

REPORT

On the Observance of the Rights of Persons with Mental Disabilities In the Psychiatric Hospital of Bălți

I. General information about the institution

1.1. The Psychiatric Hospital of Bălți is an inpatient medical assistance unit, with monospecialization (psychiatrics-narcology), of republican level, whose main activity is provision of hospital services. The institution provides specialized services to patients from the northern region of the Republic of Moldova (11 districts of the municipality of Bălți), with a population of 990,269 inhabitants (27.6% of the country's population) as well as from other districts, upon request or medical emergencies.

The institution provides medical preventive, curative, recovery and diagnosis services, with the following specializations: adult and child psychiatry; narcology; and medical coercion measures with an ordinary surveillance regime. The hospital is a specialized judicial expertise institution. It has an outpatient forensic psychiatric service and provides laboratory-based judicial and extrajudicial forensic psychiatric services.

1.2 The hospital is located at the outskirts of Bălți. Its architecture is of pavilion-type, with distinct buildings, connected among themselves with limited circulation paths (a gallery upstairs and an underground corridor) for the hospitalization sector and totally separated from the technical-administrative annexes (boiler room, laundry room, garages etc.)

1.3 The hospital is integrated in a unitary functional system (the hospitalization and related services sector) that ensures the population's access to all forms of inpatient psychiatric medical assistance and currently works with 530 beds.

Beds are distributed by the nosologic structure, age, gender, and territorial-administrative principle into sections: 6 sections of general psychiatry, adults (360 beds, psychiatry, adults, acute and chronic, including coerced patients, separated by sex); one section of limitrophe psychiatry – mental disorders correlated with stress and psychosomatic – 50 beds; one section of men narcology – mental and behavioural disorders due to alcohol and drug abuse, including for toxic psychosis and concomitant somatic diseases – 70 beds; one section of child psychiatry (40 beds, psychiatry and 10 beds for the rehabilitation of children with psychic disorders and PCI); section of specialized somatic intensive care, using 8 beds, included in the general number of hospital beds.

1.4. According to the Hospital's 2016 staffing scheme, 70 staff units were approved for the position of doctor, of which 40.75 designated for the specialties of psychiatrist, psychiatrist narcologist, children's psychiatrist, and 29.25 units for related specialties: neurology, therapy, intensive care, lab medicine and functional diagnostics, etc. For 70 positions approved by doctors, there are 39 individuals approved. For nurses (ward nurses, medical procedures, ergotherapy) there are 216 positions approved in which 201 nurses work. The lower medical care and supervision staff account for 238.75 of the staff units approved in which 195 persons work. The provision of staff for the positions of doctors of other specialties, intensive care doctors, lab doctors, pharmacists, and nurses is sufficient.

II. Deficiencies signalled by various relevant players regarding human right violations in the work of the institution visited:

European Committee for the Prevention of Torture, 2015

- Reduce the level of occupancy of large wards;
- Offer patients individualized space for keeping their belongings;
- Staff fail to secure patients intimacy;
- Renovate technical installations in sections 3 and 5;
- Take measures to fill in vacant medical staff and social worker units;
- Provide initial and continuous professional training to the institution's staff;
- Introduce a wider range of occupational therapeutic options for the psychosocial rehabilitation in view of returning to the society or family;
- Lack of individual or group therapy or psychological intervention activities;
- Introduce individual treatment plans for hospital patients;
- Participate in training sessions on the immobilization of agitated patients;
- Register must contain the reasons why such measures are used and the possibility for challenging medical staff actions;
- Persons admitted for hospitalization based on their free consents must be informed that they may at any time withdraw it.

Human Rights Centre for 2011:

- Excessive depreciation of some hospital buildings;
- Failure to provide hot water on a permanent basis to hospital sections.
- Lack of financial coverage of certain types of medical care;
- Lack of independent death investigation procedures;
- Lack of a complaint filing mechanism;
- Lack of social workers and ergotherapists;
- Insufficient remuneration of staff;
- Non-adaptation of infrastructure to the needs of persons with disabilities

III. Information about the visit

3.1. Date of visit: 6 Sept 2017

Duration of visit: 12.00 – 15.30

The monitoring visit was conducted by the representative's of the Moldovan Human Rights Institute: Vanu Jereghi, Alexandru Cebanas, Andrei Lungu, Olesea Doronceanu, Radu Bobeica, Dumitru Russu.

3.2 Objectives of the visit:

a) Evaluate the observance of patient rights, identify the gaps in the observance of rights of persons with intellectual and psychosocial deficiencies.

b) Evaluate the manner of redressing the efficiencies signalled by nongovernmental institutions and organizations for the protection of human rights that have conducted visits to the Bălți Psychiatric Hospital.

IV. General observations

4.1 At the beginning of the visit, the working group members had very constructive discussions with the director of Bălți PH Mr. Valentina Șchiopu who mentioned that the institution was further facing a number of difficulties, including:

- Insufficient provision of psychiatric doctors;
- High flow of staff due to harmful conditions and insufficient wages;
- Deinstitutionalization of persons without a permanent housing.

V. Findings on accessibility and accommodation conditions

5.1. We were pleased that the hospital management had managed to settle practically in full the issue of repair works in sections 5 and 6 and of renovation of technical installations. IDOM encourages the hospital management to complete the necessary repairs and maintain all hospital rooms in satisfactory condition;

5.2. The rooms (supervision wards) in which there are more than 15 patients do not provide for the standard minimum area (m²) for each patient;

5.3. The access to outside walks for patients is restricted depending on the patient's regime. The sections have an arranged place inside (a balcony) for walks that is protected by metal bars.

The contact with the outside world takes place through own telephone sets (if doctors permit) and during visits of relatives.

5.4. The sections are not equipped with security or alarm systems. The staff do not have the possibility to contact among themselves using technical devices in case of emergency.

5.5. During the visit, the members of the monitoring team examined section 6 (women), 5 (men), the somato-psycho-neurological (SPN) section, and the child psychiatry section.

The monitoring team found that the sanitary hygiene was satisfactory in sections. In the SPN section, the monitoring team found in the hall a higher number of beds that, according to the staff, was due to the high flow of patients.

5.6. The monitoring team found more patients accommodated in the supervision wards. For instance, in section 5, 12 patients were located in the supervision ward. The total area of the ward is of 36 m², hence each beneficiary gets less than 4 m² (rather around 3 m²). In this connection, to recall that the CPT standards provide that each person shall be provided 6 m² (without the space for sanitary installations) and additional 4 m² for each additional person in the ward. The distribution of beneficiaries to wards, according to the staff, takes place on criteria of nosologic structure, age, sex, and territorial-administrative principle. Another irregularity found in the narcology section was men and women being located in the same ward. At the same time, certain wards were overcrowded, with very many patients accommodated in them, although there were many free rooms in the section where persons could be located without overcrowding the occupied wards.

5.7. The problem of individualizing personal belongings remains present. In most of the rooms where the beneficiaries were located the issue of storage of personal belongings prevailed. Personal things (clothes, footwear etc.) of the beneficiaries were kept near the beds in their personal bags.

5.8. The members of the monitoring team noticed the unsatisfactory situation of some mattresses in the wards of the visited sections. The recreation rooms in all sections were not being used during the visit, which was due to the moment (hour) of visit by the IDOM working group.

VI. Findings about the number of staff and their qualification

Further to p.1.4 we find:

6.1. A concerning situation further remains the provision of psychiatric doctors as, out of 40.75 positions, only 23 individuals work i.e. the coverage of specialized doctors is of only 56.4%. The sufficient coverage for the non-medical staff is not obvious but it is with direct implication for the medical act, including for the specialists with higher education (psychologists, speech therapists, specialists with higher education in the lab etc.) as well as for the administrative-technical staff.

6.2 It is salutary that despite the fact that the salary regulation no more provides for salary differentiations according to the specialty category, the staff are further motivated to apply for specializations, trainings (17 doctors, 11 nurses, and 4 psychologists have attended trainings according to their specialty).

6.3 However, we think that additional efforts must be made to secure the initial and continuous training of staff, with emphasis on human rights and especially the rights of persons with mental disabilities as well as in the area of social inclusion, social assistance and protection, mental health, prevention of ill treatment etc.

VII. Patient admission and discharge

7.1. The quantity statistical indicators prove that the amount of services in the Bălți Psychiatric Hospital was over-fulfilled by 105.76% in 2015 and by 107.26% in 2016. At the same time, we note that the rate of hospitalization of non-insured patients, with conditioned social diseases is growing: mental and behavioural disorders due to the abuse of psycho-active substances, alcohol and drugs.

We recorded a slow reduction of the number of admissions from 8606 in 2015, to 8279 in 2016, conditioned probably by the reform in the mental health area, through the Mental Health Community Centres, but we have also noticed an increase in the complexity and severity of cases.

The average duration of hospitalization (ADH) has been decreasing; as compared to the previous year, the reduction has been from 27 to 25 days. This value is significantly influenced by the discharge of patients undergoing coercive treatment. In 2015, 21 patients were discharged from coerced treatment, ordinary regime, with 133,508 days/bed, the ADH of these patients being equal to 6357.5 days. In 2016, there were discharged 26 patients, with 40,748 days/bed, the average duration being of 1567 days.

7.2. An analysis of the manner of hospitalization for the respective period does not show big comparative differences. As in 2015, the biggest share accounts for referrals by the specialized doctor, around 50%, followed by emergency medical services (around 25.73%), and the family doctor – 3.61%. According to the 2016 report, the hospitalization at one's own request remains high (around 21.26%).

7.3. The members of the monitoring team learned about the situation of a number of hospital patients who, despite their full legal capacity, are further forbidden to leave the hospital for the subjective reasons of the tutoring doctor. Such a situation may raise questions about the legality of holding them in the hospital and application of treatment. The circumstances rendered restrict the right to freedom, which is a serious violation of human rights based on the national and international legislation, which is inadmissible in relation to Art.5 of the ECHR – the right to freedom.

7.4 The members of IDOM monitoring group draw attention to the non-admission of excessive bureaucratization of the discharge process, which is proved by an unreasonably complicated procedure in obtaining the agreement to leave the institution. The violation of the right to freedom is obvious in the situation of beneficiaries hospitalized based on their free consent who may not leave the institution either, although they have withdrawn their consent to the treatment. It results that only the hospital authority abusively decides for how long a person would undergo treatment in the hospital and what kind of treatment would be used in their regard. In such circumstances, the administration of the medication-based treatment may be qualified as inhuman or degrading treatment, forbidden under article 3, ECHR, and article 166¹ of the Criminal Code – the right not to be subjected to torture, inhuman or degrading treatment.

VIII. Realization of the right to health

8.1. According to the hospital report for 2016, there is improvement in the quality indicators (ADH, lethality, repeated hospitalizations etc.) but one becomes aware of the need for their continuous improvement using the following mechanisms:

- more effective screening of admitted patients and referrals of severe somatic patients to specialized hospitals;
- cooperation with district and municipal hospitals to ensure a potential both way transfer for the final benefit of the patient;
- cooperation with the emergency outpatient services;
- conducting a sufficient number of clinical and para-clinical examinations necessary to establish the uncertain diagnoses. At the beginning of 2016, the hospital had 166 staff members, of whom doctors – 12; nurses – 48; carers – 74; and other staff – 32. Of the 12 doctors – 11 of higher category; and 1 – without category. Of the 48 nurses: higher category – 42; category I – 3; category II – 1; no category – 2 newly employed staff.

8.2. The staff noted that bathing and change of body and bed linen took place once a week. The hospital had been supplied with disinfecting preparations for processing surfaces, the tableware, and hands.

IX. Provision of medication:

8.1. During the discussions with the hospital management and medical staff, they noted that there were no gaps in the provision of medication.

8.2. Medication costs in 2016 amounted to MDL 4,070,100, more than in 2015, when this amount was MDL 2,562,100.

8.3. The total amount of the institution's budget for 2016 was of MDL 56,745,800. The main source of income was the contract with the National Health Insurance Company (NHIC) (98%). The 2% share included the amount allocated by the MoH for expertise services, paid services (0.12 %) and material aids in the form of fixed assets. Reviewing these data, one finds that the amount is practically identical to that of 2015, given that wage and maintenance costs have increased. As compared to the previous year, no more palliative care services are provided and no more money has been allocated by NHIC from the investment fund; or by the founder.

Rate of deaths at Bălți Psychiatric Hospital

The rate of deaths in Bălți PH had remained at the same level (0.9-1%) for many years; however, in 2016 it decreased to 0.6. This indicator is higher than the national average and is caused by the high lethality in the PSN section, where patients with alcoholic and metalcoholic psychosis are hospitalized, with a multitude of simultaneous aggravating diseases, with a high level of tanatogen. A high level of lethality is also noticed in psycho-geriatric patients (dementia in severe and severely advanced phases), hospitalized due to severe behaviour disorders that cannot be supervised at home.

IDOM thinks that it is necessary to carry out a minute investigation of the causes/factors of the high death rate in Bălți PH. This is conditioned by the need to remove the risk of medical negligence that has led to an aggravation of the health condition and has resulted in death.

IX. Violence in BPS and access to protection mechanisms

9.1 The members of the monitoring team did not identify cases or complaints on ill treatment from the staff to the persons undergoing treatment or among the patients.

9.2 The registers on constraint measures (chemical and physical) must be kept in each unit, according to CPT recommendations. IDOM reiterates that the accuracy of keeping the registers as well as their immediate completion are fundamental safeguards for the prevention of ill treatment in state institutions.

X. End of visit

Upon completion of the monitoring visit, we made a short presentation of our preliminary findings to the institution's director.

XI. Conclusions and recommendations

14.1. We suggest making the following recommendation to the Ministry of Health, Labour and Social Protection:

- **Set up safeguards for an effective access to psychiatric hospitals by independent monitoring mechanisms;**
- **Set up efficient and independent complaint mechanisms** for the patients from all psychiatric hospitals. The mechanism must be made accessible, so that the Hospital patients are able to file complaints to the national human rights institutions and the law enforcement without being censored;
- To ensure **prompt, impartial and effective investigation of all allegations** of abuse and violence, including those conducted or led by the administrative and medical staff employed in such institutions;
- Secure the enforcement of Order No.77 of 31 Dec 2013¹ by recording and describing the injuries and immediately informing, but not later than within 24 hours, the prosecution office about the complaints, statements and other information about the alleged acts of torture, inhuman or degrading treatment;
- Ensure that **nobody is involuntarily placed in such institutions for non-medical reasons**, including by ensuring that patients are entitled to personal hearings by the judge ordering their hospitalization, that the judge requests the opinion of a psychiatrist, and that such decisions may be challenged;

¹ On Approving the Regulation on the Procedure for Identifying, Recording and Reporting of Alleged Cases of Torture or Inhuman Or Degrading Treatment

- Prepare a common regulation on immobilizing patients if they display violence and aggressiveness to the surrounding people or expose themselves to danger, in accordance with the CPT standards of 2017 on the “*coercion means in psychiatric institutions.*”
- Simplify the discharge mechanism by regulating the withdrawal of the agreement rendered verbally, which would secure compliance with the standards of the Convention on the Rights of Persons with Disabilities and would enhance the level of non-admission of abusive limitations of the person’s freedom;
- Set up and enforce an interinstitutional mechanism for periodic review of the situation on death rates within subordinated institutions and the quality of medical services provided to the beneficiaries (inside and outside) the Hospital;
- Promote the message of Zero tolerance to ill treatment and other human right violations in the country’s psychiatric hospitals, ensuring that their management examines and, as applicable, reports the violations found to the competent institutions. We reiterate the obligation of any person to notify the Torture Combating Section of the General Prosecutor’s Office about any incident of use of ill treatment (degrading or inhuman treatment or torture);
- Develop and implement a practical cycle of initial and continuous training focused on the observance of human rights, inclusion and social protection;
- Identify adequate solutions for ensuring the availability of personal space, with a lock, for each beneficiary for keeping their personal belongings, including their clothes etc.
- Adequate adjustment (according to the standards) of the infrastructure of psychiatric hospitals in the country for securing the necessary conditions for the independent use of sanitary rooms and free movement for walks outside the buildings for the residents using wheelchairs;
- Equip sanitary rooms with doors or partitions to ensure privacy in the toilets of all the institutions in the country;
- Equip psychiatric hospitals with video cameras to prevent and document incidents of abuse within the institution.

14.2 We suggest making the following recommendations to PH of Bălți:

- Consent to hospitalization and treatment to be signed off by patient in a voluntary and informed manner (except for hospitalization under a court judgment), excluding the formal character or psychological constraint of patients;
- Ensure that all registers in the Hospital are filled in time and accurately;
- Verify and supervise the manner of entering the data in a special immobilization register, so that they clearly specify the restrictive measure used, as well as the medical staff having authorized it and who participated in its application;
- Revise the methodology for completing registers in accordance with the CPT standards of 2017 on applying coercion measures in psychiatry and Order no.77 of 31 Dec 2013 for Approving

the Regulation on the Procedure for Identifying, Recording and Reporting Cases of Torture or Inhuman or Degrading Treatment;

- Set up in the Hospital a mechanism accessible to the residents for filing complaints without being censored, to the national human rights protection and law-enforcement bodies;
- Document obligatorily cases of physical and chemical coercion to the residents of psychiatric hospitals that are in crisis situations; Make sure that chemical constrains are used as a last resort, and each such case is authorized by a doctor, minutely monitored and documented. The completion of use of the respective measures must take place immediately after overcoming the exceptional situation;
- Organize professional training courses, personal development and accountability activities for the care and lower medical staff, to prevent physical and verbal abuse of patients;
- Secure patient privacy in shower cabins and sanitary installations;
- Ensure that billboards are placed in visible places inside the Hospital's sections to contain the rights and obligations of patients as well as the bodies where they could appeal to if their rights are violated;
- Make the necessary efforts to ensure continuous capacitation of the Hospital staff, including of the medical one, especially in practical human rights matters;
- Identify adequate solutions for ensuring the availability of personal space, with a lock, for each beneficiary for keeping their personal belongings, including their clothes etc.;
- Ensure daily access to fresh air/walks in fresh air to all the beneficiaries, including to those who are bed-ridden and those with locomotion disabilities;
- Develop for each patient a customized therapy program that, in addition to medication-based therapy, would include occupational therapy, recreation and social rehabilitation activities;
- Ensure the accommodation of beneficiaries in housing space where the perimeter for the first person is of at least 6 m² plus 4 m² per each additional person in the ward;
- Provide hospital patients with clothing, footwear, individualized basic hygiene items, such as soap, shampoo, toothpaste, and intimate hygiene items for women.

This publication was elaborated by the Moldovan Institute for Human Rights with financial support provided through the Swedish Agency for International Development and Cooperation (SIDA).