EXECUTIVE SUMMARY

Police establishments

The CPT's delegation spoke with many persons who were or had recently been in police custody, and received hardly any allegations of ill-treatment by police officers. As previously, no allegations were heard regarding the staff working in temporary detention isolators (TDIs). Furthermore, none of the very few allegations heard could be considered credible, backed by medical evidence and/or referring to recent past. Overall, the CPT received a very positive impression of the sustained efforts of the Ministry of Internal Affairs aimed at combating police ill-treatment.

As regards legal safeguards, notification of custody was performed systematically and, as a rule, soon after apprehension. Further, access to a lawyer was generally granted. As regards access to a doctor, medical examinations were performed systematically upon arrival at the TDIs and the examinations included the recording of injuries. As for information on rights, it appeared to be generally provided quickly but the CPT invited the Georgian authorities to make further efforts to improve the provision of oral information upon apprehension.

Material conditions of detention in the TDIs visited were on the whole acceptable for the intended purpose and maximum permitted period of police custody (i.e. 72 hours). However, several deficiencies remained: the national norm of 4 m² of living space per detainee was not yet fully and systematically implemented in practice and in-cell toilets were generally only partially screened. Furthermore, criminal suspects had still no access to a shower and outdoor exercise.

Immigration detention establishments

The delegation did not receive any allegations of ill-treatment by staff from the Temporary Accommodation Centre (TAC) of the Migration Department of the Ministry of Internal Affairs. Further, it appeared that conflicts between detained foreign nationals were rare and never of any serious nature. The overall atmosphere at the TAC was relaxed.

Material conditions at the TAC were generally very good and the offer of activities could be considered adequate. However, the CPT invited the Georgian authorities to make more efforts to offer some organised activities to foreign nationals accommodated at the TAC for extended periods.

Regarding health-care, the CPT expressed the view that it would be advisable to recruit nursing staff and organise 24/7 health-care coverage at the TAC. Further, the CPT recommended that the same screening, recording and reporting procedures be applied at the TAC as those already in place at the TDIs.

As for legal safeguards, foreign nationals were given information about their rights and *ex officio* legal assistance was available. Furthermore, interpretation services were provided if necessary. However, some of the detainees appeared ill-informed of the precise scope and content of their right of access to *ex officio* legal assistance. The CPT reiterated its recommendation that steps be taken to ensure that the right to have access to a lawyer (including an *ex officio* lawyer) is fully effective for all detained persons, as from the outset of deprivation of liberty.

The TAC employed specially trained custodial staff; however, the CPT invited the Georgian authorities to make further efforts to improve staff's language skills.

Prisons

The delegation heard hardly any allegations of ill-treatment of inmates by staff. Overall, there was a relaxed atmosphere and good staff-prisoner relations in the prisons visited. Only a few isolated allegations were heard of excessive force used while prisoners were transferred to so-called "de-escalation rooms", especially at Prison No. 6. The CPT stated that custodial staff in all Georgian prisons – and especially at Prison No. 6 – would benefit from more training in dealing with such high-risk situations and challenging inmates, including in verbal communication, de-escalation techniques and manual control.

As regards inter-prisoner violence, it was not a major issue in closed-type prisons, except for a few allegations and other indications – such as recorded injuries – at Prison No. 6. Likewise, inter-prisoner violence appeared rare at Prison No. 11. However, inter-prisoner violence was clearly a problem at Prison No. 15. This was hardly surprising given the very low staff/prisoner ratio and the limited presence of staff in inmate accommodation areas.

Another important factor at Prison No. 15 was the pernicious influence of the informal prisoner hierarchy. Faced with this situation, the management of Prison No. 15 acknowledged that it considered itself compelled to share a part of its responsibility for order and security with "strong prisoners" (so-called "watchers"), thus exposing weaker inmates to the risk of violence and intimidation. The CPT stressed that this was totally unacceptable; the (re)emergence of this phenomenon at Prison No. 15 was a troubling sign and major efforts were required to ensure that it did not spread throughout the prison system.

Overall, overcrowding was no longer a problem in the prisons visited. That said, the CPT was concerned that – unlike for sentenced prisoners (for whom the norm was 4 m² per person) – the norm of living space per remand prisoner had remained unchanged (3 m²). Other than this, material conditions varied but were generally acceptable (sometimes even good) although cells and communal areas were in clear need of refurbishment and cleaning at Prisons Nos. 6, 8, 15 and to a lesser extent No. 9.

As had been the case during previous visits, progress had been much less impressive in drawing up programmes of purposeful, out-of-cell, activities for prisoners. The delegation again observed that prisoners in closed-type establishments visited (Prisons Nos. 3, 6, 7, 8 and 9) were locked up in their cells for most of the day, in a state of enforced idleness. For some of them (those in so-called "high-risk" category), the regime could amount to *de facto* solitary confinement for years on end. The situation was not much better in the semi-open Prison No. 15 – although not locked up during the day and free to move around the prison's territory, inmates were basically left with nothing to do. The only positive exception to the aforementioned situation was observed at the juvenile Prison No. 11 in Avchala.

The CPT once again called upon the Georgian authorities to take decisive steps to develop the programmes of activities for both sentenced and remand prisoners. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activities of a varied nature (work, education, sport, etc.) tailored to the needs of each category of prisoner (adult remand or sentenced prisoners, inmates serving life sentences, female prisoners, etc.).

The CPT also recommended that the recently-introduced individual risk assessment (for all prisoners) and individual sentence plans (for sentenced inmates) be fully implemented in practice. As regards prisoners classified as "high-risk", there is an urgent need to completely rethink the philosophy and the approach to them, so as to ensure that any restrictions on organised activities, association, privacy and contact with the outside world are only imposed based on a genuine and frequently reviewed (at least every 6 months) individual risk and needs assessment. The current blanket approach is grossly excessive.

The CPT noted further improvement in prisoners' access to both primary and secondary health care in all prisons visited. The medical facilities and equipment were of a satisfactory level in all the establishments except for Prisons Nos. 6 and 15, and there were no major concerns regarding the supply of medication (except for psychiatric medication). In all the prisons visited, medical screening (including screening for injuries) was performed shortly after the arrival of a new prisoner. However, the CPT recommended that the existing procedure be amended so as to require using "body charts" and taking photographs (and reporting this information) whenever prison doctors believe there are grounds to suspect ill-treatment/inter-prisoner violence, irrespective of whether the prisoner concerned alleged any ill-treatment and agreed to such recording and reporting. There were individual medical files for prisoners in all the establishments visited, and they seemed to be generally well kept. However, as in the past, medical confidentiality was not always respected; this was of particular concern as regards the medical screening on arrival and the recording of injuries.

The CPT noted a further significant improvement in the prevention and treatment of infectious diseases (such as tuberculosis, HIV and hepatitis) in prisons. By contrast, the CPT was very concerned by the persistent serious shortcomings in the provision of mental health care. More generally, the CPT expressed the view that there was a lack of a national strategy of dealing with challenging mentally disordered prisoners.

The Georgian authorities acknowledged from the outset that addiction to illicit drugs and other intoxicating substances (such as alcohol) continued to be a problem affecting a significant proportion of the prisoner population, and the delegation's findings in the prisons visited only confirmed this. The CPT called upon the Georgian authorities to develop and implement a comprehensive strategy for the provision of assistance to prisoners with drug-related problems (as part of a wider national drugs strategy) including harm reduction measures.

There had been no noteworthy changes in the living conditions at the Prison Hospital since the 2014 visit; as previously, they could be considered adequate. Overall, the hospital was well staffed, the medical equipment and supply of materials were adequate, and there was no shortage of medication. To sum up, the level of healthcare appeared to be generally satisfactory. However, treatment options remained very limited on the psychiatric ward. The CPT reiterated its recommendation that steps be taken to develop a broader range of psycho-social therapeutic activities for patients, in particular for those who remain on the ward for extended periods.

More generally, the CPT stressed that a transfer of responsibility for prison health-care services to the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs was needed to improve the quality of health care through its better integration with the public health system, and also to strengthen the professional independence of health-care staff working in prisons. The time has come to start concrete preparations for such a transfer, including setting precise deadlines.

The staffing situation in the prisons visited varied. While it was satisfactory or even good at Prisons Nos. 3, 6, 7, 9 and 11, it was much less favourable at Prison No. 8 and quite poor at Prison No. 15. In the latter establishment, the shortage of staff put at risk the security of both staff and prisoners and resulted in the management and staff considering themselves compelled to rely to a certain extent on prisoners to assist them in performing custodial tasks. Overall, the conclusion reached on previous visits that the staffing levels in prisons were too low (especially if the Committee's recommendations concerning the development of regime and activities were to be implemented), remained valid.

With the exception of Prison No. 3, formal disciplinary sanctions were resorted to very rarely. As for material conditions in disciplinary cells, these were found to be acceptable in all prisons that had them. That said, the CPT was told that there had been no change to the rules concerning the regime for prisoners placed in disciplinary cells, namely they were still deprived of access to outdoor exercise and reading matter. Further, as in the past, inmates placed in a disciplinary cell were automatically deprived of contact with the outside world. The CPT called upon the Georgian authorities to remedy these failings.

The issue of gravest concern to the CPT was a tendency, observed in several of the prisons visited (especially in Prisons Nos. 3, 6 and 8) to make frequent use of so-called "de-escalation rooms", for up to 72 hours, as *de facto* punishment. The CPT expressed the view that "de-escalation rooms" should only be used to place, for as short a time as possible (preferably just a few hours), prisoners who are agitated and/or aggressive, and the whole procedure should be under the authority of the doctor, not the custodial staff. Any prisoner who remains agitated after several hours must be clinically assessed and, if necessary, transferred to a mental health establishment. Further, the CPT considered that prisoners who are not mentally disturbed and who violate internal regulations should be dealt with using formal disciplinary provisions.

Juvenile prisoners and those in semi-open prisons (e.g. Prison No. 15) had adequate possibilities to maintain contact with the outside world. The CPT also welcomed the fact that remand prisoners no longer required prior authorisation by the competent investigating authority or court to receive a visit. Nevertheless, the fact remained that the visiting entitlement for many prisoners (including remand prisoners and sentenced inmates in closed-type prisons, especially those classified as "high-risk") was far from generous. In this context, the CPT reiterated its view that all prisoners, irrespective of their category (whether on remand or sentenced) and regime, should be offered at least the equivalent of one hour of visiting time per week.

Psychiatric establishments

Although at Surami Psychiatric Hospital the delegation received no allegations of recent physical ill-treatment of patients, it noted that there had been several instances of serious physical ill-treatment (including striking patients with sticks) in the recent past, the staff directly involved no longer being employed at the establishment. The clear determination of the hospital's current management to prevent any such ill-treatment in the future was highlighted positively.

At Kutiri Psychiatric Hospital, the delegation received only one recent and credible allegation of physical ill-treatment (i.e. slaps) of a resident of the social care ward ("pensionat") by an orderly. By contrast, a number of allegations of recent physical ill-treatment of male acute patients (consisting of slapping and punching by orderlies) were heard at Khelvachauri Psychiatric Hospital. Further, some complaints were heard at both establishments that orderlies displayed rude and verbally abusive behaviour. Doubtless, this was linked with the very low staff complement and the poor level of training of the orderlies.

Inter-patient/resident violence did not appear to be a problem at Surami Psychiatric Hospital. However, at Khelvachauri Psychiatric Hospital and on the general psychiatric wards at Kutiri Psychiatric Hospital, the delegation heard a number of complaints regarding, and indeed witnessed, episodes of inter-patient/inter-resident conflicts and violence, which was hardly surprising considering the low staffing numbers and the chaotic environment in which the patients and residents lived. The CPT indicated that action was required at Kutiri and Khelvachauri Psychiatric Hospitals to remedy this problem, including by ensuring an adequate staff presence and supervision at all times, and by properly training staff in handling challenging situations/behaviour by patients/residents.

The three psychiatric hospitals visited were undergoing major refurbishment at the time of the visit. Meanwhile, however, many patients continued to live in woefully dilapidated and sometimes overcrowded dormitories, which lacked privacy and failed to ensure patients' dignity. At the end of the visit, the delegation requested the Georgian authorities to provide the CPT with regular and detailed update reports, on a quarterly basis, regarding the progress in completing the renovation and building works in the three psychiatric hospitals visited. In their letter dated 23 January 2019, the Georgian authorities informed the CPT that a new patient accommodation building at Kutiri Psychiatric Hospital had been brought into service and that 120 new beds had been installed on the wards, with more to be delivered in the near future. Further, the refurbishment of Khelvachauri Psychiatric Hospital was to be completed by the end of May 2019 and the refurbishment of Surami Psychiatric Hospital was at an advanced stage.

There was a shortage of psychiatrists in the three hospitals visited, in particular at Kutiri Psychiatric Hospital. Further, in the three establishments the presence of ward-based staff (nurses and orderlies) was clearly insufficient to provide adequate treatment and care for the number of patients accommodated in them. In addition, the very limited (or even almost inexistent, as in the case of Surami Psychiatric Hospital) involvement of staff qualified to provide therapeutic activities (psychologists, occupational therapists, social workers) precluded the emergence of a therapeutic milieu based on a multidisciplinary approach.

In the three hospitals visited the psychiatric treatment was based extensively on pharmacotherapy. As for psycho-social treatment and rehabilitation, some limited opportunities existed only at Khelvachauri Psychiatric Hospital. The CPT noted an absence of comprehensive individual written treatment plans which would cover both pharmacotherapy and psycho-social activities.

Psychiatric patients were not entitled to free somatic health assessments and treatments, which could have a negative impact not only on timely and proper assessment and treatment of somatic diseases, but also on the way accurate assessments of certain psychiatric disorders were carried out (e.g. organic psychiatric disorders). The fact that indigent mentally disordered in-patients were expected to fund their own somatic health care was absolutely unacceptable.

Nearly all patients in the forensic psychiatric unit at Kutiri Psychiatric Hospital remained locked in their dormitories for over 20 hours a day, often for years, except for access to a large outdoor cage and during brief meal times. Further, access to outdoor exercise for patients on the general psychiatric wards at Kutiri and Khelvachauri Psychiatric Hospitals and in the "pensionat" at Kutiri Psychiatric Hospital was very limited; some of the patients had not had access to outdoor exercise for weeks, months and even (at Kutiri Psychiatric Hospital) years. At the end of the visit, the delegation invoked Article 8, paragraph 5, of the Convention and made an immediate observation, requesting the Georgian authorities to ensure daily access to outdoor exercise to all patients of Kutiri and Khelvachauri Psychiatric Hospitals. Unfortunately, information provided by the Georgian authorities in their letter dated 23 January 2019 failed to address the CPT's concerns. Consequently, the CPT called upon the Georgian authorities to take immediate steps to ensure unrestricted daily access to the open air to all patients at Kutiri and Khelvachauri Psychiatric Hospitals (unless there are clear medical contraindications or treatment activities require them to be present on the ward), and to confirm this fact within one month.

Means of restraint were not resorted to at Surami Psychiatric Hospital. At Kutiri and Khelvachauri Psychiatric Hospitals, the means of mechanical restraint consisted of soft ties, but at the latter hospital the ties had reportedly not been used since October 2017. Both aforementioned hospitals also had rooms for individual seclusion of patients. After examination of the relevant documentation and interviews with patients, the delegation gained the impression that means of restraint were not overused in these two hospitals.

The delegation was surprised to note that of some 330 patients accommodated on various general psychiatric wards in the three hospitals visited, only four were *de jure* hospitalised against their will pursuant to the Law on Psychiatric Assistance (LPA). It should be stressed in this context that many patients interviewed by the delegation stated, expressly and insistently, that they did not consent to their (continuing) hospitalisation and treatment, and wanted to leave the hospital; they were thus *de facto* involuntary. The CPT called upon the Georgian authorities take urgent steps to ensure that the legal provisions of the LPA on "civil" involuntary hospitalisation are fully implemented in practice. In particular, persons admitted to psychiatric establishments should be provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, and on the possibility to withdraw their consent subsequently. Further, the CPT recommended that the legal status of all patients currently hospitalised at Kutiri, Surami and Khelvachauri Psychiatric Hospitals (as well as in all other psychiatric establishments in Georgia) and considered as "voluntary" be reviewed.

The CPT also recommended that the Georgian authorities take steps to address *lacunae* in the review procedure for forensic patients. In particular, efforts should be made to ensure that the procedure offers guarantees of independence and impartiality, as well as objective medical expertise, including by external psychiatrists. Further, patients should benefit from the assistance of a legal counsel at all stages of the procedure, including before the psychiatric commission.

Turning to consent to treatment, the practice observed in the psychiatric hospitals visited was analogous to that described in the report on the Committee's 2014 visit, namely formally voluntary "civil" patients (the procedure did not apply to *de jure* involuntary "civil" patients and to forensic patients) were asked to sign a form of "consent to placement and treatment". It was clear that, despite long-standing CPT recommendations, consent to treatment was still assimilated to consent to placement.

At Kutiri and Khelvachauri Psychiatric Hospitals, the delegation noted that most of the legally incompetent patients (there were many of them) had the Director of the establishment or another staff member appointed as their legal guardian. The CPT reiterated its view that granting guardianship to the staff of the very same establishment in which the patient concerned is placed may easily lead to a conflict of interest.

In the three psychiatric hospitals, the arrangements for patients' contact with the outside world did not seem to pose any particular problems in practice, at least as regards visits. Formal complaints mechanisms for patients (both internal and external) existed in the three psychiatric hospitals visited. That said, very few patients appeared aware of how to safely and confidentially complain to the hospital authorities or beyond.

Finally, the CPT called upon the Georgian authorities to make every effort to fully implement their 2014 de-institutionalisation Action Plan and, in this context, substantially develop psychiatric care in the community.