

Inspection of the Psychiatry Clinic of University of Tartu Hospital

On 10 April 2014 advisors to the Chancellor of Justice paid an unannounced visit to the Psychiatry Clinic of University of Tartu Hospital.

The Psychiatry Clinic of the University of Tartu Hospital consists of acute psychiatry, psychiatry and children's psychiatry departments. Outpatient and inpatient psychiatric care (emergency psychiatric care, involuntary emergency psychiatric care) is provided in all departments and forensic psychiatric examinations are also carried out (except in children's psychiatry department). The Chancellor of Justice inspected the acute psychiatry and psychiatry departments of the hospital. The number of patients treated in the hospital at the time of the inspection was 33 in the acute psychiatry department and 28 in the psychiatry department.

The last time the Chancellor of Justice inspected the hospital was on 21 January 2013.

As a result of the inspection the Chancellor of Justice makes the following recommendations to the University of Tartu Hospital to guarantee the fundamental rights and freedoms of persons:

- to introduce a system in the hospital which guarantees that the need and scope of the implementation of video surveillance is considered in each specific case where the person has not given their written consent to the use of video surveillance in their room. This decision should be made in a format that can be reproduced in writing every time and in respect of every person to guarantee that the decision is transparent and can be inspected. The decision to implement video surveillance should be affective only during a specific period of time and reviewed after the expiry of the period;
- to introduce measures in the department to ensure that the use of strengthened video surveillance in the acute department is purposeful;
- to guarantee that the implementation of restraining measures in the hospital is guaranteed in a manner that makes it possible to inspect:
 - the reasons why restraining measures were implemented (incl. the situation that preceded the implementation of restraining measures and the unsuitability of alternative measures);
 - the frequency of monitoring the restrained person;
 - the need to continue restraining the person (incl. the continued unsuitability of alternative measures);
 - explanation of the need and reasons for restraining to the patient;
- to assess the suitability of the monitoring room for isolation and to consider the establishment of an isolation room in the hospital;
- to guarantee that the furnishings of the rooms meet the established requirements.