

Inspection visit to the Psychiatry Clinic of Pärnu Hospital

On 13 August 2016, the advisers of the Chancellor of Justice made an unannounced visit to the Psychiatric Clinic of Pärnu Hospital (hereinafter the Clinic). The Chancellor of Justice inspected the Clinic last time in 2013. A doctor specialised in psychiatry and court psychology participated in the visit as an expert.

The Clinic provides the psychiatric assistance service in four units (acute treatment unit, unstable remission unit, general psychiatry unit, and depression and anxiety disorders unit) and has 42 beds in total. At the moment of the inspection visit, the acute treatment unit had five patients, the unstable remission unit six patients, the general psychiatry unit nine patients and the depression and anxiety disorders unit six patients. The composition of the staff that had direct contact with the patients varied in different units on the day of the visit. The acute treatment and unstable remission units had two nurses, one assistant nurse and one caretaker on duty; the general psychiatry unit has one nurse, one assistant nurse and one caretaker on duty; the depression and anxiety disorders unit had one nurse and one caretaker on duty. According to the staff, there are one nurse and one caretaker on duty in the evening and at night in every department. The Clinic's staff include two activity instructors and ten psychiatrists.

During the visit, the advisers of the Chancellor of Justice visited the rooms of the Clinic with the expert, talked to the hospital staff and patients, and examined the documents on restraint measures.

It is positive that the Clinic has private rooms for meetings with visitors and the Clinic's living conditions are good. It is also worth recognition that the Clinic allows the patients to use a gym, take yoga classes and engage in recreational therapy.

Following the visit, the Chancellor of Justice made these findings:

- During the visit it seemed that some patients were held in the Clinic against their will, but no decision to provide emergency psychiatric care irrespective of the will, as required under § 11 of the Mental Health Act (MHA), had been drawn up. A decision concerning involuntary psychiatric care must be made regarding such patients or they must be allowed to leave the hospital.
- The Clinic's patients are monitored in common rooms and in their wards using video surveillance. However, permanent surveillance in wards is not justified. Upon using video surveillance in wards, the need for it must be weighed in each individual case and applied only if it is indispensably necessary. The expert who participated in the visit also found that the constant video surveillance of a person staying in a ward is not justified in the case of certain conditions and in some situations the unnecessary surveillance of a patient may even worsen their condition. Patients should also be better informed about the use of video surveillance in wards.
- There were also deficiencies in documenting the use of restraint measures. The application of a restraint measure should be documented in such a manner that the documents reflect in sufficient detail the reasons for the application of the measure and the circumstances justifying the continued restraint. The time of termination of the restraint measure and the occurrence of a conversation following the application of the measure must be documented. The Clinic's medical staff must have constant access to the special register of application of restraint measures.