

Checklist for the evaluation of a psychiatric hospital

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This list is not exhaustive, but rather an *aide memoire* to be used during a CPT visit.

I. The comprehensive evaluation of a psychiatric hospital involves the completion of the following steps:

- a. analysis of the legal basis of the mental health services (Mental Health Act etc) and the regulations within the hospital (guidelines etc).
- b. an initial interview with the head of the hospital (and his deputies)
- c. a visit to all the establishments facilities
- d. examination of a number of medical files and other documentation related to the medical service provision (court rulings, registers, reports of outside monitoring bodies)
- e. interviews (in private) with a number of patients
- f. interviews with the staff (doctors, nurses, specialists)
- g. a final talk with the head of the hospital and his deputies (to provide first impressions, and – if needed – to ask for supplementary information)

Other activities might be necessary, depending on the situation: visits to external medical units, surprise visits during night hours etc.

II. Attention should be paid to the following matters:

1. Issues to be addressed on the management level

- 1.1. official capacity of the establishment and the number of patients on the day of the visit
- 1.2. different categories of patients (children, juveniles, elderly patients, patients with substance abuse problems, forensic patients)
- 1.3. number on involuntarily admitted patients (if relevant, breakdown of different categories according to the law)
- 1.4. ward structure of the hospital (including the supportive / paraclinical services – X-ray, EEG, clinical laboratory etc)
- 1.5. staffing: breakdown by different specialist categories, numbers of posts, vacancies, persons working for more than one full post
- 1.6. external support : security companies, consultants from outside, cooperation with general hospitals, discharge and transfer to social care homes etc
- 1.7. financial issues : budgeting principles, out-of-pocket payments related to service provision

- 1.8. medical statistics : number of admissions per year, main pathologies, deaths (including suicides), autopsies
- 1.9. special treatments : ECT, psychosurgery, special programs for sexual offenders etc.
- 1.10. medical documentation (registers, standards and rules for taking medical notes and filing the documentation)
- 1.11. plans for future developments (renovations, reconstructions, new treatment options)
- 1.12. guidelines for addressing certain medical issues (treatment guidelines)
- 1.13. training and supervision of the staff

2. Issues to be addressed on the ward level

- 2.1. admission of patients – procedures, regulations
- 2.2. placement of patients in the rooms
- 2.3. different regimes of observation
- 2.4. daily activities provided for the patients
- 2.5. presence of medical and paramedical staff
- 2.6. treatment plans and teamwork
- 2.7. medication (availability, possible excessive use, chemical restraints)
- 2.8. availability of psychotherapeutic treatments and psychosocial interventions
- 2.9. interpatient violence

3. Special issues

- 3.1. use of restraints and seclusion
- 3.2. outdoor exercise
- 3.3. categories of patients under special regimes
- 3.4. restrictions concerning possessions, searches
- 3.5. ECT
- 3.6. vulnerable categories (including juveniles and children, long-term patients, physically handicapped persons)
- 3.7. contacts with the outside world (visits, access to telephone)
- 3.8. prevention of suicides
- 3.9. biomedical research

4. Assessment of material conditions

- 4.1. living conditions in different wards – layout of the rooms (privacy issues), access to light, temperature
- 4.2. clothing and personal items
- 4.3. food
- 4.4. hygiene (toilets, showers)

5. Legal issues

- 5.1. involuntary placement procedure
- 5.2. review of placement decisions
- 5.3. consent to treatment
- 5.4. information on rights and access to legal aid
- 5.5. complaints procedure
- 5.6. visits by outside bodies (monitoring bodies, NGO's, ombudsman etc)