NATIONAL PREVENTIVE MECHANISM
visit to
VOJNIK PSYCHIATRIC HOSPITAL

Disclaimer: The following report contains only main findings regarding the visit. It was produced on the basis of the original report on the visit of the National Preventive Mechanism and the response of the authorities to it. It is intended for publishing purposes on the official Human Rights Ombudsman of the Republic of Slovenia webpage.

The Human Rights Ombudsman of the Republic of Slovenia (hereinafter: Ombudsman) and representatives of contractual non-governmental organisations visited the Psychiatric Hospital Vojnik Public Institute (hereinafter: Hospital), after prior notice, on 16 January 2008. Since the Hospital had no comments on the report, it was sent to the Extended Professional Board for Psychiatry at the Ministry of Health for information.

The Hospital has a 190-bed capacity, covering the wider Celje region. The old hospital building comprises five wards, which includes two secure (closed) reception wards (male and female), and three open wards (male, female and mixed gender wards). The reception wards have 25 beds each, while the open wards have 25-27 beds. The new building comprises a ward for all addiction treatment (addiction to alcohol, drugs, pills, gambling) with a 32-bed capacity. The waiting period for admission to the ward is up to six months. The Hospital houses a work unit at Ravne pri Šoštanju, with 25 beds. In recent times, the unit has admitted an increasing number of patients suffering from personality disorders, depression and neurosis. The Hospital also runs a patient reception clinic and specialist clinics.

During our visit, there were 14 patients in the male reception ward (25-bed capacity).

The female reception ward had 27 patients, in spite of its 25-bed capacity. Two patients were placed in temporary beds. There were no night stand tables beside their beds, and their essential personal belongings had been locked up by medical staff.

We are aware that this is a temporary solution, but placement of additional patients in a room that is already full is not appropriate. Such “temporary” beds will, as a rule, be for patients (for an indefinite period of time) who have just been admitted to the hospital. In our opinion, this is not an appropriate basis for the beginning of treatment. Particularly worrying is the fact that all personal items had been taken from the patients. The patients can therefore only obtain their most essential personal items by finding someone from the medical or nursing staff. We believe that overcrowding could be solved in a more appropriate way. It would have been much better if the patients had been allowed to keep personal belongings with them. A temporary solution could be provided by using another room, transferring one of the patients to the open ward or temporarily transferring the patients into separate rooms in the male (reception) ward. At the time of our visit, this ward had (only) 14 patients, which, given the 25-bed capacity, would probably allow such a solution.

During our visit, there were 17 patients placed in the open female ward (27-bed capacity), 23 patients in the male ward (27-bed capacity) and 17 female patients in the mixed gender ward (27-bed capacity). The male open ward also has one eight-bed room, which we believe is the

upper limit of acceptability. Over-large rooms do not provide enough privacy for individuals and staying in such a room is certainly not pleasant for patients. The Ombudsman is thus encouraging an arrangement of rooms with fewer beds, taking into account spatial conditions and architectural solutions.

The possibility of visits is clearly of utmost importance for patients, in terms of both treatment and rehabilitation after treatment. In addition, we missed special rooms for visits, in particular in the reception wards. At the time of our visit, patients and visitors were sitting in the hallway. Since visitors include young children, spouses and parents, sitting in the hallway does not provide any basic privacy and may even be disturbing for other patients. These rooms (due to the nature of the ward) have no exit to the hospital surroundings, particularly to the lovely hospital park. We therefore propose that the Hospital examine available spatial capacities at least partially to enable visits in special premises intended for visitors.

We understand that a detainee, who had been admitted to the hospital, walked away freely from the reception clinic during our visit. We would like to point out that the Hospital should provide adequate supervision of detainees from the time they reach the reception clinic to the time when such a person is admitted to the reception ward. It is necessary to bear in mind that persons who pose a threat to themselves or other people outside hospital, are detained. Consequently, it is imperative that they are adequately guarded from the moment of their detention to their admission to a secure ward.

At the time of our visit, there was no physician present in the female reception ward. According to the hospital management, this was due to staffing issues, namely the lack of medical specialists. Such a situation causes concern. We believe that it is necessary, possibly with the assistance of the Ministry of Health, to find an appropriate solution, which would ensure, especially in secure wards, the permanent presence of a physician. We therefore propose that the Hospital keep us abreast of all efforts to solve the staffing issue and potential difficulties in finding adequate staffing solutions.

A physician has no daily contact with patients unless he/she considers that an appointment is urgently needed. The only reliable contact between the physician and patients is at weekly medical rounds. Such an arrangement means a limitation of access to a physician, which in our opinion is impermissible.

Meetings between a physician and patients are held in the reception office, which provides the only opportunity for privacy. Such a solution is not practical and it would be easier for both the physician and patient, and also in terms of security, if a room in the reception ward is provided, enabling appointments with doctors and also private conversations.

Extra-hospital treatment does not meet the expectations of the Hospital. There is a specialist clinic, but without support services. The waiting period for the first examination is 3 months.

The Hospital employs 156 people. The shortage of physicians is also reflected at work. Although there are 14 classified working posts for medical specialists, 9 medical specialists for seven wards were on duty at the time of our visit.

The inadequate staff structure is also obvious, since at the time of our visit there was no physician in the female ward or in the open gender-mixed C ward.

The open ward employs, as a rule, both one nurse with tertiary education and one with secondary education.

The Hospital claims that a patient completes the appropriate form when being admitted to the reception ward. The patient confirms in writing whether he/she agrees with the detention. Should the patient disagree or not be able to express his or her will, a “notification of detention" form is completed and sent to the court.

We believe that the form is incomplete. A special section is missing under which, in addition to the date of reception, also the hour of reception would be recorded. Bearing in mind that, after admitting a patient to the reception ward against his will, the Hospital is obliged to inform the court of this at the latest within 48 hours; the indication of hour is essential for proving the timeliness of the Hospital, i.e., compliance with the statutory time limit. Article 71 of the Non-litigious Civil Procedure Act stipulates the elements of the form for detention – data about a detainee, health status and about the person who brought the patient to the health centre. The form that is used by the Hospital does not envisage the recording of the data required, with the exception of basic data about the person in custody. The form includes only a general statement that, in the opinion of the Hospital, the treatment is necessary since the patient "poorly controls his/her emotions and behaviour and, therefore, poses a potential threat to him/herself or the surroundings”. Reference is made here to medical documentation filed in the ward. These indications are too general and do not comply with legal requirements. Since, as far as we understand, this form is also used to inform the court about the need to extend detention, it would be reasonable to include a section indicating whether it is the first notification or a proposal for an extension.

The court conducts the procedure in accordance with the Non-litigious Civil Procedure Act. The judge visits the Hospital (if necessary) twice a week. The patient is assigned a lawyer and an independent expert – psychiatrist. They have observed that the court has concerns with regard to decisions on detaining addicted (deviant) persons and persons with dementia.

During our visit, the director drew attention to difficulties that had been noted in the treatment of psychotic patients. There are differences between court rulings and the opinion of the attending physicians. The Hospital strives for the treatment to take place to the benefit of the patient but, in certain cases, the consequence of an overhasty allocation to an open ward is that the patient leaves. Such patients can commit criminal offences, which considerably complicates further treatment (they return to hospital under detention, and the measure of compulsory treatment is handed down in the criminal proceedings). These assertions were confirmed by a ward physician in the male reception ward. He explained that the attending physician rarely appears in the procedure before the court, which also applies to the relatives of a detained person. He believes this is not good, since patients are discharged although, in the opinion of the attending physician, it would be better for them to stay in a secure ward. Sometimes, a few days would suffice and the patient’s medical condition would significantly improve. They are, however, obliged to transfer the patient to an open ward even if they know that the patient will leave hospital before the treatment is concluded and will, sooner or later, return. Even the expert does not acquire information from the attending physician but decides on the basis of documentation. This difficulty affects the treatment, and a meeting with the court has therefore been arranged. We propose that the Hospital inform us of the contents of the meeting and solutions adopted and whether difficulties of this kind continue to occur in the future, especially, in cases in which the opinions of the Hospital and the court differ so as to affect patients.

We were surprised that the staff with whom we spoke in the reception wards did not know precisely who is responsible for providing timely information to the court that detention should be extended. We therefore believe it would be reasonable to appoint a person to be in charge of supervision and timely information, and for informing other staff of this decision.

Decisions on detention, addressed to a detained person, are served directly on a patient. The decisions are sometimes appealed. We could not establish whether records are kept about mail received from the court, and for which patients and in what way the mail was served. Such records would improve transparency and facilitate the detection of possible mistakes in serving the mail.

Of physical special security measures (SSM), the Hospital uses only restraining with belts (segufix). Their opinion is that this is not the best solution since the patient is "held" in a forced position. Patients so restrained wear diapers; they can not scratch or wipe their nose. Difficulties occur with addicts, who must be restrained because of their hallucinations. The restraint procedure follows a special protocol. It can be ordered only by a physician, who also decides about what times it should be used. Cage beds have been removed due to their inhumanity.

We drew attention to good practice concerning the monitoring of restrained patients in Maribor General Hospital, Psychiatric Ward. There are two rooms with beds for restraint and, between them, there is another room in which the measure applied in both neighbouring rooms can be monitored. It is true, however, that Maribor hospital is a new construction and it was easier to decide on the layout of rooms.

We visited a room in the male reception ward in which a patient was restrained. A nursing assistant was present with him. The assistant's constant presence was ensured and there was also a camera installed in the room. We highlighted that sound transmission would also be appropriate in all rooms that are monitored through a video system.

In the female reception ward, special records of all SSM are kept. Such records were not brought to our attention in the male reception ward, but they would be useful and we therefore propose that they be introduced. In this context, we drew attention in the female reception ward that, in addition to the data kept in the records so far, it would be reasonable to add a section indicating the name of the physician who ordered the restraint. This would enable the comparability of data and, in particular, the supervision of possible excessive orders for restraint by an individual physician.

Given the findings of the Hospital itself that restraint actually means not only an encroachment on an individual's ability to move but also on his/her dignity, this measure should be applied as *ultima ratio* for the shortest time possible.

We propose that the decision on restraining a patient for a continuous period exceeding 24 hours be made by the hospital counsel of physicians and that such a decision be verified every further 24 hours.

We did not manage to discover a lot about complaint paths. A patient is supposed to be informed about them orally when being admitted and the patient's relatives are given a basic information leaflet on the Hospital and the admission. There is no mailbox for complaints in the reception wards. There is a mailbox in the open (gender-mixed) ward, where we were informed that the open female ward had a notebook in which complaints and commendations could be recorded, while in reception wards, patients were supposed to be given an envelope at their request in which to place the application.

We believe that the Hospital should elaborate a system of complaint paths, which would enable each individual patient, in the event of complaints (even due to alleged violation of his/her rights), to draw attention to this. We believe that placing mailboxes for complaints would be reasonable, in particular in reception wards. Arrangements with a notebook or even handing over envelopes in which an individual can file a complaint are not appropriate, since

they do not ensure an individual's anonymity (in particular as regards persons against whom the complaint was filed). The Hospital should specify the rules governing complaints and a body in the Hospital that deals with them (at first and possibly also at appellate instance). The rules should be in writing and accessible to staff (on a notice board) and patients (e.g., a leaflet given to the patient on reception, published on a notice board). It would also be appropriate for individual records to be kept on all complaint paths, which would contribute to transparency and adequate supervision. A larger number of complaints from different patients about individual services (e.g., food, cleaning) or its providers (e.g. medical assistants, cleaning service staff) would undoubtedly have greater weight.

The Hospital has highlighted difficulties in particular with forensic patients.
They represent a major financial burden for the Hospital. In 2006, the Hospital received full payment for about 48 days, and only half of the amount for the rest. Such patients may be in hospital for several years, some even up to ten years. The demand for the admission of such patients is related to spatial issues, since the reception wards are relatively small. A judge occasionally informs the Hospital of an order that a patient be admitted for treatment at a time when all its capacities are full. In such a case, the Hospital attempts to direct the patient to Ljubljana. This issue has been repeatedly brought to the attention of the competent ministry. We propose that the Hospital inform us if such difficulties occur again. We also acquainted the Hospital with the Ombudsman’s endeavours to date to solve this issue suitably.

We believe that such a demand on the Hospital is not appropriate. In our opinion, day clothes contribute to strengthening human personality and self-confidence and they are thus undoubtedly an important element in the treatment procedure and the subsequent reintegration of the patient. Accordingly, the Hospital should encourage its patients to wear day clothes and, if necessary, provide these clothes for them. This applies also to the reception wards, except in cases in which a patient requires constant care.

We observed that, in the ward for addiction treatment, there were no reading lights on the night stand tables. This might cause difficulties for a patient who would like to read, in particular when days are short during the winter months.