take into consideration the following principles and minimum standards:

- regarding its appropriate use, immobilisation should only be used as a last resort to prevent the risk of harm to the individual or others and only when all other reasonable options would fail satisfactorily to contain those risks; it should never be used as a punishment or to compensate for shortages of trained staff; it should not be used in a non-medical setting when hospitalisation would be a more appropriate intervention;

- any resort to immobilisation should be immediately brought to the attention of a medical doctor in order to assess whether the mental state of the prisoner concerned requires his hospitalisation or whether any other measure is required in the light of the prisoner's medical condition;

- the equipment used should be properly designed to limit harmful effects, discomfort and pain during restraint, and staff must be trained in the use of the equipment;

- prisoners fixated horizontally should always be restrained face up, with arms positioned down;

- the duration of fixation should be for the shortest possible time (minutes rather than hours);

- persons subject to immobilisation should receive full information on the reasons for the intervention;

- the management of any establishment which might use immobilisation should issue formal written guidelines, taking account of the above criteria, to all staff who may be involved[34];

- a special register should be kept to record all cases in which recourse is had to means of restraint; the entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the person who ordered or approved it, and an account of any injuries sustained by the prisoner or staff;

- further, the inmate concerned should be given the opportunity to discuss his/her experience, during and, in any event, as soon as possible after the end of a period of restraint. This discussion should always involve a senior member of the health-care staff or another senior member of staff with appropriate training.

The CPT recommends that the Icelandic authorities take steps to ensure compliance with the above precepts, including through the adoption of the necessary regulations and the provision of appropriate training to staff.

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[34] In particular, an individual subject to immobilisation should have his/her mental and physical state continuously and directly monitored by an identified and suitably trained member of staff who has not been involved in the circumstances which gave rise to the application of immobilisation. The staff member concerned should offer immediate human contact to the immobilised person, communicate with the individual and rapidly respond to the individual's personal needs. Such individualised staff supervision should be performed from within the room or very near the door (within hearing and so that personal contact can be established immediately).

41. As regards inter-prisoner violence, the delegation observed at Litla-Hraun Prison that prisoners from certain categories (in particular sex offenders and those with drug-related debts) were afraid of their fellow inmates, and several of them refused to leave their wing in order to take outdoor exercise or participate in organised activities. And nurses at the establishment told the delegation that they saw prisoners bearing injuries, possibly caused by inter-prisoner violence, on average once a week.

In May 2012, an inmate of Litla-Hraun Prison was found dead in his cell, shortly after having been visited by two other prisoners. The two inmates concerned have subsequently been transferred to the prison's secure wing. The delegation was informed by the Director of Public Prosecutions that the police investigation into this case would be completed by mid-October 2012 and the materials transmitted to the prosecutor by the end of 2012. In another recent case of suspected inter-prisoner violence at the establishment (including alleged rape), the suspected perpetrator had been transferred to another prison, and an investigation initiated by the Selfoss police. **The CPT would like to be informed, in due course, of the outcome of both above-mentioned investigations.**

42. Albeit to a much lesser extent, inter-prisoner violence and intimidation were also a problem in Akureyri and Kópavogur Prisons[35].

In Akureyri, the delegation was informed about a recent incident during which an inmate had threatened a fellow prisoner with a knife[36]. The establishment's chief warden told the delegation that – as no injuries were sustained by the victim – the prisoner concerned was given a choice to press charges against the perpetrator. He chose to do so, following which the police were informed and an investigation initiated.

The CPT has misgivings about the above-mentioned approach[37]. **In the Committee's view, the competent authorities should be informed of all serious cases of inter-prisoner violence[38], irrespective of whether the victim sustained injuries and of whether he/she chose to formally complain.**

Further, **the Committee would like to be informed of the outcome of the investigation into the above-mentioned incident at Akureyri Prison.**

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35 In the latter establishment, the delegation was informed of the existence of tensions and violence (essentially verbal) between female inmates, which was explained by prisoners with very different characteristics (those sentenced for minor to serious and/or violent offences, those serving very short to long sentences, etc) sharing a limited living space.

36 The incident was witnessed by the prison staff through CCTV, and recorded.

37 Which, moreover, would appear to be contrary to the relevant Icelandic legislation (Sections 233 and 242 of the Criminal Code).

38 In the CPT's view, threatening a fellow inmate with a knife falls within that category.

43. The Director of the Prison and Probation Administration informed the delegation that he had issued instructions for all the prison staff to remain vigilant and strive to ensure that incidents of inter-prisoner violence and intimidation did not occur. Steps taken in this context included weekly meetings with prison health-care staff and regular discussions with the psychologists and social workers. Further, the director of Litla-Hraun Prison held meetings with the inmates once a week.

The CPT welcomes these steps; **it trusts that staff at Litla-Hraun Prison in particular will continue to be encouraged to make use of all means at their disposal to combat and prevent inter-prisoner violence and intimidation.**

The Committee also recommends that steps be taken to ensure that all inmates at Litla-Hraun Prison (including those referred to in paragraph 41) are able to take their daily outdoor exercise and to participate in organised activities in a safe environment.

44. At Litla-Hraun Prison, the delegation was told that if prisoners explained to the nurses that their injuries were the result of inter-prisoner violence, the nurses would keep the issue confidential; they would not report these injuries to any other authorities, nor note them down in any register (except in the prisoner's medical file).

The CPT recommends that the existing procedures at Litla-Hraun Prison (and, as necessary, in other prisons in Iceland) be reviewed in order to ensure that whenever injuries are recorded by a doctor or a nurse which are consistent with allegations of inter-prisoner violence, the matter is immediately brought to the attention of the competent authorities and a preliminary investigation initiated. The Committee also recommends that a centralised system for recording injuries be introduced (e.g. a specific register kept by the prison health-care service) so as to better monitor the situation, detect incidents and identify potential risks in order to prevent inter-prisoner violence.

3. Conditions of detention

45. Litla-Hraun Prison had already been visited by the CPT in 1993, 1998 and 2004[39]. At the time of the 2012 visit, the prison, with a capacity of 77 in ordinary cells and 10 in the secure wing, was accommodating 73 inmates (including 57 sentenced prisoners and 16 prisoners on remand).

Material conditions of detention, which had remained of a generally high standard, do not call for detailed comments from the Committee. As in 2004, prisoners were entitled to generous out-of-cell time and had access to well-appointed common areas, a gym and a large outdoor exercise yard. The only issue worthy of mention here is the absence of a shelter against inclement weather in the exercise yard; **the CPT trusts that steps will be taken to remedy this deficiency.**

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[39] See paragraphs 68 – 78 of CPT/Inf (94) 8; paragraphs 54 – 63 of CPT/Inf (99) 1; and paragraphs 35 – 36 of CPT/Inf (2006) 3.

As for organised *activities*, the situation observed in 2012 was very similar to that already described in the report on the 2004 visit, namely – despite real efforts made by the prison management – the work and education facilities remained under-utilised. On the day of the delegation's visit, 32 prisoners had paid work[40] and 38 were following various courses[41]; however, it should be noted that several inmates were on both the lists of the prisoners taking part in these activities.

The CPT trusts that the Icelandic authorities will pursue their efforts to develop the offer of work and other organised activities for all inmates at Litla-Hraun Prison, in particular for those serving long sentences.

46. With an official capacity of 14, Skólavörðustígur Prison was accommodating ten prisoners at the time of the visit. *Material conditions* of detention had remained basically unchanged since the 2004 visit[42]; they thus continued to be generally adequate, with the exception of the rather limited access to natural light in the single cells[43]. As on previous visits, the whole establishment was very clean and in a good state of repair.

However, the structural limitations of the 19th century building in which the prison was located continued to pose problems, in particular with regard to insufficient space for workshops and educational or recreational facilities.

Despite the management's best efforts, the establishment had hardly any organised *activities* on offer: only a few inmates were employed on cleaning and maintenance jobs, and there were no courses available. That said, it should be acknowledged that, in comparison with the situation observed during the 2004 visit, the offer of leisure/recreation had somewhat improved; one of the double cells had been taken out of service and transformed into a common room (with newspapers, board games and a TV set), a former punishment cell had been arranged as a PC room and there was now a small gym (open for 2 – 3 hours each day). As previously, cell doors were open from 8 a.m. to 10 p.m. and inmates had daily access (for 1 – 2 hours) to a spacious outdoor exercise yard, where they could play soccer and basketball. While welcoming these improvements, **the CPT recommends that more efforts be made to enlarge the offer of organised activities at Skólavörðustígur Prison, in particular as regards work and education.**

47. The visit to Kópavogur Prison was also of a follow-up nature[44]. The establishment, which on the day of the visit was accommodating eight inmates (six women and two men) against an official capacity of 12, had not undergone any major changes since 2004. As previously, whilst the female prisoners represented a varied population (including one prisoner serving a 12-year sentence)[45], the male inmates were all serving short sentences[46].

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40 Producing car licence plates, assembling card boxes, recycling metals, cleaning, small maintenance jobs, gardening, cooking and working in the prison laundry.

41 Including arts, handicraft and welding. In addition, five inmates were following distance university-level studies.

42 See paragraph 37 of CPT/Inf (2006) 3.

43 Due to the small size of the windows which could not be altered as the building was a listed monument.

44 Kópavogur Prison was visited by the CPT in 1993, 1998 and 2004, see paragraphs 79 – 80 of CPT/Inf (94) 8, paragraph 64 of CPT/Inf (99) 1 and paragraphs 38 – 41 of CPT/Inf (2006) 3.

45 See also paragraph 42.

46 Usually these were older men sentenced for non-payment of fines or drunk driving. The delegation was told by the prison's chief warden that this was a deliberate policy.

Material conditions of detention at Kópavogur Prison were very good and do not call for any particular comment. Similar to Skólavörðustígur Prison, cell doors were open from 8 a.m. to 10 p.m. As regards *activities*, the delegation was informed that inmates were offered work (gluing envelopes, packaging, etc), albeit only on an irregular basis.

The establishment was visited during working days by teachers from the nearby secondary school, who taught languages and IT skills to six of the inmates. Further, knitting lessons had recently been made available (training was provided by outside volunteers). As regards sports activities, prisoners had at their disposal a small gym as well as an outdoor yard (open for at least 1.5 hours per day) where it was possible to play basketball, badminton and cricket. In this context, **it should be noted that the exercise yard was not equipped with a shelter against inclement weather.**

The Committee recommends that the Icelandic authorities intensify their efforts to provide inmates at Kópavogur Prison with work opportunities.

48. As has been the case in the past, a striking feature of Kópavogur Prison was that there was *no separation of sexes* during the day, male and female prisoners spending most of their time together (though they were not authorised to go into each other's rooms).

The CPT wishes to reiterate its view that, in principle, women deprived of their liberty should be accommodated separately from men. Therefore, **the Committee recommends that the Icelandic authorities ensure that all the prisoners presently accommodated at Kópavogur Prison unequivocally agree to the current arrangements; further, there should be adequate staff supervision during the day.**

The CPT also trusts that the practice of mixed-sex accommodation will cease with the entry into service of the future new prison located at Hólmsheiði[47].

49. Akureyri Prison was first visited by the CPT in 1998[48]. Compared with the situation observed then, the *material conditions* of detention had much improved (apparently, as a result of a major reconstruction in 2008) and could now be described as generally very good. The establishment had a capacity of 15 places (including four for remand prisoners), all in single cells. At the time of the visit, it was accommodating eight sentenced prisoners. Cells in the section for sentenced prisoners were of a good size (9 m² of living space, plus a fully screened sanitary annexe, measuring some 4 m² and comprising a shower), well equipped (bed with full bedding, wardrobe, desk, chair, shelves, flat-screen TV with satellite channels), well lit and ventilated, clean and in a very good state of repair.

As regards the cells in the remand section, they were likewise suitably equipped (table, chair, sleeping platform with full bedding), of an adequate size (approximately 7 m²) and had good artificial lighting and ventilation. However, the cells displayed a major shortcoming i.e. they had no windows and were therefore deprived of access to natural light. **The CPT recommends that steps be taken without delay to ensure that these cells enjoy access to natural light; if this is not possible, they should be taken out of service as prisoner accommodation.**

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47 See paragraph 31.

48 See paragraphs 68 – 72 of CPT/Inf (99) 1.

50. As far as *activities* were concerned, the situation at Akureyri Prison was similar to that at Skólavörðustigur and Kópavogur Prisons (see paragraphs 46 and 47). Sentenced prisoners enjoyed long out-of-cell time (8 a.m. to 10 p.m.) and had ready access to a spacious yard (170 m²) with seating and equipment for basketball, a gym and a common room with a kitchenette and a television; they also had limited access to internet.

However, there were hardly any organised activities at the time of the visit: work was only available to three prisoners (one worked as a carpenter in the town, one was the cook and another one washed the laundry)[49] and two inmates were following correspondence courses. **The Committee recommends that the Icelandic authorities strive to offer additional activities to inmates at Akureyri Prison.**

The delegation was informed that remand prisoners would have to take their outdoor exercise late at night, after the cell doors were locked in the general detention area. This is not acceptable. **The Committee recommends that steps be taken to enable remand prisoners to take their outdoor exercise during the day time.**

4. Health care

51. It should be stressed from the outset that the CPT's delegation found the overall accessibility and level of health-care services offered to inmates in the prisons visited to be acceptable and in conformity with the principle of equivalence of care. That said, a number of concerns remain.

52. As regards health-care staff resources, the situation at *Litla-Hraun Prison* was less favourable than during the 2004 visit[50]; in particular, a doctor (GP by training) was now present in the establishment only on two days per week[51] and a nurse on four days per week[52]

Concerning *Skólavörðustigur Prison*, the arrangements had remained the same as in 2004, namely the establishment was visited by a doctor (for 1 – 1.5 hours on average) twice per week[53] and by a nurse for 2 – 3 hours, also twice weekly.

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49 The delegation was told that more work was available in the summer months (e.g. lawn mowing for the municipality, assembling BBQs and running a small car wash).

50 See paragraph 46 of CPT/Inf (2006) 3.

51 As compared with three times per week in 2004. In fact, there were five GPs who shared the task of holding surgeries in the prison. A doctor would see from eight to fourteen inmates per surgery, the usual number being ten.

52 As compared with five times per week in 2004. Physically, there were two nurses: a psychiatric nurse (present in the establishment three days per week) and a general nurse, present two days per week. As they had one week day in common at the prison, the establishment was covered by a nurse four days per week during office hours.

53 The task was shared by a GP and a retired family doctor. The latter, having been officially appointed as consulting doctor for the prison, was also on call from 8 a.m. to 5 p.m. on working days (and was occasionally called to the establishment during weekends and after office hours).

As for *Kópavogur Prison*, the doctor's presence had diminished in comparison with the situation observed during the 2004 visit[54]; the prison was now visited by a doctor only once a fortnight. It is noteworthy that some of the inmates complained to the delegation about delays (of up to a month) in access to a doctor and about short and superficial consultations. On the other hand, the frequency of the visits by a nurse (once per week, and more if needed) had remained the same.

Turning to *Akureyri Prison*, a doctor (GP) visited the establishment once a week. A nurse came shortly after the doctor and prepared the medication of each prisoner; however, she never saw the inmates personally.

53. In the light of the above, **the CPT recommends that the Icelandic authorities increase the time of presence of a doctor at Litla-Hraun Prison (preferably, a doctor should visit the establishment every working day) and at Kópavogur Prison (to ensure a weekly doctor's visit).**

As regards nursing staff, a prison of the size of Litla-Hraun should certainly benefit from the equivalent of at least one full-time nurse. **The CPT recommends that steps be taken to meet this requirement** (see also paragraph 55).

Further, the other prisons visited would benefit from daily visits by a qualified nurse, who could respond to the prisoners' needs for basic care and, where necessary, refer cases to a doctor. Furthermore, the nurse in question could receive prisoners' requests for consultations and administer prescribed medicines, tasks currently performed by medically untrained prison officers. **The CPT recommends that a daily visit by a nurse to Skólavörðustigur, Kópavogur and Akureyri Prisons be ensured[55].**

54. The health-care service facilities were correctly equipped and stocked at *Litla-Hraun Prison*. However, the same could not be said of the other establishments visited, where the medical consultation rooms were small and very basic. In particular, at *Skólavörðustigur Prison* there was no ECG machine and the consulting doctor said that the equipment for measuring blood pressure was frequently out of order. **The Committee recommends that steps be taken to improve the medical consultation rooms and their equipment at Skólavörðustigur, Kópavogur and Akureyri Prisons.**

55. The delegation noted that there was no systematic medical screening of newly-arrived inmates at *Litla-Hraun Prison*, and that such a screening in the *other prisons* visited could be delayed for as long as two weeks. This was of particular concern with respect to the many inmates suffering from withdrawal symptoms (see paragraph 58).

The current situation is unacceptable. Systematic medical screening of newly-arrived prisoners is essential, particularly to reduce the risk of suicides and prevent the spread of transmissible diseases, and for recording injuries in good time (see below). Save for exceptional circumstances, the medical screening of prisoners should be carried out on the day of admission, especially as regards those entering the prison system. **The CPT calls upon the Icelandic authorities to take the necessary measures to ensure that all prisoners are examined by a doctor, or by a qualified nurse reporting to a doctor, within 24 hours of their admission.**

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54 When a doctor held surgeries in the establishment once per week.

55 See also paragraph 55.

56. In all the prisons visited, the delegation was informed by doctors and nurses that there were no specific instructions on the recording of injuries observed on inmates (including the newly-arrived prisoners), no dedicated registers for this purpose and no reporting procedures. The doctor whom the delegation met at Litla-Hraun Prison stated that, if a prisoner examined by him displayed injuries and alleged that he had been beaten by the police, prison staff or a fellow inmate, he would record the allegation in the prisoner's individual medical file, describe the injury and perhaps enter a conclusion on whether it was plausible that the injury had been caused in the way reported by the inmate. However, he would not report it to any other person. Similar information was provided by doctors seen by the delegation in the other prisons visited.

The CPT recommends that specific instructions be issued so as to ensure that, whenever prison health-care staff observe injuries on an inmate's body which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), such injuries are duly recorded by the health-care staff in a dedicated register and the record is immediately and systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned.

57. The CPT is seriously concerned by the fact that prisoners in Iceland continue to have very limited access to psychiatric and psychological assistance.

This was particularly striking at *Litla-Hraun Prison* which was visited by a psychiatrist only twice per month[56], despite the presence of a number of inmates suffering from psychiatric problems. As acknowledged by the prison's director, the mental state of some of those inmates (at least four) was such that they should be transferred to an appropriate health-care facility. However, such transfers remained extremely difficult to arrange. The situation was likewise problematic in the other prisons visited.

Regarding psychological assistance, *Skólavörðustigur Prison* was visited by a psychologist once per week; however, his tasks were equally divided between risk assessment and therapy. Access to a psychologist was even more limited at *Kópavogur Prison* (with a visit by a psychologist once every fortnight) and extremely poor at *Akureyri Prison* (visited by a psychologist barely once every three months).

The delegation was informed during the visit that a meeting between representatives of the prison and health-care authorities was planned in the course of October 2012, aimed *inter alia* at finding a solution to the above-mentioned situation. At the end of the visit (see paragraph 7), the delegation requested that the Icelandic authorities inform the CPT of the outcome of this meeting. In their letter of 23 January 2013, the Icelandic authorities stated that the above-mentioned meeting had *inter alia* resulted in a decision to set up a joint working group with a view to preparing a draft formal agreement between the prison and health-care authorities concerning the transfers of prisoners to psychiatric establishments. **The Committee would like to be provided, in due course, with a copy of the above-mentioned agreement.**

More generally, **the CPT recommends that the provision of psychiatric care be significantly improved in all the prisons visited and that the attendance of a psychologist be increased, especially at Akureyri Prison.**

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[56] In addition, psychologists from the Prison and Probation Administration came to Litla-Hraun Prison twice a week.

The Committee also calls upon the Icelandic authorities to take immediate steps to ensure that mentally disturbed prisoners who require in-patient psychiatric treatment are kept and cared for in appropriate facilities.

58. The problem of alcohol and drug addiction continues to be one of the challenges facing the Icelandic prison system. In this context, the CPT welcomes the efforts made by the management of Litla-Hraun Prison, *inter alia* the setting up of a special unit (with 11 places) where prisoners could follow a dedicated drug treatment programme[57].

However, no similar offer was available to prisoners with a drug and/or alcohol problem accommodated in the other prisons visited[58], although admittedly they could participate in AA meetings and had occasional access to counselling provided by the psychologists.

The CPT recommends that the Icelandic authorities continue their efforts to develop fully-fledged therapeutic programmes aimed at combating alcohol and drug addiction amongst the inmates.

59. As regards medical documentation, confidentiality of the medical data seemed to be generally observed in the prisons visited. However, the delegation noted that there was no uniform system for the keeping of such documentation, and no efficient procedure for the exchange of medical information between prisons. This posed a problem if/when an inmate needed to be transferred to another penitentiary establishment. **The CPT invites the Icelandic authorities to address this issue.**

5. Other issues related to the CPT's mandate

60. Overall, the rules concerning prisoners' contact with the outside world have remained the same as on the CPT's 2004 visit[59].

Inmates, both those on remand and those already sentenced, were entitled to at least one *visit* of a minimum of two hours' duration per week; those with a record of good behaviour were in principle entitled to unsupervised visits. Further, the management of the prisons visited frequently granted additional visits to prisoners. Visits took place in well-equipped and pleasantly decorated facilities.

Some of the prisoners at Litla-Hraun Prison (approximately 10% of the inmate population) were only entitled to visits under closed conditions (i.e. through a glass partition)[60]; further, closed visiting facilities were under construction at Kópavogur Prison[61]. **The CPT trusts that the use of closed visiting facilities will remain the exception, limited to individual cases justified for security-related reasons or by the legitimate interests of an investigation.**

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57 Consisting, among others, of individual and group therapy, lectures, meditation sessions and AA meetings.

58 In particular, as regards the female inmates at Kópavogur Prison.

59 See paragraphs 56 and 57 of CPT/Inf (2006) 3.

60 According to the director of Litla-Hraun Prison, closed visits were imposed when a prisoner had committed a breach of the house rules or when a visitor had tried to smuggle in drugs.

61 The prison's chief warden told the delegation that the main reason for setting up such a closed facility was to prevent drug smuggling.

In all the prisons visited, inmates (both those on remand and those sentenced) could make *telephone* calls every day for at least 15 minutes and receive calls at least three times per week. Further, there were no restrictions on incoming and outgoing *correspondence*[62]. The CPT welcomes this positive approach.

61. Disciplinary sanctions were not applied in an excessive manner in the prisons visited, and disciplinary solitary confinement was imposed only exceptionally[63].

Material conditions in disciplinary isolation cells do not call for any particular comment. However, the exercise yard in the isolation section of Litla-Hraun Prison was small and of an oppressive design; **the CPT recommends that it be enlarged and improved**.

As regards the disciplinary procedure, prisoners were systematically offered the possibility to attend an oral hearing and to present their explanations prior to the decision, and were given a document with the reasoned decision and information on the avenues of complaint available. They were also offered legal assistance.

That said, no dedicated registers of disciplinary sanctions were kept in the establishments visited[64]. **The CPT recommends that this lacuna be remedied.**

62. The delegation has noted that solitary confinement[65] for investigative purposes or on security grounds continued to be applied to a significant proportion of prisoners in Iceland. The number of prisoners in solitary confinement had not diminished since the 2004 visit, quite the opposite[66]. While acknowledging that it might partly reflect the change in the characteristics of the Icelandic prison population (which, according to the senior officials met at the outset of the visit, includes more serious and "dangerous" offenders than in the past), the Committee is concerned by this upward trend.

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62 In addition, inmates at Akureyri Prison had a supervised access to e-mail.

63 E.g. in Akureyri Prison, only one of the nine disciplinary sanctions imposed in the period between 1 January and 1 September 2012 was solitary confinement. The most frequent disciplinary sanctions were as follows: reprimand, reduction of pay for work or studies (usually for one to three weeks), closed visits (instead of open ones) and withdrawal of privileges (such as the right to keep certain non-standard items in the cells). The maximum possible duration of solitary confinement on disciplinary grounds is 15 days.

64 Instead, in some of the prisons visited (e.g. in Akureyri), copies of the disciplinary proceedings and decisions were kept in a separate folder.

65 Provisions regarding solitary confinement can be found in the Criminal Procedure Code (Act No. 88/2008) and in the Prison Act (No. 49/2005). According to these Acts, solitary confinement may be imposed in respect of a remand prisoner (by court decision, for investigative purposes and for a maximum period of four weeks except when the inmate is suspected of having committed a serious offence punishable by up to ten years of imprisonment) or in respect of both remand and sentenced prisoners, on security grounds.

66 According to the figures communicated to the delegation by the Prison and Probation Administration, the total number of prisoners in solitary confinement (per annum) had risen from 86 in 2004 to 158 in 2011 (and 157 in the period from 1 January to 10 September 2012). The average daily number of prisoners in solitary confinement was also on the increase, from approximately 20 in 2008 to 33 in the first eight months of 2012. This daily average included three to four remand prisoners subjected to court-imposed solitary confinement for investigative purposes.

As stressed by the CPT many times in the past[67], solitary confinement can have an extremely damaging effect on the mental, somatic and social health of those concerned. Therefore, resort to this measure should be reduced to an absolute minimum and, when imposed, it should be for the shortest necessary period of time.

Further, appropriate procedural safeguards must be in place in order to ensure that this is indeed the case[68]. In this context, the delegation was informed that new rules on solitary confinement on security grounds had been issued recently. **The Committee would like to be provided with the text of these rules. The CPT would also like to be informed whether there exists any maximum legal time-limit for placements in solitary confinement on security grounds.**

63. The delegation noted that inmates placed in solitary confinement in the security section of Litla-Hraun Prison had considerably less access to sports facilities and education than the rest of the prison population; further, they had no possibility to work.

The Committee wishes to stress that prisoners in solitary confinement should be subject to no more restrictions than are necessary for their safe and orderly confinement. Further, special efforts should be made to enhance the regime of those kept in long-term solitary confinement, who need particular attention to minimise the damage that this measure can do to them. This should include access to as full a range of activities as is possible to fill the inmates' days. **The CPT recommends that the regime of prisoners accommodated in the security section of Litla-Hraun Prison be reviewed, in the light of those remarks.**

64. According to the Prison Act[69], an inmate placed in solitary confinement (whatever the reason for the placement: for investigative purposes, as a disciplinary punishment or on security/administrative grounds) should be examined by a doctor at the outset of the measure. Subsequently, the prisoner should, if possible, be seen by a doctor every day. However, the GP interviewed at Litla-Hraun Prison told the delegation that the initial examination "could" be carried out but was not performed systematically, and that prisoners in solitary confinement would not be seen by a doctor or a nurse on a regular basis. At Skólavörðustigur Prison, the doctor said that he saw the inmates at the beginning of their solitary confinement period, but would not see them again unless this was required for medical reasons. In other words, the provisions of the Prison Act were not being complied with in either of the establishments.

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67 Including, recently, in the 21st General Report on the CPT's Activities, see paragraphs 53 to 64 of CPT/Inf (2011) 28, reproduced in full in Appendix III to this report.

68 A rigorous implementation of these safeguards is particularly essential in respect of solitary confinement on security (or administrative) grounds, which tends to last longer than other forms of solitary confinement. These safeguards have been set out in detail in paragraph 57 of the CPT's 21st General Report; see Appendix III.

69 Section 60.

In the CPT's view, prison health-care staff should be informed of every placement in solitary confinement and should visit the prisoner immediately after placement[70] and thereafter, on a regular basis, at least once per day, and provide them with prompt medical assistance and treatment as required. They should report to the prison director whenever a prisoner's health is being put seriously at risk by being held in solitary confinement. **The Committee recommends that the practice in all Icelandic prisons be brought into conformity with these principles** (which largely reflect those already contained in the Prison Act)**.**

65. In Iceland, inmates may, *inter alia*, lodge requests or complaints with the prison's management, the Prison and Probation Administration, the Minister of the Interior and the Parliamentary Ombudsman. The prisoners met by the delegation were generally aware of the avenues of complaint available to them.

Despite plans announced to the CPT by the Icelandic authorities as long ago as in 1999[71], there is still no independent prison inspection system in Iceland. As already mentioned (see paragraph 9), the Parliamentary Ombudsman has no means to carry out inspections of prison establishments on a regular basis.

The CPT calls upon the Icelandic authorities to establish a system under which each prison establishment will be visited on a regular basis by an independent body authorised to inspect the prison's premises and to receive complaints from inmates about their treatment in the establishment (see also paragraph 10)**.**

66. At the outset of the visit, the delegation was informed that the proportion of foreign prisoners amongst the overall prison population had been steadily increasing in recent years. In this context, the delegation noted that information brochures for newly-arrived prisoners and their relatives, as well as various forms inmates had to use for making requests (e.g. for seeing a doctor) were only available in Icelandic. **The CPT invites the Icelandic authorities to translate these brochures and forms into an appropriate range of languages, and make them available to foreign prisoners.**

67. The CPT is concerned by the general absence of any treatment programmes for imprisoned sex-offenders in Iceland. **The Committee invites the Icelandic authorities to take the necessary steps to introduce such structured programmes, with a view to reducing the risk of reoffending and to preparing the inmates concerned for their eventual release.**

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70 As opposed to certifying the prisoner's fitness for placement in solitary confinement, prior to the decision (and/or as part of the decision-making process). As stressed by the CPT in the past (e.g. in paragraph 62 of the Committee's 21st General Report, CPT/Inf (2011) 28), medical personnel should never participate in any part of the decision-making process resulting in any type of solitary confinement, except where the measure is applied for medical reasons.

71 In their response to the report on the Committee's 1998 visit, see CPT/Inf (99) 13.

D. Psychiatric establishments

1. Preliminary remarks

68. The CPT's delegation carried out a follow-up visit to the psychiatric ward of Akureyri Hospital[72] and a first-time visit to the forensic and secure wards of the Psychiatric Department of Reykjavík National University Hospital (the Kleppur campus).

With a capacity of ten places, the psychiatric ward of Akureyri Hospital was accommodating eight patients at the time of the delegation's visit[73]. None of them was formally involuntary; however, one female patient had been admitted to the ward on an involuntary basis and had subsequently continued her hospitalisation at her own request[74]. It should be added that, according to the head doctor, the ward's doors were sometimes locked, depending on the medical condition and legal status of the patients staying on the ward.

The forensic ward in Kleppur was opened in March 2012, following the closure of the Sogn Institution for Mentally Ill Offenders[75] and the transfer of patients from Sogn to Kleppur. The ward had nine beds, and on the day of the delegation's visit was accommodating four adult male forensic patients, placed there pursuant to Sections 15, 16 and 62 of the Criminal Code. These four patients were the only ones who had been admitted to the ward since its opening (and there had been none released since).

The Kleppur's secure ward (also called "ward 15") had an official capacity of eight beds and was operating at its full capacity on the day of the delegation's visit. On average, there were one to three admissions per month and a similar amount of discharges. The longest stay in the two years preceding the visit had been 18 months and the shortest, two months, with the usual duration being of six to nine months. All patients had been involuntarily admitted and were deprived of their personal and/or financial competence.

69. The legal provisions governing *civil involuntary admission and treatment in psychiatric establishments* have remained unchanged since the 2004 visit[76].

It should be stressed from the outset that – similar to the situation observed in 2004 – in the absence of comprehensive mental health legislation, the legal framework is at best incomplete, obliging the management and staff of the institutions to improvise and fill in the gaps.

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72 Visited for the first time in 1998, see paragraphs 115 – 119 of CPT/Inf (99) 1.

73 The delegation was informed by the ward's head doctor that the daily occupation level had varied between six and nine patients in the course of the 12 months preceding the CPT's visit. On average there was one admission per day and the mean stay was of ten days.

74 According to the head doctor of the ward, approximately 3% of all admissions in 2011 had been involuntary. This represented nine – ten involuntary admissions per year.

75 The Sogn Institution was visited by the CPT in 1993 and 1998 (see paragraphs 139 – 159 of CPT/Inf (94) 8 and paragraphs 108 – 114 of CPT/Inf 99) 1). In the report on the latter visit, the CPT stressed that the establishment's small size and its physical and professional isolation posed major problems in developing any form of comprehensive and active treatment regime. In this context, the Committee expressed the view that the Institution should be transferred to a location less remote from the capital, where patients might benefit from easier access to the necessary professional and material after-care resources.

76 See paragraphs 77 – 78 of the report on the 2004 visit (CPT/Inf (2006) 3), as well as a more detailed description in paragraph 105 of the report on the 1998 visit (CPT/Inf (99) 1). See also paragraph 84, below.

As for the *forensic patients*, senior officials from the Directorate of Health acknowledged that the current legal framework, contained (in particular) in Section 62 of the Criminal Code was "old-fashioned" and too vague, *inter alia* lacking details about regular reviews and discharge procedures.

The CPT calls upon the Icelandic authorities to carry out a thorough review of the current mental health legislation, both as regards the civil and forensic patients. The final objective should be to have in place a comprehensive and coherent set of rules (e.g. a Mental Health Act).

70. At the outset of the visit, the delegation was informed that there had been a development of community based psychiatry during recent years, despite the 25% cut in the budget for psychiatry since 2007[77]. That said, in Kleppur the delegation was told that the duration of stay in the hospital was sometimes prolonged due to the difficulty in finding places for the patients to live outside the hospital. **The CPT trusts that the Icelandic authorities will strive to find a solution to this problem.**

In this context, **the CPT would like to be informed of when the Icelandic authorities envisage ratifying the UN Convention on the Rights of Persons with Disabilities[78], as well as how the authorities intend to prepare for the consequences of this ratification.**

2. Ill-treatment

71. The CPT's delegation heard no allegations – and found no other indications – of ill-treatment of patients by staff at the psychiatric ward of Akureyri Hospital and at the forensic and secure wards of Kleppur Hospital. It was clear that staff in both establishments were committed to the patients' welfare and had a caring attitude towards them[79].

As for inter-patient violence, the delegation did not hear any complaints from the patients, and other information gathered during the visit suggests that such incidents were rare and seldom of a serious nature.

3. Patients' living conditions

72. Patients' living conditions in both psychiatric establishments visited were generally very good.

As regards the *psychiatric ward of Akureyri Hospital*, reference is made to the description in paragraph 115 of the report on the 1998 visit[80], which remains accurate. Concerning the *two wards visited at Kleppur*, patients were accommodated in spacious (11 m²), bright and well ventilated rooms equipped with a bed, a table, a chair, a wardrobe (with a lockable part), and a flat screen TV. Access to the communal toilets and showers (which were in an excellent condition) seemed to pose no problem, including at night.

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77 And the reduction in the number of beds (from 9 to 4/10.000) and staff.

78 Signed by Iceland in March 2007.

79 It is noteworthy, however, that a nurse in the Akureyri psychiatric ward was in the process of being released from her duties, reportedly because of repeated complaints from patients regarding her attitude.

80 CPT/Inf (99) 1.

In both establishments, association and other communal facilities (e.g. day and dining rooms) were pleasantly furnished, comfortable and offered a welcoming atmosphere. Further, the delegation heard no complaints from patients about the food served to them.

73. The *forensic ward in Kleppur* had a spacious secure outdoor exercise yard, with a shelter against inclement weather, plants and seating, as well as arrangements for playing ball games.

By contrast, the *secure ward of Kleppur* had no outdoor exercise yard, as a consequence of which patients could only go outside if accompanied by staff. In this context, the delegation was told that, in the initial placement stage (as well as after any escape attempt), patients would only gradually be allowed to go outside (escorted by staff), which means that for several days they would not be offered any outdoor exercise. One of the staff members added that patients considered to represent an escape risk (even if escorted) could be prevented from taking outdoor exercise for periods of up to four months. It is noteworthy that the secure ward possessed a terrace (measuring some 120 m²), which was not used, reportedly due to the risk of escape.

Similarly, there was no specific assigned outdoor area for the patients at the *psychiatric ward of Akureyri Hospital*. Consequently, those of the patients who were not allowed to go out for unescorted walks had to rely on the availability of the nurses and nursing assistants, in order to be able to take their outdoor exercise with a staff escort.

In the CPT's view, all patients subject to involuntary placement in a psychiatric institution should have the possibility to take outdoor exercise of at least one hour on a daily basis, if their medical condition so permits. **The Committee recommends that the Icelandic authorities take appropriate measures to ensure that this is the case in the psychiatric ward of Akureyri Hospital and in the secure ward of Kleppur. As regards the latter ward, consideration should be given to transforming the ward's terrace into a secure outdoor exercise area for the patients.**

4. Staff and treatment

74. Staffing levels in both psychiatric establishments visited were fully satisfactory.

The *psychiatric ward of Akureyri Hospital* employed five psychiatrists working on 4.5 posts; in addition, there was usually one doctor in training, specialising to be a psychiatrist. The nursing staff consisted of eight nurses and four to five nursing assistants[81]. Further, there were three psychologists, three occupational therapists and one social worker (on maternity leave until the beginning of 2013).

Staffing levels were also adequate in the *forensic and secure wards at Kleppur*. For example, there were 23 full-time posts in the secure ward, including a psychiatrist, eight nurses, two nursing assistants, two psychologists, a physiotherapist, an occupational therapist and a social worker.

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81 There were five nurses/nursing assistants on the day shift and three at night.

75. In both establishments, there was a broad treatment offer based on an individualised approach and adapted to the patients' needs. This involved the drawing up of a treatment plan for each patient by a therapeutic team (with the participation of the patients concerned) and subsequent monitoring of its implementation. That said, the delegation noted that individual treatment plans often lacked specific intermediate and final treatment goals (and, consequently, time estimates and decisions as to the methods to reach those goals). **The CPT invites the Icelandic authorities to address this *lacuna*.**

The offer of therapeutic and rehabilitative activities (including occupational therapy, general education and social skills learning) was generally very good. Further, special programmes were offered to patients suffering from alcohol and drug dependency (who could, *inter alia*, participate in regular meetings of AA and Narcotics Anonymous groups).

Patients were also offered a wide range of recreational activities, such as visits to cultural events, sports and unrestricted access to day rooms equipped with TV/DVD/video and hi-fi sets, as well as a good selection of books, magazines and daily newspapers.

The patients' individual medical files and other medical documentation were detailed and well kept.

76. However, the Committee is concerned by the absence of somatic screening upon arrival in both psychiatric establishments visited. Taking into account that mentally ill persons tend to suffer from more somatic conditions than the general population, such a somatic screening, both upon arrival and subsequently at adequate intervals, is necessary. Further, as is the case in prisons (see paragraphs 55 and 56), a somatic screening allows to record in good time any injuries observed on newly-admitted patients.

In the light of the above, **the CPT recommends that all newly-arrived patients be examined somatically by a doctor within 24 hours of their admission. Such somatic screening should be repeated at suitable intervals.** Further, **the recommendations in paragraphs 44, 55 and 56 apply *mutatis mutandis*.**

5. Means of restraint

77. The delegation noted that means of restraint were rarely used at the psychiatric establishments visited. The first response to an agitated or a violent patient was dialogue and persuasion, if necessary followed by manual control[82]. Mechanical restraints were never applied and, to the extent possible, staff tried to avoid resorting to seclusion. As to chemical restraints, they would only be applied upon a doctor's order[83]. Staff in Akureyri and in Kleppur had received training in non-violent restraint techniques.

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82 According to the head nurse of the secure ward in Kleppur, there were only about 20 instances of use of manual control by staff per year.

83 The type of medication usually used in those cases was haloperidol, olanzapine, lorazepam or zuclopenthixol.

78. There was a room used for seclusion of patients at the *psychiatric ward of Akureyri Hospital*. Measuring some 17 m², it was bare except for a mattress placed directly on the floor. The room (which was not purpose-built[84]) had no access to natural light and weak artificial lighting; that said, it was well ventilated and clean. The ward's head doctor expressed the view that conditions in the room were not optimal and should be improved; **the CPT agrees with this view.**

The *forensic ward in Kleppur* possessed a seclusion room which, according to the staff, had never been used since the ward's opening (in March 2012) and, if used, would be so for a maximum of two hours. The room measured approximately 12 m² and was equipped with CCTV and a door to an adjacent bathroom. The forensic ward also had a room for "calming down", likewise measuring some 12 m² but with no CCTV and no bathroom[85]. Conditions in both rooms (which were well lit and ventilated, and equipped with tear-proof mattresses integrated into elevated platforms located in the middle of each of the two rooms) could be described as adequate.

Conditions could also be considered as generally acceptable in the seclusion room of the *secure ward of Kleppur*[86], which measured some 9 m². However, the mattress placed in the room was made out of foam which could easily be torn. Staff informed the delegation that they would replace it by a tear-proof mattress at the earliest opportunity. **The Committee would like to receive confirmation that this has indeed been done.**

79. The delegation was concerned to note the absence of dedicated registers for the use of means of restraint (of all kinds applied i.e. manual control, chemical restraint and seclusion) in the psychiatric establishments visited. **The CPT recommends that such registers, documenting all instances of the application of means of restraint, be established**[87]**;** this will greatly facilitate the management of such incidents, the oversight into the extent of their occurrence and the prevention of similar incidents in the future.

80. More generally, the Committee is of the view that every psychiatric establishment should have a comprehensive, carefully developed, policy on restraint. The involvement and support of both management and staff in elaborating that policy is essential.

Such a policy should make clear which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and action to be taken once the measure is terminated.

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84 In fact, it was a section of the corridor between two other rooms.

85 According to staff, it had been used only once or twice since March 2012.

86 According to the staff, the room in question had been used three times during the nine months preceding the delegation's visit, for periods of one to six days.

87 The entries in the register should include the time at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the name of the doctor who ordered or approved it; and an account of any injuries sustained by patients or staff. Patients should be entitled to attach comments to the register, and should be informed of this; at their request, they should receive a copy of the full entry.

The policy should also refer to other important aspects such as: staff training, complaints procedures, internal and external reporting mechanisms, and debriefing (which was not taking place routinely in the establishments visited)[88]. **The CPT recommends that a written, comprehensive policy on the use of means of restraint be adopted as a matter of priority in all psychiatric establishments in Iceland.**

In this context, the delegation was informed that a special regulation on the use of means of restraint – referred to in the Act on Legal Competence[89] – has still not been issued[90]. **The Committee would like to be informed of the prospects for the adoption of such a regulation.**

81. The delegation noted with concern that uniformed police officers[91] (and, in Akureyri, staff from a private security company) could on occasion be called to help the health-care staff restrain a patient[92] and even, exceptionally, take a patient to a prison[93] or a police establishment until he/she calms down[94]. **The CPT recommends that the Icelandic authorities stop these practices immediately.** Alternative solutions could and should be found, e.g. assistance by health-care staff from other wards in the Kleppur campus of the Psychiatric Department of Reykjavik National University Hospital, or by the city's medical emergency service in Akureyri. It is particularly unacceptable for the police to take severely agitated psychiatric patients to a police or prison establishment in order to restrain them there.

82. The delegation also noted in both establishments visited that formally voluntary patients could occasionally be subjected to means of restraint. In this respect, the CPT wishes to stress that **if restraint is applied in respect of a voluntary patient, his/her legal status should be reviewed.**

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88 For a doctor, such a debriefing provides an opportunity to explain the rationale behind the measure, and thus reduce any psychological trauma of the experience, as well as restore the doctor-patient relationship. For a patient, debriefing is an occasion to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour. The patient and staff together can try to find alternative means for the patient to maintain control over him/herself, thereby possibly preventing future eruptions of violence and subsequent restraint.

89 Dating back to 1997.

90 In this context, reference should also be made to Iceland's submission to the UN's Universal Periodic Review (A/HRC/WG.6/12/ISL/1, 19 July 2011, paragraph 42), according to which "a bill is also being prepared regarding the use of restrictive and constraint measures in the care of persons with disabilities. As a main principle, the use of restraint and physical coercion will be prohibited, but guidelines will be set forth on when and how exceptions may be made, and how the exercise of such exceptions will be supervised."

91 The delegation was given a copy of the Protocol describing procedures for police and staff of psychiatric wards (signed on 23 March 2006, by the Head of the Psychiatric Department of Reykjavik National University Hospital and the Reykjavik District Police Commissioner). It is the doctor on duty and/or the nurse who decide if there is a need to call the police. The police may be used to calm the patient, control him/her and restrain him/her if necessary, but under surveillance of medical staff. Restraint is performed in accordance with regulations of the police, in a designated room. The need for police assistance shall be assessed by the doctor, the nurse and the police at least every four hours.

92 Staff at the two wards in Kleppur told the delegation that this happened very rarely (approximately two- three times per year). The delegation found some examples of such incidents in patients' individual medical files (e.g. the police had been called to Kleppur on 31 December 2011, 7 January 2012 and 18 January 2012).

93 For example, while examining the register of use of solitary confinement cells at Litla-Hraun Prison, the delegation found an entry referring to a person who had been brought to the prison from the Psychiatric Department of Reykjavik National University Hospital, and placed in a solitary confinement cell from 5.50 p.m. on 18 February 2007 to 4.25 p.m. on 20 February 2007.

94 Pursuant to the above-mentioned Protocol, if a patient becomes very violent and unmanageable, the police assesses whether he/she should be transferred to a police or prison cell. The decision is taken by a senior police officer, once all other measures to calm him/her down have been exhausted.

6. Safeguards in the context of involuntary hospitalisation

83. As regards the safeguards in the context of involuntary psychiatric hospitalisation, the CPT must stress from the outset that several of the problems identified in the reports on its previous visits to Iceland (e.g. as regards the tying of the placement and legal competence issues, the periodic review of placement, consent to treatment, information for patients and the monitoring of psychiatric establishments) have still not been addressed. In this respect, reference is made to the recommendation in paragraph 69.

84. According to the Legal Competence Act, a person can be transferred against his/her will – for 48 hours maximum – to a psychiatric establishment upon decision of a general practitioner. The decision to admit the person is taken by the physician on duty and referred to the Chief physician as soon as possible. This initial (civil) involuntary hospitalisation may be extended for an additional period of 21 days by decision of the Minister of Interior, following a request by the family or the relevant social services[95].

As already noted by the CPT in the report on its 1998 visit[96], the above-mentioned procedure does not involve any independent medical expertise. **The Committee therefore recommends that steps be taken to ensure (if necessary, through legislative amendments) that the continuation of the initial (civil) involuntary hospitalisation beyond 48 hours requires the opinion of an independent psychiatrist.**

85. Extension of the period of (civil) involuntary hospitalisation beyond 23 days requires a court decision depriving the patient of his/her legal competence. The CPT has stressed in the past that it has reservations about this automatic linking of involuntary hospitalisation to deprivation of legal competence. The restriction of a person's rights should not be based on the mere fact that he/she has a mental disorder and is involuntarily hospitalised. The deprivation of legal competence, which may well be required to protect the patient's personal and financial interests, should require additional grounds and a separate procedure. **The CPT recommends that the relevant legislation be amended in the light of these remarks.**

86. Involuntary civil placement in a psychiatric establishment should cease as soon as it is no longer required by the patient's mental state. The need for such a placement should thus be reviewed at regular intervals. Admittedly, in recent years the Icelandic courts have developed a practice of issuing decisions depriving persons of their legal competence for a specified period (usually for six to twelve months). However, the legislation in force still allows to deprive someone of his/her legal competence (and, consequently, to place him/her in a psychiatric establishment against his/her will) for an unspecified period[97]; in such cases, there is no automatic judicial review after a certain interval of the need to continue the placement.

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95 Section 20 of the Legal Competence Act, with reference to Section 7, paragraph 2, sub-paragraphs a, b and c. According to Section 21 of the said Act, the request is to be accompanied by a medical certificate containing a description and a diagnosis by the doctor of the mental and physical condition of the person concerned.

96 See paragraph 106 of CPT/Inf (99) 1.

97 Indeed, one young patient met by the delegation in the secure ward of Kleppur had been deprived of his legal capacity (and consequently hospitalised against his will) for an unspecified period.

For as long as the current legal framework remains in force, **the CPT reiterates its recommendation that the Icelandic authorities change the existing practice on this point; if the period of involuntary placement is unspecified (or exceeds six months), there should be an automatic review at regular intervals of the need to continue the placement.**

Pursuant to Section 5 of the Legal Competence Act, a time-limited deprivation of legal competence shall not be ordered for more than six months. However, at the secure ward in Kleppur the delegation met, among others, two involuntary patients with court-imposed time-limited deprivation of legal capacity (and, consequently, placement) of, respectively, two and four years. This would appear to be in contradiction with the above-mentioned provision of the Legal Competence Act. **The Committee would like to receive clarification of this issue from the Icelandic authorities.**

Concerning the forensic patients, Section 62 of the Criminal Code still contains no provision on regular *ex officio* reviews of the court decision to hospitalise a forensic patient. **The above-mentioned recommendation applies also in this context.**

87. The civil involuntary placement of a patient in a psychiatric establishment includes, as from the moment when the decision of the Minister of the Interior is issued, the possibility of treating the patient without his/her consent[98].

The CPT has stressed in the report on its 2004 visit that the current provisions of the Act on Legal Competence represent a too broad-ranging exemption from the principle of free and informed consent. The involuntary hospitalisation of a psychiatric patient should not be automatically construed as authorising treatment without his/her consent. It follows that every patient, whether voluntary or involuntary, should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances.

The CPT reiterates its recommendation that the Icelandic authorities review the relevant legislation, in the light of the above remarks.

88. In respect of contact with the outside world, patients in both establishments could receive visits from relatives and friends without limitations. However, there were no dedicated rooms for visits. **The CPT invites the Icelandic authorities to set up appropriate facilities in which patients can meet their relatives and friends in the psychiatric ward of Akureyri Hospital and in the secure and forensic wards of the Kleppur hospital.**

Patients were allowed to send and receive letters without restriction. Further, they had access to a telephone at least twice per day. Patients also had limited and supervised access to the internet for 30 to 60 minutes per day. The CPT welcomes this initiative.

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98 See Section 28 (2) of the Act on Legal Competence, which stipulates that "a person involuntarily committed to hospital for treatment with the approval of the Ministry of the Interior shall be subjected to involuntary administration of medical preparations in accordance with a decision of the chief physician. This shall also apply to any other involuntary treatment".

89. Concerning the information provided to involuntary patients, the delegation noted that they received a copy of the placement decision and were informed about the possibility to contact a counsellor and appeal against the decision to the competent court. Further, in the forensic ward of Kleppur hospital, patients were given an information sheet explaining the reasons for their placement and the procedure to follow if they wanted to be released.

That said, some of the patients with whom the delegation spoke appeared unaware of their legal status and its implications. **The Committee invites the Icelandic authorities to make further efforts to explain these issues to patients in an understandable manner, repeatedly if necessary.**

Further, patients were not provided on admission with a brochure setting out the wards' routines and patients' rights, including information about outside complaints bodies and procedures. **The CPT recommends that such a brochure be systematically provided to patients and their families and/or legal representatives on admission to all psychiatric establishments in Iceland. Any patients unable to understand the brochure should receive appropriate assistance.**

90. Similar to the situation observed on previous visits, there was no independent body in Iceland – other than the Parliamentary Ombudsman – empowered to monitor psychiatric establishments. As already mentioned in paragraph 9 above, the limited resources at the Ombudsman's disposal prevented him in practice from carrying out visits to psychiatric establishments. **The CPT reiterates its recommendation that regular visits by an independent body be organised to psychiatric establishments. Such a body should be authorised, in particular, to talk privately with patients, to receive directly any complaints and transmit them, if appropriate, to the competent authority, and to make recommendations (see also paragraph 10).**

APPENDIX I

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

Co-operation encountered

comments

- the CPT trusts that delays such as the one experienced before its delegation was granted access to the security area at Keflavík International Airport will not occur during future visits to Iceland (paragraph 5).

Monitoring of places of deprivation of liberty

comments

- the CPT strongly encourages the Icelandic authorities to consider ratifying the OPCAT and setting up an NPM as a matter of priority (paragraph 10).

Police establishments

Ill-treatment

comments

- the Icelandic authorities are invited to remind all police officers that no more force than is strictly necessary should be used when effecting an apprehension (paragraph 13).

Safeguards against ill-treatment

recommendations

- the relevant provisions to be amended so as to ensure that any delay in the exercise of a detained person's right to notify someone of his/her situation requires the approval of a senior police officer unconnected with the case or a public prosecutor (paragraph 15);

- steps to be taken to ensure that the right of all persons detained by the police in Iceland to have access to a lawyer is fully effective as from the very outset of deprivation of liberty (paragraph 16);

- formal provisions to be adopted regarding the right of persons in police custody to have access to a doctor, including - if they so wish - the right to be examined by a doctor of their own choice (in addition to any medical examination carried out by a doctor called by the police), it being understood that an examination by such a doctor may be carried out at the detained person's own expense (paragraph 17);

- steps to be taken to ensure that whenever a remand prisoner is present in a police establishment for investigative purposes, this is always duly recorded (paragraph 21);

- a system for independent monitoring of police detention facilities to be developed. To be fully effective, monitoring visits should be both frequent and unannounced. Further, the monitoring body should be empowered to interview detained persons in private and examine all issues related to their treatment (material conditions of detention; custody records and other documentation; the exercise of detained persons' rights, etc.) (paragraph 24).

comments

- the Icelandic authorities are invited to examine the possibility of entrusting the operational conduct of investigations into complaints against the police to an agency which is demonstrably independent of the police (paragraph 22).

requests for information

- confirmation that the standard information sheet on the rights of persons deprived of their liberty by the police has been revised, so as to include information on access to a doctor (paragraph 19);

- in respect of 2012:

  · the number of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which were instituted as a result;

  · an account of criminal/disciplinary sanctions imposed following such complaints.

(paragraph 23).

Conditions of detention

Comments

- it would be preferable for all police cells to enjoy access to natural light (paragraph 25);

- the Icelandic authorities are invited to improve the heating system in the cells of Selfoss Police Station (paragraph 25).

Persons detained under aliens legislation

recommendations

- a formal monitoring mechanism for removals by air to be set up (paragraph 30);

- specialised training for members of escort teams for removals by air to be organised as a matter of priority (paragraph 30);

- Instruction No. 2003070104 to be completed by adding the requirement of a medical examination of the person concerned after any failed removal attempt (paragraph 30).

requests for information

- updated information on the plans to set up a specific centre for persons detained pursuant to aliens legislation, including as regards the design, capacity, regime and staff complement of the new centre (paragraph 27);

- whether the current removal procedure foresees an obligation for a doctor, prior to the beginning of a removal operation, to examine the person concerned and to issue a "fit to fly" certificate (paragraph 30);

- clarification as to whether Instruction No. 2003070104 remains applicable after the handover of the person concerned to the escorts of the Organising Member State (in the case of Joint Return Operations co-ordinated by Frontex) (paragraph 30).

Prisons

Preliminary remarks

comments

- the CPT strongly encourages the Icelandic authorities to continue to attach the highest priority to the construction of the new prison in Reykjavík (paragraph 31).

requests for information

- information on the progress of the project of construction of the new prison in Reykjavík (paragraph 31);

- steps taken to implement the expert committee's recommendation that an end be put to the practice of occasionally accommodating juveniles (aged 14 to 18) in prisons and that it be ensured that all juveniles are accommodated in establishments managed by the Child Protection Authority (paragraph 33);

- observations on the absence of a half-way house for female prisoners and on the fact that Iceland's only half-way house is run by a private organisation, which reportedly requires prisoners to pay for their accommodation (paragraph 34);

- more detailed information about the amendments being prepared to the Prison Act (paragraph 35).

Ill-treatment and inter-prisoner violence

recommendations

- in case it has not yet been initiated, a thorough and independent investigation to be opened without further delay into the incident of 10 July 2012 at Litla-Hraun Prison referred to in paragraph 38 (paragraph 38);

- steps to be taken to ensure compliance with the principles and minimum standards concerning the resort to means of restraint in a prison setting, enumerated in paragraph 40 of the report, including through the adoption of the necessary regulations and the provision of appropriate training to staff (paragraph 40);

- steps to be taken to ensure that all inmates at Litla-Hraun Prison (including those referred to in paragraph 41 of the report) are able to take their daily outdoor exercise and to participate in organised activities in a safe environment (paragraph 43);

- the existing procedures at Litla-Hraun Prison (and, as necessary, in other prisons in Iceland) to be reviewed in order to ensure that whenever injuries are recorded by a doctor or a nurse which are consistent with allegations of inter-prisoner violence, the matter is immediately brought to the attention of the competent authorities and a preliminary investigation initiated (paragraph 44);

- a centralised system for recording injuries to be introduced (e.g. a specific register kept by the prison health-care service) so as to better monitor the situation, detect incidents and identify potential risks in order to prevent inter-prisoner violence (paragraph 44).

comments

- the competent authorities should be informed of all serious cases of inter-prisoner violence, irrespective of whether the victim sustained injuries and of whether he/she chose to formally complain (paragraph 42);

- the CPT trusts that staff at Litla-Hraun Prison in particular will continue to be encouraged to make use of all means at their disposal to combat and prevent inter-prisoner violence and intimidation (paragraph 43).

requests for information

- the outcome of any investigation carried out into the incident of 10 July 2012 at Litla-Hraun Prison (paragraph 38);

- in due course, information on the outcome of the investigations into the two cases of suspected inter-prisoner violence at Litla-Hraun Prison mentioned in paragraph 41 of the report (paragraph 41);

- the outcome of the investigation into the incident at Akureyri Prison mentioned in paragraph 42 of the report (paragraph 42).

Conditions of detention

recommendations

- more efforts to be made to enlarge the offer of organised activities at Skólavörðustígur Prison, in particular as regards work and education (paragraph 46);

- the Icelandic authorities to intensify their efforts to provide inmates at Kópavogur Prison with work opportunities (paragraph 47);

- the Icelandic authorities to ensure that all the prisoners presently accommodated at Kópavogur Prison unequivocally agree to the current arrangements as regards the absence of separation of sexes during the day; further, there should be adequate staff supervision during the day (paragraph 48);

- steps to be taken without delay to ensure that the cells in the remand section at Akureyri Prison enjoy access to natural light; if this is not possible, they should be taken out of service as prisoner accommodation (paragraph 49);

- the Icelandic authorities to strive to offer additional activities to inmates at Akureyri Prison (paragraph 50);

- steps to be taken to enable remand prisoners at Akureyri Prison to take their outdoor exercise during the day time (paragraph 50).

comments

- the CPT trusts that steps will be taken to equip the outdoor exercise yard at Litla-Hraun Prison with a shelter against inclement weather (paragraph 45);

- the CPT trusts that the Icelandic authorities will pursue their efforts to develop the offer of work and other organised activities for all inmates at Litla-Hraun Prison, in particular for those serving long sentences (paragraph 45);

- the exercise yard at Kópavogur Prison was not equipped with a shelter against inclement weather (paragraph 47);

- the CPT trusts that the practice of mixed-sex accommodation will cease with the entry into service of the future new prison located at Hólmsheiði (paragraph 48).

Health care

recommendations

- the Icelandic authorities to increase the time of presence of a doctor at Litla-Hraun Prison (preferably, a doctor should visit the establishment every working day) and at Kópavogur Prison (to ensure a weekly doctor's visit) (paragraph 53);

- steps to be taken to provide the equivalent of at least one full-time nurse at Litla-Hraun Prison (paragraph 53);

- a daily visit by a nurse to Skólavörðustigur, Kópavogur and Akureyri Prisons to be ensured (paragraph 53);

- steps to be taken to improve the medical consultation rooms and their equipment at Skólavörðustigur, Kópavogur and Akureyri Prisons (paragraph 54);

- the necessary measures to be taken to ensure that all prisoners are examined by a doctor, or by a qualified nurse reporting to a doctor, within 24 hours of their admission (paragraph 55);

- specific instructions to be issued so as to ensure that, whenever prison health-care staff observe injuries on an inmate's body which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), such injuries are duly recorded by the health-care staff in a dedicated register and the record is immediately and systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned (paragraph 56);

- the provision of psychiatric care to be significantly improved in all the prisons visited and the attendance of a psychologist to be increased, especially at Akureyri Prison (paragraph 57);

- immediate steps to be taken to ensure that mentally disturbed prisoners who require in-patient psychiatric treatment are kept and cared for in appropriate facilities (paragraph 57);

- the Icelandic authorities to continue their efforts to develop fully-fledged therapeutic programmes aimed at combating alcohol and drug addiction amongst the inmates (paragraph 58).

comments

- the Icelandic authorities are invited to address the issue of an absence of a uniform system for the keeping of medical documentation, and of the lack of an efficient procedure for the exchange of medical information between prisons if/when an inmate needed to be transferred to another penitentiary establishment (paragraph 59).

requests for information

- a copy of the agreement between the prison and health-care authorities concerning the transfers of prisoners to psychiatric establishments (paragraph 57).

Other issues related to the CPT's mandate

recommendations

- the exercise yard in the isolation section of Litla-Hraun Prison to be enlarged and improved (paragraph 61);

- dedicated registers of disciplinary sanctions to be set up in the establishments visited (paragraph 61);

- the regime of prisoners accommodated in the security section of Litla-Hraun Prison to be reviewed, in the light of the remarks made in paragraph 63 (paragraph 63);

- the practice in all Icelandic prisons concerning the role of health-care staff vis-à-vis prisoners placed in solitary confinement to be brought into conformity with the principles outlined in paragraph 64 (paragraph 64);

- the Icelandic authorities to establish a system under which each prison establishment will be visited on a regular basis by an independent body authorised to inspect the prison's premises and to receive complaints from inmates about their treatment in the establishment (paragraph 65).

comments

- the CPT trusts that the use of closed visiting facilities will remain the exception, limited to individual cases justified for security-related reasons or by the legitimate interests of an investigation (paragraph 60);

- the Icelandic authorities are invited to translate the information brochures for newly-arrived prisoners and their relatives, as well as various forms inmates had to use for making requests, into an appropriate range of languages, and make them available to foreign prisoners (paragraph 66);

- the Icelandic authorities are invited to take the necessary steps to introduce treatment programmes for imprisoned sex-offenders, with a view to reducing the risk of reoffending and to preparing the inmates concerned for their eventual release (paragraph 67).

requests for information

- a copy of the new rules on solitary confinement on security grounds (paragraph 62);

- whether there exists any maximum legal time-limit for placements in solitary confinement on security grounds (paragraph 62).

Psychiatric establishments

Preliminary remarks

recommendations

- the Icelandic authorities to carry out a thorough review of the current mental health legislation, both as regards the civil and forensic patients. The final objective should be to have in place a comprehensive and coherent set of rules (e.g. a Mental Health Act) (paragraph 69).

comments

- the CPT trusts that the Icelandic authorities will strive to find a solution to avoid patients' stay in Kleppur being prolonged due to the difficulty in finding places for them to live outside the hospital (paragraph 70).

requests for information

- when the Icelandic authorities envisage ratifying the UN Convention on the Rights of Persons with Disabilities, as well as how the authorities intend to prepare for the consequences of this ratification (paragraph 70).

Patients' living conditions

recommendations

- appropriate measures to be taken to ensure that all patients subject to involuntary placement in the psychiatric ward of Akureyri Hospital and in the secure ward of Kleppur have the possibility to take outdoor exercise of at least one hour on a daily basis, if their medical condition so permits (paragraph 73).

comments

- consideration should be given to transforming the terrace of the secure ward of Kleppur into a secure outdoor exercise area for the patients (paragraph 73).

Staff and treatment

recommendations

- all newly-arrived patients to be examined somatically by a doctor within 24 hours of their admission. Such somatic screening should be repeated at suitable intervals. The recommendations in paragraphs 44, 55 and 56 of the report apply *mutatis mutandis* (paragraph 76).

comments

- the Icelandic authorities are invited to address the lack of specific intermediate and final treatment goals in individual treatment plans (paragraph 75).

Means of restraint

recommendations

- dedicated registers for documenting all instances of the application of means of restraint to be established (paragraph 79);

- a written, comprehensive policy on the use of means of restraint to be adopted as a matter of priority in all psychiatric establishments in Iceland (paragraph 80);

- the practices described in paragraph 81 of the report, consisting of the involvement of uniformed police officers (and, in Akureyri, staff from a private security company) in helping the health-care staff restrain a patient, to be stopped immediately (paragraph 81).

comments

- conditions in the room used at the psychiatric ward of Akureyri Hospital for seclusion of patients are not optimal and should be improved (paragraph 78);

- if restraint is applied in respect of a voluntary patient, his/her legal status should be reviewed (paragraph 82).

requests for information

- confirmation that the mattress in the seclusion room of the secure ward of Kleppur has been replaced by a tear-proof model (paragraph 78);

- prospects for the adoption of a special regulation on the use of means of restraint (paragraph 80).

Safeguards in the context of involuntary hospitalisation

recommendations

- steps to be taken to ensure (if necessary, through legislative amendments) that the continuation of the initial (civil) involuntary hospitalisation beyond 48 hours requires the opinion of an independent psychiatrist (paragraph 84);

- the relevant legislation to be amended in order to remove the automatic linking of involuntary hospitalisation to deprivation of legal competence (paragraph 85);

- the Icelandic authorities to change the existing practice so that if the period of involuntary placement is unspecified (or exceeds six months), there is an automatic review at regular intervals of the need to continue the placement. This should also apply to forensic patients placed under Section 62 of the Criminal Code (paragraph 86);

- the legislation concerning the possibility of treating a patient without his/her consent to be reviewed, in the light of the remarks in paragraph 87 (paragraph 87);

- a brochure setting out the wards' routines and patients' rights, including information about outside complaints bodies and procedures, to be systematically provided to patients and their families and/or legal representatives on admission to all psychiatric establishments in Iceland. Any patients unable to understand the brochure should receive appropriate assistance (paragraph 89);

- regular visits by an independent body to be organised to psychiatric establishments. Such a body should be authorised, in particular, to talk privately with patients, to receive directly any complaints and transmit them, if appropriate, to the competent authority, and to make recommendations (paragraph 90).

comments

- the Icelandic authorities are invited to set up appropriate facilities in which patients can meet their relatives and friends in the psychiatric ward of Akureyri Hospital and in the secure and forensic wards of the Kleppur hospital (paragraph 88);

- the Icelandic authorities are invited to make further efforts to explain to patients in an understandable manner, repeatedly if necessary, their legal status and its implications (paragraph 89).

requests for information

- clarification of why two involuntary patients at the secure ward in Kleppur had court-imposed time-limited deprivation of legal capacity (and, consequently, involuntary placement) of, respectively, two and four years, whereas pursuant to Section 5 of the Legal Competence Act a time-limited deprivation of legal competence shall not be ordered for more than six months (paragraph 86).

APPENDIX II

LIST OF THE NATIONAL AUTHORITIES, NON-GOVERNMENTAL ORGANISATIONS AND PERSONS WITH WHOM THE CPT'S DELEGATION HELD CONSULTATIONS

A. National authorities

Ministry of the Interior

Mr Ögmundur JÓNASSON	Minister of the Interior
Ms Þórunn J. HAFSTEIN	Director General
Mr Hermann SÆMUNDSSON	Director General
Ms Ragnhildur HJALTADÓTTIR	Permanent Secretary
Ms Halla GUNNARSDÓTTIR	Political Advisor
Ms Sigríður J. FRIÐJÓNSDÓTTIR	Director of Public Prosecutions
Mr Björn HALLDÓRSSON	Deputy National Commissioner of Police
Ms Thelma ÞÓRÐARDÓTTIR	Legal Expert, National Commissioner of Police
Ms Kristín VÖLUNDARDÓTTIR	Director of Immigration
Mr Páll Egill WINKEL	Director of the Prison and Probation Administration
Ms Erla Kristín ÁRNADÓTTIR	Prison and Probation Administration
Ms María Rún BJARNADÓTTIR	Senior Legal Adviser
Ms Finnborg Salóme STEINÞÓRSDÓTTIR	Intern

Ministry of Welfare

Mr Sveinn MAGNÚSSON	Director General
Mr Geir GUNNLAUGSSON	Director of Health
Ms Anna Björg ARADÓTTIR	Head of Division of Monitoring, Clinical Quality and Health Services
Mr Páll MATHÍASSON	Chief Executive of Mental Health Services

Office of the Parliamentary Ombudsman

Mr Tryggvi GUNNARSSON	Parliamentary Ombudsman
Mr Róbert R. SPANÓ	Advisor
Ms Berglind Bára SIGURJÓNSDÓTTIR	Office Manager
Ms Særún María GUNNARSDÓTTIR	Legal Adviser
Ms Margrét María GRÉTARSDÓTTIR	Legal Adviser

B. Non-governmental organisations and other persons

Icelandic Human Rights Centre

Mr Ragnar AÐALSTEINSSON, Human Rights lawyer

APPENDIX III

EXTRACT FROM THE 21ST GENERAL REPORT ON THE CPT'S ACTIVITIES [CPT/INF (2011) 28]

"The decision of placement in solitary confinement: procedures and safeguards

57. In order to ensure that solitary confinement is only imposed in exceptional circumstances and for the shortest time necessary, each type of solitary confinement should have its own distinct process for applying and reviewing it. The CPT outlines here what it considers to be the appropriate processes:

……

(c) Administrative solitary confinement for preventative purposes

This can result in very long-term placements under solitary confinement and the administrative decisions involved are often indeterminate; both these elements aggravate the negative effects of the measure. Consequently, there is a need for stringent controls. The CPT considers that placement in administrative solitary confinement should only be authorised by the most senior member of staff in the prison; any imposition of this measure as an emergency should be reported to the most senior member of staff on duty immediately and brought to the attention of the prison director as soon as possible. A full written report should be drawn up before the member of staff who makes the decision goes off-duty. This should record the reasons for the decision and the precise time the measure was adopted as well as the views of the prisoner as far as these can be ascertained. There should be constant, logged, monitoring of all cases for the first few hours and the person should be released from solitary confinement as soon as the reason for the imposition of the measure has been resolved. In all cases where the measure continues for longer than 24 hours, there should be a full review of all aspects of the case with a view to withdrawing the measure at the earliest possible time.

If it becomes clear that solitary confinement is likely to be required for a longer period of time, a body external to the prison holding the prisoner, for example, a senior member of headquarters staff, should become involved. A right of appeal to an independent authority should also be in place. When an order is confirmed, a full interdisciplinary case conference should be convened and the prisoner invited to make representations to this body. A major task for the review team is to establish a plan for the prisoner with a view to addressing the issues which require the prisoner to be kept in solitary confinement. Among other things, the review should also look at whether some of the restrictions imposed on the prisoner are strictly necessary – thus it may be possible to allow some limited association with selected other prisoners. The prisoner should receive a written, reasoned decision from the review body and an indication of how the decision may be appealed. After an initial decision, there should be a further review at least after the first month and thereafter at least every three months, at which progress against the agreed plan can be assessed and if appropriate a new plan developed. The longer a person remains in this situation, the more thorough the review should be and the more resources, including resources external to the prison, made available to attempt to (re)integrate the prisoner into the main prison community. The prisoner should be entitled to require a review at any time and to obtain independent reports for such a review. The prison director or senior members of staff should make a point of visiting such prisoners daily and familiarise themselves with the individual plans. Medical staff should also pay particular attention to prisoners held under these conditions."