



CPT/Inf (2023) 24

## **Report**

### **to the Greek Government on the ad hoc visit to Greece carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)**

**from 8 to 11 November 2022**

The Government of Greece has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2023) 25.

Strasbourg, 31 August 2023

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## I. INTRODUCTION

### A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Greece from 8 to 11 November 2022. The visit was considered by the Committee “to be required in the circumstances” (cf. Article 7, paragraph 1, of the Convention). It was the Committee’s nineteenth visit to Greece.<sup>1</sup>

The main objective of the visit was to examine the treatment and living conditions of persons held in the Korydallos Psychiatric Hospital for prisoners. The delegation also visited the recently established transgender unit in Korydallos Women’s Remand Prison and carried out targeted follow-up visits to certain areas of the Korydallos Prison Special Health Centre and the Korydallos Men’s Prison.

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

- Alan Mitchell, President of the CPT (Head of delegation)
- Sebastian Ładoś
- Elsa Bára Traustadóttir.

They were supported by Hugh Chetwynd (Head of Division) of the CPT’s Secretariat, and assisted by an expert, Jutta Heilmann, Consultant for Psychiatry, Medical Psychotherapy and General Medicine (Austria).

The report on the visit was adopted by the CPT at its 110th meeting, held from 6 to 10 March 2023, and transmitted to the authorities of Greece on 14 March 2023. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the Greek authorities provide within three months a response containing a full account of action taken by them to implement the Committee’s recommendations along with replies to the comments and requests for information formulated in this report.

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

3. In the course of the visit, the delegation met George Gerapetritis, Minister of State at the Office of the Prime Minister, and Konstantinos Papathanasiou, General Secretary for Anti-Crime Policy at the Ministry of Citizen Protection, as well as other senior officials responsible for prison matters at this Ministry together with officials from the Ministry of Health.

4. On the whole, the CPT received excellent co-operation during the visit by the Greek authorities at all levels. The delegation had rapid access to all places of detention it wished to visit, was able to meet in private with those persons with whom it wanted to speak and was provided with access to the information it required to carry out its task.

The Committee wishes to express its appreciation for the assistance provided to its delegation during the visit by the management and staff in the places visited as well as for the support offered by its liaison officer from the Ministry of Citizen Protection, Georgios Thrapsaniotis.

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<sup>1</sup> The visit reports and the responses of the Greek authorities on all previous visits are available on the CPT’s website: <https://www.coe.int/en/web/cpt/greece>.

5. However, the CPT must recall once again that the principle of co-operation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in light of the CPT's recommendations. In this respect, the CPT remains concerned about the dire state of the Greek prison system and the apparent lack of action taken to address the Committee's recommendations contained in previous visit reports to improve the situation.

In March 2022, the Committee decided to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention<sup>2</sup> as it had observed that no tangible progress had been made to address the Committee's very serious concerns in respect of the requirements of Article 3 of the European Convention on Human Rights over the course of the previous 10 years and that there was little evidence to indicate that the situation would improve in the near future.

6. In its report on the 2021 ad hoc visit, the CPT reiterated that the chronic crisis within Greek prisons is not merely a problem to be resolved by the Ministry of Citizen Protection (which is currently responsible for prisons) but one that must be addressed by the Government as a whole, together with the Hellenic Parliament and the judiciary. Reforming the prison system is a long-term project which must go hand-in-hand with urgently improving the daily life of prisoners. The CPT set out in its report on the 2021 visit the strategic questions and issues that need to be addressed and acted upon to reform the prison system.<sup>3</sup>

Further, on 7 and 8 September 2022, the CPT held high level talks in Athens with senior Government Ministers to learn about the measures being taken by the Government to tackle the systemic problems of overcrowding and understaffing in prisons and to implement the CPT's recommendations, as set out most recently in the report on its 2021 visit. During those talks, the Greek authorities once again set out their proposals to reform the prison system and reiterated their commitment to improve the current situation of persons deprived of their liberty in Greece's prisons. That said, the CPT again found that recommendations from previous visits aimed at preventing inhuman and degrading treatment had not been implemented (see, for example, paragraphs 30, 48 and 53). Given the gravity of these findings, the urgency for a proper strategic plan for the prison system to be adopted is heightened to set out the roadmap for the recovery of the prison system. **The CPT will continue to monitor closely the situation in the Greek prisons in the context of the ongoing Article 10.2 procedure (see paragraphs 8 to 13 below).**

### **C. Immediate observations under Article 8, paragraph 5, of the Convention**

7. During the end-of-visit talks with the Greek authorities, on 11 November 2022, the delegation made two immediate observations under Article 8, paragraph 5, of the Convention. The Greek authorities were requested to ensure that:

- at Korydallos Men's Prison, the nine cells of Special area of C Wing be closed down until such time as they have been renovated.
- at Korydallos Special Health Centre for Prisoners, patient HA be provided with new prostheses for his arms and that, in the meantime, he be offered the necessary around the clock care to provide for his needs.

These observations were confirmed by letter of 16 November 2022 when transmitting the delegation's preliminary observations to the Greek authorities. On 15 December 2022, the Greek authorities informed the CPT of the actions taken in response to these immediate observations and on other matters raised by the delegation at the end-of-visit talks. This response has been taken into account in the relevant sections of the present report.

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<sup>2</sup> Article 10, paragraph 2, reads as follows: "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

<sup>3</sup> See CPT/Inf (2022) 16, paragraphs 10 and 17.

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Prison establishments

#### 1. Preliminary remarks

8. In its report on the November/December 2021 visit, the CPT described the current state of the prison system in Greece and set out the main challenges that needed to be addressed. In particular, it highlighted that the two overarching problems of overcrowding and chronic shortage of staff compounded the many additional shortcomings in the prisons visited.

These included very poor material conditions, lack of hygiene, the absence of an appropriate regime, high levels of inter-prisoner violence and intimidation as well as insufficient and inadequate medical care in prisons.

The report also referenced a highly targeted visit to the Korydallos Psychiatric Hospital for prisoners to follow-up on the recent deaths of a number of patients therein, including an apparent suicide by hanging of a patient. The visit had revealed an institution which had been so neglected that it appeared unable to provide appropriate care to its patients. The focus of the 2022 visit was to undertake a full examination of the situation in the hospital.

9. The situation in the prisons has not significantly changed during the 11 months between CPT visits. At the time of the November 2022 visit, the prison population stood at 10,717 for a capacity of 10,175 places<sup>4</sup> (that is, a prison occupancy rate of 105%). However, the distribution of prisoners across the prison estate, and even within individual prison establishments, means that overcrowding is far more severe than indicated by the figure of 105%, as is borne out in the monthly prison statistics issued by the Ministry of Citizen Protection.

10. On 28 October 2022, the new Prison Law (Law 4985/2022) entered into force, which amends and updates the provisions of the 1999 Prison Law. One of the new provisions concerns the broadening of criteria for persons in prison to be transferred to rural prisons, which continue to operate at only 20 to 50% of their capacity. Importantly, Article 6a of the Law now provides for a domestic remedy for persons in prison who are held in conditions of detention which violate the provisions of Article 3 of the European Convention on Human Rights.

The Greek authorities referred both in their meetings with the CPT and in their response to the report on the 2021 visit to their continuing efforts to promote non-custodial measures in the period before the imposition of a sentence and increasing the use of alternatives to imprisonment. Further, the CPT has been informed about the plans to upgrade the existing prison infrastructure by constructing four new prisons with 600 places each. Further, the 600 place Drama Prison is expected to become operational in early 2023. In addition, the Government has begun the development of a new 2 800 place Judicial Complex in the Aspropyrgos area of Athens which is intended to replace the Korydallos Prison Complex.

11. As pointed out in the report on the 2021 visit, the CPT considers that constructing new prisons is not likely, in itself, to provide a lasting solution to the problem of overcrowding. Further, the CPT also wishes to reiterate that it has serious misgivings about the construction of very large prison complexes, which have historically proven difficult to manage and unable to deliver the targeted services required of the various population groups within them. The design of the various components of the complex and the management structure will be essential to avoid possible negative implications for day-to-day contact between prisoners and staff, opportunities for the delivery of a purposeful regime and prisoners' contact with the outside world.

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<sup>4</sup>. Calculated according to 4m<sup>2</sup> of living space per person.

**12. The CPT reiterates its recommendation that the Greek authorities urgently and vigorously pursue efforts to combat prison overcrowding. In this context, it would like to be informed about the actions being taken to promote and develop the use of non-custodial measures.**

**As regards the new Judicial Prison Complex in Athens, the CPT would also like to receive details about the plans for the different components of the Complex, including:**

- the management structure of the proposed new prison complex;
- the proposed staffing complement of the whole establishment (administration, social workers, psychologists, work/sport instructors, custodial staff, etc.) and the number of custodial officers assigned to each wing of the prison complex;
- the facilities on each wing and within the prison for providing a purposeful regime;
- the scheduled timing of the opening of the new Judicial Prison Complex.

13. Staffing represents the key component for the effective management of a prison and the CPT has repeatedly recommended the need to reinforce the number of custodial officers working on the wings in Greek prisons and to move away from a purely static security approach to one which is also based upon dynamic security.

The CPT has noted that 476 new prison staff were recruited in 2022 and a further 416 staff would be hired by mid-2023, which is positive.

**The CPT would like to be informed about the prison establishments to which these new staff will be allocated. More specifically, it would like to be informed of the precise custodial staffing numbers allocated to Chania, Domokos, Grevena, Nigrita and Thessalonika Prisons. Further, it wishes to be informed of the number of custodial officers now allocated to each of the five large wings in Korydallos Men's Prison.**

14. In the report on the 2021 visit, the CPT reiterated the importance of drawing up a revised Strategic Plan for the Prisons (see paragraph 18). Such a plan should be a detailed roadmap with benchmarks and clarity about what will be achieved and with what means, building on the work and partnerships already in place. The development of such a Strategic Plan should be a priority. To date there is no indication of when such a Plan, taking into account the Committee's considerations, will be drawn up and finalised.

**The CPT reiterates its recommendation that the Greek authorities adopt a revised Strategic Plan, which includes a detailed implementation schedule, with a view to setting out a more detailed plan for the years ahead, taking into account the above remarks. In particular, the following areas should be covered and addressed:**

- the mission of prisons and the values according to which prison staff will work;
- the size of the prison estate and the range of the prison types that it will include;
- the range of activities, including education and vocational training, that will be provided and the amount of access that detained persons, including those on remand, will have to them;
- the introduction of specific offender management programmes to assist prisoners in preparing for their return into the community;
- the human resources requirement needed to run the prisons professionally (notably, prison officers), providing competence profiles for the key roles;
- the role and input of the Ministry of Culture, Education and Religious Affairs in education-related activities and vocational training;
- the role and input of the Ministry of Health in the provision of somatic and mental healthcare, including as regards the staffing of healthcare services in prisons;
- financial projections over a five-year period, showing how the planned provision will be met and implemented within the resource levels available, as well as extra-budgetary funding requirements.

**The CPT would like to receive a copy of the revised Strategic Plan, including detailed information on the financing earmarked, with a breakdown of its various elements.**

## 2. Korydallos Psychiatric Hospital for Prisoners

### a. preliminary remarks

15. The Korydallos Psychiatric Hospital for Prisoners (the Hospital) is part of the Korydallos Prison Judicial Complex (Men's Prison, Women's Remand Prison, Special Health Centre and Psychiatric Hospital) and was constructed in the early 1970s. The Hospital is a four-floor building according to the management, the more seriously ill patients were being accommodated on the first and second floors, while the workers and less unwell patients are accommodated on the third floor. The administration, healthcare service, admission and a separation cellular unit are on the ground floor. There are also several recently renovated cells in the basement,<sup>5</sup> which were not in service at the time of the visit. **The CPT would like to be informed about the proposed use of the basement cells.**

16. According to Section 13 of Law 3772/2009, responsibility for the Hospital should have been transferred to the Ministry of Health. Indeed, by letter of 7 June 2018, the Greek authorities informed the CPT that responsibility for medical services at the Hospital would be transferred to the Ministry of Health by September 2018, pursuant to a Presidential Decree outlining a range of measures foreseen for the management of the Hospital. However, this has not yet occurred, and the hospital is currently under the responsibility of the Ministry of Citizen Protection.

To all intents and purposes, the Hospital is a prison both in its design and functioning. The Prison Law of 1999 as amended by Law no. 4895/2022 of 28 October 2022 applies equally to the Hospital and all the patients it accommodates. There are no specific rules or protocols for the regulation and management of the Hospital.

**The CPT recommends that the Greek authorities move forward with the transfer of the responsibility for the Hospital to the Ministry of Health. As part of the preparations for the transfer, the Ministry of Health and the Ministry of Citizen Protection should work together to draw up specific plans for the management of the Hospital and the treatment of the patients.**

17. The Hospital remains the only establishment in Greece both for the placement of persons on remand and sentenced prisoners who have a mental disorder. In the course of 2021, there were 522 admissions and 489 discharges, almost all of them back to a prison establishment. The official capacity for the hospital cited in the Ministry of Citizen Protection statistics is 261, whereas according to the management of the Hospital the capacity remained at 160. At the time of the visit, the Hospital was accommodating 194 persons, of whom 170 were patients and 24 were prisoners classified as workers, who had been transferred from other prison establishments to work in the Hospital. Contrary to the situation found in 2018, there were no indications that the workers had managed to arrange a transfer to the Hospital to benefit from the better conditions and greater reduction in their prison sentences as compared to other prisons.

In the period since July 2022, a process of refurbishment and renovation of the dormitories and cells had been initiated and, at the time of the visit, half of the first-floor accommodation was not in use. Once the renovations are completed, the official capacity of the Hospital should be reviewed to ensure that all accommodation in which patients are placed is in line with the national minimum standard of living space per patient in a mental healthcare institution.<sup>6</sup> The accommodation for the prison workers should conform with the relevant prison regulations.

**The CPT recommends that the Greek authorities recalculate the official capacity of Korydallos Prison Psychiatric Hospital for both patients and workers in line with the relevant mental healthcare and prison regulations** (see also paragraph 22 below).

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<sup>5</sup> The "blue" isolation cells criticised by the CPT in 2018 had been taken out of service.

<sup>6</sup> It should be noted that the symptoms of patients with a mental disorder can become more severe due to overcrowding and the subsequent overload of stimuli induced by it.

18. The delegation received no allegations of recent physical ill-treatment by staff. Indeed, both patients and prisoners spoke positively of the support offered by staff. Nevertheless, the delegation did receive a few allegations of verbal abuse and other disrespectful behaviour by staff.

In light of the woeful lack of staff, notably nurses and prison officers, and the lack of training provided to prison officers working with patients, it is a credit to the staff that there are so few allegations of disrespect.

**The CPT recommends that the hospital management issue a clear message to all staff that disrespectful behaviour is unacceptable. In parallel, staffing numbers must be increased and prison officers provided with training on working with persons who are mentally ill.**

19. It is also positive that the delegation received very few allegations of inter-patient violence and that, when tensions flared between patients, staff were quick to intervene.

b. patients' living conditions

20. Most patients were accommodated on the first and second floors in dormitories and cells, while the workers and less unwell patients were accommodated in cells on the third floor.<sup>7</sup> The smaller dormitories (16m<sup>2</sup>) were equipped with three or four sets of bunk beds and were accommodating five or six patients while the larger dormitories (26m<sup>2</sup>) contained six beds and were accommodating six patients.

The dormitories were furnished with a small plastic table, a few plastic chairs and perhaps one or two side tables, and most of them had been repainted a couple of months prior to the visit. Access to natural light was good and the artificial lighting and ventilation sufficient. However, there was no storage space, with patients having to keep their belongings in plastic bags; nor was there any personalisation of the rooms. Each dormitory had an adjoining sanitary annexe with a washbasin and a toilet, but privacy was compromised by the absence of a door to either the annexe or the toilet within the annexe.

The cells (8.5m<sup>2</sup>) were equipped with a bunk bed and a single bed and contained a table and chair, but no storage space for belongings. A one-meter-high partition separated the toilet and basin from the rest of the cell. Most of the cells were accommodating two patients.

21. Patients were generally provided with the hygiene and cleaning products they required to maintain personal hygiene, although the delegation met some patients who did not possess any such products. Bedding was mostly clean and appeared to be washed regularly and patients had access to their own clothes which they could wear. Clothing was apparently provided to those patients in need. However, many of the mattresses were worn and in poor condition and some patients had dirty or missing bedding. A few patients were wearing inappropriate summer clothing and had broken plastic sandals, indicating that the individual needs of patients were not always addressed.

The delegation also noted the presence of cockroaches throughout the hospital and staff admitted that they found it impossible to eliminate them. **Additional efforts should be taken to tackle the infestation of cockroaches in the hospital.**

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<sup>7</sup> At the time of the visit, half of the first floor was being refurbished, meaning that only four dormitories and nine cells were in use, while on the second floor there were eight dormitories and 18 cells accommodating patients. On the third floor, some 64 persons were held in 40 cells.



22. The CPT recalls that the aim in any psychiatric establishment should be to offer material conditions which are conducive to the treatment and welfare of patients; in psychiatric terms, a positive therapeutic environment. Creating a positive therapeutic environment involves, first of all, providing sufficient living space per patient as well as adequate lighting, heating and ventilation, maintaining the establishment in a satisfactory state of repair and meeting hospital hygiene requirements.

The delegation noted that hospital management was attempting to offer patients acceptable living conditions. However, the dilapidated state of the building combined with the lack of any hospital hygiene requirements (protocols on preventing and combating infections as well as cleanliness and personal hygiene) meant that it was not possible to provide the necessary positive therapeutic environment. Further, the CPT considers that patient dormitories should not accommodate more than four patients and that the cells of 8.5m<sup>2</sup> should only accommodate one patient. The excess beds should be removed.

**The CPT recommends that the Greek authorities pursue their efforts to provide patients at Korydallos Psychiatric Hospital for prisoners with material conditions which are conducive to the treatment and welfare of patients, including as regards hospital hygiene and the provision of rooms and equipment to provide a range of activities. As part of these efforts, the patient occupancy in dormitories should be reduced to a maximum of four and the cells should not accommodate more than one patient. Sanitary annexes should be fully partitioned (including the installation of a door to the toilet in the dormitories).**

23. It is also important that attention be given to the decoration of both patients' rooms and recreation areas, to provide patients with visual stimulation. The provision of bedside tables and wardrobes is highly desirable, and patients should be allowed to keep certain personal belongings (photographs, books, etc.). Patients should also be provided with lockable space in which they can keep their belongings; the failure to provide such a facility can impinge upon a patient's sense of security and autonomy. In addition, it is neither safe nor appropriate for patients to have to sleep on the upper level of a bunk bed and the top tier of the bunk beds should be removed.

**The CPT recommends that steps be taken to improve the furnishings and personalisation of the dormitories and cells, including the installation of lockable storage space, in light of the above remarks.**

24. The delegation also met a number of older patients who had reduced mobility and who spent long periods of the day in their beds. As a minimum, these patients should be offered proper hospital beds which allow them more support, such as when they want to sit up in bed and eat. The hospital should also have access to ripple mattresses to help prevent bed sores.

**The CPT would like to be informed about the specific measures being taken to provide older patients and patients with physical disabilities the necessary care and support they require. It would also like to be informed about the measures in place to ensure that patients with special needs or physical disabilities are afforded the necessary support and are able to access the sanitary facilities and outdoor exercise yard with dignity**

25. The prison regime in force meant that patients were unlocked during the day between 08:00 and 13:00 and from 15:00 to 20:30. During unlock, patients were free to roam about the corridors, go outside to the yard or sit in the large dining hall on the first floor, which had no furnishings apart from a television and low fixed benches along the walls and in the centre.

Most of the work placements, such as painters, plumbers, builders and assistant nurses were allocated to prisoners transferred from other prisons specifically to work in the hospital. Nevertheless, some 18 patients had an official job working in the kitchen or laundry and 37 of them were designated as cleaners.

However, overall, too few activities were offered to patients<sup>8</sup> and most of them spent their days wandering about with nothing to do except smoke. Some patients remained in their beds for large parts of the day. Many of the cells and dormitories did not possess a television as the occupants could not afford one.

**The CPT recommends that efforts be made to increase the range of board games, sports and recreational activities available to patients.**

26. As was the case in 2018, there were still no designated smoking areas in the hospital. Indeed, smoking in shared open and closed spaces was visibly widespread. Smokers and non-smokers should be offered separate accommodation and designated areas for smoking should be established in the common areas of the hospital.

In the context of the establishment's transition towards a proper hospital, **the CPT reiterates its recommendation that the Greek authorities put in place measures to ensure, at the very least, protection from the harms of passive smoking, such as designating smoke-free accommodation and a policy on the prohibition or restriction of smoking in areas of common use. Further, consideration should be given to offering programmes to assist patients end their nicotine dependence.**

c. treatment

27. The treatment offered to patients was based almost exclusively on pharmacotherapy, with no genuine occupational therapy activities, or facilities for them, in place.

A review of medical files revealed an absence of treatment plans – confirmed by discussions with patients and staff – as well as a poor system of record keeping. Information concerning a specific patient was spread across numerous registers, none of which appeared to provide information about the psychiatric diagnoses and history of the mental illness. No reasoning was apparent in the records for the clinical decisions being taken regarding any particular patient.

Further, the Hospital did not systematically apply an internationally recognised diagnostic system which would facilitate an understanding of the patient population and also be helpful for when patients are discharged or transferred to another hospital.

**The CPT recommends that comprehensive individual treatment plans, offering a range of treatment options in accordance with a multi-disciplinary approach, should be drawn up and regularly revised for each patient and should include the diagnosis, goals of treatment, therapeutic means used and the staff members responsible. Patients should be consulted and engaged in the drafting and revision of their individual treatment plans and be informed of their progress. Further, the Hospital should apply an internationally recognised diagnostic system for all patients.**

28. The treatment of patients who did not speak Greek presented an additional challenge for the Hospital as there was no access to professional interpreters and the staff had to rely on other patients or prisoners for communication purposes. This is clearly neither appropriate nor reliable. Psychiatrists and other medical staff should be able call upon professional interpreters as required. **The CPT recommends that steps be taken to address this matter.**

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<sup>8</sup>. For example, in the 3rd quarter of 2022, theatre and handicraft workshops had been organised as well as a Greek course.

29. The CPT considers that, as a general principle, all categories of psychiatric patient, i.e. voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment.<sup>9</sup> Consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition, the treatment which is proposed and its possible side effects, as well as about the possibility to withdraw consent, and if the patient concerned has the capacity to give valid consent at the moment when it is sought. Further, it is essential that all patients who have given their consent to treatment are continuously informed about their condition and the treatment applied to them and that they are placed in a position to withdraw their consent at any time.

Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances and should be accompanied by appropriate safeguards. In particular, the relevant legislation should require a second psychiatric opinion (i.e. from a psychiatrist not involved in the treatment of the patient concerned) in any case where a patient does not agree with the treatment proposed by the establishment's doctors; further, patients should be able to challenge a compulsory treatment decision before an independent outside authority and must be informed in writing of this right.

**The CPT wishes to be informed of the measures taken at Korydallos Psychiatric Hospital for prisoners to ensure compliance with the above precepts.**

d. staffing

30. The CPT has in the past been critical of the lack of all categories of staff at the Hospital. Regrettably, the situation remains dire. At the time of the November 2022 visit, there was still no resident psychiatrist for the 170 psychiatric patients in the hospital. Psychiatric input amounted to some 20 hours provided by five psychiatrists who visited the establishment once or twice a week. This is clearly insufficient. The nursing cover was even more dire with only one fully trained nurse working in the hospital at the time of the visit. She was supported by three custodial officers performing nursing tasks with one being present in the evenings and at weekends. There were also two psychologists and four social workers.<sup>10</sup> However, there was no occupational therapist or other staff working with the patients. Nor was there a pharmacist, which is necessary given the high demand for both psychopharmacological medication and medication for the treatment of somatic diseases. A general practitioner was present between 17:00 and 07:00 seven days a week for the whole Korydallos Complex.

Following the 2018 visit to the Hospital, the Greek authorities had informed the CPT that 40 new healthcare staff positions, including seven psychiatrists and 20 nurses, would be established at the Hospital by January 2019. Clearly this did not happen.

**The CPT reiterates its recommendation that urgent action be taken to engage resident psychiatrists and to significantly reinforce the number of qualified nurses. A pharmacist and an occupational therapist should also be recruited. It also wishes to receive a revised staffing table for what the Ministry of Health and Ministry of Citizen Protection deem are the minimum requirements for psychiatric and nursing input for a hospital of 160 beds.**

31. The remaining staff consisted of eight administrative workers, a technician and the director as well as 32 custodial officers, including the chief officer. A further 12 custodial officers were deployed to other duties within the hospital (including three as nurses).

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<sup>9</sup> I.e., the admission of a person to a psychiatric establishment on an involuntary basis, be it in the context of civil or criminal proceedings, should not preclude seeking informed consent to treatment.

<sup>10</sup> i.e. 1 psychologist for 85 patients and 1 social worker for 43 patients.

On the day of the visit, the chief officer was supported by only one deputy chief officer and four custodial officers. This meant that only one officer was present on the first and second floors, where the more unwell patients were accommodated, while no officer was stationed on the third floor which held a mix of 40 patients and 24 prisoner workers. Moreover, while the prison officers had developed on-the-job experience and knowledge of working with mentally ill prisoners, they had received no formal training. This is not professional.

**The CPT recommends that the Greek authorities increase the number of prison officers providing security in the Hospital. Further, all prison officers assigned to the Hospital should be offered specific training on how to work and interact with mentally ill patients.**

e. seclusion and other means of restraint

32. The delegation found that there was minimal recourse to any type of means of restraint in the Hospital. There were no allegations or indications of staff resorting to the immobilisation of patients to a bed or the use of other mechanical means of restraint.

33. A measure of separation may be imposed on a patient if he becomes agitated or commits an act of self-harm or is assessed as being at risk of attempting to commit suicide. In such cases, the chief officer will authorise the placement of the patient in the admission room on the ground floor, which is under CCTV coverage, while instructions are sought from the duty doctor and psychiatrist. Upon written authorisation of the psychiatrist, the patient will be re-located to the ground floor separation unit which consists of five recently renovated cells. The cells are furnished with metal framed bunk beds. However, they cannot be considered as safer cells as they contain multiple ligature points and sharp edges.

According to interviews with patients and staff and an examination of the registers, patients may be held in these cells for a couple of weeks together with one or two other patients. These patients are afforded the same regime as other patients and may access a small courtyard. However, no staff member is permanently present on the unit to interact with the patients, and it would be left to the patients to alert the staff (via a cell call bell or shouting) should there be a need to intervene. This is not appropriate. A person assessed as being at risk of aggression or self-harm must always be placed under close supervision by staff.

The length of time a patient remained on this unit was at the discretion of the treating psychiatrist. Patients who were extremely agitated or acutely unwell would be transferred to a civil psychiatric hospital in the community.

34. In its report on the 2018 visit to Greece, the CPT highlighted the importance for every psychiatric establishment to have a comprehensive, carefully developed policy on seclusion and other means of restraint.

The involvement and support of both staff and management in elaborating the policy is essential. Such a policy should be aimed at preventing as far as possible the resort to means of restraint and should make clear which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated. The policy should also contain sections on other important issues such as: staff training; recording; internal and external reporting mechanisms; debriefing; and complaints procedures. Further, patients should be provided with relevant information on the establishment's restraint policy.

In response to the 2018 visit,<sup>11</sup> the Greek authorities informed the Committee that specific measures had been taken at Korydallos Psychiatric Hospital for prisoners to create a quiet room<sup>12</sup> within the ground floor unit, to apply the protocol on the use of restrictive measures drawn up by the Special Committee for the Protection of the Rights of Persons with Mental Health Disorders, to maintain a comprehensive record of restrictive measures in a dedicated register and to supply proper clothing to patients with self-harm. At the time of the 2022 visit, these stated measures had not in fact been implemented at the Hospital. When such a quiet room is established, there should also be a clock visible to the patient to assist them with their orientation and an intercom for communication with staff.

**35. The CPT reiterates its recommendation that the Greek authorities take proactive steps to ensure that a comprehensive, carefully developed policy on restraint is drawn up at Korydallos Psychiatric Hospital for prisoners, taking into account the above remarks.**

**Further, the CPT recommends that a safer quiet room be established on the ground floor which could be used for accommodating agitated, aggressive and auto-aggressive patients. All patients placed in this room should benefit from direct continuous supervision by staff.**

f. deaths

36. In the course of the 2022 visit, the delegation examined the documentation in respect of the four deaths that had occurred in the Hospital in 2022 to date and looked into the seven deaths that had occurred in 2021. A thorough examination of the deaths was not possible as key documentation in each case was missing.

Following a death in the Hospital, a review is carried out by the Prison Disciplinary Board<sup>13</sup> which attempts to ascertain whether there are any actions or omissions by staff for which they may be criminally responsible. However, there is no medical input to this review, which represents a serious deficiency given that the Disciplinary Board is reviewing healthcare services without benefitting from healthcare advice. Moreover, the review appeared far too narrow in scope.

The CPT considers that there should be an investigation into the cause of each death to see whether any lessons could be garnered to prevent future deaths, especially in the case of a person taking their own life. This would require enlarging the terms of reference of the Disciplinary Board and providing it with expert medical input.

Further, in paragraph 76 of the report on the 2021 visit, the CPT had concluded that the autopsies into deaths occurring in the Korydallos Prison Complex fell far short of the requirements set out in the Council of Europe Committee of Ministers Rec R(99)3 Recommendation on Harmonisation of Medico-Legal Autopsy Roles. No response to the recommendation on this matter has been received.

**37. The CPT recommends that the Disciplinary Board reviews into the deaths in Korydallos Psychiatric Hospital for prisoners be enhanced to ensure that they are capable of thoroughly investigating the circumstances of each death with a view to learning any lessons and improving operating procedures and not being restricted to criminal liability. At a minimum, each review into a death must have medical input.**

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<sup>11</sup>. See CPT/Inf (2019) 5, page 10.

<sup>12</sup>. The response included the technical specifications for the room: “the walls inside of each one will be lined with a soft material (thermoset polyurethane/foam thermoplastic), which will be made of pre-assembled 2,44 x 1,22 m panels with a nominal wall thickness of 25 mm and 19 mm of the floor. Note that, this material will cover the walls (other than the WC), the floor (other than the WC) and the entrance to the cell, as well as the bed. All components of the WC will be replaced with new ones made of stainless steel (INOX). Also, the beds will be built and they will be covered by foam protective material (without metallic elements).”

<sup>13</sup>. Composed of the Supervisory Prosecutor, the Director of the Hospital and the Head of Social Services.

**Further, the CPT reiterates its recommendation that all autopsies comply with the Council of Europe Recommendation on Harmonisation of Medico-Legal Autopsy Roles.**

**The CPT would also like to be provided with a copy of the protocols in place to identify and manage persons identified as being at risk of self-harming or attempting to commit suicide within the Hospital.**

38. The importance of carrying out an effective investigation into each death in custody has been reiterated on many occasions by the European Court of Human Rights when examining Article 2 ECHR cases. In January 2020, the Chief Prosecutor to the Cassation Court of Greece issued a Circular<sup>14</sup> setting out the duties of prosecutors to carry out an effective investigation into deaths in custody. The supervisory prosecutor's role in prisons to order an autopsy and carry out a review of the circumstances of the death as the chair of the Disciplinary Board was reiterated. As stated above, this process must be strengthened. The Circular also references the duty of the Misdemeanor Prosecutor to carry out a criminal preliminary investigation which should be completed diligently within a nine-month period of the death (Article 243 .3 of the Code of Criminal Procedure).

**The CPT wishes to be provided with details of the investigations undertaken by the Misdemeanor Prosecutor for the deaths which occurred in the Korydallos Prison Complex during 2021. It also wishes to be informed about any further measures that are envisaged to ensure that Greece abides with its Article 2 obligations under the European Convention on Human Rights in carrying out an effective investigation into deaths in prison.**

g. discipline

39. The provisions of the 1999 Prison Law, as amended in 2022, dealing with disciplinary sanctions and procedures remain unchanged and have been described in previous reports.<sup>15</sup> As regards more particularly the sanction of disciplinary confinement, it may not exceed 10 days (five days for remand prisoners). These provisions apply to patients and prisoners held in the Hospital.

According to the registers there had been 46 disciplinary incidents in 2022 (up to the end of October), 95 in 2021 and 117 in 2020, which also included the recording of deaths and any discoveries of illicit items. In 2022, a disciplinary punishment of solitary confinement had only been imposed on two prisoners for five days each for attacking another person. These two persons had subsequently been transferred out of the Hospital, as had other persons who had been charged with violent acts. Most of the recorded disciplinary offences concerned prisoners transferred to the Hospital for work or patients who were considered to be less unwell.

The mental state of the patient was taken into account when considering any disciplinary punishment and the delegation found that this was applied in practice. Overall, the disciplinary system was applied fairly and proportionately and the zero tolerance towards violent acts in the Hospital was appropriate.

h. contacts with the outside world and information on rights

40. Patients were entitled to receive visits every week for a minimum period of half an hour as set out in Article 52 of the Prison Law. The CPT considers that it was a missed opportunity not to amend this provision to provide all prisoners with a minimum period of one hour for visits when the revised Prison Law was adopted in October 2022.

Patients could access the card telephones located in the corridors on each floor throughout the day. For those patients with no funds, a phone card was provided once a month by the social workers.

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<sup>14</sup>. In the context of the implementation of the European Court of Human Rights judgment in the case of *Patsaki and others v. Greece* (No. 20444/14 of 7 February 2019).

<sup>15</sup>. See Articles 21.3 and 65 to 71 of the Prison Law.

**The CPT recommends that steps be taken to increase the visiting entitlement to the equivalent of one hour per week.**

41. Many patients met by the delegation stated that no-one had explained their current situation to them in a manner or language<sup>16</sup> they could understand – charges against them, right to a lawyer, the functioning of the Hospital and its rules, the activities available and their rights. This was particularly the cases for patients on remand. Only with respect to a few patients could the lack of a clear understanding of their rights, the legal procedures underway or even why they were placed in the Hospital be attributed to their mental disorder.

Much greater efforts need to be made to provide information to patients. For example, no information brochure on the hospital was offered to newly admitted patients nor were there any posters present providing simple information on the functioning of the hospital. Moreover, the CPT considers that a hospital of this size ought to have a patient advocate who is able to explain to patients their rights and the avenues that exist for making complaints or seeking support, including legal representation.

**The CPT recommends that the Greek authorities ensure that all patients admitted to the Hospital are provided with clear information on their situation and their rights in a manner and a language that they can understand. Consideration should be given to appointing a patient advocate to assist patients in this exercise.**

### **3. Transgender unit in Korydallos Women's Remand Prison**

42. The Prison Law (2776/1999), as amended by Law no. 4895/2022 of 28 October 2022, now prohibits discrimination based on gender or gender identity and sexual orientation, and advocates special treatment for prisoners for reasons of gender where required (see Article 3). This is a welcome step forward in recognising that prisoners may have different needs and that there should be an equality in the treatment of persons in prison.

However, there remains a need to develop a clear framework for the treatment of transgender persons who are detained in prison, in accordance with Principle 9 of the 2017 Yogyakarta Principles plus 10.<sup>17</sup> Such a framework should address both the policies towards the placement and management of transgender persons in prison and should include clear protocols with regard to such issues as searches, use of force, staffing, healthcare and treatment (hormone or gender affirming surgery) and association and access to activities together with cisgender prisoners. Further, prison staff should be offered programmes of training and awareness raising on working with transgender persons in prison.

43. The transgender unit at Korydallos Women's Remand Prison was opened in December 2021 and the three transwomen who at that time were being held in K Wing of Corfu Prison<sup>18</sup> were transferred to the new unit. The new unit consists of five renovated cells along a narrow corridor in a semi-basement area adjacent to another small section holding four high-profile male prisoners.

The renovated cells offer decent conditions. Each cell measures some 8.5m<sup>2</sup> and is equipped with a bed, table, chair and shelves for storage. The sanitary annexe (toilet, shower and basin) is semi-partitioned, and the walls are tiled. The mattresses were in good condition and the bedding clean. Access to natural light and ventilation were adequate and the artificial lighting sufficient.

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<sup>16</sup> Legal language and language on rights should be rendered simple and provided in a calm and unhurried manner.

<sup>17</sup> The Yogyakarta Principles plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics to Complement the Yogyakarta Principles as adopted on 10 November 2017, Geneva.

<sup>18</sup> See CPT/Inf (2022)16, paragraphs 40 to 42.

At the time of the visit, there were four transwomen present in the unit. All of them were provided with the necessary hygiene and cleaning products they required, and they all expressed that they felt supported by management and staff. In this respect, it is positive that prison management organised an awareness raising session for their staff on working with transgender women which was led by the NGO Positive Voice.

44. The general prison rules apply to the transgender unit meaning that, apart from two hours in the middle of the day, the unit is unlocked between 08:00 and 20:00. In addition to time spent within the unit itself, the women have access to their own courtyard.

The concrete yard has a basketball hoop and is equipped with two benches, and the management stated it was their intention to install a shelter from the sun and rain. However, the four-meter-high fencing around the yard is covered with razor wire some of which is only a little above head height and clearly presents a safety hazard.

The transwomen have been offered a few opportunities to participate in activities such as theatre, dance and a film showing together with other women on remand. However, increased efforts should be made to expand the offer of activities to the transwomen.

45. As regards treatment, it was evident that the women in the unit had all suffered traumatic experiences prior to entering prison and that there is a need to offer them psychological support. Further, those women who wish to continue their hormonal treatment ought to be able to do so. Two of the women stated that when they had first entered prison, they had been told that this was not possible and after more than a year the lack of continued hormonal treatment was having a physical impact on their bodies. A clear policy on such treatment should be put in place and the women should be informed about access to hormonal treatment upon their admission to the unit.

46. It is also important that the prison administration and social services assist the women in preparing to reintegrate into the community as far as possible, including by linking up with civil society organisations.

At the time of the visit, three of the four women were expected to be discharged from prison within a few weeks. The remaining transwoman is potentially facing a very long time in prison and she is already suffering from anxiety and stress and does not associate with the other women. She should receive further mental healthcare assessment and treatment going forward, especially if she receives a long sentence.

47. The CPT welcomes the steps taken by the Greek authorities to improve the treatment and conditions of detention for transwomen and it encourages them to continue to strengthen the protection of these women.

In particular, **the CPT recommends that the Greek authorities:**

- **develop a clear policy framework for transgender persons in prison in accordance with the Yogyakarta Principles, which should include protocols on such issues as searches, use of force, staffing, healthcare and treatment (hormone and/or gender affirming surgery) and association and access to activities together with cisgender prisoners;**
- **pursue their training programmes for staff working with transgender persons;**
- **improve the access of transgender women to a range of purposeful activities;**
- **review the safety and security of the outdoor courtyard.**

**The Committee would also like to be informed about the support being offered to the transgender woman potentially facing a long sentence of imprisonment and to be updated on the number of transgender women in the unit as of 1 May 2023.**



#### 4. Special Area C Wing in Korydallos Men's Prison

48. In the report on its 2021 visit, the CPT described the living conditions in Special Area C in Korydallos Men's Prison as being once again in an appalling state. It recommended that immediate steps be taken to reduce the occupancy levels, refurbish the material conditions and to offer the persons held in the unit access to purposeful activities.

However, the conditions of detention for persons held in Special Area C had not improved by the time of the November 2022 visit. They remained an affront to human dignity and could, in the CPT's view, be considered as amounting to inhuman and degrading treatment under the European Convention on Human Rights.

49. At the time of the 2022 visit, the configuration of the unit had slightly changed in that only three of the five cells along the back corridor were now allocated to persons accused of sexual offences.

These persons were generally in transit for a few weeks or months due to a court case or while awaiting transfer to another prison establishment. A barred gate separated these three cells from the other six cells which housed persons under protection from other prisoners, all of whom had signed a paper consenting to their placement on this unit.

The cells all measured a mere 6m<sup>2</sup> and contained one or two beds, an unpartitioned floor level toilet and a basin. The walls and ceiling of the cells were dilapidated with flaking paint, damp patches and crumbling plasterwork. Cells 8 and 9 still had water leaking from the ceiling onto the floor or directly onto the persons sleeping on mattresses on the floor (as was the case in 2021). The in-cell artificial lighting did not function in all cells. The cells were dirty, the mattresses generally filthy, mould was present in several cells and hygiene was appalling. The single shower available for the unit was in a state of disrepair.

50. The three cells for persons accused of sexual offences were each accommodating three men with one or two sleeping on mattresses on the floor (that is, less than 2m<sup>2</sup> of living space per person excluding the floor toilet). Moreover, it is quite common for up to five persons, or more, to be held in each of these cells. For much of the day, these persons are confined to their cells and a 9m<sup>2</sup> area in front of their cells, with access to a small yard offered twice a day.

The remaining six cells offered equally poor conditions and were mostly accommodating two or three persons. For example, Cell 3 accommodated three persons in 6m<sup>2</sup>, with one person sleeping on a mattress on the floor. The cell was dirty, the light switch was broken with very limited access to natural light, and the floor level toilet was filthy and not partitioned. These prisoners were offered no activities and, as they were not supposed to associate with the prisoners on the other corridor, access to the small outdoor yard was restricted. Several persons had been accommodated in these cells for six or more months.

In addition, at the time of the visit, there were several vulnerable persons being held on this unit who were not being afforded the appropriate care. For example, the person held in Cell 6 displayed signs of being mentally ill through his disoriented and delusional speech and lack of personal hygiene. An older person located in Cell 8, who had leukemia and had been instructed to remain in bed and rest by his doctor the day prior to his transfer to Korydallos Men's Prison due to a swollen and infected foot, had yet to be seen by the healthcare service. Another person stated that he had been denied access to any substance use programmes due to being located on this unit.

51. At the end of the visit, the delegation invoked Article 8, paragraph 5, of the CPT Convention and requested that the Greek authorities close down this unit until such time as it has been appropriately renovated. By communication of 15 December 2022, the Greek authorities responded that the unit had been closed down, the prisoners transferred to other areas of the prison establishment and a process of refurbishment of the unit undertaken (repairs to doors, beds, lighting, electrical installations and wall plaster and the cells repainted). The CPT welcomes the response of the Greek authorities to address the immediate observation.

**The Committee would like to be informed when the unit is subsequently re-opened as well as about its revised official capacity, the profile of the prisoners held on the unit and the regime offered to them.**

## **5. Case of AA in Korydallos Prison Special Health Centre**

52. In the report on the 2021 visit, the CPT had raised the case of AA, a person who was severely disabled on account having no forearms and who was struggling with his daily living needs in the Korydallos Prison Special Health Centre as he required new prostheses. The CPT had recommended that he be provided with effective assistance for his daily living needs including eating, washing and going to the toilet until such time as new prostheses for his arms could be provided.

In the Greek authorities' response to the report on the 2021 visit, which was received in June 2022, it was stated that AA now had effective assistance from another prisoner caregiver and that new prostheses had been identified and the budget allocated and "its implementation can be completed within the next few days".

53. Regrettably, this was not the case. In fact, the situation of AA at the time of the November 2022 visit remained the same as that found in 2021 in that he was still not being provided with effective assistance for his daily needs. Indeed, every day he was placed in a degrading situation when he had to run to the shower room with his clothing around his ankles to try and clean himself after defaecating in the toilet.<sup>19</sup>

The delegation invoked Article 8, paragraph 5, of the CPT Convention and requested that the authorities take immediate action to provide HA with new prostheses for his arms and that, in the meantime, he be offered the necessary around the clock care to provide for his needs.

By communication of 15 December 2022, the Greek authorities informed the CPT that a second care giver had been appointed to assist AA with care and support pending the arrival of his new prostheses. Further, on 30 November AA had visited "Rehabline", the prosthetic limbs clinic, for a preliminary fitting of the new limbs. The new limbs were expected to be provided to AA by the end of December 2022. **The CPT welcomes this information and would like to receive confirmation that HA has now been fitted with his new prostheses.**

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<sup>19</sup> The assigned care giver felt it was not his duty to assist HA in wiping his bottom after he defecated.