

EXECUTIVE SUMMARY

The main objective of the visit was to examine the treatment and living conditions of patients in psychiatric establishments and residents in social welfare institutions. The CPT's delegation took stock of progress made in these areas since the last time the CPT visited such establishments in Turkey in 2006. It also looked into the legal safeguards related to the involuntary placement/treatment of patients/residents and their implementation in practice.

Throughout the visit, the delegation received very good co-operation in all the establishments visited.

Psychiatric establishments

The CPT welcomes the Turkish authorities' efforts to reform the mental health sector, focusing on the de-institutionalisation of long-term psychiatric patients, the creation of community mental health centres and the gradual downsizing of regional mental health hospitals. However, the Committee notes with concern that Turkey still lacks a specific mental health law; the delegation once again observed that this lacuna gave rise to a number of deficiencies in the country's mental health system, in particular as regards safeguards in the context of involuntary hospitalisation, consent to treatment and use of means of restraint. The CPT urges the Turkish authorities to enact comprehensive mental health legislation without further delay.

The delegation received virtually no allegations of ill-treatment by staff in most of the hospitals visited. On the contrary, patients generally spoke favourably of staff and many patients expressed their appreciation about the caring attitude of nursing staff. However, at Elazığ Mental Health Hospital, the delegation did receive several allegations of recent physical ill-treatment (such as pushing, punches, kicks and blows with a broomstick) by orderlies. A number of patients met in this hospital also complained about the use of disrespectful language and threats against them by orderlies. The CPT recommends that the management of the Elazığ Hospital deliver the clear message to orderlies that patients must be treated with respect, and that all forms of ill-treatment of patients (including verbal abuse) are unacceptable and will be punished.

Material conditions in the High-Security Forensic Unit at Adana City Hospital were of a very high standard and were also generally satisfactory in the other establishments visited. With some exceptions, patients' rooms were well-maintained, reasonably clean and airy and had adequate access to natural light. That said, in many wards at the Adana, Elazığ and Manisa Hospitals, patients were accommodated in six- to ten-person rooms (with beds placed close to each other), which offered limited living space and failed to provide any privacy. Further, patients' rooms in these hospitals were only equipped with beds and at best a few cupboards; the absence of other furniture or decoration contributed to the impersonal and austere atmosphere.

Whilst acknowledging that most patients' wards at Adana, Elazığ and Manisa Mental Health Hospitals had an outdoor area, in principle accessible to patients for up to four hours per day, the CPT notes with great concern that patients accommodated in the "prison ward" at the Adana and Manisa Hospitals were not offered any outdoor exercise (for weeks and occasionally even months on end). Further, in most of the other wards at the Elazığ and Manisa Hospitals, patients did not usually benefit from outdoor exercise on a daily basis, as it was often denied if the weather was inclement. Moreover, due to the lack of a designated outdoor facility in the Psychiatric Ward of Ankara University Hospital, patients had no access to the open air for several days or weeks after their admission.

As regards staff, psychiatrists at Adana, Elazığ and Manisa Mental Health Hospitals were found to be struggling to cope with a heavy workload, given that they also had to devote most of their time to consultations in the outpatient clinic attached to the hospital. The psychiatrists met by the delegation confirmed that this preponderance of outpatient work led to a relative neglect of inpatients. The Committee recommends that the presence of psychiatrists on inpatient wards at these hospitals and, as appropriate, in other psychiatric hospitals in the country be increased.

Whilst acknowledging the efforts made by the management in the mental health hospitals visited to provide patients with a range of therapeutic, rehabilitative and recreational activities, the CPT was concerned to note that the possibilities for patients to take part in such activities remained limited. For the great majority of patients in the establishments visited, psychiatric treatment was still predominantly based on pharmacotherapy (sometimes combined with electroconvulsive therapy). The Committee recommends that steps be taken at the establishments visited to further develop the provision of psychosocial rehabilitative activities based on individualised patient treatment plans.

There appeared to be no excessive resort to means of mechanical restraint (i.e. up to five-point fixation to a bed with belts) in any of the mental health hospitals visited; such means were generally applied infrequently, usually for periods not exceeding a few hours. That said, the delegation noted that no staff member was designated to stay with and observe immobilised patients in any of the hospitals visited. Further, patients usually did not benefit from a debriefing with a member of the health-care staff after having been subjected to means of restraint. Moreover, although a restraint register was kept on every ward in the hospitals visited, there was no central register at the hospital level. It is also a matter of concern that instances of chemical restraint were recorded in a restraint register only when used together with mechanical restraint, but not when administered separately.

Social welfare establishments

The delegation visited a private social care home for adult persons with psychiatric disorders in Adana (Adana Care Centre"), a public social care home for persons with an intellectual disability in Şereflikoçhisar ("Ankara Care Centre") and a private social care home for adult persons with an intellectual disability in Mersin ("Mersin Care Centre").

The delegation received no allegations of ill-treatment by staff in any of the centres visited, and it observed for itself a caring and dedicated attitude of staff towards residents. Further, violence between residents did not appear to be a major problem.

Material conditions were generally satisfactory at Adana and Ankara Care Centres and very good at Mersin Care Centre, in terms of state of repair, ventilation, hygiene and living space (with usually two or three persons per room). Further, all three centres had spacious, pleasantly-decorated and well-equipped communal rooms, as well as verandas or covered outdoor lounges. That said, it is a matter of concern that several residents at the Ankara Care Centre were compelled to sleep on a mattress placed on the floor, due to overpopulation. Further, in particular at Ankara Care Centre, residents' rooms were quite austere (i.e. lacking decoration and personal belongings).

In all the care centres visited, residents were offered a range of recreational activities, and they could in principle spend several hours per day in the gardens. In addition, several occupational activities (such as painting, drawing and handicrafts) were organised in activity rooms on a daily basis. It is particularly noteworthy that, at Adana and Mersin Care Centres, around 20% of the residents attended outside rehabilitation centres or schools. That said, in practice only more autonomous residents were able to take part in the above-mentioned activities. The existing staffing levels were clearly insufficient to provide less autonomous residents with organised activities. It is also a matter of concern that, in contrast to Adana and Ankara Care Centres, Mersin Care Centre did not have any specialised staff for this purpose. The CPT recommends that more occupational and recreational activities tailored to the needs of residents be offered and that the number of specialised staff providing such activities be increased.

As regards health care, the CPT welcomes the 24-hour presence of nursing staff in all the care centres visited. In case of need, residents were usually transferred to a local hospital without delay and medical check-ups were arranged at regular intervals. Nonetheless, the CPT encourages the Turkish authorities to ensure that all care centres visited, as well as other similar institutions, are visited at least once a week by a general practitioner and at least once a month by a psychiatrist.

The delegation was not in a position to obtain a clear picture of the use of padded anger control rooms and other means of restraint, since no register was kept of such instances in any of the care centres visited. The CPT formulates a number of specific recommendations regarding the use of restraint measures, in particular as regards the involvement of a doctor, the supervision of residents under restraint and the keeping of a dedicated register.

Safeguards in the context of involuntary placement of persons in psychiatric and social welfare establishments

Overall, the visit revealed a number of striking shortcomings in law and practice. In particular, in all the psychiatric hospitals and care centres visited, many patients/residents who were classified as “voluntary” appeared to be de facto deprived of their liberty, without benefiting from the safeguards provided for by law for involuntary patients/residents. Further, involuntary placement procedures were usually carried without any involvement of the patients/residents concerned, and placement decisions which were usually indefinite were still not subject to an automatic judicial review at regular intervals. It is also a matter of concern that, in all the hospitals visited, no distinction was made in practice between the involuntary placement and involuntary treatment of a patient.

The CPT recalls that every patient capable of discernment – whether voluntary or involuntary and whether civil or forensic – should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances. The Committee formulates a number of specific recommendations aimed at reinforcing the safeguards offered to involuntary patients/residents in the context of involuntary placement/treatment.