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Report

to the Lithuanian Government on the visit to Lithuania carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

from 5 to 15 September 2016

The Lithuanian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2018) 3.

Strasbourg, 1 February 2018

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Copy of the letter transmitting the CPT's report

Mr Marius Rakštelis
Head of the Penitentiary and
Probation System Unit
Ministry of Justice
Gedimino ave. 30
LT-01104 Vilnius

Strasbourg, 15 March 2017

Dear Mr Rakštelis,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Lithuanian Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Lithuania from 5 to 15 September 2016. The report was adopted by the CPT at its 92nd meeting, held from 6 to 10 March 2017.

The various recommendations, comments and requests for information formulated by the CPT are highlighted in bold in the body of the report. As regards more particularly the CPT's recommendations, having regard to Article 10, paragraph 1, of the Convention, the Committee requests the Lithuanian authorities to provide **within six months** a response giving a full account of action taken to implement them.

The CPT trusts that it will also be possible for the Lithuanian authorities to provide, in the above-mentioned response, reactions to the comments formulated in this report as well as replies to the requests for information made.

The CPT would ask, in the event of the response being forwarded in Lithuanian, that it be accompanied by an English or French translation.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Yours sincerely,

Mykola Gnatovskyy
President of the European Committee for
the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

Copy: Ms Laima Jurevičienė, Ambassador Extraordinary and Plenipotentiary,
Permanent Representative of Lithuania to the Council of Europe

EXECUTIVE SUMMARY

The main objective of the CPT's fifth periodic visit to Lithuania was to review measures taken by the Lithuanian authorities in response to the recommendations made by the Committee after previous visits. In this connection, particular attention was paid to the treatment and conditions of detention of persons in police custody and penitentiary establishments. The delegation also examined the treatment, conditions and legal safeguards offered to psychiatric patients as well as residents of a social care institution.

Police establishments

As regards ill-treatment, the overwhelming majority of the persons interviewed by the delegation, who were or had recently been in police custody, stated that they had been treated by the police in a correct manner. This confirms the positive conclusion in this regard reached by the CPT during previous visits.

The findings as regards the safeguards against ill-treatment (i.e. the rights of access to a lawyer and to a doctor and the right to have the fact of one's detention notified to a relative or another third party) are in most respects identical to those made by the CPT during the 2012 visit. Thus, the Committee reiterates its long-standing recommendations that the Lithuanian authorities ensure that these rights are enjoyed by all persons obliged to remain with the police, as from the very outset of their deprivation of liberty.

Material conditions in the police arrest houses visited were generally good or even very good for the duration of police custody, i.e. up to 72 hours.

Penitentiary establishments

The delegation carried out follow-up visits to Alytus Correction Home, Lukiškės Remand Prison and Prison in Vilnius and Marijampolė Correction Home. Further, for the first time, the delegation visited Kaunas Remand Prison and Panevėžys Correction Home (for women).

The Committee acknowledges the efforts of the Lithuanian authorities to reduce the prison population. That being said, the Committee regrets to note that, despite repeated previous recommendations, the official minimum standards of living space per adult sentenced prisoner (i.e. between 3.1 and 3.6 m²) remain too low. The CPT once again calls upon the authorities to raise the standards to at least 4 m² per prisoner in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility) and 6 m² in single-occupancy cells.

The delegation received a number of allegations of deliberate physical ill-treatment and of excessive use of force by prison staff at Alytus and Marijampolė Prisons. In these two establishments, the delegation also heard (as during previous visits) allegations of physical ill-treatment by members of special intervention units (both those belonging to the Prison Department and those run by the Public Security Service of the Ministry of the Interior) in the context of large-scale cell searches.

Furthermore, the delegation was again struck by the extent of inter-prisoner violence at Alytus and Marijampolė Prisons. It gained the impression that, regrettably, the situation in this respect had become even worse as compared with previous CPT's visits to these establishments. The phenomenon of inter-prisoner violence was also present at Panevėžys Prison, where it seemed to be related mainly to extortion by some powerful inmates.

Material conditions differed widely amongst the prisons visited by the delegation. Nevertheless, all the establishments seen were, to varying degrees, in need of refurbishment. The CPT calls upon the Lithuanian authorities to pursue their efforts to modernise the prison estate.

As regards regimes, the Committee once again calls upon the Lithuanian authorities to take decisive steps to develop programmes of activities for both sentenced and remand prisoners. The current situation where more than half of sentenced prisoners have no meaningful activities certainly does not contribute to their social rehabilitation.

The delegation gained the overall impression that the provision of health care in penitentiary establishments visited was rather poor and the services were not well organised. The CPT invites the Lithuanian authorities to develop a comprehensive long-term strategy for the organisation and provision of health care in the penitentiary system.

The health-care staff complement in the prisons visited could be considered on the whole acceptable as regards doctors; however, nursing staff complements were grossly inadequate in all the prisons visited and there was no 24-hour nursing coverage at Lukiškės and Panevėžys Prisons. The lack of adequate access to psychiatric care is also a matter of serious concern for the Committee. Further, the CPT recommends that the Lithuanian authorities reinforce the provision of psychological assistance in prisons.

As observed during previous visits, there was a high number of registered drug users amongst prisoners, especially in Marijampolė and Alytus. Unfortunately, the situation in this respect had worsened since the 2012 visit, mainly because hardly anything had been done to put an end to the supply of drugs, reduce the demand and provide prisoners concerned with necessary assistance, including harm-reduction measures and specific psycho-socio-educational support.

Furthermore, despite the Committee's earlier recommendation, a multidisciplinary programme for the prevention of transmissible diseases in prisons has still not been developed.

Custodial staffing levels were generally too low in the prisons visited. This was at least partially due to modest staff salaries. To address this, a recruitment strategy should be developed based on proper funding and enhanced conditions of service, including competitive salaries.

The CPT welcomes recent legal amendments which have granted remand prisoners the right to receive short-term visits and to make telephone calls. However, the Committee recommends increasing the visiting entitlement for sentenced prisoners to the equivalent of at least one hour of visiting time per week.

Regarding discipline and security, the CPT calls upon the Lithuanian authorities to take immediate steps to improve the presently unacceptable material conditions in several of the disciplinary cells at Alytus and Marijampolė Prisons. Further, the Committee recommends that prisoners in disciplinary cells be allowed visits and telephone calls. The CPT also calls upon the Lithuanian authorities to stop using restraint beds in prisons; such beds should not be used in a non-medical setting.

Psychiatric establishments

The CPT's delegation carried out a follow-up visit to Rokiškis Psychiatric Hospital and visited, for the first time, Vilnius Mental Health Centre.

There had been no significant changes to the legislative framework governing both civil involuntary and forensic psychiatric hospitalisation and treatment since the 2008 visit and thus most (if not all) of the law reform recommendations made by the CPT after that visit remain unimplemented. The CPT calls upon the Lithuanian authorities to speed up the pace of legislative reform and ensure that the new Mental Health Act (the draft of which addresses most of the Committee's concerns) enters into force as soon as possible.

Regarding ill-treatment, most of the patients interviewed by the delegation in both establishments visited spoke positively about the staff, especially the doctors and nurses.

The delegation was impressed by the high standard of refurbishment in Rokiškis Psychiatric Hospital, representing indeed a huge improvement as compared with the situation observed during the 2008 visit. On the other hand, living conditions on the closed wards of Vilnius Mental Health Centre were relatively poor. In this context, the CPT recommends that the Lithuanian authorities implement, as a matter of priority, their well-advanced plans for new purpose-built premises for the closed and psycho-geriatric wards.

Psycho-pharmacotherapy appeared adequate in both psychiatric establishments visited. However, despite the existence of individual treatment and rehabilitation plans and some elements of multi-disciplinary team work, patients on both closed wards in Vilnius and those on maximum and medium security units in Rokiškis were not sufficiently involved in psycho-social rehabilitation activities. This was particularly regrettable as both hospitals possessed impressive and generally well-staffed occupation and rehabilitation centres.

Seclusion was not practiced in either of the psychiatric establishments visited. Mechanical restraint (i.e. fixation to a bed with magnetic belts) was not resorted to excessively and was each time accompanied by the administration of tranquillising medication (chemical restraint). The CPT is, however, concerned by the non-implementation of some of its long-standing recommendations: in particular, there were still no dedicated restraint registers (instances of chemical restraint were not recorded at all) and restraint continued to be applied in full view of other patients.

Regarding safeguards in the context of involuntary hospitalisation, the main issues of the CPT's concern are as follows: in practice the patients' presence during court review hearings remains highly exceptional, there is no involvement of external psychiatric expertise and no effective legal assistance, and, in the case of civil involuntary patients, consent to treatment is not always sought separately from consent to hospitalisation.

Social care establishments

The delegation visited, for the first time, Suvalkijos Social Care Home, an establishment under the responsibility of the Ministry of Social Security and Labour.

No allegations of physical ill-treatment of residents by staff were received. On the contrary, staff appeared to be polite, respectful, and dedicated to providing residents with the best possible care.

Living conditions were mostly very good, especially in the newer building where residents' rooms were spacious, well-lit and ventilated, properly furnished, clean and pleasantly decorated. That said, the older accommodation building could benefit from some refurbishment.

The care provided to the residents appeared to be adequate to their needs and health conditions. Every resident had an individual care plan, which was established after a detailed assessment, and regularly reviewed. Efforts were being made to involve as many residents as possible in occupational and rehabilitative activities.

Resort to seclusion appeared to be rare and its use was well recorded in the dedicated register and complied with internal written instructions. As regards mechanical restraint (fixation to a bed with magnetic belts), establishment's internal guidelines on its use appeared not to be entirely in line with the CPT's standards.

Turning to safeguards, the CPT recommends that the relevant legislation be amended so as to ensure that residents of social care establishments have the effective right to bring proceedings to have the lawfulness of their placement decided by a court, that they are duly informed of this right, and that in this context, they enjoy the rights to legal assistance and to be heard by the judge concerned. The need for continued placement of legally incompetent persons should be automatically reviewed by a court at regular intervals or residents themselves should be able to request at reasonable intervals that the necessity for continued placement be considered by a judicial authority.

Further, the Committee once again calls upon the Lithuanian authorities to search for alternative solutions for guardianship arrangements which would better guarantee the independence and impartiality of guardians. This recommendation applies to both psychiatric patients and residents in social care establishments.

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a periodic visit to Lithuania from 5 to 15 September 2016. It was the sixth visit to Lithuania to be carried out by the Committee.[1]

2. The visit was carried out by the following members of the CPT:

- Marzena KSEL, the Committee's 1st Vice-President and Head of delegation
- Inga HARUTYUNYAN
- Anna MOLNAR
- Costakis PARASKEVA
- George TUGUSHI
- Marika VÄLI.

They were supported by Borys WÓDZ (Head of Division) and Dalia ŽUKAUSKIENĖ of the CPT's Secretariat, and assisted by:

- Andres LEHTMETS, Head of the Centre of Psychiatry, West Tallinn Central Hospital, Estonia (expert)
- Viktorija BYLAITĖ (interpreter)
- Alina DAILIDĖNAITĖ (interpreter)
- Rūta KAUNAITĖ (interpreter)
- Simona PERSSON (interpreter)
- Liudas REMEIKA (interpreter).

[1] The CPT has previously carried out four periodic visits (in February 2000, February 2004, April 2008 and December 2012) and one ad hoc visit (in June 2010) to Lithuania. The reports on these visits as well as the respective responses by the Lithuanian authorities are available on the CPT's website (http://www.coe.int/en/web/cpt/lithuania).

B. Establishments visited

3. The CPT's delegation visited the following places of deprivation of liberty:

Police establishments

- Alytus City Police Headquarters Arrest House
- Kaunas City Police Headquarters Arrest House
- Kupiškis District Police Department
- Marijampolė City Police Headquarters Arrest House
- Panevėžys City Police Headquarters Arrest House
- Rokiškis District Police Department
- Šiauliai City Police Headquarters Arrest House
- Utena City Police Headquarters Arrest House
- Vilnius City Police Headquarters Arrest House
- Vilnius City First Police Department
- Vilnius City Second Police Department

Prisons

- Alytus Correction Home
- Kaunas Remand Prison
- Lukiškės Remand Prison and Prison (Vilnius)
- Marijampolė Correction Home
- Panevėžys Correction Home

Psychiatric establishments

- Vilnius Mental Health Centre
- Rokiškis Psychiatric Hospital

Social care establishments

- Suvalkijos Social Care Home.

C. Consultations held by the delegation and co-operation encountered

4. In the course of the visit, the delegation had consultations with Paulius GRICIŪNAS, Deputy Minister of Justice, Artūras NORKEVIČIUS, Deputy Minister of the Interior, Algirdas ŠEŠELGIS, Deputy Minister of Social Security and Labour, Jūratė SABALIENĖ, Deputy Minister of Health, Evaldas PAŠILIS, Prosecutor General, as well as with senior officials from the Ministries of Justice, the Interior, Health, and Social Security and Labour. In addition, talks were held with the Seimas Ombudsmen Augustinas NORMANTAS and Raimondas ŠUKYS. The delegation also met representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities and non-governmental organisations met by the delegation is set out in the Appendix to this report.

5. The co-operation received by the CPT's delegation during the visit, both from the national authorities and from staff at the establishments visited, was (with a few minor exceptions) very good. The delegation enjoyed rapid access to all the places it visited (including those which had not been notified in advance), was provided with the information necessary for carrying out its task and was able to speak in private with persons deprived of their liberty.

The Committee wishes to express its appreciation for the efficient assistance provided to its delegation by the Liaison Officer designated by the national authorities, Marius RAKŠTELIS from the Ministry of Justice. Further, the CPT welcomes the authorities' initiative to have the end-of-visit talks hosted by the Seimas Ombudsmen, which enabled them (as well as staff of the Human Rights Division of their Office, performing the function of National Preventive Mechanism, see paragraph 7 below) to acquaint themselves directly and rapidly with the Committee's preliminary observations.

6. However, as already stressed in the past, the principle of co-operation between a State Party and the CPT is not limited to facilitating the work 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 context, the CPT regrets to note that many of its long-standing recommendations (some of them dating back to 2004) have still not been implemented. This concerns, in particular, Alytus and Marijampolė Correction Homes.[2] Further, progress has been very slow concerning *inter alia* the regime offered to adult remand prisoners and prisoners sentenced to life imprisonment, as well as the legal framework for involuntary hospitalisation in psychiatric establishments.[3]

The CPT wishes to emphasise that a persistent failure to improve the situation in the light of the Committee's recommendations could oblige it to consider having recourse to Article 10, paragraph 2, of the Convention.[4] The CPT trusts that action taken by the Lithuanian authorities in response to this report will render such a step unnecessary.

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2 See e.g. paragraphs 40 to 42, 44, 46 and 72 below.

3 See, respectively, paragraphs 57, 61 and 107 below.

4 "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

D. National Preventive Mechanism

7. Lithuania ratified the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) on 3 December 2013, designating the Seimas Ombudsmen's Office as the National Preventive Mechanism (NPM). The above-mentioned Human Rights Division of the Seimas Ombudsmen's Office (hereafter the NPM) became operational in January 2014.[5] The CPT welcomes the positive practice of speedy publication of all visit reports on the official website of the Seimas Ombudsmen.

8. The delegation noted the limited human resources at the disposal of the Human Rights Division (six staff members). As pointed out by some of the delegation's interlocutors (including from the NGO community), the high visit pace combined with such staff resources resulted in the latter being mobilised to carry out operational activities with less time available for more analytical and follow-up work.[6] Further, the delegation's attention was drawn to the fact that all current NPM staff members were lawyers by training, as a result of which expertise in certain crucial fields (such as forensic medicine and psychiatry) was missing.[7] The Seimas Ombudsmen, whom the delegation met at the outset of the visit, stated that they were aware of this problem and that steps were being taken to address it (by hiring medical experts on an *ad hoc* basis for particular visits, and by seeking to expand the NPM team by adding persons with relevant qualifications, including doctors, psychologists and social workers).

9. The Committee must stress that, in order to be able to perform efficiently the role of a National Preventive Mechanism, the Human Rights Division of the Seimas Ombudsmen's Office will require increased resources in terms of suitably qualified personnel, including medical professionals. The Committee welcomes the fact that this is also the stated goal of the Seimas Ombudsmen. **The CPT invites the Lithuanian authorities to take steps in accordance with this goal.**

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5 128 places of deprivation of liberty (out of the total of some 450 in Lithuania) were visited by the NPM in 2015.

6 See also paragraph 38 of the Guidelines on national preventive mechanisms adopted by the UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment which reads as follows: "NPM should ensure that it has the capacity to and does engage in a meaningful process of dialogue with the State concerning the implementation of its recommendations."

7 Reportedly, this argument was raised by the management of the establishment concerned and by some representatives of the profession (from the Lithuanian Psychiatric Association) after the NPM's visit to Šiauliai Psychiatric Hospital in September 2014.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

10. The legal provisions concerning police custody of persons suspected of having committed a criminal offence have remained unchanged since the CPT's 2012 visit i.e. such persons may be detained by the police on their own authority for up to 48 hours. Within that period, the person concerned must be brought before a judge, who may remand the person in custody for a fixed term. The above-mentioned 48-hour time-limit appeared to be duly respected in the police establishments visited.

As for persons remanded in custody, it remains that (following a judge's decision) they may be held in a police arrest house (*areštinė*) for an initial period not exceeding 15 days.[8] In this context, the CPT must stress once again that, as a matter of principle, remand prisoners should not be held in police detention facilities but instead in a prison.[9] **The Committee once again calls upon the Lithuanian authorities to ensure that persons remanded in custody are promptly transferred to a remand prison. The objective should be to put an end to the practice of holding remand prisoners in police establishments.**

Concerning the return of remand prisoners to police custody (due to the needs of the investigation or for the purpose of attending court hearings), the relevant provisions have changed as from 1 April 2016 in that such returns are now only allowed for a maximum of 5 days at a time (instead of the previous 15 days). In addition, each return requires the express authorisation of a prosecutor or judge (previously, it could also be authorised by an investigator). The CPT welcomes these amendments. That said, as every police arrest house visited accommodated a number of persons belonging to this category, the delegation's impression was that the return of remand prisoners to police custody remained far from being exceptional (although the duration of stay had indeed diminished).

The Committee recommends that the Lithuanian authorities take further steps to ensure that the return of prisoners to police arrest houses is sought and authorised only very exceptionally (as required by law), for specific reasons and for the shortest possible time. As a rule, the prisoners concerned should not be held overnight in police establishments.

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8 At the outset of the visit, the delegation was informed by senior officials from the Ministry of the Interior that, in practice, persons remanded into custody tended to remain in arrest houses for shorter periods than the above-mentioned 15 days. This seems to be corroborated by information obtained in the arrest houses visited, where persons remanded in custody usually stayed for up to a week (exceptionally up to 10 days) prior to their transfer to a remand prison.

9 See also Rule 10.2 of the European Prison Rules: "In principle, persons who have been remanded in custody by a judicial authority and persons who are deprived of their liberty following conviction should only be detained in prisons, that is, in institutions reserved for detainees of these two categories."

11. The CPT takes due note of the abolition, as from 1 January 2017, of the sanction of administrative detention.[10] This is indeed a very welcome development given the fact that police arrest houses are not adapted for prolonged periods of detention (see paragraph 31 below).

2. Ill-treatment

12. The overwhelming majority of the persons interviewed by the delegation, who were or had recently been in police custody, stated that they had been treated by the police in a correct manner. In addition, no allegations of ill-treatment of detainees by custodial staff were heard in the police arrest houses visited. This confirms the positive conclusion in this regard reached by the CPT during previous visits.

That said, the delegation did receive a few allegations of physical ill-treatment by the police, consisting of punches, kicks and truncheon blows.

13. Virtually all of the allegations referred to excessive force having been applied upon apprehension, while the person concerned had already been brought under control. **The Committee recommends that the Lithuanian authorities continue their efforts to ensure that police officers use no more force than is strictly necessary when effecting an apprehension. Once apprehended persons have been brought under control, there can be no justification for striking them.**

14. The delegation was struck to learn during the initial meeting with senior officials of the Ministry of the Interior that the Ministry did not compile specific statistics of complaints of police ill-treatment (and any ensuing disciplinary/criminal proceedings and sanctions). Some statistical data was made available to the delegation by representatives of the Prosecutor General's Office;[11] however, it was not sufficiently specific and, in particular, did not show the proportion of cases which related to ill-treatment (as opposed to other forms of misconduct).

The CPT recommends that the Lithuanian authorities establish a national system for compiling statistics on complaints of ill-treatment, investigations and disciplinary and criminal sanctions imposed on law enforcement officials. Such statistics, if correctly gathered and analysed, will enable the authorities to identify trends and possible problem areas, and facilitate the taking of appropriate measures to address these problems.

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[10] Other forms of detention of persons by the police on "non-criminal" grounds (detention for the purpose of identification for up to 3 hours – a period which can be extended to 48 hours under aliens law provisions – or up to 5 hours while completing police proceedings concerning administrative offences, as well as detention of persons for sobering up or for the purpose of enforcing compulsory medical treatment or health care measures) have remained unchanged.

[11] According to that information, a total of 133 complaints of "abuse of authority" and "bodily harm" by law enforcement officials had been received by the Prosecutor General's Office as from 1 January 2015; investigation had started into 48 cases but 37 complaints had eventually been dismissed, with 7 proceedings still ongoing and 4 indictments transmitted to court; only one officer had so far been found guilty and another one had appealed his sentence (the appeal was pending at the time of the visit).

15. From the information received at the outset of the visit, the CPT understands that, in practice, investigation of complaints of police ill-treatment is still generally carried out (under the supervision of competent prosecutors) by police officers, albeit not those working in the same units as the officers concerned.[12]

In this respect, the CPT must stress once again that, for an investigation into possible ill-treatment to be effective, it is essential that the persons responsible for carrying it out are independent from those implicated in the events. It is also crucial to ensure that the officials concerned are not from the same service as those who are the subject of the investigation. In the Committee's view, those entrusted with the operational conduct of the investigation should be completely independent from the agency implicated. **The CPT recommends that the Lithuanian authorities take steps accordingly, in order to ensure an independent and impartial investigation of complaints of police ill-treatment.**

3. Safeguards against ill-treatment

16. The findings of the 2016 visit as regards the three fundamental rights of persons detained by the police (i.e. the rights of access to a lawyer and to a doctor and the right to have the fact of one's detention notified to a relative or another third party) are in most respects identical to those made by the CPT during the 2012 visit.[13]

17. The vast majority of detained persons met by the delegation confirmed that they had been in a position to exercise the right of notification of custody. However, some of them claimed that their relatives or other persons of their choice had been notified only after a delay (ranging from several hours to some days – in a few cases, reportedly, only after the person concerned had been transferred to a remand prison). Further, complaints were again received from some detained persons that feedback had not been provided to them and that, as a result, they did not know whether their relatives or other persons of their choice had been notified of the fact of their detention.

The CPT reiterates its long-standing recommendation that the Lithuanian authorities render fully effective in practice the right of persons deprived of their liberty by the police to inform a close relative or another third party of their situation, as from the very outset of their deprivation of liberty. It also reiterates its recommendation that detained persons be provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their detention.

18. Most of the detained persons interviewed by the delegation indicated that they had benefited from the presence of a lawyer, albeit only when first questioned by the investigator; it remained the case[14] that access to a lawyer was hardly ever granted at an earlier stage of police custody. Further, some detained persons, essentially those for whom an *ex officio* lawyer had been appointed, complained that they had only met their lawyer after questioning or even only at the court hearing.

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12 Reportedly, prosecutors usually (although not necessarily always) confer this task to police officers employed at the Immunity Board, which forms part of the Police Department.

13 See paragraphs 18 to 24 of CPT/Inf (2014) 18, http://rm.coe.int/doc/0900001680697367.

14 In the light of allegations heard from detained persons and the delegation's own observations, based on the examination of relevant documentation and interviews with police officers.

The CPT once again calls upon the Lithuanian authorities to ensure that the right of access to a lawyer (including *ex officio* lawyer) is enjoyed by all persons obliged to remain with the police, as from the very outset of their deprivation of liberty.

19. Similar to the situation observed on previous visits, the delegation gained the impression that persons detained in police arrest houses who were in need of health care would receive the necessary assistance. However, despite the Committee's long-standing recommendation, there were still no specific legal provisions guaranteeing access to a doctor for persons deprived of their liberty by the police. **The CPT once again calls upon the Lithuanian authorities to adopt legislation granting persons detained by the police an express right of access to a doctor as from the very outset of their deprivation of liberty; that right of access should include the right, if the detained person so wishes, to be examined by a doctor of his/her 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).**

20. Initial medical screening was performed in all of the police arrest houses visited, which benefited from the presence of health-care staff. Such medical screening was usually carried out by a feldsher or a nurse shortly after admission.[15] Injuries were recorded in a special register; however, as observed by the delegation's medical members, the records were mostly superficial and, as previously, health-care professionals made no attempts to assess the consistency between statements made by detained persons and medical findings. Furthermore, the confidentiality of medical screening was generally not ensured, as it usually formed part of the general "check-in" procedure and took place in the presence of non-medical staff.

21. In the context of the above, the Committee wishes to stress that a clear distinction must be made between, on the one hand, the administrative procedures followed when detained persons are handed over to the custody of a police arrest house and, on the other hand, the medical screening which should follow.

It is essential that, during the above-mentioned administrative procedures, health-care staff are as a rule not directly involved in the initial procedure of handover of custody and that detained persons found to display injuries on admission are not immediately questioned about the origin of those injuries. Nevertheless, any injuries observed during the procedure of handover should be recorded by the receiving officer and the record immediately brought to the attention of health-care professionals, together with any photographs of injuries taken.

Consequently, **the CPT recommends that the Lithuanian authorities take steps to ensure that:**

- **health-care professionals are as a rule[16] not directly involved in the administrative procedure of handover of custody of detained persons to a police arrest house;**

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15 Except on weekends when the feldsher/nurse was absent e.g. in Vilnius.

16 Naturally, a health-care professional should be consulted immediately whenever a newly-arrived detained person requires urgent medical assistance or if there are doubts as to whether the state of health of the person concerned is compatible with admission to a police arrest house.

- **persons found to display injuries on their admission are not questioned by anyone about the origin of those injuries during the above-mentioned handover procedure;**

- **the record made by the receiving officer, and any photographs taken, of injuries during the handover-of-custody procedures are forwarded without delay to health-care professionals;**

- **<u>all</u> persons admitted to police arrest houses are properly interviewed and thoroughly examined by qualified health-care staff as soon as possible, and no later than 24 hours after their admission;**[17]

- **the same approach is adopted each time a person returns to a police arrest house after having been taken back to the custody of a law enforcement agency for investigative purposes (even for a short period of time);**

- **all medical examinations are conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a given case – out of the sight of staff not carrying out health-care duties.**

The Committee also recommends that the Lithuanian authorities take further action to ensure that:

- **the record drawn up following the medical examination of a detained person in a police arrest house contains: (i) an account of statements made by the person in question which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination; (iii) the health-care professional's observations in the light of i) and ii), indicating the consistency between any statements made and the objective medical findings; this record should take fully into account any attestation of injuries observed upon admission during the procedure of handover of custody;**

- **the record also contains the results of additional examinations performed, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed;**

- **the results of every examination, including the above-mentioned statements and the health-care professional's conclusions, are made available to the detained persons and, upon their request, their lawyer;**

- **whenever injuries are recorded which are consistent with allegations of ill-treatment made by a detained person (or which, even in the absence of allegations, are indicative of ill-treatment), the record is systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned;**

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[17] In the case of police arrest houses without on-site health-care staff, this requirement could be met by having recourse to outside medical services.

- **special training is provided to health-care professionals working in police arrest houses. In addition to developing the necessary competence in the documentation and interpretation of injuries as well as ensuring full knowledge of reporting obligations and procedures, that training should cover the technique of interviewing persons who may have been ill-treated;**

- **law enforcement and custodial staff having no health-care duties only have access to medical information strictly on a need-to-know basis, with any information provided being limited to that necessary to prevent a serious risk for the detained person or other persons. There is no justification for giving staff having no health-care duties access to information concerning the diagnoses made or statements concerning the cause of injuries.**

More generally, as regards the independence of health-care staff, **the CPT recommends that the Lithuanian authorities consider the option of placing such staff working in police arrest houses under the authority of the Ministry of Health.**

22. In some of the police arrest houses visited (e.g. in Vilnius), the delegation was told that persons detained who had followed methadone therapy prior to arrest were not allowed to continue their treatment while in police custody; by contrast, such a continuation was apparently possible at Panevėžys City Police Headquarters Arrest House. **The Committee would like to receive clarification of the applicable procedures from the Lithuanian authorities.** In this context, the CPT wishes to stress that, as a rule, persons enrolled in methadone (or other opiate agonists) programme should be guaranteed the continuation of their treatment while being placed in police custody.

23. The delegation's findings suggest that written information on rights was still not always provided to detained persons upon apprehension but usually several hours later (at the start of the first formal interview by the investigator). Verbal information by the investigator was as a rule (though not always) accompanied by the provision of written information in the form of a copy of the detention protocol (where the rights were listed, albeit in a manner that was difficult to understand for persons without legal education).[18] Further, written information on rights in Lithuanian, English and Russian was seen posted inside most of the cell doors at the arrest houses visited.

The CPT calls upon the Lithuanian authorities to ensure without further delay that all persons detained by the police – for whatever reason – are fully informed of their rights as from the very outset of their deprivation of liberty (that is, from the very moment when they are obliged to remain with the police). This should be ensured by provision of clear verbal information upon apprehension, to be supplemented at the earliest opportunity (that is, immediately upon first entry into police premises) by provision of a written form setting out the detained person's rights in a straightforward manner. This form should be made available in an appropriate range of languages. Moreover, particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case.

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[18] The information consisted of texts of the relevant sections of the Code of Criminal Procedure. It is hardly surprising that several detained persons had clearly failed to understand the meaning of the text they had been provided with.

24. The custody records in police establishments visited were mostly electronic and well kept (the software preventing any omissions and inconsistencies, for example as regards the dates). However, electronic (i.e. audio and video) recording of police interviews was still carried out only exceptionally. **The CPT recommends that the Lithuanian authorities introduce such systematic recording nationwide, given its role as important additional safeguard against the ill-treatment of detained persons.**[19]

25. Unlike in 2012, all detained juveniles confirmed that they had been interviewed by the police in the presence of their parent/tutor and a lawyer (as well as, in some cases, a representative of the child protection authority). The CPT welcomes this positive development.

4. Conditions of detention

26. At the outset of the visit, senior officials of the Ministry of the Interior told the delegation that the number of police arrest houses had been reduced from 25 to 17 since the CPT's 2012 visit.[20] This was one of the consequences of the implementation of the Programme for Optimisation of the Activities of Police Detention Facilities for 2009 – 2015, which had also allowed to thoroughly refurbish several arrest houses (e.g. in Šiauliai) and build a number of new facilities (e.g. in Klaipėda).

27. Indeed, the delegation could observe the results of the above-mentioned Programme in the police arrest houses visited, the conditions in which were generally good or even very good (as in Šiauliai). The cells were spacious enough for their intended occupancy[21], well lit and ventilated, suitably equipped (e.g. beds with bedding, table, stools, lockers, washbasin) and generally in a good state of repair and cleanliness.

As regards food, arrangements had been made to provide detained persons with three meals a day, including at least one warm meal. Further, some personal hygiene items (soap, towel, toilet paper) were systematically offered.

That said, in-cell toilets at all arrest houses visited were only partially screened,[22] despite earlier recommendations by the Committee. Further, although all the arrest houses visited were fitted with decent shower facilities, access to a shower was still only possible once a week.

Moreover, none of the cells in arrest houses visited was equipped with a call system.

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19 Such a facility can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. This is in the interest both of persons who have been ill-treated by the police and of police officers confronted with unfounded allegations that they have engaged in physical ill-treatment or psychological pressure. Electronic recording of police interviews also reduces the opportunity for persons to later falsely deny that they have made certain statements.

20 There had been 46 police arrest houses in 2009.

21 E.g. two persons in some 12 m², three persons in some 18 m², four persons in some 28 m².

22 The partitions were approximately 1 metre high.

28. All police arrest houses had outdoor exercise yards equipped with benches and protection against inclement weather, and detained persons interviewed generally confirmed that they were allowed access to them during one hour every day. That said, at Šiauliai and Vilnius arrest houses, outdoor exercise was only offered to persons remanded in custody.[23] The delegation also noted that the exercise yards at Šiauliai and Utena were too small (some 12 m²) to allow genuine physical exertion; further, the latter yard was located on the roof of the building and covered with an additional roof restricting access to natural light.

29. **The CPT recommends that steps be taken in all police arrest houses to ensure that:**

- **in-cell toilets in multi-occupancy cells are fully partitioned (up to the ceiling);**
- **a call system is installed in all the cells;**
- **anyone detained for over 24 hours (irrespective of legal status) is granted access to a shower.**

The Committee also reiterates its recommendation that steps be taken to ensure that persons detained in a police arrest house for 24 hours or more are offered at least one hour of outdoor exercise every day in facilities of adequate size. The exercise yard at Utena City Police Headquarters Arrest House should be reconstructed to allow more daylight.

Finally, **the Committee calls upon the Lithuanian authorities to take out of use the small (some 5 m²), dark and unventilated "kartzer" cell, seen by its delegation at Marijampolė Arrest House.**

30. Although Vilnius City Police Arrest House[24] had undergone some repairs (new floors, repainted walls, new furniture) and the four worst cells (Nos. 8 to 11) had been taken out of service, conditions were still relatively poor due to the age, structure and general state of repair of the building dating back to early 19th century. The delegation was informed at the Ministry of the Interior of plans to replace the current arrest house with a completely new purpose-built facility. The relevant PPP (Public-Private Partnership) agreement was signed in December 2015 and it was expected that the new building would enter into service by 2020. **The CPT encourages the Lithuanian authorities to implement these plans and requests to be provided with more detailed information on the new facility (capacity, floor plans, envisaged staffing, etc.).**

31. More generally, the Committee must reiterate its view that police arrest houses are not suitable for detention periods longer than the period of police custody i.e. 48 hours (as it is still presently frequently the case for persons remanded into custody). Steps must be taken to further reduce the time they spend in arrest houses, the objective being to stop this practice altogether (see paragraph 10 above). Pending this, **persons remanded in custody held in police arrest houses should systematically be offered some form of activity.**

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23 And administrative detainees.

24 The conditions in which were criticised by the CPT in the report on the 2012 visit, see paragraphs 25 and 26 of CPT/Inf (2014) 18, http://rm.coe.int/doc/0900001680697367.

32. Material conditions of detention in the holding cells at arrest houses and local police stations (*komisariatas*) visited were adequate for their purpose i.e. detention not exceeding 5 hours. They measured from 3 to 8 m², were in a good state of repair and equipped with a bench, and had adequate artificial lighting and ventilation, though usually no direct access to natural light. There were also decent communal toilets and washbasins available to detained persons.

B. Prison establishments

1. Preliminary remarks

33. The delegation carried out follow-up visits to Alytus Correction Home, Lukiškės Remand Prison and Prison in Vilnius and Marijampolė Correction Home. Further, for the first time, the delegation visited Kaunas Remand Prison and Panevėžys Correction Home (for women).

34. Alytus Correction Home (hereafter – Alytus Prison) was first visited by the CPT in 2012.[25] With an official capacity of 1,460 places, the establishment was accommodating 1,210 adult sentenced male prisoners at the time of the visit.

Kaunas Remand Prison (hereafter – Kaunas Prison) is a three-storey building situated in the centre of Kaunas. A hard labour prison in the past, it was reconstructed and opened as a pre-trial detention facility in 2004. At the time of the visit, the prison – with an official capacity of 336 places – was accommodating 226 inmates, including 12 women.

Lukiškės Remand Prison and Prison (hereafter – Lukiškės Prison) had been visited by the CPT during every past periodic visit to Lithuania and its infrastructure had remained mostly unchanged throughout the years.[26] With an official capacity of 954 places, at the time of the visit, the prison was accommodating 651 inmates, including 91 life-sentenced prisoners.[27]

Marijampolė Correction Home (hereafter – Marijampolė Prison) was first visited by the CPT in 2004.[28] With an official capacity of 1,190, the prison was accommodating 991 adult sentenced male prisoners at the time of the visit.

Panevėžys Correction Home (hereafter – Panevėžys Prison) is the only prison in Lithuania accommodating sentenced women.[29] Located in the centre of the city, its estate was built in the 1860s. At the time of the visit, the prison – with an official capacity of 405 places – was accommodating 256 inmates.

35. From the outset, the CPT wishes to acknowledge the efforts of the Lithuanian authorities to reduce prison population. At the time of the visit, the prison population stood at 7,004 (compared to 9,754 at the time of the 2012 visit).[30] Further, the Committee notes as a positive development the decrease in the number of remand prisoners from 1,304 in 2012 to 611 in 2016. **The Committee recommends that the Lithuanian authorities pursue their efforts in this area.**

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25 See, in particular, paragraphs 34, 38 – 39 and 44 of CPT/Inf (2014) 18, http://rm.coe.int/doc/0900001680697367.

26 See paragraphs 50, 65 and 71 of CPT/Inf (2006) 9 (http://rm.coe.int/doc/0900001680697333) and paragraph 33 of CPT/Inf (2009) 22 (http://rm.coe.int/doc/0900001680697335).

27 There were four juveniles and 28 female prisoners, of whom 27 on remand and one serving a life sentence.

28 See paragraph 50 of CPT/Inf (2006) 9, http://rm.coe.int/doc/0900001680697333.

29 Except for life-sentenced women held in Lukiškės Prison.

30 Prison population rate (per 100,000 of national population) had diminished from 330 in 2012 to 254 in 2016, see http://www.prisonstudies.org/country/lithuania.

36. The Ministry of Justice informed the delegation about its ongoing efforts to modernise the prison estate. In July 2014, the Lithuanian Government adopted a "Programme for Modernisation of Penitentiary Institutions" that replaced the earlier "Strategy for Modernisation of Penitentiary Institutions" and its "Implementation Plan for 2009-2017". Unfortunately, according to the Lithuanian authorities, due to economic difficulties it had not been possible to fulfil the above-mentioned Implementation Plan.

The new Programme foresees that there will be six modern penitentiary institutions in Lithuania by 2022. Its main objectives are the construction of new prisons in Vilnius, Šiauliai, Klaipėda and Panevėžys, as well as the closing down of Lukiškės Prison which would be transferred to a new establishment in Pravieniškės. Further, the Programme includes plans of a partial reconstruction of Marijampolė Prison (and, eventually, its closure not earlier than in 2022) as well as partial reconstruction of Alytus Prison. **The CPT calls upon the Lithuanian authorities to take decisive steps to achieve these objectives.**

37. The Committee also notes that some steps are being taken at Marijampolė Prison (and planned at Alytus Prison) to move away from the system of large-capacity dormitories/cells[31] towards accommodation based on smaller living units. As repeatedly stressed by the CPT in the past, and as confirmed once again during the 2016 visit to Lithuania, large-capacity accommodation facilitates the development of offender subcultures within penitentiary establishments and entails a high risk of inter-prisoner intimidation and violence.[32] Consequently, **the Committee encourages the Lithuanian authorities to accelerate the refurbishment of the two above-mentioned prisons (and initiate the same in other penitentiary establishments, where relevant) with the aim of replacing all the large-capacity dormitories with smaller living units.**

38. The CPT regrets to note that, despite the Committee's repeated previous recommendations,[33] the official minimum standards of living space per adult sentenced prisoner remain unchanged i.e. 3.1 m^2 for dormitory-type accommodation and 3.6 m^2 for multi-occupancy cells. Furthermore, even these inadequate standards were not always complied with in the establishments visited e.g. there were 65 inmates accommodated in a dormitory measuring approximately 144 m^2 in Marijampolė Prison.[34]

The Committee once again calls upon the Lithuanian authorities to raise the minimum standard of living space per prisoner to at least 4 m^2 in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility) and 6 m^2 in single-occupancy cells. The official capacities of all prisons should be reviewed accordingly.

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31 See also paragraphs 48 and 51 below.

32 See paragraph 44 below.

33 See *inter alia* paragraph 35 of CPT/Inf (2009) 22, http://rm.coe.int/doc/0900001680697335, and paragraph 36 of CPT/Inf (2014) 18, http://rm.coe.int/doc/0900001680697367.

34 I.e. 2.2 m^2 of living space per inmate.

2. Ill-treatment

39. The delegation received no allegations of physical ill-treatment by staff at *Kaunas, Lukiškės and Panevėžys Prisons*.

However, some allegations of verbal abuse of inmates by staff were heard at *Panevėžys and Kaunas* (in the latter establishment, mostly vis-à-vis foreign prisoners). **The CPT recommends that staff at Panevėžys and Kaunas Prisons be reminded that verbal abuse of inmates is prohibited and will be punished.**

40. At *Alytus and Marijampolė Prisons*, the delegation received a number of allegations of deliberate physical ill-treatment and of excessive use of force by prison staff. The ill-treatment alleged consisted mostly of punches, kicks and blows with truncheons.

In particular, it was alleged at *Alytus Prison* that the ill-treatment was usually inflicted on prisoners when they were on the way to the disciplinary unit or in areas of that unit that were not covered by the CCTV. In some cases, the delegation gathered medical evidence (records of haematomas on the thighs and the back) which was consistent with allegations made.

At *Marijampolė Prison*, allegations were heard about custodial staff provoking conflicts and then beating prisoners, as well as about excessive recourse to "special means" (essentially truncheons and handcuffs). The delegation noted, in the relevant medical records, descriptions of lesions (e.g. haematomas on the arms, bruises on the face and ears) consistent with these allegations.

The Committee recommends that the management of Alytus and Marijampolė Prisons take appropriate steps to ensure that prison staff do not abuse their authority and resort to ill-treatment. As part of their training, staff should be delivered the clear message that the ill-treatment of inmates is not acceptable and will be punished accordingly.

41. In the two above-mentioned establishments, the delegation heard again (as during previous visits) allegations of physical ill-treatment by members of special intervention units (both those belonging to the Prison Department and those run by the Public Security Service of the Ministry of the Interior) assisting custodial staff in the context of large-scale cell searches.[35]

According to these allegations, inmates had been forced to run out of their dormitories while being struck with truncheons and kicked by members of the special intervention units positioned along both sides of the corridor, and then made to stand facing the outer wall with their hands against the wall and their legs spread wide, while being kicked and punched. The prisoners concerned also alleged that members of the special intervention units were wearing helmets; further, inmates were not able to tell whether the above-mentioned officers had any insignia or identification numbers on their uniforms.

The CPT would like to be informed whether any internal inquiries and/or criminal investigations have been carried out into the above-mentioned allegations and, if so, what was the outcome of these inquiries/investigations.

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[35] The searches were performed by custodial staff of the establishments concerned, while members of the special intervention units were present to ensure order.

42. The CPT is aware that the task of special intervention units is often difficult and dangerous and that the use of force against prisoners might be necessary when performing their task. Any force used during the intervention must nevertheless be limited to what is strictly necessary. In addition, as soon as recalcitrant prisoners have been brought under control, there can be no justification for them being struck.

The Committee also recognises that, for operational and/or security reasons, the wearing of protective helmets may be necessary. However, it should be ensured that subsequent identification of the officers concerned is always possible by the relevant authorities and by prisoners, through both a clearly distinctive badge and a prominent identification number on each uniform/helmet. In addition, any interventions of this type should be video-recorded and the footage preserved for investigation purposes, as well as for the purpose of subsequent debriefing, evaluation and training.

The CPT reiterates its recommendation that the Lithuanian authorities take the necessary measures in the light of these remarks.

43. More generally, the Committee has some concerns regarding the legal basis for participation of members of special intervention units belonging to the Public Security Service of the Ministry of the Interior in large-scale searches carried out inside prisons. According to Section 7 of the Public Security Service Act, the tasks of the aforementioned Service include *inter alia*: 1) suppressing riots in places of detention, group resistance to prison administration and other intentional actions grossly violating the internal order of places of detention; 2) in special and emergency cases, preventing actions that pose a threat to human life or health, property, the environment or serious violation of the internal order of the place of detention. It would appear that assisting prison staff in carrying out cell searches is not covered, at least not explicitly, by any of the two above-mentioned provisions. **The CPT would welcome the Lithuanian authorities' observations on this subject.**

44. The delegation was again struck by the extent of inter-prisoner violence at *Alytus and Marijampolė Prisons* and gained the impression that, regrettably, the situation in this respect had become even worse as compared with previous CPT's visits to these establishments. Physical violence between inmates, extortion and coercion to commit new offences (e.g. telephone scams or drug trafficking) were widespread and accepted by prisoners, not only the most vulnerable ones, as being inevitable. At *Alytus Prison*, the delegation also received a few accounts of prisoners being sexually exploited; reportedly, staff were aware of the situation and did nothing to stop it. If true, this is extremely alarming.

As previously, several major factors could be seen as contributing to the phenomenon of inter-prisoner violence: accommodation in cramped large-capacity dormitories, the existence of an informal prisoner hierarchy, the abundance of illicit drugs and smuggled mobile telephones and, last but not least, the low number of custodial staff, insufficient to ensure the safety of prisoners.[36]

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[36] See paragraph 76 below.

The above-mentioned situation led to a large number of inmates (approximately 50 at *Marijampolė Prison* and some 120 at *Alytus Prison*) refusing to be accommodated in the sections they considered as dangerous and choosing placement in a disciplinary isolation unit instead. The delegation was also very concerned to note that prisoners at *Alytus Prison* perceived self-injuring as one of the most effective ways to attract the attention of the prison's management to their problems.[37]

45. Albeit to a lesser extent, the phenomenon of inter-prisoner violence was also present at *Panevėžys Prison*, where it seemed to be mainly related to extortion (of money, food, clothes, TV sets, etc.) by some powerful inmates.

46. The Committee wishes to emphasise once again that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm. The prison authorities must act in a proactive manner to prevent violence by inmates against other inmates.

Addressing the phenomenon of inter-prisoner violence and intimidation requires that prison staff be alert to signs of trouble and both resolved and properly trained to intervene when necessary. The existence of positive relations between staff and prisoners, based on the notions of dynamic security and care, is a decisive factor in this context; this will depend in large measure on staff possessing appropriate interpersonal communication skills.[38] It is also obvious that an effective strategy to tackle inter-prisoner intimidation/violence should seek to ensure that prison staff is placed in a position to exercise their authority in an appropriate manner. Consequently, the level of staffing must be sufficient (including at night-time) to enable prison officers to supervise adequately the activities of prisoners and support each other effectively in the exercise of their tasks. Both initial and on-going training programmes for staff of all grades must address the issue of managing inter-prisoner violence.

In the light of the remarks in paragraphs 44 and 45 above, **the CPT recommends that an effective strategy to tackle inter-prisoner violence be put in place in Alytus, Marijampolė and Panevėžys Prisons; this strategy will also have to include investing far more resources in recruiting additional staff and developing staff professionalism.**

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37 A number of prisoners the delegation saw in the disciplinary isolation unit had visible scars from self-inflicted wounds.

38 See also paragraph 58 below as regards the importance of a proper regime and activities in prisons.

3. Conditions of detention

a. material conditions

47. Material conditions differed widely amongst the prisons visited by the delegation. Nevertheless, all the establishments were to varying degrees in need of refurbishment.

48. At *Alytus Prison*, one of the two main detention blocks, No. 1, was run-down and in a poor state of repair even though it had been partially renovated a few years ago. The building had dilapidated large-capacity dormitories (walls and ceilings were crumbling, floors were damaged, etc.) and the communal sanitary facilities (washbasins and toilets) were generally insalubrious. The conditions in the second block, as well as in the building for prisoners subject to the strict regime, were relatively better. However, the premises in the latter building were rather dirty; it was later ascertained that this was because inmates accommodated there (who belonged to the highest echelons of the informal prisoner hierarchy) refused to engage in any cleaning work.

49. At *Kaunas Prison*, conditions for all inmates were generally acceptable as regards the state of cleanliness, access to natural light, artificial lighting and ventilation (although ventilation was not sufficient in the cells on the third floor). However, some cells were overcrowded (even according to the national standards[39]) and in-cell toilets were not fully partitioned in all the prison.

50. At *Lukiškės Prison*, the delegation noted that material conditions were in general better than during the 2012 visit due to continuous efforts of the management to renovate parts of the prison.[40] However, a number of unrenovated cells were still dilapidated, humid and lacking adequate ventilation; proper access to daylight was problematic throughout the prison due to small windows. Despite the decrease of population, some cells were overcrowded and did not provide 4 m² of living space per inmate.

The Committee is aware of many structural and technical restrictions that impede an overall renovation of the establishment, as well as of the fact that any efforts to improve the material conditions are only meant to provide a temporary solution. It is exactly for this reason that the Committee has repeatedly encouraged the Lithuanian authorities to implement their plans to close the prison down.[41]

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39 A cell accommodating three inmates measuring approximately 10 m^2 (including a sanitary annexe) or a cell with four inmates measuring approximately 13 m^2 (including a sanitary annexe) leaving thus about 3.3 m^2 per prisoner.

40 Since 2012, renovation had been carried out in a number of cells and exercise yards, rooms for short-term visits without partition had been installed, etc.

41 See paragraph 44 of CPT/Inf (2009) 22 (http://rm.coe.int/doc/0900001680697335) and paragraph 50 of CPT/Inf (2014) 18 (http://rm.coe.int/doc/0900001680697367).

51. The entire premises of *Marijampolė Prison* were decrepit, run-down and in a poor state of cleanliness. The vast majority of prisoners were accommodated in very cramped conditions in large-capacity dormitories, which inevitably meant a lack of privacy. To try and provide at least some private space, most of the dormitories had been divided by the inmates themselves into small living areas in a makeshift manner (usually by tarpaulin sheets).[42]

52. At *Panevėžys Prison*, material conditions were overall satisfactory despite the advanced age of the buildings – the dormitories (accommodating from 10 to 25 inmates each) were clean, suitably furnished, access to natural light was generally adequate and the artificial lighting and ventilation were sufficient. However, a number of dormitories in Block No. 1 were overcrowded and did not offer 4 m² of living space per inmate.

At the time of the visit, some refurbishment work was being carried out in the establishment – the roofs, windows and sewage pipes were being replaced, the canteen was undergoing renovation and the short-term visit rooms were being repainted. The delegation was also informed about plans for construction of a new women's prison (at the outskirts of Panevėžys or near Klaipėda) which would allow closing down the current establishment.

53. In the light of the information referred to in paragraphs 48 to 52 above, **the CPT recommends that the Lithuanian authorities take steps to:**

- **reduce occupancy rates in all penitentiary establishments visited, with a view to offering a minimum of 4 m² of living space per inmate in multiple occupancy cells and dormitories (not counting the area taken up by any in-cell toilet facility); see also paragraph 38**;

- **refurbish the accommodation areas, paying particular attention to the state of the floors, the walls and the ceilings;**

- **ensure that all prisoner accommodation areas, as well as communal sanitary facilities, at Alytus and Marijampolė Prisons are maintained in a clean condition;**

- **improve ventilation in the cells at Kaunas Prison;**

- **provide all in-cell toilets with a full partition, i.e. up to the ceiling.**

More generally, **reference is made to the recommendations in paragraphs 36 and 37 above**.

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[42] The delegation noted that one of the blocks at *Marijampolė Prison* (which had previously accommodated sections Nos. 9 to 12) was closed down for renovation at the moment of the visit, in order to transform it into cell-type accommodation.

54. As during previous visits, all inmates (with the exception of female prisoners at *Panevėžys Prison* who could shower at least twice a week) complained that they were only allowed to take a shower once a week. The Committee reiterates its view that prisoners should be able to take a shower at least twice a week and more frequently if warranted by the circumstances.[43] **The CPT recommends that the Lithuanian authorities increase the frequency of showers accordingly.**

55. In all establishments visited, and at *Alytus and Marijampolė Prisons* in particular, the delegation received numerous complaints from prisoners about the poor quality and, especially, insufficient quantity of the prison food. In the two above-mentioned establishments, allegations were also heard that inmates working in the kitchen and in the canteen were stealing the food and exchanging it for drugs. Further, the delegation had serious concerns about the deplorable state of repair and level of hygiene in the kitchens of these two prisons. **The CPT recommends that the Lithuanian authorities take steps to review the quality and quantity of the food provided to inmates in all prisons visited.** Additionally**, measures should be taken, without delay, to refurbish the kitchens and to investigate the allegations of food theft at Alytus and Marijampolė Prisons.**

56. In Lithuania, sentenced women prisoners may be allowed to keep their infants in prison until the child reaches the age of 3. Such prisoners are accommodated in the mother-and-child unit, a separate building on the territory of *Panevėžys Prison*.

The unit had two playrooms, a common living room and five individual rooms of which only one was occupied at the time of the CPT's visit by a mother with a two-year old.[44] The rooms were spacious, pleasantly decorated, reasonably well kept and suitably furnished. The unit also had a kitchen, sanitary facilities and a utility room with a washing machine.

b. regime

57. The delegation noted that approximately a quarter of the sentenced prisoners in *Alytus and Marijampolė Prisons*, and more than a half in *Panevėžys*, were involved in work, general education or vocational training. However, a significant proportion of sentenced prisoners had no constructive regime and no meaningful activities; this certainly did not contribute to their rehabilitation.

Turning to the regime in remand prisons, it remained impoverished even though remand prisoners were now allowed to attend secondary education. This notwithstanding, remand prisoners continued to be locked up in their cells for up to 22-23 hours per day.

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43 See also Rule 19.4 of the European Prison Rules: "Adequate facilities shall be provided so that every prisoner may have a bath or shower, at a temperature suitable to the climate, if possible daily but at least twice a week (or more frequently if necessary) in the interest of general hygiene."

44 The other three prisoners with children under the age of three were accommodated outside the prison in a special facility funded by the Norway Grants.

58. The Committee wishes to reiterate that ensuring that sentenced prisoners are engaged in purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association) is not only an essential part of rehabilitation and re-socialisation, but it also contributes to the establishment of a more secure environment within prisons. Moreover, remand prisoners should also, as far as possible, be offered work and other structured activities.

The CPT once again calls upon the Lithuanian authorities to take decisive steps to develop programmes of activities for both sentenced and remand prisoners. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activities of a varied nature (work, education, sport, etc.) tailored to the needs of each category of prisoner (adult remand or sentenced prisoners, inmates serving life sentences, female prisoners, etc.).

59. At *Lukiškės Prison*, the delegation was informed of plans to adapt parts of the adjoining premises of the former Prison Hospital for organised activities such as work, schooling and sports. **The Committee would like to be informed whether these plans have now been implemented and if so, how many remand prisoners participate in the aforementioned activities.**

60. Despite the CPT's long-standing recommendations, remand prisoners from different cells at *Kaunas and Lukiškės Prisons* were still not allowed to associate with each other. The Committee reiterates its view that such a generalised ban on association leads to *de facto* small-group isolation with known harmful effects due to the reduction of human contact. **The Committee calls upon the Lithuanian authorities to amend the existing legislation in order to allow, as a rule, remand prisoners from different cells to associate.**[45]

61. Regarding the regime for life-sentenced prisoners accommodated at *Lukiškės Prison*, the delegation noted that there had been some progress as regards the offer of activities within their unit; further, as previously, life-sentenced prisoners were allowed to associate with each other during part of the day.[46] However, despite the Committee's long-standing recommendations[47], lifers were still being systematically segregated from the general prison population.

As the CPT has stressed in the past, it can see no justification for systematically segregating life-sentenced prisoners. Indeed, the experience in various European countries has shown that life-sentenced prisoners are not necessarily more dangerous than other prisoners; many of them have a long-term interest in a stable and conflict-free environment. Therefore, the approach to the management of life-sentenced prisoners should proceed from an individual risk and needs assessment to allow decisions concerning security, including the degree of contact with others, to be made on a case-by-case basis.

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45 Naturally, it should still be possible to separate from each other remand prisoners who are co-accused in the same criminal case.

46 The only life-sentenced female prisoner was able to associate with other women serving long sentences.

47 See *inter alia* paragraph 59 of CPT/Inf (2014)18, http://rm.coe.int/doc/0900001680697367.

The Committee calls upon the Lithuanian authorities to review the legal provisions and practice as regards life-sentenced prisoners, in the light of the above remarks. In so doing, the authorities should be guided, *inter alia*, by Recommendation Rec(2003)23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners, as well as by the CPT's standards set out in its 25th General report.[48]

4. Health care services

a. introduction

62. In Lithuania, the responsibility for health care in prisons lies primarily with the Ministry of Justice. In this context, the CPT wishes to stress that it supports, in principle, the clear policy trend that can be observed in Europe, favouring prison health-care services being placed, to a great extent or entirely, under the responsibility of the Ministry of Health.[49] In any event, the Committee is convinced that a greater participation of the Ministry of Health in this area (including as regards recruitment of health-care staff, their in-service training, evaluation of clinical practice, certification and inspection) will help to ensure optimum health care for prisoners, as well as implementation of the general principle of the equivalence of health care in prison with that in the wider community.

The CPT reiterates its recommendation that the Lithuanian authorities review the provision of prison health care, taking into consideration the above-mentioned remarks.

Further, in the light of the delegation's findings (see paragraphs 64 to 75 below), **the CPT invites the Lithuanian authorities to develop a comprehensive long-term strategy for the organisation and provision of health care in the penitentiary system.**

63. The delegation gained the overall impression that the provision of health care in the penitentiary establishments visited was rather poor and the services were not well organised. The concerns expressed by the Committee after its visit in 2012 have indeed, and most unfortunately, come to pass.[50] The delegation was informed that the Prison Hospital, which had been transferred to new premises in Pravieniškės in August 2016, was struggling to find qualified staff willing to work there. This, in turn, further reduced prisoners' access to specialist care. Moreover, the Lithuanian authorities' future plans in this respect would result in the Prison Hospital becoming the only option for outside medical care for all the prison population.

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48 See paragraphs 67 to 82 of CPT/Inf (2016) 10, http://rm.coe.int/doc/09000016806cc447.

49 See Rules 40.1 and 40.2 of the European Prison Rules and the Commentary on these Rules as well as Rule 24 (1) of the United Nations Standard Minimum Rules on the Treatment of Prisoners (Nelson Mandela Rules) and Principle 24 of the United Nations Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (A/RES/43/173). Reference is also made to a document published in 2013 by the United Nations Office on Drugs and Crime and the WHO Regional Office for Europe, entitled "Good governance for prison health in the 21st century: a policy brief on the organization of prison health", http://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf?ua=1.

50 See paragraph 63 of CPT/Inf (2014) 18, http://rm.coe.int/doc/0900001680697367.

The CPT would like to receive updated information on the health-care staff complement at the Prison Hospital and the number vacant posts (per specialty). The Committee would also like to receive the Lithuanian authorities' observations regarding the above-mentioned concerns as regards prisoners' access to outside medical care.

b. staff, treatment and facilities

64. The health-care team at *Alytus Prison*[51] comprised five doctors (including the head doctor, two half-time general practitioners, a dentist and a radiologist), a feldsher, a head nurse and 12 nurses (occupying 10.5 posts). One nurse was on duty at night and during the weekend. The post of psychiatrist had been vacant since 2003, which was acknowledged as a significant problem by the prison's management.

The health-care service at *Marijampolė Prison*[52] was staffed with two full-time general practitioners (one of whom performed the function of head doctor), a part-time dentist, a feldsher, four nurses and two part-time medical technicians. There was one nurse present during the night and on weekends. The psychiatrist's post had been vacant for years, with urgent mental health interventions being performed by the GPs.

At *Kaunas Prison*[53], there was one full-time general practitioner and three part-time doctors (a dentist, a dermatologist and a radiologist). Five nursing posts were occupied by the head nurse, two half-time nurses and another nurse occupying 1.5 posts (the post of feldsher was vacant). There was also a radiology technician and a dental technician. Nursing staff were present day and night, including on weekends.

There were no vacancies in the health-care team at *Lukiškės Prison*[54] which comprised three full-time doctors (the head doctor, an internal medicine specialist and a psychiatrist), eight half-time doctors (two general practitioners, two dentists, two dermatologists, a gynaecologist and a radiologist), the head nurse, eight full-time nurses and two medical technicians (radiology and dental). The health-care staff were present from 6 a.m. to 9 p.m. on weekdays and from 7 a.m. to 7 p.m. during weekends and holidays.

The health-care service at *Panevėžys Prison*[55] was staffed with the head doctor (working also as a general practitioner and an internal medicine specialist), four part-time doctors (a paediatrician, a general practitioner, a gynaecologist and a dentist), a feldsher, the head nurse, and four full-time nurses. There was no nursing staff present at night and on weekends.

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51 Population at the time of the visit – 1,210.
52 Population at the time of the visit – 991.
53 Population at the time of the visit – 260.
54 Population at the time of the visit – 651.
55 Population at the time of the visit – 256.

65. To sum up, the health-care staff complement in the prisons visited could be considered on the whole acceptable as regards doctors. That said, prisoners' access to general practitioners was insufficient at *Alytus and Marijampolė Prisons*.[56] Further, nursing staff complements were grossly inadequate in all the establishments visited and there was no 24-hour nursing coverage at *Lukiškės and Panevėžys Prisons.*

As for psychiatric care, the Committee is of the view that a doctor qualified in psychiatry should be attached to the health-care service of each prison.

66. **The CPT calls upon the Lithuanian authorities to take urgent steps to reinforce health-care resources in the prisons visited, by providing working conditions that are sufficiently attractive to recruit and retain staff, and in particular to:**

- **employ the equivalent of at least two additional full-time general practitioners at *Alytus Prison* and one additional full-time general practitioner at *Marijampolė Prison*;**

- **significantly reinforce nursing staff complements at *Alytus* and *Marijampolė Prisons*; efforts should also be made to reinforce nursing staff complements at *Kaunas and Lukiškės Prisons*;**

- **ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present on the premises of all prisons visited (and, more generally, all penitentiary establishments in Lithuania), including at night and on weekends**

- **urgently fill the vacant psychiatrists' posts at *Alytus and Marijampolė Prisons* and recruit a psychiatrist at *Kaunas and Panevėžys Prisons* (and other prisons where such a post is absent or vacant).**

67. As regards psychological assistance, there were psychologists at every prison visited.[57] However, the delegation again observed that psychologists had to combine two quite different functions i.e. risk assessment of prisoners and therapeutic clinical work. In the Committee's opinion, such an arrangement might hamper the establishment of trust between prisoners and psychologists. Further, from a validity point of view concerning risk assessment *per se*, there are disadvantages if therapeutic and risk assessment roles are mixed and/or performed by the same person.

The CPT recommends that the Lithuanian authorities reinforce the provision of psychological assistance in prisons and, in particular, develop, within the health-care services, the therapeutic role of psychologists. The objective should be to separate completely the risk assessment and therapeutic functions; this will require recruiting more clinical psychologists.

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[56] For example, on the first day of the delegation's visit to *Alytus Prison*, there were 111 prisoners on the waiting list to see the two GPs.

[57] Three psychologists (and one vacant post) in Alytus, two psychologists (and two vacant posts) in Marijampolė, two psychologists (and one vacant post) in Kaunas, five psychologists in Lukiškės and two psychologists in Panevėžys.

68. Health-care facilities were generally found to be satisfactory in all the establishments visited. **The Committee recommends, however, replacing the old dental equipment at *Panevėžys Prison* as a matter of priority.**

c. medical screening and confidentiality

69. In the prisons visited, procedures for medical screening on admission were on the whole satisfactory. Newly-arrived prisoners were usually examined within 24 hours after admission by a doctor or a nurse reporting to a doctor. In addition, screening for various transmissible diseases (such as tuberculosis, hepatitis C, HIV, etc.) as well as screening for depression and suicide risk was offered in a systematic manner.

The principle of confidentiality seemed to be respected – medical examinations were carried without custodial staff being present, and prisoners' medical files were accessible to health-care staff only.

70. The quality of the recording of injuries was generally rather poor in *Alytus, Kaunas* and *Marijampolė Prisons*, with descriptions limited to mentioning the type of injury (e.g. "bruise", "haematoma") but with no further detail as to the colour, morphological features, etc.[58] Further, as had been the practice observed during previous visits to Lithuania, there were usually no conclusions by the doctor as to the possible origin of injury or the consistency of the injuries with the statements made by the prisoner.

As already stressed by the Committee in the past, prison health-care services can and should make a significant contribution to the prevention of ill-treatment by police or prison staff. Any signs of violence observed when a prisoner is being medically screened on admission should be fully recorded, together with any relevant statements by the prisoner and the doctor's conclusions. The same approach should be followed whenever a prisoner is medically examined following a violent episode within the prison.

Consequently, **the CPT reiterates its long-standing recommendation that steps be taken to ensure in all prisons that:**

- **the record drawn up after the comprehensive medical examination of a newly-arrived prisoner contains (i) an account of statements made by the person concerned which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment); (ii) a full account of objective medical findings based on a thorough examination, and (iii) the health-care professional's observations, in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings; this record should take fully into account any attestation of injuries observed upon admission during the procedure of handover of custody;**

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58 The quality of the recording was somewhat better at *Lukiškės and Panevėžys Prisons.*

- **the results of every examination, including the above-mentioned statements and the health-care professional's conclusions, are made available to the prisoner and his/her lawyer;**

- **the procedure described above is also followed whenever a prisoner sustains a traumatic lesion while in prison.**

The record should also contain the results of any additional examinations performed, detailed conclusions of 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 take place in addition to the recording of injuries in the special trauma register.

Reference is also made to recommendations in paragraph 21 above,[59] which apply *mutatis mutandis*.

71. The delegation was not able to form a clear view as regards the procedure for reporting injuries to competent authorities, with the practice observed in different establishments appearing to vary according to the prison and circumstances in which the injuries were sustained. For example, at *Lukiškės Prison*, the practice seemed to be that only injuries observed on newly-arriving inmates would be reported to the prosecutor, while those sustained inside the establishment would either be reported internally (to investigators working for the Prison Department) or to the police.

The Committee recommends that steps be taken to ensure in all prisons in Lithuania 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 record is systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned.

d. drug-related issues and transmissible diseases

72. As observed on previous visits, there was a high number of registered drug users amongst prisoners, especially in *Marijampolė* and *Alytus*. Unfortunately, the situation in this respect had worsened since the 2012 visit, mainly because hardly anything had been done to put an end to the supply of drugs, reduce the demand and provide prisoners concerned with necessary assistance including harm-reduction measures (e.g. substitution therapy, syringe and needle exchange programmes) and specific psycho-socio-educational support.

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59 Regarding, in particular, the role of health-care staff during the administrative handover procedure and the training for such staff in describing injuries.

The delegation was told by both prisoners and staff (especially at *Alytus and Marijampolė Prisons* and, to a lesser extent, at *Panevėžys Prison*) that drugs entered the establishments on an almost daily basis – thrown across perimeter walls, delivered by drones, smuggled in body cavities after long-term visits or, allegedly, brought in by some prison officers. An elaborate system of drug distribution existed, supervised by informal prison leaders.

Furthermore, none of the health-care services in the prisons visited offered any special medical and psychological treatment for prisoners with drug-related problems. Methadone or other drug-substitution programmes were not available.[60]

73. The delegation noted that a "drug-free unit" had been set up at *Alytus Prison*. However, its precise role, operating procedures and admission criteria were not clear to the delegation.[61] **The CPT requests to be provided with detailed information regarding the aforementioned unit, including the admission procedure and the unit's role in providing support to prisoners with drug-related problems.**

74. In the CPT's view, treatment options for prisoners in withdrawal as well as opioid agonist maintenance should be available in prison to the same extent as in the outside community; this is also in line with the Opioid Dependence Treatment Guidelines issued by the WHO in 2009.[62]

More generally, the Committee wishes to stress that the management of drug-addicted prisoners must be varied – eliminating the supply of drugs into prisons, dealing with drug abuse through identifying and engaging drug misusers, providing them with treatment options and ensuring that there is appropriate through care, developing standards, monitoring and research on drug issues, and the provision of staff training and development – and linked to a proper national prevention policy. It goes without saying that health-care staff must play a key role in drawing up, implementing and monitoring the programmes concerned and must co-operate closely with the other (psycho-socio-educational) staff involved.

The CPT urges the Lithuanian authorities to develop a comprehensive strategy for the provision of assistance to prisoners with drug-related problems (as part of a wider national drugs strategy), in the light of the above remarks.

75. Despite the Committee's earlier recommendation, a multidisciplinary programme for the prevention of transmissible diseases in prison (in particular, hepatitis C and HIV) has still not been developed. There were HIV-positive inmates in some of the prisons visited[63] and, at *Alytus Prison*, the delegation noted with concern that there had been 21 new cases originating from within the establishment since January 2015.[64]

As regards TB, inmates found to be TB-positive were swiftly transferred to the Prison Hospital.

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60 Unlike in some of the police arrest houses visited, see paragraph 22.

61 Reportedly, the drug-free unit was run by a non-governmental organisation whose representatives were deciding on which inmates could be admitted to the unit.

62 See http://apps.who.int/iris/bitstream/10665/43948/1/9789241547543_eng.pdf.

63 For example, 24 at *Lukiškės Prison* and 182 at *Alytus Prison*.

64 Approximately 200 inmates at *Alytus Prison* were also hepatitis C-positive.

The CPT calls upon the Lithuanian authorities to devise and implement, as a matter of priority, a strategy for the prevention and treatment of transmissible diseases in prisons, with particular attention being paid to *Alytus Prison*.

5. Other issues

a. prison staff

76. Staffing levels were generally too low in the prisons visited. This was at least partially due to modest staff salaries.[65]

For example, at the time of the visit, there were only 192 custodial officers[66] at *Alytus Prison* (accommodating 1,210 inmates) and 165 at *Marijampolė Prison* (population: 991). In both prisons, there were only some 15 custodial officers present at night. It is noteworthy in this context that inmates were not locked in their dormitories during the night and that custodial staff checked the situation in the accommodation area only once during their night shift. Unsurprisingly, many inmates told the delegation that the night time was used by prisoners to make and receive telephone calls using their (prohibited) mobile phones, consume self-made alcohol or take drugs, and intimidate and/or physically assault more vulnerable fellow inmates.

The situation was somewhat better in the other prisons visited but even at *Lukiškės Prison*, with a relatively generous staff complement,[67] there were no more than 36 custodial officers present at any given shift. Further, there were numerous vacancies for custodial officers at the aforementioned establishment and at *Kaunas and Panevėžys Prisons.*

The CPT calls upon the Lithuanian authorities to take urgent steps to increase both custodial staff levels and presence at *Alytus and Marijampolė Prisons.* Similar efforts should be made in the other establishments visited (and, as applicable, in other Lithuanian prisons) in order to ensure that there is an adequate presence of staff at all times; for this, a recruitment strategy should be developed based on proper funding and enhanced conditions of service, including attractive salaries. Further, **the Committee recommends that efforts be stepped up to fill all the vacant posts, especially as regards custodial staff.**

77. As during previous visits, the delegation observed that custodial staff at *Alytus, Lukiškės and Marijampolė Prisons* worked on 24-hour shifts followed by 3 days off. The CPT can only reiterate its opinion that such a shift pattern has an inevitable negative effect on professional standards; no-one can perform in a satisfactory manner the difficult tasks expected of a prison officer for such a length of time. **The Committee calls upon the Lithuanian authorities to discontinue this practice.**

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65 The delegation was informed that the starting salary of a junior custodial officer was the equivalent of approximately 450 EUR.

66 I.e. only one custodial staff more than during the visit in 2012.

67 366 posts for the population of 651.

b. contact with the outside world

78. The CPT welcomes recent (June 2015) amendments to the Enforcement of Detention Act which have granted remand prisoners the right to receive short-term visits[68] and to make telephone calls[69] unless there is a written instruction to the contrary from the prosecutor or the criminal court dealing with the case.[70]

The Committee also takes note of the amendments to the Criminal Code (in force as from April 2016) that entitle prisoners subjected to strict regime to one short-term visit every 4 months (previously prisoners subjected to strict regime were not entitled to receive any short-term visits).[71]

However, the CPT wishes to stress that the present visiting entitlements for sentenced prisoners are still not sufficient for safeguarding prisoners' relationships with their families and friends. In this regard it should be recalled that the Committee considers that, as a minimum, all prisoners should be entitled to the equivalent of at least one hour of visiting time per week. **The CPT recommends that the Lithuanian authorities amend the relevant legislation accordingly.**

79. Furthermore, the Committee has serious misgivings regarding the amendments to the Criminal Code according to which long-term visits are now only allowed with a spouse, a partner or a person who has a child with the prisoner concerned. The issue was a matter of great concern for all sentenced prisoners interviewed by the delegation but most of all by female prisoners whose opportunities to see their children were now limited to short-term visits only.[72] **The CPT recommends that the Lithuanian authorities take steps to remedy this *lacuna*.**

80. The delegation noted that the above-mentioned amendments of the Criminal Code had not resulted in any changes to visiting arrangements, i.e. short-term visits as a rule still took place in premises that did not allow any physical contact between inmates and their visitors (except for additional short-term visits that could be granted to a prisoner as a reward).

While acknowledging that it may be necessary for certain inmates to be subjected, for a given period of time, to restrictions concerning the manner in which visits take place, the Committee is of the opinion that visits prohibiting any physical contact should be an exception and only applied in individual cases where there is a clear security concern.

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68 The number of visits (each no longer than three hours) is not limited.

69 As regards access to a telephone (and correspondence) in general, the delegation did not have an impression that it was a particular problem at any of the prisons visited.

70 Such an instruction can be issued only in order to prevent any other criminal acts, to protect the rights and freedoms of other persons and/or to avoid jeopardising the pre-trial investigation. The administration of the remand prison and the prisoner concerned should be informed of the duration of such a restriction, the persons in respect of whom it is applied and other circumstances leading to such a restriction.

71 For prisoners on lenient regime, the entitlement is two short-term (3 hours) and two long-term (24 hours) visits every 2 months; for prisoners on ordinary regime - one short-term and one long-term visit every 2 months; for prisoners on strict regime - one short-term visit every 4 months (none previously).

72 It is also noteworthy that such limitations run contrary to the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ("Bangkok Rules"), especially Rule 26 which reads: "Women prisoners' contact with their families, including their children, and their children's guardians and legal representatives shall be encouraged and facilitated by all reasonable means."

The CPT recommends that the Lithuanian authorities take measures to ensure that all remand and sentenced prisoners are able to receive visits under reasonably open conditions, except when there is a specific and clear security concern.

c. discipline and security

81. As regards the rules on placement in disciplinary punishment cells, the relevant provisions had remained unchanged i.e. the maximum period of placement was 10 days for remand prisoners and 15 days for sentenced prisoners. The delegation gathered no evidence which would suggest excessive recourse to the above-mentioned sanction at any of the establishments visited, although placements were relatively frequent at *Panevėžys Prison.*[73]

82. That said, the CPT has concerns about some aspects of the disciplinary procedure: inmates were not systematically heard prior to the imposition of sanction, access to legal assistance was purely theoretical and prisoners were not allowed to call witnesses. **The Committee recommends that these deficiencies be remedied.**

83. Further, at *Panevėžys Prison*, the delegation observed the practice of the doctor certifying that an inmate was fit for punishment prior to a decision on placement in a disciplinary punishment cell.

The CPT has repeatedly stressed that obliging prison doctors to certify that prisoners are fit to undergo punishment is scarcely likely to promote a positive doctor-patient relationship; moreover, it is unethical. Medical personnel should never participate in any part of the decision-making process resulting in any type of solitary confinement, except where the measure is applied for medical reasons.[74] **The Committee recommends that this practice be discontinued.**

84. The disciplinary unit in *Panevėžys Prison* was undergoing renovation at the time of the visit. The cells in use (accommodating three prisoners at the time) were clean and in a satisfactory state of repair. The recently renovated disciplinary cells at *Lukiškės Prison* offered acceptable conditions (they measured 8 m² and were clean, well lit and ventilated, and adequately equipped) although in-cell toilets were only partially screened. On this issue, **reference is made to the recommendation in paragraph 53 above.**

By contrast, material conditions were unacceptable in several of the disciplinary cells at *Alytus and Marijampolė Prisons*. The cells were dilapidated and filthy, dark, and lacked efficient ventilation. Further, some of the single disciplinary cells at *Marijampolė Prison* measured only 4 m^2 and were too narrow (less than 2 metres between the walls). **The CPT calls upon the Lithuanian authorities to take immediate steps to remedy the above-mentioned deficiencies at *Alytus and Marijampolė Prisons*.**

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73 126 placements between 1 January and 12 September 2016.

74 See also the 21st General Report on the CPT's activities (CPT/Inf (2011) 28, http://rm.coe.int/doc/09000016806cccc6), paragraphs 62 and 63.

In this context, **any cells measuring less than 6 m² should either be withdrawn from service or enlarged and it should be ensured that cells are sufficiently wide (at least two metres between opposite walls).**

85. Despite the CPT's repeated earlier recommendations, the regime for prisoners placed in disciplinary cells had improved only very slightly i.e. they were now allowed daily outdoor exercise (one hour) and access to reading matter. However, they were still denied visits and telephone calls. **The Committee calls upon the Lithuanian authorities to remedy the above failings.**

86. The delegation noted that penitentiary establishments had recently been supplied with restraint beds (with 8-point belt fixation) located in designated separate cells; however, the extent to which these beds were used varied in each establishment visited (for example, the beds had not yet been used in *Alytus and Marijampolė*).

In the absence of written instructions on the use of restraint beds issued at the Ministerial level, the use of these beds in *Lukiškės, Panevėžys and Kaunas Prisons* was left at the discretion of local management and staff and appeared to be not in conformity with the CPT's standards. In particular, decisions were taken by custodial staff, there was no limitation as to the duration of restraint (e.g. cases of restraint lasting up to 15 hours were noted at *Lukiškės Prison*), no continuous direct supervision and no proper recording. In a few cases, inmates at the last-mentioned establishment had had to comply with the needs of nature while being restrained and attached to the bed; this could be considered as degrading treatment and is, therefore, totally unacceptable.

In the light of the above observations, **the CPT calls upon the Lithuanian authorities to stop using restraint beds in prisons. Agitated inmates who pose a serious danger to themselves or to others could be temporarily isolated in a calming down cell until they restore behavioural control, only as a last resort when all other reasonable options (such as talking to the inmates in question) have failed to satisfactorily contain these risks. If the inmate does not calm down, he/she should be transferred to a suitable health-care facility, given that restraint beds should not be used in a non-medical setting.**

C. Psychiatric establishments

1. Preliminary remarks

87. The CPT's delegation carried out a follow-up visit to Rokiškis Psychiatric Hospital and visited, for the first time, Vilnius Mental Health Centre.

Rokiškis Psychiatric Hospital had previously been visited in 2008.[75] It is the only psychiatric establishment in Lithuania for forensic patients (those subject to compulsory medical treatment ordered by a criminal court). In addition, the hospital provides treatment to civil psychiatric patients (both voluntary and involuntary) and also has an occupation and rehabilitation centre serving both in- and out-patients. With an official capacity of 440 beds,[76] the hospital was accommodating 325 forensic patients[77] (including 39 women and a male juvenile aged 17) and 49 civil involuntary patients (both men and women) at the time of the visit. In addition, there were some 60 voluntary civil patients in the general psychiatry unit serving the needs of the population of Rokiškis and the surrounding region. The main diagnosis among forensic patients was schizophrenia in its various forms; according to the Director, persons with learning disabilities only stayed in the hospital for short periods and were transferred to social care homes.

Vilnius Mental Health Centre is located in a hilly and leafy district (Antakalnis) close to the city's historical centre. Composed of several buildings (the oldest dating back to late 1920s, the most recent to the 1980s) spread over a large territory, it has 168 in-patient beds, 140 day-care places and an outpatient clinic catering for the needs of the capital's population. The delegation's focus was on the closed wards for men and women (each with a capacity of 35 beds, and with a total combined population of 61 patients at the time of the visit[78]) and the mixed-gender psycho-geriatric ward with 23 beds. The delegation was informed that patients, 80% of whom came from the Vilnius region, would usually stay on the closed wards for between two weeks and four months, the average being 25 days for men and 31 days for women; that said, hospitalisation periods were much longer for elderly patients in the psycho-geriatric ward. As for the diagnoses, they comprised mainly various types of schizophrenia as well as affective disorders (including severe depression) and different forms of dementia (mainly as concerns the elderly patients). Only a few of the patients were formally involuntary[79] although the three wards visited were locked all the time (see also paragraph 107).

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75 See paragraphs 92, 97 to 103, 106 – 107, 109 to 111, 114 and 117 to 132 of CPT/Inf (2014) 18, http://rm.coe.int/doc/0900001680697367.

76 Spread among five accommodation buildings: women, juveniles, low-security forensic patients (and patients with an additional somatic pathology) in Building A (80 beds); maximum and medium security units for male forensic patients in Building B (80 beds); two buildings (C and D) for male forensic patients on low security regime (each with 80 beds); and Building E (120 beds) for male forensic patients on low security regime and civil patients (both voluntary and involuntary).

77 The average stay of such patients was (according to the data compiled at the end of 2015) 119 days in the maximum security unit (in Building B), 285 days in medium security units and 1,200 days in low security units, but some patients had spent up to 16 – 20 years in the establishment (albeit usually with interruptions, patients having been meanwhile accommodated in general psychiatric hospitals, social care homes or even at their homes).

78 29 female and 32 male patients.

79 Four women and two men, none of whom accommodated on the psycho-geriatric ward.

88. There had been no significant changes to the legislative framework governing both civil involuntary and forensic psychiatric hospitalisation and treatment since the 2008 visit[80] and thus most (if not all) recommendations made by the CPT after that visit remain unimplemented.[81]

At the outset of the 2016 visit, senior officials from the Ministry of Health provided the delegation with updated information on the draft new Mental Health Act which, as the delegation was told would, once adopted, permit to implement the bulk of the above-mentioned recommendations.[82] At the time of the visit, the draft (or rather its newest version) was still undergoing expert review (including an assessment by the WHO) and it was planned, once the review completed, to submit it for inter-agency consultations, following which it would be sent to the Seimas (Parliament).

While welcoming the above-mentioned efforts by the Lithuanian authorities to improve the legal framework for involuntary psychiatric hospitalisation and treatment, the Committee must note that progress remains painfully slow, given that it refers to *lacunae* that have, in part, already been described by the Committee in its report on the 2004 visit. Having this in mind, **the CPT calls upon the Lithuanian authorities to speed up the pace of legislative reform and ensure that the new Mental Health Act enters into force as soon as possible.**

89. The delegation was also informed about ongoing efforts to reform and modernise the psychiatry sector, with the number of large in-patient establishments being reduced, providing more beds and services at primary level (112 primary mental health services have been established in the period from 1996 to 2015) and hiring more multi-disciplinary staff (adult, adolescent and child psychiatrists, clinical psychologists, addictologists, social workers and other staff qualified to provide psycho-social rehabilitation). Using EU funds, 40 new day-care centres and 5 crisis centres were set up, thus furthering the objective of de-institutionalisation and community care. In the light of the information the delegation received at Rokiškis Psychiatric Hospital[83] and, to a lesser extent, at Vilnius Mental Health Centre,[84] **the Committee can only encourage the Lithuanian authorities to pursue these efforts, also in the context of the country's obligations stemming from the UN Convention on the Rights of Persons with Disabilities.[85]**

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80 See detailed description of these provisions in paragraph 94 of the report on the 2008 visit (CPT/Inf (2014) 18, http://rm.coe.int/doc/0900001680697367) and paragraphs 115 and 129 of the report on the 2004 visit, http://rm.coe.int/doc/0900001680697333).

81 See, in particular, paragraphs 120, 121 and 129 of the report on the 2008 visit (http://rm.coe.int/doc/0900001680697335) and paragraphs 98 and 101 of the report on the 2012 visit (http://rm.coe.int/doc/0900001680697367). Further details in paragraphs 108 to 109 below.

82 Among others, the latest version of the draft contained an enlarged catalogue of patients' rights in the context of involuntary hospitalisation (e.g. right to choose a person of trust, not necessarily a lawyer, to help and represent the patient; right to informed consent to treatment including for incompetent patients; right to seek a second opinion by a psychiatrist independent from the hospital; right to complain against the placement to an outside authority, etc.), required the patient's presence during court hearings (unless the patient's condition prevented him/her from being brought to the court, in which case it would be the judge's obligation to come to the hospital) and reinforced the protection of incompetent patients whose placement by decision of the guardian would require confirmation by court within three days.

83 Where there were patients who no longer required hospitalisation but whose release had been refused by court because of the lack of available places in appropriate outside structures such as social homes.

84 Where some patients had had to wait for several months before obtaining a place in a social home (or another outside structure).

85 Ratified by Lithuania on 18 August 2010.

2. Ill-treatment

90. Most of the patients interviewed by the delegation in both establishments visited spoke positively about the staff, especially the doctors and nurses.

However, a few recent allegations were received at *Vilnius Mental Health Centre* according to which one of the nursing assistants (orderlies) working on the closed male ward occasionally punched patients in the toilet and the smoking room (where there was no CCTV coverage),[86] as well as in the context of restraint episodes.[87] The establishment's Director stated that he was aware of the problem and assured the delegation that adequate steps were being taken to address it.[88] While welcoming this, **the CPT recommends that continued vigilance be exercised in this respect. In particular, all staff at Vilnius Mental Health Centre (especially the orderlies) should be reminded at regular and frequent intervals that any form of ill-treatment of patients, whether physical or verbal, is totally unacceptable and will be punished adequately.[89]**

As for *Rokiškis Psychiatric Hospital*, the delegation received no complaints of physical ill-treatment by staff and only some allegations of sporadic verbally rude attitude of certain orderlies. **The Committee invites the Hospital's management to remind all the staff that they should treat patients in a polite and respectful manner.**

91. Inter-patient violence was recognised as a problem by the management and staff in both psychiatric establishments visited,[90] but the delegation gained the impression that such episodes were responded to swiftly and appropriately.[91] The CPT welcomes this.

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86 CCTV was installed in communal areas (except for toilets and showers) and in observation rooms.

87 See also paragraph 104 below.

88 E.g. after a similar incident 6 months prior to the visit (when an orderly had punched a patient), the staff member concerned received an official reprimand and was transferred to another ward. Previously, according to the Director, some orderlies had been released from their duties after having punched a patient being restrained.

89 See also paragraph 104 below.

90 According to doctors with whom the delegation spoke at *Vilnius Mental Health Centre*, physical confrontations between patients occurred 2 – 3 times per year on the closed wards, with verbal altercations being more frequent.

91 E.g. at *Rokiškis Psychiatric Hospital*, patients would be separated from each other and temporarily placed in observation rooms – not as a form of punishment but as a security measure.

3. Living conditions

a. follow-up visit to Rokiškis Psychiatric Hospital

92. The delegation was impressed by the high standard of refurbishment in all the buildings of Rokiškis Psychiatric Hospital, representing indeed a huge improvement as compared with the situation observed during the 2008 visit.[92] All rooms were bright and airy, adequately furnished (beds with full bedding, bedside tables, a desk, shelves, a wardrobe, a washbasin, TV and radio sets[93]), and in a very good state of repair and cleanliness.[94] Patients were able to keep their personal belongings in centralised lockers on each ward, to which they could have access on request.[95] Conditions in the communal sanitary facilities (toilets and showers)[96] were also very good. That said, several patients told the delegation that access to the shower was only granted once a week;[97] **the CPT recommends that steps be taken to ensure that all patients have unrestricted access to a shower**.

93. Further, conditions in some of the patient accommodation (especially in the rooms for 4 – 5 patients, measuring some 25 m²) were rather cramped.[98] Moreover, patients in Building B (i.e. forensic patients on maximum and medium security regime) continued to spend the bulk of their time (in fact, at times more than 23 hours per day) locked up in their rooms.[99]

In this context, the Committee must stress once again that there should be a move away from the current policy of keeping patients locked up in their rooms; this should be accompanied by further development of recreational, psychosocial and occupational therapeutic activities (see paragraph 99 below). **The CPT reiterates its recommendation that steps be taken at Rokiškis Psychiatric Hospital to progressively abolish lock-up periods during the day for patients in maximum and medium security units.**

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92 See the description of living conditions in paragraphs 97 to 101 of the report on the 2008 visit (http://rm.coe.int/doc/0900001680697335). The renovation programme had been completed some 2 months before the CPT's visit. It is worth mentioning that the establishment's Director assured the delegation that the Hospital faced no budgetary problems, and added that the daily budget per forensic patient was the equivalent of 41,50 EUR.

93 One TV set (possibly also a DVD player) and one radio set was permitted per room. These were patients' own sets and not every room was equipped with them.

94 It should also be mentioned as a positive point that the additional inner doors in patients' rooms in Building B (in the form of metal bars) had been removed, in line with the CPT's recommendation made after the 2008 visit.

95 Patients in Building E could keep personal items in their rooms, in small lockers to which they had the keys.

96 On those wards where patients were locked in their rooms (especially in Building B) the rooms were fitted with (fully partitioned) in-cell toilets.

97 Although other patients said that it was possible to take a shower more often on request.

98 Most rooms were for two or three patients and measured 12 to 18 m², whilst Building D also possessed a few larger rooms (for up to 8 patients).

99 The main differences between security regimes were as follows: patients in the maximum security unit were locked in their rooms and had to be accompanied (1:1) each time they left the rooms including during outdoor exercise (which took place room by room) and any activities; those in medium security were also locked in their rooms but had one staff member per group of 5 – 6 patients as well as more activities and some group association; those in low security units could move freely during the day within the unit and adjoining exercise areas.

The Committee also invites the Lithuanian authorities to seek ways to provide more living space for patients accommodated in larger rooms, e.g. by ensuring a more even allocation throughout the available accommodation.

94. Almost all patients interviewed by the delegation complained about the poor quality and insufficient quantity of the food provided at the Hospital. The delegation raised this issue with the Director who promised to discuss it with the catering company. **The CPT would like to be informed of the outcome of these discussions.**

95. The delegation also noted that the privacy of female patients in Building A was not protected sufficiently. In particular, male patients from other units could observe female patients in their rooms (as the windows had no privacy screens) and during outdoor exercise. Some of the women interviewed by the delegation felt uncomfortable about this situation. **The Committee recommends that steps be taken to address this problem.**

b. Vilnius Mental Health Centre

96. Living conditions were relatively poor on the closed wards of Vilnius Mental Health Centre, located in old and dilapidated buildings.[100] Patients lived in austere, impersonal and rather cramped dormitories (for five to nine patients each, measuring from approximately 25 m² to some 50 m², and equipped with beds with bedding and some lockers) offering no privacy (especially in the observation rooms); further, the delegation noted that many male patients walked the whole day in pyjamas. Communal toilets and showers (to which access was not restricted) were also run down though clean and in a working order.

On the positive side, all dormitories were well lit and ventilated and patients had access, during the day, to common TV and dining rooms which offered acceptable conditions. Conditions in the psycho-geriatric ward were somewhat better than in the closed male and female wards, in that rooms were smaller (for two to five patients); further, the ward was equipped with adapted toilets and bathrooms and, despite the presence of several incontinent patients, the rooms and the ward in general were impeccably clean.[101]

It is also noteworthy that all interviewed patients praised the food, which was said to be varied, tasty and sufficient in quantity.

97. The delegation was informed by the Centre's Director of the existence of well-advanced plans for new purpose-built premises[102] for the closed and psycho-geriatric wards (with sufficient space for activities).[103]

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100 By contrast with the open wards, which had recently been thoroughly refurbished using EU funds.

101 The delegation was told that there were no problems with the supply of diapers and washable mattresses and bed sheets.

102 Reportedly, the new premises would have accommodation based on smaller rooms (measuring 18 m² each) for one or two patients, with en-suite toilets and showers.

103 The plan was to sell the old buildings to a private investor and use the proceeds to construct new premises. All the relevant procedures were reportedly completed and the Director hoped the sale and subsequent construction could go ahead in the course of 2017.

In the light the delegation's findings, **the CPT recommends that the Lithuanian authorities implement these plans as a matter of priority. Pending this, efforts should be made to offer a more congenial and personalised surroundings for patients. To the extent this is economically justified, some redecoration of the existing premises should be carried out.** Further, **male patients on the closed ward should be encouraged to wear their own clothes during the day or be provided with appropriate non-uniform garments.**

4. Treatment

98. Psycho-pharmacotherapy appeared adequate (including newer generation drugs) in both psychiatric establishments visited and the delegation saw no signs of overmedication. The range, access to and quality of somatic treatments appeared adequate too.

99. Despite the existence of individual treatment and rehabilitation plans (reviewed at regular intervals)[104] and some elements of multi-disciplinary team work,[105] patients on both closed wards in Vilnius and those on maximum and medium security units in Rokiškis were not sufficiently involved in psycho-social rehabilitation activities;[106] further, clinical psychologists were mainly engaged in risk assessment and evaluation, and only occasionally in some treatment.[107]

This was particularly regrettable as both hospitals possessed impressive and generally well-staffed (see paragraph 101 below) occupation and rehabilitation centres. The ones at Rokiškis offered activities such as woodwork, sewing, weaving, cooking, gardening, computer classes, music, art, theatre, sports, life skills training, etc. Some patients (essentially those on low security) benefited from vocational training (builder, caretaker, leader work). However, only a few patients from the maximum and medium security units attended activities in the occupation and rehabilitation centres. In practice, all that most of them had at their disposal was a limited (once or twice per week) access to the gym, table tennis (according to a schedule), reading, watching TV/DVD, listening to the radio and playing board games.

The CPT recommends that efforts be made to involve more patients on closed wards at Vilnius Mental Health Centre and those on maximum and medium security units at Rokiškis Psychiatric Hospital in psycho-social rehabilitation activities, in the light of the above remarks. As regards, more specifically, the latter establishment, more focus is required on needs assessment and on reducing the risk to society posed by forensic patients.

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104 At least every six months (in Rokiškis the initial review was after 2 – 3 months). There were also individual nursing plans (in Vilnius) and individual plans of social work (in Rokiškis).

105 Including psychiatrists, psychologists and social workers. However, psychologists appeared less involved, especially in Vilnius – there were for example no notes by them in patients' medical files seen by the delegation.

106 E.g. only one female patient from the closed ward (and no male) attended such activities when the delegation visited Vilnius Mental Health Centre.

107 At Vilnius Mental Health Centre, patients' access to activities also depended on the level of supervision (irrespective of their legal status): level 1 (upon arrival, and always the default level for involuntary patients) with patients being confined to the observation room (adjoining the nurses' office and with a window permitting ongoing supervision); level 2 (patients free to move inside the ward); level 3 (patients free to move inside the hospital grounds but only if accompanied by staff or visiting relatives); level 4: patients free to move around the territory of the hospital and allowed to go to town provided they informed the staff beforehand and returned within the agreed time.

In this context, **the Committee recommends that the Lithuanian authorities take steps to separate completely the risk assessment and therapeutic functions of the psychologists.**

Further, **long-term patients should be involved in more activities preparing them for independent life or return to their families, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-image. As far as possible, this should happen in coordination with the existing community care structures.**

Admittedly, space for any ward-based activities (i.e. inside the accommodation building) was scarce on the closed male and female wards in Vilnius. In this respect, **reference is made to paragraph 97 above**.

100. Further, access to outdoor exercise[108] was clearly inadequate at Building B of *Rokiškis Psychiatric Hospital* (where patients could reportedly only go to the exercise yards for 50 to 75 minutes per day)[109] and the delegation gained the impression that patients from the female closed ward at *Vilnius Mental Health Centre*, too, could benefit from more access to the outdoor yard.[110] **The Committee recommends that all patients (female and male) in both establishments benefit in fact from unrestricted access to outdoor exercise during the day unless treatment activities require them to be present on the ward.**

5. Staff

101. The staffing was, in principle, sufficient in terms of numbers and available specialities in both establishments visited.[111] However, as already mentioned in paragraph 100 above, **staff should be encouraged to engage more with the patients on closed wards at Vilnius Mental Health Centre and those on maximum and medium security units at Rokiškis Psychiatric Hospital, and stimulate them to participate in psycho-social rehabilitation activities.**

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108 Every building had at least one own secure outdoor exercise area which was spacious and well equipped (including some sports equipment, benches and shelters against inclement weather). There were also smaller indoor gyms with exercise equipment on the wards.

109 The Hospital's Director initially told the delegation that outdoor exercise was offered for 4 hours per day in the summer and 2 hours per day in the winter, but most of the interviewed patients said it was more like 15 – 25 minutes twice or three times per day.

110 The yard being at the ground level (adjacent to the male ward) and in principle freely accessible throughout the day, it tended to be "monopolised" by male patients and some women felt uncomfortable using it at the same time as the males.

111 Vilnius Mental Health Centre employed 42 doctors (including 35 psychiatrists, GPs and several somatic specialists such as neurologists), 88 nurses and 65 orderlies. In addition, the psycho-social rehabilitation team included 25 clinical psychologists, six work therapists, a physiotherapist, a music therapist, an art therapist and four social workers. All worked full time but most were involved in work on open and outpatient wards. At night and on weekends, there was one duty doctor and ward-based staff present, e.g. a nurse and two orderlies on the closed male ward (32 patients at the time of the visit). During day time, each closed ward could have up to three doctors and four nurses. As for Rokiškis Psychiatric Hospital, it employed 24 full-time doctors including 15 psychiatrists and several somatic doctors (GPs, a specialist in internal diseases, a specialist in infectious diseases, a dermatologist, a dentist, two radiologists), 146 full-time nurses and 178 full-time orderlies. Other therapeutic staff included nine clinical psychologists (there were also six vacant posts), 25 work therapists and teachers, and five social workers. At night (i.e. after 4 p.m.) and on weekends, there was one duty doctor and ward-based staff (two or three nurses and two or three orderlies per floor). Staffing was reinforced in Building B (six nurses and six orderlies).

Further, in order to implement fully the CPT's recommendation in paragraph 100 above, **employing more qualified staff may well be necessary in both establishments visited.**

102. The Director of *Rokiškis Psychiatric Hospital* was concerned that many of his doctors were of relatively advanced age (some were already in their 70s) and thus likely to retire in the near future. The delegation also observed (especially at *Vilnius Mental Health Centre*) that a lot of the nurses and orderlies were obviously close to their retirement age. **The Committee invites the Lithuanian authorities to reflect upon ways to address this problem by creating conditions that would render work at Rokiškis Psychiatric Hospital and Vilnius Mental Health Centre more attractive to younger health-care staff. Efforts should also be made to fill the vacant posts of clinical psychologists in Rokiškis.**

103. Both establishments had contracts with private companies to ensure general security. In exceptional cases, doctors could ask security guards to enter the premises and assist nurses and orderlies in restraining particularly violent and/or agitated patients; in such situations, the guards would act exclusively upon instructions of health-care staff.

The CPT has no concerns as regards the manner in which the private security guards operated at *Rokiškis Psychiatric Hospital* and *Vilnius Mental Health Centre* (and no complaints regarding them were heard from any of the interviewed patients). Having said that, **the Committee wishes to reiterate its view that, as a matter of principle, means of restraint should only be applied by adequately trained health-care staff** (see also paragraph 104 below).

6. Means of restraint

104. Seclusion was not practiced in either of the psychiatric establishments visited. As for mechanical restraint (i.e. fixation to a bed with magnetic belts),[112] it was each time accompanied by the administration of tranquillising medication[113] (chemical restraint[114]) and was not resorted to excessively.[115] Its application was always ordered by a doctor and limited to 2 hours at a time.[116] At *Rokiškis Psychiatric Hospital*, health-care staff (nurses and orderlies) received every 6 months training (by trainers coming from outside) on de-escalation, coping with aggression and restraint techniques; however, no such regular specialised training was apparently provided at *Vilnius Mental Health Centre*, especially as regards orderlies.

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112 Staff at Vilnius Mental Health Centre also sometimes resorted to "semi-fixation" i.e. applying a vest allowing to use one's hands but not to walk fast or run.

113 Usually (at least in Vilnius) olanzapine or midazolam by injection.

114 That said, Directors and doctors at both establishments did not use the term "chemical restraint" and were of the view that the use of medication in the context of restraint episodes was a part of therapeutic process for each patient concerned.

115 E.g. on the male closed ward in Vilnius, once-twice per month. More frequently in Building B at Rokiškis although, in practice, this only concerned a small group of patients (up to five) who were restrained frequently (one of them 25 times since 2012) but for a brief period (usually up to an hour).

116 There were written internal guidelines for the use of restraints in both establishments.

The CPT is concerned by the non-implementation of some of its long-standing recommendations on the resort to means of restraint: in particular, there were still no dedicated restraint registers[117] (instances of chemical restraint were not recorded at all) and restraint continued to be applied in full view of other patients.[118]

The Committee must reiterate its view that means of restraint are security measures which should not be considered as having any therapeutic basis. Mechanical restraint should only be carried out in a separate room and out of view of other patients, and be coupled with a continuous, direct and personal supervision by a designated member of staff (which is not always the case at present).[119] The CPT would also like to stress that, as a rule, the task of restraining patients should be performed by adequately trained health-care staff.[120]

105. **The CPT thus reiterates its recommendation that the current practice with respect means of restraint be amended (at Rokiškis Psychiatric Hospital, Vilnius Mental Health Centre and, as applicable, in all other psychiatric establishments in Lithuania) so as to ensure that:**

- **all types of restraint and the criteria for their use are regulated by law;**

- **every instance of recourse to means of mechanical or chemical restraint is recorded in a *dedicated register* as well as in the patient's file. The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the means and/or medication used, the name of the doctor who ordered or approved it, the names of the staff who participated in the application of the restraint measure, and an account of any injuries sustained by patients or staff. This will greatly facilitate both the management of such incidents and oversight into the extent of their occurrence;**

- **restraint is always performed by duly trained health-care staff;**

- **patients subjected to mechanical restraint are not medicated without consent, except in situations where they may be in danger of suffering serious health consequences if medication is not administered;**

- **whenever a patient is subject to restraint, a qualified health-care staff member is *continuously present* in order to regularly record the patient's situation, maintain the therapeutic alliance and provide assistance. Such assistance may include escorting the patient to a toilet facility or helping him/her to drink/consume food. Contact is to be maintained in an appropriate way aiming at de-escalating the situation and discontinuing the measure. Video surveillance cannot replace such a continuous staff presence;**

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117 Restraint was only recorded (including the time at which the measure was applied and terminated, the name of the doctor ordering it, the reason for restraining the patient, and a description of what happened during the restraining procedure) in the patient's medical file.

118 Restrained patients were placed in observation rooms (equipped with large windows) which were occasionally shared with patients who were not fixated. See also paragraph 96 above.

119 Instead, nurses were checking on restrained patients every 15 to 30 minutes.

120 See paragraphs 90 and 103 above.

- **restrained patients are *not exposed to other patients*, unless they explicitly express a wish to remain in the company of certain fellow patients;**

- **a *debriefing* with the patient takes place at the end of the application of any means of restraint.[121]**

The Committee invites the Ministry of Health to issue such rules in the form of nationwide guidelines for all psychiatric establishments, pending the adoption of the new Mental Health Act;[122] at present, this is left to every establishment's own initiative and the coherence of such rules and adequate supervision of their implementation cannot be ensured.

7. Safeguards in the context of involuntary hospitalisation

106. In the reports on previous visits,[123] the CPT had made a number of specific recommendations concerning the legal safeguards surrounding involuntary psychiatric hospitalisation and treatment. Regrettably, given the virtual absence of changes in the legal framework (and the implementation practice which, as a rule, followed the existing rules), the findings made by the delegation during the 2016 visit suggest that most of those recommendations have remained unimplemented.

The main issues of the CPT's concern are as follows: the patients' presence during court review hearings remains highly exceptional in practice,[124] there is (in practice) no involvement of external psychiatric expertise[125] and no effective legal assistance,[126] and (in the case of civil involuntary patients) consent to treatment is not always sought separately from consent to hospitalisation.[127]

As already mentioned in paragraph 88 above, all these issues are supposed to be addressed in the new Mental Health Act; **reference is thus made to the recommendation in paragraph 88 above.**

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121 This debriefing will provide an opportunity for the doctor to explain the need for the measure and thus help relieve uncertainty about its rationale. For the patient, such debriefing provides an occasion to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour. Although Directors and doctors with whom the delegation spoke were adamant that such debriefing took place in both establishments, not all the interviewed patients confirmed it.

122 The delegation was told at the Ministry of Health that the new Mental Health Act would contain such detailed provisions, thus eliminating the *lacunae* of the existing law. See also paragraph 88 above.

123 See paragraph 88 above.

124 It was said to happen sometimes at Rokiškis Psychiatric Hospital (where most of the patients interviewed confirmed having been at least offered the possibility to be taken to court, unless the doctors considered them to be too sick for this) but hardly ever at Vilnius Mental Health Centre; furthermore, judges never came to either of the establishments.

125 Judges were not required to (and in practice hardly ever did) seek an opinion from a psychiatrist outside the establishment concerned during involuntary placement procedures.

126 *Ex officio* lawyers rarely met patients at the establishments, and their participation in court hearings appeared to be a mere formality in most cases.

127 Though patients interviewed at Rokiškis generally knew their diagnosis and what medication they were receiving. It is also noteworthy that, at Vilnius Mental Health Centre, the management had taken the initiative to request civil involuntary patients to sign twice, to confirm their consent to hospitalisation and (separately) treatment, using two separate standard entries with the following texts: "I was explained my diagnosis, treatment plan and my rights" and "I agree to being treated in this hospital".

107. As indicated in paragraph 87, at the time of the visit to *Vilnius Mental Health Centre*, only six patients were formally considered as involuntary. However, from interviews with staff and patients, it became apparent that a number of "voluntary" patients were in fact not free to leave the hospital premises on their own and were thus *de facto* deprived of their liberty and of the benefit of any of the safeguards which accompany the initial involuntary placement procedure. All patients on the closed wards and on the psycho-geriatric ward were being accommodated in locked units and were only allowed to leave the building when accompanied by staff (or, sometimes, relatives).[128]

As the Committee has made clear in the reports on its previous visits, if it is considered that a given patient, who has been voluntarily admitted and who expresses a wish to leave the hospital, still requires in-patient care, then the involuntary civil placement procedure provided by the law should be fully applied.

The CPT calls upon the Lithuanian authorities to review the legal status of patients at Vilnius Mental Health Centre, in the light of the above remarks.

108. On the positive side, in both establishments visited patients had adequate opportunities to maintain contact with their families and friends (there were no restrictions on visits, which took place in pleasant dedicated facilities,[129] and patients could make telephone calls[130] using their own mobile telephones, office or pay phones), and were provided with some information on the establishments' routines and their rights, including the right to complain to an outside authority.[131] Having said that, it appeared that the complaints procedure at *Vilnius Mental Health Centre* prevented patients from sending confidential written complaints.[132] **The CPT would welcome the Lithuanian authorities' clarification of this point.**

As regards independent monitoring, see paragraph 7 above.[133]

109. Unlike in the case of the rules on involuntary hospitalisation (and treatment), there had been some changes in the legal framework concerning guardianship. In particular, new provisions in the Civil Code and the Code of Civil Procedure[134] require courts to be more specific and proportional when deciding on legal incapacity of persons with mental disorders, so as to avoid full incapacity as much as possible. Further, the new procedure foresees annual review of incapacitation decisions (first by municipal commissions, then by court) and grants fully incapacitated persons the right to request review once a year (and for those partially incapacitated, any time).

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128 Some of them told the delegation that they did not wish to stay at the establishment any longer, but felt prevented from leaving.

129 At least at Rokiškis. In Vilnius, visits took place either in the common room or, security regime permitting, in the outside yard or in the surrounding park.

130 Save in exceptional cases when access to a telephone was restricted by doctor's order due to the history of previous abuse of this right by the patient, in which case there were detailed rules to regulate it (any restriction had to be decided by the doctor, specific as to duration and numbers concerned, explained to the patient and recorded in his/her medical file).

131 Including to the Seimas Ombudsmen. Patients interviewed by the delegation were generally aware of these procedures and, according to the information provided by the Directors, were making frequent use of them.

132 Patients submitted such complaints in an open form to the doctors on the ward, and the latter screened and filed them before transmitting them further to the addressee.

133 The last NPM visit at Rokiškis Psychiatric Hospital was said to have taken place in June 2016, but the Director at Vilnius Mental Health Centre could not remember a visit in recent years although he did say that he was in frequent written contact with the Ombudsmen's Office following patients' individual complaints.

134 In force as from 1 January 2016.

While welcoming these positive legislative developments, the Committee regrets to note the persisting practice (as observed in both psychiatric establishments visited) of Directors being appointed as guardians for incompetent patients. It should be stressed in this context that one aspect of the role of a guardian is to defend, if necessary, the rights of incapacitated patients vis-à-vis the hosting institution. Obviously, granting guardianship to the staff of the very same institution may easily lead to a conflict of interest and compromise the independence and impartiality of the guardian. **The CPT calls upon the Lithuanian authorities to find alternative solutions which would better guarantee the independence and impartiality of guardians.**

At the outset of the visit, the delegation was informed of the ongoing review of all incapacitation decisions for persons placed in psychiatric (and social care) institutions. **The Committee would like to be informed of the outcome of this review and, in particular, whether it has resulted in a change of legal status for any of the persons currently accommodated at Rokiškis Psychiatric Hospital and Vilnius Mental Health Centre.**

D. Social care establishments

1. Preliminary remarks

110. The delegation visited, for the first time, Suvalkijos Social Care Home (hereafter – Social Care Home), an establishment under the responsibility of the Ministry of Social Security and Labour. The Social Care Home, located in the village of Katiliškiai on the outskirts of the town of Marijampolė, comprises two residential buildings of two levels each (the original building and a newer one opened in 2003) and an administrative/technical building, outdoor sports and recreation areas, workshops, as well as laundry and kitchen facilities.

Opened in 1945 as a home for physically disabled persons, the establishment was transformed into a social care home in 1979. Since then it has served mainly as a long-term care establishment for adult residents (male and female) who have learning disabilities of medium to serious degree, often combined with various mental disorders[135] and, sometimes, physical disabilities. With an official capacity of 211, at the time of the visit, the Social Care Home was accommodating 208 adults (120 males and 88 females) aged from 18 to 85.[136]

2. Ill-treatment

111. No allegations of physical ill-treatment of residents by staff were received at Suvalkijos Social Care Home. On the contrary, staff appeared to be polite, respectful, committed and dedicated to providing residents with the best possible care. Further, inter-resident violence did not appear to be a major problem and whenever such incidents occurred, staff intervened promptly and professionally.

3. Residents' living conditions

112. Living conditions at the Social Care Home were mostly very good, especially in the newer building where residents' rooms were spacious, well-lit and ventilated, properly furnished (beds with full bedding, lockers, tables, chairs, wardrobes, TV sets, etc.), clean and pleasantly decorated. Residents were accommodated in units of two rooms (for two or three persons each) with a shared bathroom comprising a toilet, a washbasin and a shower. In addition there were communal bathrooms on each floor, equipped with baths adapted for persons with limited mobility. Bedridden residents were provided with special beds and mattresses; further, their rooms (located on the ground level) were equipped with call bells.

Each level had a few well-equipped recreation rooms where residents could associate, watch TV, play board games and cook meals. Notice boards on the walls of the recreation rooms contained *inter alia* information on house rules, daily menus, suggestions for future activities and trips.

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135 The establishment's Director told the delegation that many residents suffered from psycho-neurological diseases such as cerebral paralysis with organic depression, different forms of schizophrenia, mood disorders, dementia, etc.

136 Three other residents were temporarily hospitalised in a psychiatric hospital at the time of the visit.

113. That said, the older accommodation building could benefit from some refurbishment. Indeed, the delegation saw signs of dilapidation, both in residents' rooms (equipped with old furniture) and in the dark corridors; more generally, the atmosphere was not as home-like as in the newer building. **The CPT recommends that the Lithuanian authorities improve living conditions in the older accommodation building, in the light of the above remarks.**

4. Staff and care of residents

114. The staff of the Social Care Home comprised *inter alia* a general practitioner who examined all newly-arrived residents within 24 hours and also attended on demand.[137] The establishment also employed a physiotherapist, eight full-time nurses and 14 assistant nurses. As regards multi-disciplinary clinical staff, there was one occupational therapist, ten social workers and 41 social worker assistants.

The delegation noted that the day shift was sufficient for the establishment's needs as it comprised a senior nurse, two nurses, six nurse assistants and several social worker assistants. By contrast, the night shift (from 3.30 p.m. to 8.00 a.m.) comprised only one nurse, a nurse assistant and two social worker assistants. In the Committee's view, such a presence of health-care staff is inadequate for over 200 of often needy and highly dependent residents, spread across two quite distant accommodation buildings. **The CPT trusts that the Lithuanian authorities will review night-time staff presence at Suvalkijos Social Care Home, in the light of these remarks.**

115. Overall though, the care provided to the residents appeared to be adequate to their needs and health conditions. Every resident had an individual care plan, which was established after a detailed assessment, and regularly reviewed. At least once per year, the resident's care and treatment was evaluated by a social worker, an allocated nurse and a psychiatrist (see paragraph 117 below).

116. Efforts were being made to involve as many residents as possible in occupational and rehabilitative activities – there were several workshops for music, drama, carving, handicrafts, art, ceramics, a room with computers connected to the internet, and a small gym.[138]

All residents whose state of health permitted it were free to move around the establishment and had access to outdoor areas during the day; assistance was provided to residents in wheelchairs and other residents with physical impairments so that they could benefit from the open air.

117. Psychiatric care was provided by a part-time psychiatrist occupying the equivalent of a quarter of a full-time post. Bearing in mind that (with the exception of eight to ten residents diagnosed with Down's syndrome) approximately 200 residents suffered from serious mental disorders[139] and were receiving psychotropic medication, this level of input is too low. **The Committee recommends that steps be taken to increase the presence of a psychiatrist at Suvalkijos Social Care Home.**

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137 Residents were screened for TB; further, gynaecological screening and mammograms were arranged annually for female residents.

138 On the day of the visit, the delegation saw a group of residents returning from a bicycle trip.

139 See paragraph 110 above.

5. Means of restraint

118. As regards mechanical restraint[140] (fixation), according to the establishment's internal guidelines, a doctor or a nurse could take the decision to restrain a resident to prevent him/her from falling, to protect the physical treatments applied (IV drips, catheters, etc.) or to calm down an agitated resident. The resident could be restrained on a bed in his/her room or in an intensive observation room with a glass safety door (and, thus, in full view of other residents) using four-point magnetic belts, but for no longer than four hours at a time.

The above-mentioned guidelines did not require continuous and direct observation by the health-care staff, apart from the need to check the resident's blood pressure every 15 minutes and reassess the necessity for restraint every two hours. Further, in the absence of a dedicated register, instances of fixation were recorded in the residents' personal files only.

119. The CPT understands that, on occasion, there may be a need to restrain residents to protect them or others and, exceptionally, to resort to instruments of mechanical restraint. However, it is essential that all types of restraint and the criteria for their use are regulated by law, and that the restraint of residents be the subject of a clearly-defined and detailed policy.

Resort to mechanical restraint will only very rarely be justified and must always be either expressly ordered by a doctor or immediately brought to the attention of a doctor with a view to seeking his/her approval. If, exceptionally, recourse is had to instruments of mechanical restraint, they should be removed at the earliest opportunity. Every immobilised resident should, at all times, have his/her mental and physical state continuously and directly monitored by an identified member of the health-care staff, who can offer immediate human contact to the person concerned, reduce his/her anxiety, communicate with the individual and rapidly respond, including to the individual's personal needs. Further, mechanical restraint should be applied exclusively by care staff (nurses or orderlies) and should never take place in the presence of other residents unless the resident explicitly expresses a wish to remain in the company of a certain fellow residents.

The adoption of a policy on the use of restraints should be accompanied by practical training, which must involve all staff concerned (doctors, nurses, assistant nurses, etc.) and be regularly updated. Residents should also be duly informed of the establishment's restraint policy as well as the existing complaints mechanisms in this respect. Further, every instance of restraint of a resident should be recorded in a specific register established for this purpose (as well as in the resident's file).

The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by residents or staff. This will greatly facilitate both the management of such incidents and an oversight as to the frequency of their occurrence.

The Committee recommends that steps be taken at Suvalkijos Social Care Home (and, as appropriate, in other social care institutions in Lithuania) to ensure that means of restraint are applied in strict compliance with the requirements set out in this paragraph.

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140 Chemical restraint was not used at the establishment.

120. Resort to seclusion appeared to be rare (four cases since 2012) and its use was well recorded in the dedicated register and complied with internal written instructions. Seclusion was only decided by the psychiatrist or – in his absence – by a nurse who would immediately report to a doctor. The resident placed in seclusion in the intensive observation room had to be able to see and hear health-care staff.

Conditions in the dedicated intensive observation rooms (one in each building), where the maximum period of placement authorised by the instruction was 8 hours, were satisfactory. Measuring some 6 m² and equipped with a bed, the rooms were clean, well lit and ventilated. However, there were no in-room toilets.

The CPT recommends that steps be taken to ensure that residents placed in intensive observation rooms at Suvalkijos Social Care Home have ready access to a proper toilet facility at all times. Further, as regards general safeguards relating to seclusion, reference is made to the precepts enumerated in paragraph 105 above, which apply *mutatis mutandis*.

6. Safeguards

121. The Lithuanian legislation does not provide for an involuntary placement procedure in a social care establishment. Residents are thus supposed to be admitted upon their own application or that of their guardian, by decision of the competent municipality. An agreement, valid for an indefinite period, is then signed between the applicant and the social care establishment. Consequently, legally speaking, all residents at Suvalkijos Social Care Home were considered to be voluntary.

However, according to the Social Welfare Standards approved by Order No. A1-46 of the Minister of Social Security and Labour of 20 February 2007, a legally competent person may permanently leave a social care home on his/her own free will only once the administration of the social care home makes sure that the person will be provided with adequate living conditions and services in the community and that he/she will be able to live on his/her own. In order to do this, 3 months prior to the departure of a resident, the social care home requests the municipality to initiate the drafting of a plan on the resident's social adaptation (re-adaptation) within the community; the establishment is supposed to be actively involved in the drafting and implementation of that plan, in order to ascertain that discharged residents have a place and means for them to live in the community. Pending the implementation of the above-mentioned plan, the residents concerned are *de facto* deprived of their liberty.

122. Specific reference should also be made to the situation of residents deprived of their legal capacity. As noted above, such persons can be admitted to a social care establishment solely on the basis of the application of their guardian; however, they are considered as "voluntary" residents even when they expressly oppose such a placement. Further, according to the current legislation, residents who are legally incapacitated (fully or partially) are only allowed to leave the social care establishment permanently if they stay with their guardian appointed by court.

In the Committee's view, placing legally incompetent persons in a specialised establishment based on the request of the guardian must be surrounded by appropriate safeguards. In particular, the persons concerned should have the right to bring proceedings by which the lawfulness of their placement can be decided speedily by a court. It is also crucial that the need for placement be regularly reviewed and that this review afford the same guarantees as those surrounding the placement procedure.

123. In the light of the remarks in paragraphs 121 and 122 above, **the CPT recommends that the relevant legislation be amended so as to introduce appropriate safeguards for persons placed in social care establishments in Lithuania. In particular, steps should be taken to ensure that:**

- **residents of social care establishments have the effective right to bring proceedings to have the lawfulness of their placement decided by a court, that they are duly informed of this right, and that in this context, they enjoy the rights to a lawyer and to be heard by the judge concerned;**

- **the need for continued placement of legally incompetent persons is automatically reviewed by a court at regular intervals or residents themselves are able to request at reasonable intervals that the necessity for continued placement be considered by a judicial authority.**

124. Further, the Committee wishes to raise once again the issue of guardianship arrangements in social care establishments. At Suvalkijos Social Care Home, 48 of the 82 residents deprived of their legal capacity were placed under the establishment's guardianship. The CPT must reiterate its view that granting guardianship to the very same establishment in which the resident concerned is accommodated may easily lead to a conflict of interest. **The Committee calls upon the Lithuanian authorities to search for alternative solutions which would better guarantee the independence and impartiality of guardians.**[141]

125. The existing arrangements for contact with the outside world were generally satisfactory at Suvalkijos Social Care Home. Residents were able to send and receive correspondence, had access to a telephone and internet, and could receive visits without limitations. The CPT welcomes this.

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141 See also paragraph 109 above.

APPENDIX

LIST OF NATIONAL AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS

A. National authorities

Ministry of the Interior

Tomas ŽILINSKAS	Minister
Artūras NORKEVIČIUS	Deputy Minister
Darius VASARIS	Head of Public Security and Public Order Unit of the Public Security Policy Department

Police Department under the Ministry of the Interior

Saulius GAGAS	Head of Public Police Board
Rolandas ŠTAUPAS	Chief Investigator of Public Police Board

State Border Guard Service under the Ministry of the Interior

Antanas MONTVYDAS	Deputy Commander
Aleksandras KISLOVAS	Head of the Foreigners Registration Centre

Ministry of Justice

Paulius GRICIŪNAS	Deputy Minister
Vainius ŠARMAVIČIUS	Advisor to the Minister of Justice
Simona MESONIENĖ	Director of the Administrative and Criminal Justice Department
Marius RAKŠTELIS	Head of Penitentiary and Probation System Unit of the Administrative and Criminal Justice Department
Tauras RUTKŪNAS	Advisor of Penitentiary and Probation System Unit of the Administrative and Criminal Justice Department

Prison Department under the Ministry of Justice

Živilė MIKĖNAITĖ	Director
Donatas MATUIZA	Deputy Director
Antanas LAURINĖNAS	Advisor to the Director

Ministry of Health

Jūratė SABALIENĖ	Deputy Minister
Arūnas GERMANAVIČIUS	Adviser to the Minister of Health
Ona DAVIDONIENĖ	Director of the State Mental Health Centre
Romalda BARANAUSKIENĖ	Deputy Director of the Personal Health Care Department

Ministry of Social Security and Labour

Algirdas ŠEŠELGIS	Deputy Minister
Violeta TOLEIKIENĖ	Director of Social Inclusion Department
Daina URBONAITIENĖ	Director of the Family and Communities Department
Dainora BERNACKIENĖ	Head of Children Unit, Family and Communities Department
Daiva BUIVYDAITĖ	Head of Social Services Division, Social Inclusion Department
Eglė ČAPLIKIENĖ	Head of Equal Opportunities Unit, Social Inclusion Department
Darius PAULIUKONIS	Head of Social Care Institutions Division, Social Inclusion Department

Office of the Prosecutor General

Evaldas PAŠILIS	Prosecutor General

Office of the Seimas Ombudsmen

Augustinas NORMANTAS	Seimas Ombudsman, Head of the Office
Raimondas ŠUKYS	Seimas Ombudsman
Kristina BRAZEVIČ	Adviser of Human Rights Unit
Deimantė KARUŽIENĖ	Adviser of Human Rights Unit

B. Non-governmental organisations

Mental Health Perspectives
Human Rights Monitoring Institute