

Inspection visit to the coercive treatment department of the psychiatric hospital of SA Viljandi Haigla

The advisers to the Chancellor of Justice inspected the coercive treatment ward of the psychiatric hospital of SA Viljandi Haigla (hereinafter: the Ward) on 07 November and 16 November 2015. The visit on 07 November 2015 was an unannounced visit and on 16 November 2015 the advisers arrived for an announced visit. The last time that the Chancellor of Justice personally inspected the ward was in 2012.

The ward provides coercive treatment on two floors of the building with a total of 84 beds. At the time of the verification visit, the ward held 85 patients and 10 coercive treatment patients were placed in the long-term care ward of the psychiatric hospital. During the verification visit there were a total of 4 nurses and 7 caretakers who had direct contact with the patients in the ward.

On 07 November 2015, advisers to the Chancellor of Justice together with an expert visited the premises of the ward, talked to the hospital staff, examined the documents regarding the application of restraining measures and interviewed patients during their tour. On 16 November 2015, advisers to the Chancellor of Justice visited the long-term care ward where 10 patients were receiving coercive treatment, and spoke with the staff and the head of the ward.

Out of the 10 patients interviewed, some pointed out the fact that conflicts occur between patients in the ward. All patients confirmed that the patients are locked up in their rooms for the night. One patient complained that there is no possibility to use the kitchen to make some tea, for instance. Patients were pleased that they can take a walk outside, participate in different activities in the activities house and engage in sports.

Compared to 2012, the documenting of the application of restraining measures in the ward has improved. At the same time, the observation rooms of the ward are still used as hospital rooms, without the necessary equipment. Additional problems that came up during the verification visit were:

- 1) locking patients into their bedrooms;
- 2) problematic living conditions and overcrowding in the ward;
- 3) lack of privacy, both in the ward as well as when communicating with the outside world;
- 4) taking away personal clothing;
- 5) shortage of staff, training and teamwork;
- 6) the making of decisions by the coercive treatment medical committee.

The health care expert involved in the verification visit made the following observations:

- According to the expert, application of restraining measures based on randomly selected health files was justified and appropriate. Talking to a patient was used as the primary means when calming down patients and there were very few incidents involving restraint being used in the ward. The expert did not notice any chemical restraint cases. Isolation rooms were well planned.
- The expert found that the main problem with the ward is lack of space and overcrowding, which notably impairs the security of patients and staff. During the verification visit it was noticed that the atmosphere of the acute ward was restless and from time to time there were conflicts and even minor violence between the patients, when the staff was not around. Lack of space may also be responsible for the fact that

some of the patients are discharged from the hospital too quickly. According to the expert, treatment times were notably short, which raised the questions of whether the condition of the treated persons had sufficiently improved and whether they were given sufficient aftercare.

- According to the expert, the decision-making and documentation process involving the continuation of coercive treatment requires immediate improvement. The decision must clearly specify the psychological state of the patient and its connection with risks and the need to continue coercive treatment.
- The expert found that the rooms of the acute ward were bleak and in need of more cosiness. Since the windows of the ward cannot be opened, the mechanical ventilation system should be improved.
- Locking the rooms for night is not sufficiently justified. The staff representative stated that this is the wish of patients themselves; however, if desired, the patients can lock their doors from the inside themselves for the night. If the door is locked from the outside, it should be justified and documented as restraint.
- In addition, there was also the question whether prohibiting the use of one's own clothing in the acute ward is sufficiently justified. The expert also found that use of the telephone is restricted and the degree of control unjustified.