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Response

of the Finnish Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Finland

from 7 to 18 September 2020

The Finnish Government has requested the publication of this response. The report of the CPT on its September 2020 visit to Finland is set out in CPT/Inf (2021) 7.

Strasbourg, 27 September 2021

Table of Contents

Response of the Finnish authorities to the recommendations made in paragraphs 122 and 126 of the CPT's report on the visit to Finland from in September 2020 (received on 17 June 2021)..... 3

Response of the Finnish authorities to the CPT's report on the visit to Finland in September 2020 (received on 24 September 2021)..... 6

Response of the Finnish authorities to the recommendations made in paragraphs 122 and 126 of the CPT's report on the visit to Finland from in September 2020 (received on 17 June 2021)

Reply of Finland

The CPT's report to Finland, paragraphs 122 and 126

State Residential Schools

122. The CPT recommends that the Finnish authorities take the necessary measures, including at legislative level, to ensure that:

- **at Sairila and Sippola State Residential Schools (and, as appropriate, at other juvenile substitute care facilities) increased emphasis is placed on drug addiction treatment, including individual treatment programmes and motivational work to engage the juveniles in respective therapies;**

- **substitute care facilities be provided with effective means to protect the juveniles under their care from harm caused by drug use, sexual exploitation or involvement in criminal activities.**

The Committee further trusts that these precepts will be taken into account in the context of the ongoing reform of child welfare services.

The CPT would like to be informed, within three months, about the action envisaged.

Reply:

In Finland, there are currently government-subsidised projects for multi-sectoral development of child welfare services (2020–2022) underway, in which cooperation between the child welfare services and the substance abuse services is being developed. In addition, measures under the Child Welfare Act to intervene in the substance abuse by children placed in substitute care will be examined as part of the reform of the Child Welfare Act. The aim is to develop the services provided to children during substitute care. Another aim is to propose specific restrictive measures to be able to better protect the lives and health of children using intoxicating substances. The substance abuse services for minors will also be examined in the context of the reform of the substance abuse and mental health legislation.

It is acknowledged in state residential schools and other substitute care facilities taking care of children suffering from substance abuse that many children need substance abuse treatment and rehabilitation. In the state residential schools, special

care units that have sufficient human resources in terms of healthcare and social welfare professionals are responsible for carrying out detoxification. A multiprofessional team consisting of a nurse, psychologist and physician works with children in these units together with the social welfare staff. The actual substance abuse rehabilitation begins after the detoxification. In addition to the objective of providing these children with stable everyday life, the aim is to strengthen their life management and social skills, for example. To reach these aims, the special care units provide personalised substance abuse rehabilitation, including individual substance abuse treatment plans, individual counselling, and group-based activities. In addition, efforts are made to raise children's awareness of addictions and ways of thinking that maintain the addiction, to learn new life management skills, and to strengthen their motivation.

State residential schools have started preparing a model for the substance abuse treatment and rehabilitation process. Staff have been provided with training to increase their knowledge of different intoxicating substances, the effects of substance abuse on children, and the identification, encountering and care of children using these substances.

The Action Plan on Non-Violent Childhoods consists of fourteen chapters dealing with the prevention of emotional and physical violence and sexual violence from the perspectives of prevention, minimising harmful impacts and providing the actual treatment. The Action Plan also takes into account specific issues and situations related to children in substitute care. The Action Plan emphasises the importance of multidisciplinary cooperation. A steering group appointed by the Finnish Institute for Health and Welfare is responsible for monitoring and directing the objectives and measures set out in the Action Plan. The implementation roadmap for the first couple of years includes measures specifically directed at substitute care.

126. The Committee is concerned about the case of one juvenile who had been diagnosed, according to the juvenile's personal file, with hepatitis C, but apparently had not received treatment for the infection. Treatment for hepatitis C is readily available and given the risks of the serious and irreversible long-term consequences of this disease, a juvenile with hepatitis C should be assessed with a view to receiving direct-acting antiviral (DAA) treatment. **The CPT recommends that these precepts are implemented in practice in all substitute care facilities. It would further like to receive confirmation, within three months, that an assessment for direct-acting antiviral (DAA) treatment has been carried out in the above-mentioned case.**

Reply:
As a rule, a person's health information is confidential. Under the Act on the Status and Rights of Patients (785/1992), minor patients shall be treated in mutual understanding with them if they are, considering their age and stage of development, able to decide on their treatment themselves. This means that a minor patient has the right to prohibit the provision of information on his or her state of health and treatment to his or her custodian or other legal representative. This also means that

even the staff of a state residential school do not have the right, as a rule, to have access to information on the state of health or medical care of children placed in the residential school. If the staff of a residential school becomes aware that a child placed in the school has a disease requiring medical care, such as hepatitis C, the staff refers the child to health services.

In the case referred to in the report, the residential school has gone through the information concerning the child in question. It appears in the information that the staff of the residential school have repeatedly tried to help the child to the extent allowed by law. Had the staff of the residential school acted in any other manner, they would have violated the Act on the Status and Rights of Patients and the child's right to self-determination.

The Government understands the CPT's concerns about the state of health of an individual child. However, the Government considers it problematic, from the perspective of safeguarding the privacy of the person concerned, that the CPT included this type of sensitive and personal health information in a public international report. The Government wishes that the CPT would in future communicate any concerns concerning the health of a private individual to the authorities by other means than through a public report.

Response of the Finnish authorities to the CPT's report on the visit to Finland in September 2020 (received on 24 September 2021)

A. Police establishments

9. The CPT requests to be provided with updated information on the progress in the drafting and adoption of the new Act on the Treatment of Persons in Police Custody, generally referred to as "Putkalaki", (and to receive, in due course, the text of the new law as adopted).

The draft Government proposal for an Act on the Treatment of Persons in Police Custody and certain related Acts was sent out for comments by the Ministry of the Interior on 9 April 2021. Subsequent preparation of the proposal will be undertaken after the conclusion of the consultation round. The draft proposal concerns the enactment of a new Act on the Treatment of Persons in Police Custody to repeal the currently valid Act of the same name. Acts also repealed by the new Act would include the Act on Treating Intoxicated Persons. The key aim of the proposal is an overall reform of the legislation on the treatment of persons in police custody that caters for the realisation of the fundamental and human rights of persons deprived of their liberty and also takes legal protection aspects relating to staff in security duties and their occupational safety and health better into account than current legislation.

The proposal contains several proposed amendments to legislation that relate to the recommendations issued by the CPT. For example, the proposal requires a clear-cut separation of custodial and investigative responsibility in both the provisions concerning decision-making authority on custody and the provisions concerning order and use of premises at the detention facility. Regulation concerning the responsibility to provide sobering-up treatment would be clarified to assign responsibility for service provision in their region to the wellbeing services counties, which are regional entities under public law introduced in the proposed restructuring of health and social services and assigned responsibility for arranging health and social services in their respective regions. Improved access to sobering-up treatment would serve the aim of reducing the number of people held at police detention facilities because they are incapacitated by intoxication. In addition, the proposal includes an explicit prohibition on sole supervision at police detention facilities and requires that at least two persons be present at a detention facility to monitor the persons deprived of their liberty.

The Acts are intended to enter into force on 1 January 2023, which is the proposed date of entry into force also of the legislation on the restructuring of health and social services as well as rescue services.

The texts of the Acts relating to the reform will be submitted to the CPT once the reform has been approved.

13. The CPT again calls upon the Finnish authorities to ensure that the relevant legal provisions concerning notification of custody (including, in particular, the maximum 48-hour time-limit for delaying the notification) are always implemented.

The National Police Board is in the process of updating its guidelines on the treatment of persons held in police custody. The drafting of the guidelines has commenced and it is expected to be finished by early 2022.

This reform will also ensure that the right of persons deprived of their liberty to notify of custody is realised to the fullest extent possible also when the deprivation of liberty is associated with any restriction on contact in the context of a criminal investigation.

14. In the light of the absence of adequate health-care coverage in almost all police

premises and, in particular, the lack of a systematic and routine medical screening on arrival to police prisons, the CPT calls upon the Finnish authorities to take steps to

- improve access to a doctor and provide a 24-hour nursing cover at Pasila Police Prison

The National Police Board is looking into ways to improve access to healthcare. The Parliamentary Ombudsman has also recently drawn attention to this topic, finding that there should ideally be national guidelines in place on arranging healthcare at police detention facilities and that healthcare provision in all police departments should be implemented in a structured manner. The National Police Board will establish the ways in which healthcare for persons deprived of their liberty can be arranged as consistently as possible throughout the country while also taking account of differences between the regions. This work has commenced and it is expected to be finished by early 2022 at the latest.

- improve significantly the access to a doctor and ensure regular presence of a nurse in all the other police prisons visited (as well as, *mutatis mutandis*, in all other police prisons in Finland);

As mentioned above, the National Police Board is looking into ways to improve access to healthcare. The Board will establish the ways in which healthcare for persons deprived of their liberty can be arranged as consistently as possible nationwide while also taking account of differences between the regions. The implementation of consistent and regular healthcare services will also be a focus of attention when responsibility for organising healthcare transfers to larger regional operators as of 1 January 2023 as envisioned in the proposed restructuring of health and social services.

- ensure that all newly arrived detainees (and in particular remand prisoners) are medically screened, within 24 hours of their arrival at a police prison, by a doctor or a qualified nurse reporting to a doctor. As already stressed many times in the past, such a screening is essential, particularly to prevent the spread of transmissible diseases and suicides, and (in the context of prevention of ill-treatment) for recording injuries in good time.

Increased screening is one of the topics being examined by the National Police Board in the context of improving access to healthcare. However, it should be noted that, as stated in the responses to the CPT provided in consequence of earlier visits, routine medical screening conducted within 24 hours of arrival at the facility is not, at police detention facility settings in Finland, an effective means to accomplish the goals mentioned by the CPT in all respects. The detention facilities are mostly small in size and, as a rule, their staff does not include healthcare professionals. The police custody of persons deprived of their liberty is of very short duration, for the most part less than 24 hours, and rapid changes in the health and behaviour of persons can be difficult to anticipate, especially at the initial stages of their custody.

The draft legislative proposal on the reform of the Act on the Treatment of Persons in Police Custody states, among other things, that investigations into deaths in police custody have indicated that the medical screening by care staff of persons deprived of their liberty is not a sufficient measure to prevent such deaths. The key preventive measures here include the enhanced intensity of supervision, especially at the start of deprivation of liberty, as well as enhanced in-person and technical supervision, along with the rapid availability of treatment whenever necessary and a low threshold in referring a customer to treatment and examination. Deaths in custody will of course also decrease as a result of fewer intoxicated persons being held in police detention facilities.

Under regulation currently in force, persons deprived of their liberty are entitled to healthcare and medical care consistent with their medical needs. The police are also required to secure access to such care for persons deprived of their liberty. Medical screening and treatment are arranged for persons deprived of their liberty at all times during their custody at their request or whenever otherwise warranted due to the behaviour of the person in question or any other

incident, injury or illness observed or otherwise coming to light, or for other similar reasons. Any injuries and illnesses as well as any allegations of ill-treatment are also recorded as part of the examination on arrival at the detention facility. The CPT recommendations mention that the benefits of the clear separation of the roles of staff in police field operations, custodial staff and investigative staff include enhancing the prerequisites for realising procedural safeguards in respect of e.g. informing of rights and checking whether a person deprived of liberty is in need of healthcare services. The draft legislative reform includes the clear-cut provisions required to separate custodial responsibility.

As stated above, the draft legislative proposal also has the objectives of improving and harmonising access to healthcare services for persons deprived of their liberty in the context of the health and social services reform when responsibility for the healthcare of such persons is transferred to new, larger regional operators. The reform of the legislation on the treatment of persons in police custody seeks to reinforce all of the abovementioned aspects so as to promote the quality of healthcare for persons deprived of their liberty as well as the safety and security of custody. In addition, the legislative reform seeks to improve the regional availability of sobering-up treatment by requiring healthcare operators to provide this service, thus reducing the number of persons who have to be held in police detention facilities due to incapacitation by intoxication.

Instead of routine screening, it is key that the need of persons deprived of their liberty to healthcare services is closely monitored on a case by case basis, that the services of a doctor or nurse are available regularly and without interruption, and that also in situations of uncertainty persons deprived of their liberty are referred to examination and treatment by a healthcare professional without any individual evaluation by custodial staff, such examination and treatment to take place either in or outside of the detention facility. These are aspects which the reform of legislation and guidelines seek to ensure in particular.

The CPT reiterates its recommendation that steps be taken to ensure that persons in police custody have an effective right to be examined, if they so wish, by a doctor of their own choice (in addition to any medical examination carried out by a doctor called by the police), it being understood that an examination by a doctor of the detained person's own choice may be carried out at his/her own expense.

The current guidelines of the National Police Board on the treatment of persons in police custody include instructions on the right of persons deprived of their liberty to use a doctor of their own choosing. The aforementioned work to update the guidelines and regulations as well as the oversight of legality will ensure that this right is also realised de facto.

The CPT also recommends that regular first-aid refresher courses be offered to all police officers working in detention areas of police prisons.

The custodial officer training provided by the Police University College (continuing education) caters for custodial safety and security, the safe treatment of persons deprived of their liberty, placement in cells and matters relating to the supervision of persons deprived of their liberty both in theoretical instruction and practical exercises. Examinations upon arrival and security examinations as well as the challenges posed by these are also reviewed by means of practical exercises. The training covers equivalent matters also in respect of intoxicated persons deprived of their liberty.

Particular cooperation has been pursued with the Criminal Sanctions Agency with regard to the training to ascertain whether the realisation of custodial safety and security could be improved through matters falling within the remit of the Agency's training provision. The National Police Board is looking into whether first-aid training content could be incorporated into the continuing education of custodial officers and, where necessary, be included also in on-the-job training. This work has commenced and it is expected to be finished in early 2022 at the latest. Custodial officers already undergo pharmacotherapy training in the field of

healthcare.

15. The CPT would welcome the Finnish authorities' observations on the subject that the existence of a systematic screening upon arrival performed by a medically trained professional would represent an additional safeguard, especially in the context of the ongoing Covid-19 pandemic.

The effects of the Covid-19 pandemic were first taken into account in 2020 when the pandemic started to take hold in Finland. The National Police Board has provided the police departments with guidelines to ensure that the principle of normalcy can be realised at police detention facilities while at the same time limiting the opportunities for spread of Covid-19 there.

In the same context, it was ensured that any exposures to Covid-19 are investigated in cooperation with the health authorities of the relevant municipality or joint municipal authority. In addition, preventing the spread of the disease was ensured in respect of suspected cases where the person deprived of liberty was being transferred from a police detention facility to another authority. The aim of the measures was to prevent a generally hazardous communicable disease from spreading from police detention facilities to e.g. the prisons of the Criminal Sanctions Agency.

The Finnish Institute for Health and Welfare's information leaflets on Covid-19 were made available at police detention facilities in a bid to lower the threshold of reporting to the police any symptoms suggestive of infection.

The abovementioned development of healthcare services and improvements in their accessibility also serve to reinforce protective measures in the pandemic.

16. The CPT recommends that steps be taken to remedy deficiencies regarding occasional delays in the provision of written information on rights, especially in languages other than Finnish, the fact that not all of the persons interviewed in police prisons had received a copy of the information sheet to keep with them in their cell and that written information on house rules (including as regards access to a doctor) was found to be posted on the walls inside the cells in some, but by far not all of the police prisons visited.

The National Police Board is in the process of updating its guidelines on the treatment of persons held in police custody.

This update will extend to revising the forms on rights and obligations and also ensure that the overall approach can as effortlessly as possible be incorporated into the reform of the Act on the Treatment of Persons in Police Custody. The contents and details of in-facility rules and regulations will also be harmonised. The guidelines will help ensure the constant availability, also to cells, of documents in a language understood by the person deprived of liberty.

18. The CPT recommends that the Finnish authorities take steps to remedy the poor access to natural light that was a problem in several police prisons as well as cells in rather poor state of repair (e.g. walls covered in graffiti) the fact that there were still some double cells without in-cell toilets.

The police buildings concept that applies to all new police detention facilities has been adopted and it defines the detention room requirements so that all detention facilities will have a window equal in size to 10% of the floor area of the room. Implementing the changes in older buildings will take time but the goal is to have the changes in place by the end of 2023. In approving detention facilities, the policy applies that windowless detention rooms are unacceptable for other than the very short detention (under 24 hours) of apprehended persons sleeping off their intoxication. Likewise, the approval procedure prohibits the use of detention rooms not equipped with an in-cell toilet to hold more than one person deprived of liberty.

The National Police Board will provide further guidelines on the conditions for the use of the

cells lacking a window and toilet that still remain in use. The guidelines are intended to ensure the realisation of the normalcy principle and the safeguarding of fundamental and human rights, and also to ensure that such facilities are used only for short-term detention. The guidelines will also address the appropriate upkeep of the detention facilities.

20. The CPT welcomes that new instructions, to be issued by the end of 2020 or early in 2021, would require custodial staff to personally and directly check the condition of every intoxicated person at regular and frequent intervals. The CPT would like to be informed of the details of the new instructions (including the precise frequency of obligatory checks) and of the date of their entry into force.

As stated above, the National Police Board is in the process of updating its guidelines on the treatment of persons held in police custody. This update will also extend to the grounds for supervision conducted at police detention facilities as well as the extent of such supervision. The guidelines aim to improve safety and security in custody. Supervision would apply with particular intensity to those persons deprived of liberty whose health, state of intoxication or suspected suicidal tendencies warrant special attention. The new guidelines are intended to take effect in 2021.

The CPT calls upon the Finnish authorities to provide specialised training in the care of intoxicated persons (and in the recognition of conditions which could be mistaken for a state of intoxication e.g. internal bleeding or diabetes), to all police officers in Finland and to ensure systematic and rapid access to a nurse whenever intoxicated persons are held at police establishments. The CPT also recommends that more efforts be made to increase the presence and supervision by custodial staff and invites the Finnish authorities to reconsider the option of conferring the care of intoxicated persons to health-care facilities.

As stated above, the continuing education training provided by the Police University College for custodial officers caters for custodial safety and security, the safe treatment of persons deprived of their liberty, placement in cells and matters relating to the supervision of persons deprived of their liberty both in theoretical instruction and practical exercises. Examinations upon arrival and security examinations as well as the challenges posed by these are also reviewed by means of practical exercises. The training covers equivalent matters also in respect of intoxicated persons deprived of their liberty.

The training is being developed in cooperation with the Criminal Sanctions Agency, which in its own training caters for considerations such as the prevention of self-harm. The aim of the cooperation is to introduce successful training modules in the training of police officers so as to maintain a high level of safety and security in custody.

As stated in the context of paragraph 9, the draft legislative proposal currently being circulated for comments proposes specification of regulation so that improved access to sobering-up treatment would reduce the number of intoxicated persons held in police detention facilities. In addition, the draft contains proposed provisions on increasing personnel resources at detention facilities (prohibition of sole supervision and separation of custodial and investigative responsibility), the intensified supervision applied early in the period of deprivation of liberty, and increased administrative guidance regarding the intensity of the supervision procedure.

21. The CPT would like to receive more information on the plans, including the precise timing of the future transfer of intoxicated persons apprehended in Helsinki to Pasila police prison, as well as whether it is also planned to transfer the experienced and trained custodial officers from Töölö to Pasila and reinforce the nursing staff at Pasila (to compensate for the loss of nursing assistance presently available at Töölö).

At the time of writing, the refurbishment/construction of the detention facilities at Helsinki police department's Pasila police station is to be completed by the end of 2021, at which time

the use of the Töölö detention facility will also be discontinued. In this context, custodial staff numbers will be boosted and the access of detained persons to nursing services will be reinforced in Pasila.

23. The CPT calls upon the Finnish authorities to attach the highest priority to the implementation of the plans to completely eliminate the practice of holding remand prisoners in police establishments by 2025 at the latest. Pending this, urgent steps must be taken to enlarge, refurbish and improve the design of outdoor exercise yards in police prisons.

The Ministry of Justice and the Ministry of the Interior are engaged in a joint project having the aim that in 2025, remand prisoners will no longer be held in police detention facilities. A sub-working group in this project submitted in April 2021 its report containing a plan of the prisons at which places must be set aside for remand prisoners in 2025 as well as the number of places required at each prison. In spring 2022, the Ministry of Justice and the Ministry of the Interior will set up a law-drafting working group that will prepare the necessary amendments to legislation in order to accomplish the aim.

Even at present, the enlargement, refurbishment and improvement of outdoor exercise yards has been taken into account in the police buildings concept that applies to all police detention facilities. Outdoor exercise yards will be upgraded for compliance with the concept. The requirements for outdoor exercise areas will be taken into account when approving detention facilities for use.

The aforementioned guidelines on the treatment of persons in police custody subject to updating will emphasise realisation of the normalcy principle. The right to outdoor exercise will be ensured unless its restriction in individual cases is necessary in order to maintain custodial safety and security.

24. To hold anyone for several months in cells without proper access to natural light (apart from a small opening in the roof) and, what is worse, under conditions akin to solitary confinement, could – in the CPT's view – amount to inhuman treatment.

The detention facility approval procedure implemented by the National Police Board will pay particular attention to not approving any windowless premises as a detention room except for detention of very short duration (under 24 hours) of apprehended persons sleeping off their intoxication.

The National Police Board will provide further guidelines on the conditions for the use of the cells lacking a window and toilet that still remain in use. The guidelines are intended to ensure the realisation of the normalcy principle and the safeguarding of fundamental and human rights, and also to ensure that such premises are used only for short-term detention. The drafting of the guidelines has commenced and it is expected to be finished by the beginning of 2022 at the latest.

B. Foreign nationals deprived of their liberty under aliens legislation

28. The CPT recommends that deficiencies at Metsälä Detention Unit regarding the fact that some of the washing machines (that foreign nationals could use to wash their clothes) were broken and the shelter in the exercise yard had just very recently been damaged during a storm be eliminated.

One of the two drying cabinets (not a washing machine, as mentioned in the CPT report) that was waiting to be serviced at the time of the CPT's visit has been repaired. Even at the time of the visit, customers at the Unit had access to 50% of drying cabinet capacity while at the same time, the Unit had an overall occupancy rate of less than 50%. The shelter in the exercise yard damaged by the intense storm occurring prior to the visit was promptly replaced in accordance with the normal process in autumn 2020.

29. The CPT recommends that further efforts be made to develop the offer of activities at Metsälä Detention Unit as the persisting absence of organised activities was a problem, especially for those of the detainees who spent lengthy periods (up to several months) at the establishment. The CPT invites the Finnish authorities to address the problem that some of the workout machines in the gym (accessible for 5.5 hours each day) were out of order.

As a rule, Helsinki Detention Unit provides its customers with organised activities every day of the week in accordance with a weekly schedule. In order to further develop these activities, a working group consisting of officials in the sector and meeting regularly has been set up to facilitate enhancement of the provision of organised activities as permitted by the conditions and circumstances. Customers are regularly asked about their wishes regarding activities and the offering is adjusted accordingly. The potential for organised group activities will improve once the pandemic lifts.

The existing gym equipment was upgraded in autumn 2020. New equipment, such as fitness bags, exercise bands and exercise mats, has also been acquired for the gym. Equipment becoming available from other use within the reception system will further complement the outfitting of the gym in summer 2021.

30. The CPT invites the Finnish authorities to make efforts to ensure ready access to a nurse also on Sundays; further, steps should be taken to ensure that someone competent to provide first aid (which should include being trained in the application of CPR and the use of defibrillators) is always present at the Unit at night.

The CPT calls upon the Finnish authorities to put in place as a matter of priority a prompt and systematic medical screening for all newly arrived foreign nationals at Metsälä Detention Unit. Reference is also made here to paragraphs 14 and 15 above.

The CPT would like to receive more detailed information about new instructions and a protocol on medical screening on arrival, which had reportedly been adopted in August 2020 but the implementation of which had been delayed (due to the pandemic) until autumn 2020.

Care staff can be called to the Detention Unit quickly on Sundays in the form of emergency medical services. Response times are only a few minutes. Unlike the CPT report implies, all members of counselling and supervisory staff held first-aid training already at the time of the visit. Their first aid training also covers the use of defibrillators. In other words, staff trained in first aid and the use of defibrillators is present at the Unit at all times of day.

Systematic medical screening, accomplished within 24 hours of arrival in around 90% of cases, is carried out for all customers placed at Helsinki Detention Unit. It should be noted that customers are often held at the Unit for less than 24 hours. Some also decline the medical screening offered and national legislation does not permit its involuntary performance. Screening carried out perhaps even by force would also be in gross conflict with the national code of ethics of detention units.

The new guidelines on initial medical screening prepared by the Finnish Immigration Service for detention units and reception centres, to which the CPT refers, include a detailed outline for health interviews as well as a meticulous manual of around 50 pages in support of the professional conducting the initial medical screening of customers. The aim of the new guidelines was both to document the established approach and to further develop and harmonise the initial medical screening provided at the centres. The guidelines and the standardised approach support the health services in accordance with the earlier guidelines as well as subsequent healthcare provision following the initial medical screening.

31. The CPT reiterates its recommendation that steps be taken to ensure adequate access

to psychological assistance and psychiatric care for foreign nationals at Metsälä Detention Unit.

Helsinki Detention Unit ensures that its customers have access, around the clock when necessary, to a care progression consistent with the principles of Finland's public healthcare system, up to and including specialised psychiatric care. Low-threshold access to assistance is ensured by means of broad psychosocial support firmly integrated into customer work at the Detention Unit, a nurse's surgery available to customers without appointment on site at the Detention Unit, and doctor's services made available at the Unit. Customer work involving health issues has only grown more intense during the pandemic. Customers in need of emergency psychiatric care can be referred to a psychiatrist for evaluation and to care at a psychiatric hospital round the clock.

The ability of the system to efficiently respond to the needs of customers for assistance is systematically monitored and its effectiveness was proven e.g. in spring 2021, when a customer of the Detention Unit was admitted to a psychiatric hospital for treatment of several months' duration. The standard of support available on site at the Detention Unit round the clock is maintained by updating the training of all counselling staff in psychological first aid during 2021. The regular staff at Helsinki Detention Unit includes an instructor in psychological first aid.

Helsinki Detention Unit is accustomed to viewing psychosocial support as providing practical mental support and looking after the basic needs and wellbeing of customers. This work is carried out by counselling staff in particular, for whom it is at the core of their duties. The work may be more goal-oriented in places (various kinds of support and counselling and responding to special needs identified) while at the same time, it is a part of business as usual at the Unit. In other words, it is integrated into the daily life and running of the Unit. The Unit is characterised by the active presence of counsellors, nurses and security officers on the same premises with customers.

Opportunities for informal interaction thus inevitably arise at the Unit. The counsellors and nurses discuss the customers' situations and share information in a timely fashion. Customer reports are given three times daily. Up-to-date flows of information on a customer's situation make up a continuum that allows the experience of receiving attention and consideration in psychologically stressful situations to be made possible for customers.

As far as we see it, both the arrangements for psychosocial support and access to assistance with mental health issues have been appropriately and sustainably organised at Helsinki Detention Unit. The educational background of the Unit's staff provides an excellent foundation for the Unit's approach that builds on the values of the social sector and has its foundation in supporting the customer. The majority of the counsellors hold a qualification in health and social services. All supervisors and members of management hold a degree in social services or social sciences. In terms of substance, the approach reflects the modern integrated way of working, the psychological first aid approach and the view, consistent with the most recent paradigms, that the totality of psychosocial support is made up of myriad components and not just highly specialised services.

33. While visiting Metsälä Detention Unit, the delegation was told of the existence of plans to close the establishment and replace it with a new purpose-built facility after 2022 (i.e. after the current lease contract for the existing premises expires). The CPT would like to receive, in due course, more detailed information about these plans.

Further, the CPT wishes to stress that the recommendations made in respect of Metsälä Detention Unit in paragraphs 29, 30 and 31 above should be considered as applicable *mutatis mutandis* to Joutseno Detention Unit.

The plan to replace the current premises of Helsinki Detention Unit with a new building is in

effect and it has been adopted. For reasons of town planning, the timetable for the project has been specified and activities at the new establishment are now estimated to begin after 2024. The precise location for the new building is expected to be determined during 2021. At the same time, detailed planning together with Helsinki Detention Unit will kick off on the basis of the concept design presented to the CPT delegation.
The recommendations of the CPT will also be taken into account at Joutseno Detention Unit as applicable.

C. Prisons

37. The CPT recommends that efforts to increase staff interaction with prisoners be intensified and accompanied by appropriate initial and ongoing staff training.

The performance agreement between the Ministry of Justice and the Criminal Sanctions Agency sets the development of goal-oriented and interactive work as an objective. Interactive work is systematic and goal-oriented work performed in interaction with clients where the objective is to increase the clients' capabilities for a crime-free lifestyle.
A responsible officer model has been developed in the context of interactive work. In this model, every prisoner has a personal official who is responsible for the implementation of a sentence plan and refers the prisoner to services. The objective is to develop the competence of responsible officers and increase multi-professional work practices.
The basic training for prison officers provided by the Training Institute for Prison and Probation Services (a separate degree in prison and probation services) includes instruction on interactive work and the responsible officer model. The degree in prison and probation services can be upgraded into a Bachelor's Degree in Social Work at universities of applied sciences. In addition to basic training, the Training Institute for Prison and Probation Services provides in-service training for future and employed criminal sanctions officials. Training on interactive work is also provided for new employees as part of initial training.
The number of employees engaged in interactive work has increased; in 2018 the number of person-workyears in interactive work was 1919, while in 2020 the equivalent number was 1978.

38. The CPT again calls upon the Finnish authorities to take more decisive and proactive steps to prevent and stop inter-prisoner violence and intimidation. The management and staff of Turku Prison must exercise continuing vigilance in order to make sure that no case of inter-prisoner violence and intimidation goes unnoticed, and make use of all the means at their disposal to prevent such cases. This will depend greatly on having an adequate number of staff present in detention areas and in facilities used by prisoners for activities.

Inter-prisoner violence has increased over recent years mainly because of organised crime activity. The aim is to place prisoners engaged in organised crime groups mainly in certain closed prisons where the surveillance level best meets the needs of this prisoner group.
Placement of prisoners engaged in organised crime will be improved by placing them separately from other prisoners in separate wards.
Two very serious incidents of inter-prisoner violence had taken place at Turku Prison prior to the CPT's visit. In a long-term consideration, the number of similar cases has been limited at Turku Prison, and the situation has also remained calm after the visit.
Turku Prison has taken several measures to address inter-prisoner intimidation and violence:
• The camera surveillance system at Turku Prison will be replaced. The quality of camera images is clearly better in the new system, there are fewer blind spots and the number of recording cameras is higher. Inter-prisoner violence will be more probably brought to the staff's attention and the investigation of incidents will be easier.

• The number of staff was increased by approximately 15 person-workyears at Turku Prison in 2021. More staff is present both in wards and activity areas, which improves the anticipation of threatening situations.
• After the CPT's visit, special attention has also been paid at Turku Prison to the fact that prisoners are heard carefully in respect of their ward placement and all potential risk factors will be examined in this regard. Cooperation between the authorities has also been strengthened, especially with police authorities, and the aim is to assess any threat factors between prisoners as carefully as possible in advance.
• A security ward was established at Turku prison on 1 February 2021, which makes it possible to place particularly high-risk prisoners separately from other prisoners. At Turku Prison, the number of prisoners accommodated totally separately from other prisoners at their own request ('fearful prisoners') is usually two at the maximum.
The performance targets set for the Criminal Sanctions Agency for 2020 and 2021 include placement of prisoners belonging to organised crime groups in separate wards separately from other prisoners. This will also improve staff safety as the number of wards requiring special surveillance is smaller and personnel resources can be targeted more efficiently at these particular wards.
Security checks will be improved to protect the prison staff and prisoners from pressure by organised crime groups and other prisoners.
An external assessment of safety and surveillance work as well as a report on the capability of the Criminal Sanctions Agency to respond to challenges posed by organised crime was published in May 2021. As a follow-up of these reports, projects were launched to improve prison safety and address intimidation and targeting of the staff.
In February 2020, a letter was sent to all prisons based on a decision taken by the Itä-Uusimaa District Court on 24 January 2020, which imposed a temporary prohibition of activities on the organisations United Brotherhood and Bad Union. The letter urged prisons to address the operation of these organised crime groups by restricting the use of prisoners' own clothes at prisons. If a prisoner, regardless of the prohibition, wears the colour combination of the organised crime group concerned, disciplinary actions may be taken against him or her.
Prisons have also been requested to increase and improve intelligence gathering on organised crime since this information plays a key role in the prevention of prison violence.
The budget of 2021 allocates 3.2 million euros to the Criminal Sanctions Agency for replacing outdated security technology. The Criminal Sanctions Agency estimates that the number of fearful prisoners will be very low in summer 2021. On 1 January 2021, their total number was 64 (on 1 January 2019: 73 and on 1 January 2020: 61).

39. The CPT recommends that steps be taken to eliminate the systemic lacuna regarding the fact that the prison administration had no accurate picture and no proper overview of the extent of the phenomenon of inter-prisoner violence in the absence of effective procedures for the recording and reporting injuries and, consequently, the absence of reliable statistics.
Incidents of inter-prisoner violence are recorded on a form after they have been detected or brought to the staff's attention. The Criminal Sanctions Agency is investigating the possibility of entering the incidents into an information system for statistics. In addition, the Criminal Sanctions Agency will instruct the Health Care Services for Prisoners regarding informing of detected injuries. According to plan, the instruction will be ready at the onset of 2022.

40. The CPT calls upon the Finnish authorities to ensure that prisoners in need of protection (and other prisoners segregated because they are considered to be violent or

otherwise "difficult") have effective access to purposeful activities. In order to make this possible, staff presence should be increased in the relevant prisoner accommodation areas, especially in the closed units.
A proactive approach by the prison health-care service towards prisoners on protection is required, particularly as regards psychological and psychiatric care. There should be an individual assessment of their needs at regular intervals and, where appropriate, transfer to another prison and/or to an appropriate treatment facility should be considered.
All prisoners (including prisoners on protection) receive a medical examination upon admission, which serves as a basis for an individual treatment plan. All prisoners may seek access to prison healthcare services in situations requiring either acute or other care.

Guards may also contact the healthcare staff if they are concerned about a prisoner. In such a case, the healthcare staff will carry out a priority assessment and provide the prisoner access to healthcare or otherwise contact the prisoner. The same practice also applies to prisoners on protection, in case a guard notices worrying changes in the state of physical or mental health of the prisoner.

The state of health of all segregated prisoners is evaluated on a daily basis throughout the segregation, regardless of the reason for segregation. The staff of the Criminal Sanctions Agency may consult the prison healthcare services on a case-by-case basis if they have particular concerns about the health of a prisoner to be placed in segregation.

One of the strategic priorities of the newly approved strategy for prison healthcare services is: "ethical, humane, high-quality and health-enhancing activity". The action plan of the strategy will also include ways in which the activities could be developed into more proactive operations, as required by the CPT.

Under chapter 5, section 3 of the Imprisonment Act, a prisoner shall, at his or her request, be given an opportunity to be accommodated separately from other prisoners, in full or in part, if he or she has reasonable grounds to believe that his or her personal safety is at risk. The grounds for the separate accommodation shall be taken up for reconsideration at least every four months.
Under chapter 18, section 5 of the Imprisonment Act, a prisoner may be segregated from other prisoners, if this is necessary to prevent the prisoner from seriously endangering the life or health of another person, for example. Segregation must not be continued any longer than what is necessary. A decision on segregation shall be taken up for reconsideration at regular intervals, the length of which must not exceed 30 days.
Neither of these provisions lays down an obligation to notify the healthcare staff of the measure. Moreover, the Imprisonment Act contains no provision guaranteeing the separately accommodated prisoners' right to purposeful activities. The provisions allow for a relatively long segregation without assessing the personal situation of the prisoner or the possibility of transferring the prisoner to another prison.
In September 2021, the Ministry of Justice launched a project to reform the imprisonment legislation. The project will assess, among other things, whether there is a need to amend the provisions in order to improve the situation of separately accommodated prisoners. We will deal with the activities organised for segregated prisoners in greater detail in connection with our reply to the recommendation set out in paragraph 47.
As part of its efforts to develop interactive work with prisoners, the Criminal Sanctions Agency has paid attention to the organisation of activities for segregated prisoners. Providing

individually tailored activities would require additional resources.
Under the law, the Health Care Services for Prisoners may disclose a prisoner's health information to the Criminal Sanctions Agency only if this is necessary to protect the life, health or safety of the prisoner himself or herself or another person. Information on long-term prisoners and prisoners guilty of serious violence may also be disclosed when their release is being considered. Thus, as a rule, the Criminal Sanctions Agency is only informed of a prisoner's healthcare-related needs if the prisoner himself or herself brings them up, and these needs can be taken into account in the planning of their term of sentence or placement only in such a case.
The Criminal Sanctions Agency is developing the process for planning the prisoners' term of sentence. The aim is a process where the sentence plan would more often be drawn up in cooperation with the prisoner and, with the prisoner's consent, through network cooperation. This would also enable the prisoner's healthcare-related needs to be taken into account in the planning of the term of sentence and in the prisoner's placement in a prison.
Currently, there are no psychiatric nurses working at the outpatient clinics of the Health Care Services for Prisoners, they are only available in the hospital units. The psychologists working at the Health Care Services for Prisoners focus on mental health work, while the psychologists working at the Criminal Sanctions Agency focus on work that aims to reduce the risk of recidivism and shape the prisoner's thinking, behaviour and attitudes in accordance with the objectives determined in the prisoner's sentence plan.

42. The CPT invites the Finnish authorities to implement the plans on a new prison in Oulu as soon as possible. Pending this, steps must be taken to improve material conditions in the "travelling cells".
During the visit by the CPT, one of the travelling cells at Oulu Prison was out of use because water was running into the cell along the outside wall. The cell has subsequently been repaired appropriately and retaken into accommodation use.
All travelling cells at Oulu Prison have concrete furniture mounted on the wall and the floor, but they are clean and in good condition. Travelling cells are painted almost every year and their cleaning has been intensified. The new prison building will be completed within a few years. Major investments will no longer be made in the existing buildings.

43. The CPT recommends that ways be sought to provide remand prisoners on restrictions and other segregated prisoners at Oulu Prison with better outdoor exercise possibilities, including with access to the establishment's three larger open-air exercise yards (used by the rest of the prisoner population).
At Oulu Prison, prisoners subjected to restrictions of contacts are the only ones currently exercising in the yard with no possibility of communicating with the other prison wards. To ensure compliance with the restrictions, these prisoners cannot spend time in the other exercise yards independently. These prisoners have the opportunity to exercise in the large exercise yard together with an instructor. As for any new investments, please see the reply to paragraph 42.

47. The CPT recommends that further efforts be made in order to provide all prisoners in the establishments visited with purposeful activities tailored to their needs (including work, vocational training, education and targeted rehabilitation programmes). Regarding, more specifically, remand prisoners subjected to restrictions, the longer the restrictions continue, the more resources should be made available to ensure that the prisoners concerned benefit from a programme of purposeful, and preferably out-of-cell, activities and are offered at least two hours of meaningful human contact every day (and preferably more).

The CPT recommends that measures be taken to offer prisoners segregated on security grounds, at Turku Prison and elsewhere, structured programmes of constructive activities, preferably outside the cells, based on individual projects intended to provide prisoners with appropriate mental and physical stimulation.
Regarding the "fearful" prisoners, reference is made to the recommendation in paragraph 38 above.
Under chapter 8, section 3 of the Imprisonment Act, prisoners shall, during the confirmed working or activity hours, be given an opportunity to participate in activities that promote the implementation of their sentence plan. Under chapter 4, section 1 of the Remand Imprisonment Act, remand prisoners shall also be given an opportunity to participate in activities, where possible. The Acts do not specify how many hours per day the activities should last. In line with the CPT recommendations, the target is at least eight hours of out-of-cell time per day. During these hours, purposeful activities must be organised for prisoners and remand prisoners. The Acts do not contain any separate provisions stating whether out-of-cell activities should be organised for those prisoners and remand prisoners who are segregated on different grounds, such as remand prisoners subjected to a court-imposed restriction of contacts. Nor are there any provisions on whether an opportunity to engage in meaningful human contacts for at least two hours a day, as the CPT mentions, should be provided to these prisoners.
As part of the ongoing reform of the imprisonment legislation, we will assess whether there is a need to amend the legislation in order to expand the range of activities provided to prisoners and remand prisoners and to ensure that segregated prisoners and remand prisoners, in particular, are offered a possibility for human interaction.
In the summer of 2021, Turku Prison had prisoners segregated on security grounds only in the high-security ward, not in any other premises. When the high-security ward was being established, particular attention was paid to the fact that the ward should have good facilities for activities and outdoor exercise and that the daily schedule should allow the prisoners placed in the ward to spend time outside of their cells as much as they wish and to participate in activities.
The number of remand prisoners subjected to different-level restrictions of contacts has increased in prisons due to the shortened periods of custody in police detention facilities. At their most extreme, the restrictions imposed by a court restrict the contacts of a remand prisoner with all other prisoners placed in the same prison. The only way to increase human interaction of such remand prisoners is to have the staff arrange discussions and activities for them individually. The staff's possibilities to interact with prisoners are closely tied to the number of staff. As the restrictions are eased or lifted, the remand prisoner is immediately placed in a more open ward intended for remand prisoners, where they will have much more time and opportunities to participate in activities.
Please see also the reply to paragraph 38.

49. The CPT recommends that the health-care staff resources (general practitioners and nurses) be increased in both prisons visited. There should be at least the equivalent of a full-time general practitioner at Turku Prison. Steps should be taken to improve access to specialists, including to a dentist at Oulu Prison. The CPT also calls upon the Finish authorities to ensure that someone qualified to provide first aid (preferably a nurse) is always present, including at night, in the prisons visited (and, as applicable, in all the other penitentiary establishments). The current, highly questionable, practice of custodial staff distributing medication to prisoners should finally be discontinued.
The CPT would also like to receive confirmation that a replacement has been found for the general practitioner currently on long-term sick leave at Oulu Prison.
The Health Care Act lays down provisions on waiting times for patients to access non-urgent

treatment in public healthcare services. Prison healthcare services also apply these waiting times to access healthcare. For example, prisoners have access to an appointment with a nurse no later than within three days of submitting their request.
In all prisons, patients will receive access to a medical specialist within the waiting time specified in legislation. Access to a medical specialist requires a referral from a doctor at prison healthcare services, in accordance with the same principles as in other public healthcare. Some consultations with medical specialists may be arranged in the premises of a prison clinic, some in a prison hospital or a psychiatric hospital for prisoners, and some in the premises of other service providers.
The Criminal Sanctions Agency will carry out a survey of persons with first aid training and provide additional training. It will be ensured in shift planning that a person with first aid training is present in each shift.
The custodial staff at Turku Prison has been and is regularly trained on giving first aid. Thanks to the location of Turku Prison, an ambulance will usually arrive at the scene reasonably fast. The Turku Unit of the Psychiatric Hospital for Prisoners also operates in connection with Turku Prison and can provide help in emergencies requiring first aid at any time of the day.
Every person employed in a permanent prison officer post at Turku Prison has received training on medicines distribution, which is also included in the education programme for the prison officer's basic degree. An agreement has been made with the Health Care Services for Prisoners that next time training will be provided at Turku Prison in autumn 2021.
If a prisoner needs acute treatment while the prison clinic is closed, emergency medical services will visit the prison to assess the prisoner's state of health and, if necessary, transport the prisoner to a 24-hour service unit. Prison healthcare services will pay for the prisoner's treatment elsewhere as part of prison healthcare.
At the Oulu Prison clinic, there is currently one doctor holding an office and the recruiting of another doctor is under evaluation. A substitute has been hired for the general practitioner. A doctor works at Turku Prison five days a week.

Medicines distribution to prisoners has improved. The custodial staff used to take the medicines to be distributed from a pill dispenser and put them in a separate medicine cup for administration. Nowadays the Health Care Services for Prisoners is responsible for handling medicines. Medicines are only distributed to prisoners by Criminal Sanctions Agency officials trained for the task but they have no influence on what kind of medicines each prisoner gets.
In February 2021, the Ministry of Social Affairs and Health published a revised edition of the Safe Pharmacotherapy handbook. The handbook aims to promote client and patient safety by supporting healthcare units in planning and ensuring safe practices in medication. The handbook also addresses pharmacotherapy in prisons. Due to the limited opening hours of the clinics and due to reasons related to patient safety and other safety concerns, it is justified that the medicine dispensary for prison healthcare identifies and dispenses the medicines for each prisoner. The medicines will then be distributed by trained guards outside the opening hours of the clinics. As part of their studies, all guards complete pharmacotherapy training, using materials that prison healthcare has co-produced. The guards demonstrate to nurses in prison healthcare their competence in administering medicines. The chief physician at prison healthcare subsequently permits the guards, who have successfully completed the training and demonstrated their competence, to administer medicines in accordance with the instructions. The permit is valid for five years. The prison healthcare, in cooperation with the Criminal Sanctions Agency, ensures that the staff has valid permits.

50. The CPT calls upon the Finnish authorities to take effective and energetic steps to

ensure that a comprehensive medical screening of newly arrived prisoners is carried out systematically within 24 hours from arrival.

Under chapter 10, section 1 of the Imprisonment Act, the Health Care Services for Prisoners is responsible for providing healthcare services, medical treatment and medical rehabilitation in accordance with the medical needs of prisoners. The Remand Imprisonment Act contains a corresponding provision. The Acts do not lay down an obligation to carry out a medical examination on prisoners upon their admission to prison. According to the European Prison Rules, a medical practitioner or a qualified nurse reporting to such a medical practitioner shall see every prisoner as soon as possible after admission, and shall examine them unless this is obviously unnecessary.

Medical examinations upon admission are performed as soon as possible after the arrival of a new prisoner, but no later than within 72 hours. Performing a medical examination within 24 hours of admission would require an increase in human resources.

When assessing the needs to reform the imprisonment legislation, we will also assess whether it is necessary to amend the legislation to ensure that medical examinations be carried out.

In Finland, the availability of healthcare staff faces various structural challenges, both in prison healthcare and in other healthcare services. There are challenges in regional availability (i.e. the number of open vacancies in relation to the number of available staff in a given region) and professional availability (i.e. the number of open vacancies in relation to the number of competent staff in a given region). There are also various challenges related to incentives and information.

The availability of medical specialists, in particular, both in psychiatry and general medicine, varies significantly from region to region. In addition, the number of people specialising in psychiatry, for example, is insufficient nationally. Government-led projects to improve employment are currently ongoing. The projects aim to address the problems of availability by for example, managing and directing the education system and educational structures and by improving the ability of certain fields to attract and retain employees. The training of medical specialists is coordinated at national level. A related action plan currently under preparation would develop educational guidance and the number of study places to better match the anticipated need for staff at national and regional level.

51. The CPT once again calls upon the Finnish authorities to amend the relevant legislation and review the existing procedures in order to ensure that whenever injuries are recorded which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment or inter-prisoner violence), the report is immediately and systematically brought to the attention of the competent authorities (e.g. the police and/or the prosecutor), regardless of the wishes of the prisoner. The results of the examination should also be made available to the prisoner concerned and his or her lawyer; the health-care professional should advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment (and inter-prisoner violence) and that the automatic forwarding of the report does not substitute for the lodging of a complaint in proper form.

The CPT also wishes to recall that any record drawn up after such an examination should contain:

(i) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment or inter-prisoner violence);

(ii) a full account of objective medical findings based on a thorough examination;
(iii) the doctor's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.
The record should also contain the results of 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.
In addition to this, all injuries should be photographed in detail and the photographs kept, together with the "body charts" for marking traumatic injuries, in the prisoner's individual medical file. This should take place in addition to the recording of injuries in the special trauma register.
Except for in exceptional cases specifically laid down in law, the prison healthcare staff cannot report cases of violence experienced by an adult prisoner to the prison staff or the police if the victim does not consent to it. This practice corresponds with the Finnish legislation on the patient's right to decide on their health information. Other kind of legislation would be inconsistent with this right.
If an act of violence is brought to the attention of the police, for example at the request of a prisoner, the police may request a medical statement. The statement includes, among other things, a description of the course of events reported by the patient; a description, and if necessary a photograph, of individual injuries; a statement on the possible conflict between the injuries and the description by the patient; and a statement on the nature of the injuries (i.e. permanent or temporary harm). The examination is to be performed and recorded in such a way that the facts can be unambiguously verified in the patient record. If needed, injuries may be photographed and the images may be attached to the patient record.
Finland has general instructions on how victims of assault are examined and how medical certificates are structured. In addition, a template for recording injuries (the so-called PAKE form) is available to medical professionals. Prison healthcare services also adhere to these guidelines and use the form. There is no separate trauma register.

52. The somewhat superficial character of the initial medical screening and the insufficient presence of health care staff were particularly problematic during the Covid-19 pandemic. Reference is made once again to the recommendations in paragraphs 49 and 50 above.

Should the epidemiological situation deteriorate, further steps might be required. In this context, reference is made to two statements issued by the CPT on this subject, "Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (Covid-19) pandemic" (document CPT/Inf (2020) 13, issued on 20 March 2020, https://www.coe.int/en/web/cpt/-/covid-19-council-of-europe-anti-torture-committee-issues-statement-of-principles-relating-to-the-treatment-of-persons-deprived-of-their-liberty-) and "Follow-up statement regarding the situation of persons deprived of their liberty in the context of the ongoing Covid-19 pandemic" (document CPT/Inf (2020) 21, issued on 9 July 2020, https://www.coe.int/en/web/cpt/-/covid-19-cpt-issues-follow-up-statement), including on the importance of increasing staff resources and improving significantly the medical screening upon admission (as well as Covid-19 testing of newly-arrived prisoners).

In September 2021, the coronavirus situation is still better in prisons than elsewhere in

society. The number of cases had remained moderate, with a total of 60 coronavirus infections reported in prisons from early 2020 up to 3 September 2021. The first case was reported in November 2020.

The number of infections has remained limited due to the close and coordinated cooperation between prison healthcare and the Criminal Sanctions Agency. Prison healthcare has had a physician specialised in communicable diseases on call since December 2020. As part of preventing the spread of coronavirus, the physician specialised in communicable diseases in prison healthcare may make decisions on quarantine or isolation. Each decision on isolation or quarantine is an individual decision based on a case-by-case consideration of epidemiological and medical factors. By 3 September 2021, 4,367 quarantine decisions and 565 isolations under the Communicable Diseases Act have been issued.

All prisoners arriving at prison were placed in quarantine for 14 days upon arrival. All arriving prisoners are tested either by prison healthcare services or an external service provider.

Decisions on starting and ending isolation are made in writing and separately for each prisoner. More attention has been paid on hygiene measures and protective equipment in prisons and the staff of the Criminal Sanctions Agency has received training on the subject.

The vaccinations of prisoners are progressing in accordance with the national vaccination programme. Prison healthcare and the Criminal Sanctions Agency are currently raising awareness about the benefits of the vaccination among prisoners.

Due to the coronavirus situation, the admission of short-term prisoners and those to be imprisoned due to unpaid fines into prisons was postponed by several Decrees of the Ministry of Justice during the timeframe of spring 2020 and autumn 2021. Unloading the congestion will cause congestion as new prisoners will need a medical examination upon admission at the beginning of 2022 when the current restrictions are to be lifted. In the third supplementary budget for 2021, an additional EUR 300,000 was granted to prison healthcare to cover expenses caused by the coronavirus pandemic.

53. The CPT would like to be informed, in due course, of the outcome of the two research projects concerning mental health in prison, one run jointly by Riihimäki Prison and Tampere University, another by Valvira and Helsinki University) and – in particular – of any concrete measures taken or envisaged in consequence.
The CPT recommends that regular visits by a psychiatrist be ensured at Oulu Prison and that the frequency of the psychiatrist's regular visits to Turku Prison be increased.
The CPT recommends that all the vacant posts for psychologists be filled in both prisons visited.
The final report of the study by the National Institute for Health and Welfare (not by Valvira) and the University of Helsinki titled 'Decrease in Forensic Psychiatric Examinations and the Psychiatric Treatment of Violent Offenders' was published on 6 May 2021. According to the results, diminished criminal responsibility is not recognised as a reason for special treatment in prison. However, health objectives are taken into account in the sentence plans of persons with diminished criminal responsibility. This was demonstrated, for example, by the fact that they used more external health care services than other prisoners. Persons with diminished

criminal responsibility seemed to benefit from a psychiatric examination as their need for treatment was investigated thoroughly. There is room for improvement in ensuring treatment, and methods for engaging prisoners in the treatment must be investigated. The study can be used for developing, for example, the legislation on diminished criminal responsibility and criminal procedure, mental health legislation, and support to be provided for prisoners. The Criminal Sanctions Agency, the National Institute for Health and Welfare and the Health Care Services for Prisoners have agreed on launching, in cooperation, the implementation of the development proposals put forward in the report.
A study by the University of Tampere called 'A Finnish Prisoner', for which, for example, prisoners at Riihimäki prison were interviewed, was completed in 2021. The study confirmed, among other things, that prisoners serving a sentence exceeding six years are clearly less satisfied with their life and their mood and achievement of goals are clearly lower compared to prisoners serving shorter sentences. On the basis of the study, a training event will be organised for the staff in order to increase their awareness and influence their working methods as well as the way in which they encounter prisoners.
A study was carried out on the overall situation of prison psychologists in spring 2021. According to the study, if prisons are unable to recruit psychologists, they should use the services of outsourced psychologists, who can also work remotely. The number of outsourced psychologists will be increased. There is, however, no intent to abandon psychologists employed as a Criminal Sanctions Agency officials.
Over recent years, the psychologists of the Criminal Sanctions Agency and the Health Care Services for Prisoners have deepened their cooperation.
Turku Prison has two psychologist posts. One of the psychologists works 80% and the other works 60%. A third psychologist has been recruited for a fixed term and works 100%.
Oulu Prison has one psychologist post which has been unfilled since spring 2020 because no applications were received for the post. Since May 2020, a psychiatric nurse has worked as a fixed-term special counsellor at Oulu Prison, with focus on mental health work. The psychologist post has been filled starting from 1 August 2021. The psychologist has requested to work only 50% during the until 31 July 2022.
Regarding the recruitment of specialist doctors, please see reply to paragraph 50.

54. The CPT would like to be provided with more detailed information on the subject that some prisoners would have wanted to receive help with their addiction problem (mainly alcohol and drugs) but that it was not possible in practice.

Prisons are responsible for prisoners' substance abuse rehabilitation. All prisoners whose sentence plan includes an objective to influence substance use will be referred to a substance abuse counsellor. Prisoners may also consult a counsellor or the outpatient clinic of the Health Care Services for Prisoners at their own initiative to discuss substance abuse, in which case it will be determined what kind of substance abuse work would benefit the prisoner.
All prisoners wishing help with their addiction problem can discuss the matter with specialised personnel (psychologist, substance abuse counsellor).
Not every prisoner receives opioid replacement therapy as it is carried out according to the criteria laid down in a Decree of the Ministry of Social Affairs and Health. Consequently, prisoners may feel that they do not receive the treatment they want even though they would receive other therapy for their substance abuse problem. The Health Care Services for Prisoners is responsible for the assessment, initiation and continuation of replacement therapy for opioid addicts.
The Criminal Sanctions Agency has received additional resources for referring short-term prisoners with a substance abuse problem to support services in cooperation with the prisoner's municipality when imprisonment ends. Where possible, short-term prisoners are also placed in

substance abuse rehabilitation facilities outside prisons.
An agreement on a prisoner's placement in prison is always made with the prisoner's municipality of residence because this municipality is responsible for organising substance abuse work after the prisoner is released from prison. In this context, it is also agreed how further treatment is organised and what other necessary measures are needed to promote the prisoner's coping in freedom.
One objective of the organisation reform of the Criminal Sanctions Agency, which will enter into force in 2022, is to improve network cooperation with municipalities, for example, in order to improve substance abuse work with prisoners.

57. The CPT recommends that the Finnish authorities ensure, including by providing adequate financing, that there is enough duly trained staff (especially custodial officers) in all prisons, including at Turku and Oulu Prisons.
The resources of the Criminal Sanctions Agency have been adjusted since the beginning of 2005, as a result of which the number of person-workyears was cut by more than 500 between 2006 and 2016. This corresponds to 17% of the Criminal Sanctions Agency's personnel. The number of prisons has not been reduced.
Not every prison has enough staff for supervision and rehabilitation, and the availability of staff varies between regions.
The Government budget allocated personnel resources and fixed-term additional funding to the Criminal Sanctions Agency for 2020 and 2021 for measures required by the Corona epidemic. Preparation of a Government report on the entire judicial system will be launched in autumn 2021. One of the objectives of the report is to ensure that resources for the judicial system, both economic and facility and personnel resources, are adequate in relation to the needs. The resource situation of the Criminal Sanctions Agency will be examined as part of the preparation of the report.
The Criminal Sanctions Agency is seeking to increase the number of university graduates in, for example, interactive work with prisoners. The number of study places for the degree in prison and probation services will be increased starting from autumn 2021. The number of study places for a university of applied sciences degree qualifying for the post of a criminal sanctions official has been increased since 2020.
At Turku Prison, over 30% of the custodial staff have no adequate education, and during the summer vacation period, half of the prison officers are unqualified substitutes.
The initial training of substitute prison officers has been improved and extended at Turku Prison. The prison's own training staff has provided extra security training for them. There has not been a sufficient number of qualified applicants for temporary or fixed-term prison officer posts. Prison officer posts have also been changed into posts of criminal sanctions officials but there has not been qualified applicants for these posts, either. Problems have also been experienced in the recruitment for posts of officials supervising prisoners' activities.
The recruitment of qualified custodial staff for Oulu Prison has become more difficult over the past two years. There have been enough qualified applicants for permanent prison officer posts. Because of a large number of absences of the permanent staff (e.g. maternity and parental, study and sick leaves), it has been necessary to employ unqualified custodial staff. At the moment, there are 17 temporary prison officers working at the prison, five of whom meet the qualification criteria. Slightly less than 30% of the custodial staff lack adequate education, and during the summer vacation period, approximately half of the prison officers are unqualified substitutes. The recruitment of qualified staff for posts other than prison officer has been more successful. Unqualified custodial staff has been given training at Oulu Prison. Some of the prison officer posts have been changed into criminal sanctions official posts. Recruitment of qualified staff for these posts has been successful.

58. The CPT reiterates its recommendation that the current practice that short-term visits as a rule, take place in closed-type facilities (with a plexiglass separation) be reviewed so as to ensure that closed-type visiting facilities are used only to the extent and for the time justified by any threat (e.g. of smuggling illicit substances or other prohibited items, or the necessity to prevent the spread of transmissible diseases) that the prisoners concerned (or their visitors) effectively represent.

Section 3 of chapter 13 of the Imprisonment Act was amended in 2015 so that under the current provision, visits in a closed prison are arranged in supervised visiting premises that contain structural barriers between the prisoner and the visitor, the purpose of which is to maintain prison order and prison safety and security and to prevent prohibited substances and objects from being brought to the prison. A more specific provision was added to section 44 of the Government Decree on Imprisonment, under which the structural barrier in a meeting between a prisoner and a visitor may be a plexiglass separation, a table or another similar piece of furniture or structure. The height and structure of the structural barrier shall be sized according to the level of order and security required in the prison or ward in question. According to the government proposal for amending the Imprisonment Act, the supervision and security requirements of the prison in question are decisive in determining the size of the barriers.

As part of the project to reform the imprisonment legislation, we will assess whether it is necessary to specify the legislation in respect of the structural solutions in the meeting facilities to ensure that meetings do not take place in facilities that are more closed than what is justified. Reducing the number of 'plexiglass meetings' in prisons would require reviewing and enhancing the supervision of visitors and prisoners in certain prisons to be able to ensure that prohibited substances or objects could not be exchanged during meetings. This, in turn, would require either having staff members present during meetings or reducing the number of meetings, so that effective supervision and inspections could be ensured. Changes to the visiting premises would also be required in some prisons.

In September 2021, a security check experiment will be launched at Riihimäki Prison. The objective is to increase the safety of both visitors and the prison staff. During the experiment, all persons entering the prison will be checked by means of a scanner and an X-ray machine. This will create a safer work environment for the staff, starting the moment a visitor arrives at the prison. If successful, the experiment could make it possible to reduce the use of plexiglass separations.

59. The CPT calls upon the Finnish authorities to ensure, including through legislative amendments, that all prisoners, including remand prisoners, should have access to a telephone and a possibility to receive visitors.

Under chapter 12, section 6 of the Imprisonment Act, prisoners shall be given an opportunity to communicate with those outside prison by telephone at their own expense. As an established practice, access to a telephone is provided on a daily basis. Under chapter 13, section 1 of the Imprisonment Act, a prisoner has the right to receive visitors, in the manner provided in that chapter, at times reserved for visits as often as this is possible without disturbing the order and operations of the prison. It is an established practice that visits are arranged at least once a week.

Corresponding provisions applicable to remand prisoners are laid down in chapter 8, section 6 and chapter 9, section 1 of the Remand Imprisonment Act. However, the court may, under chapter 4 of the Coercive Measures Act, impose restrictions of contacts on remand prisoners, if there are grounds to suspect that contacts would endanger the purpose of the remand imprisonment. Restrictions of contacts may apply to telephone calls and meetings with other persons. Contacts with a close relative may only be restricted if this is necessary to secure the purpose of the remand imprisonment. Contacts must not be restricted beyond or for any longer

than what is necessary, and the remand prisoner shall have the possibility to refer the matter to the court for reconsideration at regular intervals.

The table below shows the restrictions of contacts imposed on remand prisoners in 2016–2020, indicating the duration of restrictions according to the year they were notified to the Criminal Sanctions Agency. Restrictions were imposed on a total of 4,173 remand prisoners. The start date of the restriction was indicated in 2,946 cases, but the duration could only be calculated in 2,033 cases.

The Criminal Sanctions Agency will look into the work processes, flow of information and practices concerning the restrictions of contacts in cooperation with the criminal investigation authorities and address any possible problems.

	From 1 month to less than 3 months	From 3 months to less than 6 months	From 6 months to less than 9 months	9 months or longer	In total
2016	113	37	9	8	167
2017	123	37	10	7	177
2018	188	74	7	3	272
2019	154	79	8	2	243
2020	176	63	12	0	251

Prisoners and remand prisoners have the possibility to use the telephone of their ward whenever the ward is open. On request, they may also use the telephone outside the opening hours of their ward, especially if their matter is urgent. A prisoner does not need to inform anyone in advance of whom he or she will call and when. The duration and number of telephone calls are not restricted. The staff can only restrict the number of calls if a prisoner uses the telephone so much that it prevents other prisoners from making calls. If this is not a sufficient measure to ensure that all prisoners can make calls every day, the number of telephones will be increased. Meetings via Skype have become a part of regular meeting arrangements. At the moment, our information systems do not provide statistics on the number of visits to remand prisoners, but the new customer information system to be introduced in late 2021 will provide this information.

61. The CPT reiterates its recommendation that prisoners be enabled to make written complaints at any moment and place them in a locked complaints box located in each accommodation unit. All written complaints should be registered centrally within a prison before being allocated to a particular service for consideration. In all cases, internal complaints should be processed expeditiously (with any delays duly justified in writing) and prisoners should be informed within clearly defined time periods of the action taken to address their concerns or of the reasons for considering the complaint inadmissible or unjustified. In addition, statistics on the types of internal complaints made should be kept as an indicator to the management of areas of discontent within the prison.

Prisons observe the provisions of the Administrative Procedure Act (434/2003) on administrative decision-making. The provisions will be specified further in this respect in the proposals to Parliament for an Act on the Processing of Personal Data in the Criminal Sanctions Agency and an Act Amending the Imprisonment Act and Certain Other Acts on the Implementation of Sanctions (Government Proposal 246/2020), which will be considered by Parliament in September 2021.

Administrative decisions concerning prisoners are listed in chapter 20, sections 1 and 2 of the Imprisonment Act. According to the Administrative Procedure Act, a prisoner shall be heard

in the making of these decisions, the matter shall be considered without delay and a reasoned decision shall be issued in writing. In the majority of these matters, prisoners have the right of appeal.
As regards other complaints submitted in writing by prisoners, such as complaints about inappropriate staff behaviour, the provisions of chapter 8a of the Administrative Procedure Act on filing an administrative complaint shall be observed. An administrative complaint shall also be considered without delay and a decision must be issued in writing. The authority considering the complaint shall, under section 53b of the Administrative Procedure Act, notify the complainant without delay if the complaint does not require any measures. According to the Act, the consideration of administrative decisions and administrative complaints must be recorded.
Consequently, the Finnish legislation corresponds to the CPT's requirements.
In the future, electronic services for prisoners will be improved to allow prisoners to initiate matters electronically.
Prisoners have the opportunity of bringing shortcomings they have noticed to the consideration of the prison director. This takes place either by a general inquiry form or a closed letter. Such letters submitted by prisoners on their treatment or conditions are entered into the case management system. Cases are investigated as quickly as possible and prisoners are given a reply without delay on measures taken on account of their complaints. The Criminal Sanctions Agency will issue accurate instructions on entering all complaints into the case management system. This allows for monitoring the number of complaints prisoners have made to the prison director and their topics.
The Criminal Sanctions Agency will ensure that complaints boxes will be installed at prisons.

D. Psychiatric Department of Helsinki University Hospital (Kellokoski)

63. The CPT would like to be informed about the further progress made in the drafting of new legislation regarding patients' rights and restrictive measures in health care establishments.

Provisions on the right of self-determination have been under preparation for a long time. The Government bill given to Parliament in 2014 lapsed at the end of the Government term. Subsequently, a new working party was appointed by the Ministry of Social Affairs and Health. Its proposal was circulated for comments in June 2018. A workshop and other consultations were also held as part of the proposal. However, the proposal could not be presented to Parliament before the end of the Government term in March 2019.
Prime Minister Sanna Marin's Government Programme includes an entry stating that the right of self-determination of the users of social and healthcare services will be improved through legislative action. From spring 2020 to spring 2021, much of the legislative resources available to the Ministry of Social Affairs and Health had to be assigned to numerous legislative projects related to the COVID-19 pandemic. Work on the previously commenced but subsequently lapsed self-determination project, which was also entered in the Government Programme, was resumed in May 2021. An announcement of the resumption of preparations was made by the Ministry of Social Affairs and Health on 1 June 2021. The Ministry will continue to prepare the self-determination provisions by making use of the previous preparatory materials where possible. These further preparations will be carried out with due regard, *inter alia*, to the international human rights conventions and the recommendations issued by the monitoring bodies.

65. The CPT would like to receive information about the further progress regarding plans of the Ministry of Social Affairs and Health to construct a new psychiatric hospital with a forensic department in Helsinki until 2025.

The Government wishes to clarify the information underlying this recommendation by pointing out that the new hospital, known as the Laakso Joint Hospital, will be built by a company established jointly by Helsinki City and the Hospital District of Helsinki and Uusimaa. In other words, Helsinki City, which is responsible for primary healthcare, will work in collaboration with the Helsinki-Uusimaa Hospital District, which is responsible for specialised medical care services. The Ministry of Social Affairs and Health granted a permission for this construction investment.
The hospital will provide both primary and specialised medical care services. Psychiatry will be one of the areas in which medical services will be provided. The hospital will comprise several buildings, one of which will house the forensic department. The Joint Hospital will have 444 beds for psychiatric patients, 30 for child psychiatry, 394 for somatics and 54 for neurological rehabilitation as well as 10 beds for preparing people for independent living, the total being 932 beds.
The main building housing the forensic department will be completed in 2026. The hospital is due for completion in its entirety by 2030. The new hospital will be located in the immediate vicinity of the Meilahti Hospital Campus and Knowledge Hub. This will also ensure good somatic care for psychiatric patients.

69. The CPT recommends that the possibilities to (temporarily) reinforce nursing staff presence on wards accommodating particularly challenging patients at Kellokoski Hospital be reviewed.
The CPT's recommendation has been forwarded to Kellokoski Hospital, which will assess the actions that the recommendation calls for.

70. The CPT recommends that decisive measures be taken to foster positive and trustful nursing staff-patient relationships at least at some wards of Kellokoski Hospital.
The Government refers to its reply in paragraph 69.

72. The CPT recommends that the necessary steps are taken at Kellokoski Hospital to ensure that patients' access to the outdoor areas is considerably increased. The aim of generally unrestricted access to outdoor areas during the day should further be taken into account for the design of new psychiatric hospitals, including the one planned to be built in Helsinki in the coming years (see paragraph 65 above).
Access to outdoor areas by psychiatric patients is taken into account in the design of the new Laakso Joint Hospital to be constructed in Helsinki.
With regard to Kellokoski Hospital, reference is made to the Government's reply in paragraph 69.

73. The CPT recommends that the treatment of all patients in psychiatric hospitals – including those whose movements are restricted - comprises a wide offer of therapeutic, rehabilitative and recreational activities. As an absolute minimum, every patient should be offered the opportunity to participate in organised activity every day and should be motivated by staff to participate.
Provisions on patients' right to proper treatment and medical care as well as respect for human dignity and privacy are set out, *inter alia*, in section 3 of the Act on the Status and Rights of Patients ("Patient Act", 785/1992).

Up to the year 2015, the Finnish Institute for Health and Welfare had a programme in place to reduce the use of coercion against patients. As a result, the use of coercive measures in hospitals has decreased year by year. As part of the programme, a workbook completed in 2015 was also

prepared for use by hospitals. The workbook provides hospitals with information on how to improve ways to prevent the use of coercion, measure the extent to which restrictions are applied, upgrade monitoring and improve patient and occupational safety. Additionally, the workbook addresses the organisation of activities for in-patients and its positive impacts in terms of reducing the need to impose restrictions. Since 2015, the efforts have continued in the form of a network committed to minimising the use of coercion.

The legislative project to amend the Mental Health Act (1116/1990) will assess the need to revise the provisions on restrictive measures and reinforce out-patient care and housing services, which will reduce the need to resort to involuntary care.

74. The CPT encourages the management of Kellokoski Hospital to increase the time medical staff spends in direct personal contact with patients, with the aim of developing trusting therapeutic relationships, facilitating co-operation and reviewing the patients' treatment plans. Experience has shown that this would very likely also contribute to decreasing the need for coercive measures. Reference is further made to the recommendation in paragraph 70.

The Government refers to its reply in paragraph 69.

75. The CPT reiterates its recommendation that steps be taken at all psychiatric hospitals in Finland to ensure that patients' written informed consent is always sought before resorting to electroconvulsive therapy (and that this be reflected in the relevant documentation).

Section 6 of the Act on the Status and Rights of Patients contains provisions on patients' right of self-determination in treatment-related matters. The point of departure is that treatment is administered in agreement with patients. If a patient is unable to make decisions on treatment due to a mental disturbance, mental retardation or other equivalent reason, the consent of the legal guardian or family member must be secured for treatment. If a patient's opinion as to the preferred treatment cannot be obtained, they must be treated in a manner that can be regarded as being in their best interest. Provision on the involuntary care of patients are set out, *inter alia*, in the Mental Health Act. Under said Act, the physician attending to the patient decides on the treatments and examinations that are given regardless of the patient's will (section 22b).

According to the Current Care Guidelines for schizophrenia and depression, electroconvulsive therapy (ECT) is a safe method of treatment, the administration of which should be considered under certain circumstances to treat depression and schizophrenia. For example, electroconvulsive therapy may be effective in treating schizophrenia-induced catatonia and when the response to medication is insufficient.

Electroconvulsive therapy is administered by qualified healthcare staff (a hospital physician and nurse as well as an external anaesthesiologist). As a rule, the therapy is administered with the patient's consent, which is recorded in the patient file by the physician. Situations in which involuntary electroconvulsive therapy is administered (mostly in the case of lethal catatonia) are rare and comparable to necessity. Involuntary ECT may be justifiable when it needs to be administered in order to save the patient's life. Any involuntary treatment and the grounds for it are also always recorded in the patient file.

In order to ensure proper monitoring and supervision of the restrictive measures limiting the right of self-determination, the care unit is required to keep a separate list of the measures, such

as involuntary treatment. This information is intended both for the hospital's in-house use as well as for the purpose of supervision by the authorities. The list indicates the patient's identification data, information on the restriction imposed as well as the names of the physician ordering the restrictive measure and of the persons implementing it. The list of restrictive measures drawn up specifically to each individual hospital makes it possible to control that no undesirable practices emerge. Under section 2(2) of the Mental Health Act, the Regional State Administrative Agency shall, in particular, supervise the use of the restrictions on the right of self-determination in connection with involuntary treatment.

Nationwide data on the use of electroconvulsive therapy is gathered in the Hospital Discharge Register maintained by the Finnish Institute for Health and Welfare. The Institute collects the hospital discharge data at regular intervals and issues instructions to hospital on how to report the data. Today, the additional information on psychiatry provided in the Hospital Discharge Register also includes entries indicating any involuntary electroconvulsive therapy administered to treat a mental illness.

However, the need to introduce provisions on a patient's written consent to certain treatments will be assessed in connection with the legislative reform.

83. The CPT recommends that the management of Kellokoski Hospital further increases its efforts to reduce the duration of mechanical restraint. In case of an exceptional prolongation of mechanical restraint beyond a period of a few hours, the measure should be reviewed by a psychiatrist at short intervals. Consideration should be given in such cases and where there is repetitive use of mechanical restraint to the involvement of a second doctor.

Provisions on the use of mechanical restraints are set in section 22f of the Mental Health Act stating that the forcible holding, isolation and tying down of a patient has to be terminated once it is no longer necessary. The attending physician must assess the state of the isolated or tied down patient as often as necessary in view of the patient's state of health and decide on continuation or termination of the measure.

When a patient has been ordered to be isolated or tied down, a nurse must be designated to assume responsibility for the care of the patient. The nurse shall see to it that the patient receives adequate treatment and care during the duration of restraint as well as an opportunity to talks to the care personnel. The state of a tied down patient or a minor patient must be continuously monitored by having visual or audio contact with the patient.

According to the Mental Health Act, the attending physician must assess the state of an isolated or tied down patient as often as necessary in view of the patient's state of health and decide on the continuation or termination of the restraint.

A strict requirement calling for a psychiatric assessment of the patient's condition at short intervals would lead to a shortage of physicians capable of doing so. The care personnel monitors the patient's condition on an ongoing basis in strict compliance with the physician's instructions and reports back on the patient.

84. The CPT encourages the Finnish authorities to take its considerations (regarding the carceral general appearance of the seclusion rooms and heavy iron doors with hatches and three massive bolts for locking as are used for isolation cells in prisons) into account, including for the design of the new psychiatric hospital planned to be built in Helsinki in the coming years.

The CPT's views will be given due consideration. In 2021, the Finnish Institute for Health and

Welfare published a study on psychiatric seclusion rooms in Finland. For example, the safe rooms (seclusion rooms) to be incorporated into the Laakso Joint Hospital to be constructed in Helsinki will be designed with due regard to the CPT's considerations.

85. The CPT recommends that every patient held in seclusion be subjected to continuous direct personal supervision by a qualified member of staff. The staff member may be outside the patient's room (or in an adjacent room with a connecting window), provided that the patient can fully see the staff member and the latter can continuously observe and hear the patient. Clearly, video surveillance cannot replace continuous personal staff presence.

Provisions on the isolation of patients and related monitoring are set out in section 22f of the Mental Health Act.

The Government concurs with the CPT on the need to ensure patient safety. However, the CPT's recommendation, if implemented to the proposed extent, could be deemed to infringe upon the patient's privacy. Similarly, the National Supervisory Authority for Welfare and Health (Valvira) finds that seclusion rooms are often used for pacifying restless and/or maniac patients as part of the so-called low-stimulus therapy. In certain situations, the presence of a member of the professional healthcare staff may intensify the patient's anxiety and potentially aggravate the state of restlessness. Consequently, the need for continuous staff presence should be assessed in terms of the patient's condition and actual need for presence as well as the expected therapeutic effect. Moreover, continuous presence in the case of a fundamentally healthy patient, who is not under the influence of any intoxicant, is not always called for.

However, if the patient is intoxicated or suffers from another ailment, which may cause symptoms such as breathing difficulties, or when the patient is more or less immobilised, it is important to ensure vital functions. In such cases, a mere video image is unreliable and therefore personal staff presence is called for. Staff presence is also required when a patient is subject to mechanical restraints in isolation.

The method used for supervising patients in isolation is always based on individual assessment on a case-by-case basis.

86. The CPT therefore recommends that the management of Kellokoski Hospital further increase their efforts to reduce the frequency and duration of seclusion of patients.

With regard to psychiatric hospitals in general, the Government refers to its reply regarding case-by-case assessment in paragraph 85.

87. The CPT encourages the management of Kellokoski Hospital to pay increased attention to engaging with each patient who has been subject to a restraint measure in a meaningful and thorough debriefing.

Section 5 of the Act on the Status and Rights of Patients sets out provisions on the duty of professional healthcare personnel to inform the patient of his or her state of health, the importance of the treatment, various alternative forms of treatment and their effects as well as the situation at hand. The information must be provided in a manner comprehensible to the patient.

Healthcare units and professional healthcare personnel comply with the existing legislation in the performance of their duties. It important that healthcare units and healthcare professionals regularly assess their own performance and identify needs for improvement also in terms of the patients' right to access information and the discussions to be conducted with patients. The authorities supervising the healthcare sector (National Supervisory Authority for Welfare and Health Valvira and Regional State Administrative Agencies) oversee and guides the work of healthcare professionals within their remit and intervene when irregularities are detected. The

guidance and development programmes based on Finland's mental health strategy support the efforts to review the ways of working and implement changes. Additionally, the patients' right of self-determination and its realisation will be reinforced through a long-term programme, which will specify measures to develop the ways of working.

88. The CPT recommends that every application of a restraint measure, including chemical restraint, be recorded as such in the respective patient's personal file and that a dedicated register on the use of chemical restraint be created, in all psychiatric establishments.

The use of chemical restraint is forbidden under the Finnish Mental Health Act. Chemical restraint refers to pharmacological methods of controlling a person's mobility and behaviour.

Section 22b of the Mental Health Act sets out provisions on involuntary therapeutic measures, including medication, that may be used to treat a mental illness. According to section 22b(2) of the Mental Health Act, involuntary medication may only be administered subject to the conditions specified in said provision and in accordance with medically acceptable treatment practices, if failure to do so would seriously jeopardise the health and safety of the patient or others.

All the medication administered is recorded in the patient's personal file. Medication administered to treat a mental illness against the patient's will is also recorded in the additional psychiatry-related information section to be reported to the Hospital Discharge Register. Similarly, any medication administered against the patient's will to treat a physical illness is specifically entered in said additional information.

The Mental Health Act stipulates that therapy units must keep a special list of the restraint measures patients are subjected to. The list must indicate the patient's personal details, data concerning the restraint and the names of the physician ordering the restraint and the persons applying it. The measures to be recorded in the list include the administration of medication regardless of the patient's will; administration of electroconvulsive therapy to treat a mental illness regardless of the patient's will; and administration of medication to treat a physical illness against the patient's will.

89. The CPT would like to be informed if, in the context of the initial hospitalisation decision, patients also have the possibility to be assessed by an independent outside psychiatrist (not necessarily of his/her own choice) free of charge.

In Finland, involuntary hospitalisation is always a measure taken in response to an acute situation, which requires a referral for observation issued by an outside physician based on their examination. Hence, an assessment by an independent outside physician is duly taken into account when a patient is committed to involuntary care. Provisions on involuntary hospitalisation are set out, *inter alia*, in section 9c, 11 and 12, of the Mental Health Act.

To implement the judgment of the European Court of Human Rights in the case of X vs. Finland (No. 34806/04), the Mental Health Act was amended by the addition of section 12a concerning the right of a patient in involuntary care to have, upon request, the need for treatment assessed by an independent outside physician. Additionally, section 12b of the Mental Health Act specifically states that the patient has the right to refuse such outside assessment. According to said provision, such refusal and any reasons for it reported by the patient must be entered in the medical records and forwarded to an administrative court together with the referral documents. According to the Government proposal (HE 199/2013 vp) to amend the Mental Health Act, it was found appropriate to grant the patient the right to refuse an outside assessment because, under the Act on the Status and Rights of Patients, examinations are to be carried out and care provided in agreement with the patient.

Decisions on involuntary hospitalisation are subject to the disqualification and recusal rules of

sections 27–30 of the Administrative Procedure Act. Additionally, the procedure is governed by the disqualification and recusal rules of section 23 of the Mental Health Act stating that the statement on observation may not be prepared by the same physician who issued the referral for observation. Nor may the decision on hospitalisation be made by the same physician who prepared the referral for observation or issued the statement on observation.
The outside assessment may not be issued by a physician who is in the employ of the hospital involved. Hence, the decision on hospitalisation regularly involves three independent physicians; additionally, the patient is entitled to have a fourth assessment by an independent physician.

90. The CPT recommends that the Mental Health Act be amended so as to ensure that any deprivation of liberty of patients with mental health disorder – including taking them under observation – be based as from its outset on a formal decision in writing, accompanied by comprehensive reasoning and information about appeal avenues; in this context, patients should receive a copy of the decision.
According to section 24 of the Mental Health Act, an appeal against a decision made by a hospital physician regarding involuntary hospitalisation or a decision to continue treatment against the patient's will may be lodged with an administrative court. In other respects, appeals are governed by the Administrative Judicial Procedure Act (586/1996).
When the foreseen amendments are made to the Mental Health Act, an assessment will also be made as to whether a provision on a written decision regarding referral to observation and related appeals should be included in the amended Act.

92. The CPT invites the Finnish authorities to review the current system of safeguards regarding involuntary hospitalisation of patients with mental health disorder, with the aim of providing both retained and newly admitted patients with effective safeguards in the light of these remarks.
The Government is committed to reinforcing the right of self-determination of the users of social and healthcare services through legislative action, as stated in Prime Minister Sanna Marin's Government Programme. Recently, the Ministry of Social Affairs and Health was able to resume the preparations of the regulations designed to reinforce a patient's right of self-determination.
As part of these efforts, the current system of safeguards regarding involuntary hospitalisation will be reviewed.

94. The CPT reiterates its recommendation that the Mental Health Act be further amended so as to provide, in the context of the review of involuntary hospitalisation of civil and forensic patients, for the obligatory involvement of a psychiatric expert who is independent of the hospital in which the patient is placed.
Under section 12b of the Mental Health Act, patients have the right to refuse the outside assessment referred to in section 12a of the Act. Such refusal and any reasons for it reported by the patient must be entered in the medical records and forwarded to an administrative court together with the referral documents. In the view of the Ministry of Social Affairs and Health, it is not in the patient's best interest to require by law that an outside expert must be involved in the assessment of the need for hospitalisation. Similarly, the Act on the Status and Rights of Patients includes provisions on the patient's right to access information, while at the same time containing a provision on the right to decline an assessment.
Decisions on the psychiatric assessment of forensic patients are always made by courts of law. Decisions on the performance of the psychiatric assessment of these patients are made by the Forensic Psychiatry Board under the auspices of the Finnish Institute for Health and Welfare.

The Institute determines the place in which the psychiatric assessment is to be carried out, and if it is carried out outside a hospital, by whom (section 16 of the Mental Health Act). If the criteria for the involuntary hospitalisation of a person ordered to undergo psychiatric assessment are met on completion of the assessment, the Finnish Institute for Health and Welfare is duty-bound to commit the person to involuntary care (section 17.1).
If a court of law subsequently acquits a forensic subject ordered to undergo psychiatric assessment, the decision on involuntary hospitalisation made by the Finnish Institute for Health and Welfare will lapse. In such a case, the decision on hospitalisation will be made following the same procedure as applied to other patients subject to involuntary hospitalisation. As it is, the need to hospitalise forensic patients is, under the existing legislation, always assessed by a party independent of the hospital in which the patient is to be placed.

96. The CPT recommends that the Finnish authorities take further effective steps – including, if necessary, at legislative level – to ensure that the court approvals and appeal procedures of civil and forensic involuntary hospitalisation decisions are carried out within reasonable timescales.
Major steps have been taken at legislative level to process decisions on involuntary hospitalisation by administrative courts within a reasonable period of time.
Appeals to administrative courts concerning matters governed by the Mental Health Act need not be preceded by requests for rectification filed with the decision-making authority, which is otherwise widely used as a preliminary step in the administrative appeal process. By-passing the request for rectification stage expedites access to courts and shortens the total duration of processing as one of the intermediate steps is omitted. Moreover, the submission of the case to an administrative court also helps shorten the duration of the judicial review because the appeal is processed at the same time as the submission, compared to the standard procedure in which the matter would first require a request for rectification under section 7a of the Administrative Procedure Act, to be followed by an appeal to be lodged with an administrative court.
According to section 24(1) of the Mental Health Act, a decision of a hospital physician to commit a person to a hospital or to continue hospital treatment against the person's will may be challenged by filing an appeal with an administrative court within the 14-day appeal period. As the normal appeal period in administrative matters is 30 days, we see that in this case the regular appeal period has been considerably shortened with the clear intent of ensuring expedient processing. An appeal period shorter than 14 days would not be justified in view of the appellant's legal safeguards because the current time limit gives ample time to prepare the appeal and seek legal counsel, if appropriate.
Any appeal against a decision of the Finnish Institute for Health and Welfare on involuntary hospitalisation or continuation of treatment or an order to undergo a medical examination within the meaning of section 21, and any appeal against a decision concerning involuntary special care can be lodged with an administrative court within the regular 30-day appeal period. The possibilities to shorten the appeal period will be considered when the legislation is revised.
According to section 24(3) of the Mental Health Act, an interim decision on the continuation of treatment made by a physician, referred to in section 17b(2), and an equivalent decision made by the Finnish Institute for Health and Welfare, referred to in section 17c(2), as well a decision on a medical examination made by a hospital physician, referred to in section 17b(2), may be challenged by filing an appeal with an administrative court within the 14-day appeal period. The appeal may be reviewed by the administrative court without requesting a statement from the authority that made the decision being appealed.
The fact that an appeal may be reviewed by the administrative court without requesting a statement from the authority concerned helps speed up the court proceedings. If no statement is requested, no rejoinder needs to be requested, either. To speed up processing, an

administrative court may, at its discretion, review appeals concerning short-term interim decisions or orders of medical examinations by following a fast-track procedure, which does not require a statement from any authority. Such waiver of a request for a statement, which speeds up processing, should probably only be applied to interim decisions.
Moreover, section 26 of the Mental Health Act stipulates that submissions and appeals concerning involuntary treatment and matters concerning psychiatric assessments must be addressed urgently. This obligates administrative courts to give precedence to these matters over non-urgent ones. Section 9(2) of the Supreme Court Rules of Procedures (1206/2016) illustrates the requirement for urgent processing in concrete terms by stipulating that matters to be addressed promptly under law are to be processed without delay after they have been recorded and all the documents necessary for resolving the matter have been received.

98. The CPT recommends that the Finnish authorities take effective steps to ensure that the court approvals of civil and forensic involuntary hospitalisation decisions include individualised detailed reasons explaining the rationale behind the ruling. Further, it reiterates its recommendation that patients with mental health disorder should have an effective right to be heard in person when the court approves (or rejects) the lawfulness of their continued involuntary hospitalisation.
Reasoning is one of the key guarantees of a fair trial within the meaning of section 21 of the Constitution Act, Article 6(1) of the European Convention on Human rights and Article 47 of the EU Charter of Fundamental Rights (ECHR Ustimenko vs. Ukraine 2015 and ECHR H. vs. Belgium 1987). An extensive, complex and unclear matter requires more detailed reasoning than a simple and clear case which only calls for little investigation. Another key principle is that a decision rejecting an appeal needs to be substantiated in more detail than an affirmative ruling with no negative implications for other interested parties.
The proceedings are governed by a general law on administrative processes, i.e., the Administrative Judicial Procedure Act (808/2019). According to section 87(1) of the Act, an administrative court shall give reasons for its decisions. The statement of reasons shall indicate the provisions applied, and the points of fact and evidence that influenced the decision and the legal reasoning upon which the decision is based.
In the preparatory works to the Act (HE 29/2018), the obligation to explain the reasons is defined in more detail saying that the points of fact and evidence mean facts that have a direct bearing on the decision. The reasoning must be included in the appeal, statements and other trial materials. Assessment of the evidence presented in the matter is part of the reasoning underlying the decision, particularly when the case involves circumstantial evidence that is disputed. If conflicting information is provided on points of fact, the reasoning must indicate why a given piece of evidence is deemed to be true and, if necessary, why the decision is not based on some other evidence. The court is called upon to take a position on all evidence relevant to the case. This general requirement to provide a detailed explanation of the reasons underlying decisions ensures that reasoning in mental health cases is also of a sufficiently high standard.
A patient has a right to be heard when a court rules on continued involuntary hospitalisation. Provisions on such hearings are set out in section 44 of the Administrative Judicial Procedure Act. According to subsection 1 of said section, each party shall be given an opportunity to state his or her views on the claims presented by the other parties to the judicial proceedings and on other trial materials before the matter is decided. According to subsection 2, a matter may be decided without giving a party an opportunity to be heard if the appeal is ruled inadmissible immediately or if it is manifestly ill-founded, or if hearing the party is not otherwise required in order to ensure a fair trial. In real terms, this means, *inter alia*, situations in which the appeal is clearly late or filed by a party with no standing to appeal.

The Finnish legislation and practice fulfils the CPT's recommendations presented in paragraph 98.

99. In order to preserve the patient's interests in the decision-making process, the CPT recommends that a personal hearing of the patient and the possibility for legal assistance be rendered mandatory in the context of decisions made by the Finnish Institute of Health and Welfare regarding a patient's involuntary hospitalisation (including its discontinuation). The Institute's rules and, if necessary the legislation, should be amended accordingly.

The Finnish Government interprets the recommendation to concern forensic psychiatric patients. The term 'forensic psychiatric patient' refers to a person who is ordered to involuntary psychiatric hospitalisation by the Board for Forensic Psychiatric Affairs operating under Finnish Institute for Health and Welfare after a mental examination under sections 15 to 17 of the Mental Health Act or after an assessment of the need for treatment under section 22 of the Mental Health Act. A person may also be ordered to involuntary special care under the Act on Special Care for People with Intellectual Disabilities (519/1977) using the same procedure.
Involuntary forensic psychiatric treatment and involuntary special care pursuant to the Act on Special Care are carried out, as their name suggests, irrespective of the will of the person concerned. A forensic psychiatric patient will be treated at a hospital until he or she has recovered to a state where Finnish Institute for Health and Welfare can discharge the patient for supervision on the hospital's proposal or the Institute can confirm a decision made by the hospital to terminate the treatment. In addition, Finnish Institute for Health and Welfare is competent to order a person to treatment in situations where a hospital has not made a decision to continue treatment within the prescribed period.

Before decisions concerning a person are made, Finnish Institute for Health and Welfare will always hear the person subject to decisions in compliance with the provisions on hearing laid down in the Administrative Procedure Act and with section 11 of the Mental Health Act that concerns hearing. Consequently, legislation obligates to establishing a person's opinion in matters concerning him or her without exceptions. According to the Board's practice, it will not handle a matter unless an appropriate account of a person's hearing and opinion are available at its session.

Hearing is performed at a hospital after mental examination by the physician responsible for the examination. Finnish Institute for Health and Welfare has issued written instructions for the implementation of hearing to hospitals. Before a hearing, the person concerned has an opportunity to examine the mental examination statement and any other related documents. In addition, the statement will be orally explained to the person as well as the conclusions of examinations and their grounds. The person's opinion is recorded in the mental examination statement and/or in a separate form used for hearing. The person may, if he or she so wishes, also himself or herself write down the opinion in the form. Furthermore, the person can always submit a separate written opinion on the hearing directly to the Finnish Institute for Health and Welfare. The hospital shall record in the documents submitted to Finnish Institute for Health and Welfare that the person has been informed of the possibility of submitting a separate opinion. Any guardian will be heard in accordance with the Administrative Procedure Act. In the case of minors, guardians and child welfare authorities, if applicable, will be heard. In the case of decisions concerning supervision or the continuation or termination of treatment, hearing is implemented in a similar manner by the party responsible for the person's treatment.

The Board for Forensic Psychiatric Affairs is a national body, which convenes in the premises of Finnish Institute for Health and Welfare in Helsinki weekly or according to the need to discuss pending matters. For reasons related to the safety and health of the person to be heard, the physical presence of the person at the Board is not always appropriate or possible. In many cases, a several-hour-long journey for a short hearing cannot be considered to be in the person's best interest. Hearings are therefore implemented using the procedure described above. It is usually possible to arrange the hearing of other persons, such as a guardian, at the Board's session if the person so wishes. Finnish Institute for Health and Welfare is, however, of the opinion that this is necessary only in exceptional cases.

Finnish Institute for Health and Welfare considers that the opinion of a person is nowadays heard in an appropriate and adequate manner and that the opinion is taken into account in decision-making. In most cases, it is also in the best interest of the person that hearing is performed by a familiar physician at the hospital that has carried out the mental examination or provides treatment for the person.

However, should a person expressly ask for this or the Board consider it necessary, it could be appropriate to permit a slightly more extensive use of video connections in oral hearings at the Board's session. The introduction of video hearing requires ensuring functioning video connections with adequate data security. Hearings through a video connection would also fulfil the equal treatment of patients better than hearings at the Board's session since the persons to be heard who are under supervision have very different opportunities to travel to Helsinki for hearing. The Ministry of Social Affairs and Health will assess the matter when legislation is amended.

103. The CPT once again calls upon the Finnish authorities to introduce at all psychiatric establishments in Finland, without further delay, a procedure whereby patients' free and informed consent to treatment is actively sought and every patient capable of discernment is given the opportunity to refuse treatment or any other medical intervention. The relevant legislation should be amended so as to stipulate the fundamental principle of free and informed consent to treatment, as well as to clearly and strictly define exceptional circumstances that may cause any derogation from this principle
The relevant legislation should be further amended so as to:
- require an external psychiatric opinion in any case where a patient does not agree with the treatment proposed by the hospital's doctors;
- provide patients with the possibility to appeal against a proposed treatment to an independent outside authority, to benefit from legal assistance to that end and to receive the respective ruling within an appropriately short timescale.
It should further be ensured that the patient's consent or refusal is in any case recorded prior to its commencement. As regards informing patients about avenues of complaint, reference is made to paragraph 105.
Involuntary treatment is governed by the provisions of the Act on the Status and Rights of Patients. Patients shall be informed of the circumstances that are of relevance when decisions are made about his or her treatment (section 5). Additionally, patients must be treated in mutual understanding. If a patient refuses a certain treatment or intervention, he or she has to be treated in some other medically sound manner in mutual understanding (section 6). Any refusal of treatment by the patient must be recorded in the patient file. However, a patient's consent to treatment need not be specifically recorded (section 12 and section 18 of the Minister of Social

Affairs and Health Decree on Patient Documents).
By way of derogation from the Act on the Status and Rights of patients, the Mental Health Act allows the treatment of an involuntarily hospitalised patient for a mental illness (section 22b) or physical illness (section 22c) against his or her will.
The general rule is that an involuntarily hospitalised patient must be treated with his or her full agreement and that a plan needs to be drawn up for the treatment of a mental illness.
Section 22a of the Mental Health Act stipulates an obligation to respect the fundamental rights of psychiatric patients. Whenever the fundamental rights of a patient who has been hospitalised involuntarily are restricted, it must always be carried out as safely as possible with due regard for human dignity.
If an involuntarily hospitalised patient refuses a treatment for a mental illness or a specific medical intervention, medically acceptable methods of examination and treatment may only be applied if failure to do so would seriously jeopardise the health and safety of the patient or others. Psychosurgical or other treatments that seriously or irreversibly affect the patient's integrity may only be administered with the written consent of an adult patient, unless the intervention is necessary to avert an imminent risk to the patient's life (section 22b). Otherwise the consent of an involuntarily hospitalised patient to treatment is not required to be recorded in the patient file. Any refusal of treatment by the patient must be recorded in the patient file.
According to the preparatory work to the Mental Health Act regarding involuntary hospitalisation, commitment to an institution must not be limited to deprivation of liberty; instead, the patient must also receive medically sound treatment. Hence, section 22b of the Mental Health Act seeks to guarantee the patient's constitutional right to necessary care in a situation in which he or she is not capable of making a decision on treatment because of his or her condition (Government proposal HE 113/2001, pp. 23–24).
The Act on the Status and Rights of Patients (section 8) stipulates that a patient is to receive treatment necessary to ward off a hazard threatening his or her life or health, even if it is impossible to assess the patient's will because of unconsciousness or other reason.
Nor does a patient's guardian or other legal representative have the right to forbid any treatment which may be required to avert a threat to the patient's life or health.
The Finnish legislation is consistent with the CPT's recommendation. With regard to compliance with law and related guidance and supervision, please see the reply in paragraph 87.

104. The CPT recommends that steps be taken to ensure that in all psychiatric hospitals in Finland, oral and written information setting out the hospital's routines and patients' rights is systematically provided to all newly-admitted patients (and their families). To this end, information brochures should be available in an appropriate range of languages. Patients unable to understand the brochure(s) should receive appropriate assistance.
Steps should be taken to enable staff to communicate on a daily basis with all patients, including those who do not speak Finnish, and provide them with the information relevant for them. Consideration should be given to making use of interpretation services.
The National Supervisory Authority for Welfare and Health (Valvira) publishes a brochure with the title "Tietoa tahdosta riippumattomasta psykiatrisesta hoidosta ja potilaan oikeuksista" (Information on involuntary psychiatric care and patient rights). The brochure is available in electronic format and can be printed by the establishment if necessary.
According to the Act on the Status and Rights of Patients, the patient's mother tongue, individual needs and culture have to be taken into account as far as possible in his or her care and other treatment. Additionally, provisions on the patient's linguistic rights and right to interpretation are set out, *inter alia*, in the Language Act (423/2003) and Health Care Act (1326/2010).

Access to an interpreter, if necessary via a telephone or video connection, is provided by psychiatric hospitals and this practice is followed by all healthcare units for reasons such as long distances.

105. The CPT recommends that the Finnish authorities take the necessary measures to ensure that at Kellokoski Hospital and in all other psychiatric establishments in Finland patients are systematically informed about all available complaint avenues, verbally and in writing, accompanied by the contact details of the respective complaint bodies. Confidential complaint boxes should be available on each ward (to be opened only by specially designated persons, and in confidence).

Provisions on objections are set in Chapter 3 of the Act on the Status and Rights of Patients. All healthcare units in Finland, including psychiatric establishments, are governed by these regulations.

Under the law, a patient dissatisfied with his or her healthcare or treatment has the right to file an objection with the director responsible for healthcare in the unit involved. If the patient is unable to file the objection personally because of illness, reduced mental capacity or other equivalent reason, or he or she has died, the objection may be filed by the patient's legal representative, next of kin or other close person (section 10). The Act also contains provisions on the processing of, and reply to, the objection by the healthcare unit. Filing an objection does not limit the patient's right to lodge a complaint regarding his or her care or treatment with the supervisory authority.

According to law, healthcare units must inform its clients on the right to file objections and make the submission of objections as easy as possible for the clients.

Complaints, in turn, are governed by the Administrative Procedure Act (434/2003). Under the Act, the supervisory authority is to take the action it deems appropriate in response to the administrative complaint.

Additionally an ombudsman is to be appointed for all healthcare units (section 11 of the Act on the Status and Rights of Patients). The ombudsman is tasked to advise patients in matters concerning the application of this Act; assist patients with objections and complaints; inform patients of their rights; and otherwise promote and enforce patients' rights.

The Finnish legislation is consistent with the CPT's recommendation. With regard to compliance with law and related guidance and supervision, please see the reply in paragraph 87.

E. State Residential Schools

109. The CPT would like to be informed about the further progress in the ongoing reform of child welfare services as regards the treatment of juveniles who are deprived of their liberty.

The Child Welfare Act is being amended by adding a provision on the minimum number of staff in child welfare social work effective as of 2022. The purpose of the legislative proposal is to improve the realisation of children's rights in the child welfare context and to ensure that the objectives of child and family specific child welfare are achieved.

Additionally, the Government is preparing an amendment to the Child Welfare Act addressing, *inter alia*, demanding substitute care. The integrated services for demanding substitute care now being prepared will give special consideration for the most exposed children in need of substantial multi-professional support. The plan is that integrated demanding substitute care services would include, *inter alia*, treatment for substance use during which a child could be subject to specific restrictive measures closely defined in law and necessary to protect the child's best interests. It is foreseen that the amendments will enter into force at the beginning of 2023.

Additionally, child welfare and substitute care services are being developed in 2020–2022 in five government-funded regional projects under the heading *Multidisciplinary development of child welfare services*. Three regional pilot projects are developing services for children and juveniles who are in need of the most specific services as part of the efforts to develop centres of expertise and support. In two of them, demanding substitute care services are being developed. They address, for example, consultation services related to challenging situations and integrated care in the context of child welfare and healthcare services.

117. The CPT recommends that the management of Sairila State Residential School (and, as appropriate, other juvenile substitute care facilities) take the necessary steps to ensure that the precept of offering juveniles at least two hours' access to outdoor areas per day is implemented in practice.

Children placed in State Residential Schools are free to move about in the yard areas of the schools on a daily basis with due consideration to their age, if a child's freedom of movement is not restricted by a specific decision on restricting free movement made subject to the criteria defined in the Child Welfare Act. Even if such a decision on restricting free movement is in force, the child concerned is given access to outdoor areas accompanied by an instructor. Outdoor areas at State Residential Schools are being upgraded with due regard to security and comfort.

122. The CPT recommends that the Finnish authorities take the necessary measures, including at legislative level, to ensure that:

- at Sairila and Sippola State Residential Schools (and, as appropriate, at other juvenile substitute care facilities) increased emphasis is placed on drug addiction treatment, including individual treatment programmes and motivational work to engage the juveniles in respective therapies;

- substitute care facilities be provided with effective means to protect the juveniles under their care from harm caused by drug use, sexual exploitation or involvement in criminal activities.

The CPT further trusts that these precepts will be taken into account in the context of the ongoing reform of child welfare services.

The CPT would like to be informed, within three months, about the action envisaged.

A reply to this request for information was given in June 2021 according to the CPT's wishes.

123. The CPT encourages the Finnish authorities to take the assessment of the State Residential Schools' staff, interacting frequently with the juveniles, into account when determining on the necessary measures restricting a juvenile's free movement outside the facility.

The free movement of children placed in State Residential Schools can be restricted subject to the criteria set out in the Child Welfare Act when this is in the child's best interest. The decisions on restricting free movement are made specifically to each individual child on a case-by-case basis. A decision restricting free movement up to 7 days may be made by the director of the residential care facility or a member of the care and upbringing personnel designated by the director. A decision on restricting free movement for a period exceeding 7 but not 30 days may be made by the social worker responsible for the child's affairs. During a period of special care, a child's freedom of movement may be restricted for an aggregate period of 90 days.

The assessment of any need for restrictions is always based on the child's individual circumstances with due regard to his or her best interest. In the case of substitute care, restrictions on free movement are part of the care and a secure environment. The observations made by the care and upbringing personnel of the substitute care facility regarding the child's

daily life play an important part in the assessment of any need for restrictions necessary to safeguard the child's best interest. The staff of the substitute care facility and the social worker responsible for the child's affairs engage in an ongoing dialogue to make it possible to carry out a comprehensive assessment of the child's situation and identify solutions that effectively serve the child's best interest.

124. The CPT encourages the Finnish authorities to resolutely pursue their efforts to address effectively the obvious need for closer cooperation between the child welfare and health-care institutions to ensure that juveniles with severe mental health symptoms receive appropriate care and the problem of countrywide reduction of places in psychiatric hospitals, which have led to more juveniles with severe mental symptoms – who were often particularly difficult to treat and/or very self-destructive – being sent to state residential schools.

Parliament adopted the Government proposal for the reform of social and health services in June 2021. The reform will improve access to primary services, such as social and healthcare services. The social and health services reform will, *inter alia*, permit closer cooperation between child welfare and healthcare services. Activities in accordance with the reform will commence at the beginning of 2023.

Additionally, the Ministry of Social Affairs and Health is preparing a Government proposal for an amendment to the Child Welfare Act. Due consideration in the preparations is given to the reinforcement of integrated substitute and healthcare services to make it possible to offer children more intensive psychiatric support during substitute care. Steps will also be taken to expand healthcare services by updating the legislation on mental health and substance use services.

Aside from the legislative projects, child welfare and substitute care services are being developed during 2020–2022 in five government-funded regional projects *Multidisciplinary development of child welfare services*. Two pilot projects addressing the most specific services available to children and juveniles will also improve cooperation between child welfare and psychiatry services.

126. The CPT is concerned about the case of one juvenile who had been diagnosed, according to her personal file, with hepatitis C, but apparently had not received treatment for the infection. Treatment for hepatitis C is readily available and given the risks of the serious and irreversible long-term consequences of this disease, a juvenile with hepatitis C should be assessed with a view to receiving direct-acting antiviral (DAA) treatment. The CPT recommends that these precepts are implemented in practice in all substitute care facilities. It would further like to receive confirmation, within three months, that an assessment for direct-acting antiviral (DAA) treatment has been carried out in the above-mentioned case.

A reply to this request for information was given in June 2021 according to the CPT's wishes.

127. In order to prevent the spread of the infection to other juveniles and/or staff, measures should be taken to ensure that juveniles in substitute care facilities who are suspected of having a Covid-19 infection reduce their social contacts to the absolute minimum for the short time until the test results are known and keep a physical distance from other persons. The CPT trusts that these precepts are implemented in practice in all juvenile substitute care facilities in Finland.

Substitute care facilities have been instructed to follow local, regional and national guidelines in case of suspected and actual COVID-19 infections. In individual cases of suspected infections, the substitute care facilities have taken action based on the instructions issued by

the local healthcare professionals.
State Residential Schools have a joint COVID-19 management team that has reviewed national and regional guidelines and issued instructions for the procurement and use of protective materials. By 8 September 2021, eight members of staff and four children in State Residential Schools have tested positive for COVID-19 during the entire pandemic. A quarantine has been ordered on some cases but there has been no further spread the infection.

130. The CPT recommends that steps be taken at Sairila and Sippola State Residential Schools (and, as appropriate, in other juvenile substitute care facilities) to ensure that placement in a calming-down room is applied in compliance with the requirements set out in this paragraph; The relevant legislation should be amended accordingly.
Legislation on isolation and related guidelines will be assessed as part of the ongoing reform to the Child Welfare Act.
Periods of isolation at State Residential Schools typically range from 15 minutes to 4 hours. Isolation is only used when absolutely necessary and every effort is made to keep these periods as short as possible. Isolation is not used for child-rearing purposes or as a punishment.

131. The CPT recommends that the direct personal supervision of juveniles held in isolation at Sairila and Sippola State Residential Schools (and, as appropriate, in other juvenile substitute care facilities) be increased in accordance with the relevant legislation as CCTV cannot replace direct personal supervision.
At State Residential Schools, children in isolation always have the opportunity to talk to a staff member. When a decision is made to place a child in isolation, a member of the care and upbringing personnel is at the same time designated to ensure the safety and security of the child. A child in isolation is supervised by having audio and/or visual contact at all times. The child's basic needs are met and his or her care and security ensured throughout the isolation. The child has an opportunity to engage with the member of the care and upbringing personnel in charge of his or security at all times.

132. The CPT encourages the management of Sippola and Sairila State Residential Schools to stay vigilant in ensuring that thorough debriefing with the juveniles always takes place after the end of a isolation measure.
At State Residential Schools, the procedures for the application of restrictive measures have been specified in more detail in all units. Isolation measures are discussed with the child and any other children that may have witnessed the situation if they are party to the incident. Privacy protection is taken into account. A decision on isolation is made by the director of the residential school or a member of the care and upbringing personnel designated by the director. The decision is served on the child's guardian and a child aged 12 or older who have the right to appeal the decision. Each isolation situation is recorded in the client information system and forwarded to the social worker responsible for the child's affairs. Children can view the entries concerning themselves upon request.

133. The CPT would like to receive the Finnish authorities' comments on the practice of calling police officers into juvenile institutions to manage violent situations.
The security of the children living in substitute care facilities and that of the care and upbringing personnel looking after them is of primary importance. Serious violent situations may arise at substitute care facilities between the children or between a child and a staff member. To manage such situations safely in a manner respectful of the rights of all those involved, it might be necessary to call the police. Violent situations that may satisfy the criteria for a criminal offence are reported to the police.

The task of the police is to calm down the situation. Often the police is called to enable the care and upbringing personnel to establish communications with the child, which may make it possible to resolve the situation by talking. In extreme cases, the police may have to resort to the coercive measures permitted under the police legislation in order to ensure the security and safety of the child and other residents.
The police have been called in to child welfare institutions maintained by the State either in response to various kinds of disturbance or as a result of a request for executive assistance made by a child welfare authority. When the police has been called in to child welfare institutions, they are mainly tasked with maintaining public order and security and intervening in action which jeopardises fundamental and human rights when related to the duties of the police. However, primary attention shall be given to the best interests of the child when determining the scope of the action taken by the police.
In other cases, the police are responding to a request from a child welfare authority for executive assistance because the powers of the police have been necessary for the performance of the duties of the child welfare authority. The National Police Board has provided guidance on the provisions of executive assistance by the police in guidelines dated 1 October 2020 paying specific attention to executive assistance provided to child welfare. The best interests of the child are always taken into account in the provision of such executive assistance.

136. The CPT encourages the Finnish authorities to remain vigilant and ensure that juveniles held at substitute care facilities are well aware of all avenues of complaint available to them.

Securing a child's access to information is an important obligation of child welfare officers both in the context of child welfare social work services and substitute care facilities. The staff of substitute care facilities are duty-bound to assist and support children in clarifying their legal rights and provide guidance and advice regarding legal remedies. When necessary, the care and upbringing personnel of substitute care facilities help children select and apply legal remedies, such as the preparation of an appeal. The quality recommendation for child welfare[1] and electronic handbook of child welfare[2] include guidance to the personnel of substitute care facilities regarding complaint mechanisms.
To support the preparation and implementation of the national child strategy, a study was carried out on the realisation of children's rights and related legal oversight in child welfare. Published in 2021, the study[3] found that children are increasingly aware of their rights and the legal remedies available. Complaints filed with the Parliamentary Ombudsman by children themselves have increased in number, an indication that children are aware of their rights and the avenues of complaint available to them.

[1] Malja, Marjo & Puustinen-Korhonen, Aila & Petrelius, Päivi & Eriksson, Pia (2019) Quality Recommendation for Child Welfare. Publications of the Ministry of Social Affairs and Health 2020:28.
[2] https://thl.fi/fi/web/lastensuojelun-kasikirja (in Finnish)
[3] Saastamoinen, Kati (2021) Realisation of the rights of the child in substitute care in 2018–2020 – From the perspective of complaints filed by children with the Parliamentary Ombudsman. Reports and Memorandums of the Ministry of Social Affairs and Health 2021:6.