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REPORT ON MENTAL HEALTHCARE ISSUES IN THE PENITENTIARY INSTITUTIONS OF THE REPUBLIC OF ARMENIA

Within the framework of the Project

"Strengthening the health care and human rights protection in prisons in Armenia" funded by the European Union and the Council of Europe and implemented by the Council of Europe

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Contents

List of Abbreviations

CoE	Council of Europe
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
ECtHR	European Court on Human Rights
MoJ	Ministry of Justice
MoH	Ministry of Health
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Summary

This Report on mental healthcare issues in the penitentiary institutions of the RA is carried out within the Project "Strengthening health care and human rights protection in prisons in Armenia".

The findings and recommendations of the Report are the result of an assessment on mental healthcare in prisons in Republic of Armenia which included desk analysis of the available materials (reports, research/study assessment results, official information, lists, local legal and policy documents), comparative analysis of national legislation and international standards and on site visits to penitentiary institutions.

The first medical examination with the aim to identify prisoners with mental health problems upon admission is not ensured in the majority of the prisons. Out of 12 prisons in RA only two benefit from a regular psychiatrist's presence. None of the prisons employs clinical psychologist. The treatment offered to inmates suffering from mental disorders is mainly based on pharmacotherapy, namely the therapeutic, rehabilitative and recreational activities are not carried out. Prisoners in need of in-patient care are transferred to hospital facility with significant delay. The situation is even worse for juveniles and female prisoners in need of in-patient treatment due to lack of accommodation in the *"Prisoners' Hospital"*. No additional steps are taken to help life-sentenced prisoners to overcome a range of psychological problems that they might experience during imprisonment.

The *"Prisoners' Hospital"* does not provide a therapeutic environment. There is no multidisciplinary staff and the individual treatment plans adapted to individual needs of patients are not made.

In the *"Nubarashen Psychiatric Hospital"* the staff is not trained how to handle patients who display auto and hetero-aggressive tendencies. Moreover, the use of means of restraint is not properly stipulated in the corresponding law.

The national and international consultants are very grateful to all those who supported their work and hope that the recommendations made will serve the beneficiary in strengthening mental health care in penitentiary institutions.

Methodology

The assessment team consists of one international and one national consultant. The national consultant conducted on site the visits and prepared the draft, while the international expert studied the best practices and international standards in regard with the raised issues.

The assessment methodology includes: direct observations of the penitentiary institutions; private interviews with inmates with mental health problems; review of the available materials (reports, research/study assessment results, official information, lists, local legal and policy documents), comparative analysis of national legislation and international standards.

Introduction

This Report aims to reveal the main concerns in the mental health care system of the penitentiary institutions of the Republic of Armenia. It is based on reviewing the current practice and national legislative framework regarding mental healthcare in the penitentiary institutions of Armenia (Penitentiary Code of Armenia, Internal Regulation of Correctional Institutions, Law on Psychiatric Assistance of RA, relevant bylaws, etc.), identifying shortcomings and gaps in the relevant legislative regulations and analyzing their compliance with the European Standards.

Within the framework of drafting the Report targeted visits were conducted to:

- the *"Prisoners' Hospital"* penitentiary institution (special institution for inmates with health care problems which has a psychiatric ward),
- the *"Abovyan"* penitentiary institution (institution for women and juvenile),
- the *"Kosh"* penitentiary institution,
- the *"Hrazdan"* penitentiary institution,
- the inpatient forensic psychiatric ward and the special type compulsory treatment ward of *"Nubarashen Psychiatric Hospital"*.

The Report does not claim to address all issues related to ensuring proper mental

healthcare in the penitentiary institutions of Armenia; the obtained information is limited with visits to the above mentioned institutions and is based on interviewing inmates and reviewing their medical records.

Staff

There are 12 penitentiary institutions in Armenia. Access to mental health services (permanent or contracted psychiatrists) is provided in *"Artik"* and *"Nubarashen"* penitentiary institutions.

Armenia has one specialized penitentiary institution for inmates who need in-patient treatment: the *"Prisoners' Hospital"*. At the time of the visit (April 25, 2017) the Psychiatric Ward was accommodating19 patients. According to the staff, the Ward usually accommodates 30-40 patients.

According to the staff list of Psychiatric Ward of *"Prisoners' Hospital"*, it should be consisted of the Head of the Ward, full time employed psychiatrist, one senior specialist, psychiatrist working on contract basis, 2 nurses and 3 orderlies.

However, in reality, the staffing level was inadequate. The position of Senior Specialist was vacant; one of the nurses was engaged in the night duty medical team working in shifts and was responsible for the care of patients placed in other wards; one of the orderlies works only in the daytime and performs the senior nurse duties (registration and provision of medicine), while another orderly worked in the pharmacy and had no relation to the Psychiatric Ward.

During night time there are no medical personnel neither security guards in the Psychiatric Ward. The night duty is carried out by night duty medical team, which includes a doctor and two nurses, who visit the Ward upon need base. They are responsible for the whole Hospital and do not have psychiatric education or adequate training on mental health related issues.

Based on abovementioned, it can be stated that in fact the patients in the Psychiatric Ward do not get proper care due to the lack of professional staff.

At the time of the visit on 25 May 2017, the *"Abovyan"* penitentiary institution was accommodating six female patients, who were diagnosed with mental disorders and were receiving psychiatric treatment. In the above mentioned penitentiary institution there is no position of psychiatrist. But it appears that the Head of the Medical Service has previous specialization in psychiatry and is responsible for the care of all prisoners with mental health problems. Their treatment is exclusively conducted within the prison.

The medical department of *"Kosh"* penitentiary institution is equipped with 6 rooms. Each room is dedicated for accommodation of 2-4 patients. During the visit there were 6 patients in the medical department and one of them had a diagnosis of mental disorder. For 5 of them medical documentation was properly filled, while in case of an inmate with mental health problem there was no written medical history due to the lack of a competent specialist.

There are around 300 inmates registered in the dispensary list, 32 of which have mental disorders, but there is no psychiatrist in the medical staff. *"Kosh"* is an example of the current situation of mental health care services in the penitentiary institutions of Armenia and the staffing level status is similar to the remaining institutions.

Concerns about the lack of medical staff rose during the comparative study of the staff and inmates who need psychiatric treatment and care. The lack of staff leads to the practice, when in a number of penitentiary institutions the treatment of inmates with psychiatric illnesses is carried out through telephone consultations with psychiatrist. A psychiatrist is only occasionally called in and regularly visits take place only once in 6 months, in the frame of the visit of the *"Medical Working Commission"*.

In this regard it must be noted, that according to the paragraph 41 of the 3rd General Report on activities of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) covering the period 1 January to 31 December 1992, *in comparison with the general population, there is a high incidence of psychiatric symptoms among prisoners. Consequently, a doctor qualified in psychiatry should be attached to the health care service of each prison, and some of the nurses employed there should have had training in this field. The provision of medical and nursing staff, as well as the layout of prisons,*

should be such as to enable regular pharmacological, psychotherapeutic and occupational therapy programmes to be carried out.

In its visit report on Turkey the CPT has stressed, that *untreated psychiatric illness in a prison setting leads to ad hoc measures which may easily constitute inhuman and degrading treatment and recommended to provide specialist care within prisons for the prisoners with psychiatric disorders by assigning a psychiatrist to make regular consultations (Report to the Turkish Government on the visit to Turkey carried out by the CPT from 16 to 29 March 2004, paragraph 83).*

Paragraph 5 of the CoE Committee of Ministers Recommendation R (98) 7 on the Ethical and Organizational Aspects of Health Care in Prison, *emphasizes the necessity to secure the access to psychiatric consultation and counseling. There should be a psychiatric team in larger penal institutions. If this is not available as in the smaller establishments, consultations should be assured by a psychiatrist, practicing in hospital or in private. Health policy in custody should be integrated into, and compatible with, national health policy. A prison health care service should be able to provide medical, psychiatric and dental treatment and to implement programmes of hygiene and preventive medicine in conditions comparable to those enjoyed by the general public (paragraph 10).*

In the visit report to Armenia of 2016 the CPT delegation observed that *there were problems with inmates' access to psychiatric care, while all prisons visited accommodated prisoners – including lifers – with a psychiatric diagnosis and clearly in need of such care. There were no resident psychiatrists at Armavir and Vanadzor prisons, and visits by outside consultants appeared to be at best sporadic (Report to the Armenian Government on the visit to Armenia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 5 to 15 October 2015, paragraph 87).*

Therefore, taking into account the abovementioned statements, it is crucial for the Armenian authorities to take all necessary steps in order to provide the access of inmates with mental health problem to proper and regular psychiatric treatment: in particular, adding

psychiatric staff in penitentiary institutions taking into account the number of such patients, or by securing regular visits by psychiatrists.

The presence of clinical psychologist is recommended to be also ensured.

The non-medical staff who works on every day basis with the inmates with mental health problems should have specific trainings in mental health issues. This can have a positive impact upon the quality of care which can be delivered to patients, but also can play an important role in identifying any signs of psychological disorders and the risk of suicide or self-harm.

Screening on admission

According to the Rule 30 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules[1]) a physician or other qualified health-care professionals, whether or not they are required to report to the physician, shall see, talk with and examine every prisoner as soon as possible following his or her admission and thereafter as necessary. Particular attention shall be paid, among others, to identifying any signs of psychological or other stress brought on by the fact of imprisonment, including, but not limited to, the risk of suicide or self-harm and withdrawal symptoms resulting from the use of drugs, medication or alcohol; and undertaking all appropriate individualized measures or treatment.

Neither the Armenian legislation nor the practice ensures the psychological screening on admission. **Therefore, it is highly recommended to provide the legislative and practical application of the mental health condition screening on admission as it has an important role to play in suicide prevention;** performed properly, it should assist in identifying those at risk and relieve some of the anxiety experienced by all newly arrived prisoners. It will also help to identify the health-care needs of inmates and take all necessary measures for their further treatment.

[1] General Assembly resolution 70/175, annex, adopted on 17 December 2015.

Treatment and care of inmates with mental disorders

In regard to the proper treatment it must be mentioned that according to the international standards, prisoners with mental health needs, who do not need in-patient treatment, should be offered full range of different services within a prison where they are deprived of their liberty. Handbook on prisoners with special needs of the United Nations Office on Drugs and Crime (UNODC) of 2009 prescribes that *effective mental health care services, providing individualized care, require the expertise of a range of mental health professionals, including psychiatrists, psychologists, counselors, nurses and occupational therapists*[2].

It is highly important to mention that the case law of the European Court of Human Rights (ECtHR) gives grounds to state, that continued detention without appropriate medical supervision can constitute inhuman and degrading treatment in violation of Article 3 of the Convention for the Protection of Human Rights and Fundamental Freedoms *(see, among others, Rivière v. France Judgment of 11 July 2006, Application number 33834/03)*.

In regard with the quality of the treatment, is must be mentioned that the average duration of the treatment in Psychiatric Ward of the *"Prisoners' Hospital"* penitentiary institution is 90-130 days, but in some cases it can be up to one year. The effectiveness of treatment is estimated by doctors to be at low level due to the lack of new generation medicines and the absence of multidisciplinary staff. In particular, the penitentiary institutions are not properly equipped with new generation atypical antipsychotics and antidepressant medication.

However, proper treatment should not be based exclusively on pharmacological therapy. It should involve a wide range of therapeutic, rehabilitative and recreational activities, including the access to appropriate medication.

Moreover, Psychiatric treatment should be based on an individualized approach, which implies the drawing up of a treatment plan for each patient (taking into account the special needs of acute, long-term and forensic patients including, with respect to the last-mentioned, the need to reduce any risk they may pose), indicating the goals of treatment, the therapeutic

[2] https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf, page 22.

means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication.

Psychologists visit the Psychiatric Ward only in case of emergency or in case of complaints of inmates.

In some cases, patients with mental disorders are appended on other patients regarding activities such as taking showers, feeding etc. The situation is the same in other penitentiary institutions, where the prisoners with mental disorders were looked after by cellmates who do not acquire the necessary knowledge and skills.

Inmates with mental health problems in *"Kosh"*, as well as in other penitentiary institutions are being kept with the other prisoners in general accommodation. If it is necessary, they are being isolated in the medical department or being transported to the specialized ward of the *"Prisoners' Hospital"* penitentiary institution. In some cases, the transfers are conducted with significant delays.

The treatment in penitentiary institutions consists exclusively of pharmacotherapy, while any kind of purposeful activities for the mentally disturbed prisoners are lacking. Other methods of treatment as art therapy, psychotherapy, etc. are not applying.

Often, inmates with mental disorders refuse to use medication prescribed by a psychiatrist. For example, in *"Kosh"* penitentiary institution most of the patients refused haloperidol and phenothiazine medications, arguing that they make them feel worse as they are using them for a long time and there is no periodic control by the psychiatrist. In some cases, this can lead to the aggravation of the disease.

Based on aforementioned, it is highly recommended to take steps in order to ensure that all inmates with mental health problems are getting adequate care.

The prompt transfer of inmates who require in-patient psychiatric treatment to appropriate hospital facilities should be carried on.

It is duty of the State to provide proper care to persons deprived of their liberty. The current provision could be described as lack of therapeutic care.

Fellow inmates should not be involved in the duties of care.

Regarding compulsory medical treatment, if the patient refuses medical assistance within 72 hours the penitentiary institution calls the Penitentiary Service Psychiatric Commission consisting of 3 psychiatrists. Based on the decision of the Commission an application is submitted to the court for compulsory treatment. Within the last year, there was no application submitted to the court for applying such treatment.

It is important to recognize the difference between involuntary medical treatment and chemical restraint measures. The purpose of involuntary medication must always be to improve the patients' mental disorder. Prisoners in need of involuntary medical treatment should be transferred to hospital facility and all necessary safeguards should be respected when applied.

Treatment of vulnerable inmates with mental disorders

It should be noted that in terms of legal regulations and practical applicability in penitentiary institutions of Armenia the special needs of vulnerable inmates with mental health problems (women, minors, persons sentenced to life imprisonment) are not taken into account.

Moreover, staff working with juveniles is not specialized into child and adolescent mental health.

Transfer of juveniles and female prisoners in need of in-patient treatment to the Hospital is not possible due to absence of proper accommodation for female and juveniles.

Life-sentenced prisoners are often isolated in the prisons and no additional activities are offered to them.

The CPT pays special attention to the specific medical needs of juveniles deprived of their liberty. *It is particularly important that the health-care service offered to juveniles constitutes an integrated part of a multidisciplinary (medico-psycho-social) programme of care. This implies*

inter alia that there should be close coordination between the work of an establishment's health care team (doctors, nurses, psychologists, etc.) and that of other professionals (including social workers and teachers) who have regular contact with inmates. The goal should be to ensure that the health care delivered to juveniles deprived of their liberty forms part of a seamless web of support and therapy. It is also desirable that the content of a programme of care be set out in writing and made available to all members of staff who may be called upon to participate in it (Report to the Maltese Government on the visit to Malta carried out by the CPT from 19 to 26 May 2008, paragraph 148).

Women deprived of their liberty constitute a group with distinctive needs, biological as well as gender-specific. Due to significantly different proportions in numbers, there is a risk that gender-specific needs of female prisoners will be disregarded. However, it is important that a number of factors is taken into account when dealing with women offenders, including sexual/physical abuse or domestic violence they might have suffered before the imprisonment, a high level of mental health-care needs, a high level of drug or alcohol dependency, specific health-care needs of women, their caring responsibilities for their children and/or their families, and the high likelihood of post-release victimization and abandonment by their families (Report to the Government of Ireland on the visit to Ireland carried out by the CPT from 16 to 26 September 2014, paragraph 86).

Life-sentenced (long-term prisoner) may experience a range of psychological problems (including loss of self-esteem and impairment of social skills) and have a tendency to become increasingly detached from society. The prisoners concerned should have access to a wide range of purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association). Additional steps should be taken to lend meaning to their period of imprisonment; in particular, the provision of individualized custody plans and appropriate psychological and social support are important elements in assisting such prisoners.(Report to the Albanian Government on the visit to Albania carried out by the CPT from 23 May to 3 June 2005, paragraph 100).

Taking into account the above mentioned it is highly recommended to take the necessary steps towards addressing the specific needs of vulnerable inmates with mental disorders

through introducing tailor-made programmes, in the light of the above mentioned international standards.

The prompt transfer to hospital facility of female and juvenile prisoners who are in need of in-patient treatment should be ensured.

Young persons with mental health problems should be treated by psychiatrists and psychologists specializing in child and adolescent mental health (Report to the Government of Ireland on the visit to Ireland carried out by the CPT from 2 to 13 October 2006, paragraph 69).

Conditions of detention for prisoners with mental health problems

Neither the Penitentiary Code of RA, nor the RA Government Resolution number 1543-N of 3 August 2006 on *"Approving the internal regulations of the detention facilities and correctional institutions of the Penitentiary Service of the Ministry of Justice"* provide special requirements for keeping inmates with mental health problems.

It is important to mention that insufficient material conditions and lack of meaningful activities in the penitentiary institutions of Armenia, have been raised in the Annual Report of the Human Rights Defender of the Republic of Armenia as National Preventive Mechanism[3].

The World Health Organization (WHO/Europe, Prisons and health, 2014) states that *poor prison conditions, overcrowding, inadequate ventilation, heat and lack of stimulation can have an adverse affect on the mental well-being of all prisoners and exacerbate existing mental disabilities. All prisoners, but especially those with mental health care needs should therefore be housed in an environment that is conducive to mental well-being.*

The CPT stresses that *the standard of accommodation is central to the quality of life within a prison. More particularly, cells should offer sufficient living space for the prisoners they are used to accommodate, should benefit from good access to natural light and ventilation, and should be equipped with adequate artificial lighting and heating. Sanitary arrangements should permit inmates to comply with the needs of nature when necessary in clean and decent*

[3] http://www.ombuds.am/resources/ombudsman/uploads/files/publications/107efea7ef699b67309a61ffdf8d0f1e.pdf, pages 19-22.

conditions; either a lavatory should be located in cellular accommodation (preferably in a sanitary annexe) or means should exist enabling prisoners who need to use a lavatory to be released from their cells without undue delay at all times, including at night. It is desirable for running water to be available within cellular accommodation, and prisoners should have adequate access to shower or bathing facilities. Cells should be suitably furnished (bed, table, chair/stool, storage space), all facilities/equipment should be in a good state of repair, and prisoners should be placed in a position to keep their accommodation in an adequate state of cleanliness. (Report to the Andorran Government on the visit to Andorra carried out by the CPT from 27 to 29 May 1998, paragraph 39).

The conditions of detention of prisoners with serious mental health problems in inpatient parts of the health care departments of the prisons visited were inappropriate. Apart from the very poor material conditions, these persons lacked psychiatrist's regular visits as required, as well as some purposeful activities. The appropriate options for outdoor activities were not offered. To sum up, the environment was far away from "positive therapeutic".

Taking the abovementioned into account, it is important to provide inmates with mental health problems with proper material conditions and with environment that could be defined as "positive therapeutic", consisting, among others, of appropriate options for outdoor and other purposeful activities.

Means of restraint

In none of the penitentiary establishments regulations governing the use of means of restraint exist.

Mechanical restrained is not used neither in the Psychiatric Ward of the "*Prisoners' Hospital"* nor in other penitentiary institutions. However, chemical restraint could be used (mostly Haloperidol and Phenothiazine injections) as well as isolation.

In cases of inmates with mental health problems who display violent behavior, the medical staff sometimes uses physical force in order to inject them. Also, prisoners with mental

disorders could be held in isolation for a prolonged time waiting for the transfer to *"Prisoners' Hospital"*.

According to the documentation reviewed, the chemical restraint order is always given by a doctor. Patients are never chemically restrained (injected) in the presence of other patients.

The record of use of chemical restraint is made in the medical file of the prisoner concerned, as well as in the register of "the use of physical restraint, isolation and drugs as conciliating method". Many important data are not recorded, such as the circumstances of the case, the reasons for resorting to the measure, the name of the person who ordered or approved it, and an account of any injuries sustained by the prisoner or staff.

It seems that staff easily resorts to chemical restraint and isolation when confronted by difficult situations, caused by prisoners with mental health problems. **A prisoner/patient should never be chemically restraint or isolated to compensate for shortages of trained staff**; **also it should never be used in a non-medical setting when hospitalization would be a more appropriate intervention.**

In its visit report to Hungary the CPT has stressed that *excessive or inappropriate use of means of restraint can lead to situations amounting to inhuman and degrading treatment (Report to the Hungarian Government on the visit to Hungary carried out by the CPT from 24 March to 2 April 2009, paragraph 57).*

Regulations governing the use of means of restraint, meaning clear conditions and procedure should be introduced in penitentiary system.

Staff should be trained to use other, less hazardous, methods for controlling detained persons who represent a danger to themselves or to others, such as verbal instruction and manual control techniques.

Safeguards related to the use of restraint in the psychiatric hospital are explained at the end of the report. Many of the principles are applicable to prison setting.

Mechanisms of release of inmates with mental health problems based on mental or other serious disease incompatible with serving the sentence

According to the information during the visit to *"Abovyan"* penitentiary institution during last year there were two registered cases when detained females were released from detention based on their mental illnesses. The number of released prisoners on mental health grounds in other penitentiary institutions is limited as well.

Paragraph 70 of the 3rd General Report on the CPT's activities covering the period 1 January to 31 December 1992 states that *usually, prisoners with fatal prognosis, physically handicapped or in advanced age are assessed for the release on humanitarian grounds. Typical examples of this kind of prisoner are those who are the subject of a short-term fatal prognosis, who are suffering from a serious disease which cannot be properly treated in prison conditions, who are severely handicapped or of advanced age. The continued detention of such persons in a prison environment can create an intolerable situation. In cases of this type, it lies with the prison doctor to draw up a report for the responsible authority, with a view to suitable alternative arrangements being made.*

The Handbook on prisoners with special needs of the UNODC of 2009 also emphasizes the opportunity of prisoners with mental health care needs to have access to early conditional release that should have at the earliest opportunity during their imprisonment.

There are no precise criteria and procedure for release of a person deprived of liberty in case of psychiatric disorders in Armenia. The list of diseases incompatible with serving the sentence is given in the RA Government Resolution number 825-N of 26 May 2006 on *"The organization and implementation of medical, sanitary and medical-preventive assistance to detainees, their right to seek medical assistance at health care facilities as well as the procedures of the engagement of healthcare personnel in correctional institutions"*. Only paragraph 19 is dealing with mental disorders which states the following: chronic mental disorders of lasting nature (psychosis and dementia), depriving a person of possibility to realize the nature and gravity of his/her actions (inactions).

The Interagency Medical Commission responsible for providing opinions to the court in regard to the mental disorders is based on RA Government Resolution number 1636-N of 4 December 2003. Nevertheless, the procedure and terms of making the decisions, the responsibility of the Commission to ground its decisions, the requirements to compile them compulsory in written form and inform the convict are not prescribed.

It is necessary to revise the structure and working principles of the Interagency Medical Commission, as well as the list of diseases incompatible with serving the sentence. Moreover, clear requirements for grounding the decisions must be stressed.

Nubarashen Psychiatric Hospital

On April 4, 2017 targeted visits in the framework of drafting the Report has been made to the "Nubarashen Psychiatric Hospital", which functions under the Ministry of Health (MoH). Only a part of the hospital is of importance for the purposes of the penitentiary system, and it includes the following structures:

- The inpatient forensic psychiatric ward, with the capacity of 10 beds, serving the purposes of forensic psychiatric expertise.
- The special type compulsory treatment ward, with 60 beds, for patients who had committed heavy crimes and had been compulsory treated on the basis of criminal irresponsibility.

Detained or convicted persons are transferred to the inpatient forensic psychiatric from the penitentiary institutions and can stay there up to 21 days for the purpose of examination.

During this short period, it is very difficult to identify how they must be treated and what security measures can be used as they are still detained and the necessity for compulsory treatment is not decided yet. The national legislation does not answer to these rather complicated questions.

The capacity of the unit is 12 beds divided into three rooms.

In particular, during the visit a detained person who was under the psychiatric forensic examination displayed auto and hetero-aggressive behavior. He presented a danger to other patients, and he self-injured. Due to absence on any clear protocols/guidelines the ward staff had no clear understanding how to treat him.

In this regard it must be mentioned that according the general principles of the Revised CPT standards on means of restraint in psychiatric establishments for adults of 21 March 2017:

1) The restraint of violent psychiatric patients who represent a danger to themselves or others may exceptionally be necessary.

2) Means of restraint should always be applied in accordance with the principles of legality, necessity, proportionality and accountability.

3) All types of restraint and the criteria for their use should be regulated by law.

4) Patients should only be restrained as a measure of last resort (ultimo ratio) to prevent imminent harm to themselves or others and restraints should always be used for the shortest possible time. When the emergency situation resulting in the application of restraint ceases to exist, the patient should be released immediately.

5) Means of restraint are security measures and have no therapeutic justification.

6) Means of restraint should never be used as punishment, for the mere convenience of staff, because of staff shortages or to replace proper care or treatment.

7) Every psychiatric establishment should have a comprehensive, carefully developed policy on restraint. […] The policy should also contain sections on other important issues such as: staff training; recording; internal and external reporting mechanisms; debriefing; and complaints procedures.

8) If recourse is had to chemical restraint, only approved, well-established and short-acting drugs should be used.

The abovementioned standards also provide the procedure of authorization, the application of means of restraint, its duration, selection of types of restraint, concurrent use of different types of restraint, supervision, debriefing, use of means of restraint at the patient's own request, use of means of restraint vis-à-vis voluntary patients, recording and reporting of instances of means of restraint and complaints procedures.

In contrast the Law of RA on Psychiatric Assistance does not provide any provision strictly regulating the use of restraint measures. Article 6 paragraph 11 only prescribes *that in case of involuntary psychiatric hospitalization or by a decision of the psychiatrist when the patient is in the psychiatric organization physical restraint measures (belts, special clothes), isolation measures and conciliating medical measures can be applied to a person suffering from a mental disorder; reasonable records are made in medical documents on the use of above mentioned measures and its duration.*

According to the Order of the Minister of Health of 23 August 2016 number 2636-A on *"Approving the procedure of applying physical restraint measures, isolation measures and conciliating medical measures to persons suffering from mental disorders in psychiatric organizations"* the criteria for the use of restraint measures is not clear, characteristics of seclusion rooms, complaint mechanisms and many other important standards are not provided.

This order does not have a normative nature and is not available to the public at large. Moreover, we strongly believe that such a serious restriction of individual rights, as the use of restraints measures cannot be regulated by bylaw act and must be clearly stipulated in the corresponding law.

The MoH is currently discussing the optimization of *"Nubarashen Psychiatric Hospital"*; in this regard MoH plans to pass the inpatient forensic psychiatric ward and the special type compulsory treatment ward under the control of the MoJ, raising the question whether the treatment of involuntary hospitalized patients should be under the control of the MoJ or the MoH.

According the Rule 109 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) *persons who are found to be not criminally responsible, or who are later diagnosed with severe mental disabilities and/or health conditions, for whom staying in prison would mean an exacerbation of their condition, shall not be detained in prisons, and arrangements shall be made to transfer them to mental facilities as soon as possible.*

Paragraph 43 of the 3rd General Report on the CPT's activities covering the period 1 January to 31 December 1992 states, that *a mentally ill prisoner should be kept and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff. That facility could be a civil mental hospital or a specially equipped psychiatric facility within the prison system. On the one hand, it is often advanced that, from an ethical standpoint, it is appropriate for mentally ill prisoners to be hospitalized outside the prison system, in institutions for which the public health service is responsible. On the other hand, it can be argued that the provision of psychiatric facilities within the prison system enables care to be administered in optimum conditions of security, and the activities of medical and social services intensified within that system.*

This issue has also been discussed in "the Report of the assessment mission on health care in prisons in the Republic of Armenia June/July 2015". According this Report *there are different models of organization of the penitentiary mental health care services for the persons in need of in-patient psychiatric treatment. On the one hand, there is a model with completely separated forensic psychiatric institutions, where the persons who committed crimes and seek in-patient psychiatric treatment, both the ones declared criminally irresponsible after the conviction and the ones who seek psychiatric treatment for different reasons while in prison, are treated in completely separated institutions from the mental health institutions for general population. Usually, the forensic mental health services in this case are under the jurisdiction of the MoJ.*

Further, there is a semi-separated model, meaning that the persons acquitted by the court as criminally irresponsible are compulsory treated with a court measure in civil psychiatric institutions, while the ones who had been sentenced to imprisonment and seek in-patient psychiatric treatment are treated in forensic psychiatric institutions (i.e. prison hospitals). Such model usually includes respective jurisdictions of the two sectors – justice and health.

Next, there is a semi-integrated model which comprises treatment in civil psychiatric institutions for all persons with mental disorders who fall under the category of forensic psychiatric patients, no matter whether they have a measure for compulsory treatment or had been sentenced to imprisonment and seek inpatient psychiatric treatment. Although the treatment of both categories is carried out in institutions for civil psychiatric patients, such

model is defined by existence of separate forensic units from the rest of the units for civil patients. In this case, the jurisdiction falls in the domain of the MoH.

Finally, there is a completely integrated model, where all psychiatric inpatients, no matter whether with forensic or civil legal status, are treated together in the same institutions under jurisdiction of the public health sector. Separate forensic units do not exist in those institutions, and division of the units is made only according to the nature and severity of the psychiatric disorders of the patients, and stratified according to the levels of security.

The Report states that *regardless of the organization model of the forensic mental health services, the most important point is that principles of service provision have to be in line with the same internationally accepted principles and standards. Above all, the principle of equivalence of care should be observed.*

In the CPT report from the visit to the Republic of Armenia in 2002, it was stressed that the *cooperation between the Ministry of Justice and the Ministry of Health had led, among other things, to drafting detailed standards for the medical treatment of prisoners and, more specifically, a new programme of psychiatric care in prison.*

During visits to different countries CPT paid attention on conditions of health-care facilities, criticized the lack of staff and activities, not specifying the Ministry responsible, as a rule mentioning the joint responsibility as one of the solutions.

Taking into account all facts mentioned above, it can be stated that involvement of the Ministry of Health is desirable standard. The emphasis should be put on the adequate living conditions as well as in the treatment and meaningful activities offered. The establishments should be staffed by properly trained health-care personnel who are able to develop positive relations with the patients by entering into direct contact with them. Regular systematic review of the placement, respecting all safeguards is of the particular importance.

Clear procedures should be introduced on the involvement of multidisciplinary staff on handling challenging patients.

The list of recommendations

In the light of the above remarks, the Armenian authorities are recommended to take all necessary measures to:

- **Provide the access of inmates with mental health problem to proper and regular psychiatric treatment: in particular, adding psychiatric staff in penitentiary institutions taking into account the number of such patients, or by securing regular visits by psychiatrists.**
- **Ensure the presence of clinical psychologist in the penitentiary institutions.**
- **Provide the non-medical staff who works on every day basis with the inmates with mental health problems with specific trainings in mental health issues.**
- **Provide the legislative and practical application of the mental health condition screening on admission.**
- **All inmates with mental health problems should be offered adequate care by sufficient number of professional and well-trained multidisciplinary staff.**
- **The penitentiary institutions should be provided with medicines of new generation.**
- **Proper treatment should not be based on pharmacological treatment; the patients should be offered full range of therapeutic, rehabilitative and recreational activities.**
- **Transfer of inmates who require in-patient psychiatric treatment to appropriate hospital facilities should be prompt.**
- **Fellow inmates should not be involved in the duties of care.**
- **Inmates in need of involuntary medical treatment should be transferred to hospital facility.**
- **All necessary steps must be taken towards addressing the specific needs of vulnerable inmates with mental disorders through introducing tailor-made programmes, in the light of the above mentioned international standards.**
- **The prompt transfer to hospital facility of female and juvenile prisoners who are in need of in-patient treatment should be ensured.**
- **Young persons with mental health problems should be treated by psychiatrists and psychologists specializing in child and adolescent mental health.**

- **Inmates with mental health problems should be provided with proper material conditions and with environment that could be defined as "positive therapeutic", including appropriate options for outdoor and other purposeful activities.**
- **A prisoner/patient should never be chemically restraint or isolated to compensate for shortages of trained staff; also it should never be used in a non-medical setting when hospitalization would be a more appropriate intervention.**
- **Regulations governing the use of means of restraint, meaning clear conditions and procedure should be introduced in penitentiary system.**
- **Staff should be trained to use other, less hazardous, methods for controlling detained persons who represent a danger to themselves or to others, such as verbal instruction and manual control techniques.**
- **Disciplinary sanction against inmates with mental health problems must be a measure of last resort.**
- **Revise the structure and working principles of the Interagency Medical Commission, as well as the list of diseases incompatible with serving the sentence. Make clear requirements for grounding the decisions.**
- **In relation to "Nubarashen Psychiatric Hospital", put emphasis on the adequate living conditions as well as to the treatment and offer of meaningful activities.**
- **Engage the properly trained health-care personnel who are able to develop positive relations with the patients by entering into direct contact with them.**
- **Provide for regular systematic review of the placement, respecting all safeguards.**
- **Introduce clear procedures on the involvement of multidisciplinary staff in handling challenging patients.**
- **Use of means of restraint in the hospital setting should be clearly stipulated in the corresponding law.**