



**Human Rights Defender of the Republic of
Armenia**



Guide for Monitoring of Psychiatric Institutions

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This document is a guide for prevention of torture and other kind of ill treatment in psychiatric and services institutions, which was developed on the basis of the Constitution of the Republic of Armenia, RA Constitutional Law “On Human Rights Defender”, other national legal acts, UN Convention “On Rights of Persons with Disabilities”, UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and other international documents and legal criteria developed on their basis. The guide for monitoring in psychiatric institutions was developed in the framework of cooperation among the RA Human Rights Defender office staff, Civil Society Institute and Penal Reform Institute¹.

Introduction

Human rights protection implies effective mechanism of guarantees of rights, envisioned by international and national laws.

Guarantees of rights of persons placed in psychiatric institutions at the international level are envisioned in the Convention on Rights of Persons with Disabilities. According to the Convention, “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”².

Persons with issues of mental health often become unprotected in various aspects, and this can result in violation of their rights and worsen their mental health. It is very important that the state undertakes all necessary measures to provide persons with mental health issues with available and continuous assistance, and ensure protection of rights, freedoms and dignity of persons with disabilities.

The Convention on Rights of Persons with Disabilities envisions that nobody can be subjected to torture or inhuman, degrading treatment. Article 2 of the UN Convention against Torture underlines the absolute essence of prohibition of torture and defines responsibilities for the states to initiate legislative, administrative, judicial and other measures to prevent cases of torture in all territories under their authorities, including obligation of the states to ensure proper care for children, elders and persons with disabilities in criminal execution institutions, hospitals³, and other institutions. Also, Article 3 of the European Convention on Protection of Human Rights and Freedoms defines absolute prohibition of torture, inhuman and degrading attitude or punishment.

¹ The guide was developed in the framework of program “Reducing torture and ill-treatment through strengthening preventive monitoring mechanisms in Armenia and Georgia”, implemented by Penal Reform International with financial assistance of the Ministry of Foreign Affairs of the Netherlands. The methodological solutions presented in the guide belongs to the RA Human Rights Defender’s office and might not reflect the views of the funders or Penal Reform International.

² See Article 1 of the UN Convention of Rights of Persons with Disabilities.

³ See General Comment No. 2 of 24 January, 2008 to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (<http://www.refworld.org/docid/47ac78ce2.html>).

According to international law, all persons with mental health issues shall have an opportunity to implement their all civil, political, economic, social and cultural rights, as envisioned in the Universal Declaration of Human Rights, International Covenants on Economic, Social and Cultural Rights, and Civil and Political Rights, European Convention on Human rights, and other international documents.

It is important that persons with mental health issues have an opportunity to develop their capacities in various fields. The state shall direct its efforts in assisting their social integration and participation in public life. These persons shall have access to proper medical care services, physiotherapy, education, workshops and rehabilitation measures, and to develop their capacities.

1. The mandate of the Human Rights Defender to conduct monitoring

The United Nations Organization's Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted in 1984 and its Optional Protocol (hereafter Optional Protocol) of 18 December, 2002 envision creation of a national preventive mechanism, which shall have wide authority, have an opportunity of unrestricted entry and appropriate study in all sites, where people may be deprived of liberty.

After ratification of the Optional Protocol and changes made on 21 October, 2008 to the Law on Human Rights Defender (2003), the RA Human Rights Defender was acknowledged as the National Preventive Mechanism, defined by the Optional Protocol. After it, reflecting the Constitutional Changes of 6 December, 2015, the RA National Assembly adopted RA Constitutional Law on "Human Rights Defender", and according to its Article 2, part 2, RA Human Rights Defender was entrusted with the mandate of National Preventive Mechanism defined by the Optional Protocol (hereafter Preventive Mechanism). According to Article 27 of the law, the aim of activities of the Human Rights Defender, within its mandate of the Preventive Mechanism, is prevention of torture and other cruel, inhuman and degrading treatment in places of deprivation of liberty. Realization of these functions is provided through the Department of Prevention of Torture and Ill-treatment of the Defender's office. Activities of the National Preventive Mechanism are also implemented through independent specialists (a psychologist, psychiatrist, physician and sociologist).

Article 28 of the RA Constitutional Law on Human Rights Defender defines the powers of the Defender as in its function of the National Preventive Mechanism. The information obtained within the mandate of Preventive Mechanism is subject to protection, and personal data shall not be published without written permission of the person.

Article 28 of the Constitutional Law, with the aim to provide unobstructed entrance of the Defender within its mandate of Preventive Mechanism to places of deprivation of liberty, defined the circle of the

places of deprivation of liberty, outlining psychiatric institutions, as well as any other place, where upon the decision, order or instruction of a state or local self- government body or official, with the consent or permission thereof, a person has been deprived or may be deprived of liberty, as well as any such place which a person may not unrestrictedly leave, in absence of the decision or permission of the court, administrative or other body or official.

The Preventive Mechanism's visits are realized through monitoring visits, which do not depend on the number or volume of complaints, as well as through conversations, initiated in connection to individual complaints or cases of violation of rights.

In addition to the abovementioned, an Expert's Council on Torture Prevention, composed of appropriate non-governmental organizations and independent specialists, does function adjust to Human Rights Defender. The Council discusses issues of legislative and practical character, faced by the Human Rights Defender and non-governmental organizations during their activities.

Among sources of information for the National Preventive Mechanism are also individual complaints, visits to places of deprivation of liberty, as well as published news and studies by mass media, international organizations, non-governmental organizations and monitoring groups.

Representatives of the Department of Preventive Mechanism and experts visit psychiatric institutions, where persons with mental health issues are treated on a voluntary basis or on the basis of enforced court acts or are placed in psychiatric organizations on the basis of decisions, adopted in the framework of criminal law procedures.

Persons who obtained mental health problems during their punishment stay in criminal execution institutions and are placed in psychiatric organizations, are also subject of attention of the Preventive Mechanism.

In respect to this guide, psychiatric organizations are viewed as institutions, where persons with mental health issues are isolated and have to dwell together. In such organizations, persons do not have control over their life and opportunity to make decisions on their daily activities.

2. Principles of Monitoring

• Causing no harm

People who conduct monitoring shall make effort to reduce any risks for the person they interview. Conducting interviews with persons in psychiatric institutions can result in such consequences as punishing the interviewee through isolation, increased portions of psychotropic drugs, limitation of various rights, including to walks, meals, using telephone and other. For this reason, during conversation, as well as while

composing inquiries or other documents, monitors shall be cautious not to publish any data which can individualize persons with mental health issues. Therefore, in addition to the name and surname, also all other individual characteristics of the interviewee shall not be published, even if the interviewee gave a permission for publication.

At the same time, it is important that interviews are conducted with as many people, not to let the administration of the institution to link the source and content of information. It is also necessary to exclude presence of the institutions' representatives at interviews with persons with mental health problems.

It is advisable to ask the opinion of the person with mental health problems about any possible risks that may be caused by the fact of interviewing him/her.

In cases, when the visit to the same institution is conducted for repetitive times, it is necessary to try to check with interviewees, whether there has been any pressure put on them by representatives of the institution.

It is important that in the end of each visit, during conversation with the management and staff of institutions, to underline that these unannounced visits will have repetitive character, to reduce risks of probable pressure on persons with mental health issues.

At the same time, monitors can leave their contact details with the persons detained at the psychiatric organizations. In this way, they can be informed about cases of pressure imposed on persons with mental health problems after their monitoring visit and properly react on these cases.

- **Neutrality and exclusion of conflict of interests**

Neutrality is important for effective and independent monitoring. It is important to ensure that monitors do not have conflict of interests in relation with psychiatric organizations or persons connected with it.

- **Respect toward persons with mental health issues**

Although persons with mental health issues may be “tense”, and express strange and morbid thoughts (delirium, apparitional emotions and other), the individual, the interviewer shall keep calmness, be polite and respect the opinion of the person interviewed. He shall not try to dispute or neutralize thoughts, expressed by the person who has mental problems, otherwise the situation can worsen. It is necessary to listen to their opinions and ask questions. The monitor shall be cautious and understand that thoughts, which seem morbid, may appear not to be such. For example, a person with mental health problems may inform that somebody wants to humiliate him/her, pursue him/her, seize his/her property or kill her/him. Such thoughts usually are results of morbid emotions but in some cases the person with mental problems can say the truth. Therefore, this information shall be checked.

The monitor cannot mechanically ignore the whole information passed to him by a person with mental problems because he/she expressed some morbid thoughts.

- **Respect towards the management and staff of psychiatric institutions**

During a monitoring visit, lack of demonstrated respect towards organization's management and staff may cause problems for the monitor or the monitoring group. Monitors shall understand well that monitoring is directed at uncovering systemic issues, and that in its turn can negatively impact the organization's management and staff. In the beginning of the visit it is necessary to fully introduce the purpose of the visit and activities to be conducted. At the same time, the organization's management shall be suggested to assist the visiting group and provide the required information, including necessary documentation and materials, without causing any obstacles. In the end of the visit it is necessary to thank the organization's management and staff for assistance rendered during the visit.

It is essential to interview the management and staff of the organization, to listen to issues they may have in regards to their working conditions and questions related to their work.

- **Managing expectations and persuasiveness**

A member of the monitoring group shall explain persons with mental health issues and staff members the aim of the visit and mandate of each member. The member of the monitoring group shall not give promises, which he/she cannot realize.

- **Observance of confidentiality**

It is important to ensure confidentiality of the information provided by persons with mental health issues and the staff of the institution. It is inadmissible to reveal the information regarding a person with mental health issues without permission of that person and the staff of the organization, and discuss issues related to him/her with the management of the organization. The benefits, shortcoming and possible risks of revealing of such information shall be presented in full to the person with mental health issues.

An exemption from this is the information, provided by persons, who cannot make conscious decisions. In consideration of this type of cases, it is necessary to listen to the opinion of a competent staff of the organization.

In addition, when photo and video materials are made (for example, to register injuries) by a member of the monitoring group, the principles of confidentiality shall be observed.

- **Observance of safety norms**

Members of monitoring group shall respect the internal procedures and charter of the psychiatric institution. Nevertheless, the monitoring group members shall make a decision on whether to follow the requirements of the staff regarding the safety of the monitoring group members. In any case, taken into

consideration the internal procedures of the institution (time for rest, meals, etc.), as well as safety of the visiting group, the group shall have an opportunity to decide itself the time and places of visits.

- **Consistency and patience**

Trust and respect towards the monitoring group is built gradually and is based on the consistency and appropriateness of activities of the monitoring group. The necessary elements of the monitoring are efficiency, regularity, consistency and professionalism.

- **Credibility**

To develop recommendations on the basis of facts, it is necessary that the monitoring group members collect accurate and credible information.

- **Watchfulness**

All members of the monitoring group, while conducting interviews with persons with mental health problems and staff, shall be well aware of the situation, including the needs of persons with mental health issues. In cases of torture and ill-treatment, a monitoring group member shall consider possibility of double victimization.

- **Objectiveness**

All members of the monitoring group shall collect credible information and do not demonstrate prejudiced and partisan approach.

- **Integrity**

All members of the monitoring group shall act based on integrity principles and according to human rights international criteria.

- **Transparency of actions**

Members of the monitoring group shall ensure that persons with mental health issue and the management of psychiatric organizations understand the mandate and work methodology of the monitoring group. It is recommended that members of monitoring group carry on badges, which indicate their names, surnames, and positions.

- **Observance of professional ethical norms**

Members of the monitoring groups shall carry on appropriate clothing, and act in accordance of norms of good behaviors and ethics, politely refuse any requests for cigarettes, money or phone calls. It is important to keep emotional and physical distance, to observe the ‘causing no harm’ principle and prevent secondary traumatization of the specialists. The person conducting monitoring visit shall be able not to emotionally identify himself/herself with the interviewees, to avoid physical contact as much as possible and to keep professional neutrality.

3. Planning and preparation of monitoring visit

For the efficiency of monitoring visit, it is important to define the goal and tasks of the monitoring. The final aim of the monitoring is to improve the situation in psychiatric institutions, conduct monitoring visits, check correspondence to national and international criteria, develop appropriate recommendations and in the framework of appropriate mandate check implementation of these recommendations.

Prior to monitoring visits, a preparatory work is conducted. First of all, it is important to collect and analyze information about a given psychiatric institution. The main sources of information can be complaints received by the Office of Human Rights Defender, analysis of results of previous monitoring visits, annual reports, reports of the monitoring groups, mass media reports, and information received from other sources. In the preparation phase, the monitoring group shall understand the status of the psychiatric institution, i.e. in which structure and under which oversight it does operate, as well as become familiar with its internal norms (charter, internal procedures).

Analysis of the information will help the group to define the priorities and plan corresponding tasks.

During a preventive visit, the monitoring group evaluates the general situation of the psychiatric institution, as it is difficult to collect detailed and comprehensive information at the visit. Therefore, it is advisable to conduct also thematic visits, which will allow the monitoring group to study some issues in a more detailed manner. During the preparation phase it is important to consider the extent at which the previously recommendations were implemented. At the site visit, the monitoring group shall study the realization of previous recommendations.

Prior to visit to a psychiatric institution, a discussion within the monitoring group shall be held, at which the group members shall understand all issues concerning the monitoring visit, divide the work and assign tasks. They also decide on the list of technical equipment (for example, questionnaires, video camera, measurement equipment, thermometer, hydrometer, stereo-meter and other).

In the preparation phase the monitoring group decides on the head of the group, who will present the aims and tasks to the monitoring group. He/she also reminds the group members about the essential professional ethical principles.

The monitoring group divides into smaller groups, and respective directions and tasks are given to these sub-groups. The composition of the visiting group is defined upon the task of the visit (to include, for example, physician, lawyer, psychiatrist, psychologist and other specialists).

All the subgroups are given corresponding tasks. These sub-groups can be tasked with detailed study of different questions and collect necessary information from various or defined sources of information.

4. Conduct of a monitoring visit

The visit starts with a meeting with the psychiatric institution director, or deputy director, or in absence of them, an authorized person, and having a short conversation with them. At the meeting the head of the monitoring group introduces to the director or deputy director the information on the goal of the monitoring visit, the monitoring group members and the mandate of the group.

It is clarified that the monitoring group shall respect the institution's internal norms, including safety norms, and, at the same time, the monitoring group members are authorized to make decisions on whether or not to follow the management's recommendations and directions, while acting in the framework of their authorities.

During the meeting with the psychiatric institution management, it is necessary to obtain the following information about the organization:

- The financial sources of the psychiatric institutions and its volume to the extent that it relates to the monitoring visit's goal and is within the preventive mechanism mandate;
- The date of establishment of the institution, its general situation, the number (and the type) of constructions;
- Accessibility of public transportation;
- The number and types of departments of the institution, the number of beds in each department;
- The number of persons (men and women) with mental health problems staying in each department;
- Different groups of patients, such as children, teenagers, elders, patients with drug dependencies, foreign citizens, persons without citizenship;
- Abandoned and homeless patients;
- The number of patients going through obligatory treatment;
- The number of persons who receive voluntary and involuntary treatment;
- The number of persons passing through forensic psychiatric examination;
- The number of persons acknowledged legally incapable;
- The number of persons receiving treatment and persons who are under care, the number of beds assigned for persons who are under care;
- Information about persons with various derangements (mental, physical, emotional, psychological), as well as about patients with higher level of criticism
- Treatment other than medicinal;
- Information about incidents that happened in the institution, including cases or attempts of escape from the institution;

- Cases of refusal of meals and reasons for that (for example, conditioned by religious factors or as demonstration of protest);
- Cases of self-injuries or suicides and its reasons;
- Number of death cases and causes, measures undertaken in cases of death (where and by whom the autopsy was done);
- The procedures on organization of functions in cases of emergency;
- Information about applied measures of restraint;
- The average duration of keeping persons with mental problems in the institution;
- Index of cases of repetitive placement into the psychiatric institution;
- The list of the staff and vacant positions (to obtain in paper or electronic version);
- Appliance of reprimands against the staff of the psychiatric institutions in cases of ill treatment of persons with mental health problems;
- The number of medical personnel working at night shifts and during holidays;
- Organization of transportation of persons with mental health issues (to court, hospital, etc.);
- Issues with staff training (professional, on service, and psychological);
- Future plans (reforms, programs);
- Information about providing occupation to persons with mental health problems in psychiatric institutions;
- Information about organization of cultural events;
- Provision of opportunities to keep contact with relatives (meetings, visits, telephone calls, correspondence)
- Provision of the opportunity to write letters-complaints, availability of the box for complaints;
- The opportunity and accessibility of using legal services;
- The opportunity to use services of other medical specialists in cases of somatic diseases;
- The opportunity to receive psychological and psychotherapeutic assistance information about social psychological rehabilitation services;
- Information on individual and group medical treatment;
- The number of persons having difficulties of movement and the number of available wheels, crutches and other medical equipment);
- Availability of ramps;
- Provision of safety of the territory;

- Regulation of custody (who manages the person's pension and in what way in cases of acknowledged legal incapacity);
- Mechanism of provision of pensions to persons with mental disorders;
- Mechanism of informing the law enforcement bodies about injuries (upon reception of the person and during his/her stay in the institution);
- Requests to provide a safe room for interviews;
- Requests that the director or deputy director provides all necessary documents related to the purpose of the monitoring visit;
- The head of the monitoring group shall give an opportunity to other members of the group to ask questions.

It is necessary also to learn about other than National Preventive Mechanism organizations, local or international, which have conducted monitoring visits.

Duration of the meeting with director or deputy director is not strictly defined. The director of the institution shall not be allowed to have a long speech unrelated to the matter of the monitoring visit. The monitoring group members do not have a right to raise questions that do not relate to the aim of the visit. After discussion the monitoring group starts observation of the psychiatric institution, preferably, all departments of it.

The monitoring group is divided into sub-groups, as planned prior to the visit, and each subgroup shall have no less than two members.

Each group conducts activities as planned by assigned tasks (for example, study of the necessary documents, another subgroup studies the conditions in the departments, and interviews persons who have mental health issues, the third group observes other rooms of the institution, such as kitchen, the room of psychologist, the storehouse, and other places, another groups conducts interviews with director, physician, medical sister, psychologist, social worker, security service employees, and other). Members of the monitoring group, if necessary, also study documents, related to monitoring purpose (for example, histories of disease, and other documents related to provision of medical services, court decisions, protocols, reports, etc.).

In the end of the monitoring visit, it is necessary to have a meeting with the director of the institution, or, in his/her absence, with his/her authorized representative. During the meeting the monitoring group shares its first impressions and, if necessary, clarifies some additional information.

5. Conduct of safe and efficient interviews

Interviewing the staff of the institutions and persons with mental health issues is an important part of monitoring. Monitoring group members shall try to gain confidence of persons with mental health issues. They need to introduce themselves and describe and give explanations on their mandate. It is preferable that the interviews be conducted in a comfortable atmosphere where persons with mental health issues will feel unconstrained and as equal to equal. Monitoring group members have to explain to persons with mental health problems the aim of their visit to the institution, their mandate and what they can do and what they cannot. They also shall inform, in plain language, that their interview is confidential. During the interview they can use a special questionnaire (check list). To avoid deviation of attention of the patient it is preferable that interviews be conducted by two members of the monitoring group, where one member talks with the patient and asks questions, and the other member makes notes on the answers of the patient.

Interviews shall be conducted with vulnerable, isolated or reserved persons with mental health disorders, as well as all others who expressed a wish to have an interview. It is important to choose various people with mental health disorders (of different sex and age, duration of stay in the institution, diagnosis, gravity of mental health disorders, chronic nature, voluntary or involuntary nature of medical treatment, etc).

Interview may be conducted in a ward in a format of individual or group interview. In any case, as many as possible interviews with psychiatric patients shall be conducted that the personnel of the institution be unable to figure out who was the source of provided information. In case of necessity, with permission of the interviewee, the interview can be recorded.

Monitoring group members shall observe how the personnel communicate with psychiatric patients and how patients react in presence of the personnel.

Behavioral characteristics of people with mental health issues

People with mental health issues can have personal and emotional disorders, which result in diminished capacity to adapt to the environment. Such disorders are diagnosed by international medical standards, for example, according to the International Statistical Classification of Diseases and Health Problems, 10th Revision (ICD-10).

In wider sense, mental disorders include such diseases as psychoses, schizophrenia, bipolar mental disorder, disorders of neurotic nature, panic disorders, depressions, post-traumatic disorders, psychic disorders caused by abundant use of alcohol and narcotics, as well as disorders of cognitive development.

People with mental health problems are not “of other kind”, they just have additional needs. It is noteworthy that not only persons with mental disorders can be kept in psychiatric institutions, but also people who do not have such disorders, for example, homeless people.

It shall be noted that people with mental health issues can face stigma and discrimination, which are the result of stereotypes, fear and pity, dominating in the society.

Safety of an interviewer

It is important to ensure safety of the interviewer. In relation to this it is important to consider the following:

- It is preferable to conduct interviews with psychiatric patients by two members of the monitoring group, especially in those medical wards, where persons with acute mental disorders are kept, as well as in departments of mixed and open type;
- The person conducting interviews shall think of ways to leave the room (for example, choose a seating place next to the door), be attentive, hide sharp items, hot drinks and other;
- Require in advance or consider opinions of the personnel regarding behavioral features of the concrete persons with whom they are going to conduct interview and plan it in the way to neutralize possible risks;
- Interrupt interview if the interviewee seems agitated and becomes losing control;
- People with mental disorders can be ‘tense’, ‘hear voices’ (sound hallucinations), demonstrate intrusiveness, have different fears, be suspicious and think that they are under observance, or are under the threat of being poisoned, etc. In such cases the interviewer shall be calm and polite. The interviewer may not agree with the mental disorder patient but has to respect his/her opinion;
- The interviewer shall observe the safety norms, exclude any contact with blood, avoid physical contact with infected persons, especially if they have tuberculosis;
- In cases when the persons with mental disorders express thoughts about suicide, it is advised to inform the personnel about it, as an exception to the confidentiality rules, with the goal to ensure the safety of the patient;
- In cases, when the person with mental disorders asks for money or cigarettes, the interviewer shall politely refuse the request.

Behavioral patterns of persons with mental disorders kept in psychiatric institutions

How to act in the following situations?

a) The person with mental disorder is sitting isolated in a corner

The person conducting monitoring visits shall try to begin an interview keeping some distance. The interviewer shall introduce him/herself and inform about its confidential nature. If, according to observation of the monitoring group members, the person is ready to communicate, the interview is preferable to start with a topic not related to the interviewee. Directing questions shall be avoided and the interview shall start with neutral questions.

b) The person with mental disorder moves backward when the monitoring group member approaches him/her

Members of the monitoring visiting group shall not approach the person with mental disorder as it might frighten him/her. Persons with mental disorders often are afraid to be at a short distance with others or communicate at a short distance, and time is required to gain their confidence and soften their fear and resistance. The visiting group members shall try to talk with a person with mental disorder at some distance. As in the previous case, it is important to start the sentence with 'I', without asking any questions, to 'melt the ice'. If (in cases) when a visiting group member see that the patient is ready to communicate, he/she can ask questions, and it is preferable to start with neutral questions, which are not directly related to the interviewee.

c) The group of persons with mental disorder surround the monitoring group member, become agitated, embrace him/her, ask questions, request to talk to them

The monitoring group member shall try to find ways to free him/herself from such a situation, demonstrating positive attitude, without discriminating or aggressive behavior. The best way is to promise to visit them again and have a conversation with them, which should not be a false promise, first of all for principal reasons, and secondly, because during these interviews a valuable information can be obtained.

d) Interviews with patients who have hallucinations

Patients with delusions express thoughts evidently contradicting the reality, such as "I am Napoleon Bonaparte" or "aliens control my mind". In such cases the monitoring group members shall not try to convince the patient that his belief is false, for it is true for that person. The monitoring visitors shall be informed that this kind of persons may be victims of violation of human rights and not necessarily all their

thoughts are ill. This kind of persons with mental disorders shall not be neglected by the monitoring visitors. For example, if a patient mentions that the personnel are poisoning his/her meals, it, probably, does not correspond to the reality, but in this case the personnel can be asked if they put any medicine in meals for the patient. Even if it is not true, this kind of thoughts can be caused by the effect of the medicine prescribed to the patient.

e) *The person with mental disorder is obviously tense*

If the monitoring visitor clearly sees that the patient is extremely tense and absolutely does not want to speak, they shall not try to conduct an interview, but may observe in unobtrusive way the behavior of the patient and look for a right moment to try to communicate with him/her.

f) *The person with mental disorder expresses repetitive or disconnected thoughts*

It is difficult to converse with persons who express disconnected or repetitive thoughts. However, considering the fact that people with mental disorders have a feature to concentrate on emotionally significant for them moments, the repetitive and pertinent thoughts expressed by them can be informative for the monitoring group in uncovering important circumstances. In such cases, however, the obtained information shall be checked from different sides (through questioning other patients and medical personnel, another visit etc.).

g) *People with mental retardation*

Obtaining information from persons with mental retardation requires more effort and time. The questions of the monitoring visitors shall be simple, clear and precise, and sentences shall be short. The language shall be similar to the language that people speak with children. Questions related to ill-treatment shall be asked in a circumvent way, for example “Whom from the personnel you like the most?”, “who from the personnel is the most strict?” and other.

6. Documents for study in psychiatric institutions during a monitoring visit

All documents, protocols, notes related to information of clinical, legal and medical character on person with mental health problems shall be preserved. Documents of clinical character shall contain information about preliminary examinations of the person with mental disorders, regularly updated

information on his/her situation (psychological and physical) and the results of laboratory examination.

Documents shall also contain written plans on individual medical treatment.

During the visit, in particular, it is necessary to study:

- A personal case of the person with mental disorder, including documents on reception of the person into the hospital;

- Documents on applied methods of restraint;

- Documents on prescribed medicines (registration of documents, which shall be strictly controlled);

- Documents on reception and issue of the medicine (including terms of validity);

- Documents on treatment of physical diseases;

- Documents on dental medical treatment;

- Documents on laboratory examinations;

- Documents on rehabilitation activities in cases of psycho-somatic diseases;

- Documents of visits of a psychologist in cases of psychological assistance;

- Documents on self-injury, suicides and incidents;

- Documents on cases of death;

- Documents, if available, on organization of bathing procedures;

- Documents, if available, on provision of walks;

- Documents related to connection with the outside world (on provision of telephones, correspondence and meetings);

- History of diseases of persons under involuntary treatment, court decisions, etc;

- Documents related to sanitary-hygienic and anti-epidemic measures, conducted by appropriate bodies;

- Documents on meal plan and provision of meal.

7. Study of the psychiatric institution in relation to issues of ill-treatment

During the monitoring visit it is important to understand whether the rights of persons with mental health problems are protected, whether they are informed about legal and other guarantees of provision of their rights, whether there were cases of ill-treatment of persons with mental health issues. It is also necessary to understand whether the medical treatment including treatment in cases of somatic diseases is provided in a timely and proper manner, whether rehabilitation activities are conducted, whether there is a need to keep the person with mental health issues in the institution, whether there are cases when persons

with mental health issues cannot leave the psychiatric institution because of social or other non-medical reasons.

Ill-treatment in psychiatric institutions can be expressed in the following ways:

- Keeping a person with mental health issues in hospital without medical orders;
- Physical violence;
- Verbal insults;
- Violence among persons with mental health issues;
- Sexual violence;
- Psychological violence;
- Personnel's negligence;
- Discriminatory attitude;
- Improper treatment of somatic diseases;
- Overcrowded psychiatric institutions;
- Improper living conditions (food, hygiene, not proper bedding items, uncomfortable beds, and other);
- Unreasoned limitation of walks;
- Restrictions in communication with external world;
- Physical restraint of a person with mental health issues in presence of other patients, in some cases also with assistance of other patients;
- Involvement of people with mental health issues in obligatory work;
- Punishment methods of people with mental health issues (isolation, physical and medicinal restraint instruments, introduction of special limitation after an attempt of escape and other).

In order to reveal cases of conflicts among persons with mental health issues, it is important to conduct interviews with the personnel and management. It is necessary to figure out:

- Whether such cases are registered and properly handled;
- Whether video observance is applied to follow persons with mental health problems;
- Whether the number of the staff is sufficient for proper provision of safety to persons with mental health issues;
- Which preventive measures are applied for safety provision of persons with mental health issues.

If there are cases when persons with mental health issues insult one another, it is necessary to understand whether the personnel efficiently resolve such cases and whether the victims of such incidents are secured for repetition of similar actions.

In cases, when the monitoring visitor finds out physical injuries, it is necessary to conduct interviews with the person with mental health issues and the personnel, immediately document the injuries (a relevant protocol shall be written, mentioning the name and surname of the register, date of registration, which shall be signed by the person who documents and the victim, with his/her permission, and if possible, to photograph the injuries). In addition, it is necessary to study the daily journal or journal on injury registration.

8. The personnel of psychiatric institution

One of the risks of possible ill-treatment is insufficient number of multi-profile professionals, non-professional or insufficient medical personnel (psychiatrists, medical sisters, psychologists, social workers, therapists, security personnel).

During the monitoring visit it is necessary to study the following questions:

- Whether the number of staff is sufficient for the psychiatric institution (medical sisters, medical orderly, psychologists, social workers, therapists, and other);
- Whether there is sufficient number of medical personnel and during night shifts and holidays;
- Whether there is staff assigned to assist patients who have issues with movement or recumbent patients;
- Whether work conditions of the medical and security staff are appropriate and correspond to certain criteria (work hours, rest, daily work regime, salary, security);
- Whether authorities of the medical and security personnel, as well as limitations of their functions are precisely defined in the internal charters.

The monitor shall study the abovementioned issues through observation and cross-cutting interviews with medical personnel, security personnel, management of the psychiatric institution and persons with mental health issues.

9. Methods of examination and treatment: psychiatric institutions and community-based medical health services

The modern approaches to psychiatric health are based on a balanced treatment. The balanced treatment model suggests hospital medical assistance and community-based service, a balance between

medicinal and non-medicinal treatment, an ensured balance among interests of individual, family and society, and prevention, treatment and rehabilitation methods. In other words, it means that not all persons having mental health problems need medicinal treatment. Most of them need changes in life regime, an optimal work regime, rehabilitation measures and reduction of stress factors or developing skills for softening and managing these factors. Some people need psychological social assistance, maintaining personal health (psychological education), stress management, stress reduction and some others –medicinal treatment and participation in rehabilitation activities. In many countries there are psychiatric institutions, although current data indicate the harm of these institutions and advantages of community base approaches. In many countries of the world an ideology that isolation of a person is in his/her best interest is overspread, and this approach becomes a basis for all services provided.

Community-based mental health services aims at providing social assistance to persons with mental health problems, so that they have an opportunity to live in a community and participate in public life.

10. Efficiency of treatment

Inefficient and prolonged medical service in psychiatric institutions can be qualified as ill treatment of persons with medical health issues. Considering this, during the monitoring visits the following questions shall be studied in detail:

- Whether all persons with mental health issues upon reception to the psychiatric institution are going through medical examination, including measuring the weight, and other;
- Whether medical assistance and services to persons with mental health issues are provided timely and correspond to defined requirements;
- Whether assessment mechanisms of efficiency of medical assistance are in place;
- The volume of medical assistance provided in psychiatric institutions in cases of somatic diseases; whether necessary conditions are available in the institutions to provide such services; if not, then where and by whom such services are provided;
- Whether in emergency cases persons with mental health issues are urgently taken to the civilian hospitals;
- Whether there are recumbent patients, and what type of services is provided to them;
- Whether in case of necessity it is possible to organize treatment of persons, having other diseases, by whom this treatment is provided, whether other persons with mental health issues are involved in organization of such treatment;

- Whether all persons with mental health issues have registered history of disease, whether these documents are properly filled in, who has access to these documents (medical confidentiality);
- What steps are initiated when cases of pregnancy are discovered;
- Whether regular medical examinations are conducted (screening examinations);
- Whether epidemic diseases are controlled;
- Whether the psychiatric institution is provided with necessary medicine (psychotropic and other type);
- Whether psychological assistance is provided to persons with mental health issues, when they are depressed, emotional or frustrated;
- Whether bio-medical examinations are conducted in psychiatric institution, whether a person with mental health issues, who shall go through these examinations are informed about them, whether he/she had given permission on it, whether he/she is informed that at any stage he/she can refuse medical interventions, if it is conducted for scientific or experimental purposes;
- Whether regular oversight is conducted and social-psychological re-adaptation services are provided to persons who left the hospital.

To study these questions, the monitoring group members have to interview medical personnel, directorate of the psychiatric institution, and persons with mental health issues, as well as study corresponding documents.

11. Provision of rights of persons with mental health issues

According to Article 6 of the RA Law on Psychological Assistance, persons with mental health issues enjoy all rights and freedoms provided in the RA legislation, with exception of limited cases. Persons with mental health issues, receiving treatment in psychiatric institutions, particularly, have a right to:

- 1) Conduct correspondence;
- 2) Use telephone connection;
- 3) Meet visitor;
- 4) Have and obtain necessary for them items, possess personal clothing;
- 5) Have access to newspapers and journals;
- 6) Be called by their name and surname;
- 7) Use their right to social security;
- 8) Receive legal assistance;
- 9) Use the right of provision of personal security;

- 10) Receive information in their mother tongue or another language on their rights, freedoms and duties;
- 11) Enjoy polite and non-humiliating treatment;
- 12) Give permission and refuse at any point medical methods and measures, if they are conducted for scientific or experimental purposes, and are also accompanied by photo-video and film recording;
- 13) Require participation of their psychiatrist in works of the medical commission provided by the law;
- 14) Enjoy the right of health maintenance, including receiving sufficient food, urgent medical treatment, as well as being examined by the selected by him/her doctor, on his/her own financial means;
- 15) To rest, including open air walks, physical exercise, and eight hour night sleep, during which it is prohibited to involve him/her into medical and other activities;
- 16) Sign civil law contracts, except those, limited by the civil law;
- 17) Apply with requests for personal meeting with the director of a psychiatric institution, and to bodies, which provide control and oversight over the institution;
- 18) On protection of his/her rights to examination, medical treatment, check- out, and, in case of violation of his/her rights and freedoms, to apply with complaints in person or through legal representative to the director of a psychiatric institution, its supervising body, to court, prosecutor, human rights defender, state and local government bodies, public organizations and political parties, mass media, as well as international bodies and organizations on protection of human rights and freedoms.

Persons with mental disorders who receive medical treatment in psychiatric institution, shall be informed on their rights, the aim and reasons of his staying in the institution, on which special note is written in medical documents.

In addition, persons with mental disorders have a right to be examined and re-examined by medical-social commission.

The above mentioned rights (points 1-5, 15 (with exception of the right to rest and 8-hour night sleep) and 16 can be limited by the law and examining doctor and psychiatric commission, if its implementation presents a risk for a person with mental health problems, or society, or inhibits medical examination or testing. Decisions made by the psychological commission or examining doctor shall be reasonable and necessarily be registered in medical documents. The person with mental health issues is informed on the same day about limitation of his/her rights on the indicated basis, and a corresponding record is made in the medical documents. If the indicated reasons are dismissed, the psychiatric institution shall inform the patient about termination of the limitations on the same day, and a corresponding record shall be made in the medical documents.

During the monitoring visit it is important to evaluate whether the personnel of the corresponding institution ensures the requirements stipulated by the RA Law on Psychiatric Assistance in respect to all persons with mental health issues.

Particularly, it is important to study the following questions:

- Whether persons with mental health problems are informed about their rights;
- Whether information on rights of persons with mental health problems is placed in a visible site, and whether this information is written in understandable for patients language;
- Whether persons with mental health issues are timely informed on their health status and regular medical interventions;
- Whether persons with mental health issues are informed on duration of their medical treatment and methods (including on alternative treatment methods, and whether in these cases there is an informed permission of the patient or his/her legal representative);
- Whether persons with mental health issues have an opportunity to become familiar with medical documentation on themselves and by what mechanisms;
- Whether persons with mental health issues can use services of a lawyer.

12 Informed permission

In respect to informed permission of persons with mental health problems, it is important to study those documents, which demonstrate that persons with mental health issues have been informed on their rights, the purpose and reasons of their staying in the psychiatric institution, as well as to figure out, through interviews with persons with mental health problems, how well they comprehended the information provided to them.

It is important to figure out whether persons with mental health problems in addition to given permission for medical treatment, also gave permission to the treatment organized in psychiatric institution; it is necessary to get familiar with these documents.

In such cases it is also necessary to talk with the person with mental health problems, that the latter can present the reasons of signing corresponding documents (informed treatment).

It is also necessary to figure out whether the person, who gave permission to medical treatment, can unrestrictedly leave the territory of the institution. It is also necessary to understand whether any threats were posed to persons with mental health problems, such as, if the latter does not give permission, then the permission will be obtained through court process.

13. Voluntary and involuntary treatment

During the monitoring visit it is important to study whether the rights of persons with mental health problems under voluntary treatment are properly maintained. With this aim it is important to study the following questions:

- Whether persons with mental health issues under voluntary treatment have a right to unrestrictedly leave the ward, department or the territory of the psychiatric institution;
- What type of measures are undertaken if the person with mental health issue leaves the territory of the psychiatric institution without permission;
- Whether there are persons with mental health issues who do not want to continue treatment.

To assess the abovementioned questions it is necessary to study corresponding documents, including statistics on such cases, as well as it is necessary to conduct interviews with persons with mental health problems.

It is necessary to study the procedures for reception of persons with mental health issues into the psychiatric institution for obligatory treatment.

According to Article 22 of the RA Law on Psychiatric Assistance, a person, suffering from mental disorder, can be hospitalized by decision of psychiatric commission without his/her or his/her legal representative's permission, after obligatory examination, if he/she is considered dangerous for him/herself or other persons, or absence of medical treatment or its cancellation may worsen his/her health situation. In such cases, if the person with mental health problems refuses to receive the treatment, the director of psychiatric institution, upon professional statement of the psychiatric commission on hospitalization, has to apply to court in the period of 72 hours, so the obligatory treatment in hospital is ensured, according to procedures defined by the Chapter 30.

In respect to this, it is necessary to figure out:

- Whether the consequences of termination or refusal of treatment are properly explained to the patient or his/her legal representative;
- Who decides on involuntary hospitalization into a psychiatric institution, and by what procedures;
- Whether the person is present at the decision making process, where it is taking place;
- What circumstances are taken as the basis for decision to obligatory hospitalization;
- Whether the presence of the doctor, invited by the patient, is possible at the decision making process;
- Whether the duration of hospitalization is defined, or is applied without mentioning the term, with a possibility to reconsideration;

- Whether the reconsideration process has a regular character;
- Whether the person with mental issues is informed about opportunity to protest the decision on obligatory hospitalization.

14. Duration of keeping persons with mental health issues in psychiatric institutions

The following questions shall be studied during the monitoring visit:

- How the duration of keeping a person with mental health problems in hospital is decided;
- Whether the opinion of persons with mental health problems are taken into account in respect to this issue, and whether they have authorized representative or lawyer;
- Whether the guardian of a person with mental health issues properly executes his/her obligations;
- What is the reason for keeping patients, who receive medical treatment in a psychiatric institution, over one-year period. It is also important to figure out the type of implemented interventions, the number of persons with mental health problems, who are kept in the psychiatric institution because of purely social issues, and of what kind of issues (for example, homeless persons with mental health problems).

15. From involuntary to voluntary treatment

During examination of this issue, the following questions shall be considered:

- What procedures are available to transfer from involuntary to voluntary medical treatment;
- How many such cases were registered;
- What types of obstacles do exist in practice.

16. Effective complaint management system

In studying this issue the following questions shall be considered:

- What mechanisms are in place and function in practice in psychiatric institutions regarding submission and examination of complaints and objections;
- Whether a box for complaints and protests is available in a psychiatric institution (whether it is placed in a visible and accessible site), who is responsible for opening and addressing complaints/objections, how regularly it is opened;
- Whether persons with mental health issues are provided with pens, paper and other necessary items (who supplies them with it, how regular; whether the patients are obliged to pay for it);

- Whether there is a practice of appeals to courts and higher jurisdictions by persons with mental health issues against their keeping conditions or ill-treatment;
- What kind of administrative or public supervision is implemented.

17. Restraint measures

The criteria of applying restraint measures towards persons with mental health issues are important guarantees for prevention of any kind of ill treatment or unjustified intervention into their rights.

According to the RA legislation, the restraint measures include physical restraint, medicinal sedative measures, and isolation.

Particularly, according to Article 6, point 11 of the RA Law on Psychiatric Assistance, physical restraint measures (belts, special clothes), isolation measures, sedative medication can be applied towards a person with mental disorders, hospitalized in obligatory manner or during his/her stay in psychiatric institution, by decision of a psychiatrist, and there should be proper registration of application and duration of the restrain measures in medical documents, including justification for application of these measures.

The Orders No. 2636A of 23 August, 2016 and No.1781A of 30 May, 2017 of the RA Minister of Justice regulate the procedures on application of physical restraint, isolation and sedative medication towards persons with mental health issues in psychiatric institutions.

According to the abovementioned orders, the restraint measures and methods are applied towards persons with mental health issues in cases, when there is a real threat that the person can harm his/herself or the surroundings, and when other means addressed to this persons (verbal, including through persuasion) is not sufficient for neutralization of the risk. The decision on the outlined methods and measures is made by a treating doctor, and, in his absence, by the head of the department, and after working hours, by the doctor on-duty.

It is prohibited to apply these methods and measures to persons with mental health issues in such forms, which may cause mockery and other humiliating forms, to use excessive physical or psychological violence, to overcoming their resistance, and with the purpose of punishing.

The mechanic measures of physical restraint are leather belts, Pozi belts and special clothes, which shall easily unbutton and do not harm the person with mental disorder.

In the period of 24 hours, application of physical restraint measures shall not exceed 4 hours for persons older than 18 years, 2 hours- for persons from 9 to 17 year old, and during the whole period the person shall be under permanent control of medical personnel.

Physical restraint and isolation measures and sedative methods cannot be applied in presence of other patients.

The decision on application of the abovementioned measures and methods shall be made by a treating doctor, and in his absence - by the head of department, and after working hours - by the doctor on-duty.

The decision on application and termination of application of the physical restraint and isolation and sedative treatment shall be justified and registered in the history of disease of the patient, as well as in the registration journal on defined by the outlined above orders, which shall be filled in accordance to the procedures and forms provided by these orders.

After termination of the physical restraint and isolation measures and sedative methods, a psychological consultation is provided to the person with mental disorders to soften the psychological trauma of the patient.

According to CPT jurisdiction, the restraint measures shall always be applied with special caution, not to cause physical ache to the patient and maintaining his/her dignity. For this it is necessary that the personnel, including non-medical, is trained and knowledgeable on application of restraint measures. For example, the restraint bells applied to persons with medical disorders, shall not be tied too tightly, the mouth and respiratory tract of the patient shall not be limited, the patients shall be properly dressed and have an opportunity, in certain limited way, to drink and eat, and care for their basic needs.

According to the mentioned criteria, after termination of restraint mechanism it is necessary to explain the person with mental disorder the reasons for application of the restraint measures, to restore the confidence between him/her and the treating doctor and to soften the psychological trauma, and, at the same time, to prevent application of restraint measures in future.

Information about applied restraint measures shall be accessible to persons with mental health issues, and upon their request, copies of all documents related to applied restraint measures shall be provided to them.

According to CPT, the main guarantee of protection from inhuman treatment in psychiatric institutions is a structured mechanism of complaints. Persons with mental health issues, as well as their close relatives or authorized guardians shall have an opportunity to present objections to independent bodies, while keeping confidentiality terms⁴.

In this respect it is important to study the following questions:

- Who makes decisions on applying physical restraint measures in relation to a person with mental health issues;
- Who implements control over the person subjected to physical restraint measures;
- Whether appropriate registration journals are used;

⁴ See <https://rm.coe.int/16807001c3> webpage.

- Whether application of physical measures is registered in medical documents of the disease of the person with mental health issues, with indication of the measure, the reason and type of application of the measure, as well as the exact time of start of its application;

- Whether physical force is applied (it is necessary to evaluate the size of the physical harm, and check whether there is registration on corporal injuries in medical documentation; it is necessary to evaluate whether the physical force used by personnel while applying the physical restraint measure was proportional);

- In which cases physical restraint measures are applied (it is necessary to study the records describing the psychological situation and behavior of the patient in his history of disease)

- Whether physical restraint measures are applied by personnel of the same gender as the patient;

- Whether the medical personnel participated in appropriate training (physical restraint measures shall be applied according to adopted internal procedures of the institution, by the appropriate personnel, who shall have necessary qualification and experience in application of restraint measures);

- Whether during application of physical restraint measures other patients are also present (assist the medical personnel);

- Whether there is a separate room for application of physical restraint measures, where it is located, or whether it is implemented in presence of other patients, in a medical ward;

- Whether the personnel implements direct and continuing observation of the person in respect to whom a physical restraint measure was applied;

- Whether the isolation room is safe and does not contain dangerous items (in case of isolation of a person with mental health problems, it is necessary to furnish the wardroom appropriately to avoid self-injury of the person);

- Whether food and water are available and sufficient for the person with mental health problems in isolation;

- Whether after termination of the restraint measures the doctor talks with the person with mental health problems;

- Whether after termination of restraint measure the patient was provided with psychological consultation.

During the monitoring visit, while observing the person with mental health problems in isolation, it is necessary to pay attention to the following circumstances:

- a. Whether the person with mental health problems needs additional medical assistance;

- b. Whether there are signs of mechanical injuries on the body of the person with mental health problems;

- c. Whether the person with mental health problems experience serious discomfort;
- d. Whether the person with mental health problems has a need for food, drink, or fulfillment of basic needs.

18. Living conditions: opportunities for rest and leisure time

During the monitoring visit it is necessary to study the living conditions persons, in which with mental health problems are kept.

Issues of this aspect shall be studied both through observation of conditions and interviews with the personnel and persons with mental health problems. Particularly, it is necessary:

- To observe opportunities for separating patients in acute phase of disease from the patients with chronic issues of mental health;
- Whether the general conditions of a psychiatric institution correspond to sanitary- hygienic norms (through study of appropriate documentation and checking the regularity of sanitary and anti-epidemic measures);
 - Whether the wardrooms are overcrowded;
 - Whether the windows in the wardrooms have a proper size, and whether the day light and artificial light and ventilation are sufficient, who controls the artificial lighting);
 - Whether the hospital (wardrooms) are provided with heating system, and whether the appropriate air temperature is provided;
 - Whether all persons with mental health problems are provided with separate beds, clean bed clothing, clothes in accordance with gender, age and weather season and hygienic items;
 - Whether all persons with mental health problems are provided with furniture to keep their personal belongings (a bed-side table, wardrobe, chair, etc.);
 - Whether the toilets are in proper sanitary hygienic conditions; and whether they are adapted for use of persons with movement difficulties;
 - Whether persons with mental health issues are provided with bathing opportunity, and whether the conditions of bathing rooms are sufficient;
 - Whether the wardrooms have an appropriate room for rest;
 - Whether persons with mental health issues are provided with safe living environment (open electric cords, plugs, etc.);
 - Whether drinking water is accessible for persons with mental health problems during the whole day;
 - Whether persons with mental health problems are provided with personal glasses/cups;

- Whether beds of all persons with mental health problems are placed in wardrooms (in cases of overcrowded institutions, sometimes, beds are placed in the corridors or rooms for rest);
- Whether the beds are properly positioned in wardrooms and do not cause movement problems for other patients);
- Whether persons with mental health problems have an opportunity to use their beds during daytime;
- Whether the infrastructure of the hospital is adapted for special needs of persons with physical disabilities;
- How regular persons with mental health problems walk and in what time of the day, whether they are accompanied by the personnel of the psychiatric institution (management of free time);
- Whether there is a special territory assigned for walks, whether there are conditions for protection during bad weather (availability of roofs), whether the walk territory is properly furnished (benches, tables), whether the environment for rest is comfortable, whether there is an opportunity for sporting, whether the territory is cleaned (for example, in case of snow, ice), whether sanitary hygienic conditions are kept;
- Whether there are opportunities for active physical life;
- Whether conditions are created for providing occupational opportunities for persons with mental health issues;
- Whether proper eating conditions are provided to all persons with mental health problems;
- Whether there are persons with mental health issues, who cannot take food independently, what measures are undertaken to properly organize the meals reception process for these persons.

19. Food

Monitors shall investigate whether persons with mental health issues receive meat, fish, vegetables, fruits and other defined food in sufficient quantity and quality. In this aspect the following questions shall be studied:

- How regularly persons with mental health receive food;
- Whether the requirement of the RA Government Decree No. 711-N of 26 May, 2011 on “Defining provision of daily average food and supplies portions and their expire dates, portions, supplies’ rations portions and their expire dates, quantity of bedding and hygienic items and their exploitation period, provided to persons kept in psychiatric institutions”;
- What is the variety of food;
- What daily menu is available (it is necessary to study the daily menu for several weeks);

- Whether there are persons with mental health problems in the institution who use dietary food and whether it is provided to them;

- Whether additional food is accessible to persons with mental health problems (for example, whether there is a shop nearby, what are procedures for persons with mental health problems for shopping, how and how regularly it is allowed to do shopping, etc.);

- Whether additional portions of food are provided if persons with mental health problems ask for, and whether there are any limitations in regard to some types of food;

- What type of conditions are created for meals reception of meals for persons with mental health issues;

- How the dishes are washed;

- Whether the dishes are disinfected;

- Whether the food is marked or not, how long it is kept;

- It is necessary to check out whether any cases of poisoning were registered in a certain period of time, and what measures were undertaken in this respect.

To study the abovementioned questions, it is necessary to study the kitchen, dining room, and storing rooms and to interview personnel and persons with mental health issues.

20. Links to external world

During the monitoring visit it is necessary to study whether persons with mental health issues have an opportunity to maintain relations with external world (with relatives, in the first instance). With this aim the following questions shall be studied in detail:

- What internal regulating acts (decisions, decrees and other) are there in respect to telephone calls, visits and parcels;

- Whether persons with mental health issues have an opportunity to make telephone calls;

- Where the telephone is placed, whether it is possible to make confidential telephone calls, how regular telephone calls are made and what is duration of calls, whether there are limitations to make calls to certain addressees, how tariffs for telephone calls are defined and how the payment is made;

- Whether persons with mental health problems can have mobile telephones with themselves or keep it with the personnel of a psychiatric institution;

- Whether persons with mental health issues have an opportunity to meet their relatives (friends);

- Whether there is a separate room in the institution, where persons with mental health issues meet their close ones, what is duration and regularity of such meetings, whether the meetings are taking place in separate rooms;
- Whether persons with mental health issues can send (receive) letters, whether it is free of charge, whether the content of letters is controlled;
- Whether there are other forms of maintaining relations with close ones (for example, through internet);
- Whether persons with mental health issues can receive and send parcels, whether there are any limitations in this regard;
- Whether persons with mental health issues have an opportunity to send complaints to corresponding bodies;
- Whether there are boxes for complaints and suggestions, placed in accessible for persons with mental health issues sites;
- Whether informational posters and brochures on their rights are available in the institution and accessible for persons with mental health issues;
- Whether there is a library, and whether literature contained in it is accessible to persons with mental health problems;
- Whether persons with mental health issues kept in psychiatric institutions have access to mass media outlets (newspapers, magazines).

21. Occupational and rehabilitation treatment

During monitoring visit it is important to pay attention to occupational opportunities for persons with mental health problems, which activate them and assist in their social rehabilitation.

However, the work shall be organized on voluntary basis and have a therapeutic impact: persons with mental health problems shall not be exploited. In other cases, the persons with mental health issues shall be accordingly compensated. In evaluation of rehabilitation treatment, the following shall be considered:

- Whether a person with mental health issues has an opportunity to make important decisions related to him/her;
- Whether he/she has the right to elect;
- Whether he/she is informed about his/her rights;
- Whether the person with mental health problems is involved in rehabilitation programs.

Psychological social rehabilitative therapy can include:

- a) Art therapy;
- b) Work therapy;
- c) Open group (verbal) therapy;
- d) Programs on social independence skills;
- e) Inclusive psychotherapy model;
- f) Cognitive-behavioral therapy;
- g) Participation in self-assistance groups.

In this relation, it is important to pay attention to:

- Whether individual approach is implemented and a multi-professional principle is considered (psychiatrist, medical sister, social worker, psychologist) in provision of psychological medical treatment;
- Whether the treatment program of persons with mental health issues include psychological rehabilitation activities (intervention, evaluation, and conclusion).

It is necessary to take into consideration the fact that usually psychiatric institutions mainly rely on medicinal treatment for treating persons with mental health issues, and psychological-social rehabilitation is not applied at all or is of a very formal nature. Due to this, attention shall be paid on questions such as how realistic are the rehabilitation plans, how many persons with mental health issues are included in rehabilitation activities, whether the specialist conducting rehabilitation activities fills in corresponding documentation. Because rehabilitation activities are organized on a voluntary basis, and only few persons with mental health problems become engaged in it, it is important to check out what measures and actions were undertaken by the personnel to increase motivation of persons with mental health issues and to involve them in rehabilitation activities.

Psychological- social rehabilitation activities can give an opportunity to persons with mental health issues to spend their free time in an interesting way, to learn something, to restore their lost skills, or participate in programs which contain elements of rehabilitation.

It is important to study involvement of persons with mental health issues in physical and sport activities, for example, the regularity of such activities and place where they are organized, the number of persons with mental health issues participating in it, the types of sport equipment accessible to them.

22. Pensions

One of the risk factor of ill-treatment is limitation of the right to pension for persons with mental health issues. In this relation it is important to study the following questions by interviewing the personnel and management of the psychiatric institution.

- Whether all persons with mental health issues receive pensions according to their status;
- Whether persons with mental health issues face any obstacles in receiving pension, and whether social workers assist persons with mental health issues in this regard;
- Who receives and provides pension;
- How the provision of the pension is documented;
- Where and under whose control the pension is received and kept;
- Whether there are cases, when any sums from the pension of persons with mental health issues are retained for certain services.

23. Other questions to observe

It is necessary to study:

- How the general atmosphere in the institution is (how strict is the regime, whether relations between doctors and persons with mental health issues are constructive, attitude of the personnel towards persons with mental health issues and their colleagues, ways of addressing needs of persons with mental health issues and other);
- Whether persons with mental health issues are labelled or whether there is a demonstrated differentiated attitude;
- Whether access to information is limited, “because there is no sense to provide them with information, for they do not understand it anyway” or “we know what do they need”;
- How many persons with mental health issues participated in elections (if this information is available);
- How many persons with mental health issues were included in data provided to state bodies, authorized to assess disability, and what other issues exist in this relation.

24. Issues related to a special group of persons with mental health problems

Persons under investigation

According to point 28 of the RA Government Decree of 1 April, 2010, “On provision of extra-clinical and clinical psychiatric assistance”, psychiatric institutions, in addition to persons with mental disorders and a medical diagnosis on clinical psychiatric examination and treatment, also accept persons for obligatory treatment directed by court decisions, by decisions of law enforcement bodies after stationary medical-social examination, by direction of the medical-social commission, and conscripts as well, for stationary examination if directed by military commissions placed in the territory of the Republic of Armenia.

According to point 33 of the same decree, a person with mental health issues or a person to be tested, is to be examined by a treating doctor, and on holidays- by a doctor on-duty, on the same day of admission into a psychiatric institution, and those persons, who were admitted on involuntary basis, are to go through examination by the psychiatric commission within 72 hours from the time of admission.

Suspects and convicts admitted for forensic expertise are released or transferred only by permission and control of the bodies, which directed them for examination, and persons with mental health issues, who receive involuntary treatment, have to be released by court decision, and those involuntarily hospitalized – by the decision of psychiatric commission.

During the monitoring visit, in regard to the abovementioned persons, it is necessary to study information on the period, during which the examination was conducted, by whom the examination was conducted, in what conditions and by what methods. It is also necessary to study their living conditions (food, bathing, walks, availability of drinking water all the time, sleeping conditions, etc) and the attitude towards them.

Women

In respect to female persons with mental health issues it is necessary:

- To study possibilities of double discrimination, gender issues;
- Possibilities of keeping personal hygiene (bathing, haircare), ways of providing it, including availability of hygienic means (hygienic tampons, combs, underwear, etc.);
- Special care and treatment for pregnant women and feeding mothers;
- Whether persons with mental health issues are informed about possible impact of the received medicine on their reproductive functions (irregular menstruation cycle);
- Whether persons with mental health issues have a possibility of choice in this regards.

Minors

Minors with mental health issues and intellectual disorder issues are subject to double discrimination as children and as persons with mental health issues.

It is the rights of the parents or authorized representatives to put the minors into psychiatric institution. Very often the resistance or opinions of minors are not taken into consideration. The same happens during the release of minors from psychiatric institutions. For example, procedural questions, permission for treatment, decisions about alternative treatment methods are made without minors' involvement.

According to international law, the right to be heard is the fundamental right of a child. It is necessary to listen to the opinion of a child while studying or making decision on important for them questions.

In this respect, special attention shall be paid to:

- Whether minors are kept in the same department as adults;
- What stationary treatment is suggested to minors, except medicinal;
- It is necessary to study delays in psychiatric consultancy and referral on medical treatment, duration and extension of duration of keeping minors in psychiatric institution, limitations regarding social links and leaving the territory of the institution, questions related to minors' engagement in inclusive education;
- Inaccessible services for minors who have psychological-social issues;
- Transfer of minors from state care institutions, issues regarding the release of such minors from psychiatric institutions;
- Whether enough professionals and multi-professional groups are available;
- In cases of using psychotropic medicine, it is important to pay attention to medicine of the new generation and old generation, and their dosages;
- Whether the psychiatric institution pays attention to treatment of minors' somatic issues (examination, consultation);
- Treatment plans (medicine, individual psychological therapy, and work with the family).

Attention shall be paid on frequency and duration of placement of minors into psychiatric institution. It is important that hospitalization is applied only as the last measure and for short periods.

25. Exchange of opinions with management of the psychiatric institution

In the end of the monitoring visit, the group meets with the director of the institution, and in his absence- with the deputy director or other authorized representative. The monitoring group summarizes the main issues, discovered during the monitoring visit, and decides on providing recommendations on the spot. During development of recommendations to the management of the given institutions, the monitoring group shall take into consideration, whether their recommendations are realistic, and to what extent, and possible to be implemented in psychiatric institution and whether these recommendations can be dangerous for those who stay in the institution. The recommendations given on the spot usually are of that kind, which the management can implement in short period. Recommendations, such as "shortcoming based on objective reasons', can be given on the spot, but not recommendations related to malpractice.