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Response

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

from 22 September to 2 October 2014

The Finnish Government has requested the publication of this response. The CPT's report on the September/October 2014 visit to Finland is set out in document CPT/Inf (2015) 25.

Strasbourg, 6 October 2015

Response of the Finnish Government to the Report on the visit to Finland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 22 September to 2 October 2014

National Preventive Mechanism

8. **The CPT recommends that steps be taken to increase significantly the financial and human resources made available to the Finnish Parliamentary Ombudsman, in his role as the National Preventive Mechanism. The Committee also suggests that consideration be given to setting up a separate unit or department within the Parliamentary Ombudsman's Office, to be responsible for the NPM functions.**

In many countries, such as Sweden and Denmark, the NPM has been set up as a separate unit within the Parliamentary Ombudsman's Office. This is due to the fact that, in these countries, the Ombudsman's mandate only entitles him to respond to incidents that occurred in the past. On the other hand, incident prevention as well as the provision of statements regarding the future are among the key tasks of the NPM. In order to prevent these aspects from intermingling, Finland's neighbouring countries have organised the related functions separately.

In Finland, the situation is different. Ever since the 1995 fundamental rights reform in Finland, future-oriented activities, i.e. the advancement of fundamental and human rights, have been core responsibilities in legal supervision at the highest level. For this reason, Finland has seen no need to establish a separate NPM body.

Besides international monitoring and reporting, another major reform entailed by the NPM task is the use of external experts, such as physicians, during the inspection visits. While this has previously been possible through various arrangements, the aim now is the more systematic inclusion of external experts as part of the Parliamentary Ombudsman's inspection procedures.

As part of his general comments included in the Parliamentary Ombudsman's recently published annual report 2014, the present holder of the office, Petri Jääskeläinen, suggested measures for the development of the Ombudsman's inspection and other activities.

(http://www.oikeusasiamies.fi/dman/Document.phx?documentId=wy15315115910430&cmd=download)

Police establishments

9**. Generally speaking, there have been no major changes to the legal and regulatory framework governing the detention of persons by the police since the 2008 visit.**

Finland's national legislation regarding the police has been reformed, and the new Criminal Investigation Act (805/2011), the new Coercive Measures Act (806/2011) and the new Police Act (872/2011) entered into force on 1 January 2014. Since this comprehensive reform, the powers of the relevant authorities have been defined more precisely and extensively in the aforementioned Acts, while taking account of the protection of fundamental and human rights on the one hand and crime prevention needs on the other. Regulation on the grounds underlying individual rights and obligations has now been incorporated in the Acts. Furthermore, the new Acts include

fundamentally more precise and extensive provisions regarding the principles to be observed in police activities. The new principles affected by the Acts include respect for fundamental and human rights and that of pursuing no purpose other than that for which the power has been conferred.

The provisions on police powers regarding a person's loss of liberty as stipulated by the Police Act and the Coercive Measures Act currently in force, are equivalent to those contained in the repealed Coercive Measures Act (450/1987) and Police Act (493/1995).

According to the current (and previous) Act, the police have, under the preconditions provided by law, the right to arrest a person suspected of an offence for a maximum of 96 hours (Coercive Measures Act, Chapter 2, Section 7 and Chapter 3, Section 4). Furthermore, the police may, on their own authority, hold persons for a maximum of 24 hours in order to establish their identity or to protect them from any immediate serious danger to their lives, bodily integrity, security or health (Police Act, Chapter 2, Sections 1 and 2). The police also have the right to hold a person for a maximum of 12 hours in order to protect domestic or public premises (Police Act, Chapter 2, Section 5) and for a maximum of 24 hours in order to prevent or stop an act or event threatening public order (Police Act, Chapter 2, Section 10).

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

According to the Act on the Treatment of Persons in Police Custody (841/2006; hereinafter the Police Prisons Act), Chapter 2, Section 2, a remand prisoner must be reserved the right to inform a close relative or another third party of the prisoner's loss of liberty. An arrested or apprehended person's family member or another third party specified by the arrested or apprehended person must be notified of said person's loss of liberty. If such notification presents a particular hindrance to clearing up the offence, a notification of *arrest* may be delayed based on a decision by a senior police officer for a maximum of 48 hours from the time of apprehension, and a notification of *apprehension* may be delayed or waived. Such a notification may not be made against the will of the arrested or apprehended person, without particular grounds for doing so.

Based on the information provided by the National Police Board, lack of such a notification is highly exceptional. Under the current law, lack of notification is limited to short-term apprehensions, and delayed notification to situations in which notification would present a particular hindrance to clearing up the offence. An example of this is a situation where a family member is suspected of the same act or overall act as the arrested person. In such a case, notifying the family member could present a particular hindrance to clearing up the offence as referred to in the aforementioned Section. However, the arrested person has the right to notify his or her counsel of the situation in all cases. In every case, the police must be able to demonstrate that such a hindrance exists; this proviso in itself restricts lack of notification or delayed notification to situations where this is absolutely necessary for the sake of criminal investigation. The head of investigation ultimately decides on the matter.

According to the National Police Board, attention will be paid to compliance with the time limit for delaying a notification as part of the internal legality control of the police.

Furthermore, if a pre-trial investigation is in progress, under the preconditions provided by Chapter 4, Section 11 of the Coercive Measures Act (806/2011) the police have the possibility to restrict the contacts of a person deprived of his or her liberty with another person if there are grounds to suspect that such contacts would risk defeating the purpose of the apprehension, arrest or remand. Contact with a remand prisoner's counsel may not be restricted. Contact with a close relative or another close person and contact with a diplomatic mission may only be restricted for a particularly important reason related to the clearing up of the offence. Contact with a close relative may be restricted only to the extent necessary to secure the purpose of the apprehension, arrest or remand.

The Committee recommends that Finland discontinue the practice whereby the notification of a foreign national is considered as performed if the relevant diplomatic and/or consular representation has been informed of the person's arrest.

According to Chapter 2, Section 2 of the Police Prisons Act, a remand prisoner must be reserved the right to inform a close relative or another third party of their loss of liberty. An arrested or apprehended person's family member or another third party specified by the arrested or apprehended person must be notified of said person's loss of liberty. According to Chapter 7, Section 6 of the Police Prisons Act, a foreign citizen who has lost his or her liberty has the right to make contact with a diplomatic or consular representative of his or her home country unless such contact has been restricted pursuant to Chapter 4 of the Coercive Measures Act.

On 1 April 2014, the National Police Board issued instructions on the treatment of detained persons (2020/2013/5490), which touch upon this matter. According to Section 2.1 of the instructions, the information to be recorded in the police information system regarding a detained foreign citizen includes, among other things, the grounds for said person's loss of liberty as well as the notifications made to said person, other persons and the authorities. With regard to foreign nationals deprived of their liberty, a notification of the person's right to contact a diplomatic or consular representation is also recorded. Any notifications made or the grounds for the lack or delay of such a notification are also recorded in the information system.

Section 2.5 of said instructions provides guidelines for situations in which the police, either under the Vienna Convention on Consular Relations or bilateral consular agreements, are responsible for notifying a diplomatic or consular representative of the detained person's home country of his or her loss of liberty. Citizens of countries that have joined the Vienna Convention have the right to request that a diplomatic or consular representative of their home country be informed of their loss or liberty. Thus, such notification must be made if the person who has lost his or her liberty so requests; persons deprived of their liberty must also be informed about this right.

Furthermore, Finland has bilateral consular agreements with Russia, Hungary, Poland and Romania that obligate the authorities to notify the local representative of the country in question of its citizen's loss of liberty within three days.

In complying with this duty of notification and when providing information, the police take account of matters such as the secrecy provisions drawn up to protect asylum seekers. Under the Act on the Openness of Government Activities (621/1999), Section 24(1)(24), documents concerning a refugee or a person seeking asylum, a residence permit or visa shall be secret, unless it is evident that disclosure would not compromise the safety of the refugee, applicant or a person closely involved with them. The mere information that an asylum seeker is staying in Finland may be deemed as secret information. Notification of the representative of a person's home country as specified in the aforementioned consular conventions will be made if the person registers as an asylum seeker and does not allow the notification of his or her loss of liberty to be done.

According to the National Police Board, the Board will further specify its administrative guidelines in connection with the updating of the aforementioned instructions so that a notification made to a diplomatic or consular representative of a foreign national's home country is not treated as a substitute for the notification of the said person's next-of-kin.

13. The CPT invites the Finnish authorities to exercise continued vigilance and to strive to ensure that all persons detained by the police (including foreign nationals) enjoy effectively the right of access to a lawyer as from the very outset of custody.

According to the Criminal Investigation Act (805/2011), Chapter 4, Section 10, a party has the right in a criminal investigation to retain counsel of his or her own choice. The suspect shall be notified of this right in the manner provided in Sections 16 and 17 of said Act. The criminal investigation authority shall also otherwise, with consideration to the offence under investigation and to the circumstances connected with the investigation of the offence and the party himself or herself, ensure that the right of a party to retain counsel is in fact realised when he or she wants this or when the ensuring of due process requires this.

According to the Criminal Procedure Act (689/1997), Chapter 2, Section 1(3), a defence counsel must be appointed for a suspect *ex officio*, when: (1) the suspect is incapable of defending himself/herself; (2) the suspect, who has not retained a defence counsel, is under 18 years of age, unless it is obvious that he/she has no need of a defence counsel; (3) the defence counsel retained by the suspect does not meet the qualifications required of a defence counsel or is incapable of defending the suspect; or (4) there is another special reason for the same. In the aforementioned cases, the head of the investigation or the prosecutor must propose to the court that a defence counsel be appointed for the suspect.

According to the instructions of the National Police Board, Section 2.4, a crime suspect who has been apprehended, arrested or detained, must be informed without delay of the right to retain counsel during the pre-trial investigation.

According to the act on the treatment of detained foreign nationals and of detention units (116/2002), Section 5, a foreign national must be informed without delay of his or her detention arrangements, rights and obligations. Insofar as possible, this information must be provided in writing, in a language the party in question understands. According to the information provided by the National Police Board, when a detained person is notified of the detention decision, he or she is also informed of the right to remain in contact with his or her counsel. With regard to the

notification of rights, it is irrelevant whether the person is placed in a detention unit or police prison or, in exceptional cases, temporarily in the Border Guard's detention facilities.

According to the National Police Board, the practice applied by the police is already in line with the Committee's recommendation. Full enforcement of these rights will continue being addressed in internal training and supervision.

14. The CPT recommends that steps be taken to:

- improve access to a doctor and in particular specialist (including psychiatric and dental) care, and provide a 24-hour nursing cover at Pasila Police Prison;

- improve significantly the access to a doctor and ensure regular presence of a nurse in all the other police prisons visited (Espoo, Imatra, Kuopio, Lahti and Vantaa);

According to the Police Prisons Act (841/2006), Chapter 5, Section 1, persons who have lost their liberty have the right to receive medical care in accordance with their medical needs. Section 5.1 of the National Police Board's instructions regarding the treatment of persons in police custody emphasises that, where necessary, a detained person must be provided with the opportunity to meet nursing staff or a psychologist and to obtain medical assistance and treatment and medication prescribed by a physician. Police departments arrange these services through the units providing health care services in their region.

The Pasila Police Prison provides an ambulance service with a doctor on a 24/7 basis. The ambulance arrives within a few minutes from the outpatient clinic of a hospital located a few kilometres away.

The Committee recommends that all persons who have lost their liberty be medically screened, within 24 hours of their arrival at a police prison, by a doctor or a qualified nurse reporting to a doctor.

The Police Prisons Act, Chapter 5, Section 5, contains provisions on the health care of persons who have lost their liberty. Health care is provided by an operating unit of a municipality or an association of municipalities within a hospital district, depending on where the arrangement of these services is most appropriate. The police and the domicile of the person who has lost his or her liberty cooperate in the arrangement of health care.

The health care, including medical screenings, of Finnish residents is provided by the health centres of municipalities or joint municipal authorities under the so-called population responsibility model. Necessary medical care and consultation is always provided on a low-threshold basis to those who have lost their liberty, although a medical screening is not arranged for all persons kept in police custody, unless there are medical grounds for doing so.

The Committee again invites the Finnish authorities to offer regular first-aid refresher courses to all police officers working in detention areas of police prisons.

The basic training of police prison guards includes first-aid training. Guards and other persons employed by the police are trained in accordance with the instructions provided by the National Police Board on 19 December 2014, "First-aid preparedness in police administration" (in Finnish), (POL-2014-16909). These instructions outline the minimum level of police first-aid training and first-aid equipment required to ensure that the first-aid preparedness of police units meets the level required by the national Work Safety Act. Police units are responsible for ensuring that their personnel have sufficient first-aid preparedness and appropriate first-aid equipment in relation to their duties. According to the aforementioned instructions, the persons responsible for occupational safety and health in police units must monitor compliance with first-aid preparedness requirements in their unit. Meanwhile, the Police of Finland's national central committee for occupational safety and health monitors compliance at national level.

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

According to Chapter 5, Section 6 of the Police Prisons Act, persons deprived of their liberty have the right, at their own expense and with the permission of a physician assigned by the police, to be examined and obtain medication and other health care services within the detention premises, if this does not risk defeating the purpose of the detention.

In Finland, the police primarily relies on public health services to arrange medical examinations for detainees. A person deprived of his or her liberty is taken to a health centre where any licensed physician on duty (subject to liability for acts in office) will perform the examination. In some exceptional cases, the police can call in an on-duty physician from a health centre to perform the examination within the police premises, but this is relatively rare. Such physicians are neither in an employment relationship with the police nor selected by them. The National Police Board considers it somewhat inappropriate that persons deprived of their liberty who have undergone a medical examination by a health centre physician would be provided with another medical examination performed by a general physician selected by the detainee him/herself. Regardless of this, the National Police Board finds that there are no obstacles to detainees calling, at their own expense, a physician selected by them to the detention facility if there are grounds for a medical examination and if the purpose of this is not to impede the investigation.

If needed, a general physician called in or arranged by the police will refer the detainee to a specialist. Persons deprived of their liberty have the right, at their own expense, to be examined and obtain medication and other health care services within the detention premises or, if needed, outside the detention premises, by the referral of a physician assigned by the police and based on a medical assessment.

16. The committee recommends that the availability of the information sheet stating the rights of persons deprived of their liberty in foreign languages be ensured. The Committee requests confirmation that the mistake in the English version of the information sheet has been corrected.

According to Chapter 2, Section 3 of the Police Prisons Act, persons deprived of their liberty must be informed of their rights and obligations immediately upon arrival at a detention facility. This information must be available in the most common languages, based on the needs of the detained persons. Foreign nationals deprived of their liberty must be informed of the possibility to contact a diplomatic or consular representative of their home country. Foreign nationals deprived of their liberty must be provided with interpretation assistance, whenever possible. Persons deprived of their liberty must have access to the legal provisions concerning detained persons. Persons deprived of their liberty have the right to keep a written notification of their rights, provided by virtue of the Criminal Investigation Act, throughout the detention period.

Chapter 4, Section 17 of the Criminal Investigation Act includes provisions regarding the obligation to inform crime suspects of their rights in connection with their loss of liberty. Persons deprived of their liberty must obtain a notification of their rights in writing, in a language used by the suspect.

According to Chapter 5 of the act on the treatment of detained foreign nationals and of detention units (116/2002), a foreign national must be informed without delay of his or her detention arrangements, rights and obligations. Insofar as possible, this information must be provided in writing, in a language the party in question understands.

According to the instructions on the treatment of persons in police custody, Section 2.6, the detained person must be informed, without delay, about the circumstances of the detention facility by providing the person with a form stating his or her rights and obligations, as well as the police prison's rules and the instructions on the treatment of persons in police custody.

According to the information provided by the National Police Board, the form on the rights and obligations of a detained person is available in Finland's national languages, Finnish and Swedish, as well as in 15 foreign languages (Arabic, Belarusian, English, Estonian, French, Italian, Latvian, Lithuanian, Polish, Romanian, Russian, Somali, Sorani, Spanish, Turkish). The form is available, for instance, in the instructions section of the Police of Finland's national internal intranet, where it can be viewed and printed out by the entire police administration. The forms are also appended to this response.

If the form is not available in a language used by the detained person, an interpreter must be used, if needed. When inspecting police prisons, the National Police Board has, most recently in the autumn of 2014, drawn police departments' attention to the fact that the forms must be made available, and will continue to pay attention to this in its internal legality control.

The National Police Board confirms that the unfortunate error in the English version of the form, which had led to misunderstandings, has been corrected.

17. The Committee would like to receive the Finnish authorities' observations on the allegations of a 15-year-old boy interviewed in the Pasila Police Prison, concerning police actions in the arrangement of questioning and receipt of a confession.

The National Police Board has requested Helsinki Police Department to provide an account of the matter. According to the information received, four 15-year-old boys were being apprehended in the Helsinki Police Prison during the Committee's visit. Since the Committee's report does not state which boy they are referring to, the Helsinki Police Department has examined the questioning arrangements of all 15-year-old boys apprehended during the Committee's visit on the basis of the records of questioning and the information provided by the Police Department's Crime Prevention Unit.

Chapter 7 of the Criminal Investigation Act contains the main provisions concerning the questioning arrangements with respect to underage crime suspects and the related notifications. According to the information provided by the Helsinki Police Department, the custodians of all four crime suspects had been informed of the questioning as required by Chapter 7, Section 15 of the Criminal Investigation Act. All four suspects had also been informed of their right to request the presence of a credible witness as stated in Chapter 7, Section 11 of said Act, and of their right to retain counsel as required by Chapter 7, Section 10 of the same.

According to Chapter 7, Section 16 of the Criminal Investigation Act, the social welfare authority must be informed of the questioning of an underage person and be reserved the opportunity to send its representative to the questioning, unless this is clearly unnecessary. According to the report provided by the Helsinki Police Department, the records concerning one suspect do not indicate whether the social welfare authority was informed of the questioning or whether said authority was present during questioning. As regards one of the apprehended persons, the records do not indicate whether a social worker was present *throughout* the questioning. With respect to the third questioning of one of the apprehended persons, the presence of a credible witness as stated in Chapter 7, Section 11 of the Criminal Investigation Act could not be confirmed from the records although, according to the information received, the suspect's counsel and social authority had been informed of the questioning.

According to the National Police Board, the records indicate that the procedure in the aforementioned cases did not, at least in all respects, comply with the Criminal Investigation Act. In the future, the National Police Board will, as part of its legality control, pay attention to ensuring that particular care and diligence is observed when complying with the provisions concerning the legal protection of underage offenders and in the related documentation.

According to the clarifications obtained and the records of questioning, all apprehended persons had been informed of their right to counsel during the pre-trial investigation. However, according to the records of questioning, the apprehended persons had waived their right to counsel and also confessed to the offences of which they were suspected. A suspect may waive his or her right to counsel only if the waiver is given freely and unequivocally, the suspect understands the consequences of the waiver and the waiver is not contrary to an important public interest.

According to the information obtained from the Helsinki Police Department, the procedure regarding the use of a counsel has been changed so that, in future, counsel is always acquired for the questioning of a young person deprived of his or her liberty.

The CPT also recommends that a specific information form, setting out the particular position of detained juveniles and including a reference to the presence of a lawyer/another trusted adult, be developed and given to all such persons taken into custody. Special care should be taken to explain the information carefully to ensure comprehension. The Committee recommends ensuring the appropriate treatment of young persons deprived of their liberty.

According to the Police Prisons Act, Chapter 1, Section 4, special attention must be paid to the needs of under 21-year-old offenders, and persons under 21 years of age who have been apprehended for a reason other than a criminal offence, due to their age and stage of development. Furthermore, the Criminal Investigation Act, the Coercive Measures Act and the Police Act include miscellaneous provisions on the particular position of minors.

According to the National Police Board, special needs arising from young persons' age and stage of development are taken into account in all police operations targeted at minors. For example, in matters involving minors, the police have a statutory obligation to systematically cooperate with social services.

The National Police Board will consider the need for a separate form/information sheet on the rights of underage persons deprived of their liberty, at the latest during the update of the instructions issued by the Board on the treatment of persons in police custody.

19. The CPT recommends that the Finnish authorities take steps to remedy the deficiencies mentioned in the report. As regards Pasila Police Prison, pending the completion of the refurbishment programme, efforts should be made to place detained persons in the already refurbished cells.

According to the Police Prisons Act, Chapter 3, Section 3, persons deprived of their liberty must have access to appropriate accommodation and washing facilities. When building and refurbishing detention facilities, the actual accommodation facilities must be equipped in such a manner that they meet the requirements for residential facilities set by general construction legislation.

According to the National Police Board, measures have been initiated in order to improve the conditions in police prisons. The National Police Board has signed an agreement with Senate Properties on the refurbishment of detention facilities and the improvement of their convenience levels in line with today's requirements. The refurbishment will cover the following: fire safety improvements (automatic fire extinguishing systems), screened sanitary annexes in cells, additional HPVAC and electricity installations in cells for devices such as TVs and radios, activity facilities, additional outdoor areas for prisoners, improved facilities for various forms of visitation, and the construction of accessible cells for physically disabled detainees in the largest police prisons.

The first refurbishment project was implemented in the Pasila Police Prison, where the extent of refurbishment was significantly limited by the fact that most of the prison's detention facilities had to remain in use throughout the refurbishment project. Regardless of this, a large part of the cells (36 units) underwent extensive refurbishment. Since the completion of the refurbishment project, the best equipped cells in the Pasila Police Prison have been occupied by persons with the longest detention periods. The detention periods of apprehended persons in police prisons remain below 24 hours. In addition to the duration of loss of liberty, the various detention premises set different requirements for detention facilities and their equipment.

Several Finnish police stations are undergoing a major refurbishment project covering the entire station, including police prisons. With regard to these stations (for example, in Lahti and Lappeenranta), a very high degree of refurbishment can be achieved since the stations will be out of use during the project. Lahti, Lappeenranta). In addition to renovations, new police facilities are being built (for example, in Kotka and Joensuu). Kotka ja Joensuu). Compared to the refurbishment sites, the new buildings will enable better account to be taken of modern requirements. The aim is to refurbish all police detention facilities by the end of 2017.

21. The CPT recommends that specialised training in the care of intoxicated persons be provided to all police officers in Finland. Further, the CPT reiterates its recommendation that arrangements be made to ensure that there can be rapid access to a nurse whenever intoxicated persons are held at police establishments. The presence and supervision by custodial staff will also have to be increased in such cases.

The vocational subject of “general police studies” included in the basic degree of police officer includes a module focusing, inter alia, on issues relating to the encounter, apprehension and keeping in custody of intoxicated persons.

According to Section 1.3 of the National Police Board's instructions regarding the treatment of persons in police custody, any intoxicated persons apprehended must be treated as required in relation to the person's level of intoxication. For example, if it is known that the intoxicated person has fallen but there are no grounds for taking the person for medical care because his or her responses, considering his or her intoxication, appear normal, supervisory personnel must take particular care to monitor the person's condition and breathing during the detention. Furthermore, particular attention must be paid to any exceptional restlessness or prolonged immobility exhibited by the detained person. All intoxicated persons in police custody should be subject to close monitoring, regardless of the grounds for apprehension.

Annex 4 of the instructions regarding the treatment of persons in police custody includes guidelines for identifying certain illnesses and injuries and provides instructions on tasks such as identifying illnesses whose symptoms resemble intoxication and measuring a person's level of consciousness.

According to the National Police Board, police officers' skills in the treatment of intoxicated persons are generally good. We also refer to our response to question 14.

With regard to the availability of health care services, the National Police Board notes that municipal health centres provide services on a 24/7 basis. In practice, this means that, if needed, health care staff arrives quickly at police departments detaining intoxicated persons.

22. The CPT would like to receive more detailed information on (the draft act on the reorganisation of social welfare and health-care services, which would among others task the district health-care authorities with the care for intoxicated persons in police custody) and the planned timetable of its adoption.

The draft act on the reorganisation of social welfare and health care services will not affect responsibility for the care of intoxicated persons held in police custody; these persons will continue to fall within the scope of public health care.

The authorities responsible for the operations of Emergency Response Centres provide instructions regarding emergency duties within their sector. By virtue of the Act on Emergency Response Centre Operations (692/2010), the Ministry of Social Affairs and Health has provided the Emergency Response Centre Administration with instructions on emergency duties in the social welfare and health care sector, which have been reconciled with the corresponding instructions of the police. These instructions also cover intoxication and poisoning, and the division of duties between the police and social welfare and health care personnel. According to the Decree concerning on-call services (782/2014), the need for treatment of a person who has arrived in, or has been taken (by the police, for example) to, an on-call service unit must be assessed in that service unit. A person's intoxication must not prevent the assessment of his or her need for treatment or the provision of treatment.

23. During the meeting at the Ministry of Interior, the delegation was told that there were plans to reconstruct the facility in Töölö. The CPT would like to receive more information on these plans.

The pipe renovation planned by the City of Helsinki, the owner of the detention facilities, will not take place, but other means of improving the fire safety of the facilities are being sought.

24. The CPT recommends that the use of such means by the police be stopped immediately. As a matter of principle, any restraint should take place in a medical setting and not in a police establishment. Further, it must be carried out exclusively upon doctor's order and by health-care staff, and be subject to appropriate safeguards (such as enumerated above).

According to Chapter 2, Section 20 of the Police Act, the freedom to move and freedom to act of persons targeted by official duties can be restricted by applying handcuffs, using plastic ties or in some other similar way if, when carrying out the official duty, restriction is necessary in order to prevent the person from fleeing, to control violent behaviour or to avert imminent violence. (Sub-section 1). Restriction of freedom to move or act may not continue for longer than is necessary. Such restriction shall not place the person in any danger or cause unnecessary pain. (Sub-section 2).

According to Chapter 11, Section 2 of the Police Prisons Act, the immediate freedom to move of persons deprived of their liberty can be restricted by applying handcuffs, using plastic ties or in some other similar way, if restriction is necessary: 1) to prevent the person from fleeing during

transport; 2) to control violent behaviour that cannot be prevented in any other manner and that may pose a danger to the safety of the person deprived of his or her liberty or to another person, or that may cause substantial damage to property; or 3) to avert imminent violence. Physical restraint shall not continue for longer than is necessary. If a person deprived of his or her liberty is subjected to physical restraint by virtue of Sub-section 1(2), a physician must be consulted insofar as possible.

The Remand Imprisonment Act (768/2005), Chapter 13, Section 2, contains equivalent provisions regarding the restriction of a remand prisoner's freedom to act.

According to Section 11 of the Government decree on the treatment of persons in police custody (645/2008), means of physical restraint include handcuffs as well as plastic ties or other means of human restraint. According to Section 12 of the said Decree, the grounds for physically restraining the detained person and the duration of the restraint must be recorded. If the grounds for physical restraint under Chapter 11, Section 2, Sub-section 1(2) of the Police Prisons Act refer to the control of violent behaviour, the time when a physician was consulted must also be recorded.

According to Section 10 of the Government decree on the police (1080/2013), the Government equips police officers with the forcible means and protective equipment required for the execution of their duties. When using forcible measures against a person, a police officer may only use the forcible means specified in the aforementioned decree, approved by the National Police Board and in the use of which the police officer has received training.

On 27 December 2013, the National Police Board issued a regulation on the forcible means and protective equipment of the police, and on training in the use of the same (2020/2013/5595). The said regulation lists, among other things, the forcible means and protective equipment approved for police use. According to said regulation, the approved means of physical restraint include chain and hinged handcuffs with a pre-tensioning facility, the Bodycuff universal restraint system, and plastic ties.

In Finland, when using forcible measures against a person, a police officer may only use forcible means approved by the National Police Board and in the use of which the police officer has received training. Physical restraint must be necessary and continue only as long as necessary. Any use of a physical restraint and its duration must be recorded in the police information system. As a general rule, the head of the detention unit decides on the use of physical restraint.

The universal restraint system, observed by the Committee at the Häme Police Department's Lahti Main Police Station and mentioned in the Committee's report, is one of the means of physical restraint approved for police use by the National Police Board. The use of the Bodycuff universal restraint system requires that the police officer has received appropriate training in its use. The Board has also provided instructions on the use of the said device and on the related decision-making, and training in its use is provided in the manner explained above.

One of the Espoo Police Prison's detention units under technical monitoring is equipped with a restraint bed on which the person in custody can be tied for a short time. When the present Espoo Police Station building was constructed in 1994, the then Ministry of the Interior's Police Department approved the use and safety of the aforementioned restraint bed by virtue of a

Government decree. The restraint bed is equipped with leather restraints for the limbs and Velcro belts for the body. The person is positioned on the bed facing down, but there is an opening for the face to secure breathing.

The restraint bed is intended for short-term containment only, in situations where the person tries to hurt him- or herself by running against the wall or banging his/her head against fixed structures, and there are no other ways of safely restraining and containing the person. As a general rule, when the person has calmed down, he or she is hospitalised for further care. The restraint bed is used very rarely, approximately five times a year, and individuals subjected to the procedure typically calm down within a few hours.

The head of the detention unit decides on the use of the restraint bed. When the restraint bed is used, the health care personnel of the Custodial Facility for Intoxicated Persons, which operates in connection with the police prison, is immediately called in to check the restrained person's state of health. They consult a physician insofar as possible and give instructions on monitoring the restrained person. Another purpose of the visit of the health care personnel from the Custodial Facility for Intoxicated Persons is to initiate processes for transferring the restrained person for further care (possible requests for official assistance, calling of an ambulance etc.).

Following the CPT's visit, the Western Uusimaa Police Department held a cooperation meeting with the personnel of the Custodial Facility for Intoxicated Persons, which operates in connection with the Espoo Police Prison, and persons responsible for substance abuse and mental health services in the City of Espoo. The participants reviewed the process related to the use of the restraint bed and the related instructions. Following this, the representatives of mental health and substance abuse services familiarised themselves with the restraint bed and, based on their preliminary assessment, found it safe to use, appropriate and comparable to the one used in the health care sector.

The restraint bed is referred to in the Decree on the Treatment of Persons in Police Custody (646/2008) as *other device intended for restraining a person*, approved by the then senior management of the Police of Finland. Thus, the National Police Board finds that the restraint bed continues to be one of the forcible means approved for police use, regardless of the fact that it is not explicitly mentioned in the aforementioned Decree. For the sake of clarity, the National Police Board is in the process of updating its aforementioned regulations by including explicit mention of the restraint bed.

The use of any means of force or restraint other than those approved by the National Police Board .or the senior management of the Police of Finland is forbidden and, should any such methods be observed, their use will be immediately prohibited.

25. and 26. With regard to questions 25 and 26, we refer to the responses provided to the Committee earlier.

Foreign nationals deprived of their liberty under aliens legislation

28. Meanwhile, the Committee requests confirmation that the Joutseno Detention Unit has now become operational. Further, the CPT very much hopes that the opening of this new facility will help finally eradicate the practice of accommodating foreign nationals (pursuant to Aliens Act) in police establishments, criticised by the Committee several times in the past.

The Joutseno Detention Unit became operational in the autumn of 2014. Since its opening, the unit has housed approximately 180 clients. Based on the information provided by the unit, short-term detention of foreigners in police facilities on the basis of the Aliens Act continues in Northern Finland in particular, for logistical reasons.

Under the Aliens Act (301/2004), Section 123a (2), a detained alien may exceptionally be placed in the detention facilities of the police or the Border Guard. Detained children must not be placed in the detention facilities of the police or the Border Guard, but always in a detention unit.

29. The Committee recommends that the necessary measures be taken to ensure that unaccompanied/separated minors are always provided with special care and accommodated in an open (or semi-open) establishment specialised for juveniles (e.g. a social welfare/educational institution for juveniles); the Aliens Act should be amended accordingly.

According to Section 6, Sub-section 1 of the Aliens Act, in any decisions issued under said Act that concern a child under eighteen years of age, special attention shall be paid to ensuring the best interests of the child and to the circumstances related to the child’s development and health. The Child Welfare Act (417/2007), which falls under the area of responsibility of the Ministry of Social Affairs and Health, contains provision on the emergency placement of a child in family care, institutional care or other care and custody required by the child, and other child welfare measures.

The Aliens Act (301/2004) and the Act on the Treatment of Detained Foreign Nationals and of Detention Units (116/2002) have been recently amended. The Aliens Act was amended in such a manner that the detention of asylum-seeker children arriving without a custodian is prohibited, and the provisions concerning the detention of children were further specified. Unaccompanied children under 15 years of age must not be deprived of their liberty even after the decision on their deportation has become enforceable. The detention of unaccompanied children who are 15 years old or older in order to secure their deportation is restricted, and the detention of minors in police detention facilities is forbidden.

The purpose of the amendments made in the Act on the Treatment of Detained Foreign Nationals and of Detention Units is to improve the status and legal protection of detained foreign nationals. A foreign national's duty to report has been made smoother, in order to facilitate its use as an alternative to detention. Furthermore, an addition was made to the Aliens Act, enabling the arrangement of trials related to detention and continued detention by use of videoconferencing or other suitable means of telecommunication.

These amendments entered into force on 1 July 2015. Section 122 of the Aliens Act (26 June 2015/813) concerning the detention of children reads as follows:

The requirements for placing a child in detention include the following:

> 1) a requirement laid down in section 121(1) for placing in detention exists and, on the basis of an individual assessment, the interim measures referred to in sections 118–120 are found insufficient and detention unavoidable as a last resort;
>
> 2) the child has been heard in accordance with section 6(2) before making the decision; and
>
> 3) an officeholder who satisfies the qualification requirements under Section 3 of the Act on Qualification Requirements for Social Welfare Professionals (272/2005), and who has been designated by the municipal body responsible for social services, has been reserved the opportunity to be heard.
>
> With regard to a child detained with his or her custodian, it is also required that detention is necessary in order to maintain the family tie between them.
>
> Unaccompanied children 15 years of age must not be deprived of their liberty. Unaccompanied children who are 15 years old or older and are seeking international protection must not be deprived of their liberty until the decision on their deportation has become enforceable.
>
> Detained unaccompanied children must be released within 72 hours from the moment of their apprehension. For specific reasons, the detention can continue for a maximum of 72 hours.

Furthermore, a report on the alternatives of detention drawn up by the Ministry of the Interior's Migration Department (Ministry of the Interior's Publications 35/2014) emphasises the importance of cooperation between the authorities deciding on detention and the authorities implementing detention. The report states that when social services issue statements on detention decisions, it is important that they assess possible alternative child welfare measures, in particular as regards unaccompanied children, and that when the criteria laid down by the Child Welfare Act are met, a child can be placed in family care or institutional care, or the child's care and custody can be arranged in some other way.

The Ministry of the Interior has launched a project for the period 23 February 2015 - 31 December 2015 in order to implement certain precautionary measures as an alternative to detention. In particular, the purpose of this project is to reduce the detention of minors, other vulnerable groups and foreign nationals with a family. The project is investigating the opportunities for setting new obligations concerning, for example, the place of residence, electronic supervision and alternative precautionary measures related to child welfare measures. The project is tasked with preparing the legislative amendments required by the alternatives proposed in the report, in the form of a Government bill.

32. **The CPT would welcome the Finnish authorities' observations on this subject.**

The Committee invites the Finnish authorities to ensure that this information is duly provided to all foreign nationals accommodated at the Metsala Detention Unit. The CPT also invites the Finnish authorities to consider increasing the entitlement for daily outdoor exercise beyond one hour.

The exercise yard was spacious and equipped with benches and chairs; however there was still no proper shelter against inclement weather. The Committee recommends that this deficiency be remedied.

In Joutseno, meals are served as follows: lunch from 11:00 to 12:00, and dinner from 16:45 to 17:30. Breakfast and evening snacks are provided in a bag and customers can eat them at a time of their choice. Each room is equipped with a refrigerator for keeping snacks and the unit is equipped with a microwave oven for heating them. Customers can also take food from lunch and dinner and store it in their refrigerators and heat it whenever they want to (excluding the silent hours). Furthermore, customers can receive convenience food, snacks (nuts, biscuits, sweets etc.), fruit and beverages against payment from a grocery store on certain days.

In the Joutseno Detention Unit, the beginning of outdoor exercise is announced from the control room via an intercom system connected to each room. In addition, counsellors make a tour of the facilities to ensure that everybody wishing to go out is able to do so.

In the Metsälä Detention Unit, meals are served as follows: a large breakfast from 8:30 to 9:15; lunch/dinner from 14:00 to 15:00; and a plentiful evening snack from 20:00 to 20:45. Residents can take drinks (coffee, tea, juice), fruit etc. to their rooms. The meal arrangements in Metsälä were revised into their present form in the summer of 2012, after which complaints about the arrangements and the amount and quality of food have clearly decreased. According to the information provided by the Metsälä Detention Unit, customers are fairly well aware of the meal arrangements, but the Unit will continue to increase its operational efficiency in this respect.

According to the information received from the Unit, building a fixed shelter or other protection in the yard would be very difficult for reasons such as the need to secure the detention. The Parliamentary Ombudsman paid attention to the same issue during his on-site visit on 4 December 2014. He said that either the outdoor area should be equipped with a shelter or the detained persons should be provided with raincoats, enabling them to go out in bad weather. The Metsälä Detention Unit has since taken measures by acquiring raincoats for its customers.

33. **The CPT invites the Finnish authorities to consider enlarging the above-mentioned exercise yard.**

When the Committee visited the Joutseno Detention Unit, the rooms resembled prison cells since they were still unfurnished. The Unit finds that the subsequent furnishing has significantly diminished this cell-like appearance. The basic equipment of each room is currently as follows: a bed, a closet, a wall-mounted shelf, a table, a clock, a blu-ray player (with an Internet connection), a refrigerator-freezer, a stool, a dustbin, a fixed internet connection (Wi-Fi to arrive) and a television (with over 100 channels).

The exercise yard for customers is almost the size of the one in Metsälä. Based on experiences so far, the yard has been sufficiently large even when the Unit has been almost fully occupied. Families and single men have separate outdoor exercise hours and, if needed, the men's outdoor exercise times are staggered.

34. The CPT again invites the Finnish authorities to reflect upon possibilities of developing further the range of organised activities offered to detainees at the Metsälä Detention Unit, paying particular attention to the educational needs of young children and juveniles.

The Committee recommends that the Finnish authorities reflect upon ways to address this potential problem. One way could be to transform one of the (still, at present, unused) floors of the former prison wing into an area specifically dedicated to association and activities; consideration should also be given to allowing detained foreign nationals (as required, under supervision) access to the association, activity and sports facilities (including the large indoor gym and outdoor pitch) belonging to the adjacent open reception centre.

A unit for families and children was set up as part of the detention unit established in connection with the Joutseno Reception Centre, with the objective of placing detained families and minors arriving without a custodian immediately in the Joutseno unit instead of the Metsälä Detention Unit.

Since the establishment of the Joutseno Detention Unit, customer turnover in Metsälä has accelerated significantly. In 2014 – when the Joutseno Unit was actually in operation only two months - the average stay at the Metsälä Detention Unit was approximately only 22 days compared to approximately 33 days in 2013. In 2014, the Joutseno Unit was in operation for two months. This trend has been even stronger in 2015 and contributed essentially to the well-being of the detainees. Nevertheless, the Metsälä Detention Unit will assess its activities and explore opportunities for organising some form of training and education for young people aged over 18.

According to the Joutseno Detention unit, an area for activity and association can be provided on the 4th floor if financial resources are allocated for renovation. The estimated cost of implementing the changes required is about EUR 225,000 –250,000. Providing access to the indoor gym would require changes in the access control system (electric locks, new doors, cameras etc.), which would create additional costs.

35. The Committee calls upon the Finnish authorities to put in place as a matter of priority a prompt and systematic medical screening for all newly-arrived foreign nationals at Metsälä Detention Unit; the above-mentioned reinforcement of nursing staff resources should facilitate this. Further, the CPT reiterates its recommendation to ensure the presence of a nurse also on weekends.

The Committee would like to receive more detailed information on this subject. Further, reference is made to the aforementioned recommendation concerning the systematic medical screening of newly-arrived detainees.

Everyone arriving at the Metsälä Detention Unit is offered the opportunity for a medical screening immediately after returning to the unit. This opportunity is also provided to those arriving at the unit after a failed deportation attempt. Not everyone wants to have a medical screening, and it is the

Detention Unit's view that no screening can be performed against a person's will. A screening is organised when a nurse is on duty and any interpretation required can be arranged. Nurses are not on duty on weekends, because experience shows there is no need for a nurse then. The unit has come across very few issues related to the health of detainees, and the existing arrangements have been sufficient to address such issues.

The nurse working at the Joutseno Detention Unit spends about half of her working hours catering for the needs of the detainees. Customers are also provided with access to a physician and a psychiatrist whenever needed. Customers can see a nurse on a daily basis (weekends excluded). A doctor/psychiatrist visits the detention unit around once a week. Any acute cases on weekends are referred to the Central Hospital of South Karelia.

Counsellors are trained to dispense medication and to give first aid. Counsellors are also permitted to give over-the-counter medication outside office hours. Systematic medical screenings are arranged for all customers at detention units, with the exception of those staying for a very short time (one night). But even those staying for a short time are asked on arrival whether they would like to see a nurse. Medical screenings are carried out within three days of arrival at the unit.

36. The CPT reiterates its recommendation that steps be taken to ensure adequate access to psychological assistance and psychiatric care for foreign nationals at Metsälä Detention Unit. The Committee would also like to be informed of the relevant arrangements put in place at Joutseno Detention Unit.

Metsälä Detention Unit has the same arrangements in place as before, with the exception that a doctor is now available for appointments every week. Furthermore, a doctor is called whenever required by a customer's physical or psychological condition. The doctor will assess the need for any further treatment or appointments.

Customers of the Joutseno Detention Unit are provided with psychiatric care as necessary. The nurse working at the Detention Unit has extensive experience of psychiatric nursing care. As of autumn 2015, customers will also have the opportunity to talk to a psychotherapist when required.

37. **The Committee is of the view that, given the potentially dangerous effects of this substance, tear gas should not be used in confined spaces. Consequently, the CPT recommends that it be withdrawn from the list of standard equipment at the disposal of security guards at Metsälä Detention Unit**.

The act on the treatment of detained foreign nationals and of detention units has been amended, with amendments effective as of 1 July 2015. According to Section 35 of the Act (814/2015) regarding the use of forcible means and measures:

> The director of the detention unit and personnel in public service are entitled, when performing their ordinary duties or a supervisory duty referred to in Section 13 (4) of the Act to use forcible means:
>
> 1) to perform a security inspection referred to in Section 21 on a detained foreign national;

2) to perform a body search referred to in Section 22 on a detained foreign national;

3) to prevent the escape of a detained foreign national;

4) to remove objects and substances referred to in Section 22 b from a detained foreign national;

5) to prevent access to and to remove from the detention unit any non-authorised persons;

6) to prevent any acts or actions that risk the safety or security of the detention unit, personnel of the detention unit, detained foreign nationals or other persons residing at the detention unit; and

7) to safeguard segregation referred to in Section 8.

The use of forcible means is prohibited in the situations referred to in Subsection 1(1-2). The detention unit's personnel in public service, who have been trained in the use of forcible means, are entitled, in the situations referred to in Subsection 1(3-7), to use forcible means which they have been specifically trained to use. Such forcible means include gas sprayers, handcuffs, batons no more than 70 cm long, and telescopic batons. Use of forcible means requires appropriate training. A Decree issued by the Ministry of the Interior contains more detailed provisions regarding training in the use of forcible means.

All forcible measures must be necessary and justifiable under the circumstances. Any use of forcible measures must be weighed against the urgency of the assignment, the harmfulness of resistance, the available resources, and other facts relevant to the overall assessment of the situation. Forcible means should be used only as a last resort.

Chapter 4, Section 6 (3) and Section 7 of the Criminal Code contain provisions regarding the excessive use of force.

According to the Joutseno Detention Unit, if OC spray is used, other customers are escorted out of the room and emergency buttons are used to switch off the ventilation system. The Joutseno Detention Unit is also in the process of replacing the spray with gel-like OC. This would effectively eliminate the exposure of any bystanders as the gel-like substance has to be manually placed on the individual's face instead of being sprayed into the air. The entire staff of the Joutseno Detention Unit answers for safety and security. Responsibility has not been assigned exclusively based on previous work experience as e.g. prison guards. All members of staff have been trained in the use of force and carry forcible means equipment when necessary.

38. As regards the Detention Unit in Joutseno, the CPT is concerned that the remote location of the facility might render visits relatively difficult for detainees in practice. The CPT invites the Finnish authorities to reflect upon ways to reduce this risk, for example by improving public transportation accessibility of the Unit.

The Joutseno Detention Unit has not launched any negotiations as yet to improve public transport in Konnunsuo. The rest of the population in the area is quite small. However, despite the lack of public transport, the Unit has been visited quite frequently (approximately 350 visits since autumn 2014).

39. The CPT thus reiterates its recommendation that a nurse be required to visit persons held in isolation immediately after the beginning of the measure and thereafter on a daily basis.

A nurse monitors the condition of persons in isolation at the Joutseno Detention Unit on a daily basis, as recommended by the CPT.

At the Metsälä Detention Unit, a nurse visits isolated detainees if a visit is deemed medically necessary, for instance if the person in isolation has been in a fight with another detainee and has sustained bruises or other minor injuries. As a general rule, periods of isolation at the Metsälä Unit have been very short. The average in 2014 was 1.7 days and in 2015 it was 1.5 days. Because the majority were only in isolation overnight, the detainee's health rarely raised any concerns. In cases of prolonged isolation, the nurse assesses the situation and whether or not isolation should continue. According to a report provided by the Metsälä Detention Unit, detainees are not inclined to cooperate or meet staff when isolation begins.

40. The CPT recommends that steps be taken to ensure that whenever the Border Guards consider it necessary to hold a foreign national for more than 24 hours, he/she be transferred from Vantaa Airport to another, suitable facility. As regards the above-mentioned holding rooms, the room measuring some 8 m2 should never be used to accommodate more than one detained person at a time, and the room measuring some 10 m2 - two persons at a time.

The rooms ("two holding rooms") visited by the CPT are the airport's (Finavia) own, unlocked premises, not the Border Guard's detention premises. These premises are not used to hold detainees, even for a short period of time. Foreign nationals are not held at the airport unless they are suspected of an offence, in which case they are placed in the Border Guard's premises located at the airport. Persons suspected of an offence are taken to police holding facilities immediately after being questioned and for no longer than 24 hours after being apprehended. Pursuant to the Aliens Act, detained persons are placed in the Metsälä Detention Unit or, if the Unit is full, in police holding facilities. In other words, the premises at the airport are waiting rooms and accommodation facilities where people can wait.

41. **The delegation was concerned to note that the detention of foreign nationals by the Border Guards at Vantaa Airport was poorly documented. In particular, there was no proper dedicated custody register to record (among other things) the times of arrival and departure of the persons detained. The CPT recommends that this lacuna be remedied without delay. Reference is also made to paragraph 18 above.**

All actions of the Border Guard to detain someone are recorded in the police's PATJA information system (KIP form), allowing subsequent data verification and inspection. In addition, any decision to detain a person is made in writing. The Border Guard will continue to take steps to ensure the appropriate recording of its actions.

With respect to persons apprehended by the Border Guard, instructions on the treatment of persons in police custody are followed. According to Section 2.6 of the instructions, persons deprived of their liberty must be informed, without delay upon arrival at the detention facility, about the circumstances of the detention facility by providing the person with a form stating the rights and obligations of persons deprived of their liberty, and explaining the right to counsel and to an interpreter. The Border Guard and the Police use the same form. Besides Finnish and Swedish, the form is available in 15 foreign languages. The Border Guard will continue to pay attention to this aspect in **its** internal legality control.

43. The CPT reiterates its recommendation that steps be taken to ensure that foreign nationals detained pursuant to the Aliens Act enjoy effectively the right of access to a lawyer as from the outset of their deprivation of liberty (i.e. as from the moment they are first obliged to remain with the police or the Border Guard).

According to Chapter 5 of the act on the treatment of detained foreign nationals and of detention units (116/2002), a foreign national must be informed without delay of his or her detention arrangements, rights and obligations. Insofar as possible, this information must be provided in writing, in a language the party in question understands.

In practice, the police follow the recommended procedure. According to the Aliens Act, foreign nationals are entitled to an attorney. Foreign nationals are informed of this right when preparations for their detention are being made. With regard to the notification of rights, it is irrelevant whether the person is placed in a detention unit or police prison or, in exceptional cases, temporarily in the Border Guard's detention facilities.

The National Police Board is assessing the need to issue separate instructions for the detention of foreign nationals. Currently, these instructions are included in the National Police Board's instructions regarding the treatment of persons in police custody.

44. **The CPT recommends that all foreign nationals detained pursuant to the Aliens Act are systematically provided with a form setting out in a straightforward manner all their rights. The form should be made available in an appropriate range of languages.**

According to the instructions on the treatment of persons in police custody, the detained person must be informed, without delay upon arrival at the detention facility, about the circumstances of the detention facility by providing the person with a form stating the rights and obligations of

persons deprived of their liberty, the police prison's rules, and the National Police Board's instructions concerning the treatment of persons in police custody.

Persons detained under the Aliens Act and placed in police premises are informed of their rights in accordance with the instructions concerning the treatment of persons in police custody. Besides Finnish and Swedish, the form stating the rights and obligations of persons deprived of their liberty is available in 15 foreign languages. If these forms are not available in a language used by the detainee, an interpreter must be used, if needed. Foreign nationals deprived of their liberty must be provided with interpretation assistance, whenever possible.

At detention units, this information is provided in a “detention briefing”. The briefing takes about an hour and is held with an interpreter's assistance in the customer's native language, on the day following the customer's arrival, if feasible. The customer signs an invitation to confirm that the necessary information has been provided. Facts established during the detention briefing include the status of the customer's application for international protection or, alternatively, establishing whether the customer wishes to file such an application. The briefing covers the basics of the asylum process. The detention unit's customers are provided with information on rules and other similar matters in their native language, or in another language they are able to understand, also in writing.

45. The Committee recommends that interpretation be systematically provided whenever necessary. All foreign nationals should be informed, immediately upon apprehension, of this right.

According to Section 10 of the Aliens Act (301/2004), aliens have the right to use an interpreter when an administrative matter or an appeal under this Act is being handled.

According to Section 203 of the Aliens Act, the authorities shall provide interpretation or translation if the alien does not understand the Finnish or Swedish language when used by the authorities in a matter 1) processed under the asylum procedure; 2) pertaining to refusal of entry or deportation; or 3) initiated by the authorities. The authorities may, to clarify the matter or to secure the rights of the person concerned, provide interpretation or translation in matters other than those referred to in subsection 1. The person concerned has the right to be notified of a decision relating to them in their mother tongue or in a language they can be reasonably expected to understand. A decision is notified through interpretation or translation.

According to Section 11 of the act on the treatment of detained foreign nationals and of detention units (116/2002), foreign nationals are provided with accommodation, sustenance, interpretation services and other means of fulfilling basic needs at a Detention Unit.

Detention pursuant to the Aliens Act is an administrative, preventive measure, for which the police is required, under Section 203 of the Aliens Act, to arrange interpretation. In the situations referred to above, every effort is made to find an interpreter without undue delay. Sometimes this can be challenging, especially in the case of rare languages for which there are very few interpreters.

46. **The CPT wishes to reiterate its view that, prior to and in the course of a deportation operation, any medication should only be administered with the consent of the foreign national concerned (or, if the person is treated against his/her will pursuant to the Mental Health Act, in accordance with all the relevant safeguards).**

On 7 January 2014, the National Police Board issued a regulation on the use of force in the implementation of a deportation decision (2020/2013/5331), section 5 whereof states that no medication should be given to a foreign national being removed from the country unless it is to treat a condition or an illness, or is prescribed on the basis of medical screening. No medication should be administered against a person's will. If a psychiatrist prescribes medication, which is to be administered against the person's will, the police can provide judicial assistance to the responsible health care personnel. Medication is not to be used as a substitute for forcible means in safeguarding the enforcement of deportation.

The National Police Board emphasises that the police do not medicate persons to be removed from the country. Medication is administered exclusively by health care personnel. If it is necessary, for transport security reasons, to keep medication prescribed for a person being removed from the country in police possession during travel, such medication will be given to the person so that it can be administered personally in accordance with a doctor's instructions.

Further, the relevant instructions should make clear that a foreign national should be medically examined prior to the deportation operation, as well as following any failed deportation attempt.

On 7 November 2013, the National Police Board issued a regulation on the implementation of a refusal of entry and deportation decision (2020/2013/4518), section 6.2 whereof states that the health of the person being deported may require the presence of a doctor or nurse during escort. If the health or illness of the person being refused entry or being deported so requires, the person must see a doctor prior to the commencement of the escort. A doctor will take any decisions concerning the health of the person being deported. In order to ensure transportation safety, no medicinal substances are to be used; instead, any use of medication must be based on a medical assessment and administered for health care or treatment purposes.

A systematic medical examination of all persons being deported, carried out without any requirement for medical grounds, would not be feasible, particularly as the person being deported would already have been offered medical treatment and consultation prior to the commencement of the escort. The National Police Board is currently updating its regulations and will take the CPT's recommendations into account as applicable.

According to the Joutseno Detention Unit, customers see a nurse after a failed deportation attempt.

47. **The Committee would like to be informed of whether the Ombudsman for Minorities has taken up his new monitoring duties, and be informed of the precise modalities of such monitoring. In this context, the CPT wishes to stress that the systematic recording of deportation operations by audio-visual means (in particular for deportations expected to be problematic) should be seriously considered.**

The provisions of the Aliens Act regarding the Non-Discrimination Ombudsman's duty to oversee the implementation of deportation were brought into effect with the amendments of the Aliens Act (1214/2013) on 1 January 2014. According to Section 152 b of the Aliens Act, it is the Non-Discrimination Ombudsman's duty to oversee the implementation of all stages of deportation. An additional provision of Section 208 (1) states that, upon the request of the Non-Discrimination Ombudsman, the Ombudsman shall be notified of all facts required for overseeing the implementation of deportation in accordance with Section 152 b.

According to the National Police Board, the Non-Discrimination Ombudsman participated in a deportation operation for the first time in autumn 2014. The police work in close cooperation with the Non-Discrimination Ombudsman, providing the Ombudsman with the information required for overseeing the implementation of deportation.

According to the National Police Board, every attempt is made to carry out forcible returns discreetly. In certain situations, customers may find the use of audio-visual recording devices unpleasant, which further complicates the deportation process, especially in problematic cases. The National Police Board will keep track of experiences gained in the use of audio-visual recordings in other countries.

48. It would be advisable for both the “counsellors” and the security guards to benefit from additional training on how to defuse stressful situations, especially those involving families with small children.

According to a report provided by the Joutseno Detention Unit, counsellors have been trained to deal with stressful situations. Everyone is familiar with the defusing and debriefing processes, and appropriate arrangements for such sessions have been made with occupational health care services.

Prisons

50. Significant amendments to the Imprisonment Act and to the Remand Imprisonment Act had been submitted to the Finnish Parliament in, respectively, April and October 2014. The CPT would like to be informed, in due course, of the entry into force of the above-mentioned amendments and of their precise wording.

The amendments to the Imprisonment Act and Remand Imprisonment Act came into force on 1 May 2015.

Provisions regarding a prisoner's contact with the outside world were amended and clarified in order to specify the rights to and requirements for using a mobile phone, the Internet and e-mail, and the available means of monitoring electronic communications. On compelling grounds, prisoners may be given permission to send and receive e-mail and to use the Internet. Such

permission may be given on condition that the use of e-mail or the Internet does not pose a risk to the order or security of the prison. In a closed prison, permission to use the Internet may be granted provided that access to non-authorised sites can be blocked. Permission to use electronic communication devices will not be granted to remand prisoners whose rights of communication have been restricted under the Coercive Measures Act. In open prisons, prisoners could be allowed to use mobile phones, as the monitoring of such devices is now clearly prescribed by law.

A provision was added to the Act (Chapter 7, Section 1 of the Imprisonment Act) stating that prisoners must have access to sanitary facilities at all hours. Pursuant to Chapter 16, Section 1 (4) of the Remand Imprisonment Act, this provision also applies to remand prisoners. All provisions regarding visits to prisoners were revised. Provisions relating to the conditions in which a visit between a prisoner and a child under the age of 15 takes place were amended. Opportunities among prisoners for contact with family members living far away were improved by allowing communication over a video link. Electronic monitoring of prisoners on permitted leave was enabled.

The maximum duration of solitary confinement was shortened from 14 to 10 days. The obligation to consult health care personnel before placing a prisoner in solitary confinement was removed from the Imprisonment Act and the Remand Imprisonment Act.

The provision on isolation under observation was clarified to state that the prisoner may also be monitored using specific examination clothing. In addition, the maximum duration of isolation under observation was shortened. A prisoner wearing examination clothing must, on request, be provided will immediate access to sanitary facilities. A Government Decree has been issued with more detailed provisions on the use of examination clothing. Clothing must be of a suitable size and be replaced every four days, or whenever dirty. Prisoners must be given an opportunity to wash up daily and whenever their clothing has become dirty. When prisoners in isolation under observation and wearing examination clothing ask to use sanitary facilities, the exact time of request and time of access must be recorded.

The new provisions on appeal specify the prisoner's right to appeal in more detail and with greater clarity, and improve prisoners' legal protection. The law includes separate provisions on decisions which are and are not open to appeal. Similarly, the provisions regarding the appeal procedure were clarified. Unlike in the past, leave to appeal against an Administrative Court decision can be submitted to the Supreme Administrative Court.

51. Given that all but one of the prisons visited during the 2014 visit were either operating at their full capacity or were slightly overcrowded, the Committee is of the view that closing down one or two establishments would unavoidably result in a resurgence of overcrowding in the remaining prisons. Therefore, the CPT calls upon the Finnish authorities to make any possible effort in order to avoid such a situation.

The Criminal Sanctions Agency has been forced to carry out restructuring and operational adjustments owing to the financial difficulties of the Finnish public sector. In 2005-2014, the Criminal Sanctions Agency was forced to cut its personnel by approximately 500 and to close down

two prisons. The budgetary spending limits decisions made in spring 2014 imposed new saving obligations on the CSA and it is estimated that these will require further personnel cuts equivalent to 180 person years.

The CSA lacks the resources to maintain its current facility network. The CSA has prepared a facility network development plan in order to secure the human resources required for its core operations, including prison surveillance. The plan, which will be reviewed by the Ministry of Justice during autumn 2015, includes a proposal to close down some prisons and prison wards. Final decisions on this issue will be made during autumn 2015.

Development measures are vital because the facility structure is not fully fit for purpose at present, and dilapidated prisons that have reached the end of their service lives will require expensive, large-scale renovations over the next few years. A prison network outlined in the plan will support the CSA's strategic goals, such as the prisoners' integration into society. Furthermore, the plan takes account of the regional and functional coverage of the prison network and the projected population development.

The facility plan would envisage a reduction of 121 prison places. On 1 June 2015, Finnish prisons had room for 136 prisoners. Overcrowding has been a minor problem in recent years and has only affected some remand prisons. In the event of overcrowding, remand prisoners can be placed in other prisons. This plan is based on the assumption that the number of prisoners in Finland shows no significant growth.

However, the number of remand prisoners is likely to increase by about 30-50 in the next few years, alongside the adoption of a more expedient process for moving remand prisoners in police custody to prisons. A working group appointed by the Ministry of Justice is currently outlining various options for remand imprisonment. If legislation making these options available is passed, the number of remand prisoner could fall somewhat. In addition, planned release with probationary liberty under supervision may reduce the need for prison places. On 1 August 2015, the number of prisoners in probationary liberty and under supervision prior to their scheduled conditional release was 213. The objective is to encourage the more widespread use of supervised probationary liberty.

52. The CPT calls upon the Finnish authorities to attach the highest priority to eliminating completely the "slopping out" practice in all prisons, including at Hämeenlinna and Kerava Prison. Strenuous efforts must be made to accelerate the already adopted timetable for equipping the remaining cells with in-cell sanitary annexes at Helsinki and Mikkeli Prisons. The Committee recommends that steps be taken to minimise the degrading effects of "slopping out" and ensure that inmates accommodated in cells without a toilet are granted effective and prompt access to a proper toilet facility at any time of day or night. The implementation of this measure should be monitored by the senior management of each establishment concerned.

If the proposals presented in the Criminal Sanctions Agency's facility plan are put into practice, the remaining cells without a toilet in Finnish prisons will be consigned to history. At the moment, there are 180 cells without a toilet, 73 of them in Helsinki Prison and 107 in Hämeenlinna Prison. Renovation or new building plans for both prisons are already on the drawing board. Completion of

these investments is scheduled for the end of 2018. A decision has already been made on renovations in Helsinki Prison, specifically in wards where cells have no toilets.

It should be noted, however, that in both prisons prisoners placed in cells with no toilet have access to sanitary facilities around the clock. Instructions to this effect have been provided for prisons by the CSA's Central Administration Unit. Similarly, the Imprisonment Act include a specific provision on the matter.

At the time of the inspection, Kerava Prison had three cells in the northern cell ward with no sanitary facilities. After the CPT inspection, the cell ward in question was fitted with a new door, allowing cell doors to remain unlocked and prisoners to use the toilet whenever they wanted. Even before then, staff allowed prisoners to use the sanitary facilities on request at any time.

In Helsinki Prison, a notice is on display on each floor of the western cell ward, pointing out that prisoners are entitled to use sanitary facilities by making a request via an in-cell call bell. According to the prison director, each request to use the toilet is answered with no undue delay. The delay between the request and unlocking of the cell door is from two to ten minutes, depending on the other duties of the supervisory staff. According to the ward officer, slopping out in the morning when cell doors are unlocked is extremely rare. The prison management has not been informed by any prisoners that access to sanitary facilities is not always provided around the clock. Staff have been instructed on the issue and reminded of the importance of the matter. Management continues to monitor the situation and reminds staff as and when required.

53. The CPT recommends that staff in all the prisons visited be reminded that verbal abuse or any forms of impolite behaviour vis-a-vis prisoners are unacceptable.

Prison staff works under penal liability as public officials. The provisions of the State Civil Servants' Act, the Act on the Criminal Sanctions Agency, the Imprisonment Act and the Remand Imprisonment Act require civil servants to conduct themselves in a proper manner and to respect human dignity.

In spring 2015, the Criminal Sanctions Agency adopted a revised equality and non-discrimination plan for prisoners and persons doing community service, which deals with the proper, humane treatment of prisoners and ways of promoting such treatment. The equality and non-discrimination plan has been discussed at the Criminal Sanctions Agency's training events. The CSA's Central Administration Unit monitors compliance with the equality and non-discrimination plan in prisons. The most recent survey on the matter was conducted among prison directors and assistant directors in June 2015. The preliminary results suggest that racist attitudes among personnel are rare, and steps are taken if any racism is encountered. Prisoners' complaints and prison inspections also provide the Criminal Sanctions Agency's Central Administration Unit with valuable information on staff conduct and the treatment of prisoners.

According to reports provided by the directors of prisons inspected by the CPT, fair and proper treatment of prisoners is the cornerstone of operations. Proper treatment of prisoners increases prison safety and is in the best interests of both inmates and staff. No inappropriate conduct or discrimination is tolerated. Treatment of prisoners is monitored actively and any inappropriate

actions are addressed immediately. Prisoners represent several nationalities, which presents prison staff with a linguistic challenge. To improve communication between prisoners and staff, interpreter services may be used during the performance of certain statutory duties.

54. The CPT reiterates its recommendation that further efforts be made, through initial and ongoing staff training, to develop positive and proactive staff-inmate relations in prisons. Such an approach will depend to a great extent on staff possessing and making use of interpersonal communication skills. In this context, steps should be taken to ensure that prison officers assigned to high security and closed units, or having in their custody inmates segregated for their own security, exercise their interpersonal communication skills in a proactive manner.

The purpose of basic education in prison administration and of supplementary education providing further skills and competences is to ensure that all members of staff have sufficient skills and knowledge in the field of criminal sanctions. This includes awareness of the values and principles of the Criminal Sanctions Agency, knowledge of convicted felons' rights and responsibilities, the ability to engage in effective communication and cooperation with other staff and customers/inmates, and commitment to continuous personal and professional growth. The key objective of this is to reconcile methods of supervising the enforcement of penalties and rehabilitation orientation aimed at reducing recidivism.

The curriculum for basic education was revised in 2012, with greater emphasis being placed on interpersonal communication skills. The emphasis in the Criminal Sanctions Agency staff's work is increasingly shifting from supervision to rehabilitation and effective communication. The purpose of this is to enhance prison officers' ability to understand the psychological and social factors associated with criminal behaviour and safety risk management.

In addition, the supervisory staff of the Criminal Sanctions Agency undergoes annual supplementary training to improve their interpersonal communication skills. Topics covered during this training include how to hold a motivating discussion, how to confront a person acting in a threatening manner, and verbal and non-verbal interaction. All of these courses include a significant amount of practical training. They have attracted a large number of applicants.

One of the development areas the Criminal Sanctions Agency has identified is interactive individual work in prisons. A project on individual work was piloted in selected prisons in cooperation with specialists from the Finnish Institute of Occupational Health in 2013, and this work will be expanded to all closed prisons in accordance with a plan prepared in autumn 2015. The purpose of the project is to identify and adopt new methods and practices for increasing daily interaction between the staff and inmates. Opportunities for increasing prisoner participation in activities and spending more time outside their cells will also be explored.

In spring 2015, the Vantaa Prison introduced a prisoner induction programme with the objective of enhancing interaction between staff and prisoners and promoting proactive risk management.

Riihimäki Prison is divided into wards, with prisoner placement aimed at ensuring prison safety and security. The placement of prisoners in wards requires a prior assessment based on the available safety and security information. Prisoners are informed of the grounds for their placement, where applicable.

The current inmate accommodation planning system in the Riihimäki Prison was introduced in 2014 to address the previous, somewhat problematic system that put prison safety at risk. Prisoners now have a better opportunity to follow their individual sentence plans. The new accommodation system caused significant dissatisfaction among prisoners. In the case of some inmates, this translated into less interaction with prison staff. The situation came to a head in 2014 but has normalised since then.

Regardless of the prison ward, staff and inmates engage in regular interaction with each other. The purpose of these discussions is to offer guidance and counselling, and to encourage prisoners to actively pursue their sentence plans. Similarly, they offer an opportunity to discuss applications, prison rules and other matters in greater detail.

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

Means of preventing inter-prisoner violence include placing inmates in sufficiently secure prisons and wards. An assessment centre reviews each inmate's security information when formulating a sentence plan and making a decision on prison placement. Prisoner accommodation within a prison requires an assessment performed on the basis of security information. Small prison wards are conducive to preventing violence. Observations and enquiries made by prison staff also help to prevent situations where violence might occur.

In the current economic situation, an increase in personnel is not an option. In closed prisons, for security reasons a member of staff is always present in facilities used by prisoners for activities or leisure. When no staff is present, the prisoners are locked in their cells.

According to the directors of the inspected prisons, each incidence or threat of inter-prisoner violence is dealt with as early as possible. Obtaining information from inmates and prison staff is vital, as is the social care work carried out with inmates. Attention will be paid to enhancing professional skills in this area and to developing a more proactive approach. Although some acts of violence have occurred, a significantly larger number have been prevented before the situation has escalated.

The prisoner induction scheme introduced in Vantaa Prison keeps staff better informed of any grudges and hostilities between inmates, and helps to prevent violence and other security risks.

56. The Committee reiterates its recommendation that steps be taken to ensure that "fearful prisoners" (and other prisoners segregated because they are considered to be violent or otherwise "difficult") have effective access to purposeful activities. In order to make this possible, staff presence should be increased in the relevant prisoner accommodation areas in Helsinki, Riihimäki and Vantaa Prisons, especially in the closed units. Moreover, a proactive approach by the prison health-care service towards prisoners on protection is required, particularly as regards psychological and psychiatric care. There should be an individual assessment of their needs at regular intervals and, where appropriate, transfer to another prison should be considered.

The Criminal Sanctions Agency is pursuing further measures to provide better opportunities for prisoners in closed units to spend time outside their cells and, as applicable, to take part in activities in the ward or in its immediate vicinity. The conditions of fearful prisoners were assessed in 2011. An extensive survey on prisoner accommodation in closed units was conducted in 2012. The survey was repeated in late 2014. In 2012, the share of those prisoners, who could not spend at least eight hours per day outside their cells, was calculated at the request of the Parliamentary Ombudsman. Such prisoners added up to 43% of all prisoners in closed prisons. This group contained both those prisoners and remand prisoners segregated on their own request (fearful) and those placed at closed wards for other reasons. In 2014, 31% of the prisoners in closed prisons were allowed to spend less than eight hours outside their cells. Those two calculations were based on slightly different methods; hence the results are not fully comparable. In both calculations, the limit was eight hours per day. Some of the prisoners, however, attended some activity part-time or they were able to spend their free time outside their cells for some part of the day. The daily schedules vary between prisons and prison wards, which means there is variation in how closed the wards are. In 2014, one of the aims was to create a definition for a segregated prisoner as well as a method of compiling statistics, which would enable the monitoring of the matter regularly in future. In the future, the new prisoner and customer information system will provide direct access to information on segregated prisoners.

One of the objectives of the social care work project referred to in section 54 is to provide inmates in closed units with more opportunities to spend time outside their cells. This project will continue in 2015 and a civil servant will be recruited to coordinate development work within the central administration.

The situation among inmates in closed units improved to some extent with the introduction of low-threshold activity schemes, which prisons have developed in recent years for prisoners serving short-term sentences. In the future, this arrangement will also be available to prisoners serving long-term sentences in closed units. In some cases, an inmate is initially placed in a closed unit (or for the entire sentence, if short-term) in order to enable recovery from substance abuse.

As the CPT states in its report, a staff presence is essential for the improvement of prisoners' living conditions in closed wards. Unfortunately, with the current fiscal austerity likely to persist in the near future, no improvements with regard to staff presence are in prospect.

Responsibility for prisoner health care will be assigned to the Ministry of Social Affairs and Health at the beginning of 2016. The ministerial department in charge of prisoner health care coordination will be informed of the CPT's views regarding the assessment of psychiatric care needs. The Criminal Sanctions Agency's Health Care Unit performed an assessment in 2012, but observed no need for more psychiatric services for segregated prisoners. Prisoners who had been in isolation for more than 180 days were asked if they thought they needed psychiatric help. The respondents felt no need for psychiatric help, nor did the indicators used to measure wellbeing and general state of mind suggest they were any more disturbed than other prisoners.

In 2014, staff was given instructions on how to prevent suicides and assess the need for urgent assistance.

According to an amendment of the Imprisonment Act, which entered into force on 1 May 2015, the grounds for being segregated at the prisoner's own request must be reconsidered at least every four months. The obligation imposed by law recommends the regular reassessment of segregated prisoners several times a year. Under law, segregation is only permitted if a prisoner's personal safety is at risk. It is expected that legislative amendments will reduce the number of segregated prisoners.

Efforts are being made at Riihimäki Prison to place prisoners with different backgrounds and needs in different wards. For instance, planned placement of convicted sex offenders, members of criminal organisations and prisoners in need of rehabilitation helps to reduce threats, pressure and conflicts between inmates. Prisoners in each ward can take part in activities together or in small groups, even though they may not necessarily be able to work together with prisoners from other wards. If group work is not an option, activities can be arranged individually. Some prisoners with links to organised crime wish to have no contact with public officials. The supervisory staff of Riihimäki Prison conducts a structured assessment of all prisoners two to three times a year. During such an assessment, the prison can propose the placement of inmates in more suitable facilities, if this is deemed necessary.

60. The CPT recommends that steps be taken to ensure that the inmates concerned are effectively offered the opportunity to be heard and to provide their comments and explanations in the context of the placement procedure in the High Security Unit, and of the review of such placement. In order to make it possible for the prisoners to exercise their right to appeal against the measure, they must be systematically informed in writing of the grounds of the placement (and/or its continuation). The CPT recommends that the Finnish authorities take steps in the light of the remarks concerning the High Security Unit.

The Imprisonment Act specifies the duration of and grounds for placing a prisoner in a high security unit. According to the Imprisonment Act, placement in a high security unit should not continue for longer than necessary. The decision and grounds for placing an inmate in a high security unit must be reconsidered at least every three months. The prisoner is consulted before a decision is made. The prisoner must be informed of the grounds for placement in a high security unit, if such information poses no harm to the safety of others or hampers the solving of a crime.

According to Chapter 5, Section 9 (3) of the Imprisonment Act, the Criminal Sanctions Agency's Central Administration Unit makes decisions regarding a prisoner's placement in a high security unit upon the proposal of or consultation with the prison director or the assessment centre's director.

A prisoner's release from a high security unit depends on the prisoner's own actions and on a staff assessment of whether the security threats set forth by law still exist. A sentence plan is prepared for each prisoner for guidance during incarceration. In addition to the security assessments made by prison staff, achievement of the key goals specified in the sentence plan can help an inmate return to an ordinary ward.

In winter 2015, the Riihimäki Prison clarified its practices to the effect that when a prisoner is offered the opportunity to make a statement regarding placement into or continuation of placement in a high security unit, he is also informed in writing of the grounds for placement in a high security unit. In practice, the prisoner has access to the prison director's proposal to place the prisoner in a high security unit. In a hearing on the placement of a prisoner in a high security unit, the prisoner may provide a written or oral statement setting out his opinions of the situation. Prisoners usually give their statement on the same or the following day, and in some cases within around a week. The prisoner's statement is recorded in the prisoner information system and the Criminal Sanctions Agency's Central Administration Unit takes account of this in its decision-making process.

The prisoner is informed of his placement or the continuation of his placement in a high security unit in an attachment to the Central Administration Unit's decision, unless this poses a danger or harm of the kind referred to in Chapter 5, Section 7 (2) of the Imprisonment Act. Prisoners can appeal against this decision to the Administrative Court of Helsinki. An appeal can be made against a decision of the Administrative Court by lodging the appeal with the Supreme Administrative Court, provided that the Supreme Administrative court grants leave to appeal.

61. Material conditions in the High Security Unit had deteriorated since the 2008 visit. Although the cells were sufficiently spacious (e.g. a single occupancy cell measuring some 9 m2), ventilation was often poor and the cells allegedly became extremely hot during the summer months. Further, the equipment was Spartan and dilapidated in some of the cells, and the showers and washing facilities were inadequate. The CPT recommends that steps be taken to remedy these deficiencies.

The Criminal Sanctions Agency leases the Riihimäki Prison from Senate Properties, which is responsible for any repairs and maintenance. Riihimäki Prison was renovated in the 2000s, and according to Senate Properties, the ventilation system was modernised to meet the standard specified in building regulations in effect at the time. The ventilation system is kept in working condition with systematic repairs and maintenance.

The ventilation system in the Riihimäki Prison cells is not equipped with a cooling function. Cooling is not a standard feature in Finnish residential buildings, since any hot spells are infrequent and short. However, air-conditioning devices have been used at full speed instead of half speed at night when the temperature is lower to prevent an excessive rise in indoor temperatures. Reports suggest that air-conditioning at night provides some relief. The cells are also equipped with a

ventilation window. Cell temperatures in Riihimäki Prison were systematically monitored in summer 2015, and the temperature never rose above 23°C.

Cells are equipped with a desk, a bed, a wardrobe, a television and a DVD player. They also have a toilet and a shower. To prevent any damage, cell beds in the high security unit are made of concrete, desks are bolted to the wall, and buttons for releasing water in showers are placed on the ceiling. The facility manager at the Southern Finland Region Centre is exploring alternative arrangements for the shower button, as short prisoners have trouble reaching the ceiling.

62. The Committee reiterates its recommendation that a suitable programme of purposeful activities of a varied nature (including work, education and targeted rehabilitation programmes) be offered to prisoners held in conditions of high security. This programme should be drawn up and reviewed on the basis of an individualised needs/risk assessment by a multi-disciplinary team (involving, for example, a psychologist and social worker), in consultation with the inmates concerned. The CPT also recommends that steps be taken to enlarge and improve the exercise yards used by prisoners in the High Security Unit of Riihimäki Prison.

Just like any other prisoners, prisoners in the high security unit can contact the prison rehabilitation officers and meet with them, either regularly or in urgent situations. Prisoners are also offered distance learning programmes and an opportunity to work with a guidance counsellor. In terms of work activities, prisoners in a high security unit represent a challenge as their transportation and supervision require a considerable number of supervisory staff, in order to ensure the safety of personnel and other inmates.

A prisoner's situation is assessed at least every four months when the sentence plan is updated, and may also be discussed in a multidisciplinary team's planning meeting Before their release, prisoners placed in a high security unit are transferred to another prison ward while preparations for release are in made.

The exercise yards used by prisoners held in the high security unit of Riihimäki Prison were designed and built in connection with the prison renovation project in 2005. Their design and implementation is in line with the prison building design guidelines provided by the Criminal Sanctions Agency. The exercise yards meet the criteria of the guidelines (instruction card number 099-1033). The exercise yard of the high security ward is 75 m2 in area. Two of the walls of the exercise yard are solid and two walls and the roof are transparent mesh. Each yard has a small canopy to protect from the weather. Workout equipment is located in one of the exercise yards. The yards are monitored by cameras.

63. The Committee reiterates its recommendation that the imposition of any restrictions on visits for inmates placed in a high security unit be based on an individual risk assessment.

According to Chapter 13, Section 1 of the Imprisonment Act, the right of a prisoner placed in a high-security ward to meet persons other than their close relatives or other close persons or an attorney may be restricted if there is a justifiable reason to suspect that this Act or the provisions or

orders issued thereunder would be violated during the visit. Restrictions are discretionary and considered on a case-by-case basis.

65. With regard to placement in the closed units of Helsinki and Riihimäki prisons, reference is made to the recommendations in paragraph 60 which are applicable here mutatis mutandis.

According to Chapter 5, Section 1 of the Imprisonment Act, a prison may have wards that are different with regard to their degree of supervision and operations. Factors determining the placement of a prisoner include their sentence plan, personal characteristics, age, ability to meet the obligation to participate and to uphold order and security in the prison, the safety of the prisoner or another person, and the prevention of criminal activity. Decisions are made on the basis of an individual overall assessment.

All prisoners are interviewed on arrival. The interview covers the prisoner's personal history, sentence plan, the prisoner's activity needs and safety issues. Any potential threats to the prisoner are also assessed. A multidisciplinary team discusses all the facts in a meeting and then decides on the prisoner's placement.

The situation of prisoners in closed units is continuously monitored and assessed to determine whether placement in a more open environment is possible. Prisoner placement issues are discussed regularly and prisoners are consulted on the matter.

66. Conditions in the Closed Unit of the Riihimäki Prison were similar to those in the High Security Unit; reference is thus made to the recommendation in paragraph 61 above.

The restricted activity ward C3 (closed unit) in the prison's C wing and the high security unit C2 are equipped differently to other prison wards. Meanwhile cells in wards C5 and C4 are identical with other cells in the prison, with no exception. To ensure the safety of prison staff and to prevent damage, cells in ward C3 and in the high security unit C2 are equipped as explained above in section 61. Reference is made here to the response provided above in section 61.

67. The CPT reiterates its recommendation that the regime provided to prisoners held in the closed units at Helsinki and Riihimäki Prisons be reviewed. The objective should be to ensure that such prisoners enjoy a relatively relaxed regime within the confines of their units in order to counter the deleterious effects upon the prisoners' mental health and social skills of living in the bubble-like atmosphere of the unit, and to provide them with a variety of organised activities responding to their individual needs (including work, education and rehabilitation programmes).

Work activities organised in the activity building in Riihimäki Prison are not the only activities available in the prison. Each prisoner placed in the restricted activity ward has an opportunity to engage in one-on-one work with rehabilitation staff and to assess and contribute to the sentence plan. They are also allowed to take part in distance learning programmes. It should be noted that some prisoners in the closed unit are unwilling to take part in any activities.

A course preparing inmates for release and life on the outside was piloted in the restricted activity wards in spring 2015. These activities will continue in the autumn.

Helsinki Prison has been able to extend the time prisoners spend outside their cells and interact with other prisoners, by increasing their outdoor exercise time. For example, the daily routine in the eastern wing's closed units was changed to extend the outdoor exercise time by fifteen minutes to one hour and fifteen minutes on three weekdays. The prison is continuously seeking new partners to provide opportunities for in-cell work activities, such as packing or similar.

The Criminal Sanctions Agency is pursuing further measures to provide better opportunities for prisoners in closed units to spend time outside their cells and, in addition and as applicable, to take part in activities in the ward or in its immediate vicinity. Efforts towards this end include a social care work project involving supervisory staff and low-threshold activity schemes (consisting of activities steered separately by multiple officials). The principles according to which prisoners are placed in closed units will be clarified during the supervision level classification work currently in progress.

68. As concerning the possibilities for prisoners placed in closed units to maintain contacts with the outside world, several inmates in the Closed Unit of Riihimäki Prison alleged that their visits were often cancelled for spurious reasons (or cut short) and that "father and child" visits were rarely permitted. The CPT would like to receive the Finnish authorities' observations on these allegations.

Riihimäki Prison has no knowledge of such visits. Inmates in the closed unit are allowed to see their families during supervised visits on weekends and can ask to see their children on premises specially provided for this purpose. Inmates can also request unsupervised visits. Decisions are made on a discretionary basis, taking account of the requirements of an unsupervised visit.

In addition, Riihimäki Prison has engaged in active cooperation with child welfare services and other non-governmental organisations. Such cooperation has enabled an increase in the number of supported visits, which have proven highly useful from the parenting perspective.

69. The CPT recommends that the legal safeguards in the context of court-imposed segregation of remand prisoners (such as the provision of reasoned grounds in writing for any decision to impose or prolong segregation; and putting in place a mechanism for individual, meaningful and periodic review of the measure) be reinforced, so as to ensure that court-ordered segregation does not last longer than absolutely required. The Committee calls upon the Finnish authorities to ensure that remand prisoners whose judicially-imposed segregation has ended are placed on general accommodation without delay.

In inspections conducted by the Criminal Sanctions Agency and in connection with the work of the working group appointed by the Ministry of Justice to investigate alternatives for remand imprisonment, attention has been and will continue to be paid to matters relating to the rights of remand prisoners. The conditions experienced by remand prisoners will also be taken into account during the project on individual work.

We are continuing our efforts to make the flow of information between the authorities more efficient with the aim of ensuring that, in all cases, information on the cancellation of a prisoner's limitation of contacts will be provided for the prison with sufficient clarity by the court of law.

70. The CPT reiterates its recommendations that the Finnish authorities take resolute action to provide prisoners subjected to judicially-ordered segregation with access to purposeful activities, in order to counteract the negative effects of their being placed in conditions akin to solitary confinement.

The Central Administration Unit of the Criminal Sanctions Agency notes that not all closed units have staff present throughout the day. The purpose of remand imprisonment is to ensure that prisoners cannot interfere with a pre-trial investigation or a trial; in a remand prison, this may hinder participation in organised activities. However, the project on individual work will be continued by the Criminal Sanctions Agency in wards accommodating prisoners whose contacts have been limited. While present on a ward, prison staff works in a multi-professional manner, taking care of daily routines while enabling activities and interaction among the prisoners.

71. The material conditions of the general prison population at Riihimäki, Kerava and Vantaa Prisons were on the whole good. That said, the so-called "travelling cells" at Vantaa Prison were dilapidated and dirty. The CPT recommends that steps be taken to remedy this state of affairs. At Helsinki Prison, 73 cells in the Western Wing and 10 cells in the Northern Wing still did not have in-cell toilets. In this respect, reference is made to the recommendations in paragraph 52.

At Vantaa Prison, the inmates have renovated the cells by painting them; this activity will be continued. The problem lies in the active use of the travelling cells, as well as other types of cells, and in the rapid turnover of inmates. In addition, finding temporary accommodation for the inmates while their cells were being painted was challenging in an overcrowded prison.

Once the implementation of the Criminal Sanctions Agency's plans for the premises has been completed, the “slopping-out” practice will be eliminated from the Helsinki Prison over the next few years. The decision has already been taken to refurbish the wards of Helsinki Prison in which the “slopping-out” practice is used, planning is under way, and the investment is scheduled for completion by the end of 2018.

72. The CPT invites the Finnish authorities to consider the possibility of serving the last hot meal of the day later in the day, preferably in the evening.

According to the normal eating pattern of Finnish society, people eat a (cold) breakfast before starting their workday, a hot meal for lunch around noon, a hot meal for dinner after their workday has ended and a cold snack in the evening. The same eating pattern is applied in prisons.

The Central Administration Unit of the Criminal Sanctions Agency has obliged prisons to serve their evening snacks in such a manner that the time between the snack served in the evening and the breakfast served the following morning does not exceed 12 hours. The Vantaa Prison is currently investigating the possibility of starting to serve dinner at a later time in order to balance the times between meals.

73. The CPT recommends that steps be taken (in particular, at the Kerava and Riihimäki Prisons) to ensure that prisoners have ready access to toilet facilities at all times, including during outdoor exercise.

As a rule, the time allocated for outdoor exercise is one hour. The outdoor exercise time is marked in the daily schedule and the prisoners know it in advance. The prisoners therefore have the opportunity to go to the toilet in their cell/ward before they go outside, which means there is rarely the need to visit a toilet during outdoor exercise.

At the Kerava Prison, prisoners are given the opportunity to return indoors after they have been outdoors for half an hour.

At the Riihimäki Prison, outdoor exercise times are supervised and the prisoners can tell the prison officer if they need to go to the toilet. Due to scarcity of staff, however, it is not always possible to arrange for a prison officer to escort prisoners one by one to a toilet located on the ward. This would mean making the prison officer supervising outdoor exercise absent from his or her post, which would pose a security risk.

The Criminal Sanctions Agency is cooperating with Senate Properties to prepare a new national prison concept defining the operations and space needs of various types of prisons. The need for a toilet serving the outdoor exercise area will be taken into account as part of the prison concept, so that the situation can be improved through new construction projects.

74. The CPT recommends that further efforts be made in order to provide prisoners in all the establishments visited (and, in particular, the Riihimäki and Vantaa Prisons) with purposeful activities tailored to their needs (including work, vocational training, education and targeted rehabilitation programmes).

In its current overall situation, the Criminal Sanctions Agency needs more resources for the steering of organised activities for prisoners. Prisoners' participation in organised activities has decreased for a number of reasons. The shortening of the work and activity day of the prisoners affects the statistics of the prisoner data system so that the number of prisoners participating in the activities seems lower than it actually is. At the same time, there may be room for more prisoners in activity groups (work, education, programmes) than the current number of participants suggests. Furthermore, activity groups have been terminated on account of low participation. Few opportunities are available to increase participation by increasing the number of staff.

An investigation of future types of activities and the related facilities suitable for prisoners' needs is currently under way at Helsinki Prison. The goal is to provide the opportunity to participate in organised activities for the maximum number of prisoners. The share of rehabilitative prison work will be increased.

Riihimäki Prison has four sites for work activities: workshops for painting, carpentry and packing, and an industrial hall for metal works. In total, these provide workplaces for 44-47 prisoners. A new pilot project involves folding work for the Finnish Defence Forces. The Prison's institutional housekeeping provides workplaces for 22–23 prisoners (kitchen, canteen, clothes maintenance and cleaners). In total, Riihimäki provides the opportunity to work for 66–70 prisoners.

Study places in upper secondary education are provided for 10–12 prisoners, while in terms of vocational training, 8 prisoners are engaged in auto industry and 6 prisoners in metal industry training. Training in groups is therefore being provided to approximately 25 prisoners. Prisoners who do not have a basic education certificate can study independently through distance learning. Supplementary and rehabilitative courses are also organised. Four different programmes with an impact on recidivism and which prisoners can attend part-time are being implemented at Riihimäki.

In 2014, the percentage share of prisoners participating in organised activities at Riihimäki prison was 52.3% of the total time spent in daily activities. There are clearly more places available for prisoner participation in organised activities at Riihimäki Prison than the number mentioned in the CPT report.

Kerava Prison has plenty of facilities for organised activities, but scarcity of staff resources is limiting the possibilities for prisoner participation in such activities. In the open prison ward, placement in organised activities is provided for every prisoner.

The number of places in organised activities cannot be increased at Vantaa Prison due to the scarcity of staff resources for guiding such activities. Most prisoners in Vantaa are remand prisoners who are not obliged to participate in organised activities.

75. The CPT recommends that the Finnish authorities take steps to develop the regime offered to life-sentenced prisoners and other prisoners serving long sentences, taking due account of the factors identified above. Further, the Committee recommends that prison staff be encouraged to communicate and develop positive relationships with this category of prisoner.

Helsinki Prison has a long tradition of working with life-sentenced prisoners and other prisoners serving long sentences. It is in the best interests of prisoners serving long sentences that they participate in the prison's normal activities alongside other prisoners. This helps to prevent inequality among different categories of prisoner and the formation of an unjust hierarchy based on status. However, particular attention is being paid to the serving of sentences by long-term prisoners and maintaining their relationships with their family and people close to them.

In recent years, the development work of the Criminal Sanctions Agency has focused on offering organised activities to short-term prisoners, making it possible for life-sentenced and long-term prisoners to participate in normal activities organised for prisoners, such as vocational training leading to a degree or, where necessary, obtaining work experience in more than one field. In the first instance, this opportunity is provided in a closed prison and, at a later stage of the term of sentence, in an open prison. More attention will henceforth be paid to the special needs of life-sentenced prisoners and other prisoners serving long sentences (such as the need to maintain contact with family members or keeping up their IT skills) by the Criminal Sanctions Agency.

76. The CPT would like to be informed of progress in the preparations for the transfer of the responsibility for prison healthcare services from the Ministry of Justice to the Ministry of Social Affairs and Health.

Preparations concerning the Government proposal on the transfer of responsibility for prison healthcare services from the Ministry of Justice to the administrative branch of the Ministry of Social Affairs and Health were carried out in spring 2015 by the working group mentioned in the report. The organisation of prison healthcare services would be transferred under the aegis of the National Institute for Health and Welfare and the supervisory powers of the National Supervisory Authority for Welfare and Health and regional state administrative agencies would be expanded to cover healthcare service provision in prisons and for the Finnish Defence Forces as of 1 January 2016. The change would be implemented by enacting an act on the prison healthcare unit. Many other laws would also be amended.

The draft Government proposal on the organisation of prison healthcare services and the related supervision by the administrative branch of the Ministry of Social Affairs and Health was circulated for comments in June 2015. The Government proposal is intended for submission to Parliament on 28 September 2015.

77. To sum up, the CPT cannot but reiterate its assessment from the 2008 visit, namely that the resources in terms of doctors' presence were not satisfactory in any of the prisons visited. The Committee remains of the view that, because of its size, Helsinki Prison would benefit from the equivalent of a full-time doctor. Further, a doctor should be present at Riihimäki Prison at least four days a week (and at least three days a week at Kerava). As concerns Vantaa Prison, although the CPT takes note of the increased time of presence of a doctor, in view of the particular needs of the establishment's inmate population (essentially composed of remand prisoners), the Committee is of the opinion that it would be advisable to further increase the doctor's presence (to four days a week). The CPT recommends that the attendance by a doctor be increased in each of the prisons visited, in the light of these remarks.

As for nursing staff resources, they could be considered as just about adequate. However, the CPT calls upon the Finnish authorities to take effective steps to ensure that someone qualified to provide first aid (preferably a nurse) is always present, including at night and during weekends, in all of the prisons visited.

Based on the current resources, a greater presence by doctors would not be possible, nor does the Healthcare Unit find this necessary. Prisoners' waiting times to see a doctor are shorter than the average waiting times outside the prison in their home municipality. Prisoners in need of acute/urgent care are taken to the nearest health centre or hospital. However, transporting prisoners outside the prison to receive healthcare services ties up supervision staff resources.

As a rule, Finnish prisons are small, with a capacity ranging from a few dozen to just over a hundred places, and are often located in remote areas. Immediate access to the nearest healthcare service point in the event of an acute illness is safeguarded in every prison. It would not make functional or financial sense to arrange for healthcare staff to be present around the clock in every Finnish prison.

The basic training programme for prison officers now includes drug administration training. While some prison officers have already undergone this training, it will also be provided to those who have not yet completed it, as required by the Finnish Medicines Agency.

Each permanent member of the supervision staff at Vantaa Prison has completed basic-level first aid training and some staff members have also received further training in first aid. The prison organises first aid training for its staff on an annual basis.

Staff at Helsinki Prison are also provided with first aid and emergency first aid training on a regular basis. At least one person who has completed the necessary first aid training is always present at the prison. In the event of a heart attack, the prison has a defibrillator which every member of staff is capable of using.

Approximately 15% of the staff at Riihimäki Prison have completed first aid training, and the plan is to increase this number. Every member of the prison supervision staff has completed so-called emergency first aid training.

78. The CPT reiterates its long-standing recommendation that effective steps be taken to ensure that the medical screening of newly arrived prisoners is carried out systematically within 24 hours of arrival.

As a rule, medical screening is carried out within 24 hours of arrival. The matter is made more complicated by the fact that, in Finland, prisoners may arrive at certain prisons at any hour of the day.

In the absence of prison healthcare staff, a newly arrived prisoner in need of urgent care is taken to the nearest health centre or hospital.

80. The CPT calls upon the Finnish authorities to review the existing procedures in order to ensure that whenever injuries are recorded which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the competent authorities (e.g. the prosecutor), regardless of the wishes of the prisoner. The results of the examination should also be made available to the prisoner concerned and his or her lawyer.

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

- **(i) (i) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment);**
- **(ii) (ii) a full account of objective medical findings based on a thorough examination;**
- **(iii) (iii) the doctor's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

The record should also contain the results of additional examinations performed, detailed conclusions on any specialised consultations and an account of treatment given for injuries and of any further procedures conducted.

The recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with "body charts" for marking traumatic injuries that will be kept in the medical file of the prisoner. If any photographs are made, they should be filed in the medical record of the inmate concerned. This should be done in addition to the recording of injuries in the special trauma register.

When something out of the ordinary occurs in a prison, such as an assault, the prison staff record the incident in the prisoner data system. The recorded incident is investigated at the prison and the matter is either handled using the prison's own internal disciplinary proceedings, or a report of an offence is submitted to the police. A recorded incident is always investigated at the prison in question, regardless of whether the victim wants this or not. A report of an offence is submitted by the prison's director. The police consider the severity of the offence. Petty assault is a complainant offence, which the police cannot pursue any further unless the victim wants them to investigate the matter. A police investigation is always conducted in the case of more severe offences. For the investigation of incidents involving violence, the police request a medical certificate from the prison's healthcare staff.

According to a report by the Health Care Unit of the Criminal Sanctions Agency, when a prisoner has fallen victim to alleged violence, a thorough investigation is conducted of what happened and when, as well as the symptoms or injuries caused by the violence. In addition to a verbal account, all the findings on the body are examined and described verbally in the patient record. In many prison polyclinics, it is common practice to take photographs of the injured parts of the body. The photos are attached to the patient record.

A nurse meets the patient first, usually during the same day, immediately after the incident. In the absence of healthcare staff, the prison officers take the prisoner to an emergency clinic. If necessary, the patient is sent for an additional medical examination or treatment to an outside hospital, if the nature of the injuries so requires.

General instructions have been issued in Finland on the examination of assault victims and the structure of the related medical certificate. In addition, a special form (PAKE) has been prepared on which all findings are recorded. These instructions are also observed by prison healthcare units. No special trauma register is in use.

A doctor cannot report to the prison staff or to the police on any violent incidents involving a prisoner who is of legal age without the victim's consent. This practice is in line with the principles underlying the CPT's recommendation and Finnish legislation.

81. The CPT calls upon the Finnish authorities to significantly increase the frequency of regular visits to Riihimäki Prison by a psychiatrist (e.g. to one day per week). The Committee also invites the authorities to consider increasing the frequency of visits by a psychiatrist at Kerava Prison.

The Health Care Unit has a full-time psychiatrist in Southern Finland, who makes visits to several prisons whenever necessary.

82. The Committee calls upon the Finnish authorities to take steps to ensure such a presence at Vantaa Prison's Psychiatric Unit. Measures should be taken to ensure the ongoing presence of custodial staff in the Unit (including at night).

At present, the healthcare unit does not have the necessary resources to increase the number of psychiatric nurses, and it would not be possible for Vantaa Prison to increase the number of its supervision staff.

84. While acknowledging that it may be necessary for certain inmates to be subject, for a given period of time, to restrictions over the manner in which visits take place, the CPT recommends that the current practice be reviewed so as to ensure that above-mentioned restrictions are applied only to the extent and for the time justified by the threat (e.g. of smuggling illicit substances or other prohibited items) that the prisoner concerned effectively represents.

The manner in which visits take place has been clarified through amendments to the Imprisonment Act, which entered into force on 1 May 2015. According to Chapter 13, section 3 of the Imprisonment Act, in a closed prison visits take place in a supervised facility in which structural boundaries have been constructed between the prisoner and the visitor in order to maintain order and security and prevent the entry of prohibited substances and items into the prison. In an open prison, visits take place in a facility in which it is possible for the prisoner and the visitor to touch each other.

The periods of time during which a prison employs restrictions on visits are determined for each individual prisoner on a case-by-case basis. Such restrictions are influenced by the blameworthiness and severity of the act that took place in the establishment, as well as the person's criminal and prison history. Stricter restrictions on visits are applied only to the extent and for the period of time justified.

It is possible for the prisoner and the visitor to touch each other, if the prisoner is granted the right to an unsupervised visit or permission to be visited by their child. The prisoner's right to such visits is not without conditions; for example, decisions on child visits must be considered from the perspective of preserving the connection between the prisoner and the child, while also ensuring that the visit is in the child's best interests.

With respect to touching during visits, prisoners have the opportunity to touch their partners during unsupervised visits. Unsupervised visits are discretionary, enabling the prisoner to receive a visit from a close relative or another person close to them. Discretionary refers to assessing the grounds for unsupervised visits, which not only include the risk of posing a danger and the ability to maintain order, but also preserving the prisoner's connections with the outside world and other comparable grounds. The discretionary procedure also takes account of whether prison leave should be granted to the prisoner in question.

85. The CPT recommends that the practice of placing prisoners in segregation pending the outcome of disciplinary inquiry be reviewed as a matter of priority, in the light of the above remarks. In no case should the actual period spent in solitary confinement on disciplinary grounds exceed the time-limit of 14 days foreseen by the law, and the time spent in preliminary segregation should be included into the calculation of the number of days remaining to be spent in disciplinary solitary confinement. Furthermore, prisoners placed in segregation pending the outcome of a disciplinary inquiry should be offered the opportunity to be heard and to contest the measure.

An amendment to the Imprisonment Act entered into force on 1 May 2015, based on which the maximum period of solitary confinement was reduced from 14 days to 10 days. Changes were also made to the wording of the said act, clarifying that the placement of a prisoner in segregation pending the outcome of a disciplinary inquiry must not last longer than necessary or exceed seven days. Further, the time during which a prisoner is segregated from other prisoners must be counted as a deduction when determining a disciplinary punishment (chapter 15, section 14 of the Imprisonment Act). The Central Administration Unit expects that the hearing of prisoners will occur at an earlier stage of the process from now on, thus providing prisoners with the opportunity to voice their own opinion on their segregation, among other issues, during the hearing on the disciplinary measure.

Based on the report provided, it is unclear on what the CPT bases its information on prisoners spending periods of up to 16 days in conditions *de facto* amounting to solitary confinement, after which only the official disciplinary solitary confinement began.

The directors of the prisons visited by the CPT state that the periods of time prisoners spend in segregation pending the outcome of a disciplinary inquiry are kept to a minimum, i.e. approximately 1-3 days. The time spent in segregation is taken into account as a deduction when determining a disciplinary punishment.

In 2012, the Criminal Sanctions Agency conducted a survey on the uniformity of the disciplinary practices of prisons using a sample period of three months. Based on the sample data, the longest period of segregation pending the outcome of a disciplinary inquiry was seven days, but the segregation period most commonly lasted from one to three days.

86. The CPT recommends that steps be taken at Helsinki Prison to ensure that prisoners return to general accommodation immediately after they have served their disciplinary solitary confinement period.

Helsinki Prison has made changes to its procedures. As a rule, prisoners now return to their own ward and to their previous activities after serving their disciplinary punishment. Among other reasons, this is possible due to the prison no longer being overcrowded.

If the person has committed a serious act, such as an assault of another prisoner or drug trafficking, after they have served their disciplinary punishment they may be placed in an intensive supervision ward.

87. The delegation was concerned to observe that nurses at Helsinki Prison were still requested to certify that there were "no medical reasons not to isolate" an inmate. The CPT reiterates its recommendation that this practice cease immediately. In this context, reference is also made to the comments in the Committee's 21st General Report.

An amendment to the Imprisonment Act entered into force on 1 May 2015, based on which each placement in solitary confinement or in segregation pending the outcome of a disciplinary inquiry must be reported to the healthcare staff. In Helsinki, a prisoner's state of health is examined upon their placement in segregation and, among other measures, their injuries (if any) are recorded. The act was also amended to state that healthcare staff will no longer be heard prior to solitary confinement being imposed.

On some occasions, when disciplinary punishment has been imposed, the prisoner has announced that he or she is unable to begin serving the disciplinary punishment right away, and has requested a postponement of enforcement. On such occasions, which are rare, it has been deemed in the best interests of the prisoner to inform the healthcare staff of his or her concerns. This has been done bearing the best interests of the prisoner in mind, and does not occur often. This is not the same as hearing healthcare staff, as defined in the act in force at the time. The reason for doing so was the desire to ensure the prisoner's mental and physical wellbeing on a cooperative basis.

88. Some of the cells at Vantaa Prison were dirty, with walls smeared with excrement and covered in graffiti. The CPT recommends that steps be taken to remedy this state of affairs.

The Committee reiterates its recommendation that steps be taken to ensure that the privacy of prisoners placed in conditions of disciplinary solitary confinement at Helsinki and Vantaa Prisons is preserved when they are using a toilet and washing themselves.

The CPT recommends that the material conditions in the disciplinary solitary confinement cells at Kerava Prison be improved, in the light of the above remarks. Further, permanent physical presence by custodial staff should be ensured whenever a prisoner is held in the disciplinary unit.

The segregation cells of Vantaa Prison shall be inspected every time they have been in use. Cleaning will also be organised. This falls under the responsibility of the segregation ward's prison officer. The prison will change its practice so that the prisoners placed in disciplinary solitary confinement will never be monitored by camera surveillance.

In the segregation ward of Vantaa Prison, a prison officer often has to be 'borrowed' for prisoner transport assignments outside the establishment, leaving others, such as the prison reception staff, in charge of taking care of the prisoners placed in the segregation ward.

In addition to the enforcement of disciplinary punishments, the cells of the so-called segregation ward at Helsinki Prison are used for observation purposes and for isolation under observation. Each cell has a camera, but it is turned off for the duration of the enforcement of disciplinary punishment. Staff do not use the peephole to monitor what the prisoner is doing. The cells do not have washing facilities. There is a separate room with washing facilities in which the prisoners' privacy is safeguarded. The privacy of a person serving a solitary confinement sentence is thus safeguarded in Helsinki Prison.

The condition of the segregation cells at Kerava Prison and the need to make any changes, such as replacing the concrete sleeping platforms and installing toilets, will be assessed in connection with the upcoming basic renovation. The prison management has not received any complaints/criticism of the lighting in segregation cells. At the time of the Committee visit, the cells were unoccupied and the heating was not turned on.

89. At the time of the 2014 visit, the Finnish authorities were in the process of drafting relevant amendments to the Imprisonment Act, which would among others make clear that inmates obliged to wear "examination overalls" would have to be granted ready access to a toilet at all times. The Committee would like to be informed of the entry into force of these amendments, and to receive their text (as adopted). Further, the Committee reiterates its recommendation that prison staff at all prisons where this measure is likely to be applied receive detailed instructions on the manner of its implementation. These instructions should inter alia make clear that ready access to a toilet includes the night time and that prisoners obliged to wear "examination overalls" should be offered a minimum of privacy when using a toilet (e.g. by having tinted glass partitioning of the toilet facility installed in the cells).

According to chapter 18, section 4 of the Imprisonment Act, “if there is a justified reason to suspect that, during imprisonment or at the time of being admitted to prison, a prisoner has in their body any prohibited substances or items, as defined in section 1 or 2 of chapter 9, the prisoner may be placed in a room or a cell in which they themselves and the exit of the prohibited substances or items from their body can be monitored around the clock and supervised by technical or other

means. In such an instance, the prisoner may also be required to wear “examination overalls”. Upon their request, prisoners wearing “examination overalls” shall be provided with access to toilet facilities without delay.

Isolation under observation may be continued until the prohibited substances or items have exited the prisoner's system, or until there is no other reason for isolation. However, the maximum permitted period of isolation under observation is six days. If isolation under observation causes a danger to the prisoner's health, the isolation must be interrupted. If any of the substances or items referred to in section 1 are detected during a body search of the prisoner, isolation under observation can be continued beyond the six-day maximum period, but at most for three additional days.

A healthcare professional must be notified of placement in isolation under observation without delay. A doctor or other healthcare professional must examine the prisoner's state of health at the earliest possible opportunity. The prisoner must be carefully monitored through technical and other means.”

Further provisions have been issued by the Decree on Imprisonment: According to section 65 of the Decree on Imprisonment, a prisoner placed in isolation under observation shall be monitored and supervised in such a manner that they cannot conceal or destroy illicit items or substances. The rights of the prisoner can only be limited if so necessary to fulfilling the purpose of isolation under observation. Any assessment of the limitation of rights shall take account of whether special examination overalls are used in order to prevent the prisoner from gaining access to prohibited substances or items transported inside the body.

Prior to being placed in isolation under observation, the prisoner shall undergo a body check and his or her clothes shall be changed. Unless the prisoner is required to wear special examination overalls, the prisoner shall wear other clothes provided by the prison during the isolation under observation.

A prisoner placed in isolation under observation may be provided with items and substances the possession of which does not jeopardise the purpose of isolation under observation. Items and substances that can be handed over to the prisoner include literature, magazines, stationery and foodstuffs. The prisoner must be provided with the opportunity to smoke. The prisoner may also be provided with the opportunity to watch TV and listen to the radio.

A room or cell used for isolation under observation must have adequate ventilation, heating and lighting. The prisoner must be issued with bed linen.

According to section 66 of the Decree on Imprisonment, the examination overalls must be the right size for the prisoner. The overalls must be changed every four days, and whenever they get dirty. The prisoner must be provided with the opportunity to wash every day, and also whenever his or her clothes get dirty.

The Central Administration Unit of the Criminal Sanctions Agency shall provide detailed instructions on the use of examination overalls, including toilet visits and the recording procedures for measures employed during the use of examination overalls, as well as the reporting procedures for the Criminal Sanctions Regions and the Central Administration Unit with regards to the use of examination overalls. Precise provisions on the recording procedure are issued under section 67 of the Decree on Imprisonment.

90. The prisons visited seemed to lack a formalised internal complaints' procedure and prisoners were not duly informed of how to complain to the establishment's director. There were no complaint boxes, and internal complaints were not systematically recorded and followed up. The CPT recommends that the Finnish authorities review the internal complaints procedures in prisons, in the light of the above remarks. Prisoners should be able to make written complaints at any moment and place them in a locked complaints box located in each accommodation unit. All written complaints should be registered centrally within a prison before being allocated to a particular service for consideration. In all cases, internal complaints should be processed expeditiously (with any delays duly justified in writing) and prisoners should be informed within clearly defined time periods of the action taken to address their concerns or of the reasons for considering the complaint not justified. In addition, statistics on the types of internal complaints made should be kept as an indicator to the management of areas of discontent within the prison.

Many of the prisoners interviewed by the delegation did not know whether they could appeal against a decision taken by the prison's director. The Committee would like to receive clarification on this point from the Finnish authorities.

The Central Administration Unit of the Criminal Sanctions Agency has asked all Finnish prisons to submit a report on the manner in which the possibility to make internal complaints is realised within the establishment. These reports indicate that the internal complaint procedures of the prisons are mainly at a good level, and the prisoners are provided with the opportunity to complain to the prison management at all times, either by using the general inquiry form or by submitting the complaint in a sealed envelope.

Information on the possibility to make a complaint is mainly provided verbally. Three prisons stated that the possibility to make internal complaints is also mentioned in the prison orientation guide handed out to prisoners. Some prisons have a feedback questionnaire form that the prisoners can use to bring any defects they have noted to the attention of the prison management, anonymously. The Central Administration Unit has recommended that all prisons mention the possibility of making internal complaints in their prison orientation guide.

The reports also state that the aim is to process complaints as quickly as possible, and prisoners are notified as soon as possible of any measures taken in response to their complaint. Responses to complaints made in the prisons are given either verbally or in writing. The Central Administration Unit has recommended that responses to written complaints be given in writing.

Not all prisons have a locked box in which complaints can be submitted on their wards. In the opinion of the Central Administration Unit, this can be problematic, because the prisoners must feel reassured that they can bring their matter to the attention of the prison management safely and without the knowledge of outsiders. It is not necessary to provide a separate box for complaints; prisoners can also be advised to submit their complaints to the prison's locked post box. The Central Administration Unit has urged prisons that do not yet have a locked post/complaint box available to introduce boxes of this kind.

In most prisons, written complaints are not recorded in a special register. At Helsinki Prison, complaints about the behaviour of prison staff are recorded. The main priority in processing complaints is to ensure that the prisoners' complaints are handled appropriately and without delay.

The prisons report that no statistics are kept on the reasons for prisoner discontent. However, when the prison management receives and considers complaints from prisoners, they are able to form a comprehensive picture of causes of discontent.

The CPT has requested the Finnish authorities to provide an explanation of why many of the prisoners interviewed by the delegation did not know whether it was possible for them to appeal against a decision taken by the prison's director.

Whenever it is possible to lodge a request for a revised decision or to appeal against a decision taken by the prison's director, the prisoner is provided with the relevant claim and appeal instructions attached to the decision – prisoners are therefore informed of the possibility to appeal. Decisions against which appeals are prohibited are listed in the new Imprisonment Act. If an appeal is prohibited under a special provision or if the decision is not open to appeal, the decision must include a notice of the same (section 48 of the Administrative Procedure Act).

Where a prisoner has made an internal appeal against the prison's director, and the appeal can be interpreted as an administrative complaint in accordance with section 53a of the Administrative Procedure Act, the Parliamentary Ombudsman has stated in its decision-making practices that the decision issued in response to such an appeal must specifically state that the decision is not open to appeal, as defined in section 53d of the said act. The Central Administration Unit reminds the prisons of this.

The Central Administration Unit of the Criminal Sanctions Agency will actively disseminate information on the proposed matters to the prisons after the CPT report and the Finnish Government response enter the public domain. With respect to the shortcomings detected in the prisons inspected on this occasion, the Criminal Sanctions Agency will take corrective measures in the event that the same shortcomings also occur in other prisons.

Niuvanniemi Hospital

92. **The CPT would like to receive more updated and detailed information on these subjects (the legislative projects mentioned in the report).**

With the amendment to the Mental Health Act mentioned in the report, which entered into force on 1 August 2014, provisions were added to the said act regarding the opportunities of a patient ordered to undertake involuntary treatment to receive an assessment and an opinion on the need for treatment from a physician independent of the hospital that is responsible for the treatment, before the decision on the continuation of the treatment is made. In addition, a provision was added to the act according to which a patient ordered to undergo treatment must also be provided with a possibility to obtain an assessment on the preconditions for the continuation of treatment during the treatment and before the completion of the maximum treatment period. A licensed physician working in public or private health care may draw up a referral for observation concerning the need for involuntary treatment in the line with requirements set out in the act.

Preparations for the overall reform of the Mental Health Act are under way and the related preparatory materials will be ready in autumn 2015, at which time the need to amend and specify the provisions concerning involuntary treatment and restrictive measures will be assessed. The content of the modifications has thus far not been outlined in greater detail.

The Government proposal for on Act on strengthening the right to self-determination of social welfare clients and patients and the conditions for the use of limitation measures, and certain related Acts (Self-determination Act) submitted to Parliament in autumn 2014, and various other related proposals, lapsed in spring 2015 after the change of Parliament. The aims of the proposal included e.g. amending the Finnish legislation so that it complies with the requirements of the United Nations Convention on the Rights of Persons with Disabilities.

The proposed Self-determination Act was aimed at strengthening the right of self-determination of social welfare customers and patients (e.g. psychiatric patients). In addition the proposal included suggestions for new provisions on restriction measures which, under certain conditions, could have been used in social welfare and healthcare services. In autumn 2015, the Government will submit a proposal to Parliament for amendments to the Act on Special Care for the Mentally Handicapped (519/1977). In the proposal it is suggested that the act's provisions on restricting the right to self-determination be modified so as to comply with the conditions that must be met for the ratification of the Convention on the Rights of Persons with Disabilities.

In addition, during the Government term 2015–2019 an aim is to prepare a Government proposal for an Act on strengthening the right to self-determination of social welfare clients and patients and on condition for the use of limitation measures.

The following further details are provided with regard to footnote 117 of the CPT report: the provisions regarding the conditions for ordering a civil patient to involuntary treatment are laid down in section 8 of the Mental Health Act, the referral for observation is defined in section 9, the

provision on sending a patient for observation are set out in section 9 a, and admission for observation is regulated in Section 9 c. Provisions regarding the hearing of the patient before ordering to involuntary treatment are laid down in section 11(1) of the Mental Health Act, which is supplemented by sections 34-36 of the Administrative Procedure Act (434/2003) concerning the hearing of the patient before making an administrative decision. In addition to the patient, their legal representative must be heard. Furthermore, the parents and guardians of a minor as well as persons in whose care and upbringing the minor has been kept immediately before the admission for observation, shall insofar as possible be provided with the opportunity to be heard.

A decision on ordering a person admitted for observation to undergo involuntary treatment is made by the chief physician in charge of psychiatric care or, if this person is disqualified or prevented from doing so, by another physician appointed for the task, primarily with a specialisation in psychiatry (Mental Health Act sections 11(2) and 12(1)). A person ordered to undergo treatment may be detained for the involuntary treatment for a maximum of three months and, pursuant to a decision to continue treatment, for a maximum of six months. A decision to continue treatment is subject to approval by an Administrative Court. Pursuant to section 12(2) of the Mental Health Act, sections 9 a and 10 concerning sending and admitting a patient for observation shall be observed when assessing whether the conditions for ordering a civil patient to undergo involuntary treatment continue to be met after the six-month treatment period imposed in the decision to continue treatment.

If it is established during the treatment of a person ordered to undergo involuntary treatment that the conditions for treatment are no longer met, the treatment must be discontinued immediately and the patient discharged if they so wish (section 14). Furthermore, a patient ordered to undergo treatment must be provided with the possibility to obtain an assessment on the preconditions for the continuation of treatment, during the treatment, also before the completion of the maximum treatment period (section 12 d).

While the preconditions for ordering a patient to undergo treatment laid down in section 8 of the Mental Health Act are the same for civil patients and forensic psychiatry patients, the procedures are different. Decisions on ordering forensic psychiatry patients to undergo involuntary treatment are made by the National Institute for Health and Welfare, whose approval is also required for a decision on discontinuing treatment. Any decision on continuing the treatment of a forensic psychiatry patient is however made at the hospital no later than six months from the previous decision to continue treatment, and the decisions on continuing treatment are subject to approval by an Administrative Court.

An updated English translation of the Mental Health Act has been appended to this response for perusal by the Committee.

94. **The CPT invites the management of Niuvanniemi Hospital to remain vigilant and to regularly remind staff that patients should be treated with respect and that any form of ill-treatment – including verbal abuse – is unacceptable and will not be tolerated.**

The management at Niuvanniemi Hospital has been informed of the Committee's findings. The management regularly reminds the staff that patients must be treated with respect and takes action on a case-by-case basis if any deficiencies are observed.

The nurse referred to in footnote 127 was a mental health nurse.

98. **The CPT reiterates its previous recommendation that such a specific register be set up in all psychiatric establishments in Finland where recourse is made to ECT and that patients' written, informed consent be sought before undergoing this therapy.**

With regard to obtaining the patient's consent in the event of involuntary treatment, reference is made to the response provided in paragraph 112.

According to the national *Current Care Guidelines* (Current Care Schizophrenia guideline, Current Care Depression Guideline) in force, electroconvulsive therapy (ECT) is a safe mode of treatment, the use of which should be considered under certain circumstances for the treatment of depression and schizophrenia. ECT can be effective in the treatment of catatonia associated with schizophrenia, for example, and in cases of inadequate response to pharmacotherapy.

At Niuvanniemi Hospital, ECT is only applied in the extraordinary situations described in the report. ECT is applied by specially trained staff members (a doctor and nurse from the hospital and an external specialist in anaesthesiology). ECT is primarily applied on the basis of the patient's consent, i.e. the doctor has recorded the patient’s consent to treatment in the patient documents. However, immediate consent cannot be obtained if the patient objects to the recourse to ECT or the patient's condition prevents him or her from giving an opinion. The patient can refuse ECT at any time. If the patient refuses ECT, the use of ECT will be terminated or, if the patient is being treated for an acute, life-threatening illness, a record will be made on an involuntary recourse to ECT. Involuntary treatment and its reasons are always recorded in the patient documents.

According to the Mental Health Act, the physician attending to the patient decides on involuntary treatment and examinations (section 22b). For the purpose of ensuring the monitoring and supervision of restrictions on the right to self-determination, the care unit must keep a separate list of restrictive measures, which include involuntary treatment measure. Such information is intended for use in the hospital's internal control activities, as well as for the supervisory authorities. The patient's identification information, information on the limitation and the name of the physician who ordered the limitation, as well as the persons who implemented it, must be recorded on the list. Such information must be deleted from the list two years after its entry. A hospital-specific list of

limitations helps in overseeing practices and preventing the emergence of undesired procedures. According to section 2(2) of the Mental Health Act, the Regional State Administrative Agency shall, in particular, supervise the use of limitations on the right to self-determination in connection with involuntary treatment.

At national level, ECT data is gathered in the HILMO Care Register maintained by the National Institute for Health and Welfare. The National Institute for Health and Welfare gathers care data for the Care Register on a regular basis, and provides instructions for hospitals on how to report data. Currently pending is a project for updating the psychiatry section of the Care Register, which is likely to further improve the recording of involuntary treatment. The need to issue new provisions regarding the patient's written consent with respect to healthcare provision will nevertheless be evaluated during the legislative revision.

Further, no misuse or abuse of ECT has been detected through internal control measures at Niuvanniemi Hospital. Supervision for the prevention of misuse and abuse is performed in various ways: the medical director is informed of all involuntary measures every two weeks, simultaneously with the information being conveyed to the Regional State Administrative Agency. Another internal control measure is managerial work in medical care. The mode of treatment – whether ECT, medication or psychological treatment – is ultimately selected by the chief physician who, when considering the decision, takes account of the views and experiences of a multi-professional working group, as well as the patient's condition and opinion.

100. **The CPT invites the Finnish authorities to reflect upon ways of addressing this problem, e.g. by allocating additional nursing staff resources to that ward (ward 7 at Niuvanniemi Hospital).**

The number of patients in ward 7 of Niuvanniemi Hospital during the visit was not that stated in the report. According to the hospital, on the day of the visit the capacity of ward 7 was 27 beds. During the visit, the Committee was provided with the current number of nurses in each ward. At Niuvanniemi Hospital, an open ward and another semi-open ward (12A and 12Y) are cooperating in such a manner that, in practice, the two wards only have one charge nurse. The patients in the open ward rely on the nurses working downstairs, especially at night. As mentioned in the report, the capacity of the combination ward is 43 beds. However, this arrangement does not concern ward 7, where acute care is provided. The practices applied in ward 7 had already been changed at the time of the visit in ways indicated by the Parliamentary Ombudsman during his inspections: rather than being placed in segregation, for example, patients requiring continuous monitoring are kept in a day room as a group and provided with organised activities.

Niuvanniemi Hospital does not have any nursing auxiliaries; all the nurses classified in the report as nursing auxiliaries are mental health nurses or practical nurses. Both types of nurses have completed a degree, and their work is overseen by the National Supervisory Authority for Welfare and Health.

102. **The Committee invites the Finnish authorities to continue its efforts in this area in order to further reduce the recourse to restriction measures/seclusion.**

A national programme for reducing the use of coercion is being implemented in Finland under the management of the National Institute for Health and Welfare and, which has resulted yearly reductions in the use of coercive measures by hospitals. The programme also involves compiling a workbook for hospitals, scheduled for completion in 2015. The workbook contains information for hospitals on how to develop the prevention of coercive measures, the measurement and monitoring of the restrictions used, and patient safety and safety at work.

The reform of the Mental Health Act will include an assessment on the need to specify the provisions on restriction measures. For background immaterial for the legal reform, the Ministry of Social Affairs and Health has requested that the National Institute for Health and Welfare provide a report on the effects of various means of restraint on treatment outcomes, the acceptability of restraints for the patient and the safety of the means of restraint.

104. The Committee recommends that the practice of applying belt restraints on the NEVA ward be reviewed in the light of the above remarks.

The need to clarify the provisions concerning the recourse to restrictive measures on young people shall also be assessed as part of the reform of the Mental Health Act. As mentioned in paragraph 102, a request has been made for a summary of the research evidence available on the effects of various means of restraint on treatment outcomes, the acceptability of restraints for the patient and the safety of the means of restraint for use as background material for the legal reform.

The Committee's recommendations concerning the Neva ward will be taken into account at Niuvanniemi Hospital. Setting a categorical age limit for the use of mechanical restraints, however, would make it impossible to take sufficient account of individual circumstances in all situations. In addition to effectiveness, the hospital always takes account of the humanity of restrictive measures. Holding down a struggling, fierce and unwilling adolescent manually for a long period can feel inhuman to the patient. Furthermore, female adolescent patients in particular often have traumatic experiences on being held down in abuse situations. The use of mechanical restraints can therefore be justified also in the treatment of young patients.

105. The CPT would like to more detailed information on this pilot project [which involved offering “open-area seclusion”] and, in due course, on its outcome.

Experiences of reducing the use of coercive measures at the Niuvanniemi Hospital have generally been positive. However, the final results of the pilot project are not available yet. Each patient is an individual, which presents some problems with respect to arriving at general conclusions.

106. The Committee recommends that the use of restriction measures be halted in the medium term and that ways be actively sought of gradually replacing them with other, less degrading means; pending this, the application of jacket restraints should be subject to detailed regulations and instructions, with a view to ensuring that they are only used for the shortest period of time in extraordinary situations, based on an individual risk assessment, and not as a routine measure following seclusion.

The Mental Health Act does not contain specific regulation on the use of jacket restraints as a restriction measure. According to section 22 b of the Mental Health Act, decisions regarding involuntary psychiatric care measures, as well as on any short-term restriction measures necessary to implement care are, made by the doctor in charge of the treatment. The use of a belt restraint, for its part, is based on section 22(e)(5) of the Mental Health Act, according to which a patient may be tied down using belt restraints or other comparable means, if they would, on account of their behavior or threats, cause harm to themselves or others, and other measures are deemed insufficient.

In the Niuvanniemi Hospital's instructions on the limitation of the patient's right to self-determination (issued on 10 October 2014), the use of a jacket restraint that prevents kicking or hitting is defined as involuntary treatment which can be applied under certain conditions when providing psychiatric care for a patient, in accordance with section 22 b of the Mental Health Act. Jacket restraints are only used in extraordinary situations and when absolutely necessary. Their use is always based on an individual risk assessment of the patient, and not as a routine measure following seclusion. At the time of the visit, the Committee has been able to verify this situation through the 2,000-page register of restriction measures made available to it.

At Niuvanniemi Hospital, jacket restraints are not used as a punishment and attempts are always made to listen to patients’ experiences. If for some reason the use of jacket restraints is experienced as a punishment, attempts must be made to improve the professional skills of medical staff in order to enable them to correctly explain the grounds for using restraints to the patient. Not all patients understand these grounds and may act violently towards others. In such cases, the patient may be placed in isolated or jacket restraints in order to safeguard the health and safety of other patients. The use of jacket restraints is less restrictive than isolation or tying to a bed, because when wearing them, the patient can move around and interact with others.

It is impossible to allow a patient, who lays hands on and strikes others, be among the other residents of the ward. The condition may not necessarily be cured by treatment; but can remain the same for years. Over the years, staff learns to assess the behaviour and resistance to stimuli of long-term patients. Based on this, staff at Niuvanniemi Hospital often has a good, experience-based understanding of when it is necessary to use restraints on a patient. Patients usually sleep alone, which makes using a jacket restraint at night unnecessary.

In individual cases, jacket restraints have also been used at Niuvanniemi Hospital in order to shorten the patient's periods of isolation. Also in these cases the use of a jacket restraint has enabled the patient to be among other patients and interact with them instead of spending long periods alone, isolated from others.

The permissibility of the use of jacket restraints, as well as the need to issue regulations on its use, will be evaluated during the reform of the Mental Health Act. Niuvanniemi Hospital, like other institutions, will take account of the Committee's recommendations and strives to develop its treatment practices.

106. The CPT recommends that the existing legislation be amended so as to set a maximum legal time-limit for any form of mechanical restraint (including belts and jackets), e.g. 2 hours at a time, with each prolongation requiring a new, separate decision by a doctor.

The specification needs of the provisions on restriction measures will be assessed when reforming the Mental Health Act.

According to the Mental Health Act, recourse to chemical restraints mentioned in paragraph 107 of the report, is not permitted. Chemical restraints refer to the use of pharmacological means of restricting the movement or actions of a patient. Provisions regarding the permitted measures, including medication, for treating a mentally ill patient against their will are laid down in section 22 b of the Mental Health Act. According to section 22(b)(2) of the Mental Health Act, a patient's mental illness may only be treated involuntarily with medically acceptable examination and treatment methods, the absence of which would seriously jeopardise the health and safety of the patient or others.

109. The CPT nevertheless recommends that the Mental Health Act be further amended so as to provide for an obligatory expert opinion by a psychiatrist (independent of the hospital in which the patient is placed) in the context of the initiation and review of the involuntary hospitalisation measure.

According to the Mental Health Act, involuntary hospitalisation requires a referral for observation drawn up by a physician independent of the hospital on the basis of an examination. The assessment of the independent physician will thus be taken into account when the patient is ordered to undergo involuntary treatment.

Upon the request of the patient, a hospital must provide a patient ordered to undergo involuntary treatment with an opportunity to receive an assessment and an opinion on the need for treatment from a physician independent of the hospital responsible for the treatment, before a decision on the continuation of the treatment is made (438/2014). The hospital must inform the patient of his or her possibility to obtaining the opinion of a physician independent of the hospital. The independent physician must be a specialist in psychiatry within the public service or another licensed public service physician with expertise in psychiatry. The patient must be provided with an opportunity to request an assessment on their need for involuntary treatment from a physician of their own choosing, at their own expense, before the decision on the continuation of treatment is made.

In order to implement the decision of the European Court of Human Rights, in X v. Finland (no. 34806/04 the Mental Health Act has been amended, as noted by the Committee, by enacting a new section 12 a concerning the right of a patient ordered to undergo involuntary treatment to receive, upon their own request, an assessment and opinion on the need for treatment from a physician independent of the hospital. In addition, section 12 b of the Mental Health Act expressly lays down provisions on the patient's right to refuse an assessment by a physician independent of the hospital. According to section 12 b, the refusal and any reasons provided by the patient must be recorded in the patient documents, and a report thereon submitted to the Administrative Court along with other documents submitted for the court's approval. According to the Government proposal to amend the Mental Health Act (HE 199/2013), the intention has been to maintain the patient's right to refuse an assessment by a physician independent of the hospital because, according to the Act on the Status and Rights of Patients, the examinations and treatment must primarily be carried out based on a mutual understanding with the patient. The European Court of Human Rights did not require that a decision to order a patient to undergo involuntary treatment be submitted for consideration by a physician independent of the hospital and against the patient's will.

Disqualification of the physician making the decision on ordering a patient to involuntary treatment is subject to the provisions in sections 27–30 of the Administrative Procedure Act (434/2003). Further, subject to the provisions on disqualification in section 23 of the Mental Health Act, an observation statement must not be issued by the same physician who issued the referral for observation. In addition, a decision to order a patient to treatment must not be made by the physician who has issued the referral for observation or the observation statement. A physician employed by the hospital providing treatment cannot act as the physician independent of the hospital in ordering an assessment.

Niuvanniemi Hospital is the Forensic Psychiatry Clinic of the University of Eastern Finland, and thus a training clinic for doctors and a place of service for doctors specialising in forensic psychiatry and psychiatry. The hospital is a popular workplace, because working there helps build capacity to encounter patients with psychotic disorders both in a hospital and in basic healthcare environment. Many of the doctors working in the Niuvanniemi region have therefore been employed or have studied at the hospital, as referred to in footnote 154. Notwithstanding this, any physician independent of the hospital always works under liability for acts in office and complies with the above-mentioned provisions on disqualification. Niuvanniemi Hospital has no influence over the patient-specific comments of a physician employed by another organisation or of a self-employed physician.

110. The CPT would like to be informed of whether the above-mentioned VALVIRA brochure has now been formally approved and distributed to patients in all psychiatric establishments in Finland, and whether it is also available in languages other than Finnish.

The brochure on the rights of psychiatric patients published by Valvira (the National Supervisory Authority for Welfare and Health) is available in the two national languages of Finland, Finnish and Swedish. Both language versions are being updated and will be published on Valvira's website in autumn 2015.

111. **The CPT again calls upon the Finnish authorities to take effective steps to ensure that there is always a meaningful and expedient court review of the measure of involuntary hospitalisation.**

Further, steps should be taken to ensure that psychiatric patients have the effective right to be heard in person by the judge during the involuntary hospitalisation procedure.

The Mental Health Act lays down very specific provisions on first-phase decision-making in a hospital. According to the Mental Health Act, a hospital physician's decision to order a person to treatment or a decision to continue treatment against the patient's will is open to appeal to an Administrative Court. If the person ordered to undergo treatment is under 18 years of age, the decision on ordering to undergo involuntary treatment must be immediately submitted for the approval of an Administrative Court. A decision to continue involuntary treatment must, in all cases, be submitted for the approval of an Administrative Court. According to the Mental Health Act, submission and appeal related to involuntary treatment must be dealt with as matters of urgency.

Administrative Courts consider and resolve administrative judicial appeals, administrative litigation cases and other matters stipulated as falling within the scope of the Administrative Court’s jurisdiction in the Administrative Judicial Procedure Act or in another Act. This means they act as appellate courts, i.e. an administrative judicial decision by an authority must be taken before a matter can be submitted to the court. Finland has six regional Administrative Courts and one Supreme Administrative Court, and they all deal with mental health matters.

During the submission procedure, a hospital submits any decision for review by the Administrative Court upon its own initiative. The Administrative Court is, ex officio, tasked with reviewing whether the conditions for ordering a person to undergo or continue treatment have or have not been met. The key purpose of the submission procedure is to safeguard the legal protection of a person ordered to undergo involuntary treatment.

Appeals, on the other hand, are an independent means of legal protection and do not need to be submitted for approval. The right of a person ordered to undergo treatment – or another person entitled to appeal in such a matter – to lodge an appeal against a decision ordering that he or she undergo or continue treatment is not affected by whether or not the decision has to be submitted for approval to an Administrative Court. Correspondingly, whether or not an appeal has been lodged against a hospital's decision has no effect on the hospital's duty to submit its decision for approval to an Administrative Court. The Administrative Court will consider the submission and the appeal simultaneously.

The Administrative Court can appoint a legal counsel for a person who has been ordered to undergo treatment against his or her will if the person so requests or the court otherwise considers this necessary.

Submissions and appeals relating to involuntary treatment must be dealt with as matters of urgency. In an Administrative Court, a licensed physician with expertise in psychiatry participates as an expert member when the court is considering and resolving a matter that involves ordering a person to undergo treatment, continue treatment against his or her will, or involving the seizure of personal property or the limitation of contacts as referred to in the Mental Health Act. The purpose of this is to ensure that a person with medical expertise is involved in resolving the matter. Liability for the expert member's participation in resolving the matter lies with the judge.

The Administrative Court must ensure that the matter is resolved and, where necessary, indicate to a party or the decision-making administrative authority what further clarifications should be provided. The Administrative Court must, ex officio, acquire clarifications to the extent necessary with regard to equality, fairness and the nature of the matter concerned. Resolving the matter may require that the court of law, at its own initiative, requests a medical opinion from an external party. Before the matter is resolved, the party must be given the opportunity to submit its own account of the claims made by others and any clarifications that might influence the resolution of the matter. Unless deemed unnecessary, the Administrative Court must also obtain the opinion of the deciding administrative authority. Where further clarification is necessary, an opinion may also be requested from an authority other than the deciding authority. As a general rule, a hospital's chief physician must be heard by the Administrative Court when it is considering an appeal lodged by a person under involuntary treatment. On account of the chief physician's opinion, before the matter is resolved the Administrative Court must also hear the appellant.

The Administrative Court has the power to withhold approval of a decision relating to involuntary treatment, or to repeal it due to an appeal, on the basis of legal and medical grounds. In addition, when considering a submission or an appeal, the Administrative Court may forbid the enforcement of a decision or order its interruption. An order relating to enforcement may be issued on the basis of a claim lodged by a person ordered to undergo treatment, or ex officio.

A person ordered to undergo involuntary treatment may lodge an appeal against the Administrative Court's decision with the Supreme Administrative Court. Appealing in such matters does not require leave to appeal. The same provisions applied in an Administrative Court with respect to resolving a matter, hearing a party and others concerned and the urgency of the matter, are also applied in a Supreme Administrative Court.

The average processing times of mental health matters (ordering that patients undergo treatment, limitation of right of self-determination, and other mental health matters) in 2009–2014 were as follows:

Year	Administrative Courts	Supreme Administrative Court
2009	1.9 months	4.1 months
2010	1.6 months	3.6 months
2011	1.4 months	3.2 months
2012	1.2 months	4.1 months
2013	1.2 months	4.8 months
2014	1.2 months	5.1 months

The average processing times in matters concerning an order that patients undergo treatment in 2009–2014 were as follows:

Year	Administrative Courts	Supreme Administrative Court
2009	1.9 months	4.1 months
2010	1.6 months	3.5 months
2011	1.4 months	3.1 months
2012	1.1 months	4.1 months
2013	1.6 months	4.7 months
2014	1.2 months	5.1 months

Based on the statistical data on average processing times, it is clear that decisions issued by the Administrative Courts or the Supreme Administrative Court have not been subject to regular delays of several months.

In 2014, a few individual matters took more than three months to resolve but, on the other hand, several matters were resolved in less than a month. In some cases, the processing time has been prolonged by problems related to service of notice. For example, service of notice of a decision by a hospital's physician to a guardian of a minor has failed, due to which recourse to general notification has been necessary. Furthermore, some cases have involved special features on account of which fulfilling the Administrative Court's aforementioned duty to request clarification has taken more time than usual.

In 2014, the average processing time in the Administrative Court was 1.2 months and in the Supreme Administrative Court, at the appellate level, 5.1 months. Taking account of the aforementioned procedure and the time spent on preparations, hearings and requests for further information on documents, if any, the processing times could not be much shorter than the current average processing times, because a fair trial includes reserving a reasonable time limit for written statements. It is also noteworthy that a decision submitted for approval cannot be confirmed until the 14-day time limit reserved for lodging an appeal has passed, because it must first be established whether or not an appeal will be lodged on the matter.

According to national legislation, an Administrative Court shall conduct an oral hearing if a private party so requests. The same applies to the Supreme Administrative Court when it considers an appeal against an Administrative Court's decision. The oral hearing requested by a party need not be conducted if the claim is dismissed without considering its merits or immediately rejected or if an oral hearing is manifestly unnecessary in view of the nature of the matter or for another reason. An oral hearing must also be conducted if the clarification of the matter so requires.

According to national legislation, the composition of the court of law resolving the matter has the discretionary power to decide whether or not an oral hearing will be necessary.

The numbers of requests for oral hearings and oral hearings actually conducted by Administrative Courts and the Supreme Administrative Court in 2009–2014 were as follows:

Year	Requested oral hearings	Conducted oral hearings
2009	52	15
2010	47	31
2011	46	24
2012	37	18
2013	51	37
2014	50	28

In 2010–2014, as a rule, oral hearings were conducted in more than half of the matters for which a request for an oral hearing was made. Oral hearings are thus not conducted in exceptional cases only. For example, the Administrative Court of Eastern Finland, to whose jurisdiction Niuvanniemi Hospital belongs, has an established practice based on which an oral hearing is conducted every time a patient requests one in matters related to ordering a patient to undergo treatment or continue treatment. In practice, the only grounds for denying a request for an oral hearing is that one has already been conducted with regard to the same patient within the last year. In some cases, an oral hearing has been denied, for example when a decision taken by the hospital's physician has been repealed and the matter has been returned for reconsideration on the basis of procedural grounds. Oral hearings are conducted on site at the hospital in question, or via a video link.

The national legislation of Finland guarantees that whenever involuntary hospitalisation is used, it includes an appropriate opportunity to appeal and an opportunity for an oral hearing. The urgency of the matters in question is taken into account in discussions with Administrative Courts, and the Administrative Courts' staff is provided with the relevant training. The Ministry of Justice aims to keep the processing times of all matters at a reasonable level from now on, as well as keeping the processing times uniform among the Administrative Courts. The statistics from 2009–2014 are appended to this response.

112. **The CPT calls upon the Finnish authorities to introduce at Niuvanniemi Hospital (as well as in all other psychiatric establishments in Finland), without further delay, a procedure whereby patients and (if they are legally incompetent) their legal representatives are able to give their free and informed consent to treatment (prior to its commencement), for example by signing a special form with information on the suggested course of treatment.**

Involuntary treatment is subject to the provisions of the Act on the Status and Rights of Patients (“the Patient Act”; 785/1992). A patient must be given information on factors related to his/her treatment when decisions are made on the treatment to be administered (section 5). Furthermore, the patient must be cared for based on a mutual understanding with him or her. If the patient refuses a certain treatment or measure, he/she must be cared for, insofar as possible, in another medically acceptable way based on a mutual understanding with him/her (section 6). Refusal of treatment by

the patient must be recorded in the patient documents. The patient's consent to treatment, however, does not have to be recorded separately in the patient documents (Patient Act, section 12; Decree of the Ministry of Social Affairs and Health on patient documents, section 18).

In derogation from the Patient Act, the Mental Health Act states that, under certain conditions, a patient's mental illness may be treated involuntarily (section 22 b), and that a patient who objects to treatment for a physical illness may be provided with treatment against his or her will (section 22 c). The main rule is that the involuntary treatment of a patient must be carried out based on a mutual understanding with him or her, and that a care plan must be drawn up for the treatment of a mental illness. Further, section 22 a of the Mental Health Act lays down provisions on the duty to respect the fundamental rights of a psychiatric patient. Any limitations of a patient's fundamental rights during involuntary treatment must be undertaken as safely as possible and with respect for the patient's human dignity.

During involuntary treatment, if a patient refuses the treatment of their mental illness or a certain measure, the patient's mental illness may only be treated based on a medically acceptable examination and treatment methods, the absence of which would seriously jeopardise the health and safety of the patient or others. Psychosurgical or other treatments that seriously or irreversibly affect the patient's integrity may only be provided with the written consent of an adult patient, unless the measures are necessary to averting a situation that threatens the life of the patient (section 22 b). Otherwise, the consent of a patient treated involuntarily does not have to be separately recorded in the patient documents. Refusal of treatment by a patient must be recorded in the patient documents.

According to the Government proposal concerning involuntary treatment under the Mental Health Act, ordering that an involuntarily treated patient undergo treatment must not merely amount to a loss of liberty; the patient must in addition be treated in a medically acceptable manner. Section 22 b of the Mental Health Act is therefore also aimed at safeguarding the constitutional right of a patient to receive the necessary care in a situation in which they themselves cannot decide on their own treatment (HE 113/2001, pp. 23–24).

According to the Patient Act (section 8), a patient must be given any treatment necessary to avoiding a situation which poses a threat to his/her life or health, if it is not possible to discern the will of the patient do to unconsciousness or for some other reason. Further, the guardian or other legal representative of a patient does not have the right to forbid any treatment that is necessary to avoid a danger which poses a threat to the patient's life or health (section 9).

Written consent for treatment is not sought at Niuvanniemi Hospital because this is not required by the domestic legislation.

The relevant legislation should be amended so as to require an external psychiatric opinion in all cases where the patient does not agree with the treatment proposed by the establishment's doctors;

When reforming the Mental Health Act, an assessment will be conducted on the possible need to lay down provisions on the arrangement of an independent psychiatric evaluation when a patient does not agree with the planned treatment of their mental illness. Finland is a geographically large country with a limited number of specialists in psychiatry, which is why the matters whether there are enough specialists and how to maintain quality of treatment must be taken into account when considering the use of external physicians.

In addition, patients should be able to appeal to an independent, external authority against a compulsory treatment decision.

In their current form, the provisions of the Mental Health Act do not provide involuntarily hospitalised patients with an opportunity to lodge an appeal with an Administrative Court against a restrictive measure, by involuntary treatment is provided for their mental illness. Reforming the Mental Health Act will include assessing the need to lay down provisions on the provision of an opportunity to lodge an appeal with an Administrative Court when a patient does not agree with the planned treatment of his or her mental illness.

However, oversight of involuntary treatment is carried out by several independent authorities. Regional State Administrative Agencies conduct regular inspections of hospitals providing psychiatric care and, among other matters, process complaints concerning involuntary treatment. The National Supervisory Authority for Welfare and Health guides the activities of the Regional State Administrative Agencies related to the steering and supervision of hospitals providing psychiatric care, while also carrying out inspections of hospitals and processing complaints. Complaints are subject to the new chapter 8 a of the Administrative Procedure Act (368/2014), which entered into force on 1 September 2014.

An administrative complaint may be lodged against an authority, a person working for an authority in an employment or public service relationship, or any other body in charge of public administration duties, due to an unlawful procedure or negligence. The right to lodge a complaint also covers private-sector social welfare and healthcare operators. Such a complaint must be lodged in writing or, with the consent of a supervisory authority, orally. The complainant must present his or her account of the grounds based on which they find the procedure to be erroneous and, as far as possible, the time at which the procedure occurred.

Whenever a complaint has been lodged, the supervisory authority must take the appropriate measures to rectify the situation. Administrative complaints must be processed in accordance with the principles of good governance, while safeguarding the rights of persons directly concerned with the matter giving rise to the complaint. In its resolution on the matter, the supervisory authority may draw the attention of the supervised party to the criteria of good governance or inform the party of its view of what constitutes a lawful procedure. While taking into account factors affecting the

assessment of a matter as a whole, if the aforementioned actions are not found adequate, a note may be issued to the supervised party, unless the act itself, due to its seriousness, gives grounds for taking steps to initiate a procedure provided for in another Act. The complainant must be informed without delay if the complaint does not provide grounds for taking action. The resolution of an administrative complaint is not open to appeal.

The Chancellor of Justice and the Parliamentary Ombudsman also have the right to visit psychiatric establishments, to conduct private conversations with patients, and to receive complaints. The decisions of these supreme guardians of the law are a source of key practices in interpreting the legal provisions in force. The Parliamentary Ombudsman also acts as a national, preventive mechanism, carrying out the functions laid down in the Optional Protocol to the Convention against Torture. This supervision also concerns psychiatric hospitals, when these may be providing treatment to persons deprived of their liberty.

113. **The Committee must reiterate its recommendation that steps be taken to ensure that involuntary psychiatric patients have effective access to legal assistance (independent of the admitting hospital).**

A patient ombudsman is tasked with the promotion and implementation of patients' rights, for example by informing patients of their rights. A patient ombudsman can provide patients with information on their possibilities to receive legal assistance. A patient has the right to an attorney or legal counsel with respect to the consideration of any order to undergo or continue involuntary treatment, as well as regarding any appeal or submission for approval to an Administrative Court (Administrative Procedure Act, section 12; Administrative Judicial Procedure Act 586/1996, section 20)[1]. Legal aid is provided at the expense of the state to persons who are unable to meet the costs of proceedings as a result of their financial situation (Legal Aid Act (257/2002) 1 §)[2].

114. **The CPT reiterates its recommendation that the conditions under which visits take place at Niuvanniemi Hospital be improved. This should include setting up designated facilities for visits, which should offer a minimum of privacy to patients and their visitors (although, if necessary, visits could be subject to staff supervision).**

At Niuvanniemi Hospital, visits are agreed on the basis of the wishes of the patient and the visitors, while taking account of the availability of staff resources. If necessary, a designated facility is set up for the visit. Such practices are essential if the visit cannot be arranged in the so-called normal areas due to the patient's condition. In such circumstances, the effectiveness of communication between staff plays an even greater role in avoiding the entry of outsiders to the facility where the visit is

[1] Unofficial English translations of the Administrative Procedure Act and the Administrative Judicial Procedure Act are available via the following links: http://www.finlex.fi/fi/laki/kaannokset/2003/en20030434.pdf and http://www.finlex.fi/fi/laki/kaannokset/1996/en19960586.pdf .
[2] Unofficial English translation of the Legal Aid Act: http://www.finlex.fi/fi/laki/kaannokset/2002/en20020257.pdf.

taking place. Patients receiving visitors in the entrance areas of the wards, which was mentioned in the report, was an exception and not a common practice. The hospital is striving to end the use of entrance areas for visits.

115. **The Committee recommends that the Finnish authorities actively pursue their de-institutionalisation efforts and, more precisely, strive to find solutions in relation to patients at Niuvanniemi Hospital whose condition would enable them to live closer to their homes, families and friends.**

Psychiatric care has been developed in Finland since 2009 in accordance with a national plan for mental health and substance abuse work. The goal is to provide care on an outpatient basis. During the implementation of the plan, the number of outpatient appointments in specialist areas of psychiatry has increased, while the amount of inpatient care has been falling each year.

The intention is to amend the legislation on forensic psychiatry as part of the reform of the Mental Health Act so as to enable the compulsory outpatient care of forensic psychiatric patients, thus improving the possibility of providing care closer to the patient's domicile. The drafting of amendments to the legislation on forensic psychiatric care has been carried out by a working group of the Ministry of Social Affairs and Health (working group on the right to self-determination of social welfare and healthcare customers) in 2010–2014. This preparatory work could however not be continued due to the need to temporarily concentrate the drafting resources on the aforementioned act on the right to self-determination.