

EXECUTIVE SUMMARY

The CPT's fifth visit to Finland provided an opportunity to review the implementation of recommendations made after the Committee's previous visits. Particular attention was paid to the situation and treatment of persons deprived of their liberty in police establishments, immigration detention, prisons and in a psychiatric hospital. There was generally excellent co-operation received both from the national authorities and from staff at the establishments visited. However, the principle of co-operation also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations. In this respect, and despite on-going efforts in a number of areas, the CPT was concerned by the lack of sufficient progress in the implementation of many of its long-standing recommendations such as on the detention of remand prisoners in "police prisons", on the practice of "slopping out" in prisons, on the regime for prisoners segregated in high-security and closed units, and on the procedures around judicial review of involuntary psychiatric hospitalisation measures. The CPT is of the view that prompt and effective action must now be taken to address these key concerns.

Police establishments

The CPT's delegation heard no allegations of physical ill-treatment of persons detained by the police; on the contrary, most of the persons interviewed by the delegation, who were or had recently been in police custody, stated that the police had treated them in a correct manner.

Regarding the fundamental safeguards against ill-treatment, the CPT's delegation found that detained persons were generally afforded the right of access to a lawyer and were provided with information on rights in a written form shortly after apprehension (with some important exceptions concerning non-Finnish speakers). By contrast, delays in notification of custody remained widespread, especially when the apprehended person was a foreign national without residence in Finland. Further, access to health care in police custody also remained problematic. Generally the police called an ambulance when it was deemed necessary, but the CPT's delegation found that the absence of adequate health-care coverage in police premises resulted in serious medical conditions for persons remanded in custody going undetected and possibly even in deaths, especially in the case of intoxicated persons. The Committee reiterated its long-standing recommendations concerning the need to ensure 24-hour nursing cover and improve access to a doctor in all the "police prisons", as well as to ensure that all newly-arrived remand prisoners be medically screened, within 24 hours of their arrival at a "police prison", by a doctor or a qualified nurse reporting to a doctor.

As regards material conditions, the delegation found that none of the police establishments visited, including Pasila "police prison", offered conditions suitable for holding persons in excess of the police custody period (i.e. 96 hours). In particular there was insufficient access to natural light in cells, no possibility of genuine daily outdoor exercise, no activities and no proper health-care coverage. The CPT re-iterated its long-standing recommendations to stop the practice of holding remand prisoners in "police prisons" and requested the authorities to provide it, within three months, with a detailed action plan setting out the precise steps needed to achieve this.

Another on-going problem was the detention of intoxicated persons in police stations without adequate supervision and attention by health-care staff. Further, in two police establishments visited police officers resorted to applying mechanical restraints (i.e. fixation to a bed and immobilisation belts with hand and ankle cuffs) to intoxicated persons or persons at risk of self-harm without any appropriate training and with inadequate recording procedures. The CPT recommended that the application of mechanical restraints by the police be stopped immediately and stressed that, as a matter of principle, any restraint should take place in a medical setting; further, it must be carried out exclusively upon a doctor's order and by health-care staff, and subject to appropriate safeguards.

Places of detention of foreign nationals pursuant to the Aliens Act

The delegation heard no allegations of ill-treatment at Metsälä Detention Unit for foreign nationals. Material conditions and activities were on the whole adequate. As regards health-care, the CPT called upon the authorities to ensure prompt systematic medical screening of each foreign national upon arrival.

As regards the Konnunsuo detention facility (near Joutseno), scheduled to open in late 2014 in a former prison building, the material conditions were generally adequate. However, the whole environment remained unavoidably carceral and there was very limited space envisaged for association. The CPT recommended that these problems be addressed. Moreover, the Committee stressed that once the new facility opens, the practice of holding persons detained under the Aliens Act in police establishments should be finally terminated.

Prisons

The CPT's delegation received hardly any allegations of physical ill-treatment of prisoners by custodial staff in the penitentiary establishments visited. On the whole, inmates stated that they were treated correctly by prison staff. The CPT found that usually there was a proper response to inter-prisoner violent incidents and intimidation but more could be done to prevent such incidents, including through custodial staff engaging more with the inmates.

Overall, the material conditions for the mainstream prison population were good in the prisons visited. That said, the delegation observed that there were still many cells without a toilet at Helsinki and (to a lesser extent) Kerava Prisons. The CPT called upon the Finnish authorities to eliminate completely the "slopping out" practice in prisons.

All the prisons visited offered a range of organised activities (including work) to the general prison population, and the delegation was impressed with the variety of activities on offer in the open unit of Kerava Prison in particular. Having said that, the CPT recommended that further efforts be made to provide prisoners in all the establishments visited (and, in particular, Riihimäki and Vantaa Prisons) with effective access to purposeful activities tailored to their needs. The Committee also recommended that the authorities take steps to develop the regime offered to life-sentenced prisoners and other prisoners serving long sentences.

As concerns the high-security and closed units at Helsinki and Riihimäki Prisons, the CPT was critical of certain aspects of the material conditions and recommended that the regime be improved and the placement procedure be made more transparent.

Regarding health-care services in prisons, the CPT reiterated its assessment from the 2008 visit that there is an insufficient doctors' presence in the prisons visited and recommended that this be increased. Other recommendations included that a person qualified in first-aid always be present in prisons including at night and on weekends; medical screening be carried out systematically within 24 hours of admission of a new prisoner; the injury recording procedure be reviewed to ensure a report is immediately and systematically brought to the attention of the competent authorities in all cases; and healthcare staff are not requested to certify inmates' fitness for isolation, as was still the case in Helsinki Prison.

While recourse to disciplinary isolation did not appear excessive in any of the prisons visited, the CPT recommended that the practice of placing inmates in investigatory segregation immediately after the alleged infraction for long periods of time be reviewed.

Psychiatric establishments

The CPT's delegation visited Niuvanniemi Hospital in Kuopio. No allegations were heard of any form of ill-treatment by staff of the hospital; on the contrary, most of the patients interviewed spoke highly of the staff. Further, the Committee found the living conditions, treatment, activities and staffing to be generally good. Regarding the use of means of restraint, the CPT was informed that there had recently been a significant decrease in the use of such measures. That said, the Committee recommended that the practice of using special restraint jackets be stopped in the medium term and that ways be sought actively to gradually replace them with other, less degrading means; pending this, the application of the jackets should be the subject of 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. More generally, the CPT recommended that the existing legislation be amended so as to set a maximum legal time-limit for any form of mechanical restraint (including the use of belts and jackets), and that each prolongation should require a new separate decision by a doctor.

As regards safeguards, the Committee remains concerned by the very limited progress in addressing its long-standing recommendations aimed at improving the legislative framework. In particular the CPT recommended that the Mental Health Act be further amended so as to provide for an obligatory independent expert psychiatric opinion in the context of involuntary hospitalisation and the review of such measure. The Committee was also concerned by the inefficiency of judicial reviews of involuntary hospitalisation measures. It again called on the Finnish authorities to ensure that there is a meaningful and expedient court review of the measure of involuntary hospitalisation and to ensure that psychiatric patients have an effective right to be heard in person by the judge during the involuntary hospitalisation procedure. Additionally, the Committee underlined the need to introduce a procedure whereby patients and their legal representatives (at all psychiatric establishments) are provided with the means to give their written informed consent to treatment, prior to the commencement of any course of treatment.