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

from 22 September to 2 October 2014

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

Strasbourg, 31 October 2014

**Statement made by Mr George TUGUSHI,
Head of the delegation of the European Committee for the Prevention of Torture and
Inhuman or Degrading Treatment or Punishment (CPT),
at the meeting with the Finnish authorities in Helsinki
on 2 October 2014, at the end of the CPT's 5th periodic visit to Finland**

Introduction

Dear State Secretaries, Ladies and Gentlemen,

In accordance with a standard CPT practice, allow me to present the preliminary observations of the delegation which has carried out the Committee's 5th periodic visit to your country. You will receive a detailed report on the visit in due course.

The delegation visited the following places of deprivation of liberty:

Establishments under the authority of the Ministry of Justice

- Helsinki Prison
- Kerava Prison
- Riihimäki Prison
- Vantaa Prison

Establishments under the authority of the Ministry of Interior

- Espoo Police Station
- Helsinki Police Department (Police Prison in Pasila)
- Imatra Police Station
- Kuopio Police Station
- Lahti Police Station
- Lappeenranta Police Station
- Vantaa Police Station

- Töölö Custodial Facility for Intoxicated Persons, Helsinki

- Metsälä Detention Unit for Foreign Nationals, Helsinki
- Detention Unit for Foreign Nationals, Joutseno

- Border Guard detention facility at Vantaa Airport, Helsinki

Establishments under the responsibility of the Ministry of Social Affairs and Health

- Niuvanniemi Psychiatric Hospital, Kuopio.

Co-operation

From the outset, I would like to thank you for the generally excellent co-operation received both from the national authorities and from staff at the establishments visited. Almost invariably, the delegation enjoyed rapid access to the places visited (including ones not notified in advance) and was able to speak in private with persons deprived of their liberty, in compliance with the provisions of the Convention. Further, we were provided with all the necessary documentation and additional requests for information made during the visit were promptly met. Our special thanks in this respect go to Ms Ulla MOHELL, the CPT's Liaison Officer.

That said, I would like to stress that the principle of co-operation between State Parties and the CPT is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations. In this respect, and despite ongoing efforts in a number of areas, the delegation is concerned by the lack of sufficient progress in the implementation of many of the CPT's 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 closed units and on the judicial review of involuntary psychiatric hospitalisation measures). I will speak about these matters in more detail later.

Police establishments

I am pleased to say that the delegation has heard no allegations of physical ill-treatment (and hardly any of verbal abuse) 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 delegation gained the impression that access to a lawyer does not pose any particular problem in practice, including during the initial interrogation by police officers. By contrast, delays in notification of custody, another fundamental safeguard, remain frequent and widespread and could last up to several days (and even longer than the 96 hours currently permitted by law), especially when the apprehended person is a foreign national without residence in Finland. This is of particular concern given that we were told at the outset of this visit that it is now prohibited to delay notification beyond 48 hours from the moment of apprehension.

Information on rights (in a written form) seems to be generally provided to detained persons shortly after apprehension, although there are exceptions, especially if the person concerned does not speak Finnish.

Access to health care in police custody remains to be a problematic area. While generally speaking the police do not hesitate to call an ambulance if they think the detained person's health condition so requires, the absence of adequate health-care coverage in police premises and, in particular, the lack of a systematic and routine medical screening on arrival to police prisons (given the presence of remand prisoners and intoxicated persons) results in serious medical conditions going undetected and even in deaths, especially in the case of intoxicated persons.

The main issue of concern for the delegation is that none of the police establishments visited (even the Pasila police prison, despite ongoing refurbishment) offers conditions suitable for holding anyone in excess of the police custody period (96 hours): there is mostly not enough access to natural light in cells, no possibility of genuine daily outdoor exercise, no activities, no proper health-care coverage (as mentioned above), etc. Let me make it clear once again: the practice of holding remand prisoners in police prisons must cease, as there is no acceptable justification for continuing it!

Another ongoing problem is the detention of intoxicated persons in police stations, without the adequate supervision and attention by health-care staff (and with police officers generally insufficiently trained for dealing with such persons). In this context, the delegation was particularly concerned to observe that police officers in two establishments visited (in Espoo and Lahti) resorted to applying mechanical restraint measures vis-à-vis intoxicated persons, without an appropriate training, detailed instructions, ongoing monitoring of the application of such means and with inadequate recording procedures (in a dedicated register). In Espoo Police Station, the delegation saw a special bed used for face-down immobilisation of both intoxicated and suicidal persons, while at Lahti Police Station the police used an immobilisation belt with attached handcuffs and ankle-cuffs. The use of the above-mentioned means by the police should be stopped immediately – any restraint must be carried out exclusively upon doctor's order and by health-care staff, and subject to appropriate safeguards.

We would also like to reiterate that police prisons are not suitable places for holding persons under the Aliens Act (we will come back to this issue later).

Prisons

The delegation received hardly any allegations of physical ill-treatment of prisoners by custodial staff in the penitentiary establishments visited. Only a few allegations of verbal abuse (or otherwise improper attitude) were heard, especially from foreign and Roma prisoners; however, on the whole, inmates interviewed by the delegation stated that they were being treated correctly by prison staff.

One problem observed by the delegation was that staff did not always appear proactive enough, especially when confronted with the still present phenomenon of inter-prisoner violence and intimidation. There usually was a proper response to incidents but more could be done to prevent them, including through custodial staff engaging more with the inmates.

Segregation and even isolation of the so-called “fearful” inmates remains an issue of concern for the delegation. While we have observed that efforts were being made to address this problem and that numbers of “fearful” prisoners (and average periods spent by them in solitary confinement) were decreasing, the delegation is of the view that more efforts are required to provide adequate protection to this category of inmates, without resorting to isolation or use of regimes akin to solitary confinement; to achieve this goal, staff presence in the prisoner accommodation areas will have to be increased.

Another issue of concern that remains is that the criteria and procedure for placement in closed units (and review of this placement) still lack sufficient transparency; this is particularly striking at Riihimäki Prison, where over a third of the inmates are subjected to a regime resembling solitary confinement.

As for material conditions, I will start by saying that they were generally good in the prisons visited, but there are some problem areas: the continuous existence of numerous cells without in-cell toilets at Helsinki Prison (it is really necessary to address this as a matter of highest priority, especially as access to a toilet at night remains an issue for inmates accommodated in those cells) and a couple of cells lacking toilets at Kerava Prison, as well as some concerns in the closed units (C2 and C3) at Riihimäki Prison (ventilation in the cells, design of showers, as well as the state of repair of the equipment in a few of the cells).

Concerning the activities, the delegation found their offer to be generally adequate for inmates accommodated in open units (especially at Kerava Prison), but much more needs to be done to improve the regime and to offer some purposeful and organised activities to prisoners in closed units (and other prisoners segregated from the mainstream population) who can be locked up in their cells for over 21 hours a day. This is of particular importance as regards Riihimäki Prison and (to a lesser extent) Vantaa Prison.

Regarding health-care services in the prisons visited, the staffing levels, facilities, medication and access to (at least primary) care appeared adequate. We also appreciate that, in most cases, medical consultations and examinations take place without the presence of custodial staff. Remaining issues of concern include: delays (of up to a few days) in the medical screening on arrival, lack of reporting of injuries to competent authorities (based on an excessive interpretation of medical confidentiality) and absence of health-care staff at night in the psychiatric unit at Vantaa Prison (which was already criticised by the CPT in the report on the 2008 visit).

Recourse to disciplinary isolation did not appear excessive in any of the prisons visited, and conditions in disciplinary units were generally adequate (except for the dirty punishment unit at Vantaa Prison and the low temperature in the cells at Kerava Prison). That said, we would like to stress our concerns with the apparent lack of due process in the disciplinary procedure; in the delegation’s view, no inmate should be placed in a punishment cell (or in solitary confinement, more generally) without having first been offered the possibility to be heard. This is not always the case at present, namely in the case of preliminary placements “on investigatory grounds” in solitary confinement, pending the outcome of disciplinary procedure.

Prison staff appeared generally well trained and professional in their attitude, but staff shortages prevented the development of adequate regimes of activities; further, some staff were criticised by prisoners as being passive, unhelpful and unwilling to interact with them. Improving staff-inmate interaction (I already mentioned the need for a more proactive staff attitude), especially at Riihimäki Prison, is indeed important. On a more positive side, the delegation was impressed by the attitude of both the management and staff at Kerava and (to a somewhat lesser extent) Helsinki Prison.

At this stage, we have not much to comment on the possibilities for inmates to maintain contacts with the outside world; they generally seemed adequate although it would appear that very few (if any) prisoners in the closed regimes at Riihimäki Prison had the possibility to receive family or father-child visits, at least for as long as they remained in the closed units.

Places of detention of foreign nationals pursuant to the Aliens Act

The delegation heard no allegations of ill-treatment at Metsälä Detention Unit. Further, we observed that the staff – who were well trained and who possessed appropriate multi-cultural and linguistic competences – displayed a generally positive attitude vis-à-vis the detained foreign nationals. The delegation is also pleased to note that the CPT's previous concerns about the legal status and the precise tasks of security guards have been addressed since the 2008 visit.

Overall, we have no critical remarks to make at this stage as regards the material conditions at Metsälä Detention Unit, but we note the persisting absence of organised activities (including for the juveniles). On a positive note, the presence and availability of nurses has improved since the CPT's last visit.

As you know, we have also paid a visit to the new Detention Unit located in Konnunsuo (near Joutseno), which is scheduled to open in a few days. While it appears that the material conditions in the new facility should be on the whole adequate (and there will be sufficient and well trained staff), the whole environment will unavoidably be prison-like (given that a choice has been made to use the premises of a former prison) and there will be little space for activities and association. Further, geographical isolation of the new facility is likely to become a problem in the future, especially as regards the visits to foreign nationals detained there.

We very much hope that steps will be taken to address, or at least alleviate, the above-mentioned shortcomings. More generally, the delegation expects that once the new unit opens, it will be possible to eliminate the practice of holding persons detained under the Aliens Act in police establishments.

As for the Border Guard detention facility at Vantaa Airport, we have no concerns to communicate to you at this stage, apart from the lack of a comprehensive custody record.

Psychiatric establishments

The delegation visited one psychiatric establishment, namely Niuvanniemi Hospital in Kuopio.

No allegations were heard by the delegation of any form of ill-treatment by staff of the hospital. On the contrary, most of the patients we interviewed spoke highly of the staff, especially of the patients' own "dedicated nurses" and other staff having regular therapeutic contact with them.

Living conditions were good (and even excellent in the juvenile ward), and the facilities were in a good state of repair. However, continued efforts should be made to decrease the need to resort to multi-occupancy rooms.

The use of psychiatric medication appeared to be appropriate. Patients had individual treatment plans and medical records were detailed and well kept. However, involuntary hospitalisation should not, in our view, automatically imply authorisation for involuntary treatment. Informed consent to treatment should always be sought (and duly recorded), except in serious emergencies. This is not the case at present at Niuvanniemi Hospital.

Regarding the use of means of restraint, the delegation was informed that there had been a significant decrease in the use of such measures in the recent years. This is to be welcomed. Patients were at times placed in seclusion rooms and, less frequently, in belt restraints. This was prescribed by doctors and was apparently applied for brief periods.

However, some patients experienced these measures as punishment for inappropriate behaviour. This was particularly the case of those of the patients who had been forced to wear special jackets for several days after their release from seclusion (on occasion, for even longer periods). The jackets had sleeves sewed to the jacket sides, effectively preventing the movement of the patient's arms. The use of these jackets was initially ordered by a doctor; that said, the measure could subsequently be prolonged, and could even become more or less "permanent" as the delegation was told. The jackets were worn in full view of other patients, who told the delegation that they experienced this as frightening and threatening.

The delegation considers that these jackets represent a "modernised" form of straitjackets, and should be a relic of the past. Therefore, the practice of their use should be reviewed; if a decision is taken to continue the application of these jackets, this should be the subject of detailed regulations and instructions, with a view to ensuring that jackets are only used for the shortest period of time in extraordinary situations, and not as a routine measure following seclusion, as appears to be the case at present.

The delegation welcomes the increased presence of staff involved in activities at Niuvanniemi Hospital, both in workshops and on the wards, with occupational therapists present on most of the wards and working with patients.

The hospital's management told us that the above-mentioned significant decrease in resort to means of restraint was mainly related to the increase in activities. While welcoming this positive trend, the delegation believes that there is room for even further decrease in the resort to restraint; we have encouraged the hospital authorities to continue to explore avenues for further decrease. Legislative measures could contribute to this trend, e.g. by better regulating the types and duration of restraint measures.

Regarding the general legal framework for involuntary psychiatric hospitalisation, it is to be welcomed that patients are now provided with the possibility of requesting the opinion of a second, outside, doctor, when their case is being reviewed by the administrative courts (even if that second doctor is often not a psychiatrist in practice).

However, we are concerned by the apparent inefficiency of judicial reviews of involuntary hospitalisation measures: administrative court decisions are routinely delayed by several months, oral hearings are an exception and judges hardly ever come to the hospital to see the patients; further, we were told that courts almost always agreed with the doctors' suggestions to continue involuntary hospitalisation.

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