

REPORT

Of the Monitoring Visit to the Orhei Public Medical-Sanitary Facility of Psychiatry and TB of 18 April 2017

I. General information about the institution

1.1. According to the information contained in the 2016 Activity Report of the Orhei Public Medical-Sanitary Facility of Psychiatry and TB and its 2017 objectives¹, the Orhei Psychiatry and TB Hospital (hereinafter – *Hospital*) in 2016 has had its thirteenth year of operation under AOAM (2004-2016) and it has worked on implementing the National Mental Health Program, the Law on Mental Health No.1402–XII of 16 Dec 1997, Law on Social Protection 547/XV of 25 Dec 2003, and the National Strategy on Developing Mental Health Services at Grassroots Level for 2012-2021. The specific objectives of the approved strategy are to prevent mental and behavior disorders; protect mental health; improve early identification and intervention in mental health issues; ensure continuity of mental health services and their integration in primary healthcare; mobilize the continuity for the rehabilitation and social integration of persons with mental health issues, including by abolishing stigmatization and discrimination.

1.2 The Hospital was initially located in the village of Curchi. It retroceded its previous premises to the Curchi Monastery based on a Government decision and the Hospital and its entire infrastructure were moved over to the town of Orhei in 2002.

1.3. According to the staffing scheme of the Hospital, its staff for 2016 includes **162.25** units, with a monthly salary fund of 532,700 lei. As at 18 April 2017, it included 162 individuals, of which 118 women, 44 men, and 8.25 vacancies.

1.3. The *Hospital* is located at the outskirts of the town of Orhei, at 2 Dubăsari Street. The Hospital provides services to the central part of the country with a population of 292,129 inhabitants, mainly rural, with reduced financial possibilities. With such a geographic location, the accessibility of the population to psychiatric inpatient medical assistance is optimal.

1.4. The diagnostic curative service includes 4 main sections and one isolator; a clinic-biochemical lab; a physiotherapy office; functional diagnostics; dentist's office; a pharmacy; and psychologist's office.

- In 2016, the Hospital worked at its full capacity of 145 beds: 115 in psychiatry and 30 in narcology.
- The Hospital examines, treats, conducts the inpatient examination of recruits, treatment by constraint with regular supervision; and treatment of narcologic patients.

¹ 2016 Activity Report of the Orhei PTH and its objectives for 2017

II. Deficiencies signaled by various relevant actors regarding human right violations happening in the work of the institution visited:

Human Rights Center:

- Restricted walks in fresh air;
- No intimacy for patients in toilets and shower rooms;
- No intimacy provided to patients by the staff;
- No adequate ventilation of the sections;
- Inadequate washing of lingerie and inadequate care methods used with regard to the difficult patients;
- Patients clean their own wards;
- Formal presence of occupation therapy rooms;
- Lack of individual or group therapy activities, or psychological intervention in the psychologist's work;
 - Unadjusted infrastructure to the needs of persons with locomotion difficulties;
 - Inadequate hygiene in the kitchen – mold on the ceiling and near the windows, plus faulty cooking equipment used;
- Insufficient food of animal origin given to the patients, which does not contribute to the efficient treatment of the patients.

Moldovan Human Rights Institute:

- Infrastructure not adapted to the persons with locomotion disabilities;
- Limited access to the section, front door is always locked, key is kept by nurses or the medical staff.
- Vague knowledge by the staff of human rights principles and standards, especially with regards to the persons with disabilities;
- Ignorance of resident's consent to medical treatment;
- Lack of a complaint filing mechanism;
- Lack of occupational activities;
- Shortage of training courses for the staff.

III. Information about the visit

3.1. Date of visit: 18 April 2017

Duration of visit: 10.00 – 15.30

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

3.2 Objectives of the visit:

a) Assess the observance of patients' rights, identify any gaps in the observance of the rights of persons with intellectual and psychosocial impairments.

b) Assess how the deficiencies signaled by human rights protection institutions and nongovernmental organizations that conducted monitoring visits to the Hospital have been redressed.

IV. General observations

4.1 At the beginning of the visit, the working group members had introductory discussions with the director of the Hospital, Mr. Gheorghe Cornea, who mentioned that the institution was still facing a number of challenges, including:

- Lack of psychiatrists;
- Harmful work conditions in the context of the small salaries.

V. Findings about accessibility and accommodation conditions

5.1. No access ways are created for the persons with locomotion disabilities at the entries to the Hospital's rooms. There are no minimal access conditions for the persons with physical disabilities at the sanitary joints as well as over the thresholds of the inside doors; the sanitary installations are not accommodated from the inside either.

5.2 The access to outside walks is restricted to most patients. The residents said they did not have access because the front door was always locked. The contact with the outside world takes place using one's own mobile phones (when the doctors permit) and during the visits of the patient's relatives.

In the women's section the issue of the walks also persists. Some female patients, given assurance of the confidentiality of our discussions with them, told the IDOM representatives that the nurses were collecting unofficial fees from the patients for the walks outside.

The territory of the Hospital is not fenced all over. The Hospital has a number of pavilions possibly meant for the patients' walks in rainy weather. The pavilions are in poor condition and do not have chairs. The residents who have had access to outside walks told us that near the pavilions are stored for drying the mattresses of those residents who have urinated on them. The smell near the pavilions is disgusting for walks.

5.3. The sections are not equipped with security or alarm systems. The staff do not have the possibility to contact among themselves using technical devices meant for emergency situations.

5.4. During the visit, the members of the monitoring team examined the building in which the sections are located: men psychiatry (40 beds), women psychiatry (40 beds), somatogeriatry-psychophthisiopneumology (30 beds), narcology (30 beds), and the isolator (5 beds). During the monitoring, we found that the sanitary hygiene in the sections is generally unsatisfactory, especially in the somatogeriatry-psichophthisiopneumology section that had a sharp and unbearable smell of urine due to an acceptable level of hygiene. We also note the urgent need for the technical repair of the sanitary installations, at least for cosmetic repair.

5.5. We found more than 4 residents accommodated in one room. In some rooms there were 8-9 persons, hence less than 4m² per person. Each resident gets less than 4m² (around 3.4m²). In this connection, we recall the CPT standards, which provide that each person should get 6 m² (without the space meant for the sanitary installations) and other 4m² for each additional person in the ward. According to the staff, the residents are distributed into wards on unregulated criteria, at the staff discretion, who usually guide themselves by the severity of the resident's disability. Another irregularity found in narcology was having men and women accommodated in the same room. At the same time, some wards in the sections were overcrowded, with very many patients, although the sections had free rooms where persons could be accommodated without overcrowding the occupied wards.

5.6. The problem of individualization of personal belongings is still present. In most rooms where the residents are accommodated the issue of storage for their personal belongings persists. Residents' personal things (clothes, footwear etc.) are kept next to their beds in their personal bags.

5.7. The members of the monitoring team noticed the unsatisfactory condition of most mattresses in the Hospital's wards due to becoming obsolete. The recreation rooms in all the sections were closed during our visit, which shows that the patients do not have free access to them for various recreation activities, recovery, development (drawing, chess etc.).

5.8. During the interviews, some of the residents mentioned to the monitoring team about the unsatisfactory quality of the food.

5.8 Many residents (men's section) complained to the monitoring team about having access only to the tap from the toilet in the section's hall. This fact was confirmed, and thus we found that there was no water in the patients' wards.

VI. Findings about the number of staff and their qualifications

6.1. As specified in the introductory information, according to the 2016 staffing list, the institution has 162.25 units, with 154.00 units filled in and 8.25 units vacant; a total of 162 individuals employed, of whom 118 women and 44 men. The monthly salary fund of the staff is of 532,700 lei.

6.2 In 2016, 6 nurses and 2 doctors underwent trainings. They attended the training courses in *grassroots mental health*, organized by the Ministry of Health and Trimbos Institute (The Netherlands) between November 2015 and May 2016 (13 staff members):

- doctors – 7;
- nurses – 5;
- psychologist – 1.

6.3 Nonetheless, we think additional efforts should be made to provide for the training and retraining of the staff, with emphasis on human rights, especially the rights of persons with mental disabilities, as well as in social inclusion, social work and protection, mental health, etc.

Patient admission and discharge

7.1. As at the beginning of 2016, the Hospital had 128 patients, 96 in psychiatry and 32 in narcology.

During 2016, the Hospital admitted 1562 patients; 944 in psychiatry and 618 in narcology. For comparison, in 2015 the Hospital admitted 1829 patients; 1151 in psychiatry and 678 in narcology. Deaths in 2016 – 9; in 2015 – 18.

In 2016, the Hospital discharged 1555 persons (psychiatry – 957; narcology – 598), while in 2015 – 1837 (psychiatry – 116; narcology – 676).

Average duration of bed use in 2016 – 343.3 (psychiatry – 301.2; narcology – 505). In 2015 – 384 (psychiatry – 337.5; narcology – 562.3).

7.2. On the other hand, the statistics for 2016 and 2015 shows that, when discharged from the institution, the residents are:

	2015	2016
in improved condition	1228 (66.2%)	1028 (65.7%)
healthy	580 (31.3%)	481 (30.75%)
no changes	15 (0.8%)	46 (2.94%)
worse	0 (0.0%)	13 (0.7%)
dead	18 (0.97%)	9 (0.57%)
mentally healthy	1 (0.054)	0 (0%)

It is alarming that the worsening of condition in 9 cases resulted in deaths. The Hospital argued that death was due to the presence of permanent somatic diseases, which determined the appearance of serious complications.

7.3 The members of the monitoring team became acquainted with the situation of a number of Hospital patients who, despite their full legal capacity and opinion of the Hospital's medical committee that concludes on the condition and allows termination of placement in the institution, they are further forbidden to leave the Hospital. Similarly, in narcology, there were patients who said they were feeling better but who were forbidden to leave the Hospital. Such a situation raises question marks about the legality of keeping them in the Hospital and subject them to treatment. The said circumstances obstruct the right to freedom, which is a serious violation of human rights according to the national and international legislation, inadmissible under art. 5 of the ECHR – right to freedom.

7.4 The members of the monitoring group conclude that the discharge process is excessively bureaucratized, due to the unreasonably complicated procedure of obtaining the agreement for leaving the institution. Violation of the right to freedom is obvious in case of those residents who have been admitted based on their free consent but who cannot leave the institution either, although they have withdrawn their agreement to continue the treatment. It only results that the Hospital's authority abusively decides how long a person should undergo treatment in the Hospital and which kind of treatment will be used in their regard.

We documented the case of a young patient with full legal capacity, hospitalized for already 7 months, who says that he was apprehended by the police for stealing a car that belonged to a police officer from Orhei. It was this police officer who had brought him to the Hospital for the acts described above. The resident has the status of suspect or already accused in a criminal case started against the above-mentioned acts. His admission took place with his agreement, under the police's threats, while his medical treatment and keeping in the Hospital are taking place without his freely expressed agreement or in the absence of a court judgment on forced hospitalization without the person's consent. Hence, the person is held without his informed consent, which IDOM finds in essence already to be an illegal detaining of the person in the Psychiatric Hospital, or a person's placement and keeping for forced treatment can take place without the person's agreement only based on a court judgment.

VIII. Realization of the right to health

8.1. The specific objectives of the Hospital are to prevent mental and behavioral disorders, protect mental health, improve early identification and intervention in mental health issues, ensure continuity of mental health services and their integration in primary healthcare, mobilize the continuity for the rehabilitation and social integration of persons with mental health issues, including by abolishing stigmatization and discrimination.

8.2. According to the staffing scheme of the Hospital, as at 1 January 2017, in the institution there were working 162 persons (with 154.00 out of 162.25 units filled in), of which doctor units – 15.5; average medical staff – 45.5; lower medical staff – 62.0; other staff – 31.0; according to the table:

Staff categories	Positions planned for 2017	Positions filled in as at 18 April 2017	Vacant positions as at 18 April 2017	Individuals employed as at 18 April 2017	Women	Men
DOCTORS	17.25	15.5	1.75	9	4	5
Average medical staff	46.0	45.5	0.5	49	47	2
Lower medical staff	64.0	62.0	2.0	72	49	23
Other staff	35.0	31.0	4.0	32	18	14
Total	162.25	154.00	8.25	162	118	44

At the beginning of 2016, there were 166 persons working in the Hospital, as follows: doctors – 12; medical assistants – 48; nurses – 74; other staff – 32. Of the 12 doctors – 11 of higher category; 1 – no category. Of the 48 nurses: higher category – 42; category I – 3; category II – 1; no category – 2 persons of the newly employed staff.

8.3 The Hospital treats those patients who have been sentenced by court to coerced treatment with regular supervision. At the beginning of 2016, the Hospital had 2 patients and at the end of the year – 3 patients. The patients hospitalized for coerced treatment were presented to the CMP at every six months, and for all 3, the Orhei District Court decided to extend their treatment by coercion with regular supervision, although the institution does not have a specialized section for the patients hospitalized during criminal investigations.

8.4 In 2016, the Hospital had its quarantine isolator functioning; it includes 5 beds for the patients suspected of contagious diseases and persons who have been in contact with them. Between 1 June 2016 and 1 Oct 2016, the hospitalized patients underwent prophylactic examination for F-30 (cholera). No positive cases were found in any of the patients examined

(131).

8.5 Based on the need to prevent pulmonary TB in time, the Hospital conducts planned X-Ray examination. During the X-ray examination in the psychophthisiopneumology section, a pulmonary TB relapse with BA AR-positive was found. The respective patient was transferred to the Codru SCP Hospital, for a specialized treatment in the psycho-TB section.

8.5 Under the reserve of the freely expressed agreement, we think it is inadmissible and illegal to require one to take the HIV/AIDS test. To note that the institution has tested 397 patients at its own expense, for prophylactic purposes, and did not find any cases of infection.

8.6 According to the staff, the bathing and changing of body lingerie and bed linen takes place once a week. The dryer works and it makes it possible to process the soft equipment and clothes. The Hospital has been supplied with disinfecting preparations for processing surfaces, tableware, working instruments and hands. There is always a three-month reserve of disinfection substance in the Hospital.

Nonetheless, during the monitoring visit, in all sections, especially in the somatogeriatry-psychophthisiopneumology, we found precarious hygiene, expressed through a sharp and unbearable smell, which made it hard to breathe.

8.7 Medication supply:

For 2016, medications were planned in the amount of 999891.0 lei, of which 807964.0 lei has been spent. The Hospital received *humanitarian aid* in the amount of 65976.77 lei. An average of 17.55 lei was used for a day/bed. The Hospital has procured neuroleptics, tranquilizers, anticonvulsive and anti-depression medications, nootropics, antibiotics, vitamins, infusion solutions, detoxifying preparations, reagents for the lab, disinfection substances.

These data show that the Hospital does not lack medications and consumables. However, it results from the discussions with the patients that most of the medications are purchased by them from their own money or that of their relatives. The Hospital provides them with the minimal necessary amount of medication.

During the year, the supply of medication has not had the same pace; some of them had been retained in the lab for a long time; others had not arrived in the country. At the same time, due to its financial debts to the pharmaceutical companies, the Hospital is refused other supplies of medications.

8.8 During their stay in the hospital, the patients have been examined by the internist, neurologist, psychologist, physiotherapist, ophthalmologist, gynecologist, psychiatrist, narcologist, and dentist. As needed, the patients were seen by other doctors as well: cardiologist, surgeon, traumatologist, ENT, dermato-venereologist, urologist, endocrinologist, phthisio-pulmonologist.

8.9 As communicated to the monitoring team during its visit, specialized medical services are provided to the residents to the extent the Hospital can provide such services.

We found a case of a person from the narcology section who had been hospitalized for a few

days. The person complained about wanting to leave the Hospital and get inpatient treatment in another hospital, since she was having serious problems with her legs but the Psychiatric Hospital was not providing this kind of services or treatment.

8.10. The information about the dentist services provided to the patients in the institution show that the institution has only one dentist working full-time and that his services are mainly focused on tooth extraction and fillings. The records show that in 2016 there were 424 - extractions; 321 - adjusted; 453 – filled. Statistics shows an unsatisfactory situation and limited dentist services provided, as it is obvious that it is necessary to have other dentist interventions as well, which would prevent the apparently excessive tooth extractions.

Rate of deaths in the Orhei PTH

In 2016, there were 9 deaths – 6 men and 3 women. Of them, 8 patients died in the narcology section and 1 person (woman) – in the psychiatry section. Those patients who died in narcology had been admitted with alcoholic delirium, mixed chronic alcoholism or systematic alcoholism with major complications of the chronic alcoholism, from the internal organs and the nervous system as toxic-elicited encephalopolyuropathy.

As a whole, the reasons for the deaths were: 1. heart failure – 1; 2. bilateral bronchopneumonia – 1; 3. cardiopulmonary failure – 2; 4. cardiovascular disease – 4; 5. cerebral and pulmonary edema – 1. All the deceased have been subject to morpho-pathological examination and no incompliance was found between the clinical and the morpho-pathological diagnoses.

To note about the death of a patient that occurred before midnight (at 19:50 hours). He was urgently admitted, having been brought from the admission section of the Orhei District Hospital where he had spent one night. He was brought in severe condition, since the District Hospital had refused to put him in the intensive care unit. The patient was brought late and since he had not been examined in his locality, he had major complications. Although lethality decreased in 2016 as compared to 2015, narcologic patients are further hospitalized late, in serious condition and with major complications of their internal organs and nervous system. Hence, IDOM thinks the District Hospital is apparently guilty of medical malpraxis, or it refuses to admit severe patients in an unjustified manner, thus carrying forward the responsibility of negligence to the Orhei Psychiatric Hospital.

In IDOM's opinion, it is necessary to carry out thorough investigations of the causes/reasons for the high death rate in the Orhei Psychiatry and Phthisiopneumology Hospital. This is necessary in order to exclude the risk of medical negligence that has led to an aggravation of the health condition and deaths.

IX. Violence in the Hospital and access to protection mechanisms

9.1 The members of the monitoring team have not identified an accessible manner for the residents of the *Hospital* to file complaints with the national human rights protection institutions (Ombudsman, Council for the Prevention and Elimination of Discrimination and Equality Assurance) or the law-enforcement (police, prosecution).

9.2 We did not find any registers of use of coercion means (chemical or physical) that should be kept in every unit, according to the CPT recommendations.

XI. Observance of human dignity

11.1 The sanitary rooms and toilets were locked during our visit and it was not clear to us how the patients used the toilet and how the respect for their vital needs was ensured to them.

11.2 In the discussions with the patients, the IDOM monitoring team found major concern about the bathing process. The patients are brought together in groups of 5 or 6 and directed to the bathing room. According to them, they are put in that room (very small) all together. This process lasts for about two minutes for each person, thus the residents do not manage to take a decent bath and in conditions of intimacy. A number of residents said they did not even manage to wash themselves after they have soaped themselves.

XII. Materials means of evidence

12.1 We looked into the copies of the activity report of the Orhei PTH, its staffing list for 2017, organizational chart, information about the movement of persons into and out of the institution, data about the staff participation in retraining, and the information about the economic-financial activities of the Hospital etc.

In addition, we took pictures of the wards and other rooms in the institution; we held focus group discussions and interviews with the residents and staff.

XIII. End of visit

At the end of our monitoring visit, we made a short presentation of our preliminary findings to the director of the institution.

XIV. Conclusions and recommendations

14.1. The following recommendations are proposed to the Ministry of Health:

- Develop a uniform regulation on the immobilization of patients in case of violence and aggressiveness towards the others or if creating danger for oneself;
- Simplify the mechanism of discharge, by regulating the removal of the verbal agreement, which would ensure compliance with the Convention on the Rights of Persons with Disabilities and would enhance the level of non-admission of abusive limitation of personal freedom;
- Create and enforce an interinstitutional mechanism of periodical assessment of the situation with death rates within residential institutions and of the quality of medical services provided to the residents (inside and outside) the Hospital;
- Promote the message of zero tolerance to ill-treatments and other human right violations in the country's psychiatric hospitals, making sure that the management of institutions examine and report them to the competent institutions for the violations found. It is everyone's obligation to notify the Torture Fighting Section of the General Prosecutor's Office about any case of ill-treatments (degrading treatment, inhuman treatment or torture);

- Reiterate the task and obligation of the Hospital management to notify and report to the law enforcement each case of bodily injuries caused to the Hospital residents and to facilitate the transportation of residents with injuries to the Forensic Center for fact-finding;
- Create an accessible censorship-free mechanism for filing complaints by Hospital patients to the national human right protection institutions and law-enforcement;
- Develop a uniform policy for applying and documenting the cases of physical and chemical constraint against the patients in crisis;
- Develop the necessary mechanisms for reducing and excluding the cases of money defrauding of the Hospital patients using various methods;
- Take a holistic approach to the training in human rights of the Hospital staff and management, including of the medical staff by developing and implementing a practical cycle of initial and continuous training, focused on human rights, inclusion and social protection;
- Identify proper solutions for providing personal space, with a lock, to each beneficiary for keeping their personal belongings, including their clothes etc.;
- Allocate funds for the due accommodation (according to the norms) of the infrastructure of country's psychiatric hospitals, to provide for the necessary conditions for the independent use of sanitary rooms and free movement of residents in wheelchairs to walks outside the buildings;
- Allocate the necessary financial resources for repair works and necessary equipping of the Hospital sections;
- Allocate the necessary financial resources for equipping the sanitary rooms with doors or partitions to provide for intimacy in toilets within all the country's institutions.

14.2 The following recommendations are proposed to the director of the **Orhei PTH**:

- **Exclude the presence in the same wards of patients under coerced treatments and those under voluntary treatment;**
- **Signing of the consent for admission and treatment to be done voluntarily and in an informed manner by the patients (except for when admissions take place under a court judgment), excluding the formal character or psychological constrain of patients;**
- Carry out thorough internal investigations by attracting independent medical specialists of the high death rates within psychiatric hospitals. Periodically carry out this interinstitutional exercise of assessing the situation of death rates within the Hospitals and of the quality of medical services provided to the residents (within and outside) of psychiatric hospitals;
- Avoid admitting persons who evidently must be immediately hospitalized at the District Hospital and receive first aid;
- Make sure that all registers in the Hospital are filled in in time and accurately;
- Create an accessible censorship-free mechanism for filing complaints by the residents to the national human right protection institutions and law-enforcement;
- Document, on a mandatory basis, all cases of physical and chemical constraint of the residents in crisis; Make sure that chemical constraint is used as a last resort and that each

case is authorized by a doctor, thoroughly monitored and documented. Applying such measures must end immediately after overcoming the emergency situation;

- Verify and supervise the entry of data into the special immobilization register, so that it clearly specifies the restrictive measure applied as well as the medical staff who had authorized it and participated in applying it;
- Organize professional development courses, personal development and accountability activities for the care staff and lower medical staff in view of preventing physical and verbal abuse to the patients;
- Ensure the patients' intimacy in shower and sanitary rooms;
- Investigate and report to the law enforcement all allegations of money defrauding of Hospital residents by the staff and other residents;
- Make sure that billboards are posted in visible places within the sections, to describe the rights and obligations of patients as well as the bodies they can address if their rights are violated;
- Take the necessary measures to provide quality and full medical assistance to the residents by filling in the medical staff and by prescribing the medications based on one's needs and individualized treatment;
- Continue the efforts of taking individual approaches in establishing psycho-social therapy measures. Ensure effective periodic revision of the support measures and prescribed treatment;
- Make necessary efforts to ensure the continuous capacitation of the Hospital staff, including of the medical one, especially in practical human rights issues;
- Identify solutions for providing personal space, with a lock, to each residents for keeping their personal belongings, including their clothes etc.
- Provide daily access outside/walks in fresh air to the bed-ridden residents and to those with locomotion disabilities;
- Develop for each patient an individualized therapy program to include occupational, recreational therapy and social rehabilitation activities, in addition to the medication-based therapy;
- Ensure residents are accommodated in living spaces where the perimeter per person is of least 6 m² (without including the sanitary installation space) and additionally 4 m² for each additional person in the ward;
- Avoid accommodating patients of different gender in joint rooms in view of respecting human dignity.