

## **Inspection visit to the psychiatric clinic of the Northern Estonian Regional Hospital**

### **Summary**

On 11 February 2017, the advisers of the Chancellor of Justice made a pre-announced visit to the 4<sup>th</sup> and 5<sup>th</sup> departments of the psychiatric clinic of the Northern Estonian Regional Hospital Foundation. The last inspection of the clinic by the Chancellor of Justice was carried out on 25 October 2014. During the visit, the advisers of the Chancellor of Justice visited the rooms of the clinic with an expert, talked to the hospital staff and patients, and examined the documents on the implementation of involuntary emergency psychiatric care and restraining measures.

The fifth department (acute department) has 30 beds. 15 in the women's wing and 15 in the men's wing. On the day of the inspection visit 18 patients (7 men and 11 women) were undergoing treatment. All the patients were subject to involuntary emergency psychiatric care. On working days the department has a standby-psychiatrist, four psychiatrists and 2-3 doctor-residents, a nursing manager, three nurse-trustees, 3-4 medical nurses, 8-9 caregivers, four activity instructors, and two security guards on duty. In the evening and at night (starting from 8:00 p.m.) and at the weekend and on public holidays a standby-psychiatrist, three medical nurses, six caregivers and two security guards are on duty. At the weekends, there is also an activity instructor in the department during daytime. The department has two monitoring rooms where the patients can be mechanically restrained, if necessary. A solitary monitoring room is located in the women's wing and a monitoring room for two is located in the men's wing. In conversations, the staff members said that they felt secure in the department and that teamwork was smooth.

There are 29 beds in the fourth department (women's sub-acute department). During the inspection visit, there were 29 patients in the department and 14 of them were subject to involuntary emergency psychiatric care. During daytime, there is a psychiatrist, a psychologist and, depending on the work schedule, 3-4 medical nurses and 3-4 caregivers on duty. There is also an activity instructor in the department on working days. In the evening and at night there are two medical nurses and three caregivers in the department. If necessary, the standby-psychiatrist can be called from the fifth department. In a conversation, the staff members said that teamwork is smooth and cooperation with the fifth department is good. The interviewed patients complimented on the considerateness of the staff.

In comparison with 2014, the living conditions of the fifth department have improved considerably. The redecorated premises of the department increase the patients' privacy: the toilets and bathrooms can be locked, the wards have doors and none of the rooms is a go-through room. The patients' washing facilities have also improved. It is also worth recognition that a staff member is constantly present in the room where a mechanically restrained patient is kept. It is good practice that the staff of the department have designated periodic breaks.

The living conditions and patients' washing facilities in the fourth department are good. It is positive that patients are allowed to have personal effects that create a cosier atmosphere in the wards and those who wish can wear their own clothes in the department. The activity room of the fourth department where the patients can practice handicraft under the supervision of an instructor left a good impression.

During the visit it became evident that the patients of the clinic are observed on the common premises of the fifth department and in their wards using video surveillance. However, video 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. Patients should also be better informed about the use of video surveillance in wards.

There were also deficiencies in documenting the use of restraining measures. The application of a restraining 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 restraining.

In the fourth department of the clinic, all patients must be ensured equal opportunities to stay outdoors. The ensuring of the security of a restrained patient must be analysed.

Various problems of the clinic arise from the fact that psychiatric care is provided in old buildings where it is complicated to create an environment that meets the standards of a modern psychiatric hospital. Some departments are located in separate buildings that are far from one another, which makes it difficult to move patients quickly between the departments, where necessary (e.g. where the need for restraining becomes evident). In conversations, the staff members expressed the hope that a modern psychiatric hospital would be constructed, so that patients could be provided with better living and treatment conditions. It is pleasant to note that the supervisory board of the Northern Estonian Regional Hospital Foundation has included the construction of a new psychiatric clinic in the development plan of the hospital.