

Monitoring in prisons by the CPT, including as regards the provision of healthcare

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Main facts about the CPT

- Treaty-based monitoring mechanism
  - 1987 – Adoption of the text of the ECPT
  - 1990 – first visit by the CPT
- The Committee visits places where persons are deprived of their liberty by a public authority, in order to assess how detained persons are treated.
- Focus of assessment:
  - Core mandate - deliberate ill-treatment (by staff, inter-prisoner violence)
  - A number of other areas – material conditions, regime, staffing issues, …
  - **Provision of healthcare services**

Healthcare in prison

- Direct relevance to the CPT mandate

  - Inadequate level of healthcare amounting to “inhuman and degrading treatment”

  - Role of healthcare staff in combating ill-treatment (recording of injuries)

Healthcare in prison – screening on admission

- Medical screening upon admission to prison

  - Various purposes: identification of general healthcare needs, prevention of the spread of transmissible diseases, evaluation of suicide risk, identification of mental health problems, identification of substance use

  - Key aspect from CPT perspective: recording of injuries

Healthcare in prison – screening on admission

- Modalities of the screening
  - Proper interview and physical examination
  - As soon as possible upon admission (24 hrs.)
  - Medical doctor or a fully qualified nurse reporting to a doctor

Healthcare in prison – recording of injuries

- Injury recording – medical evidence for investigations into ill-treatment (by law enforcement officers, prison staff, other prisoners)

  - Statement made by the prisoner
  - Objective medical findings
  - Observations as to the consistency of the statement and the findings

Access to healthcare in prison – key principles

- Equivalence of care – conditions comparable to those in the community
- Consent to treatment – general requirement to provide information and seek consent
- Medical confidentiality – confidential access, confidentiality of medical files, confidentiality of medical examinations
- Sharing of medical information with custodial staff on a need-to-know basis
- Presence of a person competent to provide first aid at all times (preferably a qualified nurse)

Access to healthcare in prison

- Use of means of restraint during medical examinations – handcuffing, attaching to a hospital bed, placement in cages, etc. – highly questionable practices

- Continuity of care: community – police custody – prison – community

Psychiatric care

- High incidence of mental health problems among prisoners (growing issue?)
- Availability of a psychiatrist
- Prisoners concerned sometimes held in *de facto* solitary confinement
- Prisoners with severe mental disorders – to be cared for and treated in a suitable therapeutic environment

Prevention of self-harm and suicide

- Therapeutic rather than punitive approach
- Immediate medical assessment after the incident
- Isolation (?) or special observation scheme (suitable facility, medical supervision)
- Transfer to an acute mental health unit if severe signs

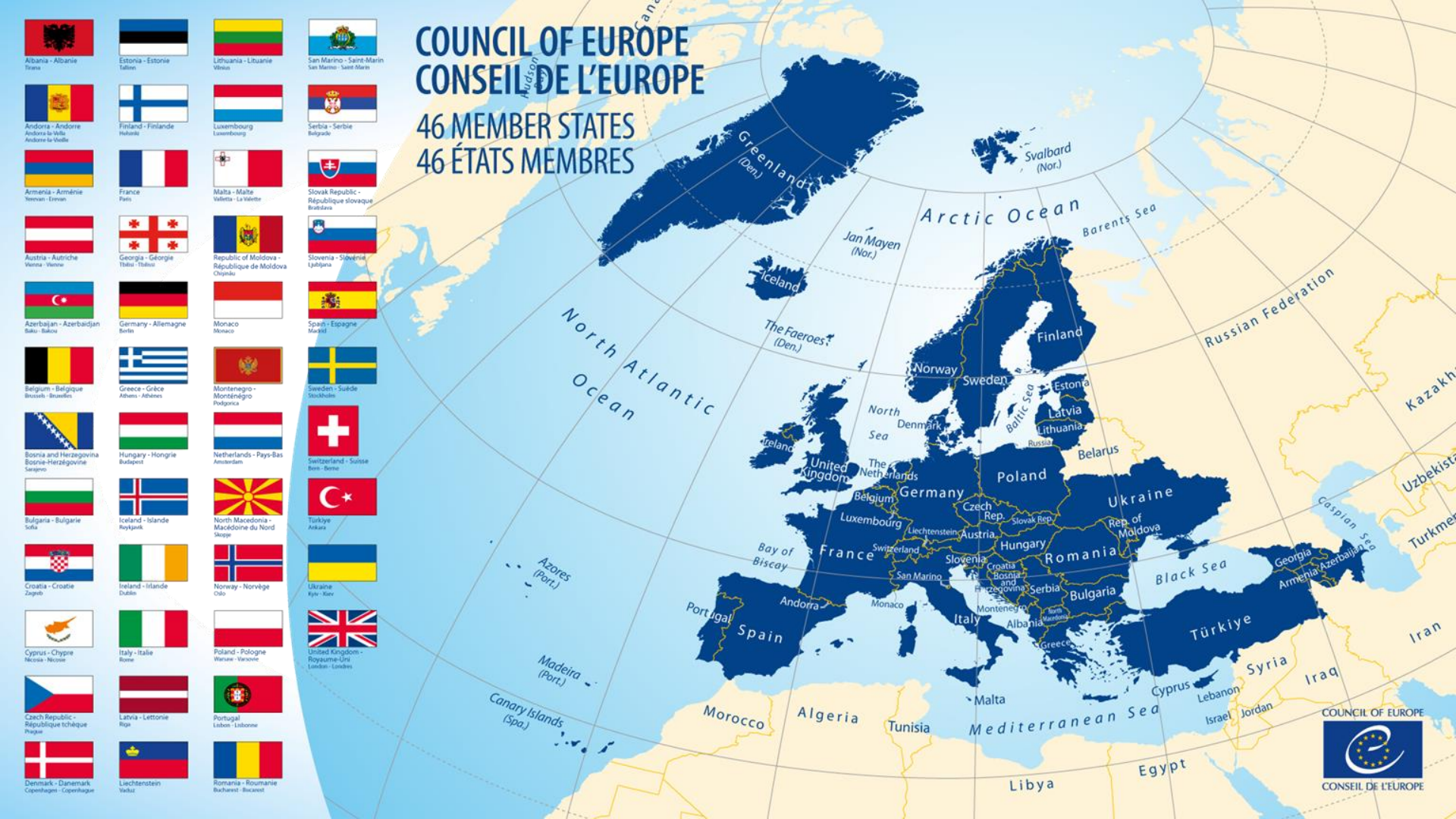
Main points addressed today

- Medical screening upon admission and injury recording
- Equivalence of care
- Medical confidentiality
- Psychiatric care, prevention of suicide and self-harm

Further resources

- Website of the CPT: www.cpt.coe.int
- HUDOC database of CPT Jurisprudence: https://www.coe.int/en/web/cpt/database
- HELP online course on CPT standards:

https://www.coe.int/en/web/cpt/help-online-course


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