

## KEY OBSERVATIONS

### PRIORITY TOPICS

#### ■ Psychiatry and Social Care

**DE-INSTITUTIONALISATION** – Continue the implementation of respective de-institutionalisation strategies.

**LIVING CONDITIONS** – Continue refurbishment of psychiatric and social care establishments

**STAFF** – Strive to hire more qualified socio-therapeutic staff

**TREATMENT** - Increase the range of treatments other than pharmacotherapy

**MEANS OF RESTRAINT** – Stop using means of restraint in social care establishments

**SAFEGUARDS** – Ensure genuine, free and informed consent to placement and treatment for all formally voluntary patients and residents.

## THE CPT AND UKRAINE

Ukraine ratified the ECPT in 1997, and the Committee's first visit took place in 1998.

Since ratification, the CPT has carried out 18 country visits to Ukraine– 8 periodic and 10 ad hoc – including 162 visits to police establishments, 64 to prisons, 12 to psychiatric institutions, 9 social welfare and educational-correctional establishments, 6 to military detention facilities, and 19 to border and immigration detention facilities.

All the visit reports have been published. Ukraine has accepted the automatic publication of the visit reports since November 2014.

## EXECUTIVE SUMMARY

The aim of this visit, the CPT's second since the beginning of the full-scale military aggression by the Russian Federation in February 2022, was to examine the treatment and conditions of detention of persons hospitalised and treated against their will in psychiatric hospitals, as well as those accommodated in social care establishments for disabled and older persons. The delegation visited psychiatric hospitals in Lviv (Kulparkiv Hospital), Orlivka (Sarny) and Hlevakha (Kyiv Region), as well as Hrushkivskiyi "Internat" (Lviv Region), Vinnytsia "Pensionat for the Elderly and Disabled Persons", and Baraboi "Internat" (Odesa Region).

The CPT is particularly pleased to note that, despite the extremely challenging situation prevailing in Ukraine, its delegation received excellent co-operation throughout the visit at all levels.

### Psychiatric establishments

The delegation heard no allegations of physical ill-treatment by staff at any of the hospitals visited. Overall, there was a relaxed atmosphere and the delegation observed good staff-patient relations. As for inter-patient violence, conflicts did occur sometimes but they were not a serious issue at any of the hospitals, and staff intervened promptly and adequately whenever such conflicts arose.

Living conditions varied in the hospitals visited. The best (i.e. good) conditions were observed on the already refurbished wards in Lviv and Hlevakha, where patients lived in smaller, well furnished, decorated and personalised rooms. The majority of the wards in Lviv and Hlevakha, whilst not of such a high standard, offered still decent accommodation. The worst (i.e. quite poor) conditions were found on Ward 2 in Lviv, Wards 2, 3 and 4 at Orlivka Psychiatric Hospital, as well as on the forensic wards and Ward 18 in Hlevakha, with austere and cramped dormitories, and a lack of lockable space, privacy and personalisation. There was ongoing refurbishment in the three hospitals, and it was clearly both the plan and the intention of the respective managements to gradually bring the living conditions to the level found on the already refurbished wards. The CPT cannot but encourage the Ukrainian authorities to pursue these efforts which should also permit, in due course, to have more living space per patient on all the wards.

The health-care staff complements appeared to be generally sufficient. Admittedly, there were vacant posts in the three hospitals, mostly so at Orlivka and Hlevakha; the Committee invites the Ukrainian authorities to strive to fill them. By contrast with the satisfactory staffing situation as regards doctors, nurses and orderlies, there were generally too few psychologists and other therapeutic staff, such as occupational therapists and physiotherapists. Likewise, there were not enough social workers.

In the three psychiatric hospitals visited, the treatment was essentially based on pharmacotherapy which was generally adequate although the dosage and combination of prescribed medicines was sometimes rather high in Orlivka. Other psycho-social therapeutic activities were available in Hlevakha and on most of the wards in Lviv but were in short supply in Orlivka.

The Committee invites the Ukrainian authorities to make serious efforts to further develop a range of therapeutic options and involve more patients in rehabilitative psycho-social activities; to make it possible, more qualified staff (psychologists, occupational therapists, physiotherapists, social workers, etc.) will need to be hired.

All patients at the Orlivka and Hlevakha hospitals had access to at least two hours of daily outdoor exercise in a decent environment whereas at Lviv this was not the case. The Committee recommends that urgent steps be taken to remedy this situation. More generally, the aim should be to ensure that all patients benefit from an unrestricted access to outdoor exercise during the day unless treatment activities require them to be present on the ward.

Seclusion was not applied at any of the psychiatric hospitals visited. As for mechanical restraint (fixation), it was not used frequently and when it was applied then as a last resort measure and always for short periods of time. However, although the use of fixation was generally well recorded, there were still no

centralized registers (only ward-based ones). Further, the use of chemical restraint was not recorded in aforementioned registers at any of the hospitals. The main issue of concern at Kulparkiv and Orlivka Psychiatric Hospitals was that, unlike at Hlevakha Psychiatric Hospital, patients were often fixated in view of other patients. Further, at Kulparkiv Psychiatric Hospital the delegation observed that police officers could sometimes be asked by health-care staff to help them restrain a patient. The CPT recommended that steps be taken to address the above lacunas.

The legislation in force concerning involuntary psychiatric hospitalisation and treatment seemed to be duly followed in practice, both as regards the “civil” and forensic patients. The delegation examined several administrative/legal patient files in the hospitals visited and concluded that there were no delays in the context of initial placements for “civil” involuntary patients (in Lviv) and for the prolongation of preventive measures (pursuant to Section 508 of the Code of Criminal Procedure) for forensic patients in Orlivka and Hlevakha. For forensic patients, at Orlivka the 6-monthly reviews by the hospital’s psychiatric commission were carried out but often at the very end of the 6-month period (although the law stated “no less than every 6 months”) and then there were sometimes delays (10 to 40 days) in the court issuing a decision. By contrast, in Hlevakha the hospital’s psychiatric commission had the practice of sending its recommendation to the court sufficiently in advance to prevent such delays in court decisions. The Committee recommends that an analogous practice be adopted at Orlivka Psychiatric Hospital.

On the positive side, all patients – both “civil” and forensic – had access to (mostly *ex officio*) legal assistance and there was always a court hearing.

All “civil” patients were asked by the admitting doctor, upon arrival, to sign consent forms with three signatures, confirming that they agreed to be hospitalised, to undergo diagnostic procedures and to receive any treatment prescribed by the hospital’s doctors. However, the CPT has misgivings as to how genuinely free and informed that consent could often be. The Committee recommends that steps be taken to ensure that “civil” patients are always able to give their free and informed consent to both hospitalisation and treatment.

Finally, it is positive that as a rule patients had good possibilities to receive visits by relatives and friends and they had access to a telephone as well as controlled access to the internet. However, although internal complaints procedures did formally exist in the three hospitals, the delegation gained the impression that these procedures were not operating very efficiently. The Committee recommends that measures be taken to improve the operation of the internal complaints systems in the three psychiatric hospitals visited.

### **Social care establishments**

The delegation did not receive any credible allegations of deliberate physical ill-treatment of residents by staff in the social care establishments visited. The overall atmosphere and staff-resident relations appeared fairly relaxed. As for inter-resident violence, conflicts between residents did occur occasionally but were swiftly and adequately addressed by the staff. The CPT welcomes this.

Living conditions were overall good in the refurbished parts of the establishments visited. By contrast, conditions were poor in the not (yet) refurbished areas, especially floors 2 and 4 of Ward 2 of Vinnytsia “Pensionat” as well as all the resident accommodation at Baraboi “Internat”, where the rooms were quite dilapidated and often austere. This was compounded by overcrowding on some of the wards. The worst conditions were observed in the rooms and dormitories accommodating bedridden residents e.g. on Ward 2 in Vinnytsia, with a lack of privacy and lockable space. In the three social care establishments visited, the managements were making intense efforts to seek funding to continue improving the living conditions. The CPT can only encourage these efforts with a view to completing as soon as possible the refurbishment of all the remaining resident accommodation.

As for outdoor exercise, most of the residents could circulate freely during the day within the establishments' extensive green areas. Access was more problematic for bedridden residents and those with reduced mobility. The Committee recommends that steps be taken to provide residents with reduced mobility with adequate staff assistance to be able to accede to the outdoor exercise areas in the three social care establishments visited.

Regarding health-care staff, the three social care establishments visited would clearly benefit from an increased presence of doctors, nurses and orderlies. However, the biggest problem was the insufficient complement of other therapeutic and rehabilitation staff. None of the social care establishments employed a psychologist or a fully trained occupational therapist; further, there were very few social workers and only Vinnytsia "Pensionat" had an in-house physiotherapist. The Committee recommends that efforts be made to improve the staffing situation in the social care establishments visited.

As for the treatment provided to residents, it was essentially based on pharmacotherapy, with a limited range of mostly first-generation anti-psychotic drugs available. Further, the range of other psycho-social therapies and activities available appeared to be rather limited. The Committee recommends that steps be taken to develop the offer of psycho-social therapy and other activities for residents of the social care establishments visited.

The CPT is of the view that, as a matter of principle, means of restraint should not be applied in social care establishments. The policy should be to gradually phase out their use and replace them with alternatives such as de-escalation techniques, for the use of which staff working in such establishments should receive adequate training. On those rare occasions when a resident becomes agitated and has not calmed down despite the staff having applied de-escalation techniques, the normal procedure should be to call an ambulance with the view to transferring the resident without delay to a more appropriate health-care setting. The CPT recommends that the Ukrainian authorities modify their approach in respect of resort to means of restraint in social care establishments, in the light of the above remarks.

The delegation noted that the legal framework was generally duly observed in the three social care establishments visited, including the requirement to sign "contracts" between residents (or their guardians) and the establishments' Directors, and to carry out reviews by medical commissions and district medico-social expertise commissions. However, it remained the case that residents were as a rule not given a copy of the "contract" and that staff usually did little to explain the meaning and the content of the "contracts" to the residents. The CPT calls upon the Ukrainian authorities to ensure that residents in social care establishments (including those legally incapacitated) are systematically given a copy of the "contract" signed with the Director of the institution and are provided with information, in a format they can understand, about the meaning of the "contract" and their right to request discharge from the establishment.

The Committee is concerned by the fact that, despite its previous repeated recommendations, many legally incapacitated residents in the three social care establishments visited had the establishment's Director performing the functions of their guardian. The CPT again calls upon the Ukrainian authorities to search for alternative solutions which would better guarantee the independence and impartiality of guardians.

As regards complaints, residents could *inter alia* complain online and by phone to the Ombudsman. However, as far as the delegation could ascertain, there were no formal internal complaints procedures and no complaints registers. The Committee recommends that steps be taken to ensure that residents are informed of possibilities to lodge both internal and outside complaints, on a confidential basis.

Concerning contact with the outside world, residents could receive visitors without restrictions. However, residents without own mobile phones had no (or very limited) access to a telephone. The CPT reiterates its recommendation that steps be taken to facilitate access to a telephone for residents who do not possess their own mobile phones.