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**Preliminary observations made by the delegation
of the European Committee for the Prevention
of Torture and Inhuman or Degrading Treatment
or Punishment (CPT) which visited Finland**

from 20 to 30 April 2008

The Finnish Government has authorised the publication of these preliminary observations.

Strasbourg, 10 June 2008

Statement by Mrs Renate KICKER
First Vice-President of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and Head of the delegation,
at the meeting with the Finnish authorities in Helsinki
on 30 April 2008, at the end of the CPT's 4th periodic visit to Finland

Introduction

Dear Minister, Ladies and Gentlemen,

In accordance with standard CPT practice, allow me to present the preliminary observations of the delegation which has carried out the Committee's fourth periodic visit to your country. You will receive a detailed report on the visit later this year.

The delegation visited the following establishments:

- Helsinki Police Department (Police Prison in Pasila)
- City Centre, Itäkeskus and Malmi Police Precincts in Helsinki
- Nokia District Police Department
- Riihimäki District Police Department
- Seinäjoki District Police Department
- Tampere District Police Department
- Vaasa District Police Department

- Töölö Custody Facility for Intoxicated Persons, Helsinki

- Metsälä Detention Unit for Aliens, Helsinki

- Helsinki Prison (with a particular focus on “closed” units)
- Riihimäki Prison (with a particular focus on high security and “closed” units)
- Vantaa Prison

- Psychiatric Treatment and Research Unit for Adolescent Intensive Care (EVA), Pitkänieniemi Hospital
- Vanha Vaasa State Psychiatric Hospital.

Co-operation

At the outset, I would like to thank you for the generally very high level of co-operation received both from the national authorities and from staff at the establishments visited. In most cases, the delegation enjoyed rapid access to the places visited (including ones not notified in advance) and was able to speak in private with persons deprived of their liberty, in compliance with the provisions of the Convention. Further, we were provided with all the necessary documentation and additional requests for information made during the visit were promptly met. I should add, however, that in nearly all of the police establishments visited, it appeared that information on the Committee's mandate and the possibility of a CPT visit had not been circulated in advance to all the officers concerned, which in a few cases resulted in delays of up to 15 minutes in granting the delegation access to these facilities (due to the necessity for the officers on duty to study the credentials provided by the authorities and to consult their superiors).

More generally, I would like to stress that the principle of co-operation between State Parties and the CPT is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations. In this respect, and despite several important improvements observed since the 2003 visit, the delegation is concerned to note that little or no action has been taken in respect of a number of long-standing recommendations of the CPT regarding, among other matters, the detention of remand prisoners in police establishments, the legal safeguards against ill-treatment of persons in police custody, the elimination of the practice of "slopping out" in prison establishments, and the legal framework of involuntary psychiatric hospitalisation and treatment. I will speak about these matters in more detail later.

Police establishments

As during the previous visit in 2003, the delegation did not receive any allegations of ill-treatment of persons detained by the police, and did not gather any other information or evidence to this effect.

As for conditions of detention in the police establishments visited, the delegation's findings are very similar to those made during the Committee's previous visits to Finland, namely that the conditions are generally acceptable for the period of police custody (i.e. up to 96 hours). However, the delegation has noted with concern that several of the police establishments visited (e.g. in Pasila, Seinäjoki, Tampere and Vaasa) continue to be used to accommodate persons remanded in custody, for periods of up to several months. Moreover, the statistical information provided to the delegation at the outset of the visit clearly indicates that the scale of this practice has not diminished significantly since the 2003 visit.

As was the case on all previous visits starting from 1992, none of the police establishments offered a suitable regime of activities for persons on remand, who spent almost all their time locked up in their cells. Remand prisoners were as a rule offered one hour of outdoor exercise per day; however, the conditions under which such exercise took place were generally inadequate. By way of example, at the Seinäjoki District Police Department, persons on remand had to take their exercise in the establishment's car park, and the outdoor facilities of the other establishments visited were oppressive and frequently too small to allow any real physical exertion. Furthermore, the provision of health care to remand prisoners held in police establishments continues to be inadequate; in particular, there is insufficient presence (or even a lack) of nursing staff and no systematic medical screening upon arrival.

In the delegation's view, the lack of significant progress in this area over 16 years is unacceptable. The delegation must stress once again that, in the CPT's opinion, remand prisoners should not be held in police cells. In this connection, the delegation requests the Finnish authorities to provide to the Committee, **within 3 months**, detailed information about the legislative and organisational steps (comprising precise deadlines and financial means allocated) envisaged to eliminate, in due course, the practice of holding persons on remand in police establishments. This will require close co-operation between the Ministry of the Interior and the Ministry of Justice.

Turning to the legal safeguards against ill-treatment of persons deprived of their liberty by the police, the delegation is concerned by the fact that such persons are still not informed systematically and in a written form of all their rights (including the right of notification of custody, of access to a lawyer and of access to a doctor) as from the very outset of their deprivation of liberty.

Further, access to a lawyer continues in most cases to be granted only at the beginning of the first formal interview by the investigator (which could happen as late as three days after the actual apprehension). The delegation also heard several allegations from persons who were or had recently been in police custody that they had only been able to meet a lawyer after they had signed a statement, or at the beginning of the first court hearing. Moreover, despite legal obligations on the police as regards the provision of health care to persons in their custody, it appears that not all apprehended persons are asked by the police about their health condition and about any injuries they might have sustained prior to their placement in a cell.

In addition, there is considerable scope for improvement as regards the quality of custody records kept in police establishments – those consulted by the delegation were often incomplete and/or out of date. Further, the periods spent in holding cells in some of the local police precincts were not documented.

As for the issue of detention of intoxicated persons in police establishments, the delegation wishes to make only a few remarks at this stage. Concerning the Custodial Facility in Töölö, steps are required to ensure that every intoxicated person is provided with a suitable mattress and that there is the permanent presence of a nurse at this establishment. More generally, for as long as the police continue to hold intoxicated persons on their premises, there is a need to provide police staff with adequate training in recognising the symptoms of conditions that could be mistaken for or complicate alcohol intoxication, and to ensure that there can be rapid access to a nurse whenever intoxicated persons are held at a police facility.

Foreign nationals detained under aliens legislation

The delegation did not hear any allegations of ill-treatment of detained foreign nationals by staff of the Detention Unit for Aliens in Metsälä (Helsinki). On the contrary, many detainees interviewed spoke positively about the staff (referred to as “counsellors”), and the delegation observed that staff-detainee relations were generally relaxed. In this context, it should be added that the counsellors were sufficient in number, had different cultural backgrounds and possessed a wide range of language skills. Further, incidents of inter-detainee violence appeared relatively rare and well handled by the management and staff.

The delegation has no particular comments on the material conditions and the regime at the Metsälä facility; they were generally adequate and represented a major improvement over the situation observed in the old Katajanokka establishment during the 2003 visit. The only remark to be made at this stage is that the exercise yard should be equipped with an area protected against inclement weather.

As for health care, there has recently been an improvement in arrangements for access to a doctor. However, two issues of concern need to be addressed urgently; a prompt and systematic medical screening of all newly-arrived detainees should be introduced, and steps should be taken to provide detained foreign nationals with psychological assistance from qualified persons. This will require reinforcing the establishment’s staff (by recruiting an additional full-time nurse and a half-time psychological therapist).

The delegation welcomes the recent trend to reduce the number of foreign nationals returned from the Metsälä unit to police custody. Further, there was no evidence of excessive use of isolation and the conditions in the isolation rooms, as well as the regime applied to detainees placed in isolation, were on the whole adequate; that said, a nurse should visit persons held in isolation every day. The delegation has also noted some other positive developments as compared with the 2003 visit. For example, there is now a specific register for recording instances of isolation and return to police custody, and all access to the establishment by the police requires prior authorisation by the unit’s director. Further, foreign nationals are provided with information on their rights and their situation in a wide range of languages, and there are good possibilities for them to maintain contact with their families and friends.

Nevertheless, the delegation notes that persons deprived of their liberty under aliens legislation are still sometimes held in police establishments, in particular when the Metsälä facility is operating at full capacity (which seems to be a frequent occurrence). In this context, the Finnish authorities should consider the possibility of opening a second establishment of this type.

Prisons

Hardly any allegations of ill-treatment of prisoners by staff were heard at Helsinki, Riihimäki and Vantaa Prisons. Most inmates interviewed by the delegation considered that they were being treated correctly by prison officers.

However, staff attitudes towards prisoners, although polite and correct, were of a merely custodial character. Better interaction between staff and inmates could help defuse tension and avert crises, such as those which occurred at Riihimäki Prison's C-2 Unit before it started to operate as a High Security Unit. In the delegation's view, the development of constructive and positive relations between prison staff and prisoners would enhance control and security and render the work of prison officers far more rewarding. It is time to invest major efforts in the building of such staff-inmate relations in prison.

As during previous visits, the delegation has paid close attention to the phenomenon of inter-prisoner violence and intimidation. The observations made during the 2008 visit suggest that significant efforts have been made in this area. The strategy pursued in the establishments visited consisted in creating smaller and virtually "hermetic" units. This was generally perceived as leading to better control within the prisons in general and to better safety for the prisoners who were known as "fearful" in particular. Nevertheless, it appeared during the visit that this approach has so far failed to provide the most vulnerable ones with an appropriate regime in a safe environment. In all three establishments visited, a number of these prisoners had to be kept segregated for prolonged periods in a punishment or "travelling" cell, or in a closed unit with a regime effectively resulting in cellular confinement for at least 22 hours per day. Some prisoners interviewed by the delegation felt they were paying a heavy price for their own safety. Helsinki Prison provided the most striking examples of vulnerable prisoners being confined to their cells most of the day, if not all day, without taking outdoor exercise, as their potential aggressors had been placed in the very same unit where they were being accommodated. In this context, the delegation must stress that it is generally acknowledged that all forms of solitary confinement without appropriate mental and physical stimulation are likely, in the long term, to have damaging effects, resulting in deterioration of mental faculties and social abilities. Active steps should be taken to prevent such situations.

The CPT's delegation was impressed by the high quality of the prisoner accommodation at Vantaa Remand Prison. However, the original concept of a modern remand prison offering a variety of regimes while taking into account the interests of justice was compromised by overcrowding. For instance, due to a lack of prisoner accommodation in other units, a number of remand prisoners had to be accommodated in a closed unit designed for inmates placed in isolation by court order, and were generally locked up 23 hours a day, for several days, weeks or even months on end pending their transfer to another unit. The situation observed in the unit for women was of particular concern as the presence of one woman placed in isolation by court order has led the prison management to apply the same strict regime (i.e. very limited out-of-cell activities and human contact) to all female prisoners. This is not acceptable.

Refurbishment work had been carried out at Helsinki and Riihimäki Prisons. This work included the installation of integral sanitation in the cells at Riihimäki so that prisoners no longer used buckets for the purpose of complying with the needs of nature. This is a welcome development. However, the delegation was concerned to learn that Helsinki Prison was the only establishment not to be included in the future national investment plan aimed at reducing the number of “slopping out” cells by 2015. It is unclear to the delegation why ending the practice of “slopping out” in such a large establishment as Helsinki Prison was considered a low priority. The delegation requests the Finnish authorities to reconsider their position on this matter and to inform the CPT, **within three months**, of the steps taken.

Efforts have been made at Helsinki and Riihimäki Prisons to provide prisoners held in conditions of high security or control with good material conditions and some out-of-cell activities. However, more can and should be done to ensure that such inmates enjoy a relatively relaxed regime within the confines of their units, by way of compensation for their severe custodial situation. Special efforts should also be made to develop a good internal atmosphere within the detention units concerned. This applies, for instance, to the Riihimäki Prison’s new High Security Unit, which has been generally holding prisoners considered to be particularly difficult or violent. The present offer in terms of regime is not a suitable way to respond to disruptive behaviour in prison and to reduce the risk of re-offending after release. In this regard, it is axiomatic that holding various categories of inmates (e.g. “disruptive” prisoners, prisoners segregated for their own safety) within the same unit undermines any efforts to respond adequately to the needs of each category of inmate.

As regards isolation/segregation, the use of disciplinary confinement did not appear to be excessive in the prison establishments visited. However, at Riihimäki Prison, some prisoners complained that they were left naked for up to several hours after they had been placed in a disciplinary/segregation cell. At Helsinki Prison, the delegation is concerned by the involvement of the nurse in the disciplinary decisions (i.e. by certifying that there are no medical reasons not to isolate an inmate). Naturally, health-care staff should monitor the health of prisoners placed in isolation. However, in the interests of safeguarding the health-care staff/patient relationship, nurses should not be asked to certify that a prisoner is fit to undergo isolation.

The delegation observed that all disciplinary/segregation cells were fitted with video cameras. However, at Vantaa and Helsinki Prisons this system did not preserve the inmates’ privacy when they were using the non-partitioned toilet; this problem had been avoided at Riihimäki Prison.

The delegation also examined the issue of isolation under observation and the wearing of “overalls”, which were still being used at Helsinki Prison at the time of the visit pending the outcome of ongoing legal proceedings. This matter will be dealt with in detail in the visit report.

As regards health-care services, the input of a psychiatrist at Vantaa and Helsinki Prisons, as well as two psychologists at Riihimäki, is clearly positive. However, there is an urgent need for regular visits by a psychiatrist at Riihimäki Prison. Further, the delegation observed that the psychiatric unit at Vantaa Prison was attempting to combine voluntary psychiatric hospitalisation and treatment with prison regulations, an approach which has led to serious contradictions in the treatment of patients/prisoners. The recent case of an agitated patient who could not be treated involuntarily by health-care staff but could be stunned and restrained by prison staff is a telling illustration of these contradictions.

Turning to medical screening on arrival, the delegation observed that, on the whole, some efforts have been made to ensure that newly arrived prisoners are seen by health-care staff soon after arrival. However, further efforts are required to ensure that such screening is carried out systematically and on the day of arrival or the following weekday.

Psychiatric establishments

The delegation heard no allegations of ill-treatment of patients by staff at the two psychiatric establishments visited and gathered no other evidence of such treatment. On the contrary, the vast majority of patients spoke favourably about staff, and the delegation observed a professional and caring attitude on the part of staff towards their patients. Further, inter-patient violence did not appear to be a major problem in either of the establishments.

Despite the age of the buildings, living conditions were very good at the EVA unit in Pitkänieniemi and generally good at the Vanha Vaasa Hospital; the patient accommodation areas were bright, airy, well equipped and impeccably clean. In both establishments, the delegation noted efforts to create a warm and personalised environment. That said, some of the patients at the Vanha Vaasa Hospital lived in rather cramped conditions in multi-occupancy rooms. In this context, the delegation hopes that the ongoing extension of the hospital will, in the near future, allow all patients to be accommodated in single rooms and permit more areas for association and occupational activities on the wards.

In both establishments, the use of psychiatric medication appeared appropriate. Further, all patients had individual treatment plans (which were drawn up and regularly reviewed with the patients' participation) and staff worked in multi-disciplinary therapeutic teams, trying to do their best to provide assistance to some of the most challenging psychiatric patients in Finland. However, at the Vanha Vaasa Hospital, there is scope for a more frequent and intense multi-disciplinary team work, and for more occupational and work therapy (especially for those of the patients who cannot access group activities outside their wards). Further, the offer of individual and group psychotherapy should be increased. In order to make this possible, a reinforcement of the staff qualified to provide psycho-social rehabilitative activities will be necessary.

The delegation wishes to stress once again that every patient whose medical condition so permits should be offered a minimum of one hour of outdoor exercise every day. This was the case at the Vanha Vaasa Hospital. However, due to the absence of a secure outdoor yard (and the difficulty to mobilise sufficient staff resources to supervise patients under such circumstances), some of the patients from the EVA juvenile unit at Pitkänieniemi were prevented from going outdoors, on occasion for weeks on end. This is totally unacceptable, in particular given the young age of the patients. A suitable solution could and should be found to offer all juvenile patients the possibility to take daily outdoor exercise in both a safe and unoppressive environment.

Turning to the issue of means of restraint (including seclusion), the delegation observed that restraint incidents were in general properly recorded and reported (although more attention should be paid at the EVA unit to the recording and reporting of the use of restraint mats and of chemical restraint); further, there was a debriefing with the patients concerned after the end of the measure.

At the EVA unit in Pitkämäki, the delegation was pleased to note that recourse to means of physical restraint was not excessive, and that seclusion was not used at all. By contrast, there appeared to be an excessive reliance on seclusion at the Vanha Vaasa Hospital; for example, it had been applied to over a third of all patients in the course of 2007 (often for days, not infrequently for weeks, and on occasion for over 100 days at a time), and there had been 85 new seclusion decisions in the period between 1 January and 12 March 2008 (i.e. more than one per day).

In this context, the delegation requests the Finnish authorities to provide to the CPT, **within 3 months**, a detailed action plan (comprising precise deadlines and the resources required) to reduce significantly recourse to seclusion (both as regards its frequency and duration) at Vanha Vaasa State Psychiatric Hospital. Further, steps should be taken to ensure that there is continuous, personal and direct contact between staff and patients subjected to a seclusion measure, that patients are never secluded in view of other patients, and that patients in seclusion have access to some diversion, e.g. reading or music.

As regards legal safeguards in the context of involuntary psychiatric hospitalisation, the delegation has noted with concern that several of the lacunas of the legislative framework – many of them highlighted by the CPT as long as 10 years ago – have still not been remedied. For example, there is no access to independent, outside psychiatric expertise in the context of the initiation and review of the placement, no written proof of informed consent to treatment, and no meaningful and expedient court review of the hospitalisation measure. Further, the Committee's long-standing recommendation to systematically provide all newly-admitted patients (and their relatives) with a brochure setting out in a comprehensible manner all the patients' rights (including the right to complain against their treatment to relevant outside bodies) has still not been implemented. On a positive note, patients in both psychiatric establishments had good possibilities to maintain contacts with their families and friends (and such contacts were actively encouraged by the two institutions).

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Dear Minister, Ladies and Gentlemen, this brings me to the end of the delegation's preliminary remarks. We have noted the improvements which you have made and hope that you will continue to build upon them. The issues outlined above as well as other matters will be elaborated upon in the visit report. Of course, any information and comments provided by the Finnish authorities in response to the delegation's preliminary observations will be taken into account when the visit report is drafted.

