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**Preliminary observations made by the delegation
of the European Committee for the Prevention
of Torture and Inhuman or Degrading Treatment
or Punishment (CPT) which visited Finland**

from 7 to 18 September 2020

The Finnish Government has requested the publication of these preliminary observations.

Strasbourg, 20 October 2020

6th periodic visit to Finland
by the European Committee for the Prevention of Torture
and Inhuman or Degrading Treatment or Punishment (CPT)

Consolidated version of the CPT delegation's preliminary observations
made at the meetings with senior officials from the Ministries of the Interior, Justice and
Social Affairs and Health
on 18 September 2020, in Helsinki, at the end of the CPT's visit

Dear Ministers, State Secretaries, Ladies and Gentlemen,

The CPT's delegation has completed the Committee's 6th periodic visit to Finland and, in keeping with the CPT's standard practice, would like to present to you its preliminary observations. The visit was an occasion to assess progress made since the previous visit and the extent to which the Committee's recommendations have been implemented. In particular, attention was paid to the situation of persons in police custody (including intoxicated persons), remand prisoners held in police establishments, foreign nationals held in immigration detention facilities, remand and sentenced prisoners as well as psychiatric patients. In addition, the delegation visited for the first time two juvenile establishments (residential schools).

It should be stressed from the outset that the co-operation received in preparation and throughout the visit was excellent at all levels, despite the exceptional circumstances in which the visit took place, due to the ongoing Covid-19 pandemic. The delegation enjoyed rapid access to all the establishments visited (including those which had not been notified in advance), was promptly provided with all the requested information (including medical files) and was able to speak in private with all the detained persons it wished to interview. In addition, it received an impressive amount of documentation prior to and during the visit. The delegation's gratitude extends to the management and staff of the establishments visited. It would also like to express its appreciation for the invaluable assistance provided before and during the visit by the CPT's Liaison Officer, Ms Paulina Tallroth, and her colleague Ms Tuuli Herlin, from the Ministry of Justice.

Establishments under the authority of the Ministry of the Interior

The delegation has heard no allegations of ill-treatment of persons detained by the police; on the contrary, most of the persons interviewed by the delegation, who were or had recently been in police custody, stated that the police had treated them in a correct manner.

Regarding the fundamental safeguards against ill-treatment, the delegation gained the impression that access to a lawyer did not pose any particular problem in practice, including during the initial interrogation by police officers. By contrast, delays in notification of custody, another fundamental safeguard, remained frequent and widespread and could last up to the maximum legal period of police custody (i.e. 96 hours), especially when the apprehended person was a foreign national without residence in Finland.

Furthermore, while in general persons apprehended by the police received promptly some oral information, there still seemed to be occasional delays in the provision of written information on rights, especially in languages other than Finnish.

Material conditions in police detention facilities visited were adequate for the maximum period of police custody (96 hours), although some of the cells required refurbishment (e.g. in Espoo and Pasila). However, none of the establishments offered suitable conditions for longer periods of detention, especially due to the absence of genuine outdoor exercise facilities.

In this context, the delegation noted as a positive development the recent legislative amendments aiming at shortening significantly the time spent in “police prisons” by remand prisoners (to 7 days maximum, as a rule) and the Finnish authorities’ plans to completely eliminate the practice of holding remand prisoners in police establishments by 2025 at the latest.

The delegation can only strongly encourage you to attract the highest priority to the implementation of these plans. The delegation indeed observed that the numbers of remand prisoners and their time of stay at police prisons had been reduced since the CPT’s last visit, but there were still occasions where remand prisoners had been held in totally inadequate conditions (e.g. in windowless cells at Espoo) for several months. To hold anyone for such a long time in cells without proper access to natural light (apart from a small opening in the roof) is quite simply unacceptable.

Another issue of the delegation’s continuous concern was the fact that police detention facilities continued to frequently hold intoxicated persons, while police custodial officers were generally not suitably trained to deal with such persons (apart from having received a first-aid course) and whilst most police detention facilities did not have ready access to health-care staff. This resulted in dangerous situations and even deaths in custody, of which you are well aware. Furthermore, the absence of health-care staff was also problematic with respect to remand prisoners, who were still not systematically and routinely medically screened upon arrival (even in the few establishments, like Pasila police prison, which did have their own nurses).

The delegation also wishes to point out staff shortages in police establishments (especially as regards custodial staff in police prisons located in the north of the country), which sometimes necessitated lengthy transfers of detainees to other establishments. The delegation hopes that the Finnish authorities will be able to take action to remedy this situation.

The delegation heard no allegations of *ill-treatment* of foreign nationals by staff at Metsälä Detention Unit. Further, the delegation observed that the staff – who were well trained and who possessed appropriate multi-cultural and linguistic competences – displayed a generally positive attitude vis-à-vis the detained foreign nationals.

Overall, the delegation has no critical remarks to make as regards the *material conditions* at Metsälä Detention Unit, but it notes the persisting absence of organised *activities*, which was a particular problem for the detained foreign nationals who spent lengthy periods (up to several months) at the establishment. Further, there was still no *nursing coverage* at night and access to *psychological assistance* and *psychiatric care* remained inadequate.

As for the Border Guard detention facility at Kuusamo Border Crossing Point, the delegation has no concerns to communicate to the authorities at this stage.

Establishments under the authority of the Ministry of Justice

The delegation received no allegations of ill-treatment of prisoners by custodial staff in the penitentiary establishments visited. On the whole, inmates interviewed by the delegation stated that they were being treated correctly by prison staff. The delegation did observe though that in general custodial staff did not interact much with prisoners, limiting their contacts to responding to inmate's requests.

Inter-prisoner violence was not a major issue at Oulu Prison. By contrast, there had been several violent incidents at Turku Prison, some of them resulting in serious injuries. Management and staff tried their best to prevent and respond to violence between inmates, but it was not an easy task given the characteristics of the prisoner population (with many gang members) and the shortage of qualified custodial staff. The situation was likely to degenerate further as prisoner population was increasing and it was difficult for the Director to recruit qualified staff. Clearly, if no quick and decisive steps are taken, the situation at Turku Prison could spin out of control. Shortage of custodial staff was also an issue in Oulu, especially as staff were engaged in escort duties in addition to their normal tasks.

Material conditions were excellent in Turku and overall quite good in Oulu (less so in the travelling cells though) despite the outdated infrastructure and the lack of space in the latter establishment. The delegation noted the plans to build a new prison in Oulu and it strongly encourages the Finnish authorities to implement them as soon as possible, because not much could still be improved on the existing premises (with the small and inadequate exercise yard for remand prisoners on restrictions and other segregated prisoners, among others). The delegation also noted that after the forced closure of Hämeenlinna Prison, there was a degree of overcrowding in women's units in both Turku and Oulu, which sometimes even obliged the management to use the segregation and travelling cells as normal accommodation. Hopefully a lasting solution can be found to this problem.

Regarding activities, there were very good but rather underused premises for work and education in Turku Prison. More efforts are required there, although progress will be hard to achieve without increasing staff resources. Some very limited activities were also available in Oulu, though the offer was restricted by both the lack of space and the profile of the prison (primarily a remand facility with a big prisoner turnover).

The worst situation was observed with respect to remand prisoners on restrictions and other segregated inmates (on security grounds, including the "fearful" ones). In both prisons, inmates from these categories spent the bulk of their time (up to 21 - 23 hours) locked in their cells, with no or hardly any organized activities and very little association.

For those on remand with restrictions, this was further compounded by the ban on visits and phone calls, which could sometimes last for well over a month (or even several months). In the delegation's view, further efforts are required to reduce the recourse to restrictions and shorten their duration, and in general to offer some activities and human contact to prisoners held in conditions akin to solitary confinement; again, to achieve this goal, staff presence in the prisoner accommodation areas will have to be increased.

Regarding prison health care, the delegation noted as a positive development the transfer of responsibility from the Ministry of Justice to the Ministry of Social Affairs and Health. However, the transfer did not appear to bring about tangible improvements in prisons, as regards health-care staffing levels and presence (especially at night and on weekends) and access to doctors (in particular specialists such as psychiatrists and dentists). As previously, the burden of providing health care to prisoners rested primarily with the nurses who – although well qualified and experienced – could not be expected to replace doctors. The delegation also noted that medication (including psychotropic drugs) continued to be distributed by custodial staff and that medical screening on arrival (consisting essentially of a questionnaire, without a proper medical examination) was often delayed by up to 72 hours. Needless to add, the delegation was disappointed by the fact that the CPT's long-standing recommendations concerning the recording and reporting of injuries observed on prisoners had remained largely unimplemented.

Recourse to disciplinary isolation did not appear excessive in either of the prisons visited, and conditions in disciplinary units were generally adequate. That said, in Turku Prison the delegation observed that some challenging prisoners were spending a lot of time in isolation; in the delegation's view ways should be sought to seek other solutions for such inmates. The proximity of the psychiatric hospital for prisoners should be used more to respond to the needs of these prisoners, many of whom have severe mental health issues.

At this stage, the delegation hasn't got much to comment on the possibilities for inmates to maintain contacts with the outside world; they generally seemed adequate although the delegation noted that short-term visits took place, as a rule, in closed-type facilities (with a plexiglass separation). It is to be recalled here that, according to the CPT, the rule should be inverted, open visiting facilities being the norm.

Establishments under the authority of the Ministry of Social Affairs and Health

During its visit to the psychiatric units of Helsinki University Hospital at Kellokoski, the delegation received no allegations of any form of deliberate *ill-treatment*. It is further positive that the living conditions at the hospital were very good, providing sufficient space for patients and a positive therapeutic environment.

Regarding the use of *restraining measures* vis-à-vis agitated patients, staff appeared to be well trained to apply, when necessary, professional manual holding techniques and the delegation heard no complaints from patients in that respect. However, the delegation would like to comment on certain aspects of the use of belt restraint and seclusion which require increased attention.

Concerning belt restraint, it is commendable that patients subject to this measure were under permanent personal supervision by a member of staff. The delegation further appreciated the efforts being made at the national level, and also at Kellokoski Hospital, to reduce the resort to this measure. Nevertheless, the delegation was concerned to observe that at Kellokoski Hospital, the average length of belt restraint was currently still more than three days. The delegation acknowledged the fact that the establishment accommodated a very specific patient population, many of whom displayed particularly challenging behaviour. However, in the CPT's view, the duration of belt restraint should be rather minutes than hours. The Committee has said on several occasions that mechanical restraint for days on end could be considered as amounting to ill-treatment. The delegation therefore encouraged the hospital to further increase their efforts to reduce the duration of belt restraint.

The delegation was also concerned about the high frequency and about the length of resort to seclusion of psychiatric patients at Kellokoski Hospital. For instance, in 2019, seclusion was applied 215 times (at the hospital which had 120 beds) and the average length of seclusion was four days. In the CPT's view, seclusion, as any other means of restraint, should always be a measure of last resort and should last as short as possible. The delegation has serious doubts as to whether seclusion of patients for several days is justifiable.

Further, the CPT attaches particular importance to the direct personal supervision of patients held in seclusion, which should maintain the therapeutic alliance with the patients and provide him/her with assistance. At Kellokoski, patients in seclusion were usually visited by health care staff about six times per day. This was clearly insufficient. In order to limit the possible detrimental effects of seclusion to the patient, the frequency of personal supervision should be considerably increased. Clearly, video surveillance could not replace direct staff presence.

The delegation was further concerned by the lack of sufficient progress in the implementation of the CPT's long-standing recommendation concerning the efficiency of *court reviews of involuntary psychiatric hospitalisation* measures.

The Administrative Court reviews which the delegation saw at Kellokoski Hospital confirmed the findings made during previous visits: an oral hearing of the patient was a very rare exception and decisions were still delayed by several weeks or even months. Moreover, all court decisions seen by the delegation merely approved the doctor's decision to continue involuntary hospitalisation. The hospital's Director confirmed to the delegation that to his experience this was almost always the case.

Furthermore, the reasoning, in each and every decision examined, consisted of identical wording stating that the legal requirements for the patients' extended hospitalisation were met. This gave, once again, the clear appearance of "rubber-stamping" of involuntary hospitalisation decisions. The delegation therefore urges the Finnish authorities to take effective steps to ensure that the court reviews of involuntary hospitalisation decisions are meaningful and expedient. In this context, patients should also have the right to be heard in person by the judge.

As a last remark concerning psychiatric patients, the delegation would like to stress the importance of *distinguishing the need for involuntary hospitalisation from the need for a specific medical treatment*. The CPT has repeatedly recommended to the Finnish authorities, at least since its visit in 1998, to introduce a procedure whereby patients are placed in a position to give their free and informed consent to medical treatment. This could for example be done by signing a special form with information about the suggested treatment measures. The recommendation made in this respect in paragraph 112 of the CPT's previous report remains fully valid and the legislation should be amended accordingly.

The delegation received no allegations of any form of *ill-treatment* by staff at the State Residential Schools in Sippola and Sairila. In particular at Sippola, relations between staff and juveniles appeared to be very positive and the delegation observed the staff's caring and supportive attitude towards the juveniles.

The delegation also gained a positive impression of the *living conditions* at both institutions. Material conditions were excellent, providing a friendly and home-like atmosphere. In addition to schooling, there was also a wide range of recreational *activities* offered to the juveniles.

However, as the large majority of juveniles arrived at the institutions with a history of drug use, there was a clear need for increased emphasis on *drug addiction treatment*. The Directors of both institutions were well aware of this matter and efforts were already made in this respect, but much more was needed, including individual treatment and motivational work to engage the juveniles in respective programmes/therapies.

In this context, the management of Sairila School told the delegation that despite serious risks identified for many of the juveniles – including drug use and engaging in criminal activity – the school's staff would need additional pedagogical instruments to prevent these risks from possibly materialising. The delegation encourages the Finnish authorities to pay increased attention to this matter.

The delegation would further like to emphasise the importance of a *medical examination* to be carried out shortly *upon admission* of the juveniles, which is currently not systematically done.

Concerning recourse to *restrictive measures* in reaction to violent behaviour by a juvenile, it was positive that, at both institutions, staff received regular training in professional manual holding techniques. At both institutions, a violent and/or agitated juvenile could also be placed as a last resort in a "calming down room". Given the particular vulnerability of juveniles to harmful effects of isolation, the delegation welcomed the fact that such placements seemed not to be excessively frequent.

That said, in the CPT's view, any juvenile held in a calming-down room should be visited by a member of health-care staff (doctor or nurse) immediately after the juvenile's placement in the room, especially in view of the mental health problems the juvenile may have. Steps should be taken to ensure that this is done systematically.

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This concludes the delegation's preliminary observations, which as always are made in a constructive spirit. The visit report, which will most likely be transmitted to the Finnish authorities towards the end of March 2021, will go into greater detail and also cover certain issues not addressed here. Any comments and information provided by the Finnish authorities in response to the delegation's observations will be taken into account when that report is drawn up.