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Report

to the Armenian Government on the visit to Armenia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

from 2 to 12 December 2019

The Armenian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2021) 11.

Strasbourg, 26 May 2021

CONTENTS

EXECUTIVE SUMMARY

The main objective of the fifth periodic visit to Armenia was to review the measures taken by the Armenian authorities in response to the recommendations made by the CPT after previous visits. In this connection, particular attention was paid to the safeguards against ill-treatment of persons in police custody and the material conditions, regime and health care service in prisons. The delegation also examined the treatment, conditions and legal safeguards offered to psychiatric patients and residents of social care institutions.

Police establishments

The great majority of the persons interviewed by the delegation, who were or had recently been in police custody, stated that they had been treated by the police in a correct manner.

Unfortunately, the delegation's findings suggest that the practice of "informal talks" (i.e. persons being "invited" (usually by telephone) to come to the police, prior to being officially declared a suspect and prior to drawing up the protocol of detention), criticised by the CPT many times in the past, has not been fully eliminated, especially outside Yerevan.

The situation with respect to the legal safeguards against ill-treatment (and, in particular, notification of custody, access to a lawyer – including *ex officio* legal assistance – and information on the aforementioned rights) has remained unchanged since the 2015, i.e. these safeguards were operating on the whole satisfactorily in practice, but only as from the moment when the police custody was formalised (by drawing up a protocol of detention) and duly recorded.

Material conditions in cells of police establishments continued to be generally satisfactory. Cells were of an adequate size, suitably equipped, generally well-lit and ventilated and in a good state of repair and cleanliness.

Prisons

The CPT's delegation carried out follow-up visits to Armavir, Goris, Nubarashen, Sevan and Yerevan-Kentron prisons, as well as to the Central Prison Hospital. The Committee welcomes the plans of the Armenian authorities to close down, by the end of 2022, several old prisons (Goris, Hrazdan, Nubarashen, Yerevan-Kentron, as well as the Central Prison Hospital) where material conditions vary from very poor to just about acceptable and to replace them with new prisons (or units) built from scratch according to contemporary international standards.

The delegation did not receive any credible allegations of recent physical ill-treatment by staff in the penitentiary establishments visited; it is also noteworthy that staff-prisoner relations were generally relaxed.

By contrast, inter-prisoner violence, intimidation and extortion remained a problem in most of the establishments visited and it was clearly related to the persistent influence of the informal prisoner hierarchy. The Committee calls upon the Armenian authorities to step up their efforts to combat inter-prisoner violence and intimidation. Resolute steps must be taken to put an end to the existence of the informal prisoner hierarchy.

The delegation was very concerned to observe that, as had been the case during the 2015 periodic visit, none of the prisons visited offered anything remotely resembling a regime of organised constructive out-of-cell activities; furthermore, there was still no individual risk and needs assessment, no individual sentence planning and hardly any preparation for release, and the lack of work opportunities for inmates meant that most of them could not qualify for early release.

In all the prisons visited, the delegation again received complaints about access to specialised health care. Furthermore, as in 2015, inmates told the delegation that they were expected to pay for necessary prescribed medication from their own pocket, or have these medicines sent to them by their relatives. The CPT has called upon the Armenian authorities to ensure that all prisons are supplied with appropriate medication, free of charge for the inmates.

Turning to the Central Prison Hospital, what struck the delegation was that while many – if not most – sick prisoners had to live in poor conditions not befitting a health-care facility, some prisoners – who generally did not appear ill at all and who tended to stay at the establishment for a very long time (up to 6 years) – obviously enjoyed very comfortable conditions. The delegation's distinct impression was that for those prisoners (clearly belonging to the higher echelons of the informal prisoner hierarchy) the Central Prison Hospital was in fact akin to a "luxurious hotel" rather than a place where they would be treated for any ailments. The Committee requested the Armenian authorities to provide their explanation as to how this striking situation has been allowed to develop and persist at the Central Prison Hospital.

Psychiatric establishments

The delegation carried out a follow-up visit to the Forensic Psychiatric Unit of the National Centre for Mental Health Care in Yerevan and visited, for the first time, Syunik Psychiatric-Neurological Dispensary in Kapan as well as Armash Health Centre.

The delegation received no allegations of ill-treatment of patients by staff at the Forensic Psychiatric Unit and Syunik Dispensary; at the latter, patients spoke positively of the staff's attitude towards them. At Armash Health Centre, however, the delegation heard some complaints that orderlies ("sanitars"), on occasion, shouted at patients and pushed them.

Turning to living conditions, at the Forensic Psychiatric Unit, although there have been some minor improvements since the CPT's visits in 2010 and 2015, patients are still accommodated behind locked barred gates in dormitories that are rather dilapidated and austere. The Committee understands that funding has been allocated to significantly improve the conditions for patients at this establishment and calls upon the Armenian authorities to finally rectify the many long-standing deficits which the CPT has repeatedly highlighted there.

In the other two hospitals visited, despite some partial renovations, patients' bedrooms and day areas were scruffy and impersonal.

Inadequate levels of staff of all disciplines were found, to differing degrees, in all the hospitals visited. Multi-disciplinary clinical staff were either entirely lacking or insufficient in number to meet the many psycho-social treatment and rehabilitation needs of the patients.

The delegation noted that seclusion was not used and that there was no excessive resort to mechanical or chemical restraint in the hospitals visited.

The delegation also noted that the placement of forensic patients was reviewed by the hospitals' commissions once every six months. However, despite the Committee's repeated recommendations, the basic safeguard of a periodic review at least once every six months is still lacking in the context of involuntary civil hospitalisation.

Social care establishments

The delegation carried out a first-time visit to Dzorak Social Care Centre for Persons with Psychiatric Disorders located in the outskirts of Yerevan city.

The delegation received no allegations of physical ill-treatment of residents by staff or of verbally inappropriate behaviour. On the contrary, all residents who were able to, spoke positively about the staff's kind and warm attitude towards them, which the delegation witnessed throughout the establishment. This is especially commendable considering the challenges faced by the low numbers of staff caring for the many needy residents.

The resident dormitories were clean, warm and well ventilated; the delegation noted attempts made to personalise the environment and brighten the rooms with murals and pictures.

The delegation was impressed with the efforts made to individualise care for the residents, each resident being obviously encouraged to express him/herself and his/her individual personality. The range of multi-disciplinary structured psycho-social occupational and recreational activities, in which most of the residents participated, were of clear benefit to them.

The delegation noted that seclusion and mechanical or chemical restraint was not used in the establishment.

The CPT has encouraged the Armenian authorities to continue to pursue their efforts towards the development of community social care accommodation and day care, in liaison with the Ministry of Health and mental health care services, so as to shorten or avoid institutional stays and improve experiences and outcomes for service users, allowing their proper re-integration into the community.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a visit to Armenia from 2 to 12 December 2019. The visit formed part of the Committee's programme of periodic visits for 2019 and was the CPT's fifth periodic visit to Armenia.[1]

2. The visit was carried out by the following members of the Committee:

- Marzena Ksel, Head of delegation
- Alexander Minchev
- Costakis Paraskeva
- Răzvan Horaţiu Radu
- Tinatin Uplisashvili
- Marika Väli.

They were supported by Borys Wódz (Head of Division) and Dalia Žukauskienė of the CPT's Secretariat, and assisted by:

- Clive Meux, forensic psychiatrist, Oxford, United Kingdom (expert)
- Khachatur Adumyan (interpreter)
- Aram Bayanduryan (interpreter)
- Anahit Bobikyan (interpreter)
- Artashes Emin (interpreter).

3. The list of police, penitentiary, psychiatric and social care establishments visited by the Committee's delegation can be found in Appendix I.

4. The report on the visit was adopted by the CPT at its 102nd meeting, held from 29 June to 3 July 2020, and transmitted to the Armenian authorities on 24 July 2020. The various recommendations, comments and requests for information made by the Committee are set out in bold type in the present report. The CPT requests the Armenian authorities to provide within six months a response containing a full account of action taken by them to implement the Committee's recommendations and replies to the comments and requests for information formulated in this report.

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[1] The previous periodic visits took place in October 2002, April 2006, May 2010 and October 2015. The CPT has also carried out five ad hoc visits to Armenia, in April 2004, March 2008, December 2011, April 2013 and May 2014. The Committee's reports on these visits, as well as the Armenian Government's responses, have been made public at the request of the Armenian authorities and are available on the Committee's website (https://www.coe.int/en/web/cpt/armenia).

As regards the recommendation in paragraph 82 of the report, the CPT requests that an account of action taken to implement it be provided within two months.

B. Consultations held by the delegation and co-operation encountered

5. In the course of the visit, the delegation met Rustam Badasyan, Minister of Justice, Arsen Torosyan, Minister of Health, Zaruhi Batoyan, Minister of Labour and Social Affairs, Anahit Avanesyan, Deputy Minister of Health, and Janna Andreasyan and Gemafin Gasparyan, Deputy Ministers of Labour and Social Affairs. It also held consultations with Arman Sargsyan, Acting Head of Police of the Republic of Armenia, and other senior officials from the Special Investigative Service (SIS) and the Prosecutor General's Office.

In addition, talks were held with the National Preventive Mechanism (NPM) team of the Human Rights Defender's (Ombudsman's) Office. The delegation also met representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities and non-governmental organisations with which the delegation held consultations is set out in Appendix II.

6. The delegation received generally excellent co-operation prior to and during the visit. In particular, the delegation enjoyed rapid access to all the establishments visited (including those the visit to which had not been notified in advance), was able to study all the relevant documentation and speak in private with persons deprived of their liberty.

The Committee wishes to express its appreciation of the efficient assistance provided to its delegation by the Liaison Officer appointed by the Armenian authorities, Alen Mkrtchyan from the Ministry of Justice.

7. That said, the CPT must recall once again that the principle of co-operation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in the light of the CPT's recommendations.

In this context, the Committee must note with grave concern that some of its long-standing recommendations, e.g. those concerning the safeguards for persons in police custody,[2] the material conditions,[3] regime[4] and health care in prisons,[5] and the living conditions and regime at the Forensic Psychiatric Unit of the National Centre for Mental Health Care in Yerevan,[6] remain to be implemented.

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2 See paragraphs 14 to 21 below.
3 See paragraphs 36 to 40 below.
4 See paragraphs 41 and 42 below.
5 See paragraphs 43 to 55 below.
6 See paragraphs 70, 75 and 79 below.

The CPT must stress that if no progress is made to implement its recommendations, the Committee might well be obliged to consider having recourse to Article 10, paragraph 2, of the Convention.[7] However, the CPT trusts that decisive action by the Armenian authorities to implement its recommendations will render such action unnecessary.

C. National Preventive Mechanism

8. As already mentioned (see paragraph 5 above), at the outset of the visit the delegation met the Head of the NPM Department and other staff of the Ombudsman's Office.

The delegation was informed that the NPM's mandate and powers had been defined more clearly and reinforced after the 2015 Constitutional amendments and the adoption (in December 2016) of the new Constitutional Law on the Human Rights Defender.[8] Among other things, the law enumerated in an exhaustive manner all types of places of deprivation of liberty that the NPM could visit and confirmed the right for the NPM staff to have immediate and unlimited access to these places, to speak in private with any detained persons and to consult the relevant documentation. The law also made clear that hindering the work of the NPM is a criminal offence; furthermore, no member of the NPM could be interviewed (and subjected to other investigative measures) without a prior formal authorisation by the Ombudsman. In addition, the Constitutional Law stated that it was prohibited to reduce the budget of the Ombudsman's Office.[9]

The delegation was told that the NPM enjoyed generally very good co-operation from the various State authorities on the national and local level,[10] and that it had been able to expand and enlarge the scope of its activities, with prisoner transport and holding cells in court buildings having been added recently to the list of places of detention visited.

In the context of the COVID-19 pandemic, **the CPT would like to receive confirmation that the NPM also has unrestricted access to places where persons may be deprived of their liberty as a quarantine measure.**

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7 "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

8 In force as from March 2017, see the text here: https://www.ombuds.am/en_us/site/AboutConstitution/79.

9 The delegation's interlocutors explained that the NPM Department's budget was a separate line in the budget of the Ombudsman's Office, and that there was also a separate budget to cover the cost of employing NPM experts (somatic and psychiatric medical specialists, psychologists, social workers, etc.), members of the NPM Expert Council assisting the core NPM team in the fulfilment of its duties.

10 With only rare exceptions as in the case of a visit to a psychiatric hospital (in 2016) during which the establishment's Director had resorted to threats vis-à-vis the visiting NPM team. The Ombudsman had subsequently issued a public statement and the Director was dismissed from office on the following day.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

9. At the time of the 2019 visit, the general legal framework governing police custody was still basically the same as during the 2015 visit,[11] namely the detention by the police on administrative grounds[12] was limited to a maximum of 3 hours, and criminal suspects could be held in police custody (before being brought before a judge) for a maximum of 72 hours.

Draft new legislation (new Criminal Code, Criminal Procedure Code (CPC) and a new Police Act), in preparation for several years,[13] was still not adopted and it was now hoped that this would happen at some stage in the course of 2020.[14] Pending this, the Head of Police had issued some instructions, regarding *inter alia* the application of safeguards against ill-treatment as from the moment of *de facto* apprehension.

Unfortunately, the delegation's findings during the 2019 visit suggest that despite the aforementioned instructions the practice of "informal talks",[15] criticised by the CPT many times in the past,[16] has not been fully eliminated, especially outside Yerevan. Consequently, **the Committee once again calls upon the Armenian authorities to stop the practice of "informal talks". The CPT also strongly encourages the authorities to adopt the long-awaited new legislation by the end of 2020.**

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11 See paragraph 12 of document CPT/Inf (2016) 31.

12 E.g. in order to establish a person's identity or on grounds of violation of public order.

13 The CPT's delegation was already told about these drafts at the outset of the 2015 visit (see paragraph 13 of CPT/Inf (2016) 31).

14 The draft Criminal Code *inter alia* contained a new definition of torture which – according to senior officials from the Police – were fully compliant with the UN and European standards, as well as an express ban on pardoning/amnesty for acts of torture. As for the new CPC, it would among others contain provisions reinforcing the existing safeguards against ill-treatment for persons deprived of their liberty by the police and put in place a rule that statements of the accused only have the value of evidence if repeated in court. As for the draft Police Act, it was *inter alia* supposed to make clear that any period spent by a person required to remain in a police establishment is to be considered (and recorded) as period of police custody, and that all the relevant safeguards must be applicable accordingly.

15 Persons being "invited" (usually by telephone) to come to the police, prior to being officially declared a suspect and prior to drawing up the protocol of detention. Such "talks" usually lasted several hours (including, at times, overnight) but could on occasion take up to two days. During this period, persons "invited" to the police would be held in offices and interviewed on the subject of a criminal offence without benefitting from any of the legal safeguards (such as notification of custody, access to a lawyer and access to a doctor); the purpose of these "informal talks" was to elicit confessions and/or collect evidence before the apprehended person was formally declared a criminal suspect and informed of his or her rights (and thus enabled to exercise them).

16 See e.g. paragraph 15 of the report on the 2004 periodic visit (document CPT/Inf (2004) 25), paragraph 11 of the report on the 2006 periodic visit (document CPT/Inf (2007) 47), paragraph 9 of the report on the 2010 periodic visit (document CPT/Inf (2011) 24), paragraph 57 of the report on the 2013 ad hoc visit (document CPT/Inf (2015) 8) and paragraph 14 of the report on the 2015 periodic visit (document CPT/Inf (2016) 31).

2. Ill-treatment

10. The great majority of the persons interviewed by the delegation, who were or had recently been in police custody, stated that they had been treated by the police in a correct manner. However, the delegation did hear some allegations of recent physical ill-treatment of persons detained by the police.

Most of the allegations heard referred to the *use of excessive force at the time of apprehension* (consisting of punches, kicks, truncheon blows, violent pushing and throwing persons on the ground, to a wall or to a police vehicle) applied vis-à-vis persons who did not resist – or no longer resisted – arrest, as well as *painful and prolonged handcuffing*.

A few of the allegations received referred to *physical ill-treatment* (punches, slaps, kicks and truncheon blows) *by operational plainclothes police officers in the course of initial (informal) questioning*[17] *in a police establishment*,[18] sometimes in the middle of the night, reportedly with the aim of extracting a confession or obtaining other information. It is noteworthy that the delegation collected some medical evidence compatible with the allegations of physical ill-treatment received.

Further, several persons interviewed by the delegation alleged that they had been verbally abused and/or threatened by police officers, both during apprehension and subsequent informal questioning.

11. One case merits particular mention in this context. When visiting Armavir Prison on 9 December 2019, the delegation interviewed A. G.[19] who alleged having been ill-treated (punched, kicked, struck with truncheons and pushed violently to the ground) upon his apprehension in the beginning of September 2019 by several plainclothes police officers in the village of Udjan (located approximately 8 km from the town of Kosh). He told the delegation that he had also been punched and kicked during this transfer in the police car, and then again thrown on the floor, kicked and struck with truncheons in one of the offices of operational officers at Ashtarak Police Division. Reportedly, he had been ill-treated by at least three officers from the aforementioned establishment, including by the Deputy Head of the Police Division and the Head of Criminal Investigative Unit.

A. G. stated that he had managed to call the Ombudsman's Office after his placement in the detention area at Ashtarak Police Division (on 9 September 2019)[20] and that he had subsequently received a visit by the NPM representatives who had taken photographs of his injuries with their mobile telephones. He was then reportedly interviewed by an investigator from the SIS who told him that an investigation into his complaints would be opened. A. G. also stated that – at the time of his interview with the SIS investigator – he had had several visible injuries (haematomas and traces from truncheon blows on his knees, elbows and neck) and that, on 10 September 2019, he had been examined by a forensic doctor while at Ashtarak Police Division.

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17 During the "informal talks", see paragraph 9 above.

18 At the initial, as a rule poorly recorded or even reportedly totally unrecorded (see also paragraph 19 below), stage of police custody.

19 In accordance with Article 11, paragraph 3, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, certain names have been deleted.

20 He was also reportedly able to call the Ombudsman's Office upon his arrival at Armavir Prison, on 11 September 2019.

The CPT would like to be provided with the copy of the forensic medical report (including the colour photographs taken of A. G.'s injuries) and, in due course, with information about the outcome of the SIS investigation, including on any disciplinary and/or criminal sanction imposed as a result.

12. More generally, in the light of the above-mentioned allegations and corroborating medical and other evidence,[21] the CPT must conclude that the phenomenon of ill-treatment by the police has not yet been entirely eradicated in Armenia.

The Committee therefore calls upon the Armenian authorities to step up their efforts in this area. Police officers throughout the country should receive at suitable intervals a firm message that all forms of ill-treatment (including verbal abuse) of persons deprived of their liberty are unprofessional and unlawful, and will be punished accordingly. It should also be reiterated to the police officers that no more force than is strictly necessary is to be used when carrying out an apprehension and that, once apprehended persons have been brought under control, there can be no justification for striking them. Where it is deemed essential to handcuff a person at the time of apprehension or during the period of custody, the handcuffs should under no circumstances be excessively tight[22] and should be applied only for as long as is strictly necessary. Further, police officers must be better trained in preventing and minimising violence in the context of an apprehension. In cases in which the use of force becomes necessary, they need to be able to apply professional techniques which reduce as much as possible any risk of harm to the persons whom they are seeking to apprehend.

Reference is also made to the recommendation in paragraph 9 above.

13. Further, in order to help the Committee to form an impression as to the evolution of the situation, **the Armenian authorities are requested to provide it with the following statistical information in respect of the second half of 2019 and the whole of the year 2020:**

- **the number of complaints of ill-treatment made against police officers and the number of criminal and disciplinary proceedings which have been instituted as a result;**

- **an account of criminal and disciplinary sanctions imposed following such complaints.**

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21 Including the statistical information on the number of cases of suspected police misconduct investigated by the Special Investigation Service (SIS, see the explanation of the role of the SIS in paragraph 21 of the report on the 2015 periodic visit, document CPT/Inf (2016) 31), which appeared to be on the increase: 79 cases in 2017, 98 cases in 2018 and 80 cases in the first half of 2019. With very few exceptions, these cases had been investigated pursuant to Section 309 (1) of the Criminal Code (exceeding official authority) and the overwhelming majority had been dismissed for lack of evidence, closed due to the impossibility to identify the perpetrators or had ended with an acquittal (35 cases were still pending at the time of the 2019 periodic visit); in the same period (i.e. from the beginning of 2017) there had been 5 cases under Section 309 (2) of the Criminal Code (ill-treatment) and no convictions although four of these cases were still pending (one of them having been reopened after the judgment by the European Court of Human Rights in *Virabyan v. Armenia*, application no. 40094/05, judgment issued on 2 October 2012, http://hudoc.echr.coe.int/eng?i=001-113302).

22 It should be noted that excessively tight handcuffing can have serious medical consequences (for example, sometimes causing a severe and permanent impairment of the hand(s)).

3. Safeguards against ill-treatment

14. Information gathered during the 2019 visit suggests that the situation with respect to the legal safeguards against ill-treatment (and, in particular, notification of custody, access to a lawyer – including *ex officio* legal assistance – and information on the aforementioned rights) has remained unchanged since the 2015, i.e. these safeguards were operating on the whole satisfactorily in practice, but only as from the moment when the police custody was formalised (by drawing up a protocol of detention) and duly recorded.[23] As already mentioned in paragraph 9 above, persons "invited" to the police for "informal talks" (and frequently *de facto* held in what would appear to be unrecorded custody, for periods of hours and even days) were deprived of the possibility to exercise these rights.

In this context, **reference is made to the recommendation in paragraph 9 above.**

15. Further, despite legal amendments introduced after the 2015 visit,[24] the delegation again heard allegations of delays in the exercise of the above-mentioned rights, in some cases even after the protocol of detention had been drawn up. This was particularly the case with access to a lawyer, which had reportedly on occasion been granted only when the person concerned had been brought to the court or – in any case – after the signature of the confession.

The CPT must thus reiterate its long-standing recommendation that steps be taken by the Armenian authorities to ensure that persons in police custody are effectively in a position to exercise their rights from the very outset of their deprivation of liberty (i.e. as from the moment they are obliged to remain with the police). Concerning the notification of custody in particular, the exercise of this right should always be recorded in writing, with the mention of the exact time of the notification and the person who was notified. Further, the CPT calls upon the Armenian authorities to ensure that detained persons are systematically provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their detention; the delegation's findings from the 2019 visit suggest that this is usually still not the case in practice.

16. As for access to a doctor, the above-mentioned January 2018 amendment to Section 129 of the CPC introduced *inter alia* the right for a person taken into custody, even before the drawing up of the protocol of detention,[25] to undergo a medical examination at his/her own request. However, the delegation's observations suggest that persons in police custody were not expressly informed of this right upon apprehension, and no mention of this was made in the written information sheets (and other written information, see paragraph 18 below) available in the police establishments visited. **The Committee recommends that steps be taken to ensure that persons in police custody be informed of the above-mentioned right duly (including in writing) and expeditiously.**

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23 See also paragraph 19 below.

24 In January 2018, Section 129 of the CPC was amended to provide that a person taken into police custody should in any case be informed of the procedural rights mentioned in paragraph 15 above, and be given the opportunity to exercise these rights, within no later than 4 hours from the time of actual apprehension, irrespective of whether the detention protocol has been drawn up or not.

25 But no earlier than as from the moment the person is brought before the organ of inquiry (i.e. an operational (criminal) police officer or an investigator).

17. According to the Internal Regulations for Police Holding Facilities, in case of injuries or obvious signs of illness, or in case of a health complaint by a detained person, the police officer on duty must call a medical specialist who should immediately carry out a confidential medical examination, in which a doctor chosen by the detained person may also participate. The results of the examination should be recorded in the relevant register (which should also be signed by the detainee), provided to the detainee, as well as – if there is any *prima facie* evidence of ill-treatment and/or a complaint of police misconduct – to the organ of inquiry (i.e. the investigator) and to the competent prosecutor.

However, in the course of the 2019 periodic visit the delegation observed that medical examinations of persons in police custody continued to routinely take place in the presence of police officers who had brought in the person;[26] furthermore, descriptions of injuries were cursory and often incomplete, explanations of detained persons as to the origin of their injuries were usually not sought and not recorded, and health-care staff[27] did not attempt to assess the degree of consistency between any such explanations that were given and objective medical findings.

The CPT reiterates its recommendations that steps be taken to improve the screening for injuries at police detention facilities, in particular by ensuring that:

- **all medical examinations are conducted out of the hearing and - unless the health-care professional concerned expressly requests otherwise in a particular case - out of the sight of non-medical staff;**

- **the confidentiality of medical documentation is strictly observed.**

Health-care staff may inform custodial officers (as well as, in the context of ongoing criminal proceedings, the organ of inquiry and the competent prosecutor) on a need-to-know basis about the state of health of a detained person; however, the information provided should be limited to that necessary to prevent a serious risk for the detained person or other persons, unless the detained person consents to additional information being given.

Further, **the Committee reiterates its recommendation that steps be taken to ensure that the records drawn up following the medical examination of persons in police detention facilities contain: (i) an account of statements made by the persons concerned which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination, and (iii) the health-care professional's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.[28]**

The CPT also reiterates its recommendation that the medical screening of newly-arrived detained persons at the Detention Centre of Yerevan City Police Department be performed by health-care staff who are independent of the police.

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26 As confirmed by the said officers' signatures on the injury forms (also signed by the health-care staff and/or the receiving duty custodial officer).

27 As previously, the Detention Centre of Yerevan City Police Department was the only police establishment in the country which had its own health-care staff (four full-time feldshers ensuring a 24-hour presence). In other police detention facilities visited, injuries which were detected on a detained person in the context of the initial body search were first recorded by a (medically untrained) duty police officer and, subsequently, by a 'civilian' health-care professional (as a rule, an ambulance doctor).

28 See also paragraphs 71 to 84 of the CPT's 23rd General Report, https://rm.coe.int/1680696a9b.

As regards the participation of a doctor of the detained person's own choice in the medical examination, the Committee recommends that persons in police custody be systematically informed of this right (both orally and in writing) upon arrival; this is not the case at present.

Finally, **regarding the procedure for reporting injuries, reference is made to paragraph 21 below.**

18. As on previous visits, the delegation observed that written information on their rights[29] was provided to detained persons at the time of drawing up the detention protocol (i.e. several hours, and in the worst cases days,[30] after actual apprehension). Further, the information that was provided was in the form of quotations from the relevant sections of the CPC, appended to the detention protocol (which the detained person was asked to sign). The wording was difficult to understand by anyone without legal training and it was thus hardly surprising that persons interviewed by the delegation had often an only vague notion of their procedural rights; moreover, as a rule persons detained were not allowed to keep a copy of the document on which their rights were mentioned[31] with them in the cell.[32] In addition, the delegation noted with concern that any written information on rights was only available in the Armenian language.

The CPT calls upon the Armenian authorities to ensure that all persons detained by the police are fully informed of their fundamental rights as from the outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with the police). This should be ensured by the provision of clear verbal information at the time of apprehension, to be supplemented at the earliest opportunity (that is, immediately upon the first arrival at a police establishment) by the provision of written information on detained persons' rights, which should be available in an appropriate range of languages. Persons detained should always be given a copy of the above-mentioned written form and allowed to keep it with them in the cell. Particular care should be taken to ensure that detained persons actually understand their rights; it is incumbent on police officers to ascertain that this is the case.

19. Another matter of the Committee's concern is the absence of a single and comprehensive custody record, reflecting all the stages and aspects of police custody from the moment of actual apprehension[33] until a detained person's transfer to another establishment or release. At the time of the 2019 visit, such information was contained in a multitude of different journals and administrative and investigation files kept by different services, which rendered the oversight of the implementation of the relevant legal provisions extremely difficult.

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29 Which was incomplete as it did not include information on the right to request a medical examination (at one's expense) and the right to request the presence of one's own doctor during the medical examination, see paragraphs 16 and 17 above.

30 See paragraphs 9 and 14 above.

31 I.e., in the vast majority of cases, a copy of the detention protocol (on a few rare occasions persons interviewed by the delegation had with them a copy of an information sheet printed on a separate paper – such sheets were indeed found in nearly all of the police establishments visited but it appeared that they were hardly ever handed out to detained persons in practice).

32 It should be acknowledged, however, that information on house rules, detained persons' rights and on the address and telephone number of the Ombudsman's Office was found to be posted on the walls inside most of the cells seen in the police establishments visited; in a few places (e.g. in Hrazdan) the delegation also saw posters with lists of *ex officio* lawyers, but these (long) lists, printed in relatively small print, were put in corridors and it was unlikely that any detained person would have the time to study them.

33 See also paragraphs 9 and 14 above.

In this context, and also having in mind the persisting phenomenon of *de facto* detention for "informal talks" (see paragraph 9 above), **the CPT recommends that a major investment be made in this area, possibly including the introduction of a single and comprehensive electronic custody record[34] accessible (within the context of ongoing criminal proceedings) to all the relevant police, investigation and prosecution services.** Further, **the Committee once again calls upon the Armenian authorities to ensure that whenever a person is taken/summoned or "invited" to a police establishment, for whatever reason (including for interviews with an operational officer), his/her presence is always duly recorded in the aforementioned single and comprehensive electronic custody record. In particular, the custody record should mention who was brought in/summoned/"invited", by whom, upon whose order, at what time, for which reason and in which capacity (suspect, witness, etc.), and when the person left the premises of the police establishment concerned. A copy of the (respective) custody record should be made available upon request to the person concerned.**

20. The delegation was informed at the outset of the visit that it was planned to equip all entry/exit points, corridors and designated interrogation rooms of police establishments with CCTV cameras[35] and to equip all police officers, including custodial staff working in police detention facilities, with bodycams.[36] Further, a June 2017 instruction issued by the Board of the Prosecutor General's Office, addressed to the heads of all police investigation units, contained a recommendation that police interviews should be audio and video recorded whenever a detained person whose lawyer is not present during the interview has made such a request.[37] The delegation was told that the draft new CPC would most likely contain provisions requiring all interviews to be systematically recorded, with the footage being preserved for 90 days and made available to the person's lawyer.

The CPT welcomes the above-mentioned initiatives. As regards the recording of police interviews in particular, the Committee has stated in the past[38] that such a facility can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. This is in the interest both of persons who may have been ill-treated by the police and of police officers confronted with unfounded allegations that they have engaged in physical ill-treatment or psychological pressure. **The CPT would like to be informed of the progress in the installation of CCTV and introduction of bodycams in the police force, as well as the generalisation of audio-video recording of police interviews.**

21. As far as the delegation could ascertain during the 2019 visit, several of the Committee's recommendations concerning investigations into cases of possible (and/or alleged) police ill-treatment have not been implemented.

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34 Such a record should *inter alia* contain information on the times of actual apprehension, admission, placement in a cell, release or transfer, and reflect all other aspects of custody (precise location where a detained person is being held; visits by a lawyer, relative, doctor or consular officer; taking out of cell for questioning; any incidents related to a detained person, etc.).

35 The relevant Government decree had been adopted on 21 November 2019 and the first stage was to have CCTV installed in 10 (out of the total of 33) police detention facilities in the country by the end of 2019, and in the remaining 23 within 3 years.

36 At the time of the 2019 visit only patrol police officers were equipped with such cameras.

37 The instruction makes clear that the police should systematically inform the detained persons of the existence of such a possibility.

38 See paragraph 62 of the report on the 2013 ad hoc visit, document CPT/Inf (2015) 8.

In particular, information on injuries detected (whether in police detention facilities or prisons) on newly-arrived detained persons – if at all reported – continued to be forwarded to supervising prosecutors and the Investigative Committee, but not to the SIS.[39]

Further, the SIS was still not involved automatically after allegations of ill-treatment had been made or other information indicative of ill-treatment by the police had emerged. Instead, it was formally requested by the Prosecutor General to carry out investigations only once a criminal case had been opened and after relevant information had been scrutinised by supervising or local prosecutors.

Consequently, **the CPT once again calls upon the Armenian authorities to take urgent steps to ensure that all formal complaints about police ill-treatment as well as all cases in which other information indicative of ill-treatment by the police has emerged, are promptly forwarded to and directly processed by the SIS.**

22. As regards external monitoring, police establishments continued to be regularly visited *inter alia* by representatives of the NPM (see paragraph 8 above).

4. Conditions of detention

23. Regarding the material conditions in cells of police establishments visited, they continued to be on the whole satisfactory. Cells were of an adequate size (e.g. single cells of at least 9 m², double-occupancy cells of 12 to 18 m²), suitably equipped (e.g. beds with full bedding, table, stools, lockers, washbasin), generally well-lit and ventilated and in a good state of repair and cleanliness. Detained persons had ready access to decent and clean communal toilets, could take a shower at regular intervals and were provided with basic personal hygiene items. As regards food, arrangements had been made to provide detained persons with three meals a day, including at least one warm meal.

All police detention facilities had outdoor exercise yards (measuring from 25 to 100 m² and fitted with benches and protection against inclement weather) and detained persons interviewed generally confirmed that they were allowed access to them for one hour every day (two hours for women and juveniles).

At the outset of the visit, senior police officials informed the delegation of ongoing efforts to refurbish and modernise police detention facilities; the objective was to reduce the number of these facilities from the current 33 to 12 but to ensure good conditions in the remaining establishments. **The Committee would like to receive updated information on the implementation of these plans and the location of the 12 police detention facilities which will remain operational.**

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[39] As stressed in the past (see paragraph 25 of the report on the 2015 periodic visit, document CPT/Inf (2016) 31), such a practice clearly impedes the prompt initiation of any investigative actions.

24. As already mentioned,[40] information gathered by the delegation in the course of the 2019 visit suggests that persons "invited" for "informal talks" could still be held in police establishments, in offices or in corridors, for periods of hours, including overnight and occasionally for up to two days. **The Committee again calls upon the Armenian authorities to take steps ensure that offices or corridors are not used as a substitute for proper detention facilities.**

40 See paragraphs 9 and 14 above.

B. Penitentiary establishments

1. Preliminary remarks

25. The CPT's delegation carried out follow-up visits to Armavir,[41] Goris,[42] Nubarashen,[43] Sevan[44] and Yerevan-Kentron[45] prisons, as well as to the Central Prison Hospital.[46] The general descriptions of these six establishments set out in the reports on previous visits remain on the whole valid.

At the time of the 2019 visit, Armavir Prison, with the capacity of 1,200,[47] was accommodating 734 male adult prisoners[48] including 375 remand prisoners, 92 sentenced prisoners in closed regime, 232 in semi-closed regime and 35 prisoners sentenced to life imprisonment. Goris Prison had the capacity of 132 and was accommodating 90 adult male inmates in closed and semi-closed regime, including 30 remand prisoners; Nubarashen Prison (capacity 780) had 353 male adult inmates[49] including 299 on remand and 42 life-sentenced prisoners; Sevan Prison (capacity 525) was accommodating 115 sentenced male adult prisoners (mostly first-time offenders serving their sentences in semi-open regime) including two life-sentenced prisoners; Yerevan-Kentron Prison had the capacity of 51 and was accommodating 26 prisoners, including 19 on remand and two serving life sentences; and the Central Prison Hospital had 236 beds (on 8 wards)[50] and 110 patients.[51]

Further, the delegation visited for the first time Hrazdan Prison. Located in the town of the same name the prison, opened in the early 1960s as a settlement colony (an open prison) and later transformed into a closed and semi-closed regime establishment, had the capacity of 215 and was, at the time of the visit, accommodating 170 adult male inmates (including 39 in closed regime, 61 in semi-closed regime and 70 on remand) allocated in cells on four levels of a single detention block.

26. At the outset of the visit, the delegation was informed by senior officials from the Ministry of Justice and the Penitentiary Service that prison overcrowding was no longer a problem in Armenia.

At the time of the visit, the capacity of the prison system was 5,346 and the prison population was 2,225 including 1,025 remand prisoners. This represented a major decrease as compared with the prison population at the time of the CPT's 2015 visit (approximately 3,900 inmates). It should be added that none of the prisons visited in 2019 was overcrowded (even locally, as had sometimes been the case in 2015), which is indeed a very positive and welcome development.

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41 Last visited in 2015, see paragraphs 45, 71 and 72 of document CPT/Inf (2016) 31.

42 Previously visited in 2006, see paragraphs 45, 46 and 53 to 56 of document CPT/Inf (2007) 47.

43 Last visited in 2015, see paragraphs 63 to 65 of document CPT/Inf (2016) 31.

44 Previously visited in 2002, see paragraphs 88 to 90 of document CPT/Inf (2004) 25.

45 Last visited in 2015, see paragraphs 66 to 70 of document CPT/Inf (2016) 31.

46 Last visited in 2015, see paragraphs 91 and 92 of document CPT/Inf (2016) 31.

47 Prison capacities in Armenia are calculated according to the legal standard of 4 m² of living space per prisoner.

48 69 of them were foreign nationals (including 33 Iranians) accommodated in a dedicated wing.

49 Much less than in 2015 (1,002 prisoners); the Director told the delegation that no new arrivals of remand prisoners had taken place for the last 3 months (all new remand prisoners from Yerevan area were sent to Armavir). There were 35 foreign nationals among the remand prisoners (mostly Iranians), accommodated together in the same unit.

50 Quarantine/isolation ward; observation ward; internal diseases ward; surgical ward; infectious diseases ward; TB ward; psychiatric ward (closed for refurbishment at the time of the visit, with patients being temporarily accommodated on the internal and infectious diseases wards), and "narcology" (addictions) ward.

51 See further comments on this establishment in paragraphs 52 and 53 below.

This was largely due to the large-scale amnesty decided by the Parliament in November 2018 on the occasion of Yerevan's 2,800th anniversary and the centenary of the First Armenian Republic. The amnesty affected some 6,500 persons (not only inmates but also those who had been charged and under investigation but were awaiting trials without having been imprisoned) and resulted in the release of approximately 660 prisoners. That said, by its very nature, the amnesty was a one-time measure.

More positive systemic impact, preventing the recurrent increase of prison population, was expected once the long-standing work on adopting the new CPC, Criminal Code and Penitentiary Code[52] is finally completed, which was now supposed to happen towards the second half of 2020.[53]

The CPT welcomes the progress that has been made to date and **calls upon the Armenian authorities to adopt the long-awaited new legislation by the end of 2020 and, more generally, to implement the other measures aimed at further reducing the prison population (e.g. electronic monitoring and reinforcing the Probation Service).**

27. Regarding the prison estate, the most important – and very positive – decision taken recently by the Armenian authorities was to close down several old prisons (Goris, Hrazdan, Nubarashen and Yerevan-Kentron) – as well as the Central Prison Hospital[54] – and to replace them with new prisons (or units) built from scratch according to contemporary international standards.[55] In addition to securing for this purpose the necessary State budgetary resources, it was planned to seek funds from international donors and from the private sector. **The Committee welcomes these plans and would like to be informed, in the Armenian authorities' response to this report, of the progress in their implementation.**

28. In contrast with the above-mentioned measures affecting the prison estate, the CPT is concerned by the limited, if any, progress in drawing up programmes of purposeful, out-of-cell, activities for prisoners. Similar to the situation observed during the 2015 periodic visit,[56] prisoners in the establishments visited in 2019 (both those on remand and sentenced) were locked up in their cells for 21 to 23 hours per day,[57] in a state of enforced idleness. This was of particular concern with respect to inmates serving long (including life) sentences. The above-mentioned situation also contributed to exacerbating the problems of inter-prisoner violence (see paragraph 31 below).

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52 Both draft Codes would stress more firmly the principle that the sanction of imprisonment should be a measure of last resort, enlarge the catalogue of alternative sanctions (introducing *inter alia* electronic monitoring and house arrest), further liberalise the rules governing life imprisonment and early/conditional release, and reinforce the principles of individual assessment and individual sentence plans. Further, the draft new CPC was expected, once adopted, to decrease the resort to pre-trial detention which at the time of the visit continued to be applied routinely and for long periods, at times as long as 2 years (and in a few cases seen by the delegation up to 3 years or more, even six years in one case).

53 This was one of the elements of the recently approved (by the Government) Concept of Reform of the Penitentiary and Probation Service, as well as of the draft Human Rights Strategy and Action Plan, the adoption of which was expected in the beginning of 2020.

54 See paragraph 53 below.

55 The Government planned to have these prisons closed and new prisons brought into service by the end of 2022. In particular, Goris Prison would be replaced by a new establishment in the village of Khndzoresk (12 km from Goris), Hrazdan Prison would be closed and inmates moved to a new purpose-built semi-closed regime block on the territory of Sevan Prison, Nubarashen Prison would be closed and prisoners transferred to a new establishment (with the capacity of 200) in the Silikyan district of Yerevan (NB the new Central Prison Hospital would be constructed nearby), and Yerevan-Kentron Prison would close down and prisoners moved to a newly-built additional unit of Erebuni Prison.

56 See paragraphs 48 and 75 of document CPT/Inf (2016) 31.

57 Except at Sevan Prison, which had a semi-open regime and where prisoners were allowed to move around within the secure perimeter between 7 a.m. and 11 p.m.

The Committee once again calls upon the Armenian 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, juveniles, etc.).[58]

29. The delegation was informed that, following June 2019 legislative amendments, the procedure for transferring life-sentenced prisoners from closed to semi-closed regime[59] and from semi-closed to semi-open regime[60] had been simplified; further, life-sentenced prisoners at Armavir and Sevan Prison were no longer segregated from the remaining prisoner population (unlike in Nubarashen) and there were plans to allow those of the life-sentenced prisoners who fulfilled the legal conditions to serve their sentence in semi-open regime also in Armavir. While welcoming these positive developments, **the CPT recommends that steps be taken to completely eliminate the segregation of life-sentenced prisoners.**

2. Ill-treatment and inter-prisoner violence

30. The delegation did not receive any credible allegations of recent physical ill-treatment by staff in the penitentiary establishments visited; it is also noteworthy that staff-prisoner relations were generally relaxed.

31. By contrast, inter-prisoner violence, intimidation and extortion[61] remained a problem in most of the establishments visited, especially at Armavir and Sevan Prisons, as well as at the Central Prison Hospital, and to a lesser degree at Nubarashen Prison, where the extent of the problem had apparently diminished recently thanks to the important drop in prison population (see paragraph 25 above) and the new Director's declared determination to fight it.

The existence of the phenomenon of inter-prisoner violence was acknowledged by the Directors of the establishments visited and partially confirmed by medical evidence, both in the form of entries in the prisoners' medical files[62] and other documentation,[63] as well as injuries directly observed by the delegation's forensic specialists.

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58 See also paragraphs 41, 42 and 56 below.

59 Possible under the law after a life-sentenced prisoner has served at least 15 years of his sentence in closed regime.

60 The delegation met the country's first two life-sentenced prisoners who had been allowed to move to semi-open regime at Sevan Prison.

61 E.g. obliging some inmates to purchase (or request their relatives to send them) certain goods and to share them with other prisoners; forcing some inmates to transfer money on other prisoners' accounts, to buy illicit drugs (and accumulate drug debts) or engage in gambling.

62 Referring to injuries which had most likely resulted from inter-prisoner violence (e.g. facial bone fractures, stab wounds or burns to the face and arms) or numerous entries mentioning injuries allegedly resulting from the inmates concerned having "stumbled" or "fallen".

63 Such as incident reports.

While visiting Nubarashen Prison, the delegation came across information (in the medical documentation) concerning a recent incident of inter-prisoner violence which had occurred at the Central Prison Hospital and which had resulted in the prisoner concerned having sustained injuries (bruises around his right eye). The Director of Nubarashen Prison told the delegation that a criminal case concerning this incident had been opened and an investigation was ongoing. **The Committee would like to receive updated information about the progress of the aforementioned investigation, including a copy of any forensic medical report drawn up.**

32. Some of the senior staff in the establishments visited expressed the view (also confirmed by the delegation's own observations[64]) that inter-prisoner violence was clearly related to the persistent influence of the informal prisoner hierarchy. The aforementioned phenomenon was also demonstrated by the continuing – despite assurances given to the delegation by senior officials from the Ministry of Justice and the Penitentiary Service at the outset of this visit – existence of strikingly better (sometimes even bordering on the "luxurious") prisoner accommodation in some of the establishments (e.g. at Armavir and Sevan Prisons,[65] and at the Central Prison Hospital[66]) and the presence of large amounts of prohibited items (including mobile phones and drugs[67]) inside prisons, related with trafficking and extortion organised and controlled by criminal "bosses".

33. As already stressed by the CPT in the past,[68] it is essential and urgent that the prison administration and prison Directors strive to prevent situations in which certain prisoners exploit their wealth and influence within the informal prisoner hierarchy, and thus undermine the management's efforts to keep firm control of the establishments.

The Committee calls upon the Armenian authorities to step up their efforts to combat inter-prisoner violence and intimidation. Prison staff must be especially alert to signs of trouble, pay particular attention to the treatment of vulnerable inmates by other prisoners, and be both resolved and properly trained to intervene when necessary. Resolute steps must be taken to put an end to the existence of the informal prisoner hierarchy.

34. It is evident that the Armenian authorities will not manage to succeed in their struggle against inter-prisoner violence (and the power of informal prisoner hierarchy) without making a major investment in prison staff – not only as regards the staff complements and staff presence inside prisoner accommodation areas, but also in terms of staff salaries (so as to eliminate the temptation of corruption) and staff training. On these issues, **reference is made to the recommendations in paragraphs 56 and 58 below.**

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64 Including as regards the demeanour and the attitude displayed quite conspicuously, in the delegation's presence (and even vis-à-vis delegation members), by some of the self-appointed "senior" inmates. Further, the delegation saw at Armavir Prison that cells of some of the prison "bosses" were marked with a characteristic sign (resembling an eight-pointed star) which traditionally meant that they had senior positions ("thieves in law") in the prisoner hierarchy. Furthermore, at least some of the "bosses" and their assistants seemed to enjoy more freedom of movement within the detention blocks than other prisoners.

65 See paragraph 37 below.

66 Admittedly, the delegation was told that the existing disparities in material conditions were a "legacy of the past" and that the Penitentiary Service and prison Directors would not tolerate any new disparities; nevertheless, the fact remained that some (a minority) of inmates enjoyed very comfortable conditions while the rest of the prisoners had to live in much more Spartan and sometimes dilapidated cells. This was particularly unacceptable at the Central Prison Hospital, see paragraph 52 below.

67 See also paragraph 51 below.

68 See e.g. paragraph 49 of the report on the 2015 periodic visit, document CPT/Inf (2016) 31.

Further, it is essential to put in place adequate programmes of activities (see recommendations in paragraph 28 above and paragraphs 41 and 42 below) and to ensure appropriate material conditions of detention in prisons (see recommendations in paragraphs 36 to 38 below).

35. The delegation was informed, at the outset of the visit, about draft new legislation criminalising the very belonging to informal prisoner hierarchy[69] and about plans to segregate criminal "bosses" from the rest of the prisoner population, by placing them in one or two dedicated establishments (or units).

The Committee would like to receive updated information on the implementation of the above-mentioned measures to enable the penitentiary administration to regain full control over prisons and to protect prisoners from other inmates who wish to harm them.

3. Conditions of detention

a. material conditions

36. Given the already mentioned Armenian Government's declared intention to close them by the end of 2022 and to replace them by completely new establishments (or units),[70] the CPT will not dwell in any detail upon the material conditions at Goris, Hrazdan, Nubarashen and Yerevan-Kentron Prisons.[71] Suffice it to state here that the conditions varied from very poor at Goris Prison (which was an extremely dilapidated facility[72]), through poor at Nubarashen Prison (despite ongoing refurbishment on the ground floor and in the health-care unit as well as the new kitchen[73]), mediocre at Yerevan-Kentron Prison (due to the unchanged – and arguably almost impossible to change – outdated infrastructure[74]) to just about acceptable at Hrazdan Prison,[75] where the main problems were the poor state of repair (in particular in the admission – or "quarantine" – unit in the semi-basement) and water damage to the roof and to the walls of the cells on the highest floor (level 4).

In short, **the CPT refers to its recommendation in paragraph 27 above.** Further, **the Committee would like to be provided, as soon as they are ready, with copies of architectural plans of the planned new prisons in Khndzoresk and Silikyan, as well as the new units in Erebuni and Sevan.**

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69 The relevant new provisions (in the form of amendments to the Criminal Code) entered into force in the end of January 2020.

70 See paragraph 27 above.

71 As for the Central Prison Hospital, see paragraph 54 below.

72 Indeed, 7 out of the 35 cells were in such a poor condition that they were no longer used.

73 See also paragraph 40 below. The partial and localised refurbishment had not addressed the problem of intermittent (a few hours per day) water supply and had only marginally improved the dismal state of water and sewage installations.

74 Especially the narrow cells (with less than 2 metres between the walls) and small windows.

75 With standard 14 m² cells, which were generally well lit and ventilated, accommodating three inmates each and equipped with single and bunk beds with full bedding, a table, chairs or a bench, a wardrobe, a cupboard and a fully-screened sanitary annexe comprising a toilet and a washbasin.

37. Regarding Sevan Prison, despite the age and the obsolete structure of this former Soviet correctional colony,[76] material conditions varied from acceptable (in large-capacity dormitories[77]) to extremely good, with tiled or parquet floors, dropped ceilings with LED lights, wallpapers, non-standard high-quality furniture, air conditioners, a multitude of household appliances including satellite TV, large aquaria, etc.[78]

However, this was almost entirely due to inmates' own financial input and voluntary unpaid work. On this, **reference is made to paragraph 32 above.**

More generally, the CPT wishes to stress once again that it is the responsibility of the State to provide adequate conditions of detention for all prisoners, and the authorities should not relieve themselves of this burden by relying on inmates and their families to refurbish cells and other accommodation areas. **The Committee calls upon the Armenian authorities to stop the aforementioned practice, at Sevan Prison and in all other penitentiary establishments.**

Further, as stated many times in the past,[79] the CPT is of the view that large-capacity dormitories inevitably imply a lack of privacy for prisoners in their everyday lives. They can also render proper staff control extremely difficult, if not impossible.[80] **The Committee recommends that the opportunity of major construction/reconstruction works at Sevan Prison (to receive prisoners currently accommodated at Hrazdan Prison) be used to transform all the large capacity dormitories in the existing blocks into smaller living units offering more privacy and better possibilities for control by staff.**

38. At the outset of the visit, the delegation was informed by senior officials from the Ministry of Justice and the Penitentiary Service that it was the authorities' intention to use Armavir Prison – the country's most-recently constructed prison so far[81] – as the main and the biggest penitentiary establishment in the country. Indeed, unlike during the 2015 visit, all the 3 blocks (and 6 wings) were in use at the time of the 2019 periodic visit.

It is in this context that the CPT is particularly concerned about the increasing deterioration of material conditions at Armavir Prison, as observed by its delegation. Many parts of the prison had crumbling and wet walls, floors and ceilings, broken pipes and tiles, with the worst (indeed unacceptable) conditions being observed in the admission ("quarantine") wing.[82] Moreover, despite the earlier assurances by the Armenian authorities, the problem of the lack of any effective ventilation system had not been solved and some parts of the prison (especially Wings 1 and 2) were extremely filthy and infested with vermin.

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76 With numerous accommodation and auxiliary buildings (some of them unused and half-ruined) scattered over a vast territory.

77 Measuring up to 170 m² and accommodating up to 20 inmates, with bunk and single beds (with full bedding), lockers, wardrobes, tables, chairs, sometimes also sitting corners and sofas.

78 Also the living space could be very generous, e.g. the two life-sentenced prisoners were sharing a cell of 50 m², three inmates were sharing 120 m² in Block 2 and, most strikingly, only four inmates had at their disposal the entire (large) building housing Block 3.

79 See e.g. paragraph 86 of the report on the 2010 periodic visit (document CPT/Inf (2011) 24) and paragraph 71 of the report on the 2006 periodic visit (document CPT/Inf (2007) 47).

80 Which is of particular relevance in the case of Sevan Prison, being among the establishments where the influence of informal prisoner hierarchy was the most conspicuous (see paragraph 32 above).

81 Opened in 2015.

82 The same wing also contained the punishment ("kartzer") cells, in an equally deplorable state of repair. See also paragraph 61 below.

The Committee calls upon the Armenian authorities to urgently start major refurbishment work, to clean and carry out disinfestation, and to finally provide Armavir Prison with effective ventilation. The CPT also reiterates its recommendation that all cells (especially in the health-care unit) be equipped with a functioning call system.

39. With the notable exception of Sevan Prison,[83] prisoners were still only allowed to use the communal showers (or, if they had in-cell showers, use hot water) once a week. **The Committee reiterates its recommendation that steps be taken to ensure that prisoners in all penitentiary establishments are enabled to take a hot shower daily (if possible) and at least twice a week (or more frequently if necessary) in the interest of general hygiene.**

40. On a more positive note, many prisoners at Armavir and Nubarashen Prisons told the delegation that the quality of the food had much improved since the beginning of the pilot project consisting of sub-contracting the food production to an outside caterer. **The CPT would like to be informed whether there are plans to continue the above-mentioned project and extend it to all penitentiary establishments.**

In this context, **the Committee recommends that steps be taken to ensure that the special dietary requirements of foreign prisoners and prisoners belonging to different religious communities are met;** the delegation did hear some complaints from foreign prisoners, especially Iranian nationals, that this was not always the case**.**

b. activities

41. The delegation was very concerned to observe that, as had been the case during the 2015 periodic visit,[84] none of the prisons visited offered anything remotely resembling a regime of organised constructive out-of-cell activities;[85] furthermore, there was still no individual risk and needs

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83 Where in many (if not all) of the cells inmates could use the self-installed (sometimes very high-standard) showers without any limitations.

84 See paragraphs 48 and 75 of document CPT/Inf (2016) 31.

85 It is very notable in this context that, as the delegation was told at the outset of the visit, there were only 12 prisoners in the whole Armenian prison system who were following any structured and organised general (both primary and secondary) education, apparently because of legislative constraints (i.e. due to the fact that, under the Armenian law, general education could only be dispensed to persons aged below 19). Further, there were no regular and organized vocational training courses, only some ad hoc classes in languages, computer literacy, crafts (provided as a rule by visiting NGOs) in which, however, only very few inmates participated (perhaps with the exception of Armavir Prison, where approximately 100 prisoners had been involved in various classes in the course of 2019).

assessment, no individual sentence planning and hardly any preparation for release, and the lack of work opportunities for inmates[86] meant that most of them could not qualify for early release.[87]

In this context, **the Committee refers to its recommendation in paragraph 28 above.** Further, **the CPT recommends that the Armenian authorities put in place individual risk and needs assessment and individual sentence plans in all prisons; prisoners should, to the extent possible, be involved in the drafting and reviewing the plans, so as to secure their commitment to the implementation of the plans and to their social rehabilitation.**

42. Implementing the aforementioned recommendations will require adequate space for activities and association in prisons which for now is only available in Armavir and Sevan and, even more importantly, recruiting more qualified prison staff (work instructors, teachers, educators, social workers, etc.) working in multi-disciplinary teams together with psychologists[88] and probation officers. The CPT is fully aware that this cannot be achieved overnight. Having said that, **the Committee calls upon the Armenian authorities to start intense efforts immediately; these efforts should also include a further pay rise for prison staff.[89]**

4. Health care

43. At the outset of the visit, the delegation was informed by senior officials from the Ministry of Justice about ongoing efforts to reform the prison health-care service.[90] Following the adoption, on 1 March 2018, of the Government Decree No. 204-N, a new Penitentiary Medicine Centre (PMC) was established as a public non-commercial organisation for health care provision in prisons, placed under the responsibility of the Ministry of Justice but independent from the Penitentiary Service and possessing its own budget, structure and staff. This is indeed a positive development, capable of increasing the professional independence of health-care staff.

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86 E.g. only two prisoners worked at Goris Prison; 13 prisoners had a job at Hrazdan Prison (some of them part-time and unpaid); 15 prisoners worked at Sevan Prison (eight of them without pay) and 26 inmates had a job at Armavir Prison (but only nine were receiving a salary). As for Nubarashen Prison, there were eight inmates with a regular paid job and up to 23 prisoners (most of them life-sentenced prisoners) with occasional in-cell employment. Other than that, inmates killed time watching television, listening to the radio, reading books and newspapers, and playing board games. Further, they could use simple fitness equipment and – sometimes – play billiard or table tennis in exercise yards or in communal areas (during the daily outdoor exercise period).

87 Because of the recently-introduced point system which required a certain minimum number of points before a prisoner could expect that his/her request for early release might succeed – unfortunately this minimum score was almost impossible to reach if a prisoner was not involved in work (or another organised activity). Many of the inmates interviewed by the delegation strongly resented this situation.

88 See paragraph 50 below.

89 See also paragraph 28 above and paragraph 56 below.

90 These efforts have been supported for several years by a number of international actors, including the Council of Europe in the context of the EU-funded project "Strengthening Health Care and Human Rights Protection in Prisons in Armenia". A continuation of this project (this time called "Enhancing Health Care and Human Rights Protection in Prisons in Armenia") – part of the Council of Europe Action Plan for Armenia 2019-2022 – was officially launched on 12 February 2020.

44. In practice, the PMC was still at an initial stage of being set up when the delegation visited Armenia in December 2019.[91] It was thus much too early to assess the real impact of the new organisation on the availability and the quality of care provided to prisoners. Nevertheless, the CPT is already now in a position to comment on one key issue, related with prison health-care staff resources. At the time of the visit, PMC had at its disposal 160 staff posts (including 20 in the central administration, 5 of them being doctors' posts); 140 posts were allocated among 11 prisons and the Central Prison Hospital.[92] The delegation was told that there was a general practitioner (primary health care doctor) and a dentist in every prison, and that since recently there had been a 24/7 health-care staff coverage in all penitentiary establishments. However, not every prison had a psychiatrist.[93]

The biggest challenge in this context – in the shared opinion of several of the delegation's interlocutors, from the PMC, the Ministry of Justice and from amongst the managements of the prisons visited – was how to retain the staff (never mind recruiting additional staff) given that, as a result of the aforementioned reform and the loss of military status for prison medical professionals, doctors and nurses working in penitentiary establishments had lost some of their privileges, the most important of them being health insurance and advantageous pension regulations. Considering that prison health-care staff salaries were comparable to those paid in "civilian" hospitals, there was little incentive for staff to stay, and even less arguments to convince doctors and nurses from outside to apply for work positions inside prisons.

Taking into account that, even at the time of the 2019 periodic visit, prisons (Armavir Prison in particular) could hardly be considered as generously staffed in terms of doctors[94] and, especially, nurses,[95] **the CPT recommends that urgent measures be taken to prevent further loss of prison health-care staff (and, more generally, to render the work in prisons more attractive for medical professionals, in terms of salaries, health insurance, pension rights and possibilities for training and professional development).**

45. In all the prisons visited, the delegation again received complaints from prisoners about access to specialised care. The acting Director of the PMC was aware of the problem and spoke of plans to introduce (or widen the use of) telemedicine, to at least partially compensate for the lack of specialists. **The Committee would like to receive updated information about these plans and their implementation.**

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91 The PMC's acting Director told the delegation that the new structure had only been in place for approximately 2 months.

92 See paragraph 52 below.

93 See paragraph 49 below.

94 E.g. Hrazdan Prison (population at the time of the visit – 170) had a head doctor (a former military doctor and public health specialist) and a GP (specialised in anaesthesiology and ER medicine); there was also a half-time dentist working twice a week. Sevan Prison (population 115) also had two doctors (the head doctor, a forensic medicine specialist, and an internal medicine specialist) and a half-time dentist. Yerevan-Kentron Prison (population 26) had a full-time head doctor, a part-time GP and a part-time dentist. As for Armavir Prison (population 734), the medical team consisted of the head doctor (specialised in cardiology), another doctor (a GP) and a part-time dentist. Nubarashen Prison (population 353) was staffed more generously, with four full-time doctors (the head doctor, a GP, a lung specialist and a neurologist/addiction specialist) and four half-time doctors (a dentist, an ER specialist, a gastro-enterologist and a radiologist); in addition, there was a vacant post for a GP.

95 E.g. there were four nurses (working on 24-hour shifts 7 days a week) at Hrazdan Prison (population 170) and Yerevan-Kentron Prison (population 26); Sevan Prison (population 115) and Armavir Prison (population 734) had each four feldshers ensuring a 24/7 presence; Nubarashen Prison (population 353) had four feldshers (assuring a 24/7 coverage) and a nurse; in addition, half of a nursing post was vacant.

By contrast, the delegation observed as a positive development since the 2015 periodic visit that there were now fewer obstacles and delays in securing transfers of inmates to outside hospital facilities. This was reportedly the result of a simplification of administrative procedures.[96] The Armenian authorities expected to further facilitate prisoners' access to outside hospitals once the planned setting up of secure wards in "civilian" hospitals[97] was completed. **The CPT would welcome updated information on this subject.**

46. Thanks *inter alia* to the aforementioned Council of Europe project (see paragraph 44 above), which had permitted to purchase and install numerous items of furniture and medical equipment in prisons, the situation in this respect had improved as compared with the 2015 visit.[98] However, the delegation noted the absence of life-saving equipment such as defibrillators and oxygen in the health-care units visited. **The Committee recommends that such equipment be provided to all prison health-care units in Armenia.**

Regarding medication, the delegation was told that the budget had increased from 43 million AMD in 2018 to 150 million AMD[99] in 2019. That said, the acting Director of the PMC pointed out that, due to the procurement procedures (where the lowest price was systematically identified as the main criterion), it was often impossible to purchase the most appropriate modern medication. Furthermore, as in 2015, the delegation received complaints from prisoners (and could partially confirm it after examination of relevant medical documentation) that they were expected to pay for necessary prescribed medication (e.g. for diabetes or high blood pressure) from their own pocket, or have these medicines sent to them by their relatives. **The CPT calls upon the Armenian authorities to ensure that all prisons are supplied with appropriate medication, free of charge for the inmates.**

47. Another persistent issue of the Committee's concern is that the procedure of medical screening on admission, especially recording and reporting injuries, remained totally inadequate: it was still a part of the initial handover procedure and both police convoy officers and custodial prison staff were routinely present during such examinations, in violation of the principle of medical confidentiality. Similar to the situation observed in police detention facilities, the recording of injuries was at best cursory (and there were no dedicated registers for injuries sustained inside prisons), explanations of the prisoners as to the origin of their injuries were usually not sought and not recorded, and the health-care staff did not attempt to assess the degree of consistency between any such explanations that were given and the objective medical findings.

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96 It was no longer required to seek prior opinion of an expert medical commission and inmates could be transferred directly to a "civilian" hospital without having to pass first through the Central Prison Hospital.

97 According to a recently adopted Government resolution, any "civilian" hospital with more than 500 beds (in the capital area) – more than 300 beds outside Yerevan – would have to create such a secure ward. In practice, this would concern 5 hospitals (3 in Yerevan and 2 in the regions).

98 See paragraph 79 of document CPT/Inf (2016) 31.

99 Approximately 300 thousand EUR.

The CPT calls upon the Armenian authorities to take effective steps to implement the Committee's long-standing recommendations on this subject, as set out most recently in paragraphs 81[100] and 82[101] of the report on the 2015 periodic visit.[102]

The Committee also recommends that all injuries observed on newly-arrived prisoners be photographed in detail and the photographs kept, together with the "body charts" for marking traumatic injuries, in the inmates' individual medical files.

Further, **the CPT recommends that specific instructions be issued to ensure that, whenever prison health-care staff observe injuries on an inmate's body which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), such injuries are duly recorded by the health-care staff and the record is immediately and systematically brought to the attention of the relevant authorities (i.e. the SIS and the Prosecutor's Office), regardless of the wishes of the person concerned.**

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100 "The CPT once again calls upon the Armenian authorities to take immediate steps to ensure that, in all prisons in Armenia, medical examinations of detained persons are always conducted out of the hearing and – unless the health-care staff concerned request otherwise in a particular case – out of the sight of police/prison officers.

The Committee also reiterates its recommendation that the Armenian authorities take the necessary steps (including through the issuance of instructions and the provision of training to relevant staff) to ensure that in all prisons in Armenia:

- members of the health-care staff are as a rule not directly involved in the administrative procedure of handover from police custody;

- prisoners who are found to display injuries upon their admission to prison are not questioned by anyone about the origin of those injuries during the above-mentioned handover procedure;

- all newly-arrived prisoners are subjected as soon as possible, and no later than 24 hours after their admission, to a comprehensive medical examination by a health-care professional in a medical unit of the prison."

101 "The CPT reiterates its long-standing recommendation that steps be taken to ensure in all prisons that:

- the record drawn up after the comprehensive medical examination of a newly-arrived prisoner contains (i) an account of statements made by the person concerned which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment); (ii) a full account of objective medical findings based on a thorough examination, and (iii) the health-care professional's observations, in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings; this record should take fully into account any attestation of injuries observed upon admission during the procedure of handover of custody;

- the results of every examination, including the above-mentioned statements and the health-care professional's conclusions, are made available to the prisoner and his/her lawyer;

- the procedure described above is also followed whenever a prisoner sustains a traumatic lesion while in prison.

The record should also contain the results of any additional examinations performed, detailed conclusions of any specialised consultations and an account of treatment given for injuries and of any further procedures conducted.

The recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with "body charts" for marking traumatic injuries that will be kept in the medical file of the prisoner. If any photographs are made, they should be filed in the medical record of the inmate concerned."

102 Document CPT/Inf (2016) 31.

The health-care staff should advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report automatically has to be forwarded to a clearly specified independent investigating body and that such forwarding does not substitute for the lodging of a complaint in proper form.[103]

The Committee also reiterates its recommendation that a centralised system for recording injuries be introduced (e.g. a specific register kept by the health-care service in every prison) to better monitor the situation, detect incidents and identify potential risks in order to prevent inter-prisoner violence.

48. Turning to the subject of transmissible diseases, TB screening was performed upon each prisoner's admission and subsequently at least once a year with a mobile X-ray;[104] in case of suspicion a prisoner was sent to the Central Prison Hospital for further examination and (if required) treatment. As in the past, TB treatment provided to prisoners was in accordance with the WHO recommendations (DOTS and DOTS+), and the necessary medication was supplied without interruptions. The CPT welcomes this.

Newly-arrived prisoners were also tested, on a voluntary basis, for the presence of hepatitis B virus and screening for hepatitis C was about to begin shortly; however, no treatments for hepatitis B and C were available although the acting Director of the PMC told the delegation that such treatments would start in the near future. **The Committee would like to receive confirmation that this has indeed happened.** Further, **the CPT would like to be informed whether there are plans to offer immunization against hepatitis A and B to prisoners.**

Voluntary screening for HIV was also available in the prisons visited, and inmates found to be seropositive were offered counselling and antiretroviral therapy. The delegation was pleased to note that the previous policy of segregating HIV-positive prisoners (of whom there were 23 in total at the time of the 2019 periodic visit[105]) had been brought to an end.

49. While, as already mentioned in paragraph 46 above, access to primary health care did not appear to be problematic in the prisons visited, access to psychiatric care was an entirely different matter, with no psychiatrists available at Armavir (which, as already mentioned, was Armenia's largest prison) and Goris Prisons.[106]

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103 Reference is also made here to more detailed standards contained in the substantive section of the CPT's 23rd General Report ("Documenting and reporting medical evidence of ill-treatment"), in particular in paragraphs 73 to 82 (document CPT/Inf (2013) 29, https://rm.coe.int/1680696a9b).

104 Except at Nubarashen Prison which had its own (modern) X-ray machine.

105 Including 13 at the Central Prison Hospital (due to their clinical condition).

106 Hrazdan, Nubarashen, Sevan and Yerevan-Kentron Prisons each had a visiting psychiatrist.

Just to illustrate the severity of the problem, the CPT would like to mention the example of a life-sentenced prisoner whom the Committee's delegation had met at Nubarashen Prison during the 2015 visit[107] and who was now interviewed at Armavir Prison. According to his medical file, he was hospitalised at the Central Prison Hospital in September 2019 and discharged after a few days (and sent back to Armavir Prison) with the note that he had "refused to undergo any examinations and tests and to follow the suggested treatment" and that he needed "follow-up and monitoring". The delegation failed to understand how this could be achieved in an establishment without access to psychiatric care.

The Committee once again calls upon the Armenian authorities to improve the provision of psychiatric care to prisoners, in particular by securing regular visits by psychiatrists to Armavir Prison (and, for as long as it remains operational, Goris Prison).

50. As regards psychological assistance, all prisons visited employed at least one psychologist.[108] However, the psychologists continued to be essentially involved in risk assessment of prisoners[109] but much less so in any therapeutic clinical work.[110] **The CPT reiterates its recommendation that the Armenian authorities reinforce the provision of psychological assistance in prisons and develop the therapeutic role of prison psychologists. In this context, efforts are needed to recruit, in due course, clinically trained psychologists who should form part of the health-care team and whose work should avoid combining two different roles i.e. risk assessment and therapeutic clinical work.**

51. All prisons visited were accommodating inmates who were drug users and opioid agonist therapy (using methadone in the form of soluble pills) was available to them.[111] However, as far as the delegation could ascertain, there were still no other harm reduction measures (e.g. needle and syringe exchange programmes). **The Committee must therefore reiterate its long-standing recommendations that such measures be introduced in all prisons in Armenia.**[112]

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107 See paragraph 57 of document CPT/Inf (2016) 31. Mr H. had been psychiatrically assessed in April 2014 as requiring anti-psychotic medication and deemed to be a potential suicide risk. However, there was no record of any subsequent psychiatric assessment or treatment and he was, at the time of the 2015 visit, presenting symptoms strongly suggestive of mental illness.

108 There was e.g. one psychologist at Goris, Hrazdan, Sevan and Yerevan-Kentron Prisons, but three at Armavir and Nubarashen Prisons.

109 As previously, they also played a key role in the management of inmates presenting suicide risks or on hunger strike.

110 Several inmates interviewed by the delegation, including some life-sentenced prisoners and other prisoners known to have mental health problems (e.g. at Armavir and Nubarashen Prisons), told the delegation that they would have liked to have much more frequent meetings with the psychologists.

111 E.g. 15 inmates were on methadone at Hrazdan Prison and approximately 30 at Nubarashen Prison.

112 See also paragraph 89 of the report on the 2015 periodic visit: "The CPT wishes to stress that the management of drug-addicted prisoners must be varied – combining detoxification, psychological support, socio-educational programmes, rehabilitation and substitution programmes – and linked to a real and effective prevention policy. This policy should highlight the risks of HIV or hepatitis B/C infection through drug use and address methods of transmission and means of protection. It goes without saying that health-care staff must play a key role in drawing up, implementing and monitoring the programmes concerned and co-operate closely with the other (psycho-socio-educational) staff involved." See also "Drug Dependence Treatment: Interventions for Drug Users in Prison", UN Office on Drugs and Crime, www.unodc.org/docs/treatment/111_PRISON.pdf.

Compulsory treatment of drug users (by court decision) was provided on the "narcology" ward of the Central Prison Hospital.[113] While the CPT will not comment in detail on the content and efficiency of this treatment, it wishes nevertheless to stress that its delegation was surprised to find that the inmates (patients) held there at the time of the 2019 periodic visit (who happened to be exclusively foreign nationals i.e. Iranians) were visibly not receiving any treatment worthy of the name (apart from occasional tranquilisers), despite having stayed at the hospital for up to 5 months.[114] **The CPT would welcome the Armenian authorities' observations on this subject.**

52. Turning to the Central Prison Hospital, what struck the delegation was that while many – if not most – sick prisoners had to live in poor conditions not befitting a health-care facility (e.g. in a small unhygienic and cold shelter-like building adjacent to the surgical ward, where patients in poor somatic condition, some of them wheelchair-bound, had no direct access to the toilet and washing facilities; some of the patient rooms on the internal diseases ward were extremely dilapidated, dirty and devoid of sanitary annexes; the delegation also saw rooms on the "narcology" ward which were quite run down and where patients complained about the lack of ready access to the toilets and washrooms), some prisoners – who generally did not appear ill at all and who tended to stay at the establishment for a very long time (up to 6 years) – obviously enjoyed very comfortable conditions (as was the case with some of the rooms located closer to the entrance to the internal diseases ward, which were spacious, bright, warm, in an excellent state of repair and equipped with comfortable beds, high-quality furniture, en suite bathrooms, tiled floors, etc.).

The delegation's distinct impression was that for those prisoners (clearly belonging to the higher echelons of the informal prisoner hierarchy) the Central Prison Hospital was in fact more akin to a "luxurious hotel" rather than a place where they would be treated for any ailments. Referring to its more general comments and recommendations in paragraphs 32 to 34 above, **the Committee requests the Armenian authorities to provide the CPT with their explanation as to how this striking situation has been allowed to develop and persist at the Central Prison Hospital.**

The delegation also noted that, despite the Committee's long-standing recommendation,[115] psychiatric patients and patients suffering from somatic diseases (mostly infectious diseases including HIV) continued to be accommodated together, reportedly because there were not enough beds available on the infectious diseases ward.[116] Furthermore, the staffing situation[117] on the psychiatric ward (accommodating 14 patients at the time of the 2019 periodic visit, but with the capacity of 40 beds) had deteriorated following the creation of the PMC.[118] **The CPT recommends that measures be taken to eliminate these deficiencies.**

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113 See paragraphs 25 above and 52 below.

114 The delegation's doctor reached this conclusion after having examined inmates' medical records, spoken with doctors and nurses and interviewed the patients concerned. It is also noteworthy that no interpretation was offered to the detained Iranian nationals, making it unlikely for them to properly understand any treatment they were supposed to receive.

115 See paragraph 91 of document CPT/Inf (2016) 31.

116 See also paragraph 25 above.

117 The whole medical staff complement of the Central Prison Hospital consisted of 55 posts (including 8 vacancies): the head doctor, five GPs (assuring 24/7 presence), an infectious diseases specialist, an internal medicine specialist, a surgeon, two psychiatrists, a "narcologist" (addictions specialist), a half-time TB specialist, a radiologist, a laboratory doctor, four feldshers assuring 24/7 presence, 12 nurses, and several technicians working in the clinical laboratory, the X-ray office and the pharmacy; further, there were several part-time specialists, who came in case of need, and a number of orderlies.

118 While previously there had been three psychiatrists, two nurses and two orderlies, at the time of the 2019 visit the psychiatric ward was staffed with two psychiatrists, two nurses and an orderly.

53. As already mentioned earlier in this report (see paragraph 27 above), the Armenian authorities planned to close down the existing Central Prison Hospital and move the establishment to a new purpose-built facility by the end of 2022.[119]

In the light of what its delegation saw during the 2019 periodic visit, **the Committee calls upon the Armenian authorities to attach the highest priority to the timely implementation of these plans.**[120]

54. The delegation was informed during the official talks at the Ministry of Justice that all health-care units in prisons were now licensed by Ministry of Health for primary health care provision, psychiatric care and dental care;[121] however, the Ministry of Health did not inspect those units and there was no monitoring of quality of the care provided in them. **The CPT recommends that such monitoring be put in place in order to ensure the respect of the principle of equivalence of care.**[122]

55. The delegation noted that deaths of inmates were not duly recorded in most of the prisons visited – either there was no dedicated deaths register or the recording in the register was not carried out in a detailed manner. Further, conclusions of forensic doctors after post-mortem examinations were usually not made available to prisons. **The CPT recommends that steps be taken to eliminate these *lacunae*.**

The Committee would also like to receive statistical information about deaths in prison (in respect of the second half of 2019 and the whole of the year 2020) – with the indication of the age, gender and the cause of death – and about steps taken by the Armenian authorities to reduce prisoner mortality (including suicide prevention). Unfortunately, the delegation was not in a position to obtain this information during the visit.

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119 An alternative version of this plan – in case the financial resources for building a new hospital were to be unavailable – was to transfer patients from the internal diseases, infectious diseases and psychiatric wards to the health-care unit of Armavir Prison (which was still patently underused at the time of the 2019 periodic visit) and to move the rest of the patients (including those with TB) to relevant wards in "civilian" hospitals (which would only be possible after the setting up of secure units in those establishments, see paragraph 45 above).

120 It is also to be noted in this context that the experts commissioned in the framework of the aforementioned Council of Europe project (Jörg Pont, Roza Babayan and Izabel Abgaryan) reached very much the same conclusion in their report of April 2018 ("Report on the assessment mission on prison hospital services for proposing effective models of modernisation of the current system", available on the website of the Council of Europe Office in Yerevan, https://www.coe.int/en/web/yerevan/publications1).

121 Also the Central Prison Hospital had obtained a Ministry of Health license (although as regards the surgical ward, it had only been licensed to perform minor interventions – for any major surgical acts patients had to be transferred to "civilian" hospitals).

122 I.e. that prison health-care services should be able to provide medical treatment and nursing care, as well as physiotherapy, rehabilitation or any other necessary special facility, in conditions comparable to those enjoyed by patients in the outside community (while also taking into account the special needs of the prison population).

More generally, **the CPT recommends that the Armenian authorities introduce a clear policy and comprehensive procedure on the identification of the causes of death of prisoners. Every death of a prisoner should be the subject of a thorough investigation to ascertain, inter alia, the cause of death, the circumstances leading up to the death, including any contributing factors, and whether the death might have been prevented.** Further, **an analysis should be undertaken of each death in prison to consider what general lessons may be learned for the prison in which the death occurred and whether there are any systemic, nationwide measures that need to be taken.**

5. Other issues of relevance to the CPT's mandate

a. prison staff

56. The delegation was informed during the initial talks at the Ministry of Justice that prison staff salaries had increased by 40% since the Committee's 2015 periodic visit and that a further 30% increase was to be expected soon; further, a (reportedly) advantageous health insurance package was now offered to prison staff and their families. The delegation's interlocutors hoped that this would increase the attractiveness of work in the prison system and permit to gradually fill some 120 vacant posts (out of the total of 2,000 posts, perimeter guards included) at the Penitentiary Service.[123]

Meanwhile, however, the number of custodial staff working in prisoner accommodation areas continued to be generally low,[124] the worst situation having been observed at Nubarashen and Armavir Prisons.[125] **The CPT calls upon the Armenian authorities to continue their efforts to increase custodial staffing levels and presence in accommodation areas of the prisons visited, especially at Armavir Prison.[126]** Further, as already stressed earlier in this report, **implementation of the recommendation set out in paragraph 42 above will require recruiting more staff with other qualifications (work instructors, teachers, educators, social workers, etc.).[127]**

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123 Senior officials from the Ministry of Justice and the Penitentiary Service also stressed that higher salaries should reduce prison staff's motivation to engage in corrupt practices (see paragraph 58 below).

124 E.g. there were maximum eight "controllers" (junior custodial officers) per shift at Hrazdan Prison (capacity 215, population 171), with one "controller" per floor in the detention block, one working at the entrance, one dealing with parcels and two "in reserve". Goris Prison (capacity 132, population 90) had seven or eight "controllers" per shift. Sevan Prison (capacity 525, population 115) had ten junior guards per shift but at night there was no permanent staff presence within the prisoner accommodation blocks (patrols of two "controllers" would only make rounds every 2 hours).

125 Nubarashen Prison (capacity 780, population 353) had 20 "controllers" per shift and Armavir Prison (capacity 1,200, population 732) had 21 custodial staff per shift but the establishment's Director told the delegation that sometimes one "controller" was supposed to supervise a wing with up to approximately 160 inmates. It is noteworthy that both prisons had many vacant custodial staff posts (41 out of the total of 243 in Nubarashen, 28 out of the total of 180 in Armavir).

126 Considering its size and future role as the country's main prison, see also paragraph 38 above.

127 At the time of the 2019 periodic visit none of the prisons visited by the delegation employed work instructors and educators, and only Armavir and Nubarashen Prisons had visiting teachers (three and one respectively), providing individually tailored tuition to inmates aged below 19. On the other hand, every prison had at least one social worker (and Nubarashen Prison had four).

57. As during previous visits, the delegation observed that some custodial staff at the establishments visited worked on 24-hour shifts followed by three days off. The Committee can only reiterate its opinion that such a shift pattern has an inevitable negative effect on professional performance; no-one can perform in a satisfactory manner the difficult tasks expected of a prison officer for such a length of time. **The CPT calls upon the Armenian authorities to discontinue this practice.**

58. As regards prison staff training, **reference is made to the recommendation in paragraph 33 above. The Committee also recommends that continuous efforts be made to increase the number of prison staff trained in dynamic security[128] and deployed in prisoner accommodation areas.**

Further, **the CPT calls upon the Armenian authorities to continue taking decisive action to combat corruption in penitentiary establishments[129] through prevention, education and the application of appropriate sanctions. In this context, prison staff and officials working with the prison system should receive the clear message that obtaining or demanding advantages from prisoners is illegal and unacceptable and will be duly investigated and punished; this message should be reiterated in an appropriate form, at suitable intervals.**

b. discipline

59. The general rules concerning disciplinary segregation had remained unchanged since the CPT's previous visits to Armenia: remand prisoners could be placed in a disciplinary cell ("kartzer") for up to 10 days and sentenced prisoners for up to 15 days.

Upon examination of the relevant documentation in the prisons visited, the delegation came to the overall conclusion that disciplinary sanctions (including the placement in a "kartzer") were not resorted to excessively.[130]

That said, given the potentially very damaging effects of solitary confinement, **the Committee recommends that the relevant legislation be amended so as to shorten the maximum period of placement of sentenced prisoners in a "kartzer" cell to 14 days;[131] preferably, the provisions applicable to sentenced prisoners should be aligned with those regarding remand prisoners.**

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128 Dynamic security is the development by staff of positive relationships with prisoners based on firmness and fairness, in combination with an understanding of their personal situation and any risk posed by individual prisoners, as well as the provision of constructive activities. On the latter aspect, see paragraphs 29 and 42 above.

129 See paragraphs 34 and 56 above.

130 In all prisons a gradual system of disciplinary sanctions was applied i.e. prisoners would first receive a warning, then a reprimand, and only if they still continued committing disciplinary violations the placement in a "kartzer" would be resorted to, but also in a gradual manner (3 days, 5 days, 7 days, 10 days, 12 days, 15 days).

131 See also 21st General Report of the CPT's activities (CPT/Inf (2011) 28), paragraph 56 (b).

60. The disciplinary procedure continued to display the deficiencies described in previous reports; in particular, inmates were still not informed in writing about the charges, there was no systematic oral hearing (the procedure continued to be essentially document-based, unless a prisoner requested to be heard),[132] they had no access to legal assistance, could not call witnesses and cross-examine evidence against them, were not given a copy of the decision[133] and were not informed of the possibilities of appeal.

The CPT calls upon the Armenian authorities to take resolute steps to eliminate all the above-mentioned *lacunae*.

61. Conditions in "kartzer" cells were acceptable at *Hrazdan Prison*[134] although the cells and the communal showers were quite dilapidated (but clean). Given that Hrazdan Prison will continue being used for a few years to come,[135] **the Committee recommends that steps be taken to improve the state of repair of the "kartzer" cells in the aforementioned establishment.**

The "kartzer" cells at *Sevan Prison* were under renovation at the time of the visit and the delegation gained the impression that – once the refurbishment work was over – the cells in question would offer decent conditions.[136] The delegation was also pleased to note that the old "kartzer" cells at *Nubarashen Prison* – criticised many times in the past[137] – had finally been taken out of service and that inmates who had to be placed in a disciplinary cell were instead transferred to one of the recently-refurbished cells located on the same corridor as the health-care unit; conditions in these cells were adequate.[138]

By contrast, the "kartzer" cells at *Armavir Prison*[139] were extremely dilapidated, with damaged walls and floors, and extensive water infiltration. **The CPT recommends that these cells be refurbished urgently.** Further, the "kartzer" cells at *Goris Prison* were too small (measuring merely 4.4 m²) and too narrow (1.7 m wide) to hold detainees, even for short periods. **The Committee recommends that these cells be taken out of service.**

More generally, **the CPT recommends that the relevant provisions be amended so as to make clear that any "kartzer" cells must measure at least 6 m² (if used for single occupancy), not counting the area taken up by toilet facilities, and that any cells of this type should be sufficiently wide (at least 2 metres between the walls).**

62. As regards the regime in disciplinary units, prisoners placed in "kartzer" cells were offered the possibility to take one hour of outdoor exercise every day and were granted access to reading material during the placement.

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132 Although practices seemed to vary between establishments e.g. oral hearings appeared to be more frequent at Sevan Prison.

133 They were asked to sign the document, but it was then taken away from them and put to their administrative file.

134 Single cells measuring some 12 m² and double cells measuring some 18 m² (including a fully partitioned sanitary annexe comprising a toilet and a washbasin), adequate lighting and ventilation.

135 See paragraph 27 above.

136 Well-lit and ventilated cells for up to three inmates measuring some 25 m² and equipped with beds or sleeping platforms, tables, benches and fully partitioned sanitary annexes.

137 See e.g. paragraph 103 of the report on the 2015 periodic visit (document CPT/Inf (2016) 31).

138 The delegation interviewed an inmate placed in a "kartzer", which was a freshly redecorated, well-lit and ventilated cell measuring some 36 m² and equipped with 2 beds and a fully screened sanitary annexe.

139 Located in the same wing as the "quarantine" cells, see paragraph 38 above.

In February 2019, based on the application submitted by the Human Rights Defender, the Constitutional Court recognised as unconstitutional the legal regulations according to which inmates transferred to the disciplinary cell were automatically deprived of the contact with the outside world. However, prisoners who were or had recently been in "kartzer" cells told the delegation (especially at Hrazdan and Sevan Prison) that they were (or had been) deprived of contact with the outside world (i.e. visits, phone calls and letters) during their placement.

The CPT once again calls upon the Armenian authorities to ensure that prisoners placed in a "kartzer" are not subjected to a total prohibition on family contacts, and that any restriction on family contacts as a form of punishment is imposed only when the offence relates to such contacts.[140]

c. contact with the outside world

63. The delegation was informed by senior officials from the Ministry of Justice that the visiting entitlement had been increased for various categories of prisoners since the Committee's 2015 periodic visit.[141] In particular, remand prisoners had been given the right to long-term visits,[142] sentenced prisoners in the semi-open regime were now allowed two short-term and one long-term visit per month,[143] and the entitlement for life-sentenced prisoners had been increased to six short-term and two long-term visits per year.[144]

The CPT welcomes these positive changes; that said, the visiting entitlement of prisoners remained attached to the sentence and type of regime. As the Committee has stressed many times in the past, this is a fundamentally flawed system. **The CPT once again calls upon the Armenian authorities to amend the relevant legislation so as to ensure that all categories of prisoners, irrespective of the sentence and regime, are entitled to the equivalent of at least one hour of visiting time per week; preferably, they should be able to receive a visit every week. There should also be the possibility of accumulating visit entitlements for periods during which no visits have been received.**

64. As regards the visiting facilities, the delegation was pleased to observe one very positive change since the 2015 periodic visit, namely that in all the prisons seen in December 2019 such visits took place in open conditions (i.e. with tables and chairs, without a physical separation between inmates and visitors). As for the facilities for long-term visits,[145] these continued to generally offer good or even very good conditions.[146]

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140 See also Rule 60 (4) of the European Prison Rules.

141 See, for the description of the visiting entitlement at the time of that visit, paragraph 107 of document CPT/Inf (2016) 31.

142 In addition to the already existing entitlement to two short-term visits (of up to three hours) per month. As previously, temporary restrictions on remand prisoners' visits could be imposed, exclusively during the investigation stage, by a written and reasoned decision of the body conducting the criminal proceedings.

143 It used to be two short-term visits per month but a long-term visit every two months.

144 It used to be three short-term visits and one long-term visit per year.

145 Long-term visiting premises at Armavir Prison were undergoing refurbishment at the time of the 2019 periodic visit.

146 E.g. in Sevan Prison, which even had a few studio-like rooms with en suite bathrooms.

65. Another positive development since the last visit was that foreign prisoners (as well as Armenian nationals whose families lived abroad or otherwise far away) could use Voice over Internet Protocol (VoIP) free of charge to get in touch with their relatives. **The Committee welcomes this and invites the Armenian authorities to allow all prisoners to have access to this technology.**

At the time of the 2019 periodic visit, prisoners could make telephone calls (using phone cards bought in the prison shop or received from home) once to twice per week for a maximum of 15 minutes. Many prisoners complained to the delegation that this was not enough and that calls were expensive. **The CPT invites the Armenian authorities to take steps to improve inmates' access to a telephone in the light of the above remarks.**

C. Psychiatric establishments

1. Preliminary remarks

66. The delegation carried out a follow-up visit to the Forensic Psychiatric Unit of the National Centre for Mental Health Care in Yerevan[147] and visited, for the first time, Syunik Psychiatric-Neurological Dispensary in Kapan as well as Armash Health Centre.

As in the past, the Forensic Psychiatric Unit of the National Centre for Mental Health Care consisted of two wards: Ward 6 for persons undergoing forensic psychiatric assessment and Ward 7 for patients receiving compulsory treatment pursuant to the provisions of the Code of Criminal Procedure. At the time of the 2019 visit, Ward 7, with an official capacity of 54, accommodated 53 adult patients (including one woman[148]), mainly suffering from schizophrenia; Ward 6, with an official capacity of five, held five adult male patients.

Syunik Psychiatric-Neurological Dispensary in Kapan, with an official capacity of 80, at the time of the visit was accommodating 63 adult patients – 35 male and 28 female.[149] There were seven civil involuntary patients (six men and one woman) and six forensic patients undergoing compulsory treatment (three men and three women). The main diagnosis among the patients was schizophrenia in its various forms, followed by learning disability and a small percentage of patients with organic and personality disorders.

Armash Health Centre, with an official capacity of 100, at the time of the visit was accommodating 88 patients – 49 male and 39 female (including a 13-year-old girl[150]). There were (officially)[151] no civil involuntary patients and no forensic patients undergoing compulsory treatment. As for diagnoses, patients mainly suffered from various types of schizophrenia, as well as a small number with organic disorders and learning disability.

67. It is noteworthy that, as during past CPT visits to Armenia, the delegation noted that in both civil hospitals there were a number of patients who no longer needed to be hospitalised but who allegedly remained in the hospital (in many cases, especially according to the patients interviewed at Armash Health Centre, against their will) due to a lack of adequate care/accommodation in the community. The Committee reiterates its view that for persons to remain in a psychiatric hospital purely as a result of the absence of appropriate community facilities is highly regrettable. Further, such patients who are not *de jure* but *de facto* detained should be free to leave. If their condition places them at risk of danger to themselves or others, the patient must be assessed to establish if an involuntary hospitalisation should take place.

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147 Previously known as Nubarashen Psychiatric Medical Centre. Visited by the CPT in 2002, 2010, and 2015; see paragraphs 161 to 194 of CPT/Inf (2004) 25, paragraphs 129 to 154 of CPT/Inf (2011) 24, and paragraphs 112 to 138 of CPT/Inf (2016) 31, https://www.coe.int/en/web/cpt/armenia.

148 Forensic Psychiatric Unit of the National Centre for Mental Health Care is the only high-security forensic facility in the country and the female patient was placed there by court order.

149 Six of the 80 beds were designated for private patients and, at the time of the visit, there were two such patients, a man and a woman.

150 See also paragraph 82 below.

151 See, however, paragraph 87 below.

In order to improve the quality of life of patients, **the CPT recommends that the Armenian authorities make every effort to further promote, as a matter of priority, de-institutionalisation and make available good care, accommodation and social support in the community**; this is also relevant in the context of the country's obligations stemming from the UN Convention on the Rights of Persons with Disabilities. [152]

Furthermore, **steps should be taken to facilitate the movement of patients along a planned pathway of care and support, offering consistent quality, so that patients are treated in the least restrictive environment possible and therefore have their in-patient stay shortened (or even avoided altogether). Community accommodation should take the form of small living units in the community, ideally in towns, with all the relevant facilities close at hand. The CPT recommends that the Ministry of Health and the Ministry of Labour and Social Affairs work together closely to implement these precepts.**

Progress in this direction would also address some of the serious issues found in psychiatric hospitals such as overcrowding[153] and should improve treatment experiences and outcomes for patients.

2. Ill-treatment

68. The delegation received no allegations of ill-treatment of patients by staff at the Forensic Psychiatric Unit and Syunik Dispensary; at the latter, patients spoke positively of the staff's attitude towards them. At Armash Health Centre, however, the delegation heard some complaints that orderlies ("sanitars"), on occasion, shouted at patients and pushed them. Bearing in mind the challenging nature of their work, it is of crucial importance that orderlies be carefully selected and that they receive both appropriate training before taking up their duties and in-service courses. Further, during the performance of their tasks, they should always be closely supervised by – and be subject to the authority of – qualified health-care staff.

The CPT recommends that the managements of the psychiatric hospitals in Armenia exercise continuous vigilance and remind staff at regular and frequent intervals that patients should be treated with respect, and that any form of ill-treatment of patients, whether verbal or physical, is totally unacceptable and will be punished accordingly.

Moreover, **it is essential that all ward-based staff be carefully selected and given suitable training on managing patients humanely and safely, receive regular supervision and be provided with appropriate support and counselling to avoid burn-out and ensure good quality care.**

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152 Ratified by Armenia in 2010.

153 See paragraphs 70 to 72 below.

69. Regarding inter-patient violence, although some altercations between patients did occur, this was not a significant problem at the Forensic Psychiatric Unit and Armash Health Centre. However, at Syunik Dispensary, where some patients had more acute illnesses, there had recently been a serious inter-patient assault on the male ward[154] (the investigation into the incident was ongoing at the time of the CPT's visit) and on the female ward patients would at times hit each other, as witnessed by the delegation. This unsafe situation is hardly surprising considering the low staffing numbers[155] and cramped environment.[156]

The Committee wishes to emphasise that the duty of care which is owed by the Armenian authorities to patients in their care includes the responsibility to protect them from other patients who might wish to cause them harm. This requires not only adequate staff presence and supervision at all times, but also that staff be properly trained in handling challenging situations/behaviour by patients.

The CPT trusts that appropriate action will be taken at Syunik Dispensary to remedy the problem, in the light of the above remarks. The Committee would also like to be provided, in due course, with information about the outcome of the investigation into the inter-patient assault on the male ward of the aforementioned establishment.

3. Patients' living conditions

70. Following the visits in 2010 and 2015, the Committee drew the attention of the Armenian authorities to a number of shortcomings at the Forensic Psychiatric Unit.[157] The situation found during the 2019 visit was such that, despite some minor improvements, the majority of those concerns remained valid. Patients were still accommodated behind locked barred gates (covered with some plastic on the lower part, reportedly to reduce draughts) in dormitories that were dilapidated and impersonal. There was still no day room or occupational facilities and no separate accommodation area for female patients. Indeed, the sole female patient, although now held at the end of the corridor, remained in view of male patients with no other gender specific facilities for her (although she had a mobile wheeled screen which she could place in front of the barred gated doorway of her room).[158] The Committee reiterates its opinion that this is an unacceptable state of affairs.

The ground floor, which could be used to greatly enhance space for patients, was still derelict. The exercise cage (approximately 15 m²) for Ward 6, despite now having a row of three seats and some shelter against inclement weather, remained grossly inadequate for proper outdoor exercise. **The Committee** understands that funding has been allocated to significantly improve the conditions for patients at the Forensic Psychiatric Unit and **calls upon the Armenian authorities to finally rectify the many long-standing deficits which the CPT has repeatedly highlighted there**. Further, **the Committee would like to receive information whether the promised funding has been received as well as further details on the renovation timetable.**

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154 Resulting in the patient victim suffering a broken rib and a ruptured spleen.

155 See paragraph 74 below.

156 See paragraphs 70 to 72 below.

157 See, e.g. paragraph 134 of CPT/Inf (2011) 24 and paragraphs 118 to 120 of CPT/Inf (2016) 31.

158 The room was opposite the Ward's canteen which male patients visited several times every day. According to the staff and the patient herself, at other times, male patients were forbidden to approach her room.

Furthermore, bearing in mind the suicide of a female patient at the Forensic Psychiatric Unit just prior to the CPT's visit in 2015, a further suicide of a male patient in 2018 and an attempted suicide earlier in 2019, all by hanging, **the Committee must reiterate its recommendation to reduce ligature points at the Forensic Psychiatric Unit to try and prevent such potentially avoidable tragic deaths.**

71. Syunik Dispensary is a single two-storey building set on a wooded hillside just outside the town of Kapan. The hospital is the most southerly psychiatric hospital in Armenia, situated very close to the border with Azerbaijan and some 75 km by road to the border with Iran. The building, dating back to 1967, was originally a tuberculosis hospital, which then became a psychiatric clinic in 2001. Patients were accommodated on two wards, with 35 beds in the female ward and 45 beds in the male ward, both with locked barred gates and doors.

Patient accommodation consisted of multi-occupancy rooms, up to 9 beds per room, which were rather cramped and dilapidated though generally well lit, heated, ventilated and clean. The absence of any decoration or personal belongings contributed to an impersonal and austere atmosphere; the rooms did not provide patients with any personal lockable space, essentially containing beds, and, sometimes, a few bedside cabinets.

72. Armash Health Centre, a two-storey building with a series of smaller out-buildings, is situated in Armash, a small rural settlement situated some 65 km south of Yerevan. It had been a somatic health-care institution from 1962 until 2001, when it became a psychiatric hospital.

According to the establishment's Director, the original capacity of the hospital was 40 but it had been continuously increased until, in 2007, it reached the current capacity of 100. Furthermore, in 2007 the hospital was reportedly instructed to open up to 8 beds for children[159] after Sevan psychiatric hospital was closed to children's admissions at that time. According to the Director, the plans to assign the funding necessary for such an undertaking never materialised.

Patients were accommodated in multi-occupancy rooms, up to 11 beds per room, on both floors of a two-storey L-shaped building, male patients on the ground floor, female patients on both the ground and first floor. The dormitories for male patients were dilapidated and scruffy, very overcrowded, with many beds touching, lacked natural light and were gloomy; there about three quarters of the men had less than 3 m² each of personal space (the delegation failed to understand how the institution could be so overcrowded while operating under its official capacity). Such conditions challenged the patients' dignity and offered no privacy.

Furthermore, the decrepit and shabby patient rooms, although generally clean and ventilated, were very bleak and impersonal and contained only beds and occasional bedside cabinets; there was no individual lockable space.

73. The delegation noted that material conditions were more favourable in Syunik Dispensary as the Director there had devoted years to successfully engaging outside donors to support his hospital. The positive effects for his patients are commendable but such substantial additional efforts would not be needed if the State fulfilled its duties in providing the required and necessary funding.

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159 Included in the official capacity of 100.

Living conditions in psychiatric hospitals should be conducive to the treatment and welfare of patients; in psychiatric terms, they should provide a positive therapeutic environment. **The CPT recommends that the Armenian authorities take the necessary measures to improve living conditions at Syunik Dispensary and Armash Health Centre, and in particular to ensure that:**

- **occupancy levels in the patients' dormitories are reduced, tackling the severe overcrowding for male patients at Armash Health Centre as a priority;**

- **conditions in the rooms are conducive to the treatment and welfare of the patients and provide visual stimulation and personalisation;**

- **all patients are provided with personal lockable space in which they can keep their belongings.**

4. Staff and treatment

74. Inadequate levels of staff of all disciplines were found, to differing degrees, in all the hospitals visited. Multi-disciplinary clinical staff were either entirely lacking or insufficient in number to meet the many psycho-social treatment and rehabilitation needs of the patients.

75. Ward 6 of the Forensic Psychiatric Unit of the National Centre for Mental Health Care employed one full-time psychiatrist and Ward 7 employed two full-time psychiatrists (one more position was vacant). Other clinical staff included two psychologists (covering all the National Centre for Mental Health Care[160]) and one social worker.[161]

Ward-based staff on Ward 6[162] comprised one senior nurse, one nurse and two orderlies during the day and one nurse and two orderlies during the night. Ward-based staff on Ward 7[163] comprised a senior nurse, two nurses and three orderlies during the day and one nurse and three orderlies during the night.[164]

76. At Syunik Dispensary, one of the two full-time psychiatrists was well past retirement age and the other (the Director of the hospital) was approaching retirement. These two doctors were responsible for all in and out-patient work;[165] the Director held management responsibility for the hospital, carried a significant clinical load (which normally would not be expected), and also served as a member of a local commission on military conscription.

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160 With 387 patients on the day of the visit.

161 One more position of a social worker and a position of an occupational therapist were vacant.

162 Capacity of 5.

163 Capacity of 54.

164 Orderlies worked on 24-hour shifts, nurses 7 or 12-hour shifts.

165 The regional out-patient service, located at Syunik Dispensary, provided services to an average of 35 patients a day.

The delegation was informed that there were no other psychiatrists in the whole of Syunik Marz[166] and, apparently, very little prospect of recruiting any. In the Committee's view, such a state of affairs threatens the entire viability of Syunik Dispensary (and the regional out-patient service, for which it is also responsible), if no urgent action is taken to address this.

As regards ward-based staff, for the majority of the time, there was only one nurse and one orderly caring for 28 disturbed female patients and one nurse and three orderlies caring for 35 male patients, working on 24-hour shifts. Further, there was one occupational therapist but no psychologist and no social worker.

77. Armash Health Centre employed five psychiatrists: a full-time chief psychiatrist,[167] three part-time psychiatrists visiting the hospital one day per week, and a part-time consultant child psychiatrist who attended as required. Such an arrangement meant that, in total, there was just 1.4 full-time equivalent psychiatrists for 88 hospitalised patients. Other multi-disciplinary clinical staff included a psychologist and a part-time social worker.

The ward-based staff for all 88 patients was one nurse and three orderlies working on 24-hour shifts (plus a head nurse and three more orderlies on working days from 9 a.m. till 4.20 p.m.). Such numbers are clearly grossly insufficient to adequately and safely provide the necessary treatment for the patients.

78. The Committee has repeatedly stated in its reports on previous visits to Armenia that staff resources in psychiatric hospitals should be adequate in terms of numbers and categories of staff (psychiatrists, nurses, psychologists, occupational therapists, social workers, etc.). Deficiencies in staff resources can seriously undermine attempts to offer rehabilitative and therapeutic activities; further, they can lead to high-risk situations for patients, notwithstanding the good intentions and genuine efforts of the staff in service.

Furthermore, the CPT considers it inappropriate for ward-based clinical staff to work on 24-hour shifts. Apart from being detrimental for the staff's own health, this does not allow staff to optimally perform their duties vis-à-vis patients and will inevitably have a negative effect on professional standards.

On a positive note, the Committee notes the plans of the Armenian authorities to develop formalised and monitored Continuing Professional Development (CPD) for staff of psychiatric establishments.

In the light of the above remarks, **the Committee recommends that the Armenian authorities take urgent measures to address the serious recruitment difficulties regarding medical, ward-based and multi-disciplinary clinical staff at the hospitals visited (and, as applicable, in other psychiatric hospitals in Armenia). This may well require a review of the salaries and terms and conditions offered to such personnel to ensure that the necessary numbers of staff of appropriate quality are deployed to properly care for patients and thus offer the necessary full range of modern psychiatric therapies.**

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166 An administrative division (province) in Armenia.

167 Reportedly, present at the hospital from Tuesday to Friday; also working half-time as a general practitioner in the village's general health clinic.

Further, **steps should be taken to put an end to the practice of ward-based clinical staff working 24-hour shifts in psychiatric hospitals.**

The CPT also encourages the Armenian authorities to develop their plans for specialist psychiatric nurse training.

79. Turning to treatment, in all hospitals visited, this was predominantly based on pharmacotherapy.

The delegation noted that patients at Syunik Dispensary were offered art and music therapy twice a week, male patients could attend an occupational workshop, and that group therapy was organised for patients at Armash Health Centre a few times a month. However, there was still a significant lack of psycho-social therapies and occupational opportunities on offer, resulting in many patients just lying in bed or wandering idly around or, at the Forensic Psychiatric Unit, living an impoverished regime behind the locked barred gates of their dormitories for up to 22 hours a day. Indeed, during their interviews with the CPT's delegation in all three hospitals, patients mostly complained how bored they were. Such an approach to psycho-social treatment interventions is neglectful and does not reflect modern psychiatric practice.

Furthermore, there were only very limited recreational opportunities, for example at the Forensic Psychiatric Unit there were no longer TV sets in any of the locked dormitories (as explained by the Head Doctor of Ward 7, it had been decided to take the TV sets away until all the dormitories could be equally provided with them, allegedly, during 2020);[168] at Armash Health Centre, which appeared frozen in time, one day area was a row of benches in the entry hall with the hospital's sole, barely functioning TV hanging on the wall,[169] the other, a small gloomy room where patients crouched around a wood-burning stove.

The situation was made even more unacceptable at the Forensic Psychiatric Unit and at Syunik Dispensary by the fact that patients had only limited access to outdoor exercise, usually from 30 minutes to an hour per day (patients at Armash Health Centre were free to go outside all day long).

80. **The CPT recommends that the Armenian authorities take the necessary steps to:**

- **develop, at the Forensic Psychiatric Unit, Syunik Dispensary and Armash Health Centre, a range of therapeutic options (including group therapy, individual psychotherapy, art, drama, music and sports) and involve patients in clinically appropriate rehabilitative psycho-social activities, in order to prepare them for more independent living and/or return to their families; occupational therapy should be an important part of the long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-image.**

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168 The delegation saw a number of used TV sets piled in the corridor of Ward 7 and heard a lot of complaints from patients regarding this issue. The majority of the patients, apparently, had the impression that TV sets had been taken away as a punishment for a very brief hunger strike they had organised a few days before the CPT's visit, reportedly protesting the prohibition of certain food items in their parcels.

169 The Armenian authorities informed the Committee that a new TV had been installed after the CPT's visit.

It is axiomatic that this will require the recruitment of specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, and social workers);

- **ensure that all patients are offered a range of recreational activities suited to their needs; moreover, patients should have regular access to suitably equipped recreation rooms;**

- **ensure that all patients, including involuntary and forensic patients, at the Forensic Psychiatric Unit and Syunik Dispensary (and, as appropriate, in other psychiatric hospitals in Armenia) benefit from unrestricted access to the open air during the day, unless there are clear medical contraindications or treatment activities require them to be present on the ward. To this end, appropriate clothing and footwear should be made available to patients who wish to take outdoor exercise in inclement weather.**

81. In all hospitals visited, the delegation noted an absence of comprehensive individual written treatment plans covering both pharmacotherapy and psycho-social activities.

In the Committee's view, psychiatric treatment should be based on an individualised approach which would cover both pharmacotherapy and psycho-social activities. An individual treatment plan should be drawn up for each patient (taking into account the special needs of acute, long-term and forensic patients including, with respect to the last-mentioned, the need to reduce any risk they may pose), indicating the diagnosis, the goals of treatment, the therapeutic means used and the staff member responsible, with timescales. The treatment plan should also ensure regular review of the patient's mental health condition and a review of the patient's medication. Patients should be informed of their individual treatment plans and progress; further, they should be involved in the drafting and implementation of these plans.

For patients accommodated in acute wards, the plans should clearly address the patient's immediate needs and identify any risk factors, as well as focus on treatment objectives and how in broad terms these will be achieved. For patients placed in the rehabilitation wards, the plans should identify early warning signs of relapse and any known triggers, and an action plan that a patient and family members should take in response to relapse. The plan should also specify the follow-up care.

The CPT recommends that the Armenian authorities take urgent measures to ensure that the aforementioned precepts are effectively followed in practice as regards patients in all psychiatric hospitals in Armenia where this is not yet the case.

82. Further, the delegation was very concerned to discover that Armash Health Centre, with its various serious deficiencies, could admit up to eight children.[170] At the time of the visit, its sole child patient, a 13-year-old girl with significant mental difficulties, was being held alongside the 87 mentally disordered adult patients, mixing freely in an environment totally unsuited to the care of a child.

The Committee must emphasise that in view of their vulnerability and special needs, juveniles requiring psychiatric care should be accommodated separately in establishments with facilities suited to their age, which have staff especially trained to cope with the psychiatric needs of young persons.

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170 According to the Director, there were from three to eight juveniles hospitalised each year.

The CPT recommends that steps be taken without delay to ensure that juvenile patients are cared for in an appropriate psychiatric establishment(s) offering specific programmes for adolescent psychiatry and education. The Committee requests that the Armenian authorities confirm within two months that this recommendation has been implemented.

83. At Armash Health Centre, the delegation was informed by the chief psychiatrist that patients on Clozapine (medication which can have as a side-effect a potentially lethal reduction of white blood cells (granulocytopenia)) had blood tests done every six months only, which is not in line with international standards. **The CPT recommends that the Armenian authorities take urgent steps to ensure that a protocol on the mandatory monitoring system of the white blood cell count of patients treated with Clozapine be drawn up at the national level.** Further, **staff should be educated about the early signs of the potentially lethal side effects of Clozapine.**

5. Seclusion and means of restraint

84. The delegation noted that seclusion was not used and that there was no excessive resort to mechanical or chemical restraint in the hospitals visited. Furthermore, internationally accepted proper practice regarding restraint was generally followed, including using special rooms for restraint, providing continuous personal supervision by a member of staff, recording the use of restraint in dedicated registers, and having developed internal policies on the use of means of restraint. This is a positive development.

However, at Syunik Dispensary, the delegation was informed that exceptionally, such as out-of-hours, a patient could be mechanically restrained upon the telephone instruction of a doctor but not then personally reviewed by the doctor (due to the shortage of psychiatrists).[171] The Committee reiterates that every resort to means of restraint should always be expressly ordered by a doctor after an individual assessment, or immediately brought to the attention of a doctor with a view to seeking his/her approval. To this end, the doctor should examine the patient concerned as soon as possible.[172] **The CPT trusts that such an occasional omission at Syunik Dispensary will be rectified as soon as there are enough psychiatrists employed at the hospital.**

6. Safeguards

85. It is recalled that, according to the criminal legislation of Armenia,[173] placement for compulsory treatment is ordered by a court for an indefinite period of time, but that the hospital's internal psychiatric commission, which performs six-monthly assessments of the patient, can recommend to the court that the patient be discharged. Further, any interested persons (including the patients' relatives and legal representatives) can apply for a court review of the placement order.

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171 According to the registers examined by the delegation, patients would usually be released after 15-40 minutes and never kept restrained longer than 2 hours.

172 See also "Means of restraint in psychiatric establishments for adults (Revised CPT standards)", document CPT/Inf (2017) 6, https://rm.coe.int/16807001c3.

173 Chapter 15 of the Criminal Code and Chapters 52 and 53 of the Code of Criminal Procedure.

The delegation noted that the placement of forensic patients at the Forensic Psychiatric Unit and Syunik Dispensary was reviewed by the hospitals' commissions[174] once every six months. However, as confirmed by the hospitals' psychiatrists, review by the court followed only in cases when the hospital's commission had concluded that compulsory treatment was no longer necessary. Conclusions of the commission to continue compulsory treatment were never sent to court for a review, unless the patient concerned appealed the commission's decision.

The CPT recommends that the Armenian authorities take measures (including, if necessary, legislative amendments) to ensure that all compulsory placements of criminally irresponsible patients are subjected to an automatic court review at regular intervals.

86. The state of affairs is also unacceptable regarding involuntary civil hospitalisation, whereby, despite the Committee's repeated recommendations,[175] the basic safeguard of a periodic review at least once every six months is still lacking. The delegation noted the plans of the Armenian authorities to adopt a new Law on Psychiatric Assistance in the course of 2020.[176] **The CPT calls upon the Armenian authorities to ensure that the law provides for a periodic court review of involuntary civil hospitalisation at least once every six months.**

87. During the visit to Armash Health Centre it became clear that a significant proportion of legally competent patients were *de facto* detained, stating that they wanted to leave, even though all patients in that hospital were *de jure* "voluntary".[177] The patients (some of which had already been held in the hospital for four, five, seven, or even eleven years) told the delegation that they had kept asking to be discharged but the doctors always said they must stay and gave the same answers: "soon", "we need your relatives to take you", "we need to get agreement from your family", "your family doesn't want you", etc.

The chief psychiatrist explained to the delegation that applying to court for authorisation for involuntary hospitalisation "would be a hassle" and that "it was mandatory to sign a consent form for voluntary hospitalisation". Apparently, there had not been a single *de jure* involuntary patient in Armash Health Centre for at least the last 10 years. Clearly, a number of patients in that hospital were left without recourse to the proper legal safeguards that formal involuntary hospitalisation should provide. Once again, the Committee must state with regret that the above-mentioned findings only confirm that its concerns raised in the previous reports were not effectively addressed by the Armenian authorities.[178]

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174 It is noteworthy that since November 2018 (after the third psychiatrist of the hospital had left), the internal commission at Syunik Dispensary consisted of the two psychiatrists only (one of them, obviously, always a treating doctor of the patient concerned); according to the administration of the hospital, the law required such commissions to consist of at least three members.

175 See paragraph 132 of CPT/Inf (2016) 31.

176 According to the Ministry of Health, a draft law *inter alia* includes proposals: 1) to establish a procedure for conducting forensic psychiatric examinations, setting out specific time limits; 2) to ensure a uniform approach for regulating the change or termination of compulsory treatment; 3) to stipulate the procedure and conditions for applying mechanical restraint or seclusion measures.

177 Even though the doors of the hospital were unlocked during the day and patients were free to go to the garden outside, the moment one of the "voluntary" patients left the territory of the hospital without agreement, he or she was brought back by the orderlies or village residents.

178 See paragraph 133 of CPT/Inf (2016) 31.

The CPT calls upon the Armenian authorities to ensure that proper information and relevant training is given, as a matter of priority, to all structures and persons involved (in particular, psychiatrists, hospital management and judges) on the legal provisions pertaining to civil involuntary placement of patients in psychiatric hospitals in Armenia.

Further, **the CPT recommends that it be ensured 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. Moreover, patients deemed to be voluntary and legally competent should be informed of their right to leave whenever they want, including departing the establishment without delay should they wish to discharge themselves. If the provision of in-patient care to a voluntary patient who wishes to leave the hospital is considered necessary, the involuntary civil hospitalisation procedure provided by the law should be fully applied; reference is also made to the recommendation in paragraph 67 above.**

As regards more specifically Armash Health Centre, the Committee recommends that the legal status of all patients currently considered as "voluntary" be urgently reviewed by an independent external authority which ensures that consent to hospitalisation is a fully informed decision and appropriately implementing involuntary hospitalisation when that is indicated, including providing patients with information on safeguards guaranteed to involuntary patients by the law.

88. There had also been no progress in ensuring that patients have the possibility to give their free and informed consent to treatment (as opposed to their consent to hospitalisation). As it was explained to the delegation at Syunik Dispensary, voluntary patients did not need to give a separate consent to treatment because they had already agreed to hospitalisation; civil involuntary patients could allegedly refuse treatment in which case a court decision was sought; and forensic patients, apparently, did not have the right to refuse treatment.

The CPT wishes to stress once again that every patient, whether voluntary or involuntary, should, as a matter of principle, be placed in a position to give their free and informed consent to treatment as well as to withdraw it at any time. The admission of a person to a psychiatric establishment on an involuntary basis – whether in the context of civil or criminal proceedings - should not preclude seeking informed consent to treatment. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances.

Moreover, the relevant legislation should require an external psychiatric opinion in any case where a patient does not agree with the treatment proposed by the establishment's doctors; further, patients should be able to appeal against a compulsory treatment decision to an independent outside authority and should be informed in writing of this right.

The Committee reiterates its recommendation that the Armenian authorities amend the relevant legal provisions to ensure that the above-mentioned precepts are effectively implemented in practice.

89. As regards patients' contact with the outside world, the delegation noted varied practices regarding patients' access to a telephone. At the Forensic Psychiatric Unit, Ward 7, patients were allowed to keep their own mobile phones during the day; however, the payphone on Ward 6, where mobile phones were not allowed, had reportedly been broken for some time and patients communicated with their families by shouting through the open windows. At Syunik Dispensary, some patients' mobile phones were kept by a nurse and given to them upon their request, some patients could keep their mobile phones and there was also a payphone in the hospital. At Armash Health Centre, patients could not retain their mobiles phones and there was no payphone in the hospital, so apparently the only way for a patient to make a call was for them to ask a staff member to lend them their mobile phone.

The CPT considers that allowing patients to retain their mobile phones is a good practice given how much a phone is often an integral part of a person's daily life, used to keep not only contacts and personal information but to manage day to day activities.

The Committee recommends that the Armenian authorities ensure psychiatric patients' access to a telephone under conditions allowing privacy, unless there is a lawful and reasoned doctor's order to the contrary; in particular, such access should also be granted to those patients who do not possess their own mobile phones.

90. Further, at the Forensic Psychiatric Unit, the delegation received complaints that visits were limited to 15-30 minutes only. This, in the CPT's opinion, is over-restrictive. The maintenance of patients' contact with the outside world is essential, not only for the prevention of ill-treatment but also from a therapeutic standpoint.

The CPT recommends that the Armenian authorities ensure that the maximum duration of visits at the Forensic Psychiatric Unit is significantly extended.

91. An effective formal internal complaints system was not in place at Armash Health Centre. Patients were, reportedly, advised to raise their concerns informally, to a treating doctor or the Director of the hospital, there were no complaint boxes on the wards and no dedicated complaints register.

In the CPT's view, an internal complaints system should ensure that patients are able to make confidential written complaints at any moment and place them in a locked box designed for this purpose (to which only the establishment's Director and/or a designated delegate has the key), located in each accommodation unit. Patients should receive, within a reasonable time, written acknowledgement of every complaint they make and reasoned answers in writing to written complaints (feedback on the outcome of their complaints in a timely manner). Further, a proper record should be maintained of every complaint and the hospital authorities should use complaints to help improve their practice within a clinical governance framework.

The CPT recommends that measures be taken to put in place a proper internal complaints system at Armash Health Centre and in other psychiatric hospitals in Armenia where it does not yet exist. Further, psychiatric patients should be provided with the necessary information, in a language they understand, on all existing internal and external complaints mechanisms.

As regards external supervision, psychiatric institutions received regular visits from staff of the Human Rights Defender's Office and/or the NPM (see also paragraph 8 above).

D. Social care establishments

1. Preliminary remarks

92. There are two residential social care establishments for persons with mental health problems in Armenia: Vardenis Psycho-Neurological Internat (official capacity 450)[179] and Dzorak Social Care Centre for Persons with Psychiatric Disorders (official capacity 200). Further, with the support of the "Open Society Foundations – Armenia" organisation a community day-care centre for persons with mental health problems for 16 persons was established in Spitak in 2016.

The Armenian authorities informed the delegation that their 2020-2024 Strategy on the rights of people with disabilities and their five-year Action Plan envisaged gradual closing down of the social care establishments and introduction of alternative community services in the marzes (regions). According to the authorities, in the coming years, it was envisaged to introduce several community service models for persons with psychiatric disorders and learning disabilities, including assisted living homes,[180] family-type homes,[181] day-care centres providing different activities, rapid-response services (mobile groups) and home care services.[182]

The CPT encourages the Armenian authorities to continue to pursue their efforts towards the development of community social care accommodation and day care, in liaison with the Ministry of Health and mental health care services, so as to shorten or avoid institutional stays and improve experiences and outcomes for service users, allowing their proper re-integration into the community.

93. The delegation carried out a first-time visit to Dzorak Social Care Centre for Persons with Psychiatric Disorders located in the outskirts of Yerevan city. Originally a boarding school (constructed in the 1970s), it became a social care establishment for adults in 2015. After it had opened, 80 residents from Kharberd Specialized Children's Home[183] and 40 residents from Vardenis Psycho-Neurological Internat were transferred to Dzorak Social Care Centre.

With an official capacity of 200, at the time of the visit, the establishment was accommodating 124 adult residents - 70 men and 54 women.[184] More than half of the residents were persons with learning disabilities and others were persons with mental illnesses (mainly schizophrenia) and organic psychosyndromes (e.g., Parkinson's disease, dementia, etc.).

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179 Visited by the CPT in 2010.

180 Homes for three to four persons; it was planned to open five of these homes by the end of 2019 (all in the town of Artashat) and eventually to have 25 such homes as a minimum.

181 Homes for six to eight persons; it was planned to open 15 by the end of 2020 in different towns and eventually to have 50 such homes as a minimum.

182 To be introduced, as a pilot project, in 2020 for 50 beneficiaries.

183 A social care establishment for children with physical and mental disabilities. However, apparently, more than half of its residents were older than 18.

184 The care for 17 residents was paid privately by their families.

94. The delegation noted that there were plans to close the establishment. Whilst generally welcoming any plans to close a large-capacity social care establishment, the Committee must stress that this should only occur when proper alternative care and accommodation in the community is available for service users. **It would be indefensible if closure just resulted in residents being transferred to the larger and far more remote Vardenis Psycho-Neurological Internat.**

2. Ill-treatment

95. The delegation received no allegations of physical ill-treatment of residents by staff or of verbally inappropriate behaviour. On the contrary, all residents who were able to, spoke positively about the staff's kind and warm attitude towards them, which the delegation witnessed throughout the establishment. This is especially commendable considering the challenges faced by the low numbers of staff caring for the many needy residents.[185]

Regarding inter-resident violence, although verbal altercations and some pushing did occur, as witnessed by the delegation, it was not resulting in serious injuries and this issue did not appear to be a major problem.

3. Residents' living conditions

96. The establishment occupied a large area and consisted of a number of buildings, including two three-storey accommodation blocks (Block 1 for persons with learning disabilities and Block 3 for persons with psychiatric disorders), a multi-function building (which housed a canteen and a kitchen, a music room, a big gym, and a theatre), and a small modern occupational therapy building.[186] The garden area with a large greenhouse, fruit trees, pavilions offering sheltered seating and access to small domestic animals,[187] was appreciated by residents.

The resident dormitories were clean, warm and well ventilated; the delegation noted attempts made to personalise the environment and brighten the rooms with murals and pictures. Residents had individual, marked with their initials, clothes and hygienic items (toothbrush, comb, towel, etc.). Some more able residents, though not all of them, had lockable cabinets where they kept their personal belongings.

Although there was no overcrowding in the dormitories,[188] day room space was lacking in Block 1 where day rooms also contained residents' beds. The care environments needed further renovation, in particular of the rather hazardous wooden flooring, where unstable residents were tripping. Further, the establishment of smaller dormitories in Block 1, for example holding two to four residents, as found in Block 3, would be far preferable to the larger capacity rooms in Block 1 accommodating up to 16 residents. Such changes to bedroom accommodation would also allow for a better stratification of residents based on their individual needs and intellectual abilities.

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185 See paragraph 98 below.

186 A number of occupational and recreational therapy rooms were also located in Block 3.

187 There were chickens, ducks, geese, turkeys and rabbits.

188 E.g. some 12 m² for two beds, 23 m² for four beds, 47 m² for eight beds, 70 m² for 16 beds.

The delegation saw a derelict two-storey building located in one of the corners of the estate, which could be very hazardous if entered by residents; **the Committee trusts it will be fenced off in the near future (as was reportedly planned).**

More generally, **the CPT recommends that the Armenian authorities make efforts to further improve living conditions at Dzorak Social Care Centre, in the light of the above remarks. Efforts should also be continued to provide residents with personal lockable space for their belongings, as well as more visual stimulation and personalisation in their rooms.**

97. On the positive side, the food provided to the residents was of good quality and of sufficient quantity. Input from all staff, including administrative, at mealtimes in the dining room, as witnessed by the delegation, ensured appropriate nutritional intake for all residents who required assistance with feeding.

4. Staff and treatment

98. The delegation noted sufficient provision of somatic, including dental, treatment for residents and also a presence of a range of multi-disciplinary clinical staff, including occupational therapists, psychologists and social workers.[189]

However, 0.5 full-time equivalent of psychiatrist time[190] was clearly insufficient for such a population with multiple psychiatric disorders and should, at the least, be doubled.

Furthermore, regarding living unit-based staff numbers, just one nurse and two orderlies caring for 40 residents not only placed an extremely heavy and potentially unsustainable workload on the staff involved but also did not allow for the level of attention required for every resident. The ward-based staff numbers should, as a minimum, be doubled.

The CPT recommends that the Armenian authorities take urgent steps to increase the numbers of properly trained living unit-based staff (nurses and orderlies) as well as the presence of a psychiatrist, in the light of the above remarks. In addition to an apparently planned raise of living unit-based staff salaries, a review of terms and conditions offered to personnel may well be required to ensure that the necessary numbers of staff of appropriate quality are deployed to fully care for the many needy and dependent residents.

99. As regards treatment, the delegation was impressed with the efforts made to individualise care for the residents, each resident being obviously encouraged to express him/herself and his/her individual personality. The range of multi-disciplinary structured psycho-social occupational and recreational activities, in which the significant majority of the residents participated, were of clear benefit to them and were described in individual written treatment plans which were reviewed every three months.

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189 The establishment employed a part-time general practitioner, a part time surgeon, a part-time dentist, and a part-time paediatrician/internal medicine specialist. Multi-disciplinary clinical staff included four psychologists (one of them full-time), four social workers (one full-time), one sports instructor and seven occupational therapists.

190 The psychiatrist reportedly attended daily, after 5 p.m., for 2-3 hours and was also available to staff by phone.

100. There were sufficient quantities of the necessary basic medicines and no evidence of over sedation of residents. However, the delegation was concerned to note that there was no systematic monitoring of the white blood cell count of those residents treated with Clozapine (Azaleptin),[191] which can have as a side-effect a potentially lethal reduction of white blood cells. Therefore, **the CPT recommends that the Armenian authorities take urgent steps to ensure that a protocol on the mandatory monitoring system of the white blood cell count of residents treated with Clozapine in social care establishments be drawn up at the national level in line with international standards.[192]**

5. Seclusion and means of restraint

101. The delegation noted that seclusion and mechanical or chemical restraint was not used in the establishment.

6. Safeguards

102. The Armenian legislation does not foresee involuntary placement in a social care establishment. In order to obtain social care in a dedicated establishment, a person with such a need or his/her legal guardian (if the person is recognized legally incompetent by a court) applies to a territorial body of social services. After a person's needs are identified by a medical-psychological commission, the Ministry of Labour and Social Affairs takes a decision regarding the placement. As noted by the delegation, the legislation did not require that the need for continued placement of a legally incompetent person be periodically reviewed.

In the Committee's view, placing legally incompetent persons in a specialised establishment based on the request of the guardian must be surrounded by appropriate safeguards. In particular, the persons concerned should have the right to bring proceedings by which the lawfulness of their placement can be decided speedily by a court. It is also crucial that the need for placement be regularly reviewed and that this review afforded the same guarantees as those surrounding the placement procedure.

The CPT recommends that the Armenian authorities amend the relevant legislation so as to introduce appropriate safeguards for persons placed in social care establishments. In particular, steps should be taken to ensure that:

- **residents of social care establishments have the effective right to bring proceedings so as to have the lawfulness of their placement decided by a court, that they are duly informed of this right, and that in this context, they enjoy the rights to have access a lawyer and to be heard by the judge concerned;**

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191 Reportedly, due to the lack of relevant regulations which would allow to have routine blood tests done more often than once a year.

192 See also the recommendation in paragraph 83 above.

- **the need for continued placement of legally incompetent residents is automatically reviewed by a court at regular intervals or residents themselves are able to request at reasonable intervals that the necessity for continued placement be considered by a judicial authority.**

103. The existing arrangements for contact with the outside world at Dzorak Social Care Centre were satisfactory. Residents had access to a telephone and could receive visits without limitations.

104. By contrast, there were no specific arrangements for providing residents with information concerning their stay at the establishment. The Committee considers that an easy-to-understand brochure, setting out the establishment's routine, the rules for admission and discharge, residents' rights and the possibilities to lodge formal complaints on a confidential basis with clearly designated outside bodies, should be issued to the residents and their families/guardians. **The CPT recommends that such a brochure be drawn up and systematically distributed to residents and their families at Dzorak Social Care Centre, and that residents and their families are offered to go through the brochure together with staff.**

APPENDIX I:

List of the establishments visited by the CPT's delegation

Police establishments

- Detention Centre of Yerevan City Police Department
- Kotayq Police Division, Abovyan
- Armavir Police Division
- Artashat Police Division
- Goris Police Division
- Hrazdan Police Division
- Kapan Police Division*
- Sevan Police Division
- Nairi Police Division, Yeghvard

Penitentiary establishments

- Armavir Prison
- Central Prison Hospital
- Goris Prison
- Hrazdan Prison
- Nubarashen Prison
- Sevan Prison
- Yerevan-Kentron Prison

Psychiatric establishments

- Armash Health Centre
- National Centre for Mental Health Care (Forensic Psychiatric Unit)
- Syunik Psychiatric-Neurological Dispensary

Social care establishments

- Dzorak Social Care Centre for People with Mental Disorders.

* due to renovation there were no detainees at the time of the visit.

APPENDIX II:

List of the national authorities, other bodies and non-governmental organisations with which the CPT's delegation held consultations

A. National authorities

Ministry of Justice

Rustam Badasyan	Minister
Srbuhi Galyan	Deputy Minister
Artur Goyunyan	Head of the Penitentiary Service
Ruben Darbinyan	Head of the Penitentiary Service Headquarters
Arpi Sargsyan	Head of Department for Drafting Anti-Corruption and Penitentiary Policies
Alen Mkrtchyan	Deputy Head of International legal Cooperation Department

Ministry of Labour and Social Affairs

Zaruhi Batoyan	Minister
Gemafin Gasparyan	First Deputy Minister
Janna Andreasyan	Deputy Minister
Arthur Kesoyan	Head of Department for Disabled and the Elderly
Anahit Gevorgyan	Head of Division for Elderly Issues
Anahit Martirosyan	Head of International Cooperation and Development Programs Department

Ministry of Health

Arsen Torosyan	Minister
Anahit Avanesyan	Deputy Minister
Lusine Kocharyan	Head of Health Care Policy Department
Anna Mkrtumyan	Acting Head of Department of Law

Police of the Republic of Armenia

Arman Sargsyan	Acting Head
Hovhannes Poghosyan	Deputy Head
Ashot Aharonyan	Head of the Department of Public Relations and Information
Ara Mkrtchyan	Head of the Department of Internal Security
Manuk Muradyan	Head of the Legal Department

Prosecutor General's Office

Arsen Martirosyan	Head of the Department for Investigation of Especially Important Cases

Special Investigation Service

Edik Hakobyan	Head of the Department of Investigations of Torture and Crimes against Humanity

Office of the Human Rights Defender (Ombudsman)

Sergey Ghazinyan	Adviser to the Human Rights Defender
Nina Pirumyan	Head of Research and Educational Centre
Gohar Simonyan	Coordinator of the National Preventive Mechanism Implementation Head of Department for Prevention of Torture and Ill-Treatment
Vahe Harutyunyan	Deputy Head of Department for Prevention of Torture and Ill-Treatment
Artyom Sedrakyan	Head of Department General for Protection of Rights in Criminal Justice and Armed Forces of the Human Rights Defender's Office

B. Non-governmental organisations

Armenia's Helsinki Committee
Helsinki Citizens' Assembly – Vanadzor branch