REPUBLIKA SLOVENIJA

VARUH ČLOVEKOVIH PRAVIC

- NATIONAL PREVENTIVE MECHANISM -

report
on implemented visit
at the location

UNIVERSITY PSYCHIATRIC HOSPITAL LJUBLJANA
CLINICAL DEPARTMENT FOR CLINICAL PSYCHIATRY

Explanatory note: within the implementation of tasks and authorisations according to the Act ratifying the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (Official Gazette of the RS, No. 114/2006), the Human Rights Ombudsman of the Republic of Slovenia (hereinafter the Ombudsman) as the implementing body of the national preventive mechanism (hereinafter NPM) visits places of deprivation of physical liberty. In addition to the representatives of the Ombudsman, the group implementing the visit as a rule also includes representative(s) of contractual non-governmental organisations and occasionally independent experts of medicine and other disciplines and interpreters. The legal basis for the implementation of NPM monitoring is presented at ***Ombudsman as a NPM****.*

This report includes only the most important findings of the visit, with suggestions for improving conditions or eliminating irregularities. The report was drafted on the basis of the report on the NPM visit and the response report of the competent authorities. It is intended for publication at the Ombudsman's website.

Basic data on the location:

► **Type of location:** psychiatric hospital[1]

► **Categories of persons deprived of liberty:** persons with restricted movement at the department under special supervision[2], including detainees and convicted persons.

► **Official capacity and actual occupancy of the location on the day of the visit:** six departments under special supervision: reception ward (S)[3] with 32 beds (36 in reality), five of which were unoccupied[4]; two departments at the unit for intensive psychiatry (I1[5] and I3[6])

[1] University Psychiatric Hospital Ljubljana (hereinafter UPHL) covers the Ljubljana and Dolenjska regions or an area with a population of 800,000.
[2] According to the Mental Health Act (ZDZdr), this is a department of a psychiatric hospital for intensive treatment in which the movement of a person may be restricted due to medical reasons, endangerment of his/her own life or the life of others, severe endangerment of his/her health or the health of others and potential for severe material damage to the patient or others.
[3] Where male and female wards are separate. The official capacity of the female ward is 18 beds; during the time of the NPM visit, 14 beds were occupied. The beds are placed in two rooms with four beds (one of these is intended for older patients; the beds are equipped with rails), one room with three beds, two rooms with two beds and two rooms with a single bed, which are above standard. The official capacity on the male ward is 14 beds, but there were in fact 18 beds. At the time of the visit, there were 17 beds on the ward because one bed was being 'lent' to the female ward. The beds are placed in two rooms with four beds, two rooms with three beds and two rooms with a single bed i.e. one room with one bed and one with two beds. If necessary, the room with one bed is used in cases of isolation e.g. MRSA. The patients are admitted to the reception ward by consent i.e. with the signing of a statement or without consent. During the NPM visit, all 14 patients on the male ward had been admitted on the basis of their consent. 11 patients on the female ward had been admitted with consent, and legal proceedings were in progress relating to the admission of three patients. As a rule, minors are admitted from Centre for Mental Health or from the pedopsychiatric department. There was one minor at the female reception ward at the time of the NPM visit.
[4] There is a rule that some beds must be available at any time, especially before weekends and holidays, when admission rates are highest. As a result, most transfers to other departments are implemented on Fridays.
[5] Department I1 includes patients who were sanctioned with obligatory psychiatric treatment and custody in a health institution. The department is still exclusively intended for men. Protection of detainees and prisoners is

with a total of 31 beds, whereby one bed was available at I1, and four at I3; two departments at the unit for gerontopsychiatry (G1 and G2)[7] with a total of 32 beds, whereby two beds were available at G2, and G1 was full; department under special supervision at the unit for prolonged therapy (A1)[8] with a total of 19 beds was full.

Course of the visit and preparation of the report:

► The visit was **announced** and **implemented** on 29 March 2012[9], **between** 8.20 and 15.00 hours.

► **Visiting group:** four representatives of the Ombudsman (Doctor of Medicine – Specialist in Psychiatry, Master of Legal Sciences, Master of Anthropology and a trainee) and three representatives of contractual non-governmental organisations (two representatives of Novi paradoks and a representative of the Slovenian Federation of Pensioners' Organisation).

► **Content of the visit:** introductory discussion with the Head of the Centre for Clinical Psychiatry (hereinafter CCP), the assistant to the Medical Director in the field of healthcare and treatment and the sister-in-charge at the CCP department, the review of departments under special supervision, interviews with the patients, and concluding discussion with the leadership.

implemented by judicial police officers in plain clothes. Two judicial police officers were present on the ward during the visit.

[6] The department is intended for patients who require longer treatment (diagnostics and psychiatric help) in the secure department. The department includes men and women; there are many young patients. There are eleven beds for men and seven for women. At the time of the visit, there were nine men and five women in the department. Three patients were in the department on the basis of a court order. Legal proceedings were in progress relating to the detention of two patients, while nine patients were in the department on the basis of their own consent.

[7] Almost one-third of patients were waiting for accommodation in nursing homes, and some patients were waiting to be accommodated in special social welfare institutions. The competent authorities explained that cooperation with institutions has improved over the years, particularly with institutions outside the Municipality of Ljubljana.

[8] The department is intended for female patients who require intensive treatment for recurrent or long-term mental disorders. All patients in the department were admitted for treatment on the basis of their own consent.

[9] The last visit to UPHL was held on 6 May 2009.

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► **Reporting:** the preliminary report on the visit was submitted to UPHL on 12 June 2012 with a proposal to study it and return possible views relating to our findings and recommendations within 30 days. The reply was received on 3 July 2012 i.e. 21 days after it was delivered. On 6 August 2012, the final report was submitted to UPHL and the Ministry of Health (hereinafter MH), and separately to the Minister's Office and the Expanded Professional Board for Psychiatry. The reply from the Minister's Office was received on 17 December 2012 (following an urgent request), i.e. 133 days after it was delivered[10].

[10] MH informed us that the report was studied at the Ministry and there were no comments relating to it, and that the replies provided by UPHL included in the final report clearly state that the clinic would consider our comments and recommendations. The Ministry also ensured the monitoring of UPHL's activities through its representatives in the Institute Council.

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IMPORTANT FINDINGS AND SUGGESTIONS OF NPM AND RESPONSE FROM THE COMPETENT AUTHORITIES

► NPM particularly commended

- that patients at the reception ward and also at other departments under special supervision, with the exception of units for gerontopsychiatry[11], are as a rule no longer in night clothes (pyjamas); the department doctor decides on exceptions[12],

- provision and availability of basic hygiene accessories in toilets at the reception ward[13],

- that UPHL considered warnings about poor ventilation which NPM highlighted on its last visit, and has installed a ventilator in the smoking room window of the male and female sections of the reception ward which successfully removes cigarette smoke from the premises[14],

- that the form for 'Admission to consensual treatment at the department under special supervision'[15] in addition to basic data on the patient and admission also includes the opinion of the admitting doctor that the person, the patient, is able to understand and accept the treatment plan[16],

- teacher's work (in department I1) who visits twice a week and helps younger patients with their schooling (enrolment to university, preparation or organisation for exams), and

- recording of walks at department A1[17].

[11] The patients are still in pyjamas in these units due to the requirements of nursing care.
[12] This practice has been modified since our last visit. UPHL has namely contributed to the strengthening of patients' dignity. The staff have not mentioned any special problems due to the new practice.
[13] Toilets that were reviewed had paper towels, liquid soap and toilet paper.
[14] The presence of smoke was not particularly disturbing during the visit.
[15] The patient encircles explanations received, thus simplifying the procedure. At the same time, he or she explicitly confirms if he or she consents to the treatment in the department under special supervision, possible restriction of movement and a treatment plan. The patient is also informed of his or her right to revoke his or her decision at any time, and signs his or her name under the acknowledgement.
[16] No irregularities were established in department I3 upon the review of selected files relating to informing courts and persons that have to be informed according to ZDZdr. There were also no irregularities established with regard to consent from patients who were admitted on the aforementioned legal basis. The section with the doctor's opinion was completed in all reviewed files.
[17] Female patients are able to walk in the hospital park accompanied by hospital staff. Walks take place regularly every day in the morning and afternoon.

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► NPM suggestions	► Response from competent authorities
NPM: we suggest that the UPHL management inform heads of departments under special supervision on the previous NPM report[18].	
NPM: we believe that UPHL should enable all patients comparable living conditions[19]. We thus suggest that UPHL ensures that all beds, including temporary ones, have nightstand tables and that patients are enabled to save personal items and clothes in a (larger) wardrobe, which is not too far from the bed, and that all beds are equipped with bed-side reading lights. We should also add that it was noted that some wardrobes in rooms were labelled with stickers which notified that curtains and other items for the needs of UPHL are being stored there and not patients' personal belongings.	UPHL: due to overcrowding at reception wards often also because of elderly patients (particularly in summer months), it is impossible to ensure nightstand tables and bed-side reading lights for all patients. UPHL is doing its best to accommodate patients. Average hospitalisation at the reception ward is 3.5 days, so patients are on an extra bed only for a short period, i.e. a day or two. Reception wards admit all patients who require treatment, and patients are never rejected.
NPM: common and patients' rooms are impersonal; with no photographs and (with few exceptions) with no personal items. We understand that relating to a personal touch (that UPHL or the patients themselves strive to add in rooms and common rooms), there are limitations and hindrances from the point of view of safety. However, the premises could be made more homely in spite of some limitations (e.g. placement of paper pictures, application of pictures directly on walls, use of photo wallpapers and similar). We suggest that UPHL consider possible solutions and inform us on their implementation.	UPHL: patients' and common rooms will be decorated with pictures which will be attached firmly on walls. There were many photographs taken by patients for therapeutic purposes and these photos will be put on the walls.
NPM: we understand that some items are not appropriate due to the medical conditions of patients and thus related safety considerations. However, some thoughtful ideas (e.g. placement of pictures higher on the wall, use of unbreakable frames and glass, painting directly on the wall, use of paper covers and alike) could make the dining room at the reception	(see response above)

[18] At the introductory discussion, the discussion partners pointed out that they were not acquainted with the report from the NPM visit in 2009, although we sent the preliminary report to UPHL on 8 September 2009 and the final report on the visit on 14 October 2009.

[19] We noticed that in a room with two beds in the male section of the reception ward, one (extra) bed had no equipment i.e. nightstand table, bed-side reading light and wardrobe. The rooms with three beds gave the impression that one bed was there only as an extra accommodation. A nightstand table and a wardrobe provide space where an individual may keep his/her personal belongings. The bed-side reading light enables reading in the evening and moving during the night (e.g. going to the toilet) without disturbing other patients in the room.

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ward, which is also a multi-purpose room, more patient-friendly[20].

NPM: with regard to the rooms at the reception ward used for special protection measures (hereinafter SPM)[21], we believe that the window facing the corridor probably enables sufficient overview and thus staff supervision of restrained patients. But on the other hand, it does not provide suitable privacy. In the absence of staff, it also enables other patients to view powerless patients on the ward. We suggest that UPHL find a suitable way to prevent other patients' access to windows which enable the view of restrained patients. If this is not possible, we suggest that UPHL ensure the suitable privacy of powerless patients by darkening windows or at least by fitting suitable blinds, which staff would have to lower before leaving the room.

UPHL: a patient who receives SPM must be under constant supervision by medical staff. Recently, SPM has been following the latest European recommendations, which advise less restriction to a bed and more flexibility. This reduces complications, and patients are also thus not isolated from their surroundings, as sensory deprivation even worsens their condition. Patients sometimes have to be seated on a chair to prevent them from falling on the floor, particularly the elderly; however, this does not mean that they should be isolated. UPHL will generally try to limit its use of restriction. Blinds will be fitted on the windows. But it has to be stressed that this is not advisable, as blinds prevent staff from constant supervision and the overview of restricted patients. These rooms are positioned architecturally in such a manner as to allow medical staff constant supervision of two rooms through the glass.[22]

NPM: we think that UPHL's practice to restrain female patients in a restraining chair in the common room is inappropriate[23]. A special room is intended for restraint, where restrained patients should be separated from other patients, thus ensuring respect for his/her

[20] The dining room in this department is clean, but quite impersonal. The windows had no curtains. There were no table cloths, pictures or other equipment to make it more patient-friendly.

[21] One room with three beds is intended for SPM in the female section. Two rooms with three beds in the male section are intended for patients who require SPM. The rooms allow a view through glass windows. Chairs are positioned in front of the rooms. There is also a window already equipped with a blind between the rooms in the male section intended for SPM.

[22] It is not the opinion of NPM to limit in any way the view of medical staff of patients who require SPM. On the contrary: Article 29 of the ZDZdr stipulates subject to a SPM should be supervised, his/her vital functions monitored, and that he/she should receive expert treatment during the entire time SPM is being implemented. Thus the constant presence of staff and their supervision of the measure are necessary in order to ensure correct implementation and, above all, the safety of the patient concerned. The constant presence of staff also ensures that a measure is implemented only as long as necessary, or is immediately terminated when no longer required, or replaced with another less severe measure. The observation of NPM pointed out cases when, due to the architectural design of the rooms, where measures are implemented, other patients can see into these rooms when staff may be absent (e.g. if the staff are treating a patient in one of the rooms for implementing SPM) i.e. in cases when the staff cannot prevent the view of unauthorised persons. We thus suggested that in cases when it is not possible to divide architecturally the space in front of the rooms from the corridor (e.g. by door), blinds should be fitted which the staff would lower only during their absence.

[23] Female patients in the female section of the reception ward pointed out that the restraining chair was situated in the common room. They explained that the use of the chair when other patients are in the room is disturbing and distracts them from watching television and from participation in other activities, because the restrained patient is frequently restless and screams. A patient informed us that someone was restrained in this chair at least eight times in the three weeks she had been at the department. The staff explained that restraint in the chair is implemented only exceptionally and only when a patient has been in the department for three months.

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dignity, efficient supervision, and above all, preventing viewing, mocking, harassment or even harmful behaviour towards the restrained patient from other patients. We suggest that a patient who requires restraint due to his/her (current) medical condition be accommodated in a room intended for such purpose. Additionally, UPHL may consider rearranging part of the premises intended for SPM for patients who do not require full restraint or restraint to a bed.

NPM: locking all patients' rooms on the reception ward without exception seems inappropriate[24]. Resting time of individual patients is thus aggravated and access to their personal belongings is made difficult. We believe that it would be more suitable to encourage patients to participate in daily activities and lock the rooms only in exceptional situations, and to also consider rights and requests from other patients in rooms with more beds. The locking of rooms is even less understandable considering the fact that during the NPM visit, we were unable to establish if any special activities which would involve all patients were being carried out. The patients were namely loitering along the corridor and lying on the benches on the corridor. The staff explained that the rooms are locked for better safety and supervision. This explanation surprises us, because we cannot imagine how safety and supervision are maintained with such 'demanding safety conditions' in the afternoon and at night when the rooms are unlocked and there are even fewer staff in departments.

NPM: we believe that the use of regular clothes could be promoted also at units for gerontopsychiatry[26]. When visiting social welfare institutions, we have almost as a rule established that patients in secure departments (i.e. with similar problems as patients at

UPHL: rooms will not be locked anymore, except during daily activities and in special situations when more agitated and suicidal patients are present at the department[25].

[24] During the NPM visit, the rooms were locked in the morning. We were told that the reason for this was to prevent patients from avoiding daily activities. We were assured that rooms are unlocked at the request of individual patients.

[25] UPHL possibly misunderstood our recommendation. The NPM criticism was namely (also) directed towards uncritical locking of all rooms during daily activities. As stated in the NPM recommendation, it would be advisable to stimulate patients to participate in daily activities with increased staff initiative. Locking the rooms of patients who participate in the activities would not be necessary. For patients who for certain reasons do not participate, we do not find it suitable to disable their access to their rooms, because these patients then sit or lie on the benches in the corridors, as we observed on our visit.

[26] See note 7.

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departments G1 and G2) wear their regular clothes during the day.

NPM: male and female patients on the reception ward wore tracksuits owned by UPHL, or their own clothes during our visit. We hereby wish to highlight the statement of a female patient who said that she was too hot in the tracksuit, but was not allowed to wear her own clothes. The staff explained that tracksuits will be replaced by t-shirts as soon as it is warm enough outside. However, we are of the opinion that the staff should adjust clothes with regard to the temperature in the department which is probably quite similar in winter and in summer and not with regard to seasons. In addition, patients who go outside for fresh air or to smoke could receive suitable clothes or wraps.

UPHL: patients will be further encouraged to wear their personal clothes and to wash them. UPHL is also purchasing thin summer clothing for patients who have no relatives.

NPM: we think that the UPHL practice of (dis)abling female patients from accessing bathrooms with a shower[27] is not appropriate. We understand that, due to their medical condition, some female patients must have access to a bathroom limited to a particular part of the day. However, we see no reason or need to limit access to the bathroom to all female patients, particularly with regard to the fact that the right to basic hygienic needs is limited to only one hour in the morning.

UPHL: access to bathrooms is restricted only in cases when suicidal patients are on the ward. Showering and washing in bathrooms is otherwise not limited; with the exception of those patients whose excessive showering is a result of psychopathological symptoms. We also ensure that possible restrictions relating to bathroom access are monitored carefully.

NPM: we note the practice of several psychiatric hospitals that NPM visited in the past: upon the admission of patients, the hospitals store patients' or residents' mobile telephones, but give them to the patients at their request in the time outside of daily activities for a certain period (i.e. during a call)[28].

UPHL: medical staff store mobile telephones for safekeeping only, and patients can have them at any time they wish. Patients are informed of this right. The storing of mobile telephones of patients in acute phases often prevents the financial consequences of excessive calls. Patients also frequently exchange and mislay their mobile telephones or they are stolen.

[27] At interviews with patients, the patients in the female section of the reception ward particularly pointed out that they are allowed to have showers only between seven and eight in the morning and that all patients must fit into that schedule (there were 14 patients on the ward at the time of the NPM visit). They explained that bathrooms are locked outside of this period. The staff explained that this regime was introduced for safety of patients in psychotic states who 'misuse' the bathroom for 'unreasonably' long showers. If female patients use the bathroom more frequently (i.e. during menstruation), the staff ensure that those patients may have access to the bathroom according to an agreement with the staff.

[28] Upon this visit to UPHL, we established that patients' mobile phones are confiscated upon admission because of problems with high bills resulting from patients' frequent calls and because of the hazard that chargers may present. Public telephones that work on telephone cards, which may be purchased at the tobacconist's (wooden kiosk), are installed in both sections of the reception ward, and patients can also call from the telephone used by staff.

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NPM: we suggest that patients upon admission be informed of their right to a representative and his/her contact data[29].

NPM: we suggest that UPHL place the description of the procedure near collection boxes for complaints[30]. It would also be suitable if paper (perhaps even a form) and a pen of such type or fixed in a manner that would not pose a treat for the patients were placed near the collection box where patients could write down their complaints.

UPHL: the hospital has a standard complaints procedure with which the patients are familiarised. The description of the complaints procedure, a form and pen will be additionally placed next to collection boxes for complaints and comments.

NPM: we suggest recording patient exits[31] in the same manner in all departments.

NPM: with regard to department I1, we suggest that a solution to limit the transfer of cigarette smoke to the department[32] be found.

UPHL: we will try to find a suitable solution relating to smoking rooms. Preliminary preparation for the renewal of bathrooms is underway, and during the renewal, a solution to the issue of smoking at this department will also be discussed.

NPM: we suggest a collection box for complaints be placed in department I1[33].

NPM: we suggest a suitable chair[34] be placed in the doctor's room.

NPM: we suggest that UPHL encourage patients in department I1 to decorate their rooms (e.g. paintings)[35].

[29] Lists of patient rights and information on representatives as per ZDZdr were posted in both sections. However, several patients informed us during the visit that they had not been informed of their right to a representative upon admission. The representatives are provided with a room arranged for work at UPHL.

[30] A collection box has been installed in the department, but without an accompanying description of the complaints procedure, and in particular, of whom a patient may contact if he/she does not receive a reply within a reasonable time or if he/she is dissatisfied with the reply.

[31] An exit from the reception ward leads onto a small terrace from where a staircase leads to a fenced garden where patients can walk.

[32] When entering the department, we detected cigarette smoke. The reason for this was that the door to the 'smoking room', which is a converted terrace or a balcony, was open. The smoke from the balcony also entered the recreation room, where patients like to spend their time. The staff ensured us that no one is being prosecuted over smoking, but they are directed to the 'smoking room'. This is also the method for preventing smoking in patients' rooms and sanitary facilities, which are even locked within certain rooms; the staff is aware that this solution is not ideal, as smoke is being blown into the premises. It cannot be denied that other patients, particularly non-smokers, are being affected. Cigarette smoke is harmful, and is undoubtedly disturbing for non-smokers.

[33] We did not find a collection box for complaints in the department; however, information on complaint procedures, a representative as per ZDZdr and a representative of patients' rights was on the information board. The house rules were also posted there.

[34] A severely rickety chair was positioned next to the working desk upon our visit.

[35] Patient rooms in the department are large. Each bed has a nightstand table and a wardrobe, and special cabinets for shoes. There were no unpleasant odours in the rooms. Some rooms were locked during our visit, about which patients complained. The staff explained that this was a measure whereby patients who would

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NPM: we suggest that UPHL verify and discuss the highlighted allegations from our interviews with four patients in department I1 who expressed such requests, and submit its findings to us[36].

NPM: we have to stress that the Ombudsman has noted the lack of regularity in forensic psychiatry in the Republic of Slovenia for several years[37].

NPM: we suggest that rooms in departments G1 and G2 (gerontopsychiatry) be arranged in a more patient-friendly manner and that pictures or other decoration[38] be put on the walls.

NPM: we suggest that patients in department G1 who cannot walk to the collection box, but who express such a wish, be enabled to submit a written complaint[39].

NPM: the purpose of locking toilets in department G2 is questionable. We thus

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normally lie down throughout the day are encouraged to participate in the various activities available (occupational therapy, recreation). Otherwise, the rooms are unlocked if patients need anything from their rooms and always after the patients return from recreation. The rooms displayed no personal touch, although some residents have been in the department for a long time (years in some cases).

[36] Interviews were implemented in the absence of staff. One patient said that he had no complaints against UPHL, but that he 'doesn't know why he's here' as he believed himself 'the most sensible person at the department'. He was upset because he was unable to go out and get some fresh air and could not visit a dentist. Another patient also complained about the lack of opportunities to go outside. The half hour that he is allowed outside did not seem enough. He would also like to go for a cup of coffee in the morning because coffee is not available in the department. In addition to limited opportunities to go out, a third patient complained that he did not receive parcels from his friends. When he asked the staff about the parcels, they told him they 'knew nothing about them'. We agree that the patient would acquire copies of forms on the submission of parcels and submit them to us. He also complained about the room being locked and that he is embarrassed to constantly ask the staff to unlock his room. He also feels uncomfortable asking them to buy him cigarettes or telephone cards at the kiosk. When he asked other patients to buy for him these things, he did not receive the goods nor his money back. He claimed that he had not been told why he needed specific items of medication (regarding the variety and quantity) and believed that he had no need of them. A fourth patient wanted to go outside. He had already been in the open ward, but recently transferred back to the department under special supervision. He could not explain why he had been returned to the department.

[37] The situation regarding living conditions, leisure activities, possibilities of making telephone calls, going outside and wearing personal clothing has not changed since our last visit in 2009. These patients are to be relocated to the unit for forensic psychiatry at the Maribor University Medical Centre by 1 July 2012. The centre will implement psychiatric treatment for convicted persons and detainees from the entire country. By relocating patients currently staying in department I1, UPHL would acquire additional rooms. During our visit, we were not informed of the intentions for this department.

[38] Rooms in this department have one to three beds. The rooms are rather impersonal, with minimal furnishings, no curtains or pictures. The patients mostly stayed in their rooms during our visit.

[39] We conducted several interviews with patients there; one complained that he had not been given a paper and pen to write a complaint. There was no information board in the department, but all information was available in the common day room and a collection box for complaints was in the corridor of the department. Most patients are immobile and cannot walk to the collection box even if available. UPHL explained that relatives are informed about complaint procedures during the admission procedure and that brochures are available in various places.

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suggest that UPHL reconsider its decision on locking sanitary facilities.

NPM: conditions for female patients in department A1 are poor[40]. Rooms with multiple beds are less suitable for accommodation and provide less privacy and rest for individual patients. Few toilets and only one bathroom raise doubts that all patients can suitably attend to their hygiene (especially since this room is also used as a smoking room). We suggest that UPHL make more effort to improve the conditions in this department, i.e. in a manner which would be more patient-friendly and also less strenuous for the staff.

UPHL: the UPHL staff are striving to rearrange rooms with several beds into smaller rooms and also to arrange sanitary facilities; however, the aforementioned issues depend on the current financial state of UPHL and technical possibilities.

NPM: we suggest that records be kept, as is the practice in department A1, and also in other departments under special supervision, which will clearly state how many patients are enabled exit from the department and how many patients actually leave the department.

UPHL: a new form for recording exits from the department has already been prepared.

NPM: with regard to department A1, we question the suitability of smoking on the premises, which are also used by other female patients i.e. non-smokers[41]. UPHL could perhaps find a more suitable solution for smokers in this department, and thereby prevent non-smokers' concerns and thus also limit the time when smoking is allowed.

NPM: relating to department I3, we repeat our findings established in the reception ward.[42] We thus suggest that staff more enthusiastically encourage patients to participate in daily activities and lock rooms only in exceptional cases, while also considering the rights and wishes of other patients accommodated in rooms with several beds.

[40] There were two rooms with six beds, one room with five and one room with two in this department. In comparison to other departments where an individual room or two rooms share a toilet and shower, this department has only one toilet with two toilet bowls for the entire department. There is also a single bathroom for all female patients. In our opinion, the equipment in this department was in the poorest condition. Instead of nightstand tables, open shelving units were mounted above beds where personal items were 'displayed', which allows no privacy. The wardrobes were large and spacious, but locked;supposedly, the staff unlock them at the request of patients. Exit to the garden is difficult; although the garden is spacious and has a covered area. In warm weather, female patients spend most of the day there.

[41] There was no smoking room there, and the bathroom is used for smoking. The smoking and washing schedule is posted on the bathroom door.

[42] The rooms were locked during our visit; the explanation for this was similar to the explanation on the reception ward. The patients were lying on benches on the balcony and in the day room. The rooms were also impersonal, with no pictures, curtains or patients' personal items.

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NPM: the arrangement in department I3, where the day room extends onto a balcony, which serves mainly as a smoking room, is not the most appropriate solution, because smoke is blown back into the day room due to an unsuitably high wall. We must also add that there are plastic bags in bins on the balcony intended for smokers, which we find problematic with regard to a possible fire hazard and thus related injuries to patients.[43]

NPM: relating to department I3, we repeat again our comments about patients' complaints regarding reception wards[44] and thus mention the practice of some other psychiatric hospitals NPM has visited in the past. Upon admission, the hospitals store patients' or residents' mobile telephones, but return them for a certain period (during a call) at their request outside of daily activities.

NPM: in our opinion, UPHL could encourage the use of patients' own clothing, including patients who do not receive regular visits[45]. UPHL could perhaps ensure the washing of clothes of patients whose relatives cannot provide a change of clothes, whereby patients would possibly be required to pay a special fee (above standard).

NPM: it is recommended that UPHL considers a more simple form of Internet access for patients (whose medical condition permits this)[46].

UPHL: we will try to organise easier Internet access; although, patients already have unlimited Internet access during occupational therapists' working hours.

NPM: we agree with the proposals of patients in department I3 which were recorded during

UPHL: form C-1 is patient property and a patient can acquire it at any time.[47]

[43] The staff assured us that the NPM comments relating to the unsuitability of plastic bags would be considered.
[44] The patients in this department also mentioned that the confiscation of mobile telephones during their stay in the department is problematic. The staff explained that the reason is preventive, because the charger can be dangerous in cases of suicidal inclinations. Patients may make calls in a psychotic condition which are harmful for them, even after their treatment is concluded, or they later receive high telephone bills.
[45] Patients in department I3 also most commonly complained about the use of UPHL tracksuits instead of their own clothes. The staff explained that this is a better solution for UPHL and the patients logistically, because UPHL clothing is washed by UPHL's service. Patients who wear their own clothes must give them to relatives for washing.
[46] Patients in department I3 also emphasised problems while accessing the Internet. If someone wishes to use the Internet, a member of staff has to escort them to the social worker's office, which is time-consuming for the staff. A solution would be to install a suitable computer in the department. With the increasing dependency on the Internet, the greater frequency of access to it must be expected.

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personal interviews stating that patients receive a copy of the statement by which they consented to being accommodated in the department under special supervision. A patient could later, after being accommodated in the department, undertake a cool review of what he/she signed. After doing so, the patient could decide whether to stay in the department (as this would be the best solution) or revoke the statement, whereupon UPHL would have to transfer the patient to an open ward or inform the court of his/her detention. We suggest that UPHL introduces this practice and begins to submit copies of statements to patients upon their admission. In addition, a (blank) form C-1 can be posted on all information boards in all departments.

NPM: we suggest that forms intended for cases of implementing SPM are being completed with due diligence[48]. It is particularly important that the date and exact time of termination of the measure are recorded. It can thus be established that all restrictions stipulated by ZDZdr were considered upon the implementation.

NPM: in the case of restraint which actually continues for more than four hours, and at each extension, we suggest whether the patient was released be recorded, and also in what manner and of what duration the breaks were during the implementation of SPM[49].

UPHL: no irregularities with regard to restraint and forms used upon the implementation of the measure were established upon supervision of the Health Inspectorate of the Ministry of Health. We hereby ensure that patients are released several times during implementation of the measure and that the form will be amended.

It should also be mentioned that during the visit to department I1, the staff asked us about informing courts on the admission of patients who arrive from detention, prison or secured

[47] Despite UPHL clarifications, NPM insists on the proposal that the psychiatric hospital submit a copy of the signed statement to the patient and perhaps posts a blank form (in this case) a blank C-1 form on information boards in the departments.

[48] Upon the review of completed forms recording the restraint of individual patients, we established in one case that when the implementation of SPM ended this had not been recorded, and that only the time and not the date of termination had been recorded in another case. UPHL uses restraint as a special measure for physical protection. In addition to this measure, termed as SPM by ZDZdr, the form 'Record of use of special protection measure' (hereinafter Record) – D-3 also mentions the restriction of movement within a single room or constant supervision. A doctor decides on the implementation and termination of SPM. Records are kept on each SPM. The types of SPM are provided on the Record form, which is completed by the doctor ordering the measure. UPHL has two special forms for notification of SPM (D-1 and D-2).

[49] We established that restraint had been implemented for almost 48 hours in two cases. Every four hours, a doctor ordered that the restraint be continued. However, according to UPHL staff, the restraint was not interrupted and the patient was not released.

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departments of social institutions. They handed us copies of typical cases and requested advice or clarification. After the visit, we replied with regard to patients from social welfare institutions. The opinion of NPM is that the hospital must inform the court of the admission of these patients. The decision on whether the court conducts a full procedure for the admission also when the deadline of the decision on detention at the secured department of a social welfare institution has not expired, or whether it will apply mutatis mutandis Article 76 of ZDZdr and decide only on the relocation of the patient, is in the hands of the court.

Furthermore, we also mention that UPHL also informed us that they received a letter from Ljubljana Local Court that it is not necessary to inform the court on the validity of decisions on detention 15 days prior to expiry. A lawyer drew the court's attention to the fact that late notification is contrary to ZDZdr, and NPM supports this observation. ZDZdr stipulates that the hospital manager must propose that the court prolong detention in departments under special supervision at least 14 days before the expiry of the deadline stated in the court's decision. UPHL ensured us that the court responds quickly to their notifications on detention. The court staff visit the hospital every second day, or more often if required, but nevertheless within 48 hours of receiving the notification on detention. The hospital staff also expressed their satisfaction with experts, who are reliable and are experienced in psychiatry.

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