Inspection visit to the Psychiatric Clinic of the Southern Estonian Hospital

On 9 April 2016, the advisers of the Chancellor of Justice made an unannounced visit to the Psychiatric Clinic of the Southern Estonian Hospital (hereinafter the Clinic). The Chancellor of Justice inspected the Clinic last time in 2013.

The Clinic provides the psychiatric assistance service in two departments for a total of 30 beds. At the time of the inspection, the closed department (Department B) had nine patients and the open department (Department A) had 15 patients. In the closed department, two nurses and one caregiver and, in the open department, one nurse and one caregiver were on duty in terms of the staff that had direct contacts with the patients. The psychiatrist was not on duty.

During the visit, the advisers of the Chancellor of Justice visited the rooms of the clinic together with the expert, talked to the hospital staff, examined the documents on control measures and interviewed the patients.

During the visit, it became evident that the wish of at least one patient to leave the clinic was not taken into account and thereby no decision on treatment irrespective of the will had been drawn up. The availability of a psychiatrist 24/7 for making decisions on treatment irrespective of the will is still problematic. Patients have little opportunity for spending their spare time and for therapeutic activities. The rooms of the closed department were bleak and the application of control measures could be documented better.

As a result of the inspection, the Chancellor of Justice made the following findings and recommendations:

- to organise psychiatric assistance at the Clinic in such a manner that the staff have no difficulties with adherence to the roles of psychiatric assistance irrespective of the will (involuntary psychiatric care, IPC). It must be possible to have a psychiatrist who has personally assessed the condition of the patient to make IPC decisions regardless of the day of the week and time. It is also important to ensure that the second opinion of another psychiatrist regarding the application of IPC is obtained within 24 hours;
- to monitor the statutory procedure upon provision of persons with psychiatric care and to draw up a decision of involuntary treatment if it is decided substantively. If the grounds for involuntary treatment do not exist, the patient must not be prohibited from leaving the Clinic;
- to document the application of a control measure in such a manner that the documents reflect the reasons for the application of the control measure (incl. a more detailed description of the situation preceding the control and explanations as to which alternatives were not suitable) and, in the same manner, also the circumstances justifying continued control. Also, the staff of the Clinic must be granted constant access to the special register of application of control measures;
- to ensure that the furnishings of the Clinic comply with the established requirements and the purpose of the provided service and create an environment that supports patients' recovery;
- to create more diverse opportunities for the patients of the department to spend their spare time and engage in therapeutic activities.

The expert who participated in the visit made the following findings and recommendations:

- the staff's attitude towards the patients was inspiring and humane and medication-based treatment was adequate. No cases of chemical control were observed. Mechanical

control had been used in the closed department relatively rarely, because more difficult patients were referred to treatment to the hospitals of Tartu or Viljandi;

- the bed of the separation room was not attached to the floor, which may prove an unsafe solution in the case of strong and especially restless patients;
- it became evident that patients are convinced to follow treatment orders on the basis of a voluntary contract even if the patient's own desire to continue inpatient treatment is uncertain. During the inspection, one patient of the closed department verbally expressed the desire to leave the treatment, but the treatment of the patient was continued voluntarily;
- the therapeutic activities and leisure opportunities offered to patients by the closed department were scarce;
- the service of the on-call doctor organised by the central hospital, but the on-call doctor did not have the competence of a psychiatrist;
- in one ward there was video surveillance, which may be considered a reasoned solution in the case of the treatment of highly suicidal patients. However, nevertheless special emphasis must be placed on the notification of patients placed in such a ward.