



CPT/Inf (2004) 32

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

**from 27 January to 5 February 2003**

The Swedish Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2004) 33.

Strasbourg, 18 November 2004

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

Strasbourg, 22 July 2003

Dear Sirs,

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 Government of Sweden drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Sweden from 27 January to 5 February 2003. The report was adopted by the CPT at its 51st meeting, held from 1 to 4 July 2003.

I would draw your attention in particular to paragraph 165 of the report, in which the CPT requests the Swedish authorities to provide **within six months** a response setting out the action taken upon its visit report. The CPT would ask, in the event of the response being forwarded in Swedish, that it be accompanied by an English or French translation. It would be most helpful if the Swedish authorities could provide a copy of the response in electronic form.

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

Yours faithfully,

Silvia CASALE  
President of the European Committee for  
the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment

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## I. INTRODUCTION

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

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Sweden from 27 January to 5 February 2003. The visit formed part of the Committee’s programme of periodic visits for 2003. It was the CPT’s third periodic visit to Sweden.<sup>1</sup>

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

- Renate KICKER, Head of the delegation
- Maria Teresa BELEZA
- Zdeněk HÁJEK
- Pétur HAUKSSON
- Ingrid LYCKE ELLINGSEN
- Petros MICHAELIDES.

They were supported by the following members of the CPT’s Secretariat:

- Wolfgang RAU
- Hanne JUNCHER

and assisted by:

- Mark KELLY, Director, Human Rights Consultants, Ireland (expert)
- Anna Maria HEMPH-MORAN (interpreter)
- Kathleen Anne LAMMING (interpreter)
- Annette LOOFT (interpreter)
- Louise Claire RATFORD (interpreter).

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<sup>1</sup> The first two periodic visits took place in May 1991 and February 1998; the CPT also carried out an ad hoc visit to Stockholm Remand Prison in August 1994. The visit reports have been published under reference CPT/Inf (92) 4, CPT/Inf (95) 5 and CPT/Inf (99) 4. The government’s responses have been published under reference CPT/Inf (92) 6, CPT/Inf (93) 7, CPT/Inf (95) 12 and CPT/Inf (99) 4.

**B. Establishments visited**

3. The delegation visited the following places:

**Police establishments**

- Borås Police Station
- Gothenburg Police Headquarters
- Stockholm Police Headquarters
- Umeå Police Station
- Västberga Police Station

**Prisons**

- Gothenburg Remand Prison
- Västberga Section of Stockholm Remand Prison
- Tidaholm Prison
- Umeå Remand Prison

**Psychiatric establishments**

- Sahlgrenska Psychiatric Clinic, Gothenburg
- Gothenburg Department for Forensic Psychiatric Assessment
- Umeå Forensic and General Psychiatric Unit

**Detention facilities for young persons**

- Bärby Home for Young Persons

**Detention facilities for substance abusers**

- Rebecka Home for Substance Abusers

**C. Cooperation between the CPT and the Swedish authorities**

4. The cooperation received by the CPT's delegation from the Swedish authorities during the visit was excellent.

The CPT is grateful to Thomas BODSTRÖM, Minister for Justice, for meeting with the delegation. During the visit, the delegation also had fruitful discussions with Bertel ÖSTERDAHL, Director General of the National Prison and Probation Administration, Nils REKKE, Director of the Public Prosecution Authority, Ulf BERG, Head of Legal Affairs of the National Police Board, and other senior officials. In addition, the delegation held useful talks with Claes EKLUNDH, Chief Parliamentary Ombudsman.<sup>2</sup>

The CPT wishes to highlight the assistance received both before and during the visit from the liaison officers appointed by the Swedish authorities.

5. Cooperation from management and staff at local level was also excellent. In particular, the delegation had a very good reception in, and rapid access to, all of the places of detention visited, including those which had not been notified in advance of the CPT's intention to carry out a visit. The management of the establishments visited had been made aware of the possibility of a visit by the Committee and, in general, had a good understanding of its mandate and powers.

Particular reference might be made to the fact that the delegation was granted unrestricted access to all of the files which it requested from the Police Discipline Unit of the Västra Götaland County Police, and from the Gothenburg Public Prosecution Authority.

6. By letter of 30 May 2003, the Swedish authorities provided information on certain measures taken in the light of the observations made by the delegation at the end of the visit. This response has been taken into account in the relevant sections of the present report.

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<sup>2</sup> The complete list of authorities and non-governmental organisations active in areas of concern to the CPT with which the delegation held talks is set out in Appendix II to this report.



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

### **A. Police establishments**

#### **1. Preliminary remarks**

7. The CPT's delegation visited five police establishments, namely Gothenburg and Stockholm Police Headquarters and Borås, Umeå and Västberga Police Stations.

8. The basic rules concerning the detention and treatment of persons held by the police have not changed since the CPT's first visit to Sweden in 1991 (cf. CPT/Inf (92) 4, paragraphs 15 to 16, and Appendix III, paragraphs 8 to 11)<sup>3</sup>.

#### **2. Ill-treatment**

9. The CPT's delegation received no allegations of ill-treatment from the persons it interviewed who were or had been detained by the police.

However, in the context of its examination of the handling of complaints against the police in the County of Västra Götaland, the delegation reviewed a number of recent cases in which persons had complained that they had been assaulted by police officers at the time of arrest and/or on police premises. It appeared that certain of the persons concerned had sustained injuries consistent with their allegations (cf. paragraphs 13 to 24 below).

10. In the report on its 1998 visit, the CPT stressed the importance of reminding police officers that ill-treatment is not acceptable, that no more force than is strictly necessary should be used when effecting an arrest and that, once arrested persons have been brought under control, there can be no justification for striking them (cf. CPT/Inf (99) 4, paragraph 10).

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<sup>3</sup> The police may detain a criminal suspect or a person for identification under their own authority for up to 12 hours (cf. Chapter 23, Section 9, of the Code of Judicial Procedure and Section 14 of the Police Act (1984:387)). Persons under the age of 18 whose health or development appear to be at risk may be taken into care by the police for a short period (cf. Section 12 of the Police Act (1984:387)). Intoxicated persons may be taken into care and held on police premises for up to 8 hours (cf. Sections 1 and 7 of the Law on the taking into care of intoxicated persons (1976:511)).

In their response, the Swedish authorities referred to the principles of legality, proportionality and necessity that govern the work of the police<sup>4</sup>. The legal provision that force “should only be used in the form and to the extent required to achieve the desired result” is expounded in a police manual on restraint and self-defence techniques<sup>5</sup>, which indicates, inter alia, that police officers should be capable of resolving conflicts without resorting to the use of force and, if force is required, of intervening safely and with care.

However, in the light of the information gathered during the 2003 visit, **the CPT recommends that police officers be reminded regularly and in an appropriate manner that ill-treatment of detained persons is not acceptable and will be severely sanctioned.**

11. The best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers. This implies strict selection criteria at the time of recruitment of such officers and the provision of adequate professional training; such training should be pursued at all levels of the police’s hierarchy and should be on-going.

In this connection, in their response to the 1998 visit report, the Swedish authorities highlighted the emphasis placed on professional ethics in the context of basic training for police officers (cf. CPT/Inf (99) 4, page 62). **The CPT recommends that the Swedish authorities seek to integrate human rights concepts into operational professional training for high-risk policing situations, such as the arrest and questioning of suspects.** This will prove more effective than separate courses on professional ethics or human rights.

12. Another effective means of preventing ill-treatment of persons deprived of their liberty lies in the diligent examination by the relevant authorities of all complaints of such treatment brought before them and, where appropriate, the imposition of a suitable penalty. This will have a very strong deterrent effect (cf. CPT/Inf (99) 4, paragraph 11). The examination of complaints against the police is addressed in detail in the following section.

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<sup>4</sup> Section 8 of the Police Act (1984:387) and Chapter 5, Section 1, of the Police Ordinance (1984:730) (cf. CPT/Inf (99) 4, page 61).

<sup>5</sup> Conflict handling and self-protection, Police School/National Police Board 1998 (Konflikthand-tering/självskydd. Handbok: ingripande-och självförsvarsteknik).

### 3. Complaints procedures

#### a. introduction

13. In the report on its 1998 periodic visit to Sweden, the CPT stressed the importance of the existence of effective procedures for examining complaints against the police. The Committee has also emphasised that, if a police complaints mechanism is to enjoy public confidence, it must both be, and be seen to be, independent and impartial.<sup>6</sup> In this respect, the CPT has made clear its view that it would be preferable for the investigative work concerning complaints against the police to be entrusted to an agency which is demonstrably independent of the police.

In their responses, the Swedish authorities have indicated that they see no need for the establishment of an independent agency to investigate police complaints because they consider that investigations carried out by police investigators under the supervision of public prosecutors are of a good standard and that investigative staff conduct their work in an objective manner<sup>7</sup>. Further, the report of a committee examining the supervision and democratic control of the police and prosecution services, presented in May 2003, concludes that reforms within the current system are preferable to the setting-up of an independent agency (cf. the authorities' letter of 30 May 2003).

14. During its 2003 periodic visit, the CPT's delegation examined the arrangements to investigate complaints against the police in the Västra Götaland County Police district, which includes the city of Gothenburg. It reviewed 369 cases from the period of 1 May to 30 September 2001 (including the EU summit held in Gothenburg in June 2001), of which 29 cases involved allegations of assault by police officers, and 259 cases from the six months preceding the CPT's visit, of which 38 cases involved allegations of assault by police officers. The delegation focused on 7 complaints involving allegations of assault by police officers from the period of 1 May to 30 September 2001, and 11 such complaints from the six months preceding the CPT's visit.

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<sup>6</sup> Cf. CPT/Inf (99) 4, paragraphs 11 and 27 to 29, and the President of the CPT's letter to the Swedish authorities of 20 January 2003.

<sup>7</sup> Cf. CPT/Inf (99) 4, pages 66 and 67.

b. the current system

15. The key elements of the current system correspond to the description set out in the report on the CPT's 1998 visit.<sup>8</sup> In particular, police investigators are legally required to forward every complaint against the police to a public prosecutor "immediately"<sup>9</sup>. If a public prosecutor decides that a complaint should be the subject of a "preliminary investigation", the necessary investigative work is performed by police officers who, in principle, act under the direction and control of the public prosecutor concerned. Once the preliminary investigation has been completed, the public prosecutor must decide whether or not to bring criminal charges against a police officer.

c. effectiveness of investigations into complaints against the police

16. It should be recalled that the CPT considers that an investigation into possible ill-treatment by police officers should offer guarantees of independence, effectiveness, promptness and expeditiousness. The following paragraphs set out the prerequisites which must be met in order for this to be the case.

17. The persons responsible for, and carrying out, investigations into possible ill-treatment by police officers should be independent from those implicated in the events. In this regard, it is a positive feature of the Swedish system that all complaints against the police must be submitted to a public prosecutor, and that it is a public prosecutor - and not a police officer - who determines whether or not a preliminary investigation should be opened into the complaint.

However, from the moment a public prosecutor instructs that a preliminary investigation be opened, day-to-day responsibility for the operational conduct of that investigation reverts to serving police officers. In a number of the preliminary investigations reviewed by the delegation, the involvement of public prosecutors had been limited to instructing the police to investigate, acknowledging receipt of the result, and providing an opinion as to whether or not criminal charges should be brought.

Moreover, even if the public prosecutors formally responsible for preliminary investigations can be said to be independent from the police officers implicated in complaints, the same cannot be said of the serving police officers who actually conduct those investigations, especially if they are from the same police force as those who are the subjects of the complaints.

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<sup>8</sup> Cf. CPT/Inf (99) 4, paragraphs 27 to 29. The legal framework governing the work of police discipline units is to be found in the Ordinance on the Police (1998:1558), national police regulations (RPSFS 2000:19) and, as far as the Västra Götaland police force is concerned, local police regulations (Handläggning av anmälningar mot arbetstagare vid polismyndigheten i Västra Götaland, AL 793-7566/98).

<sup>9</sup> "Omedelbart", cf. Chapter 5, §1 of the Ordinance on the Police (1998:1558).

18. To be effective, an investigation into possible ill-treatment by police officers must be capable of leading to a determination of whether force used was or was not justified under the circumstances and to the identification and, if appropriate, the punishment of those concerned. This requires that all reasonable steps be taken to secure evidence concerning the incident, including, *inter alia*, eyewitness testimony and forensic evidence. If such steps are not taken, it will be difficult, if not impossible, for a public prosecutor effectively to assess whether the force allegedly used by police officers was or was not justified under the circumstances.

**In a number of the preliminary investigations examined by the CPT's delegation, it found that these basic precepts had not been observed.** The following cases illustrate the nature of the issues which the delegation has identified.

19. On 19 June 2001, a man complained that, three days previously, when participating in a passive protest during the EU summit in Gothenburg, he had been pushed and shoved with police officers' riot shields, and kicked by a police officer, causing an injury to his left side, just above the hip. He further alleged that he had been bitten by a police dog, causing an injury to his right shoulder. He indicated that his injuries had been documented in two hospitals. The police officer who recorded his initial complaint noted that he displayed injuries including "a large bruise (7-8 cm) on his left side above the hip and an injury to the back of his right shoulder"<sup>10</sup>.

On 8 August 2001, the Stockholm Public Prosecution Authority, to which the case had been transferred, instructed the Police Discipline Unit of the Västra Götaland County Police to carry out a preliminary investigation. The only instruction from the public prosecutor recorded in the preliminary investigation file is that a police investigator conduct a hearing with the complainant. On 17 September 2001 - three months after he had first lodged a complaint - the complainant repeated his account of the incident to an investigating police officer and specified that he had received hospital treatment for his injuries.

Despite the fact that the complainant displayed injuries when he first lodged his complaint, and notwithstanding the fact that he clearly indicated to police officers (on two occasions) that two hospitals held medical records regarding his injuries, neither the Police Discipline Unit of the Västra Götaland County Police nor the Gothenburg / Stockholm Public Prosecution Authorities sought to arrange for a forensic medical examination of the complainant, or attempted to recover his medical records from the hospitals which he attended. Nor was any attempt made to identify and interview police officers or witnesses present at the scene. On 17 December 2001, the Stockholm Public Prosecution Authority issued a formal decision to close down the preliminary investigation, and to take no further action regarding this complaint.

20. On 19 June 2001, a woman complained that, on 16 June 2001 in Gothenburg, while she was making her way home, a policeman had struck her twice or three times with a riot shield. On 7 August 2001, the Stockholm Public Prosecution Authority, to which the case had been transferred, instructed the Police Discipline Unit of the Västra Götaland County Police to carry out a preliminary investigation. The complainant was heard by an investigating police officer on 12 September 2001 - almost three months after she had first lodged a complaint.

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<sup>10</sup> These injuries are also clearly visible in photographs supplied to the delegation.

It appears that no attempt was made by either the Police Discipline Unit of the Västra Götaland County Police or the Gothenburg / Stockholm Public Prosecution Authorities to identify and interview any of the police officers on duty at the time of the alleged incident (e.g. by requiring the production of staffing lists and deployment details for the day in question) or witnesses. On 17 December 2001, the Stockholm Public Prosecution Authority issued a formal decision to close down the preliminary investigation, and to take no further action regarding this complaint.

21. The afore-mentioned cases - in addition to constituting examples of ineffective investigative practices - demonstrate a flagrant lack of promptness and expeditiousness. More recent cases examined by the delegation present a more mixed picture in this regard, including examples of good practice. For example, the Police Discipline Unit of the Västra Götaland County Police transmitted a complaint of excessive use of force by police officers to the Borås Public Prosecution Authority the day after it was lodged and received investigative directions from the public prosecutor six days later. The subsequent investigation would appear to have been conducted in a reasonably expeditious manner.

However, there is also some evidence of tardiness, particularly on the part of public prosecutors. For example, on 30 December 2002, a man complained that when, two days earlier, police officers had entered the house which he was visiting, a police officer had grabbed him and thrown him against a wall; as a result, he had struck his teeth against his lower lip, piercing his lip and losing two teeth. The complainant stated that he had received treatment, and that his injuries had been documented, at Östra Hospital in Gothenburg. The police officer who recorded his initial complaint noted that she could see that his lip was wounded, and noticed heavy swelling. Although his complaint was transferred to the office of the Gothenburg Public Prosecution Authority on 2 January 2003, it was 31 January 2003 before a response was received from the relevant public prosecutor.

In a case of this nature, where a person complains that he has sustained injuries as a result of ill-treatment by police officers, it is imperative that more rapid action be taken to recover all relevant evidence permitting an assessment of the veracity of the complaint.

d. assessment

22. During its 2003 visit, the CPT's delegation found that complaints against police officers are still being investigated by serving police officers, on occasion with little or no effective supervision by public prosecutors. Further, it identified cases in which no effort had been made by investigating police officers to recover medical evidence and/or to identify and interview police officers implicated in complaints of ill-treatment. These failings had not been identified or remedied by the public prosecutors whose task was to supervise the preliminary investigations in question. Moreover, the delegation uncovered examples of preliminary investigations in which the actions of investigating police officers and public prosecutors in response to complaints of ill-treatment by police officers had been neither prompt nor expeditious.

On the basis of its most recent evaluation of the effectiveness of investigations into complaints against the police in Sweden, the CPT can only conclude that, at present, the practice of investigating police officers and public prosecutors is not always in accordance with the principles of independence, effectiveness, promptness and expeditiousness set out above.

23. In the light of its delegation's findings during the 2003 visit, **the CPT recommends that the Swedish authorities urgently reconsider the need for the investigation of complaints against the police to be entrusted to an agency which is demonstrably independent of the police** (cf. CPT/Inf (99) 4, paragraph 27).

In the meantime, and for so long as the current system remains in place, **the CPT recommends that measures be adopted to ensure that public prosecutors effectively discharge their duty to supervise the investigation of preliminary investigations involving complaints against police officers; those measures to include:**

- **providing public prosecutors with clear guidance as to the manner in which they are expected to supervise preliminary investigations involving complaints against the police and ensuring that the work of public prosecutors supervising complaints against the police is subject to adequate managerial oversight and support;**
- **specifying that, in every case where it comes to a prosecutor's attention that a complainant may have sustained injuries while in the hands of the police, the prosecutor must order immediately a forensic medical examination; such an approach should be followed whether or not the complainant concerned bears visible external injuries;**
- **the introduction of strict time limits within which public prosecutors must determine whether complaints against the police which are transmitted to them are to be the subject of a preliminary investigation.**

24. The shortcomings identified above are particularly significant given that the outcome of a preliminary investigation into alleged ill-treatment can preclude any further disciplinary action being taken against a police officer who has been the subject of a complaint. If the public prosecutor decides that there is insufficient evidence that a crime of assault has been committed, the *alleged* assault cannot be the subject of any disciplinary action. This also holds true if a police officer is brought to trial but acquitted of assault by a court. In consequence, it remains the case, that "the only way in which action can be taken against a police officer in connection with a complaint involving allegations of assault is if the officer concerned is convicted by a criminal court; there are no circumstances in which such a complaint can be handled as a disciplinary matter" (cf. CPT/Inf (99) 4, paragraph 29).

**The CPT recommends that measures be taken to ensure that disciplinary action can be taken against police officers implicated in complaints of ill-treatment/assault even if a public prosecutor considers that there is insufficient evidence that the officers concerned have committed a crime.**

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

##### a. introduction

25. In previous visit reports (cf. CPT/Inf (92) 4, paragraphs 21 to 36, and CPT/Inf (99) 4, paragraphs 15 to 29), the CPT examined in detail the formal safeguards against ill-treatment which are offered to persons detained by the police in Sweden; it made certain recommendations aimed at reinforcing those safeguards.

The Committee placed particular emphasis on three fundamental rights, namely the right of detained persons to inform a close relative or another third party of their choice of their situation, to have access to a lawyer, and to have access to a doctor. It is equally fundamental that persons detained by the police be informed without delay of all their rights, including those mentioned above.

##### b. notification of custody and access to a lawyer

26. In response to the 1998 visit report (cf. CPT/Inf (99) 4, pages 64 and 65), the authorities indicated that the review undertaken by the Ministry of Justice of the rights of notification of custody and access to a lawyer would take account of the standards advocated by the CPT. During the 2003 visit, the delegation learned that, following the Ministry's initial review, a committee had been tasked by the government with examining these issues with a view to drawing up appropriate legislation.

However, in the meantime, persons detained by the police were, in the absence of a suitable regulatory framework, still not formally guaranteed the rights advocated by the Committee; furthermore, the situation in practice remained unchanged and unsatisfactory. Without waiting for the adoption of relevant legislation, **instructions should already be issued to the police in line with the Committee's recommendations.**

27. As regards more particularly notification of custody, under Chapter 24, Section 9 of the Code of Judicial Procedure, "immediate relatives or other persons particularly close to [the detained person shall] be notified of the arrest as soon as it can be done without causing harm to the investigation"<sup>11</sup>. However, in practice, the provision of information to a third party about a detained person's situation remained very much at the discretion of the police (cf. CPT/Inf (99) 4, paragraph 16) for the 12 hours that they may keep a person in custody under their own authority. Discussions with police (including senior) officers suggested that the broadly worded exception enabling the delay of notification was frequently resorted to and that it was not subject to review by senior staff or an independent authority. The delegation observed that decisions to delay notification were rarely recorded in writing, and were hardly ever reasoned.

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<sup>11</sup> This provision was amended in 1998 - cf. the authorities' letter of 30 May 2003.



**The CPT reiterates its long-standing recommendation on this subject (cf. CPT/Inf (92) 4, paragraph 24). All persons detained by the police (including those arrested, apprehended, taken into care, or being questioned as potential witnesses) should have a formally recognised right to inform a relative or another third party of their choice of their situation, as from the outset of their detention. Any possibility exceptionally to delay the exercise of this right should be clearly circumscribed in law and made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case at hand or a prosecutor).**

28. The right of access to a lawyer was also still not effective in practice from the outset of custody. Under Chapter 21, Section 3, of the Code of Judicial Procedure, detained criminal suspects have the right to be assisted by a lawyer in preparing and conducting their defence; this provision does not extend to persons obliged to remain with the police before they are categorised as criminal suspects or if they are held as witnesses or taken into care. Further, as had been the case in 1998, many persons detained in connection with a criminal offence stated that they had been informed of their right to be assisted by a lawyer only several hours after they had been taken into custody. Furthermore, while some had been able to have the lawyer present at the first police interview, others indicated that they had only been allowed to have contact with a lawyer when brought before a judge, i.e. up to three days after they were first detained.

**Consequently, the CPT reiterates its recommendation that the necessary steps be taken to extend the right of access to a lawyer to all categories of persons who may be obliged to remain with the police - including those being questioned as potential witnesses, apprehended or taken into care - as from the very outset of their custody (cf. CPT/Inf (99) 4, paragraph 21).**

c. access to a doctor

29. The CPT recommended in 1998 that the right of persons deprived of their liberty by the police to have access to a doctor - including, if they so wish, to one of their own choice - be made the subject of a specific legal provision (cf. CPT/Inf (99) 4, paragraph 24).

In their response, the authorities again made reference to the so-called normalisation principle, according to which detained persons have access to medical care on an equal footing with persons not deprived of their liberty (cf. CPT/Inf (99) 4, pages 64 to 65, as well as the authorities' letter of 30 May 2003). Further, they indicated in their response that, in their opinion, there was "hardly [a] need to let the detainee decide whether a doctor should be consulted or which doctor to call", except where specialist medical care was required. They concluded that specific legal provisions on the subject were not needed.

The delegation which carried out the 2003 visit found that, in the majority of cases, access to a doctor was in practice allowed. However, in the absence of a legal provision regulating this matter, police officers continued to decide by themselves whether a request by a detained person to be examined by a doctor should be met. Police officers to whom the delegation spoke confirmed this, and a number of detained persons complained that police officers had refused their request for a medical examination.

30. The CPT attaches considerable importance, in the context of the prevention of ill-treatment, to a clearly established right of persons deprived of their liberty by the police to have access to a doctor. In particular, detained persons' requests to be examined by a doctor should not be filtered by police officers.

Consequently, **the CPT reiterates its recommendation that the right of persons detained by the police to have access to a doctor be made the subject of a specific legal provision, having regard to the preceding remarks.**

d. information on rights

31. In its 1991 and 1998 visit reports, the CPT also recommended (cf. CPT/Inf (92) 4, paragraph 29, and CPT/Inf (99) 4, paragraph 26) that a form setting out in a straightforward manner the rights of persons detained by the police be systematically given to such persons at the very outset of their deprivation of liberty; the form should be available in an appropriate range of languages.

The Swedish authorities have recognised the merit of this approach, but steps taken towards adopting it have yet to bear fruit (cf. *inter alia*, CPT/Inf (99) 4, page 65). The delegation's findings confirmed that, with the exception of the right to be assisted by a lawyer, persons detained by the police were not provided with any information, and, in particular, received no information in writing.

In the course of the visit, the authorities stated that this matter would be addressed in the context of the ongoing review of the rights of detained persons. In the authorities' letter of 30 May 2003, it is indicated that instructions will be issued to this effect by the end of the year. **The CPT would like to receive a copy of these instructions and, in due course, confirmation that such a form is available and in use, for all categories of persons detained by the police.**

e. further remarks

32. Reference might also be made to the so-called public witness scheme, whereby lay persons can be appointed by the regional authorities to be present in police detention facilities and observe the work of the police vis-à-vis detained persons, including during interviews<sup>12</sup>.

The CPT considers that this is a positive development; public witnesses can provide an additional safeguard for detained persons and police officers alike. However, the Committee understands that, to date, the scheme has only been implemented in Gothenburg. **The CPT would like to receive further information about the public witness scheme, including as regards the authorities' intentions to extend its implementation throughout Sweden.**

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<sup>12</sup> Cf., *inter alia*, Chapter 23, Section 10, of the Code of Judicial Procedure which states that, if possible, a reliable witness shall be present during questioning.

## 5. Conditions of detention

33. The CPT set out the general criteria it employs vis-à-vis conditions of detention in police stations in its previous visit report (cf. CPT/Inf (99) 4, paragraph 12). On the whole, the cellular accommodation seen in the five police establishments visited in 2003 met those criteria.

34. The conditions of detention at **Gothenburg Police Headquarters** and at **Borås** and **Umeå Police Stations** were quite satisfactory. All cells were of an adequate size (one person in a 6.5 to 8 m<sup>2</sup> cell), well-lit and ventilated, clean and in a good state of repair. The cells were equipped with a bed, broad bench or plinth; certain cells used for intoxicated persons were unfurnished. Detained persons were provided with a clean mattress and blankets. In all the establishments visited, detained persons had ready access to sanitary facilities at all times.

At **Västberga Police Station**, however, cells had limited access to natural light and were poorly ventilated. Further, it appeared that, at Borås Police Station, intoxicated persons detained were, on occasion, not given a mattress. **The CPT recommends that steps be taken to remedy these shortcomings.** More particularly, with respect to mattresses to be issued to intoxicated persons, these could be equipped with a washable cover (cf. also CPT/Inf (99) 4, paragraph 13).

35. Following its previous visits, the CPT recommended that the 1.45 m<sup>2</sup> holding cubicles seen at **Stockholm Police Headquarters** and any facilities of a similar size in other police establishments in Sweden be withdrawn from service (cf. CPT/Inf (92) 4, paragraph 18, and CPT/Inf (99) 4, paragraph 14). By the time of the 2003 visit, this recommendation had been implemented as regards the Stockholm Police Headquarters. The new holding facilities at the headquarters were quite adequate. Consisting of 4 m<sup>2</sup> glass-fronted cells, they were well-lit and ventilated, and equipped with a bench. Persons could be held in those facilities for up to one hour.<sup>13</sup>

However, at **Västberga Police Station**, the delegation found six holding cubicles (brought into service in 1996) measuring a mere 1 m<sup>2</sup> each. As already made clear by the CPT, by virtue of their size alone, such facilities are not suitable for holding a person for any length of time; in the view of the Committee, holding cubicles should be no less than 2 m<sup>2</sup>, and preferably larger. **The CPT recommends that facilities such as those found at Västberga be withdrawn from service forthwith, wherever they are to be found.**

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<sup>13</sup> Stockholm Remand Prison - which was visited by the CPT in 1991, 1994 and 1998 - continues to provide accommodation for persons detained for longer periods by officers attached to Stockholm Police Headquarters. Stockholm Police Headquarters' current premises were brought into service in 1999.

## **B. Prisons**

### **1. Preliminary remarks**

36. In the course of the 2003 visit, the CPT's delegation visited three remand establishments, in Gothenburg, Umeå and Västberga; all were located in buildings also housing police facilities. In addition, the delegation also visited one establishment for sentenced prisoners, Tidaholm Prison.

37. **Gothenburg Remand Prison** had an official capacity of 204 and, on the first day of the visit, was accommodating that number of inmates (including some 10 women). Other than remand prisoners, the establishment was holding some 45 sentenced prisoners awaiting transfer and 4 immigration detainees. During its visit to Gothenburg, the delegation focused on the examination of the regime of remand prisoners, especially those subject to restrictions.

**Umeå Remand Prison**, brought into service in 1996, had an official capacity of 30 and, at the time of the visit, was holding 26 male prisoners.

The **Västberga Section of Stockholm Remand Prison** had an official capacity of 15 and, at the time of the visit, was accommodating that number of inmates.

**Tidaholm Prison**, located on the outskirts of the town of the same name, is a high-security establishment which received its first inmates in 1958; it is divided into a larger area for inmates subject to an ordinary regime and a smaller area for inmates kept separate, for reasons such as their own protection or assumed dangerousness. With 198 male inmates (many of whom were serving long sentences, i.e. 4 years or more), Tidaholm Prison was also operating at its full capacity at the time of the visit.

### **2. Ill-treatment**

38. The delegation heard no allegations of physical ill-treatment of prisoners by staff in the prisons visited. Moreover, many inmates interviewed by the delegation spoke favourably about staff.

However, the CPT is concerned by the impact of restrictive regimes applied in certain of the prisons visited. The observations made in the course of the 2003 visit tend to confirm the fact that prolonged periods of isolation/segregation can have a number of negative consequences on the mental health of the inmates concerned. These consequences will be examined later in the report (cf. paragraph 60).

39. The CPT's mandate is not limited to the ill-treatment of persons deprived of their liberty which is inflicted or authorised by prison staff. The Committee is also concerned when it discovers an environment which is conducive to inter-prisoner intimidation and violence.

At Tidaholm Prison, both management and inmates told the delegation that fights between prisoners were a regular occurrence, especially in Unit C, holding disruptive prisoners transferred from other more open establishments. This was borne out by incident reports and other records examined by the delegation.

Tackling the phenomenon of inter-prisoner violence requires that prison staff be placed in a position, including in terms of staffing levels, to exercise their authority and their supervisory tasks in an appropriate manner. Prison staff must be alert to signs of trouble and be both resolved and properly trained to intervene when necessary.

**The CPT recommends that strategies to combat inter-prisoner violence be vigorously pursued and that means of rendering them more effective be explored, in the light of the above remarks.**

In this connection, the Committee has noted that efforts are being made to divide Unit C into smaller sections with a view to enhancing control (cf. the authorities' letter of 30 May 2003). **The CPT would like to receive further information on this subject.**

### **3. Restrictions**

40. For more than a decade, the subject of the application by public prosecutors of restrictions upon remand prisoners has featured prominently in the CPT's ongoing dialogue with the Swedish authorities. Since the Committee's last visit, a number of legislative and regulatory changes have been introduced in response to the CPT's comments and recommendations.

41. Prosecutors are now required to present to the court the grounds on which a request for the court's general permission to impose restrictions is based<sup>14</sup>. However, such grounds are only presented orally (during the remand hearing). The pre-printed form which a prosecutor uses to request that the court remand a person in custody and grant the prosecutor the authority to impose restrictions ("häktningsframställning m m") still does not specify the specific restrictions which the prosecutor intends to impose, nor does it record the grounds which the prosecutor considers justify the imposition of restrictions - as distinct from the grounds which justify remand (cf. in this context also the authorities' letter of 30 May 2003).

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<sup>14</sup> Cf. Chapter 24, Section 14, of the Code on Judicial Procedure (SFS 1942:740, as amended).

42. Since 1 January 1999, prosecutors have been obliged to state the grounds for restrictions in writing on the form “instructions relating to apprehended/arrested/remanded persons”<sup>15</sup> which notifies a place of detention (and, in some cases, the detained person) of the specific restrictions which the prosecutor intends to apply<sup>16</sup>. A prosecutor thus only becomes subject to a duty to record the grounds on which specific restrictions are being applied after the court has granted that prosecutor a general permission to impose whatever restrictions he/she thinks fit.

In practice, the delegation found that prosecutors were not complying fully even with that limited duty. It reviewed several hundred of the relevant forms held at Gothenburg Remand Prison and found that only a handful contained brief statements regarding the grounds on which restrictions had been imposed.

43. In their response to the 1998 visit report (cf. CPT/Inf (99) 4, page 69), the Swedish authorities expressed the view that, “in principle, there is no reason to demand that the prosecutor gives a more detailed account of the reasons for imposing restrictions than of the reasons for detention.” Prosecutors with whom the delegation spoke during the 2003 visit concurred with this view. Further, one prosecutor suggested that, at present, judges pay little or no attention to the specific restrictions which are to be imposed upon remand prisoners, leaving this issue entirely to the discretion of prosecutors.

The CPT wishes to stress once again (cf. CPT/Inf. (99) 4, paragraph 39) that requiring prosecutors to furnish reasoned grounds for the specific restrictions which they wish to impose is intended to ensure that restrictions are only applied in cases where prosecutors can persuade a judge that there is a genuine risk of harm in the context of a given criminal investigation and that the risk concerned is sufficient to justify the particular restrictions being sought in that case.

44. The CPT’s delegation also ascertained that, in the context of the fortnightly review by the court of the need to maintain remand, the question of the need to continue to impose restrictions could be handled by the unsupported written assertion by prosecutors that “there is still a need to maintain restrictions”. In a number of cases concerning persons held at Gothenburg Remand Prison examined by the delegation, the prosecutor’s (unreasoned) request for maintaining both remand and restrictions had been quite literally “rubber-stamped” by the court.

45. Since prosecutors are not required to inform courts of the specific restrictions which they intend to impose and, in most cases, the grounds for imposing those restrictions are still not being recorded, it remains very difficult for a remand prisoner or his/her lawyer effectively to challenge the specific restrictions applied (notwithstanding the fact that Section 17 of the Act on the Treatment of Persons Arrested or Remanded in Custody now provides that a remand prisoner “may request that the district court review a decision [...] to impose restrictions of a particular kind”).

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<sup>15</sup> “Anvisningar angående gripen/anhållen/häktad”.

<sup>16</sup> Cf. Regulations on documentation of reasons for restrictions on persons remanded in custody (Prosecutor General’s Statute 1998:7), pursuant to the Degree and the Act on the Treatment of Persons Arrested or Remanded in Custody (respectively, 1976:376 and 1976:371).

Lawyers with whom the delegation spoke indicated that, in view of the dearth of information available to them about the grounds on which restrictions have been imposed, requests to the court to review a decision to impose specific restrictions rarely, if ever, result in restrictions being lifted or varied.

46. Further, in the event that a court decides not to lift or vary the restrictions to which an inmate is subject, Section 17 of the aforementioned Act expressly provides that “the court’s decision cannot be appealed”. The CPT remains of the view that the absence of an effective right of appeal against court decisions regarding restrictions is a “potentially serious lacuna” (cf. CPT/Inf (99) 4, paragraph 42).

47. At the time of the delegation’s visit to Gothenburg Remand Prison, 96 of the 153 remand prisoners present (or 63%) were subject to restrictions, a proportion which was noticeably higher than the 40 to 50% found during previous visits (at Stockholm and Malmö Remand Prisons).

The delegation was told at Gothenburg that the percentage of newly admitted inmates who were subject to restrictions could be even higher, a state of affairs which was said to be characteristic of the Gothenburg area. However, in a number of cases, these restrictions were lifted or otherwise alleviated by public prosecutors after a couple of weeks. Of the 14 inmates received during the months of August and September 2002 who were still present at the time of the visit, only 5 (36%) were still subject to restrictions.

The pattern of restrictions imposed on inmates at Gothenburg was virtually identical to that observed by the CPT in 1998. The vast majority of inmates with restrictions (90 out of 96, or 93%) were being denied access to association, telephone calls and visits, and their correspondence was subject to censorship. As had been the case during the Committee’s previous visits, the prohibition of access to reading matter, radio and television remained rare.

48. The situation at Umeå Remand Prison differed significantly from that described above. Only 3 out of the 26 inmates present at the time of the visit were subject to restrictions, and no more than a quarter of newly arrived prisoners were reportedly held under restrictions (for a maximum of some two weeks) at any one time.

49. The CPT’s report on its 1998 visit highlighted the need to ensure that courts are able to conduct a *meaningful assessment* of whether or not specific restrictions were required in a given case, in order to guarantee that a proper balance is struck between the needs of a criminal investigation and the imposition of restrictions. The evidence gathered during the 2003 visit would suggest that the legislative and regulatory changes which have been introduced by the Swedish authorities have yet to achieve this goal.

Further, given that almost two thirds of the remand prisoners at Gothenburg were subject to restrictions (cf. paragraph 47), it is difficult to escape the conclusion that much remains to be done to ensure that the imposition of restrictions on remand prisoners is an exceptional measure rather than the rule (cf. CPT/inf (92) 4, paragraph 68).

In the light of the above, **the CPT recommends that:**

- **further measures be taken to ensure that, in every case where a court is called upon to authorise a prosecutor to impose/prolong restrictions, the prosecutor is formally required to provide the judge with (i) an account of the specific restrictions which he/she intends to impose upon a person remanded in custody and (ii) the reasoned grounds which justify those restrictions in the circumstances of the case;**
- **prosecutors be instructed that, in every case, the annex to the form “instructions relating to apprehended/arrested/remanded persons” is to be completed in a manner which clearly sets out the reasoned grounds on which restrictions are being imposed;**
- **consideration be given to introducing legislation requiring court decisions regarding the initial imposition and, subsequently, the prolongation of restrictions to be individualised and fully reasoned;**
- **persons whose requests under Section 17 of the Act on the Treatment of Persons Arrested or Remanded in Custody are unsuccessful be granted a right of appeal against the relevant decisions of the court.**

More generally, **the CPT would like to receive the comments of the Swedish authorities on the manner in which restrictions are being handled by public prosecutors in the Gothenburg area.**

#### **4. Conditions of detention**

##### **a. material conditions**

50. Material conditions of detention in all of the prisons visited were generally of a good standard. Inmates were accommodated one to a 6 to 10 m<sup>2</sup> cell, and larger cells were available for mothers with babies (e.g. at Gothenburg) or persons with physical disabilities (e.g. at Umeå). The cells had good artificial lighting and, with the exception of Västberga, good ventilation and access to natural light.

The cells were adequately furnished (bed, table, chair/stool, storage space). Unless this was subject to a restriction imposed by a public prosecutor upon a remand prisoner, inmates could have a radio and/or television and, at Tidaholm Prison, video games and computers.

On the whole, the cells were in a good state of repair, although renovation work in certain parts of Tidaholm (buildings D, E and the communal room in Unit M) had experienced some delay due to the establishment operating at its full capacity. At Umeå and Västberga, cells had a sanitary annexe (wash basin and lavatory) as had the larger cells at Tidaholm. The delegation heard no complaints about arrangements for access to toilet facilities for inmates accommodated in cells not equipped with integral sanitation.



51. **The CPT recommends that existing plans to improve access to natural light and ventilation in cells at the Västberga Section of Stockholm Remand Prison be implemented at the earliest opportunity; measures should be taken to ensure that, in the interim, detention at Västberga does not exceed a few days. It also invites the Swedish authorities to pursue efforts to keep all parts of Tidaholm Prison in a satisfactory state of repair.**

52. Gothenburg Remand Prison had three waiting cells of 2.3 to 2.7 m<sup>2</sup>, which were said to be used for stays generally not exceeding 30 minutes. The cells were entirely decorated in black, which engendered a highly oppressive atmosphere. The establishment's director told the delegation that this state of affairs would be remedied shortly. **The CPT would like to be informed about the action taken.**

53. Outdoor exercise areas at Tidaholm Prison and those for prisoners not subject to restrictions at Gothenburg and Umeå Remand Prisons call for no particular remarks from the CPT. However, the situation was not satisfactory as regards remand prisoners subject to restrictions at Gothenburg and Umeå, and for all persons held at Västberga. Those prisoners were obliged to use rooftop outdoor exercise facilities measuring 15 m<sup>2</sup> (in Västberga) to 25 m<sup>2</sup> (in Gothenburg). Even a 25 m<sup>2</sup> exercise area is hardly large enough to allow prisoners to exert themselves physically. Further, at Västberga, prisoners were not offered outdoor exercise on a daily basis.

In this connection, the CPT has noted that the Swedish authorities have sought to improve outdoor exercise arrangements for remand prisoners; those authorities advance that, as regards certain establishments, the only solution would be to re-locate the detention facilities (cf. CPT/Inf (99) 4, page 70).

**The CPT recommends that the Swedish authorities redouble their endeavours to offer remand prisoners subject to restrictions outdoor exercise in suitable facilities. More particularly, steps should be taken to make better use of the larger exercise areas at Gothenburg and Umeå Remand Prisons. The CPT also recommends that remand prisoners held at the Västberga Section of Stockholm Remand Prison be guaranteed at least one hour of outdoor exercise every day.**

b. regime

i. *remand establishments*

54. The Swedish authorities' revised targets for out-of-cell time are six hours per day for inmates who are not subject to restrictions and two hours per day for those subject to restrictions.

These targets were generally being met as regards inmates not subject to restrictions at Umeå and about a third of those in Gothenburg Remand Prison (i.e. those held in Unit 5.2); they benefited from an open-door regime for up to 6 hours per day and had access to well equipped association rooms and other facilities for activities (e.g. reading, computing, table tennis, etc.). Other remand prisoners not subject to restrictions at Gothenburg were offered some association, assembly work and education; however, these activities involved only limited out-of-cell time.

At Västberga, all prisoners were confined to their cells for up to 23 hours per day (cf. as regards outdoor exercise, paragraph 53). However, the delegation was told of plans to address this unacceptable situation by introducing activities such as association, table tennis and video projections.

55. As previously indicated, the already grossly inadequate target of two hours of out-of-cell time for inmates subject to restrictions was not being met at Västberga, and the delegation gained the impression that this was also the case at Gothenburg and Umeå. Such inmates were offered outdoor exercise every day and access to fitness facilities three or four times per week; other, mostly in-cell, activities consisted of reading and watching television, studying and talking, mostly to contact officers, a priest and drug counsellors.

56. **The CPT recommends once again that the Swedish authorities continue to strive to develop activities for remand prisoners. More particularly, vigorous action should be taken without delay to ensure that existing targets for out-of-cell time for prisoners subject to restrictions are achieved. Further, those targets should be reviewed, having regard to the CPT's previous recommendations on this subject; the objective should remain to ensure that all prisoners spend a reasonable part of the day outside their cells, engaged in purposeful activities of a varied nature (cf. CPT/Inf (92) 4, paragraph 62, and CPT/Inf (95) 5, paragraph 20).** Developing programmes of activities may well require increasing staff resources and revising the capacities of remand prisons. Providing appropriate human contact to prisoners who are subject to restrictions, especially as regards association, is likely to be particularly staff intensive.

**The CPT would like to receive further information about the development of activities for prisoners at the Västberga Section of Stockholm Remand Prison.**

*ii Tidaholm Prison*

57. On the whole, the regime offered at Tidaholm Prison was of a good standard. All inmates subject to an ordinary regime (accommodated in Units B, C, D, E) benefited from generous out-of-cell time (upwards of 10 hours) and had access to well-equipped facilities for association, sport and - highly valued by prisoners - self-catering. Further, the vast majority of the inmates concerned were employed in the prison's workshops or on domestic services, and had access to a wide range of educational, psychosocial and recreational programmes. Some vocational training (e.g. in welding, fork-lift driving) was also available at the establishment. The facilities for education and workshops were of a high standard.

It should be noted, however, that most of the prisoners held in Unit C (disruptive inmates transferred from other prisons for reasons of internal order and discipline, often with little remaining time to be served) were not involved in any activities, apparently out of their own choice. **The CPT invites the Swedish authorities to seek to involve a larger number of prisoners from Unit C in organised activities, especially work.**

**The Committee also encourages the authorities to further develop vocational training for all prisoners.**

58. The regime of other inmates varied depending on the reasons for their separation from those subject to an ordinary regime. It was of a good standard as regards prisoners held separately for their own protection, accommodated in Unit R01, and for prisoners participating in full-time studies, accommodated in Unit L1; it was also quite acceptable, albeit less developed, in Unit R02, whose inmate population was similar to that of Unit R01.

The delegation was informed that Unit M was shortly to be converted into a further section for inmates held separately for their own protection. **The CPT would like to receive confirmation that the regime which will be provided in the converted unit will be at least of the same standard as in Unit R02.**

59. The regime offered to inmates considered to represent a particularly high security risk, held in the SÄK Unit, left something to be desired; it was particularly impoverished (involving very little association and organised activities) for prisoners held in segregation in Unit PI for prolonged periods because of their troublesome behaviour.

The CPT would underline that the quality of a regime also depends on constructive relations between staff and prisoners. In this connection, the delegation observed that staff-prisoner interaction at the SÄK Unit was reduced to the strict minimum, with staff monitoring inmates' movements from the outside and avoiding to enter prisoners' living quarters. This is an unsound approach, which may well contribute to small-group isolation and will do nothing to promote active security and a good internal atmosphere in the unit. Prisoner-staff relations were also very limited in Unit PI.

In light of the above, the CPT welcomes existing plans to reorganise the SÄK Unit in such a way as to facilitate inmates' return to normal location, at present a rare occurrence. **The Committee would like to receive further information on the reorganisation of the SÄK Unit and on the intended approach vis-à-vis the prisoners concerned, as well as on any specific training arrangements for staff to be deployed in the reorganised SÄK Unit. The approach adopted in respect of troublesome prisoners held in Unit PI should also be reviewed, bearing in mind the above remarks.**

*iii. impact of restrictive regimes on the mental health of prisoners*

60. Reference has already been made to the negative consequences of prolonged periods of isolation/segregation on the mental health of prisoners (cf. paragraph 38).

Common symptoms seen by the delegation's doctors in remand prisoners at Gothenburg, who had been subject to full restrictions for lengthy periods, and inmates segregated for their troublesome behaviour at Tidaholm, were agitation, anxiety and depression. These symptoms were frequently accompanied by disturbed sleep and various somatic ailments (e.g. back/neck pain; headaches). Discussions with medical staff in the two establishments supported these findings; the staff concerned also indicated that it was not uncommon for inmates to display signs of impairment of cognitive skills (including of concentration and memory) during periods spent in isolation/segregation. Further, the examination of relevant records suggested that pre-existing psychiatric disorders were frequently exacerbated by prolonged isolation/segregation.

It was apparently rare for restrictions on association and contact with the outside world to be eased for reasons of mental health. Further, at Tidaholm Prison, inmates declared unfit for continued segregation by the psychiatrist were often only transferred to a more appropriate location after 2 to 3 weeks, reportedly due to administrative delays. This is unacceptable.

In the CPT's opinion, more could and should be done to mitigate the deleterious effects of isolation/segregation. **It recommends that the above considerations be brought to the attention of all officials entrusted with decisions involving the prolonged isolation/segregation of prisoners. Where such a measure cannot be avoided (e.g. in the interest of the investigation or for the sake of internal order and discipline), steps should be taken to ensure appropriate human contact, e.g. with staff. Prisoners unfit for continued segregation should be transferred to a suitable location without delay.**

## 5. Health-care services

61. As regards health-care staff resources, **Gothenburg Remand Prison** had a doctor working half-time (present every weekday) and 7 full-time nurses (providing nursing cover during the whole week). There was also a dentist attached to the establishment.

**Umeå Remand Prison** was attended by a doctor (specialised in psychiatry) for 3 hours per week and on request. He was assisted by a nurse (employed on a 75% contract) who was present every weekday.

At the **Västberga Section of Stockholm Remand Prison**, a doctor was permanently on call, and a nurse visited the establishment on a daily basis.

The health-care service of **Tidaholm Prison** comprised a general practitioner, who attended the establishment once per week for 6 hours (and could be called as necessary), a psychiatrist (employed for 20 to 25 hours per week) and three full-time nurses. The prison was also visited by a dentist; however, the delegation gained the impression that his attendance was not sufficient for the establishment's needs.

62. Although far from generous, attendance by general practitioners at the four establishments could, in principle, be considered as adequate, in particular bearing in mind that access to outside somatic care services appeared to be unproblematic. However, **the CPT recommends that the authorities take steps to reinforce dental care services at Tidaholm Prison.**

Further, nursing staff resources were acceptable at Gothenburg, Umeå and Västberga. However, at Tidaholm, the available nursing cover was insufficient, given the size and structure of the inmate population (including a high prevalence of psychiatric disorders and psychological problems). **The CPT recommends that the nursing staff resources at that establishment be increased.**

63. The CPT is concerned about the provision of psychiatric and psychological care at Gothenburg and Tidaholm Prisons.

At Gothenburg, there was no in-house psychiatric service, and visits by psychiatric consultants appeared to be rare. The establishment was attended by a psychologist for a mere half day per week.

The situation at Tidaholm was somewhat better: in addition to the psychiatrist mentioned in paragraph 61 above, the establishment was visited by a psychologist. However, there was virtually no coordination between the psychologist and the establishment's health-care service; the establishment's psychiatrist intimated that he had never met the psychologist. Obviously, such a state of affairs is not conducive to the delivery of proper psychiatric and psychological care. Moreover, the delegation heard widespread complaints from inmates about significant delays (on occasion of several months) in seeing the psychologist.

64. Having regard to the high prevalence of mental disorders, especially among prisoners held in prolonged isolation/segregation (cf. paragraph 60), and the reported steady increase in the number of newly admitted inmates with psychiatric symptoms, the psychiatric/psychological cover available at Gothenburg and Tidaholm Prisons can hardly be regarded as adequate. Consequently, **the CPT recommends that the Swedish authorities strengthen the psychiatric/psychological care resources at those two establishments. Existing plans to increase the psychiatrist's presence at Tidaholm Prison to 30 hours per week should be given a high priority; further, vigorous efforts should be made to ensure proper synergy between the prison's psychiatric and psychology services.**

More generally, **the CPT would like to receive information on action taken as regards the provision of psychiatric care in Swedish prisons, in the light of the review by the National Prison and Probation Administration of the needs for psychiatric and psychological services within the prison and probation services (cf. CPT/Inf (99) 4, page 75).** Those needs are likely to increase significantly if, as has apparently been proposed (cf. footnote 20), responsibility for the care of mentally ill persons having committed a criminal offence were to be transferred to the National Prison and Probation Administration. **The CPT would like to receive further information on this issue.**

65. The delegation was told at Gothenburg and Tidaholm Prisons that ensuring the speedy transfer of mentally ill inmates requiring in-patient treatment to suitable health facilities had become increasingly difficult in recent times, due to both a shortage of hospital beds and administrative reasons. Moreover, it was reportedly not uncommon for hospitalised inmates to be returned prematurely, without proper observation, diagnosis and/or treatment.

The CPT wishes to stress that seriously mentally ill prisoners should be kept and cared for in a hospital facility, which is adequately equipped and possesses appropriately trained staff. The prompt transfer of such a prisoner to a psychiatric facility, and the provision of proper in-patient care (including observation and diagnosis), should be treated as a matter of the highest priority.

**The CPT would like to receive the comments of the Swedish authorities on this subject.**

66. In its previous report, the CPT recommended that the approach followed in Sweden as regards medical screening on admission and medical records be reviewed (cf. CPT/Inf (99) 4, paragraph 59). The CPT stressed, in particular, that every prisoner should be properly interviewed and physically examined by a medical doctor as soon as possible after his admission.

The CPT is pleased to note that medical screening of new arrivals at the establishments visited was broadly in line with the Committee's position on this matter. Nevertheless, **arrangements should be made at Umeå Remand Prison for inmates admitted during a weekend to be seen by health-care staff (e.g. a nurse) without undue delay.**

Medical records were generally found to be of a good standard. That said, at Gothenburg Remand Prison, individual medical files contained little information on inmates' mental health. This was hardly surprising, given the limited psychiatric input in the establishment (cf. paragraph 63). As far as the delegation could ascertain, in each of the establishments visited the confidentiality of medical records (including during transfer to outside services/other establishments) was observed.

## 6. Other issues

### a. discipline and segregation

67. The disciplinary system applicable to sentenced prisoners was described in the CPT's report on its first visit to Sweden (cf. CPT/Inf (92) 4, paragraph 131, and Appendix III, paragraph 17). In particular, it is still the case that segregation cannot formally be applied as a disciplinary sanction. However, the maximum period by which eligibility for conditional release may be delayed as a sanction for any one disciplinary offence has been increased from 10 to 15 days at a time<sup>17</sup>.

68. The information gathered at Tidaholm Prison suggests that the delay in eligibility for conditional release as a disciplinary sanction was decided by the Director on the basis of a file prepared by her legal adviser on inmate issues ("Rättsvårdsinspektör"). Only the latter heard the inmate concerned on the subject of the alleged offence.

In the CPT's opinion, prisoners facing disciplinary charges should always be heard in person by the adjudicating authority (in addition to being informed in writing of the charges against them, being able to call witnesses on their own behalf and to appeal to a higher authority against any sanctions imposed). **The CPT wishes to receive the Swedish authorities' comments on this matter. The Committee would also like to be informed whether an inmate facing disciplinary charges is entitled to be represented by a lawyer.**

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<sup>17</sup> Cf. Chapter 26, Section 7, of the Criminal Code. The accumulated maximum of such periods remains at 45 days.

69. Inmates can be placed in segregation for administrative reasons (e.g. to avert damage to persons or property, or otherwise in the interest of good internal order)<sup>18</sup>. At Tidaholm Prison, the delegation found that such placements were generally effected in accordance with the CPT's previous recommendations on this matter (cf. CPT/Inf (92) 4, paragraph 80). Inmates were also required to certify that they had received written information on the reasons for their placement and on the outcome of the regular reviews of their situation. The CPT welcomes this state of affairs.

Although segregation for administrative reasons is not construed as a disciplinary punishment, placement in the Unit PI at Tidaholm Prison (cf. paragraph 67) was perceived as a punitive and often arbitrary measure by the vast majority of inmates interviewed on this subject. Further, it would appear that prisoners held in that unit only rarely - if ever - went back to an ordinary regime, instead remaining in segregation (on occasion for several months) until their transfer to another establishment. In the CPT's opinion, such an approach is unlikely to encourage the inmates concerned to adopt behaviour compatible with ordinary prison life. **The Committee would like to receive the comments of the Swedish authorities on this issue.**

70. The Swedish authorities informed the CPT that transfers for reasons of good order and discipline were "employed restrictively in view of the negative consequences for treatment programmes [...] and preparation for release" (cf. CPT/Inf (92) 6, page 54). The CPT would add that such transfers, especially when occurring repeatedly, can seriously damage prisoners' contact with their family and friends.

At Tidaholm Prison, the delegation spoke with a number of inmates who had been transferred to the establishment (or were due to be transferred to other prisons) for reasons of good order and discipline. Staff confirmed that such transfers were standing practice in the Swedish prison system and indicated that, as a consequence, it was not uncommon for inmates, especially those with long sentences, to serve parts of them in different prisons. The CPT's delegation heard claims that it was not unusual for staff at Tidaholm Prison to threaten inmates with transfer to more remote establishments, as a form of persuasion to adjust their behaviour. **The CPT would welcome the comments of the Swedish authorities on these issues.**

In order for the Committee to obtain a full picture of the current situation, **the Swedish authorities are requested to supply information in respect of 2000 to 2002 concerning the number of prisoner transfers for reasons of good order and discipline.**

b. contact with the outside world

71. Remand prisoners not subject to restrictions were able to maintain reasonably good contact with their family and friends through visits and telephone calls; by way of example, such inmates at Umeå could have several visits per week, usually lasting up to 45 minutes each. However, the delegation was told that, on occasion, when Umeå and Gothenburg Prisons were overcrowded, the visiting facilities were in all or in part used as temporary prisoner accommodation, thereby limiting visiting possibilities. **Ways should be sought to avoid such situations in the future.**

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<sup>18</sup> Cf. Section 20 of the Act on Correctional Treatment.

72. All inmates at Tidaholm Prison could receive one or two 6-hour visits per month, the second one being dependent upon good behaviour. The provisional visiting facilities were to be replaced by new permanent facilities in September 2003. Prisoners also had access to a sufficient number of pay phones.

However, several inmates of foreign origin complained that obtaining clearance for telephone numbers in their home country was particularly onerous and access to the phone insufficient. Certain of them claimed that this seriously obstructed preparations for return to their country (to which they expected to be deported at the end of their sentence). **The CPT invites the Swedish authorities to improve arrangements for use of a telephone by prisoners of foreign origin.**

c. drug-related issues

73. The presence in prisons of many inmates with drug-related problems gives rise to particular difficulties for prison authorities, regarding, for example, the choice of appropriate medical and psychological services to be offered. The CPT considers that such services should be varied, combining medical detoxification, psychological support, life skills, rehabilitation and substitution programmes for opiate-dependent inmates who cannot discontinue taking drugs. Further, they should be associated with a prevention policy, including harm-reduction measures.

74. The delegation welcomes the efforts already made by the Swedish authorities in this area, particularly at Tidaholm Prison where a variety of programmes for inmates with drug-related problems were available. It is noteworthy that specially-trained custodial officers were involved in the delivery of these programmes and stayed in close contact with the inmates concerned.

The Prison had a well-furnished 32-place drug-free unit comprising a “motivation” and a “treatment” section. The delegation’s own observations and interviews with staff and prisoners indicated that a number of additional inmates could usefully have benefited from a placement in the unit. In this connection, it was apparently not uncommon for inmates without drug problems to request such a placement, in order to avoid exposure to drug-using fellow prisoners. **The CPT recommends that the Swedish authorities endeavour to increase the number of places in the drug-free unit at Tidaholm Prison.** It might also be worthwhile to explore whether the unit’s separation from the rest of the establishment could be enhanced.



## C. Psychiatric establishments

### 1. Preliminary remarks

75. In Sweden, a person who suffers from a serious psychiatric disorder and needs in-patient care, but refuses such care, may be subject to involuntary hospitalisation.

Such a placement or admission is decided by a head psychiatrist in the establishment concerned, based on a medical report drawn up by another doctor; the competent court must review the need for continued placement within a maximum of four weeks.<sup>19</sup> A voluntary admission can also be transformed into involuntary placement by decision of the head psychiatrist; this decision must be reviewed by the court within four days.<sup>20</sup>

Further, in the context of criminal proceedings, a court may order a person's placement in an appropriate psychiatric facility for assessment, or the placement in such an institution of a mentally ill person having committed a criminal offence for treatment.<sup>21</sup>

76. The delegation visited three psychiatric establishments: the Gothenburg Department for Forensic Psychiatric Assessment, the Sahlgrenska Psychiatric Clinic also in Gothenburg, and Umeå Forensic and General Psychiatric Unit.

77. The **Gothenburg Department for Forensic Psychiatric Assessment**, one of two such facilities in Sweden, has 12 beds and, at the time of the visit, was accommodating 12 patients, all remand prisoners undergoing assessment.

78. **Sahlgrenska Psychiatric Clinic** in Gothenburg forms part of Sahlgrenska University Hospital. It has 73 beds, of which 53 in closed wards; at the time of the visit, the latter were accommodating 17 involuntary patients, of whom 3 had been placed by a court in the context of criminal proceedings for treatment.

79. **Umeå Forensic and General Psychiatric Unit** is part of the Norrlands University Hospital. The establishment has 54 beds and, at the time of the visit, was holding 29 involuntary patients, including 10 patients placed by a court in the context of criminal proceedings for treatment.

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<sup>19</sup> Cf. Sections 4, 6b and 7 of the Law on involuntary psychiatric care (1991:1128).

<sup>20</sup> Cf. Sections 11 to 12 of the Law on involuntary psychiatric care (1991:1128).

<sup>21</sup> Cf. Chapter 31, Section 3, of the Penal Code (1962:700), Section 1 of the Law on forensic psychiatric assessment (1991:1137) and Sections 1, 4 and 5 of the Law on forensic psychiatric care (1991:1129). The CPT understands that the Ministry of Justice is studying proposals to amend the latter provisions and transfer responsibility for the care of mentally ill persons having committed a criminal offence entirely to the Prison and Probation Administration.

80. The CPT wishes to stress at the outset that the delegation heard no allegations, and gathered no other evidence, of ill-treatment of patients by staff in the psychiatric establishments visited. The attitude of staff working in close contact with patients was found to be professional and caring, and staff spoke with sensitivity about their work.

## **2. Living conditions of patients**

81. Material conditions in the three establishments visited were of a high standard. Patients were accommodated in good-sized adequately furnished individual or double rooms, for the most part equipped with a call system. In general, association and other communal facilities were pleasantly furnished, comfortable and offered a warm atmosphere. The sanitary facilities included special equipment for persons with limited mobility, and patients had ready access to them at all times. All premises were clean and in a good state of repair. The Gothenburg Department for Forensic Psychiatric Assessment offered a particularly bright and welcoming environment.

**However, at Sahlgrenska Psychiatric Clinic, conditions were somewhat impersonal; further, both this establishment and Umeå Forensic and General Psychiatric Unit would benefit from the replacement of the hospital nursing beds with normal beds, save as regards patients requiring special beds.**

82. Patients subject to involuntary placement in a psychiatric institution should have the possibility to take outdoor exercise on a daily basis.

The Gothenburg Department for Forensic Psychiatric Assessment included a spacious inner courtyard to which patients had free access. At Sahlgrenska, by contrast, outdoor exercise was not offered on a daily basis due to staff shortages, and at Umeå, the two rooftop exercise areas offered no protection from inclement weather.

**The CPT recommends that steps be taken to ensure that, unless there are medical reasons to the contrary, involuntary patients at Sahlgrenska are offered at least one hour of outdoor exercise every day, and that outdoor exercise arrangements at Umeå be reviewed, having regard to the above remarks.**

## **3. Treatment**

83. Psychiatric treatment should be based on an individualised approach; this implies the drawing up of a treatment plan for each patient which should be reviewed regularly. Further, the treatment should involve a wide range of therapeutic and rehabilitative activities, including access to individual psychotherapy, group therapy, occupational therapy, art, drama, music and sports. It is also desirable that, in appropriate cases, patients be offered education and work.

84. In the three establishments visited, patients received individualised treatment, which often included medication, primarily psychoactive drugs. The delegation found no signs of overmedication. Further, the medical records examined were detailed, precise and easily readable, and medical confidentiality was respected.

85. At Sahlgrenska Psychiatric Clinic and at Umeå Forensic and General Psychiatric Unit, there were good facilities for therapeutic activities. However, they appeared somewhat underused and many patients in those establishments complained of a lack of organised activities during the day. Staff explained this situation by the fact that patients often stayed only for a short time, which made it difficult to provide structured activities.

**The CPT recommends that efforts continue to be made to provide patients with a structured daily programme of therapeutic and rehabilitative activities, based on their individual needs and capacities.**

86. At the Gothenburg Department for Forensic Psychiatric Assessment, the delegation was told that patients, who could stay in the establishment for up to four weeks, could, in principle, use the workshops in the adjacent municipal psychiatric ward. However, in practice, the majority of them remained in a state of idleness throughout their stay. **Efforts should be made to ensure that patients admitted for forensic psychiatric assessment have access to an appropriate range of activities.** This will not interfere with the assessment process; on the contrary, it could facilitate the gathering of valuable information for that purpose.

87. In any psychiatric establishment, the restraint of agitated and/or violent patients may on occasion be necessary. This is an area of particular concern to the CPT, given the potential for abuse and ill-treatment.

Under the legislation and regulations applicable in Sweden, patients who pose an immediate risk of causing serious harm to themselves or others may be restrained for up to 8 hours, during which time they must be under continuous observation. Decisions to restrain a patient are to be made by a head psychiatrist in the department concerned<sup>22</sup>.

In the three establishments visited, the delegation was informed that physical restraint was the subject of a specific written policy and, more particularly, that it could only be used as a therapeutic measure. Resort to restraint was rare and was fully recorded in patients' personal files and, at Sahlgrenska, in a general register. Further, it was reported to the social services at central level. The CPT welcomes this state of affairs.

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<sup>22</sup> Cf. Section 19 of the Law on involuntary psychiatric care (1991:1128) and Section 8 of the Law on forensic psychiatric care (1991:1129).

#### 4. Staff resources

88. Staff resources in a psychiatric establishment should be adequate in terms of numbers, categories of staff (psychiatrists, general practitioners, nurses, psychologists, occupational therapists, social workers, etc.), and experience and training. Deficiencies in staff resources will often seriously undermine efforts to offer activities or provide a high standard of care.

89. Staffing levels at the Gothenburg Department for Forensic Psychiatric Assessment were fully satisfactory. With a capacity of 12 beds, the establishment included the full-time equivalent of 7 psychiatrists, 5 nurses and 15 mental health nursing assistants. Nevertheless, some of the nurses interviewed by the delegation indicated that they would welcome receiving more specialised psychiatric training.

Psychological assessment was an important aspect of the work carried out at the Department. There were the equivalent of 5 full-time psychologists, as well as 6 full-time social workers. However, patients would benefit from an increase in input from occupational therapists.

90. At Umeå Forensic and General Psychiatric Unit, staffing levels were also satisfactory. The Unit, comprising 54 beds, had a full-time equivalent of 2.2 head psychiatrists, 11 junior doctors (of whom about half were specialising in psychiatry), 43 nurses (most with some psychiatric training) and 82 mental health nursing assistants. One head psychiatrist post was vacant at the time of the visit.

With respect to psychotherapy, the Unit was able to rely on the services of a multidisciplinary team attached to the Norrlands University Hospital; this was true also for occupational therapy and physiotherapy. These arrangements appeared to be fully satisfactory.

91. The staff at Sahlgrenska Psychiatric Clinic comprised the full-time equivalent of 5 psychiatrists, 7 junior doctors, 42 nurses and 90 mental health nursing assistants. For an establishment comprising 53 beds in closed wards, such a staffing level could be considered quite satisfactory. However, unlike at the other two establishments visited, management and senior staff at Sahlgrenska indicated that they experienced considerable difficulties in recruiting doctors and nurses. A number of doctors' and nurses' posts were filled by temporary staff which resulted in a rapid turnover. Further, at the time of the visit, 2 psychiatrists' and 11 nurses' posts were vacant. The CPT is concerned that the staffing situation prevailing at Sahlgrenska may have a negative effect on the care provided to patients.

A psychologist attended 3 to 4 days per week for the purpose of carrying out neuropsychological assessments. However, there was a lack of other types of psychological services (such as crisis intervention and supportive therapy). Resources for occupational therapy (one full-time post) were also insufficient.

92. **The Committee recommends that further steps be taken to fill, as soon as possible, the vacant doctors' and nurses' posts at Sahlgrenska Psychiatric Clinic. The psychological and occupational therapy services at the establishment should also be reinforced.**

Further, the CPT would like to receive information about in-service training provided to nurses working in psychiatric establishments, as well as the possibilities for nurses to undergo specialised psychiatric training.

## 5. Safeguards

93. On account of their vulnerability, the mentally ill and mentally disabled warrant much attention in order to prevent any form of conduct - or avoid any omission - contrary to their well-being. It follows that involuntary placement in, and discharge from, a psychiatric establishment, whether in a civil or criminal context, should always be surrounded by appropriate safeguards.

### a. involuntary placement

94. As already indicated, involuntary civil placements are decided by a head psychiatrist in the establishment concerned, having regard to a medical report drawn up by another doctor (cf. paragraph 75 above), and must be reviewed by the competent court within four weeks. Further, the persons concerned can immediately challenge the involuntary placement before that court.

Doctors in the establishments visited indicated that it was not uncommon for the two doctors involved in the procedure to be both from the admitting establishment.<sup>23</sup> This is not an ideal situation. **The Committee recommends that the rules currently applied be reviewed to ensure that involuntary civil placements always require the opinion of a psychiatrist independent of the admitting hospital.**

95. Involuntary patients (or their representatives) can appoint a lawyer, or will often have a public lawyer appointed for them, in connection with court proceedings concerning admission and discharge<sup>24</sup>. In addition, from the outset of an involuntary placement for treatment (as opposed to forensic assessment), support persons are appointed for patients by the local patient board (cf. paragraph 101) either at the request of the patient or on the initiative of the establishment<sup>25</sup>. The role of a support person is to assist and advise the patient in personal matters, and the person in question is entitled to visit the patient on the ward and to be present during court hearings.

In the three establishments visited, all newly-arrived patients were informed in writing of the possibility to have a support person appointed for them and, at Umeå, such persons were systematically appointed. By contrast, at Sahlgrenska, the appointment of support persons appeared to be the exception rather than the rule. **Greater use might be made of the potentially valuable safeguard of having support persons appointed to patients, in particular at Sahlgrenska Psychiatric Clinic.**

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<sup>23</sup> Section 6b of the Law on involuntary psychiatric care (1991:1128).

<sup>24</sup> Cf. Section 38a of the Law on involuntary psychiatric care (1991:1128).

<sup>25</sup> Cf. Section 30 of the Law on involuntary psychiatric care (1991:1128) and Section 26 of the Law on forensic psychiatric care (1991:1129).

96. Support persons are appointed from among interested lay persons; they undergo some basic training and receive a small fee for their work. In the CPT's opinion, the effectiveness of this safeguard depends on the selection and training of the support persons; **it would like to receive further information about the procedures for selecting support persons and the training provided to them.**

b. discharge

97. An involuntary placement should cease as soon as it is no longer required by the patient's mental state; this implies that the need for such a placement should be reviewed at regular intervals.

98. Involuntary placements for treatment cease by decision of a head psychiatrist in the establishment concerned, and the ongoing involuntary in-patient treatment is kept under permanent review by the treating doctors; head psychiatrists' decisions can be appealed to the competent court.<sup>26</sup> Further, placements must be reviewed by the court within four weeks, then again within four months and subsequently every six months, each time on the basis of the written opinion of a head psychiatrist<sup>27</sup>; the patient in question may also request a court review at any time. As regards patients placed by a court in the context of criminal proceedings for treatment, and in respect of whom a separate discharge review has been imposed under Chapter 31, Section 3, of the Penal Code (1962:700)<sup>28</sup>, the decision lies with the court. As regards placements for forensic psychiatric assessment, these are limited to four weeks<sup>29</sup>.

99. The relevant procedures and deadlines appeared to be scrupulously observed in the establishments visited. Further, the CPT welcomes the fact that courts appeared to make systematic use of the possibility of requesting a second, independent, medical opinion in the context of hearings concerning review of placements<sup>30</sup>.

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<sup>26</sup> Cf. Section 32 of the Law on involuntary psychiatric care (1991:1128) and Section 18 of the Law on forensic psychiatric care (1991:1129).

<sup>27</sup> Cf. Sections 7 to 9, 27 and 32 of the Law on involuntary psychiatric care (1991:1128).

<sup>28</sup> Cf. Sections 12 and 16 of the Law on forensic psychiatric care (1991:1129).

<sup>29</sup> Cf. Section 6 of the Law on psychiatric assessment.

<sup>30</sup> Cf. Section 37 of the Law on involuntary psychiatric care (1991:1128) and Section 21b of the Law on forensic psychiatric care (1991:1129).

c. other safeguards

100. All three establishments visited provided newly-arrived patients with some information in writing concerning the establishment's routine and patients' rights, including, at Sahlgrenska, as regards appeals and complaints procedures. Further, the latter establishment had a user-friendly form for patients wishing to lodge an appeal or request the appointment of a support person. **Consideration should be given to including information on appeals and complaints procedures in the leaflet available at Umeå Forensic and General Psychiatric Unit, and providing patients with appropriate appeal and request forms.**

101. The CPT understands that the body primarily responsible for dealing with patients' grievances and complaints is the relevant patient board, a body composed of local politicians (cf. the authorities' letter of 30 May 2003). **The CPT would like to receive information concerning the precise powers of the patient board in respect of patients' complaints.**

102. The CPT also attaches importance to psychiatric establishments being visited on a regular basis by an independent outside mechanism responsible for the inspection of patients' care. Such a mechanism should be authorised to talk in private with patients, to receive directly any complaints and to make recommendations. **The CPT would invite the Swedish authorities to consider setting up such a mechanism.**

## **D. Detention facilities for young persons**

### **1. Preliminary remarks**

103. Under section 1 of the Law on care for young persons (LVU<sup>31</sup>), a court may, upon application by the local social services, order compulsory care for a person aged 19 or less whose health or development is at risk as a result of the situation in that person's home, substance abuse/addiction, criminal activity or other socially damaging behaviour. The duration of compulsory care is not fixed, but its continuing need is reviewed by the social services every six months. Such care is provided in so-called LVU homes, under the authority of the National Board for Institutional Care.

Further, by virtue of the Law on care for young persons in a closed institution (LSU<sup>32</sup>), a court may place a person below the age of 18 who has committed a criminal offence in a designated institution for a fixed period. LSU placements can last between fourteen days and four years, and also take place in LVU homes<sup>33</sup>.

104. The CPT understands that accommodating the above-mentioned two categories of young persons in the same detention facilities is the result of an integrated approach on the part of the Swedish authorities, which reflects the view that both groups are in need of care and tend to share certain characteristics (e.g. a troubled social background, substance abuse and previous criminal activity).

105. The CPT visited the **Bärby Home for Young Persons**, an LVU establishment located 15 km from Uppsala. It had an official capacity of 29 (14 LVU places and 15 LSU places) and, at the time of the visit, held 21 male residents aged between 14 and 19 (12 LVU and 9 LSU); the establishment was responsible for a further 5 LSU residents, accommodated in a semi-open unit located some 20 km away.

106. The main part of the Bärby Home consisted of an assessment unit for LVU residents, a reception and assessment unit for LSU residents, and a unit for LSU and LVU residents who had committed sexual abuse; the latter also included a phasing-out section.

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<sup>31</sup> Lag med särskilda bestämmelser om vård av unga (1990:52).

<sup>32</sup> Lag om verkställighet av sluten ungdomsvård (1998:603).

<sup>33</sup> Cf. Section 1 of the Law on care for young persons in a closed institution (1998:603) and Chapter 31, Section 1a, of the Criminal Code (1962:700).



## 2. Ill-treatment

107. The atmosphere at the Bärby Home for Young Persons was relaxed, and many residents spoke positively of the way in which they were treated by staff.

However, one resident alleged that, a few weeks before the visit, a member of staff had pushed him roughly face-first against a wall, turned him around and struck him on the throat with an elbow. Another resident claimed that, also in late 2002, a member of staff had immobilized him against a wall and restrained him by the throat. Both incidents were apparently followed by placement in a segregation room. One of the residents in question stated that he had tried to complain to members of staff but that they had refused to listen to him; the other said that it was futile to lodge a complaint (cf. in this connection paragraph 125).

108. The CPT recognises that staff may, on occasion, have to use force to control violent and/or recalcitrant residents. However, in view of the allegations mentioned in the preceding paragraph, **the Committee recommends that staff at the Bärby Home be reminded that the force used in such cases should be no more than is strictly necessary and that, once residents have been brought under control, there can be no justification for striking them.**

109. Moreover, **the restraint of residents should be made the subject of a clearly defined written policy;** it should make clear that initial attempts to restrain agitated or violent residents should, as far as possible, be non-physical (e.g. persuasion and verbal instruction).

The CPT would also stress the importance of appropriate training in control and restraint techniques (i.e. manual control) to be used when non-physical means have failed. The possession of such skills will enable staff to choose the most appropriate response when confronted with difficult situations, thereby significantly reducing the risk of injuries to both residents and staff. **The CPT recommends that training in control and restraint techniques be made available to all staff.**

## 3. Material conditions

110. Places where children and young persons may be deprived of their liberty should provide a positive and personalised environment. In addition to being of an adequate size, well-lit and ventilated, residents' sleeping and living areas should be properly furnished, well-decorated and offer a stimulating therapeutic environment. Unless there are compelling security reasons to the contrary, residents should be allowed to keep a reasonable quantity of personal items.

111. The above-mentioned requirements were being fully met at the Bärby Home. Residents were accommodated in good-sized (8 to 15 m<sup>2</sup>), adequately furnished and personalised single rooms with good access to natural light and ventilation. Some rooms included a sanitary annex with a lavatory, sink and shower; the communal sanitary facilities were also quite satisfactory, and residents had ready access to them at all times. Each unit had a homely and comfortable television room, smaller association rooms and a kitchen/dining area. All premises were clean and in a good state of repair, and efforts were being made to provide a homely environment. However, the LSU reception and assessment unit had a more noticeable custodial appearance.

#### 4. Regime

112. Children and young persons have a particular need for physical activity and intellectual stimulation. Those deprived of their liberty should be offered a full programme of education, vocational training, sport, recreation and other purposeful activities. Physical education should constitute an important part of that programme.

113. Bärby offered developed and individualised programmes of activities to residents. They were required to attend classes (e.g. Swedish, Mathematics and English) in small groups, and vocational courses were available in catering and vehicle maintenance; emphasis was also placed on physical education. The facilities available for activities (e.g. classrooms; a workshop for woodwork, jewellery, painting and photography; a sports hall, gym, climbing wall, sauna) were of a very high standard.

114. Staff were sufficient in number (including some 80 supervision staff/care workers, 7 social workers and 8 teachers/pedagogues), and motivated. Each resident was appointed two to three key workers who were responsible for his treatment plan; the treatment plans were reviewed regularly. The support provided to residents also included individual and group psychotherapy, counselling, drug therapy and aggression-replacement training. For this purpose, a full-time psychologist was attached to each unit and the establishment had a drug therapist.

115. It should be noted, however, that newly admitted LSU residents (cf. paragraph 103) were confined to the LSU reception and assessment unit for several weeks following their arrival. The unit's two exercise yards, brought into service in July 2002, were rather bleak and not sufficiently large for residents to exert themselves physically. **The CPT invites the authorities to remedy this shortcoming.**

## 5. Segregation and disciplinary measures

116. The CPT has misgivings about the placement of children, or young persons, in conditions resembling solitary confinement. Such measures can compromise their physical and/or mental integrity and should be resorted to only under exceptional circumstances.

117. Pursuant to the legal provisions in force<sup>34</sup>, recalcitrant or otherwise unmanageable residents (e.g. due to substance intoxication) and those who become violent can be placed in segregation for up to 24 hours. Resort to segregation had been had at Bärby on 27 occasions in 2002, lasting from 30 minutes to 23 hours. Such measures took place in rooms measuring 5 to 6 m<sup>2</sup> each and equipped with a mattress.

118. The instructions concerning LVU homes issued by the National Board for Institutional Care<sup>35</sup> set out the formalities to be followed when placing a resident in segregation (e.g. observation by staff at regular - 15 minute - intervals). However, it would appear that the segregation of LSU residents is not regulated in a similarly formal or detailed manner. **The CPT would like to receive clarification on this issue.**

119. A placement in segregation was noted in the resident's individual file. However, there was no central register containing appropriate information on segregation measures. Further, the segregation rooms observation records suggested that, on occasion, several hours could elapse without any supervision.

**The CPT recommends that segregation be recorded in a central register, which should include the time at which the measure began and ended, the person deciding on the measure, the circumstances of the case and the reasons for resorting to the measure. It also recommends that staff at Bärby be reminded of the requirement to monitor at regular intervals the situation of residents placed in segregation.**

According to the LVU instructions, decisions to place residents in segregation are made by the director of the establishment. **The CPT would like to receive confirmation that this is also the case as regards LSU residents.**

Procedures for placement in segregation should be surrounded by appropriate safeguards, including information to the resident on the reasons for the placement, the right to be heard, and the right to have the decision reviewed by an appropriate authority. **The CPT would like to be informed if these requirements are met as regards the segregation of LVU and LSU residents.**

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<sup>34</sup> Cf. Section 17 of the Law on care for young persons in a closed institution (1998:603) and Section 15c of the Law on care for young persons (1990:52).

<sup>35</sup> Cf. "Advice and guidelines/Legal LVU" of 17 May 2002.

120. Staff and management at Bärby stated that they relied on communication rather than discipline in their dealings with residents; there were no formal disciplinary measures or procedure in place.

Nonetheless, having regard to certain complaints heard during the visit, **the CPT invites the Swedish authorities to remind staff at Bärby that segregation cannot be used as a disciplinary measure and that the threat of segregation should not be used as a means of managing difficult residents** (cf. in this context also the authorities' letter of 30 May 2003).

## 6. Health care

121. All young persons deprived of their liberty should be properly interviewed and physically examined by a doctor as soon as possible after their admission to the establishment concerned; save in exceptional circumstances, the interview/examination should be carried out on the day of admission. However, the first point of contact of a newly-arrived resident with the health care service could be a fully-qualified nurse who reports to a doctor.

122. A nurse was present at Bärby once a week for six hours. At other times, the nurse and a doctor could be contacted if needed and a child psychiatrist visited for one day every two weeks. Residents were not systematically screened on arrival, although LVU residents were seen by a doctor in the weeks following their admission as part of their assessment. **The CPT recommends that systematic medical screening of all new arrivals at the Bärby Home for Young Persons be introduced.**

123. Residents' medical files were kept by the nurse and were not available on the premises. In view of the importance of medical personnel having access to residents' medical files in case of an emergency, **the CPT recommends that this practice be changed.** It goes without saying that this would require arrangements to ensure that the confidentiality of medical data continues to be respected.

## 7. Other issues

### a. appeals and complaints procedures

124. Court decisions concerning compulsory care in a detention facility for young persons (cf. paragraph 103) can be appealed to higher judicial instances. Further, certain decisions by the social services concerning LVU residents (e.g. as regards the choice of detention facility and the need for continuing care) and decisions by the director of an LVU home (e.g. in respect of visits and access to telephone) may be appealed to the competent court<sup>36</sup>. In general, decisions by the National Board for Institutional Care in respect of LSU residents can also be appealed to the competent court<sup>37</sup>.

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<sup>36</sup> Cf. Sections 41 to 42 of the Law on care for young persons (1990:52).

<sup>37</sup> Cf. Section 22 of the Law on care for young persons in a closed institution (1998:603).

125. In addition to the possibility to appeal specific decisions, the CPT considers that effective complaints procedures are basic safeguards against ill-treatment in institutions where children and young persons are deprived of their liberty. Residents in such institutions should have avenues of complaint open to them, both within the establishment's system and to outside bodies, and be able to have confidential access to an appropriate authority. These avenues should be clear and simple, and suitable for use by young persons and children.

In this connection, the delegation was informed that residents could lodge complaints with the National Board for Institutional Care as well as with the police and the Ombudsman. However - unsurprisingly, bearing in mind residents' age and situation - such steps were rare at Bärby. Further, the delegation gained the impression that complaints addressed directly to staff or to the establishment's management were handled informally and in an ad hoc manner (cf. also paragraph 107). **The CPT invites the authorities to develop procedures for handling complaints within the institution.**

b. inspection procedures

126. The CPT attaches particular importance to regular visits to all detention facilities for young persons by an independent body (e.g. a visiting committee or a judge) with authority to receive - and, if necessary, take action upon - young persons' complaints and to inspect the facilities.

The Bärby Home for Young Persons was visited approximately every two years by members of the National Board for Institutional Care and could also be visited by the Ombudsman, at even longer intervals. However, no system of regular visits by an independent inspection mechanism was in place. **The CPT invites the Swedish authorities to consider setting up such a mechanism, having regard to the above remarks.**

c. further remarks

127. Residents placed in the unit for residents who had committed sexual abuse (but not in the other two units) were provided with an information leaflet setting out the house rules. **The CPT recommends that, upon their admission to the Bärby Home, all residents be provided with information in writing on the regime in force in the establishment, and on appeals and complaints procedures.**

128. As regards contact with the outside world, residents were able to correspond with and make telephone calls to their relatives, who could also visit them at weekends. In appropriate cases, visitors were offered practical assistance (e.g. accommodation, local transport).

The CPT welcomes the importance attached to the maintenance of contact with the outside world; indeed, the active promotion of such contacts can be very beneficial for young persons deprived of their liberty.

## **E. Detention facilities for substance abusers**

### **1. Preliminary remarks**

129. Under Section 4 of the 1988 Law on compulsory care for substance abusers (LVM<sup>38</sup>), a court can order compulsory care for a person whose health is deemed to be at risk (or who may be placing others at risk) and who is considered to require assistance in order to discontinue taking drugs or abusing other substances. The local social services or the police may also decide that a person be taken into immediate care, but such a measure must be reviewed by a court within 4 days or, exceptionally, within 7 days. In the context of these proceedings, the person concerned is entitled to be assisted by a state-appointed lawyer.<sup>39</sup> Care orders are implemented in so-called LVM homes, under the authority of the National Board for Institutional Care.

Doctors are required to report to the local social services patients whose situation could necessitate compulsory care<sup>40</sup>. **The CPT has misgivings about such a reporting obligation, which could undermine doctor-patient confidence.**

The social services and the director of each LVM home must keep under review the need for continuing compulsory care; the care cannot exceed six months and should cease as soon as the resident concerned can be relied upon to pursue voluntary treatment<sup>41</sup>. A resident can also request at any time to be discharged, and can appeal against a decision rejecting such a request to the competent court.

130. The CPT visited the **Rebecka Home for Substance Abusers** in Stockholm, which caters for women aged 18 to 25 with a history of serious drug abuse. It had an official capacity of 14 and, at the time of the visit, there were 11 residents.

131. It should be noted at the outset that the CPT's delegation heard no allegations, and gathered no other evidence, of ill-treatment of residents by staff at the Rebecka Home. Staff appeared to be sufficient in number, motivated and well-equipped to work with substance abusers deprived of their liberty.

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<sup>38</sup> Lag om vård av missbrukare i vissa fall (1988:870).

<sup>39</sup> Cf. Sections 13 and 16 to 17 of the Law on compulsory care for substance abusers (1988:870).

<sup>40</sup> Cf. Section 6 of the Law on compulsory care for substance abusers (1988:870).

<sup>41</sup> Cf. Sections 20, 25 to 27, 29 and 44 of the Law on compulsory care for substance abusers (1988:870).

## 2. Material conditions

132. The material conditions at the Rebecka Home were of a high standard. Residents were accommodated one to a 10 m<sup>2</sup> room, or two to a 14.5 m<sup>2</sup> room. The rooms had good access to natural light and ventilation and were adequately furnished. Residents were able to keep a reasonable quantity of personal belongings with them. The communal areas included homely and comfortable television/sitting rooms, a dining room, a smoking room and modern sanitary facilities. All premises were clean and in a good state of repair.

133. However, the two reception rooms, where new arrivals spent about one week, were austere and rather carceral in appearance. They were furnished only with a bed and, in appropriate cases, the occupant was provided with a chair. The rooms were also fitted with a barred door for use when a resident became agitated or violent and one of them had an unscreened lavatory. **Measures should be taken, upon the relocation of the Rebecka Home (expected within some months), to ensure that the reception rooms offer better conditions and that lavatories have adequate screening,** while permitting adequate supervision to prevent self-injury/suicides.

134. As is the case in LVU homes (cf. paragraph 117), recalcitrant/unmanageable and violent LVM residents can be placed in segregation for up to 24 hours<sup>42</sup>. At the Rebecka Home, segregated residents were placed in the reception unit. A placement in segregation was noted in the resident's individual file and a form recording the details of the measure was forwarded to the relevant authority. The CPT is pleased to note that resort to segregation was very rare. Nevertheless, **segregation in LVM homes should also be recorded in a central register** (cf. also, paragraph 119).

## 3. Regime

135. The declared objective of compulsory care in an LVM home is to motivate residents to accept subsequent voluntary treatment for their addiction, rather than to provide treatment<sup>43</sup>. An individual care plan was drawn up for each resident at Rebecka and two staff contact persons appointed. Staff sought to engage in a continuous and constructive, albeit informal, dialogue with residents, who were also seen by a psychologist and a drug therapist attached to the establishment.

Some activities were offered to residents, e.g. computer classes, sewing and art. Further, one of them followed an educational course by correspondence. The facilities available for activities (gym, sauna, solarium, table tennis, outdoor volleyball) were of a high standard. The establishment also had a large well-equipped garden to which residents had access every day. Staff and management indicated that motivating residents to participate in activities was a difficult task, made all the more challenging by the fact that many residents only remained at Rebecka for a short time.

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<sup>42</sup> Cf. Section 34 of the Law on compulsory care for substance abusers (1988:870).

<sup>43</sup> Cf. Section 3 of the Law on compulsory care for substance abusers (1988:870).

#### 4. Health care

136. Arrangements at the Rebecka Home for the medical screening of new arrivals were entirely satisfactory. All residents were medically examined in a local hospital immediately before admission. Further, a doctor, also qualified in psychiatry, was present in the establishment twice a week for a total of 10 hours, and a nurse three times a week for a total of 25.5 hours. At other times, the doctor was on call.

137. Residents requiring detoxification under continuous medical supervision would remain in hospital before being transferred to Rebecka. However, the majority of residents arriving at Rebecka were under the influence of opiates and had to undergo detoxification in the reception unit; this involved palliative treatment under close medical supervision. Following detoxification, they continued to be treated with psychoactive medication. Substitution treatment initiated outside the establishment was interrupted upon arrival.

The circumstances under which detoxification took place at the Rebecka Home do not call for further comments by the CPT. However, the Committee has serious misgivings about the practice of subjecting residents to forcible detoxification without offering them alternatives, and, more particularly, without the possibility of taking a free and informed decision to discontinue taking drugs. **The CPT would like to receive the comments of the Swedish authorities on these issues.**

138. While good cooperation existed with outside health-care services concerning the provision of somatic care, including specialist treatment, management and health-care staff expressed concern at the difficulties experienced in gaining access to external psychiatric services. **The CPT would like to receive the authorities' comments on this.**

#### 5. Appeals, complaints and inspection procedures

139. As is the case for LVU homes (cf. paragraph 124), certain decisions by an LVM home director can be appealed to the competent court<sup>44</sup>. Further, at the Rebecka Home, the delegation was informed that residents could lodge complaints with the National Board for Institutional Care, as well as with the police and the Ombudsman; however, there was no formal in-house complaints procedure in place. **The CPT invites the authorities to develop procedures for handling complaints within the establishment. Further, information concerning appeals and complaints procedures should be included in the written information provided to newly arrived residents.**

140. The Rebecka Home could be inspected by the National Board for Institutional Care. However, the delegation gained the impression that visits by members of that body were infrequent. **The CPT invites the Swedish authorities to consider setting up a mechanism for regular independent inspection of LVM homes, having regard to the remarks made concerning LVU homes in paragraph 126.**

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<sup>44</sup> Cf. Section 44 of the Law on compulsory care for substance abusers (1998:870).



### III. RECAPITULATION AND CONCLUSIONS

#### A. Police establishments

141. The CPT's delegation received no allegations of ill-treatment from the persons it interviewed who were or had been detained by the police. However, it gathered information about a number of recent cases in which other persons had complained that they had been assaulted by police officers at the time of arrest and/or on police premises.

The Committee has recommended that police officers be reminded regularly and in an appropriate manner that ill-treatment of detained persons is not acceptable and will be severely sanctioned. Further, the Swedish authorities should seek to integrate human rights concepts into operational professional training for high-risk policing situations, such as the arrest and questioning of suspects.

142. In a number of preliminary investigations reviewed by the delegation in the County of Västra Götaland concerning complaints of ill-treatment made against the police, the basic precepts of independence, effectiveness, promptness and expeditiousness had not been observed.

Consequently, the CPT has recommended that the Swedish authorities urgently reconsider the need for the investigation of complaints against the police to be entrusted to an agency which is demonstrably independent of the police. Further, it has made detailed recommendations with a view to ensuring that, for so long as the current system remains in place, public prosecutors effectively discharge their duty to supervise the investigation of preliminary investigations involving complaints against police officers. Measures should also be taken to ensure that disciplinary action can be taken against police officers implicated in complaints of ill-treatment/assault even if there is insufficient evidence for criminal action.

143. Pending the outcome of an ongoing review of the relevant legal provisions, persons detained by the police are still not formally guaranteed the three fundamental safeguards against ill-treatment advocated by the CPT, namely the right of detained persons to inform a close relative or another third party of their choice of their situation, to have access to a lawyer and to have access to a doctor.

The CPT has reiterated its recommendation that all persons detained by the police have a formally recognised right to inform a relative or another third party of their choice of their situation; any possibility exceptionally to delay the exercise of this right should be clearly circumscribed by law and made subject to appropriate safeguards. It has further recommended that the right of access to a lawyer be extended to all categories of persons who may be obliged to remain with the police. These rights should be effective as from the very outset of custody. Moreover, the right of detained persons to have access to a doctor should be made the subject of a specific legal provision; access to a doctor should not be left to the discretion of police officers.

The CPT has also requested confirmation that a form setting out in a straightforward manner the rights of persons detained by the police has been made available in an appropriate range of languages and is systematically given to all persons detained by the police.

144. On the whole, conditions of detention in the five police establishments visited met the criteria employed by the CPT in this respect. However, cells at Västberga Police Station had limited access to natural light and were poorly ventilated. Further, it appeared that, at Borås Police Station, intoxicated persons were on occasion not given a mattress. The CPT has recommended that steps be taken to remedy these shortcomings. Moreover, very small holding facilities, such as the 1 m<sup>2</sup> cubicles found at Västberga, should be withdrawn from service forthwith.

## **B. Prisons**

145. The delegation heard no allegations of physical ill-treatment of prisoners by staff in the prisons visited, and many inmates spoke favourably about staff.

However, the CPT has indicated that more could and should be done to mitigate the deleterious effects of prolonged periods of isolation/segregation; where such a measure cannot be avoided, steps should be taken to ensure that the prisoner concerned enjoys appropriate human contact, e.g. with staff. Further, in light of information gathered at Tidaholm Prison, the CPT has recommended that strategies to combat inter-prisoner violence be vigorously pursued and that means of rendering them more effective be explored.

146. The evidence gathered during the 2003 visit would suggest that the legislative and regulatory changes introduced since the CPT's 1998 visit have yet to achieve the goal of guaranteeing a proper balance between the needs of a criminal investigation and the restrictions imposed upon remand prisoners; restrictions should be the exception rather than the rule. The CPT has recommended that further measures be taken to ensure that prosecutors are formally required to provide full information on the specific restrictions intended and on the grounds therefor, that consideration be given to introducing legislation requiring court decisions in this respect to be individualised and fully reasoned, and that remand prisoners be granted a right of appeal against court decisions to maintain specific restrictions.

147. Material conditions of detention in the prisons visited were generally of a good standard. However, the CPT has recommended that plans to improve access to natural light and ventilation in cells at the Västberga Section of Stockholm Remand Prison be implemented at the earliest opportunity; measures should be taken to ensure that, in the interim, detention at Västberga does not exceed a few days.

Outdoor exercise arrangements for remand prisoners subject to restrictions at Gothenburg and Umeå Remand Prisons, and for all persons held at Västberga were not satisfactory. These prisoners were obliged to use small, rooftop facilities; further, at Västberga, outdoor exercise was not offered on a daily basis. Recommendations addressing these shortcomings have been made.

148. On the whole, the regime offered to sentenced prisoners (at Tidaholm) was of a good standard; by contrast, the situation of remand prisoners (in the other establishments visited) was not satisfactory. The CPT has recommended once again that the Swedish authorities strive to develop activities for remand prisoners. More particularly, vigorous action should be taken to ensure that existing targets for out-of-cell time for prisoners subject to restrictions are achieved.

149. As regards health-care services, attendance by general practitioners was found to be adequate and access to outside somatic care unproblematic. On the other hand, having regard, inter alia, to the high prevalence of mental disorders, especially among prisoners held in prolonged isolation/segregation, the CPT has recommended that the Swedish authorities strengthen the psychiatric/psychological care resources at Gothenburg and Tidaholm Prisons. Further, the dental care services and the nursing staff resources at Tidaholm Prison should be reinforced, and arrangements made to ensure that inmates admitted at Umeå Remand Prison during the weekend are seen by health-care staff without undue delay.

150. Other issues addressed by the CPT include discipline, contact with the outside world and drug-related questions. The Committee has welcomed the efforts made by the Swedish authorities in the area of services for inmates with drug-related problems. In this connection, it has recommended that they endeavour to increase the number of places in the drug-free unit at Tidaholm Prison.

### **C. Psychiatric establishments**

151. The delegation gathered no evidence of ill-treatment of patients by staff in the psychiatric establishments visited. The attitude of staff working in close contact with patients was found to be professional and caring, and staff spoke with sensitivity about their work.

152. Patients' living conditions in the three establishments visited were of a high standard, and the Gothenburg Department for Forensic Psychiatric Assessment offered a particularly bright and welcoming environment. The CPT has nevertheless suggested that hospital nursing beds be replaced with normal beds, save for patients requiring special beds. Further, the Committee has recommended that, unless there are medical reasons to the contrary, involuntary patients at Sahlgrenska Psychiatric Clinic be offered at least one hour of outdoor exercise every day. The outdoor exercise arrangements at Umeå Forensic and General Psychiatric Unit should also be reviewed; the existing rooftop exercise areas offer no protection from inclement weather.

153. Concerning treatment, there were no signs of overmedication, medical records were precise and detailed, and medical confidentiality was respected. The CPT has recommended that efforts continue to be made to provide patients at Sahlgrenska Psychiatric Clinic and at Umeå Forensic and General Psychiatric Unit with a structured daily programme of therapeutic and rehabilitative activities, based on their individual needs and capacities. Efforts should also be made to ensure that patients at the Gothenburg Department for Forensic Psychiatric Assessment have access to an appropriate range of activities.

Physical restraint was the subject of a specific written policy in all three establishments visited and, more particularly, could only be used as a therapeutic measure. Resort to restraint was rare and was fully recorded.

154. Staffing levels were on the whole satisfactory in all three establishments. Nonetheless, the CPT has recommended that further steps be taken to fill the vacant doctors' and nurses' posts at Sahlgrenska Psychiatric Clinic as soon as possible, and that the psychological and occupational therapy services at the establishment be strengthened.

155. The relevant procedures, and the deadlines, for the review of placements and for the discharge of patients appeared to be scrupulously observed in the establishments visited. However, the CPT has proposed the strengthening of certain of the formal safeguards surrounding such procedures; involuntary civil placements should always require the opinion of a psychiatrist independent of the admitting hospital, and greater use should be made of the potentially valuable safeguard of having support persons appointed for patients. The CPT has also suggested that, following the example of Sahlgrenska, information on appeals and complaints procedures be included in the leaflet available at Umeå Forensic and General Psychiatric Unit, and that patients be provided with appropriate appeal and request forms. Further, it has invited the Swedish authorities to consider setting up an independent outside mechanism responsible for the inspection of patients' care.

#### **D. Detention facilities for young persons**

156. The atmosphere at the Bärby Home for Young Persons was relaxed, and many residents spoke positively of the way in which they were treated by staff. However, two residents complained that staff had used excessive force in connection with attempts to restrain them.

The CPT has recommended that staff at the Bärby Home be reminded that the force used to control violent and/or recalcitrant residents should be no more than is strictly necessary and that, once residents have been brought under control, there can be no justification for striking them. The Committee has also stressed that the restraint of residents should be made the subject of a written policy, making clear that initial attempts to control violent and/or recalcitrant residents should, as far as possible, be non-physical. Further, appropriate training in control and restraint techniques will enable staff to choose the most suitable response when confronted with difficult situations, thereby significantly reducing the risk of injuries to both residents and staff.

157. As regards segregation, the CPT has stressed that to place children or young persons in conditions resembling solitary confinement should be resorted to only in exceptional circumstances. In the light of the information gathered during the visit, the Committee has recommended that segregation measures be recorded in a central register, and that staff at Bärby be reminded of the requirement to monitor at regular intervals the situation of residents placed in segregation.

158. Material conditions at Bärby fully met the CPT's criteria. Further, Bärby offered developed and individualised programmes of activities to residents. However, the CPT has invited the authorities to improve the rather bleak and small exercise yards of the establishment's reception and assessment unit.

159. Concerning other issues, the CPT has recommended that systematic medical screening of all new arrivals be introduced, that residents' medical files be kept on the premises and that, upon their admission to the Bärby Home, all residents be provided with information in writing on the regime in force in the establishment and on appeals and complaints procedures. The Committee has also invited the authorities to develop procedures for handling complaints within the institution and to consider setting up a mechanism for regular independent inspections.

#### **E. Detention facilities for substance abusers**

160. The delegation gathered no evidence of ill-treatment of residents by staff at the Rebecka Home for Substance Abusers. Staff appeared to be sufficient in number, motivated and well-equipped to work with substance abusers deprived of their liberty.

161. The material conditions were of a high standard. However, the reception rooms were austere and rather carceral in appearance; the CPT has recommended that, upon the imminent relocation of the establishment, measures be taken to ensure that those facilities offer better conditions.

162. With regard to health-care services, the arrangements for the medical screening of new arrivals were entirely satisfactory. However, the CPT has expressed serious misgivings about the practice of subjecting residents to forcible detoxification without offering them alternatives, and, more particularly, without the possibility of taking a free and informed decision to discontinue taking drugs.

163. As for other issues, the CPT was pleased to note that resort to segregation was very rare; nevertheless, such measures should be recorded in a central register. The Committee has also invited the authorities to develop procedures for handling complaints within the establishment and to consider setting up a mechanism for regular independent inspections of detention facilities for substance abusers. Further, information concerning appeals and complaints procedures should be included in the written information provided to newly arrived residents.

#### **F. Action on the CPT's recommendations, comments and requests for information**

164. The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I.

165. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Swedish 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 Swedish authorities to provide, in the above-mentioned response, reactions to the comments formulated in this report which are listed in Appendix I, as well as replies to the requests for information made.

**APPENDIX I**

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

**A. Police establishments**

**Ill-treatment**

Recommendations

- police officers to be reminded regularly and in an appropriate manner that ill-treatment of detained persons is not acceptable and will be severely sanctioned (paragraph 10);
- the authorities to seek to integrate human rights concepts into operational professional training for high-risk policing situations, such as the arrest and questioning of suspects (paragraph 11).

**Complaints procedures**

Recommendations

- the authorities to urgently reconsider the need for the investigation of complaints against the police to be entrusted to an agency which is demonstrably independent of the police (paragraph 23);
- for so long as the current system remains in place, measures to be adopted to ensure that public prosecutors effectively discharge their duty to supervise the investigation of preliminary investigations involving complaints against police officers; those measures to include:
  - providing public prosecutors with clear guidance as to the manner in which they are expected to supervise preliminary investigations involving complaints against the police and ensuring that the work of public prosecutors supervising complaints against the police is subject to adequate managerial oversight and support;
  - specifying that, in every case where it comes to a prosecutor's attention that a complainant may have sustained injuries while in the hands of the police, the prosecutor must order immediately a forensic medical examination; such an approach should be followed whether or not the complainant concerned bears visible external injuries;

- the introduction of strict time limits within which public prosecutors must determine whether complaints against the police which are transmitted to them are to be the subject of a preliminary investigation

(paragraph 23);

- measures to be taken to ensure that disciplinary action can be taken against police officers implicated in complaints of ill-treatment/assault even if a public prosecutor considers that there is insufficient evidence that the officers concerned have committed a crime (paragraph 24).

### Comments

- in a number of the preliminary investigations examined by the CPT's delegation, it was found that the basic precepts of independence, effectiveness, promptness and expeditiousness had not been observed (paragraph 18).

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

#### Recommendations

- without waiting for the adoption of relevant legislation, instructions should already be issued to the police in line with the CPT's recommendations concerning the fundamental rights to be accorded to persons detained by the police (paragraph 26);
- all persons detained by the police (including those arrested, apprehended, taken into care, or being questioned as potential witnesses) to have a formally recognised right to inform a relative or another third party of their choice of their situation, as from the outset of their detention. Any possibility exceptionally to delay the exercise of this right to be clearly circumscribed in law and made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case at hand or a prosecutor) (paragraph 27);
- the necessary steps to be taken to extend the right of access to a lawyer to all categories of persons who may be obliged to remain with the police - including those being questioned as potential witnesses, apprehended or taken into care - as from the very outset of their custody (paragraph 28);
- the right of persons detained by the police to have access to a doctor to be made the subject of a specific legal provision (paragraph 30).

#### Requests for information

- a copy of the instructions concerning the production of a form setting out in a straightforward manner the rights of persons detained by the police and, in due course, confirmation that such a form is available and in use, for all categories of persons detained by the police (paragraph 31);
- further information about the public witness scheme, including as regards the authorities' intentions to extend its implementation throughout Sweden (paragraph 32).

#### **Conditions of detention**

##### Recommendations

- steps to be taken to remedy shortcomings identified in respect of Västberga and Borås Police Stations (paragraph 34);
- facilities such as the 1 m<sup>2</sup> holding cubicles found at Västberga Police Station to be withdrawn from service forthwith (paragraph 35).

#### **B. Prisons**

##### **Ill-treatment**

##### Recommendations

- strategies to combat inter-prisoner violence to be vigorously pursued and means of rendering them more effective to be explored (paragraph 39).

##### Requests for information

- further information on efforts being made to divide Unit C at Tidaholm Prison into smaller sections with a view to enhancing control (paragraph 39).



## **Restrictions**

### Recommendations

- further measures to be taken to ensure that, in every case where a court is called upon to authorise a prosecutor to impose/prolong restrictions, the prosecutor is formally required to provide the judge with (i) an account of the specific restrictions which he/she intends to impose upon a person remanded in custody and (ii) the reasoned grounds which justify those restrictions in the circumstances of the case (paragraph 49);
- prosecutors to be instructed that, in every case, the annex to the form “instructions relating to apprehended/arrested/remanded persons” is to be completed in a manner which clearly sets out the reasoned grounds on which restrictions are being imposed (paragraph 49);
- consideration to be given to introducing legislation requiring court decisions regarding the initial imposition and, subsequently, the prolongation of restrictions to be individualised and fully reasoned (paragraph 49);
- persons whose requests under Section 17 of the Act on the Treatment of Persons Arrested or Remanded in Custody are unsuccessful to be granted a right of appeal against the relevant decisions of the court (paragraph 49).

### Requests for information

- the authorities’ comments on the manner in which restrictions are being handled by public prosecutors in the Gothenburg area (paragraph 49).

## **Conditions of detention**

### Recommendations

- existing plans to improve access to natural light and ventilation in cells at the Västberga Section of Stockholm Remand Prison to be implemented at the earliest opportunity; in the interim, measures should be taken to ensure that detention at Västberga does not exceed a few days (paragraph 51);
- the authorities to redouble their endeavours to offer remand prisoners subject to restrictions outdoor exercise in suitable facilities. More particularly, steps should be taken to make better use of the larger exercise areas at Gothenburg and Umeå Remand Prisons (paragraph 53);
- remand prisoners held at the Västberga Section of Stockholm Remand Prison to be guaranteed at least one hour of outdoor exercise every day (paragraph 53);

- the authorities to continue to strive to develop activities for remand prisoners. More particularly, vigorous action should be taken without delay to ensure that existing targets for out-of-cell time for prisoners subject to restrictions are achieved. Further, those targets should be reviewed, having regard to the CPT's previous recommendations on this subject; the objective should remain to ensure that all prisoners spend a reasonable part of the day outside their cells, engaged in purposeful activities of a varied nature (paragraph 56);
- the CPT's considerations concerning the impact of restrictive regimes on the mental health of prisoners to be brought to the attention of all officials entrusted with decisions involving the prolonged isolation/segregation of prisoners. Where such a measure cannot be avoided (e.g. in the interest of the investigation or for the sake of internal order and discipline), steps should be taken to ensure appropriate human contact, e.g. with staff. Prisoners unfit for continued segregation should be transferred to a suitable location without delay (paragraph 60).

#### Comments

- the authorities are invited to pursue efforts to keep all parts of Tidaholm Prison in a satisfactory state of repair (paragraph 51);
- the authorities are invited to seek to involve a larger number of prisoners from Unit C at Tidaholm Prison in organised activities, especially work (paragraph 57);
- the authorities are encouraged to further develop vocational training for all prisoners at Tidaholm Prison (paragraph 57);
- the approach adopted in respect of troublesome prisoners held in Unit PI at Tidaholm Prison should be reviewed (paragraph 59).

#### Requests for information

- action taken as regards three waiting cells in Gothenburg Remand Prison decorated entirely in black (paragraph 52);
- further information about the development of activities for prisoners at the Västberga Section of Stockholm Remand Prison (paragraph 56);
- confirmation that the regime which will be provided in the converted M Unit at Tidaholm Prison will be at least of the same standard as in Unit R02 (paragraph 58);
- further information on the reorganisation of the SÄK Unit at Tidaholm Prison and on the intended approach vis-à-vis the prisoners concerned, as well as on any specific training arrangements for staff to be deployed in the reorganised SÄK Unit (paragraph 59).

## **Health-care services**

### Recommendations

- the authorities to take steps to reinforce dental care services at Tidaholm Prison (paragraph 62);
- the nursing staff resources at Tidaholm Prison to be increased (paragraph 62);
- the authorities to strengthen the psychiatric/psychological care resources at Gothenburg Remand Prison and Tidaholm Prison. Existing plans to increase the psychiatrist's presence at Tidaholm Prison to 30 hours per week should be given a high priority; further, vigorous efforts should be made to ensure proper synergy between the prison's psychiatric and psychology services (paragraph 64).

### Comments

- arrangements should be made at Umeå Remand Prison for inmates admitted during a weekend to be seen by health-care staff (e.g. a nurse) without undue delay (paragraph 66).

### Requests for information

- action taken as regards the provision of psychiatric care in Swedish prisons, in the light of the review by the National Prison and Probation Administration of the psychiatric and psychological needs within the prison and probation services (paragraph 64);
- further information on proposals to transfer responsibility for the care of mentally ill persons having committed a criminal offence to the National Prison and Probation Administration (paragraph 64);
- the authorities' comments on the reported increasing difficulty of ensuring the speedy transfer to suitable health facilities of mentally ill inmates requiring in-patient treatment (paragraph 65).

## **Other issues**

### Recommendations

- the authorities to endeavour to increase the number of places in the drug-free unit at Tidaholm Prison (paragraph 74).

### Comments

- ways should be sought to avoid using the visiting facilities at Umeå and Gothenburg Prisons as temporary prisoner accommodation in case of overcrowding (paragraph 71);
- the authorities are invited to review arrangements for use of a telephone by prisoners of foreign origin (paragraph 72).

### Requests for information

- the authorities' comments on the possibilities for prisoners facing disciplinary charges to be heard in person by the adjudicating authority (paragraph 68);
- information on whether an inmate facing disciplinary charges is entitled to be represented by a lawyer (paragraph 68);
- the authorities' comments on the use of segregation for administrative reasons in Unit PI at Tidaholm Prison (paragraph 69);
- the authorities' comments as regards claims that it was not unusual for staff at Tidaholm Prison to threaten inmates with transfer to more remote establishments as a form of persuasion to adjust their behaviour (paragraph 70);
- information in respect of 2000 to 2002 concerning the number of prisoner transfers for reasons of good order and discipline (paragraph 70).

## **C. Psychiatric establishments**

### **Living conditions of patients**

#### Recommendations

- steps to be taken to ensure that, unless there are medical reasons to the contrary, involuntary patients at Sahlgrenska Psychiatric Clinic are offered at least one hour of outdoor exercise every day, and outdoor exercise arrangements at Umeå Forensic and General Psychiatric Unit to be reviewed (paragraph 82).

#### Comments

- at Sahlgrenska Psychiatric Clinic, conditions were somewhat impersonal; further, both this establishment and Umeå Forensic and General Psychiatric Unit would benefit from the replacement of the hospital nursing beds with normal beds, save as regards patients requiring special beds (paragraph 81).

## **Treatment**

### Recommendations

- efforts to continue to be made to provide patients with a structured daily programme of therapeutic and rehabilitative activities, based on their individual needs and capacities (paragraph 85).

### Comments

- efforts should be made to ensure that patients admitted for forensic psychiatric assessment have access to an appropriate range of activities (paragraph 86).

## **Staff resources**

### Recommendations

- further steps to be taken to fill, as soon as possible, the vacant doctors' and nurses' posts at Sahlgrenska Psychiatric Clinic. The psychological and occupational therapy services at the establishment should also be reinforced (paragraph 92).

### Requests for information

- information about in-service training provided to nurses working in psychiatric establishments, as well as the possibilities for nurses to undergo specialised psychiatric training (paragraph 92).

## **Safeguards**

### Recommendations

- the rules currently applied to be reviewed to ensure that involuntary civil placements always require the opinion of a psychiatrist independent of the admitting hospital (paragraph 94).

### Comments

- greater use might be made of the potentially valuable safeguard of having support persons appointed to patients, in particular at Sahlgrenska Psychiatric Clinic (paragraph 95);
- consideration should be given to including information on appeals and complaints procedures in the leaflet available at Umeå Forensic and General Psychiatric Unit, and to providing patients with appropriate appeal and request forms (paragraph 100);

- the authorities are invited to consider setting up an independent outside mechanism responsible for the inspection of patients' care (paragraph 102).

#### Requests for information

- information about the procedures for selecting support persons and the training provided to them (paragraph 96);
- information concerning the precise powers of the patient board in respect of patients' complaints (paragraph 101).

### **D. Detention facilities for young persons**

#### **Ill-treatment**

##### Recommendations

- staff at the Bärby Home for Young Persons to be reminded that the force used when controlling violent and/or recalcitrant residents should be no more than is strictly necessary and that, once residents have been brought under control, there can be no justification for striking them (paragraph 108);
- the restraint of residents should be made the subject of a clearly defined written policy (paragraph 109);
- training in control and restraint techniques to be made available to all staff (paragraph 109).

#### **Regime**

##### Comments

- the authorities are invited to improve the two exercise yards in the LSU reception and assessment unit at the Bärby Home for Young Persons (paragraph 115).

### **Segregation and disciplinary measures**

##### Recommendations

- segregation to be recorded in a central register, which should include the time at which the measure began and ended, the person deciding on the measure, the circumstances of the case and the reasons for resorting to the measure. Staff at the Bärby Home for Young Persons to be reminded of the requirement to monitor at regular intervals the situation of residents placed in segregation (paragraph 119).

### Comments

- the authorities are invited to remind staff at the Bärby Home for Young Persons that segregation cannot be used as a disciplinary measure and that the threat of segregation should not be used as a means of managing difficult residents (paragraph 120).

### Requests for information

- clarification as to the regulatory framework for placing LSU residents in segregation (paragraph 118);
- confirmation that decisions to place LSU residents in segregation are made by the director of the establishment (paragraph 119);
- information as to whether the procedures for the segregation of LVU and LSU residents are surrounded by appropriate safeguards (information to the resident on the reasons for the placement, the right to be heard, and the right to have the decision reviewed by an appropriate authority) (paragraph 119).

### **Health care**

#### Recommendations

- systematic medical screening of all new arrivals at the Bärby Home for Young Persons to be introduced (paragraph 122);
- the practice of not having residents' medical files available on the Home's premises to be changed (paragraph 123).

### **Other issues**

#### Recommendations

- upon their admission to the Bärby Home for Young Persons, all residents to be provided with information in writing on the regime in force in the establishment, and on appeals and complaints procedures (paragraph 127).

### Comments

- the authorities are invited to develop procedures for handling complaints within the Bärby Home (paragraph 125);
- the authorities are invited to consider setting up a system for regular visits by an independent inspection mechanism to detention facilities for young persons (paragraph 126).

**E. Detention facilities for substance abusers**

**Preliminary remarks**

Comments

- the CPT has misgivings about the requirement that doctors report to the local social services patients whose situation could necessitate compulsory care (paragraph 129).

**Material conditions**

Recommendations

- measures should be taken, upon the relocation of the Rebecka Home (expected within some months), to ensure that the reception rooms offer better conditions and that lavatories have adequate screening (paragraph 133);
- segregation in LVM homes should be recorded in a central register (paragraph 134).

**Health care**

Requests for information

- the authorities' comments on the practice of subjecting residents to forcible detoxification without offering them alternatives, and, more particularly, without the possibility of taking a free and informed decision to discontinue taking drugs (paragraph 137);
- the authorities' comments on the difficulties experienced in gaining access to external psychiatric services (paragraph 138).

**Appeals, complaints and inspection procedures**

Comments

- the authorities are invited to develop procedures for handling complaints within the Rebecka Home. Further, information concerning appeals and complaints procedures should be included in the written information provided to newly arrived residents (paragraph 139);
- the authorities are invited to consider setting up a mechanism for regular independent inspection of LVM homes (paragraph 140).



**APPENDIX II**

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

**A. National authorities**

**Ministry of Justice**

Thomas BODSTRÖM	Minister for Justice
Fredrik WERSÄLL	Director-General for Legal Affairs
Peter STRÖMBERG	Director, International Affairs
Per HALL	Director
Agneta BÄCKLUND	Director
Cecila BERGMAN	Director
Fredrik HOLMBERG	Legal Adviser
Marie AXELSSON	Legal Adviser
Camilla GOLDBECK-LÖWE	Desk Officer
Henrik SJÖLINDER	Desk Officer

**National Prison and Probation Administration**

Bertel ÖSTERDAHL	Director-General
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**Public Prosecution Authority**

Nils REKKE	Director
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**National Police Board**

Ulf BERG	Head of Legal Affairs
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**National Board of Forensic Medicine**

Eva BRÄNNMAN	Police Management Division
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**Ministry for Foreign Affairs**

Bosse HEDBERG	Director
Hilding LUNDKVIST	Desk Officer

**Aliens Appeal Board**

Håkan SANDESJÖ	Deputy Director-General
Carl-Otto SCHÈLE	President
Fatima DAOUDI	Rapporteur

### **Ministry of Health and Social Affairs**

Lars BLOMGREN	Director, International Affairs
Heléne DAHL FRANSSON	Deputy Director
Björn REUTERSTRAND	Director-General for Legal Affairs
Iréne CARLSSON NILSSON	Director
Lars HEDENGRAN	Associate Judge of Appeal
Magnus MATHIASSEN	Associate Judge
Sebastian HETESI	Desk Officer

### **National Board of Health and Welfare**

Helena SILFVERHIELM	Head of Division
Nils BLOM	Deputy Director, Division of Legal Affairs

### **National Board of Institutional Care**

Åsa HÅRD af SEGERSTAD	Legal Director
Anette SCHIERBECK	Lawyer

### **Other authorities**

Claes EKLUNDH	Chief Parliamentary Ombudsman
Kjell SWANSTRÖM	Head of Staff, Office of the Parliamentary Ombudsman
Jörgen BURE	Head of Division, Office of the Parliamentary Ombudsman
Sture HALLBERG	Psychiatrist, Federation of Swedish County Councils
Gunilla ROMÁN	Psychiatrist, Federation of Swedish County Councils
Ann Sofi AGNEVIK	Head of Legal Affairs, Federation of Swedish County Councils
Marianne KRISTIANSSON	Chief Doctor, Forensic Psychiatric Board
Anna SUNDBERG	Lawyer, Forensic Psychiatric Board

### **B. Non-governmental organisations**

Swedish Helsinki Committee  
Swedish Foundation for Human Rights  
Swedish Network of Asylum and Refugee Support Groups  
Swedish Bar Association