

EXECUTIVE SUMMARY

During the 2020 periodic visit, the CPT's delegation examined the treatment and safeguards afforded to persons deprived of their liberty by the police (including intoxicated persons and remand prisoners held in police establishments) and the situation of remand and sentenced prisoners held at Oulu and Turku prisons, as well as of patients at the Psychiatric Department of Helsinki University Hospital (Kellokoski). It further visited Metsälä Detention Unit for Foreign Nationals in Helsinki and, for the first time, two juvenile establishments, Sairila and Sippola Residential Schools.

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. However, the Committee must recall once again that the principle of co-operation between Parties to the Convention and the CPT also requires that recommendations made by the Committee are effectively implemented in practice. Although the CPT noted the tangible progress achieved in several areas, it is regrettable that a number of its long-standing recommendations remain unaddressed. This concerns in particular notification of custody and access to a doctor for persons in police custody, medical screening on arrival in immigration detention establishments, recourse to restrictions on remand prisoners' contact with the outside world and the impoverished regime for remand prisoners subjected to restrictions and prisoners segregated on security grounds, prison health-care services and legal safeguards for persons hospitalised and treated against their will in psychiatric establishments.

Police custody

As was the case during previous visits, the CPT's delegation 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. This is very positive.

The delegation further gained the favourable impression that access to a lawyer (including *ex officio*) for persons in police custody did not, in general, pose any particular problems in practice. By contrast, delays in notification of custody, another fundamental safeguard against ill-treatment, remained regrettably frequent and widespread and could last up to 96 hours despite the fact that the law only allowed such notification to be delayed for up to 48 hours.

Regarding access to a doctor, the situation was basically identical to that described in the report on the 2014 visit. While the police did not hesitate to call an ambulance if they thought the detained person's health condition so required, the absence of adequate health-care coverage in almost all police premises and, in particular, the lack of a systematic and routine medical screening on arrival at police prisons resulted in serious medical conditions going undetected and even, possibly, in deaths, especially in the case of intoxicated persons. The CPT once again makes detailed recommendations to address these shortcomings, also in view of the ongoing Covid-19 pandemic. Improvements are further recommended concerning the provision of written information to detainees on their rights.

Conditions of detention in police establishments were generally acceptable for the initial period of police custody (i.e. up to 96 hours). However, poor access to natural light was a problem in several police prisons visited, and some of the cells seen in Espoo, Kemijärvi and Pasila were in a rather poor state of repair.

Persons displaying signs of acute substance intoxication (referred to as “intoxicated persons” in the law) continued to be accommodated in police establishments. Nevertheless, custodial staff working in most of the establishments visited had received little (if any) specialised training in the care of this category of persons and in recognising the symptoms of conditions that could be mistaken for or complicate alcohol (or drug) intoxication. Moreover, due to overall staff shortages in most of the police prisons visited, there was also a lack of adequate supervision by custodial staff and insufficient (or inexistent) presence of health-care staff. The Committee calls upon the Finnish authorities to remedy these shortcomings.

Remand prisoners continued to be held at police establishments despite the fact that none of the police prisons visited offered suitable conditions for longer periods of detention. That said, the CPT welcomes the recent legal 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.

Nevertheless, while the numbers of remand prisoners and their time of stay at police prisons had indeed been somewhat reduced since the CPT’s last visit, 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) and, what is worse, under conditions akin to solitary confinement, could – in the Committee’s view – amount to inhuman treatment.

Foreign nationals deprived of their liberty under aliens legislation

The CPT welcomes that in practice, detention of unaccompanied minors is extremely rare in Finland, and that pursuant to amendments to the Aliens Act, unaccompanied minors younger than 15 can never be detained.

The delegation heard no allegations of ill-treatment of foreign nationals by staff at the Metsälä Detention Unit for Foreign Nationals.

Further, the Unit’s 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. The material conditions were generally adequate. That said, the ongoing absence of organised activities was a problem, especially for those detainees who spent lengthy periods (up to several months) at the establishment.

As regards health care, it is an improvement that the Unit now employed two full-time nurses. Nevertheless, the CPT invites the Finnish authorities to make efforts to ensure ready access to a nurse also on Sundays; further, someone competent to provide first aid should always be present at the Unit at night.

As previously, there was no systematic medical screening of newly arrived detainees (such a screening was systematically offered to foreign nationals, but it was not mandatory), which was obviously problematic in the context of the Covid-19 pandemic. The Committee is also concerned to note that access to psychological assistance and psychiatric care remained inadequate at the Metsälä Unit.

On a positive note, foreign nationals detained at the Metsälä Unit continued to have good possibilities to remain in contact with the outside world through receiving visits and making telephone calls, as well as sending and receiving letters. They were further provided with written information on their rights, including on the rights to legal assistance, to appeal and to make complaints.

Prisons

The CPT welcomes the measures taken to further reduce the prison population and in particular the final elimination of the long-standing problem of “slopping out” in Finnish prisons (with the closure of Hämeenlinna Prison as the last Finnish prison devoid of in-cell toilets).

In neither of the two prisons visited did the delegation receive allegations of ill-treatment of prisoners by custodial staff. On the whole, inmates interviewed by the delegation stated that they were being treated correctly by prison staff. That said, the CPT recommends that custodial staff be further encouraged to interact more with inmates and receive appropriate initial and ongoing training in this respect.

Inter-prisoner violence was not a major issue at Oulu Prison. By contrast, there had been several recent violent incidents at Turku Prison, some of them resulting in serious injuries. Despite genuine efforts to prevent and respond to violence between inmates, the situation was likely to deteriorate further due to the characteristics of the prisoner population, the shortage of qualified custodial staff and the prison’s increasing occupancy rate. The CPT again calls upon the Finnish authorities to take more decisive and proactive steps to prevent and stop inter-prisoner violence and intimidation. It further reiterates its long-standing recommendation to introduce effective procedures for recording and reporting injuries and for keeping reliable statistics on this phenomenon.

The number of prisoners in need of protection (so-called “fearful” inmates) had diminished since the 2014 visit. However, their segregation remains an issue of concern to the CPT, as these inmates continued to be subjected to extremely restrictive regimes, spending up to 23 hours per day locked in their cells, with no purposeful activities. While genuine efforts were being made to address this problem, the Committee remains of the view that more is required to provide adequate protection to this category of inmates, without resorting to isolation or use of regimes akin to solitary confinement. The CPT further recommends a more proactive approach by the prison health-care service towards these prisoners, particularly as regards psychological and psychiatric care.

Material conditions were generally excellent at Turku Prison and, despite the outdated infrastructure and the overall lack of space, still quite good at Oulu Prison (except for some “travelling cells” at Oulu Prison which were rather dilapidated and damp).

Further, inmates in both prisons were offered at least one hour of outdoor exercise every day, generally in sufficiently spacious and well-equipped yards. The only exception was a rather small and oppressive-looking exercise yard for remand prisoners on restrictions and other segregated prisoners at Oulu Prison.

The findings of the visit further indicate that the offer of activities in both prisons was rather limited. The worst situation was observed with respect to remand prisoners subjected to restrictions and other segregated inmates who spent the bulk of their time (up to 21-23 hours per day) locked in their cells. The CPT therefore makes detailed recommendations aimed at providing all prisoners with purposeful activities tailored to their needs.

It is a positive development that the responsibility for the prison health-care service had been transferred from the Ministry of Justice to the Ministry of Social Affairs and Health. However, a number of shortcomings remained in the field of prison health care. The CPT recommends in particular that the number of general practitioners and nurses be increased in both prisons and that someone qualified to provide first aid is always present, including at night. Further, the practice of custodial staff distributing medication to prisoners should finally be discontinued.

The Committee also calls upon the Finnish authorities to implement its long-standing recommendations to ensure that comprehensive medical screening of newly arrived prisoners is carried out systematically within 24 hours of arrival and to review the existing procedures for recording and reporting of injuries. Improvements are further recommended regarding adequate provision of psychiatric care and psychological assistance, in particular in view of the presence in both prisons of numerous inmates with mental health-related issues.

It is another serious matter of concern that 17% of posts for prison staff had had to be cut between 2006 and 2016 and that the budget of the prison service apparently did not allow for the recruitment of new staff. Not surprisingly, staff presence at both prisons was therefore clearly insufficient. Without significant progress in this area, it will also be impossible to implement the Committee's recommendations concerning the development of positive staff-prisoner relations, preventing and combating inter-prisoner violence and enlarging the offer of constructive out-of-cell activities.

Overall, most of the prisoners had good opportunities to stay in contact with their families and friends, including via the internet/e-mail, phone and video meetings. That said, the Committee recalls that all prisoners should benefit from a visiting entitlement of at least one hour every week and, with particular regard to remand prisoners under court-imposed contact restrictions, calls upon the Finnish authorities to ensure that all prisoners have regular access to a telephone.

The report notes positively that legal amendments had, amongst other things, shortened the maximum length of disciplinary solitary confinement from 14 to 10 days and fully abolished the sanction in respect of juveniles. Moreover, recourse to that measure was surrounded by appropriate safeguards and did not appear excessive in either of the prisons visited. It is further commendable that external complaints mechanisms continued to be well established and that prisoners generally knew and understood these mechanisms. Some improvements are once again recommended in relation to the internal complaints procedures.

Psychiatric institutions

As was the case during previous visits, the delegation received no allegations of any form of deliberate physical ill-treatment of patients by staff. Instances of inter-patient violence appeared to be rare and staff seemed generally to react promptly and adequately to such incidents.

It is further commendable that patients' living conditions at the hospital were very good and contributed to a positive treatment environment and that patients had good possibilities to maintain contact with persons close to them.

Patients who were allowed to move freely within the hospital's grounds also had frequent access to the open air and to a range of rehabilitative and recreational activities. However, some of the other patients were offered very few activities and they could usually only go to the outdoor yards for one hour per day or even less. The CPT recommends that these shortcomings be remedied.

Staffing levels at the hospital were generally sufficient. However, in particular in acute ward 10, the staffing situation was sometimes inadequate when patients with particularly challenging behaviour were present. Moreover, in some wards, many patients had very limited interactions with nursing staff and the staff-patient relations were generally rather distant or even tense. The Committee recommends that measures be taken to foster positive and trusting staff-patient relationships.

Electroconvulsive therapy (ECT) was applied rarely and surrounded by appropriate safeguards. That said, patients' written informed consent was usually not sought before resorting to this therapy. On a positive note, the provision of somatic care did not pose major difficulties.

It is further commendable that recourse to means of restraint was governed by detailed internal guidelines and the hospital's nursing staff regularly underwent training in applying manual control techniques. However, Kellokoski Hospital should increase its efforts to reduce the frequency of seclusion of patients and the duration of both seclusion and mechanical belt restraint. The Committee also recommends that every patient held in seclusion be subjected to continuous direct personal supervision by a qualified member of staff. Further, chemical restraint should be recorded as such in a dedicated register and in the respective patient's personal file.

As regards legal safeguards in the context of involuntary hospitalisation, the CPT has misgivings about the fact that patients could be held at a hospital against their will "under observation" without a formal reasoned and appealable written decision, for up to four days. It also noticed once again with concern that formal decisions to hospitalise a patient against his/her will were usually taken without the involvement of outside psychiatric expertise. The Committee further reiterates its recommendation that in the context of the review of involuntary hospitalisation of civil and forensic patients, involvement of an independent psychiatric expert be obligatory.

Administrative Court approvals of decisions to continue involuntary hospitalisation of a patient, as well as appeal procedures, still usually took several weeks and sometimes months. Ways should be found to reduce the length of these proceedings. The court approvals should further include individualised detailed reasoning and the patients concerned should have an effective right to be heard. The Committee also recommends that in the context of decisions made by the Finnish Institute of Health and Welfare regarding a forensic patient's involuntary hospitalisation (and its discontinuation), a personal hearing of the patient and the possibility for legal assistance be rendered mandatory. Further recommendations address the need for improvements concerning information provided to patients and the need for confidential complaints boxes.

As regards involuntary medical treatment, patients at Kellokoski Hospital usually had not been asked to consent to their treatment and generally felt that they had no possibility to refuse the treatment proposed to them. In this connection, the CPT once again reiterates the importance of distinguishing the need for involuntary hospitalisation from the need for a specific medical treatment. The need to reform the Mental Health Act in this respect was already underscored by the judgment of the European Court of Human Rights in the case of *X. v. Finland*, made in 2012. The Committee once again calls upon the Finnish authorities to address this issue with urgency.

State Residential Schools

In the two facilities visited, the CPT's delegation heard no allegations of any form of ill-treatment of juveniles by staff. On the contrary, many juveniles made positive comments on the caring attitude of the staff. In particular at Sippola Residential School, the staff's approach towards the juveniles was very supportive with frequent interactions aimed at relationship-building. Furthermore, inter-juvenile violence did not appear to be a major problem and whenever such incidents occurred, staff seemed to intervene promptly and adequately.

Material conditions at both facilities were very good, providing a friendly and homely atmosphere. The delegation further gained a generally positive impression of the daily regime offered to juveniles. Inside the living units, all juveniles could move freely and were in addition offered a wide range of educational and recreational activities. Most of the juveniles also had frequent access to the outdoor areas. However, at the special care unit at Sairila Residential School, juveniles were apparently sometimes only able to go outdoors for about half an hour per day. In the CPT's view, juveniles should be offered at least two hours' access to outdoor areas per day.

Practically all the juveniles at both facilities were considered as particularly vulnerable to one or several risks, such as drug use, becoming the subject of sexual exploitation and/or involvement in criminal activities. As regards drug addiction in particular, many juveniles continued using drugs during their stay at the schools. Nevertheless – and despite their serious concerns about the matter – the facilities had no effective means to prevent the juveniles from having practically unhindered access to the drug market since many juveniles could leave the school grounds unaccompanied. The CPT recommends that increased emphasis be placed on drug addiction treatment at both facilities and, as appropriate, at other substitute care facilities. Substitute care facilities should further be provided with effective means to protect the juveniles in their care from harm caused by drug use, sexual exploitation or involvement in criminal activities. The CPT asks to be informed, within three months, about the action envisaged in this respect.

It is another matter of concern that juveniles with severe mental health problems were frequently transferred back and forth between child welfare institutions and psychiatric hospitals as neither of the establishments felt that they could appropriately assist the juvenile. There is an obvious need for closer co-operation between the child welfare and health-care institutions.

The Committee is further concerned about the case of one juvenile who had been diagnosed with hepatitis C, but apparently had not received treatment for the infection. Given the risks of the serious and irreversible long-term consequences of this disease, the CPT recommends that juveniles with hepatitis C always be assessed with a view to receiving direct-acting antiviral (DAA) treatment. It would like to receive confirmation, within three months, that such an assessment has been carried out in the above-mentioned case.

On a positive note, the juveniles at both facilities were cared for by an adequate number of well-qualified multi-disciplinary staff, including occupational therapists, social workers, psychologists, psychiatrists and qualified nurses.

An agitated juvenile could be placed as a measure of last resort in seclusion in a “calming down room”. Given the particular vulnerability of juveniles to the harmful effects of seclusion, it is commendable that the maximum length of seclusion had been reduced by law from 48 hours to 24 hours and in practice usually lasted for a much shorter time at both facilities. That said, juveniles were rarely seen by health-care staff in the context of seclusion. The CPT further recommends that the direct personal supervision of juveniles held in seclusion at both facilities (and, as appropriate, in other juvenile substitute care facilities) be increased in accordance with the relevant legislation.

Finally, the CPT welcomes the establishments’ emphasis on facilitating the juveniles’ contact with their families and other persons close to them. Juveniles could make daily phone calls and receive visits, and many juveniles were frequently granted home leave.