

EXECUTIVE SUMMARY

Psychiatric establishments

The delegation visited for the first time Federal Specialised Psychiatric Hospitals with Intensive Supervision in Kazan and Volgograd, Branch No. 2 of Volgograd Regional Psychiatric Hospital No. 2, and Krasnoarmeyskaya Regional Psychiatric Hospital named after Yuriy Alekseevich Kalyamin in Saratov region.

Many of the interviewed patients spoke positively of the clinical staff, especially in the two hospitals in Volgograd region. However, the delegation received a few allegations of physical ill-treatment of patients by staff as well as of other forms of ill-treatment. Inter-patient violence did not appear to be a substantial problem in any of the hospitals visited.

Patient accommodation was generally clean, warm, well lit and ventilated, with visible evidence of completed or on-going renovation. However, with the exception of Volgograd Hospital Branch No. 2, the establishments visited were severely overcrowded, with many beds touching. This is not in compliance with the living space requirements in national legislation. Moreover, the rooms were austere, lacked personalization and offered virtually no space for keeping personal belongings.

Concerning staffing, inadequate staffing levels were found in differing degrees in all the hospitals visited. The Committee recommends that the Russian authorities take urgent measures to address the serious recruitment difficulties regarding medical, ward-based and multi-disciplinary clinical staff.

Regarding treatment, this was based predominantly on pharmacotherapy. With the exception of Volgograd Federal Hospital, opportunities for psycho-social rehabilitation were limited to a minority of patients, these deficits often arose because of totally inadequate multi-disciplinary staffing levels. Furthermore, in both civilian hospitals patients had very limited opportunities for outdoor exercise.

At Kazan Federal Hospital, the delegation noted with grave concern that electroconvulsive therapy (ECT) was being administered to patients on some wards in unmodified form, i.e. without an anaesthetic and muscle relaxants. In the CPT's view, the administration of ECT in unmodified form can raise issues under Article 3 of the European Convention on Human Rights.

Regarding means of restraint, the mechanical restraint of patients using canvas straps was practiced in all hospitals visited. However, to differing degrees, international guidelines regarding such measures were not being followed in any of the four establishments. It was particularly concerning to note that at Kazan Federal Hospital patients could be subjected to four-point fixation alone in isolation rooms for many days without any release; various patients who had been subjected to such lengthy measures told the CPT delegation that they had refused to be fed as they found it too challenging to defecate into a bedpan while being fixed horizontally. Patients explained that after a few days of not being able to defecate, their abdomens would swell and become very painful. Furthermore, one younger male patient who told the delegation he had recently been restrained for a week was found to have a number of bed sores on his sacral area.

Seclusion was used in the two federal hospitals visited by the CPT. On the intensive care wards of both hospitals, patients were sometimes spending months or even years alone in very small bare rooms as narrow as 1.1 m, with almost no daylight and artificial lighting switched on for 24 hours a day. At Kazan Federal Hospital, patients in seclusion had no access to a toilet (having instead to use a bucket placed in the corner of the room); at Volgograd Federal Hospital, there was a small unscreened floor-level toilet in the corner of the room near the barred gate door. In addition to having no or almost no access to outdoor exercise and to being prevented from any physical exercise inside the rooms, some patients in both hospitals were not even given a toothbrush or a spoon (obliging them to eat with their hands) for months or even years. In the CPT's view, such conditions do not befit a health-care institution and amount to inhuman and degrading treatment.

Regarding legal safeguards, the CPT delegation noted that many patients in Krasnoarmeyskaya Hospital and Volgograd Hospital Branch No. 2 who had signed consent to hospitalisation forms and were still deemed voluntary were nonetheless not truly consenting to their hospitalisation. Such "voluntary" patients were thus *de facto* detained. Some of these patients were not even allowed to leave the ward to exercise in the grounds, let alone exit the hospital, having, for example, been labelled as "prone to escape" in clinical records. Further, such "voluntary" patients had sometimes been given forced medication and had been mechanically restrained. The CPT reiterates its recommendation that persons admitted to psychiatric establishments 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.

Social care establishments

The CPT delegation carried out first-time visits to four social care establishments for adults (so-called Psycho-Neurological Internats, hereafter referred to as PNI) in three different regions of the Russian Federation: PNIs Nos. 16 and 34 in Moscow, Angarsk PNI (Irkutsk Region) and Babushkin PNI (Republic of Buryatia).

The delegation observed a generally positive interaction between residents and staff members and heard no allegations of recent physical ill-treatment of residents by staff. That said, in all the establishments visited, the delegation received allegations (and found other evidence, including in the form of lesions directly observed by the delegation's doctors) of inter-resident violence.

As regards living conditions, residential buildings were in a good state of repair and, on the whole, provided clean, well-lit and ventilated accommodation. Although the most autonomous residents usually lived in smaller rooms (for one to four residents), other residents tended to be accommodated in larger dormitories, some of which were overcrowded. The CPT is of the opinion that living in large dormitories that lack personalisation is not conducive to a therapeutic and rehabilitative approach.

The Committee considers the staff complements at the PNIs visited more or less adequate as regards doctors and ward-based care staff (feldshers, nurses and orderlies). However, steps should be taken to reinforce the resources of staff qualified to provide psycho-social rehabilitative activities (psychologists, special educators, occupational therapists, physiotherapists, social workers, etc.).

With the exception of Babushkin PNI, both psychiatric and somatic treatment was generally of a good standard. In Babushkin PNI, the delegation was especially concerned about the poor availability and deficient quality of psychiatric treatment, as the purportedly full-time psychiatrist was only actually physically present in the establishment every two to three months.

In all the establishments visited, the delegation received numerous detailed allegations of the use of means of restraint (mainly strapping patients to beds with distinctive soft bandages), including in specific seclusion rooms used for “calming-down” purposes. This unofficial practice was not recorded, nor were residents able to avail of any of the procedural safeguards that should accompany the use of restraint measures. The CPT calls upon the Russian authorities to adopt, without delay, written provisions on recourse to means of restraint and seclusion in all social care establishments.

In a number of the establishments visited, the delegation found that the blanket designation of an establishment’s director as the guardian of all legally incapacitated residents placed the director in a potentially invidious position and residents under guardianship at risk of the exploitation of their personal resources. The most striking example of this was at Babushkin PNI, where there was a list of so-called “additional social services” that were charged to residents, including bathing, shampooing, use of the minibus of the establishment, drinking water from the corridor’s tap, washing/repairing/ironing clothes. In the light of these findings, the Committee suggests that an independent audit be conducted into the legitimacy of the expenditure by the director/guardian of the private funds of legally incapable residents at Babushkin PNI.

Concerning legal safeguards in the context of placement in a PNI, the Committee notes that the court decision on the deprivation of legal capacity carries with it almost automatically the consequence that an initial placement will be authorised. The CPT recommends that the Russian authorities introduce an effective and automatic and periodic review by an outside authority (e.g. a court) of the need to continue each and every placement in a PNI.