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**Report to the Finnish Government
on the visit to Finland
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)
from 20 to 30 April 2008**

The Finnish Government has requested the publication of this report.

Strasbourg, 20 January 2009

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Copy of the letter transmitting the CPT's report

Ministry of Justice
Eteläesplanadi 10
00131 Helsinki
Finland

Strasbourg, 25 November 2008

Dear Sir/Madam

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Finnish Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to Finland from 20 to 30 April 2008. The report was adopted by the CPT at its 67th meeting, held from 3 to 7 November 2008.

The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Finnish authorities to provide **within six months** a response giving a full account of action taken to implement them.

The CPT trusts that it will also be possible for the Finnish authorities to provide, in the above-mentioned response, reactions to the comments formulated in this report as well as replies to the requests for information made.

The CPT would ask, in the event of the response being forwarded in the Finnish language, that it be accompanied by an English or French translation. It would also be most helpful if the Finnish authorities could provide a copy of the response in a computer-readable form.

I am at your entire disposal if you have any questions concerning either the CPT's visit report or the future procedure.

Yours faithfully

Mauro PALMA
President of the European Committee for
the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT visited Finland from 20 to 30 April 2008. The visit formed part of the Committee's programme of periodic visits for 2008, and was the CPT's fourth periodic visit to Finland.¹

2. The visit was carried out by the following members of the CPT:

- Renate KICKER, 1st Vice-President of the CPT (Head of Delegation)
- Pétur HAUSSON, 2nd Vice-President of the CPT
- Jørgen Worsaae RASMUSSEN
- George TUGUSHI

who were supported by the following members of the CPT's Secretariat:

- Johan FRIESTEDT
- Borys WÓDZ.

They were assisted by:

- Clive MEUX, consultant forensic psychiatrist, Oxford, United Kingdom (expert)
- Bertel ÖSTERDAHL, former Director General of the National Prison and Probation Service, Sweden (expert)
- Helena KARUNEN (interpreter)
- Kirsi LAMMI (interpreter)
- Heli Heljä Maria MÄNTYRANTA (interpreter)
- Katja RANTA-AHO (interpreter)
- Anna-Riitta VUORIKOSKI (interpreter).

¹ The previous periodic visits took place in May 1992, June 1998 and September 2003. The Committee's reports on these visits, as well as the responses of the Finnish authorities, have been made public at the request of the Finnish authorities (cf. documents CPT/Inf (93) 8, CPT/Inf (93) 16, CPT/Inf (94) 3, CPT/Inf (99) 9, CPT/Inf (99) 14, CPT/Inf (2000) 14, CPT/Inf (2004) 20 and CPT/Inf (2004) 31).

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments

- Helsinki Police Department (follow-up visit)
- Helsinki City Centre, Itäkeskus and Malmi Police Precincts
- Nokia District Police Department
- Riihimäki District Police Department
- Seinäjoki District Police Department
- Tampere District Police Department (follow-up visit)
- Vaasa District Police Department

- Töölö Custodial Facility for Intoxicated Persons, Helsinki (follow-up visit)

- Metsälä Detention Unit for Aliens, Helsinki

Prisons

- Helsinki Prison (follow-up visit)
- Riihimäki Prison (follow-up visit)
- Vantaa Prison

Psychiatric establishments

- Psychiatric Treatment and Research Unit for Adolescent Intensive Care (EVA) in Pitkänieniemi
- Vanha Vaasa State Psychiatric Hospital.

C. Consultations held by the delegation and co-operation encountered

4. In the course of the visit, the CPT's delegation held consultations with Anne HOLMLUND, Minister of the Interior, Astrid THORS, Minister of Migration and European Affairs, Tiina ASTOLA, Permanent Secretary at the Ministry of Justice, Ilkka OKSALA, State Secretary at the Ministry of Social Affairs and Health, as well as with senior officials of the Ministries concerned. The delegation also met Riitta-Leena PAUNIO, Parliamentary Ombudsperson, and Petri JÄÄSKELÄINEN and Jukka LINDSTEDT, Deputy Parliamentary Ombudsmen. Further, it had meetings with representatives of non-governmental organisations and lawyers working in areas of concern to the CPT.

A list of the national authorities, organisations and other persons consulted during the visit is set out in Appendix II to this report.

The CPT wishes to express its appreciation for the assistance provided to its delegation by the liaison officer designated by the national authorities, Ulla MOHELL, Counsellor of Legislation at the Ministry of Justice.

5. As had been the case during previous CPT visits to Finland, the co-operation received both from the national authorities and from staff at the establishments visited was generally of a very high standard.

In most cases, the Committee's delegation enjoyed rapid access to the places visited (including ones not notified in advance) and was able to speak in private with persons deprived of their liberty, in compliance with the provisions of the Convention. Further, the delegation was provided with all the necessary documentation, and additional requests for information made during the visit were promptly met.

That said, it appeared that information on the CPT's mandate and the possibility of a visit had not been circulated in advance to all police officers concerned, which in several cases resulted in delays of up to 15 minutes in granting the delegation access to the police establishments visited (due to the necessity for the officers on duty to study the credentials provided by the authorities and to consult their superiors). **The Committee trusts that the Finnish authorities will take steps to ensure that such situations are not encountered during future visits. This should involve the dissemination of relevant information on the CPT's mandate and working methods to all the staff concerned.**

6. The principle of co-operation set out in Article 3 of the Convention is not limited to steps taken to facilitate the task of visiting delegations. It also requires that decisive action be taken to improve the situation in the light of the Committee's key recommendations. In this respect, despite some improvements observed since the 2003 visit, the CPT is concerned to note that little or no action has been taken in respect of a number of its long-standing recommendations, in particular as regards the detention of remand prisoners in police establishments, the legal safeguards against ill-treatment of persons in police custody, the elimination of the practice of "slopping out" in prison establishments, and the legal framework of involuntary psychiatric hospitalisation and treatment. The Committee urges the Finnish authorities to step up efforts to improve the situation in the light of its recommendations, in accordance with the principle of co-operation which lies at the heart of the Convention.

7. At the end of its visit, the Committee's delegation met representatives of the Finnish authorities in order to acquaint them with the main facts found during the visit. On this occasion, the delegation requested to be provided, within three months, with: (i) detailed information about the legislative and organisational steps (comprising precise deadlines and financial means allocated) envisaged to eliminate, in due course, the practice of holding remand prisoners in police establishments; (ii) information on steps taken with a view to eliminating the practice of "slopping out" at Helsinki Prison; (iii) a detailed action plan (comprising precise deadlines and the resources required) to reduce significantly recourse to seclusion (both as regards its frequency and duration) at Vanha Vaasa State Psychiatric Hospital.

The above-mentioned requests were subsequently confirmed in a letter of 13 May 2008 from the President of the CPT. By letter of 29 August 2008, the Finnish authorities informed the Committee of measures taken in response to those requests. This information will be considered later in the report. It is noteworthy that, soon after the visit, the Finnish authorities decided to make public the text of the preliminary observations made by the Committee's delegation at the end of the visit.²

² CPT/Inf (2008) 19.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

8. The legal and regulatory framework governing the detention of persons by the police has been summarised in the report on the 1998 visit to Finland.³ It should be recalled that the maximum period of custody by the police of persons suspected of having committed a criminal offence is 96 hours.⁴ Further, the police may, on their own authority, hold a person for a maximum of 24 hours in order to establish his/her identity or to protect him/her from an immediate serious danger to his/her life, bodily integrity, security or health (including due to alcohol intoxication).⁵ In addition, persons may be detained by the police for a maximum of 12 hours to protect public order⁶, and for up to 24 hours to prevent or eliminate a public disturbance.⁷

The above-mentioned legal provisions have, since the 2003 periodic visit, been complemented by the new Act on the Treatment of Persons in Police Custody (ATPPC)⁸, which provides a comprehensive legal framework for the treatment of persons detained by the police and remand prisoners held in police establishments (previously spread over several laws and ministerial instructions).

9. It is also noteworthy that the new Remand Imprisonment Act (RIA), in force since 1 October 2006⁹, introduced provisions according to which the court, when deciding on – or extending – the preventive measure of remand in custody, must systematically take a reasoned decision regarding the place (i.e. a police facility or a prison) where the person concerned is to be held.¹⁰

³ See paragraph 8 of CPT/Inf (99) 9.

⁴ Chapter 1, Sections 2 (2), 13 and 14 (1) of the Coercive Measures Act No. 450/87, hereafter referred to as CMA.

⁵ Sections 10 and 11 of the Police Act No. 493/95, hereafter referred to as PA.

⁶ Section 14 of the PA.

⁷ Section 20 of the PA.

⁸ Act No. 841/2006, in force since 1 October 2006.

⁹ Act No. 768/05.

¹⁰ See Chapter 2, Section 1 (3) and 1 (4) of the RIA: “The court deciding on the imprisonment may, on presentation of an official [...] authorised to make an arrest or of the prosecutor, decide that a remand prisoner is placed in a detention facility for remand prisoners maintained by the police, if this is necessary in order to segregate the remand prisoner or for safety reasons or if the solving of the crime so requires for a special reason. A remand prisoner may not be held in police detention facilities for a period longer than four weeks without a very weighty reason therefor. If a remand prisoner is placed in a detention facility maintained by the police, the placement and the grounds therefor shall be considered by the court together with the imprisonment in connection with the re-consideration of the imprisonment referred to in Chapter 1, Section 22 of the CMA.”

However, the entry into force of these provisions has so far failed to bring about a significant reduction in the number of remand prisoners held on police premises¹¹ and the length of their stay in police custody¹². As observed by the delegation and acknowledged by the Finnish authorities at the outset of the 2008 visit, the practice of holding persons on remand in “police prisons” (during part or all of the period of pre-trial investigation) remains widespread, despite the CPT’s long-standing recommendation to bring an end to this practice. The Committee will comment in detail on the situation of remand prisoners held on police premises in paragraphs 27 to 36 of this report. However, already at this stage, the CPT wishes to stress that the lack of significant progress in this area over 16 years (i.e. since the Committee’s first periodic visit to Finland in 1992) is unacceptable.

2. Ill-treatment

10. As was the case during the previous visit in 2003, the CPT’s delegation did not receive any allegations of physical ill-treatment of persons detained by the police, and did not gather any other evidence to this effect. In fact, the great majority of persons met by the delegation who were or who had previously been detained by the police indicated that they had been correctly treated by the police throughout their period in custody. Consequently, the conclusion reached by the Committee after the 2003 visit – namely that persons deprived of their liberty by the Finnish police currently run little risk of being ill-treated – remains valid.

3. Safeguards against ill-treatment

11. In the reports on its previous visits to Finland, the CPT made a number of recommendations and comments as regards safeguards for persons detained by the police. The Committee has placed particular emphasis on three fundamental rights, namely the right of detained persons to inform a close relative or another third party of their situation, to have access to a lawyer, and to have access to a doctor. As stressed by the Committee, these rights should be enjoyed by all categories of persons from the very outset of their deprivation of liberty (i.e. from the moment the persons concerned are obliged to remain with the police). It is equally fundamental that persons detained by the police be informed without delay of their rights, including those mentioned above, in a language they understand.

The information gathered in the course of the 2008 visit suggests that there has been very little progress in this area since the 2003 visit.

¹¹ At the time of the 2008 visit, approximately 100 remand prisoners were placed in “police prisons” throughout the country. At the same time, there were some 500 remand prisoners in establishments run by the Prison Service. At the time of the CPT’s 2003 visit, some 120 remand prisoners were held in “police prisons”. The average daily number of remand prisoners held in “police prisons” was 110 in 2005 and 2006, and 92 in 2007.

¹² The average length of stay of remand prisoners in “police prisons” (in 2006, 2007 and between 1 January and 1 April 2008) was 18 days. According to information provided to the delegation at the outset of the visit by the Ministry of the Interior, the ten remand prisoners who had stayed for the longest time in a “police prison” between 1 January 2007 and 17 April 2008 had been held there for periods ranging from 168 to 279 days. At the time of the CPT’s 2003 visit, the detention periods of remand prisoners in “police prisons” varied from a few weeks to – on occasion – up to 4 months.

12. Regarding notification of custody, the vast majority of detained persons met by the delegation confirmed that they had been able to have their next-of-kin informed shortly after apprehension, or at the latest at the beginning of the first formal interview with an investigating officer. However, a few allegations were heard about notification of custody having been delayed significantly or refused altogether until the end of police custody (i.e. 96 hours).

In the reports on the previous visits, the CPT recommended that the period during which an apprehended/arrested person can be denied the right to notify his next-of-kin of his/her situation be shortened substantially (e.g. to 48 hours). The Committee also recommended that the types of situation in which the exercise of the right of notification of custody may be delayed be spelt out more clearly, and that any delay in the exercise of a person's right to notify someone of his situation always be subject to the approval of a senior police officer with the right to arrest. Unfortunately, the new ATPPC does not address these points. Consequently, **the Committee reiterates the above-mentioned recommendations.**

Furthermore, the ATPPC contains a new provision (Chapter 2, Section 2) which seems to restrict the right of notification of custody in certain cases: namely, a person deprived of his/her liberty by the police need not be offered the possibility to have his/her next-of-kin notified of his/her custody if the expected period of police custody does not exceed 12 hours. **The CPT recommends that this provision be rescinded.**

13. In respect of access to a lawyer, presently guaranteed by law as from the very outset of custody, the CPT recommended in its previous visit reports that appropriate measures be taken to ensure that this right is rendered fully effective in practice.

During the 2008 visit, the delegation observed that access to a lawyer continues in most cases to be granted only at the beginning of the first formal interview by the investigator (which could happen a considerable time after the actual apprehension). The delegation also heard several allegations from persons who were or had recently been in police custody that they had only been able to meet a lawyer after they had signed a confession or statement on their involvement in the case, or at the beginning of the first court hearing.

In the light of the above, **the CPT reiterates its recommendation that steps be taken to ensure that persons detained by the police enjoy effectively the right of access to a lawyer as from the very outset of custody.**

14. The delegation again heard some complaints from detained persons that the police had prevented them from choosing their lawyer freely and imposed on them *ex officio* lawyers who were said by the persons concerned to be "working with the police". **The CPT would like to receive the remarks of the Finnish authorities on this issue.**

15. At Helsinki City Centre Police Precinct, a senior police officer met by the delegation indicated that in the case of persons suspected of "minor offences" (i.e. offences punishable by a maximum of six months of imprisonment), police staff were not under an obligation to grant access to a lawyer and were not required to inform the persons concerned of their rights; the officer concerned referred to Section 44 of the Pre-Trial Investigation Act No. 449/1987. **If the current legislation restricts the rights of persons suspected of having committed "minor offences" to have access to a lawyer and to be informed of their rights, such restrictions should be abolished.**

16. Regarding access to a doctor¹³ for persons detained by the police, the previous instructions¹⁴ have been replaced by the provisions of Chapter 5 of the ATPPC. In particular, Section 6 stipulates that persons in police custody have the right to be examined, at their own expense, by their own doctor within the detention premises, “if this does not jeopardize the purpose of the detention”. However, it transpired from the delegation’s interviews with both detained persons and police officers that this right was hardly ever granted in practice. **The CPT recommends that steps be taken, if necessary through amendment of the ATPPC, to ensure that persons in police custody have an effective right to be examined, if they so wish, by a doctor of their own choice (in addition to any medical examination carried out by a doctor called by the police), it being understood that an examination by a doctor of the detained person’s own choice may be carried out at his/her own expense.**

Further, pursuant to Section 8a of the ATPPC, “decisions on medication, possession of medicine, treatment, examination and other medical care of an inmate are taken by a doctor appointed by the police”. The CPT is concerned that the above provision may impose unnecessary restrictions on the scope of the right for the persons detained by the police to be examined by a doctor of their own choice. **The Committee would like to receive the remarks of the Finnish authorities on this issue.**

17. In the course of the 2008 visit, the delegation paid particular attention to the situation of juveniles in police custody. The delegation was informed by police officers in the establishments visited that, if the suspect was a juvenile, the parents or a social worker had to be informed and a witness had to be present during police interviews. However, these requirements apparently did not apply in the case of “minor offences” (reference is made to the comment already made in paragraph 15 above). Further, **the Committee would like to be informed whether the “witness” referred to above must always be someone independent from the police.**

18. In the reports drawn up after the previous visits, the CPT stressed the importance which it attaches to persons detained by the police being immediately informed of their rights in a language which they understand.

Most of the persons interviewed, who were or had previously been detained by the police, said that they had been informed *verbally* of their rights, usually by an investigator, only at the beginning of the first formal questioning. This appears to be in contradiction with the legislation in force, according to which information on rights should be provided to detained persons without delay.¹⁵ Further, some of the persons interviewed alleged that the verbal information they had received was incomplete (e.g. no information on the possibility to benefit from the services of an *ex officio* lawyer and to notify one’s next-of-kin and/or a consular/diplomatic representative).

¹³ As regards access to health care for remand prisoners held in police establishments, see paragraph 31.

¹⁴ Point 2.2.11 of the Instructions on the Treatment of Apprehended and Arrested Persons.

¹⁵ Chapter 2, Section 3, of the ATPPC: “Persons deprived of their liberty shall without delay be informed of their rights and the house rules in the most commonly used languages. Foreigners and deaf persons shall be offered assistance from interpreters. Foreigners shall be informed about the possibility to contact their national representation”.

It also appeared during the 2008 visit that persons detained by the police were still not informed systematically in a *written* form of all their rights. Information sheets, available in nine languages¹⁶, were found in most police establishments visited (except for the police precincts in Helsinki); however, these sheets were given to detainees only at their explicit request which, as acknowledged by police officers, hardly ever happened. It should also be noted that the information sheets did not refer to all of the detained persons' rights (e.g. the right to be examined by a doctor of one's own choice was not mentioned).

The CPT recommends that the Finnish authorities take steps to ensure that complete and accurate verbal information on rights is given systematically to all persons apprehended by the police, at the very outset of their deprivation of liberty (i.e. as from the moment the persons concerned are first obliged to remain with the police). As regards the information form on rights, it should set out in a straightforward manner all the rights of persons deprived of their liberty by the police (including the right of access to a doctor of one's own choice), and should be given systematically to all detained persons as soon as they are brought into a police station. Particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case, to verify that these rights have been respected in practice and to take appropriate action if this is not the case. Further, detained persons should be requested to confirm with their signature that they have been provided with information on their rights, with an indication of the precise time when it occurred.

19. There is considerable scope for improvement as regards the quality of custody records kept in police establishments. The registers consulted by the delegation in the establishments visited were often incomplete and/or out of date. For example, no record was made of movements of detained persons between police departments/precincts for the purpose of carrying out investigative activities (unless the person concerned spent the night at another establishment). Further, in some of the police establishments visited (e.g. Nokia Police Department and the district police precincts in Helsinki), the initial detention of persons in holding cells (i.e. cells not intended to accommodate persons overnight) was either not documented or recorded in an extremely succinct manner.

The CPT recommends that steps be taken to ensure that, whenever a person is deprived of his liberty by the police, for whatever reason, this fact is duly recorded without delay. Further, the Committee recommends that standard-format and comprehensive custody registers be kept at each police establishment, containing information on all aspects of the person's custody (including movements between establishments) and all the action taken in connection with it.

20. In the report on the 2003 visit, the CPT expressed the view that the Parliamentary Ombudsperson (empowered to carry out visits to police establishments) cannot realistically be expected, given the very wide scope of his/her mandate, to carry out the kind of continuous monitoring of police establishments advocated by the Committee. This remains the case: only 7 police establishments had been visited by the Ombudsperson in the course of 2007; further, unannounced visits were an exception rather than the rule.

¹⁶ Finnish, Swedish, English, Russian, Estonian, German, French, Italian and Spanish.

In the light of the above, **the CPT recommends that the Finnish authorities take steps to develop a specific system for independent monitoring of police detention facilities. To be fully effective, monitoring visits should be both frequent and unannounced.**

Further, **the monitoring bodies should be empowered to interview detained persons in private and examine all issues related to their treatment (material conditions of detention; custody records and other documentation; the exercise of detained persons' rights, etc.).**

4. Conditions of detention

21. The delegation's findings from the 2008 visit confirm the assessment made during the CPT's previous visits to Finland, namely that conditions of detention in police establishments are generally acceptable for the initial period of police custody (i.e. up to 96 hours)¹⁷. However, as in the past, none of the establishments visited offered suitable conditions for remand prisoners, who could be detained for lengthy periods (see paragraphs 27-36).

22. The police custody cells¹⁸ seen by the CPT's delegation in the establishments visited were generally of an adequate size for their intended occupancy (e.g. 8 m² for a single cell; 11 m² for a double), and were well lit and ventilated, and suitably equipped. That said, the cells at Seinäjoki District Police Department had poor access to natural light and were fitted with unscreened toilets. Further, conditions at Helsinki Police Department (i.e. the "police prison" in Pasila district) had not improved significantly since the 2003 visit¹⁹, despite a refurbishment carried out in 2004-2005. In particular, access to natural light and ventilation were still poor, and the state of repair and cleanliness of the cells and of their equipment (including the mattresses) left something to be desired. **The CPT recommends that the Finnish authorities take steps to remedy these deficiencies.**

23. Police establishments in Finland continue to be frequently used to accommodate intoxicated persons. Special cells designed for this purpose were seen at Seinäjoki, Tampere and Vaasa District Police Departments. The size and equipment of these cells call for no particular comments. However, the stock of special fire-proof and washable mattresses appeared to be insufficient at the Tampere establishment, were it to operate at its full capacity (as was reportedly often the case on weekends and during public holidays). **The CPT invites the Finnish authorities to verify that the stock of suitable mattresses for intoxicated persons is sufficient at the above-mentioned facility.**

¹⁷ It should be noted that a decision was taken in 2007 not to hold overnight persons in district police precincts in Finland, as well as in some of the police departments (e.g. in Nokia and Riihimäki).

¹⁸ I.e. cells intended for the accommodation of persons detained pursuant to Sections 10, 14 and 20 of the PA, as well as Sections 2 (2), 13 and 14 (1) of Chapter 1 of the CMA. It is noteworthy that police custody cells were also used to hold persons detained pursuant to the Aliens Act (see paragraphs 38 and 39).

¹⁹ See paragraph 21 of CPT/Inf (2004) 3.

24. The delegation carried out a follow-up visit to the Custodial Facility for Intoxicated Persons in Töölö.²⁰ The cells seen in this facility were generally of an adequate size for their intended occupancy, well lit and maintained in a good state of repair and cleanliness; however, ventilation was poor. Further, not all intoxicated persons were provided with a special mattress, and were thus obliged to lie directly on the concrete floor. **The CPT recommends that steps be taken to remedy these deficiencies.**

The two nurses assigned to the establishment were only present during the weekends (i.e. on Fridays and Saturdays, from 2 p.m. to 11 p.m.), when the facility was at its busiest. During the rest of the week, reliance was had on the health-care staff from the nearby detoxification centre (run by Helsinki Municipality), from the district health-care centre or from the emergency services. In this context, **the CPT reiterates its recommendation that steps be taken to ensure that a nurse is present at all times at the Custodial Facility for Intoxicated Persons in Töölö.**

25. It should be noted that none of the police staff working in the establishments visited had received specialised training in the care of intoxicated persons and in recognising the symptoms of conditions that could be mistaken for or complicate alcohol intoxication. For as long as the police continue to hold intoxicated persons on their premises, **the CPT recommends that such specialised training be provided to all police officers in Finland.**

Further, **the CPT recommends that arrangements be made to ensure that there can be rapid access to a nurse whenever intoxicated persons are held at police establishments;** this is not always the case at present.

26. At Helsinki City Centre and Itäkeskus Police Precincts in Helsinki, the delegation found in areas where apprehended persons could be held various unlabelled non-standard issue items (e.g. a baseball bat, a golf club, large batons, saws, a crowbar, a hammer, etc). **The CPT recommends that any non-standard issue objects be immediately removed from all police premises where persons may be held or questioned. Any such items seized during criminal investigations should be entered in a separate register, properly labelled (identifying the case to which they refer) and kept in a dedicated store.**

²⁰ See paragraph 20 of CPT/Inf (99) 9.

5. Remand detention in police establishments

27. At the outset, the CPT must reiterate its view that remand prisoners should not be held in police establishments; this is also the principle enshrined in Rule 10.2 of the revised European Prison Rules²¹. The Committee has taken due note of the reasons given by the Finnish authorities, in their response to the report on the 2003 visit and in their letter of 29 August 2008, for maintaining this practice (i.e. the need to segregate, in the investigation stage, suspects in extensive or complex criminal cases with many parties; or for the suspects' own protection). However, the price which the persons concerned are presently paying for the attainment of these objectives – that is, being held for weeks and months on end in establishments which do not offer anything even remotely resembling a regime of activities, and often with totally inadequate outdoor exercise arrangements – is entirely disproportionate. This situation is unacceptable.

28. The cells for remand prisoners seen by the delegation in the “police prisons” in Helsinki, Tampere and Vaasa were generally of a marginally better standard than police custody cells²². For example, those at Helsinki Police Department (i.e. the “police prison” in Pasila district) were fitted with an additional “reading light” above the bed; however, apart from that, they displayed the same deficiencies with respect to access to natural light, ventilation, the state of repair and cleanliness as the other cells of that facility. As for the other “police prisons”, their cells for remand prisoners had generally adequate access to natural light, artificial lighting and ventilation. Further, the cells in Vaasa were equipped with fully-screened sanitary annexes.

Remand prisoners held in the police establishments visited had access, twice a week, to suitable and clean showers, and were provided with a range of personal hygiene items. Further, hardly any complaints were received about the food served at these establishments.

29. Similar to the situation observed during the CPT's previous visits to Finland, none of the police establishments visited in 2008 offered a suitable regime for remand prisoners. This fact was also acknowledged by the Finnish authorities, both in their response to the report on the CPT's 2003 visit and at the outset of the 2008 visit.

Remand prisoners continued to spend almost all their time (except for the periods spent on interviews with investigators and other investigative activities) locked up in their cells with hardly anything to occupy their time. There was no possibility to work, no sports activities²³ and no libraries (except in Helsinki). Inmates could be authorised by the responsible investigation officer to receive their own newspapers, magazines, radio and TV sets; however, with the exception of the “police prisons” in Helsinki and Vaasa, the cells were not equipped with power and TV sockets. In practice, only a few of the remand prisoners with whom the delegation spoke had a (battery-operated) TV set in their cell.

²¹ See Recommendation Rec(2006)2 of the Committee of Ministers of the Council of Europe. Rule 10.2 states as follows: “In principle, persons who have been remanded in custody by a judicial authority and persons who are deprived of their liberty following conviction should only be detained in prisons, that is, in institutions reserved for detainees of these two categories.”

²² At Seinäjoki Police Department, conditions in the cells used to accommodate remand prisoners were identical with those in police custody cells.

²³ At the “police prison” of Helsinki Police Department, the delegation was told by the staff that remand prisoners were allowed to use a small gym; however, none of the remand prisoners interviewed by the delegation knew of this possibility.

30. In principle, all remand prisoners held in police establishments were offered the possibility to take one hour of outdoor exercise per day; however, this was reportedly not always the case at Seinäjoki. The facilities used for outdoor exercise were invariably of an oppressive design and often too small to enable real physical exertion (e.g. 7 to 15 m² in Pasila). Further, the yard at Tampere District Police Department had no means of rest and no shelter against inclement weather. The exercise facilities in Vaasa (referred to by some of the detained persons as “the bunkers”) were particularly poor – they consisted in fact of rooms with a small opening in one of the walls (just under the roof), allowing nothing but a glimpse of the sky. There was no proper exercise facility at Seinäjoki District Police Department, remand prisoners taking their exercise in the establishment’s car park.

31. The delegation’s observations made during the 2008 visit suggest that the provision of health care to remand prisoners held in “police prisons” continues to be inadequate.

The “police prison” in Helsinki, which was the largest of the “police prisons” visited (with an average of 30 remand prisoners held on a daily basis) was the only one employing a doctor.²⁴ As during the 2003 visit, the delegation heard some complaints from remand prisoners about long delays in access to a doctor and the lack of access to specialist (including dental) care. A nurse was present in Helsinki “police prison” on week days (for 2 to 7 hours a day). As for the other “police prisons” visited, a nurse could be called in “on request” at Tampere (which was holding an average of 10 remand prisoners on a daily basis), but there were no arrangements for a visiting nurse at Seinäjoki and Vaasa.

The delegation was concerned to note that, despite the CPT’s long-standing recommendation, there was still no systematic medical screening of newly-arrived remand prisoners at any of the “police prisons” visited. Further, regular first-aid refresher courses were still not provided to police officers working in the detention areas of the establishments visited.

32. In the report on the 2003 visit²⁵, the CPT expressed concern about the insufficient separation of investigative and custodial functions in “police prisons”, which entails a risk of investigating officers abusing their discretionary powers. At the outset of the 2008 visit, senior officials from the Ministry of the Interior informed the delegation that such a separation had been partly achieved in the largest “police prisons” (where the heads of investigation departments did not act as heads of detention areas); however, a similar division of powers had proven difficult to implement in smaller “police prisons”.

²⁴ A doctor attended the “police prison” in Helsinki on Mondays, Wednesdays and Fridays, for about 2 hours at a time, and could be contacted and asked to come at other times in case of need.

²⁵ See paragraph 30 of CPT/Inf (2004) 20.

Further, they stressed that it was not envisaged to change the current system as regards the discretionary power of investigating officers to restrict remand prisoners' contact with the outside world. In this context, the CPT was concerned to learn that the draft legislation setting out precise criteria for applying restrictions on remand prisoners' contact with the outside world (and requiring this issue to be examined *ex officio* by the court deciding on remand in custody) – referred to in the report on the 2003 visit – had not been adopted.

33. As regards the isolation cells at Helsinki and Tampere “police prisons” (used to temporarily place inmates who became agitated and/or aggressive), the delegation noted with concern that there was still no specific register to record placements in these cells. Further, the level of cleanliness of the cells at Pasila was not satisfactory. In addition, the delegation was informed that persons placed in isolation cells were not visited by a nurse on a regular basis.

* * *

34. At the end of the 2008 visit, the CPT's delegation requested the Finnish authorities to provide the Committee, within three months, with detailed information about the legislative and organisational steps envisaged to eliminate, in due course, the practice of holding remand prisoners in police establishments. In their letter of 29 August 2008, the Finnish authorities informed the CPT of the measures taken, in particular the setting-up of a joint working group involving the Ministries of the Interior and Justice and tasked with proposing solutions, by May 2009, to decrease the number of remand prisoners in police establishments (including cost estimates). In parallel, relevant decrees and regulations would be adopted, as from October 2008, with a view to shortening periods spent by persons on remand in police detention. The Finnish authorities also indicated that, in the context of a forthcoming police reform, action would be taken to clearly separate investigative and custodial functions within the police. The CPT welcomes these measures and **would like to be informed, in due course, of their adoption, as well as of the proposals made by the above-mentioned joint working group.**

35. For as long as “police prisons” continue to be used to hold remand prisoners, **the Committee recommends that steps be taken to:**

- **ensure that all remand prisoners held in “police prisons” are offered at least one hour of genuine outdoor exercise every day;**
- **develop a regime of activities for such prisoners;**
- **review the existing arrangements at the “police prison” of Helsinki Police Department as regards access to a doctor and access to specialist (including dental) care, and arrange for the presence of a nurse also at weekends;**
- **ensure that all “police prisons” without an in-house medical service are visited on a regular basis by a nurse reporting to a doctor;**
- **ensure that all newly-arrived remand prisoners are medically screened, within 24 hours of their arrival at a “police prison”, by a doctor or a qualified nurse reporting to a doctor;**
- **set up specific registers to record placements in isolation cells in the “police prisons” which possess such cells;**
- **ensure that the isolation cells at the “police prison” of Helsinki Police Department are kept clean;**
- **ensure that inmates held in isolation cells are visited by a nurse on a daily basis.**

The Committee also invites the Finnish authorities to offer regular first-aid refresher courses to all police officers working in detention areas of “police prisons”.

36. As regards the powers of the police to restrict remand prisoners’ contact with the outside world, **the CPT recommends that:**

- **the police be given detailed instructions as regards recourse to prohibitions/restrictions concerning remand prisoners’ correspondence, visits and access to a telephone;**
- **there be an obligation to state in writing the specific reasons for any such measures in each individual case;**
- **in the context of each periodic review by a court of the necessity to continue remand in custody, the question of the necessity for the police to continue to impose particular restrictions upon a remand prisoner’s visits, letters and access to a telephone be considered as a separate issue.**

B. Foreign nationals deprived of their liberty under aliens legislation

1. Preliminary remarks

37. Pursuant to Section 121 of the Aliens Act (AA)²⁶, foreign nationals may be deprived of their liberty by the police or the Border Guard if it is necessary to establish their identity, to prevent them from committing an offence and/or to secure their deportation. Persons deprived of their liberty must be brought before a judge within 96 hours of the moment of their apprehension²⁷, and a continuation of their detention requires a judicial decision, which must be reviewed subsequently every two weeks²⁸. There is no legal maximum time-limit for the detention of foreign nationals.

38. According to Section 123 (2) of the AA, a foreign national deprived of his/her liberty must, as soon as possible, be placed in a detention unit as referred to in Act No. 116/2002 on Detention Units and the Treatment of Foreign Nationals Placed in Detention (ADU). Since the 2003 visit, a new purpose-built detention unit has opened in Metsälä, replacing the old Katajanokka facility²⁹.

Under the Aliens Act³⁰, the deprivation of liberty of foreign nationals in police and Border Guard establishments should be an exception, only when the detention unit for aliens is temporarily full or if the person is apprehended far away from the detention unit; in this case, detention in a police establishment may not last more than 4 days and the person concerned must be brought before a judge within 24 hours from apprehension. As for Border Guard establishments, the detention of persons pursuant to the AA is possible for a maximum of 48 hours.³¹

39. In the course of the 2008 visit, the CPT's delegation observed that the above-mentioned legal provisions were respected in practice. However, in view of the fact that the Metsälä detention unit was usually operating close to full capacity³², the detention of foreign nationals in police or Border Guard establishments remained relatively frequent³³.

In order to prevent, as far as possible, the use of police and Border Guard premises for the holding of persons detained under the Aliens Act, **the CPT recommends that the Finnish authorities carefully consider the possibility of opening a second detention unit for aliens, in line with the ADU.**

²⁶ No. 301/2004, in force since 1 May 2004.

²⁷ Section 124 (2) of the AA.

²⁸ Section 128 of the AA.

²⁹ The establishment in Katajanokka was visited by the CPT in 2003, see paragraphs 38 to 49 of CPT/Inf (2004) 20.

³⁰ Section 123 (3) of the AA.

³¹ Sections 36 and 62 of the Border Guard Act No. 578/2005, in force as from 1 September 2005.

³² According to the figures provided to the delegation by the management of the Metsälä Detention Unit, its average occupancy rate was 84% in 2005, 87% in 2006 and 97% in 2007.

³³ There were 169 stays at police establishments in 2006, and 140 in 2007. The periods of detention usually did not exceed four days (in the case of the police) and 24 hours (in the case of the Border Guard).

2. Ill-treatment

40. The CPT's delegation did not hear any allegations of ill-treatment of detained foreign nationals by staff of the Detention Unit for Aliens in Metsälä. On the contrary, many detainees interviewed spoke positively about the staff, and the delegation observed that staff-detainee relations were generally relaxed. Further, incidents of inter-detainee violence appeared to be relatively rare and were well handled by the management and staff. It is also noteworthy that none of the foreign nationals interviewed made any allegations concerning ill-treatment by the police and Border Guard staff.

3. Metsälä Detention Unit for Aliens

a. introduction

41. The Detention Unit for Aliens, located in an industrial estate in the Helsinki suburb of Metsälä, was opened in 2005. It occupies the upper floor of a building which also houses an open reception centre for asylum seekers.³⁴ Since January 2008, it has been placed under the responsibility of the Ministry of the Interior³⁵, but the staff are employed by the Helsinki Municipality.

The unit has an official capacity of 40 places. On the day of the visit, 38 foreign nationals³⁶ were accommodated in the establishment, including four women and two minors; there were no unaccompanied minors at the time of the visit, although such cases did occur³⁷. The average length of stay was said to be 28 days in 2007³⁸; however, there had exceptionally been stays of up to four months.

b. conditions of detention

42. Material conditions at the Metsälä facility were generally adequate and represented a major improvement of the situation observed in the Katajanokka establishment during the 2003 visit.

The accommodation areas were bright, well ventilated, clean and in a good state of repair, and efforts were being made to create a pleasant environment. Most of the detainees were accommodated in double-occupancy rooms measuring approximately 14 m²; there was also one room for four persons (measuring some 24 m²) and one room for six persons (measuring some 28 m²). The rooms were adequately equipped: beds with full bedding, a table, chairs, bedside lockers and a wardrobe.

³⁴ Wives and children of male detainees could be accommodated in the open reception centre (to facilitate the maintenance of family contacts).

³⁵ Previously, it had been run by the Ministry of Labour.

³⁶ Including 26 asylum seekers.

³⁷ 15 unaccompanied minors had been detained at the Unit in 2005, 12 in 2006 and 4 in 2007.

³⁸ With a clear tendency towards an increase, as compared with the average stays in 2005 (17 days) and 2006 (21 days).

Detainees had keys to their rooms, although the staff could unlock them if necessary. Women and their children could, if they so wished, live in a small area (comprising 3 rooms for 6 to 9 persons and a common room) entirely separated from the rest of the accommodation with a glass wall and a lockable door. Further, families had the possibility to live together.

Detainees had unrestricted access to communal toilets and showers, which were sufficient in number and in an adequate state of repair. Further, detainees were provided with free towels, soap and toilet paper, and could purchase other personal hygiene items (indigent detainees received 2 EUR per day of “pocket money”), as well as use two washing machines to wash their clothes.

The delegation did not hear any complaints about the food served at the establishment (two warm and two cold meals a day). A variety of religious and medical diets were available.

43. Another notable improvement as compared with the Katajanokka Custody Unit was that detainees were offered the possibility to take outdoor exercise for at least one hour every day (and usually for longer than that). The exercise yard was spacious (some 230 m²) and equipped with benches and chairs; that said, there was no area protected against inclement weather. **The CPT invites the Finnish authorities to remedy this deficiency.**

44. As regards activities, detainees could move freely within the unit and had unrestricted access to pleasantly decorated common areas (comprising also two well-equipped playrooms for children), where they could watch satellite TV and video/DVD, listen to the radio, play computer games, and read books and magazines. Further, there was access to the internet (websites of foreign newspapers, consular or diplomatic representations, as well as international and non-governmental organisations). In addition, detainees could play table tennis, basketball, badminton and board games, and had access to a well-equipped fitness area. The unit also possessed an ecumenical prayer room and it was possible to arrange, on request, a visit by a religious representative.

To sum up, the regime of activities appeared attuned to the varied needs of the detainees, including being sensitive to the requirements of women and families. That said, in view of the increasing average length of stay in the facility, **the CPT invites the Finnish authorities to reflect upon possibilities of developing further the range of activities offered to detainees at the Metsälä Detention Unit for Aliens, paying particular attention to the educational needs of young children and juveniles.**

c. health care

45. There was no doctor on the Metsälä Detention Unit’s payroll but the establishment had a contract with a private company, on the basis of which a GP held a surgery at least once a week. If detainees needed medical examinations or consultations, they were taken to an outside hospital and, if urgent medical care was required, staff called for an ambulance. Acute dental care was also provided. According to the management and staff of the Metsälä unit, these arrangements worked well in practice, and the delegation did not hear any complaints from the detainees as regards access to a doctor as well as a dentist.

46. At the time of the visit, two nurses, working from Monday to Friday and filling 1.5 posts, provided nursing care to the detainees at the Metsälä Detention Unit, residents of the open reception centre and some 300 asylum seekers living in the community. In practice, the nurses could devote only some 2 hours a week for detainees at Metsälä (although in case of need, they could be called in at other times). There was no nursing presence on weekends and at night. **The CPT recommends that the nursing staff resources specifically devoted to the Metsälä Detention Unit be strengthened so as to ensure a daily presence of a nurse, including on weekends.**

47. One matter of particular concern to the delegation was the absence of systematic medical screening of newly-arrived detainees at the Metsälä Detention Unit. Such a screening is in the interests of both detainees and staff, and is also a preventive measure (particularly to prevent the spread of transmissible diseases). **The Committee recommends that prompt and systematic medical screening be put in place as a matter of priority;** the reinforcement of nursing staff resources, already recommended in paragraph 46 above, should facilitate this (see also paragraph 97).

48. With regards to psychological/psychiatric assistance, the delegation was told that detainees in need of examination or treatment were sent to an outside psychiatric establishment. However, the delegation was concerned by the lack of arrangements for regular visits to the Metsälä Detention Unit by a psychiatrist or a psychologist.

The CPT must stress the need for particular attention to be paid to the mental health and psychological state of foreign nationals in custody, some of whom are asylum seekers and may have experienced difficult situations – including torture and other forms of ill-treatment – in their home countries, while others might be suffering from psychological stress while awaiting deportation. **The Committee recommends that measures be taken to ensure regular attendance by a psychologist and ready access to a psychiatrist at the Metsälä Detention Unit.**

49. As for the medical documentation (including clinical records), it was kept in the nurses' office and non-medical staff normally did not have access to it, except in case of medical emergencies when no nurses were present at the detention unit. There was no clear procedure for such situations, including for the recording and reporting of such events. **The CPT invites the Finnish authorities to establish a written policy which makes it clear who can gain access to the clinical records in the absence of nursing staff, and under what circumstances.** Further, a system should be introduced whereby any access by non-medical staff to medical documentation is recorded and reported to medical staff at the first opportunity. Of course, the recommended reinforcement of nursing staff resources should reduce to a minimum the situations in which non-medical staff need to have access to clinical records.

d. other issues

50. The CPT's delegation gained a favourable impression of the staff of the Detention Unit in Metsälä. The "counsellors" (i.e. staff working in direct contact with the detainees) were sufficient in number³⁹, had different cultural backgrounds⁴⁰ and possessed a wide range of language skills (some 25 languages). Further, the delegation noted that the staff had received initial and ongoing training reflecting the specificity of their job (comprising *inter alia* inter-cultural and inter-personal communication, conflict prevention, etc.).

51. The Metsälä facility employed on contract two private security guards whose task was primarily to guard the perimeter and operate the CCTV system. In case of emergency and following instructions of the unit's manager, they could be authorised to use truncheons, tear gas and handcuffs. The conditions under which these devices could be used were defined in a detailed and restrictive manner in the contract between the unit and the security company⁴¹, and there were strict recording and reporting requirements. The delegation was informed that not a single case of the use of truncheons, tear gas or handcuffs had taken place since the unit's opening. That said, **the CPT would like to be informed whether the private security guards employed at the Metsälä Detention Unit have received any specialised training on the use of truncheons, tear gas and handcuffs.**

52. As for contact with the outside world, there was a generous policy concerning visits, telephone calls and correspondence. Further, foreign nationals detained at the Metsälä facility were provided with written information (available in twenty languages) on their rights, including on the right to appeal and to send confidential complaints to outside bodies. The establishment was also visited on a frequent basis (i.e. at least twice a week) by representatives of an NGO (Refugee Advice Centre) who provided foreign nationals with information and legal assistance (see also paragraph 55).

As regards inspection procedures, the Metsälä Detention Unit could be visited by a range of bodies, including the Parliamentary Ombudsperson and the Ombudsperson for Minorities, representatives of the UNHCR, members of Parliament, the regional government, etc. In this context, **the CPT wishes to stress that, to be fully effective, inspection and monitoring visits should be both frequent and unannounced. Further, the inspecting and monitoring bodies should be empowered to interview detained persons in private and examine all issues related to their treatment (material conditions of detention; custody records and other documentation; the exercise of detained persons' rights, etc.).**

³⁹ There were 24 full-time "counsellors", as well as "senior counsellors" occupying 1.5 full-time posts. On one shift, there would be 5 "counsellors" present during day time (4 on weekends), 6 in the evening and 2 at night. Most of them had previously trained in social or political science, pedagogics, social work or health-care.

⁴⁰ Among others, there were "counsellors" of Afghani, Algerian, Ethiopian, Indian, Iraqi, Congolese, Lithuanian, Moroccan, Pakistani, Russian and Somali origins.

⁴¹ The security guards could only use these means to protect their own or other persons' life, health or property against an attack or an immediate threat of an attack, if all other means failed; the means used had to be the mildest possible in the circumstances.

53. There was no evidence of excessive use of isolation at the Metsälä Detention Unit.⁴² Conditions in the two isolation rooms, as well as the regime applied to persons placed in isolation (including unrestricted access to outdoor exercise, radio, books and shower) were on the whole adequate; that said, **a nurse should visit persons held in isolation on a daily basis.**

The CPT's delegation noted a reduction in the number of foreign nationals transferred from the detention unit to police custody for the sake of the unit's security or as a sanction for serious violations of the internal regulations.⁴³ The approach of the management was to use this as a measure of last resort. While welcoming this, the Committee wishes to stress that, as a matter of principle, foreign nationals held in the detention unit should not be returned to police custody. Appropriate ways could and should be found to respond to the situations referred to in Section 9 (2) of the ADU within the confines of the detention unit.

The delegation noted that a register had been set up for recording instances of isolation and return to police custody. It is also noteworthy that all access to the establishment by the police now requires prior authorisation by the unit's manager. These are positive developments.

4. Safeguards

54. The CPT's delegation heard hardly any complaints by detained foreign nationals as regards the possibility to notify their next-of-kin of their detention and the availability of interpretation during police or Border Guard interviews. This is an improvement as compared with the situation observed during the 2003 visit⁴⁴.

55. As regards access to a lawyer, foreign nationals detained pursuant to the Aliens Act were given, once admitted to the Detention Unit in Metsälä, the possibility to benefit from legal assistance provided by representatives of an NGO (Refugee Advice Centre).

The situation was of more concern as regards the period spent by foreign nationals in police and Border Guard establishments. From the information gathered by the delegation during the visit, it would appear that foreign nationals would hardly ever have access to a lawyer during this period, despite the fact that the initial interviews of detained foreign nationals frequently took place at police or Border Guard establishments. **The CPT recommends that steps be taken to ensure that foreign nationals detained pursuant to the Aliens Act enjoy effectively the right of access to a lawyer as from the outset of their deprivation of liberty (i.e. as from the moment they are first obliged to remain with the police or the Border Guard).**

⁴² Isolation was applied 11 times in 2006, 12 times in 2007 and 10 times between 1 January and 28 April 2008. The usual length of isolation was 1.5 to 3 days.

⁴³ See Section 9 (2) of the ADU. There had been 29 such transfers in 2006 (for 8 days on average, with the longest stay of 26 days), 34 in 2007 (mostly for 2 to 6 days, the longest being 15 days), and 6 in the period between 1 January and 28 April 2008 (for 1 to 7 days).

⁴⁴ See, in particular, paragraph 53 of CPT/Inf (2004) 20.

56. Concerning information on rights, there appeared to be some problems with the provision of written information at the stage of custody by the *Border Guard*, despite the fact that information sheets had been issued in several languages and were meant to be handed over to foreign nationals upon their apprehension by Border Guard officers.

As for the foreign nationals apprehended by the *police*, most of the detainees interviewed by the delegation at the Metsälä facility confirmed having been informed *verbally*, shortly after their apprehension, of at least some of their rights (e.g. of access to a lawyer). However, despite the CPT's previous recommendation in this respect⁴⁵, no *written* information on rights was made available to foreign nationals apprehended by the police.

Consequently, **the CPT recommends that the Finnish authorities take steps to ensure that all foreign nationals apprehended by the police or the Border Guard pursuant to the Aliens Act are systematically provided with a form setting out in a straightforward manner all their rights as soon as they are brought into a police station. The form should be made available in an appropriate range of languages.**

5. Deportation of foreign nationals by air

57. In the report on the 2003 visit⁴⁶, the CPT recommended that detailed instructions be issued without delay on the procedure to be followed and, more particularly, on the use of force and/or means of restraint authorised in the context of deportation operations.

The Committee is pleased to note that the Finnish authorities have taken steps to implement this recommendation. Two instructions have been issued by the Ministry of the Interior: one concerning the procedure to be followed before, during and after a deportation operation⁴⁷, and the other one, concerning more specifically the use of force in the course of a deportation⁴⁸. These instructions refer expressly to the CPT standards⁴⁹ and foresee *inter alia* that, prior to a deportation, a foreign national has to be informed again about his right to have access to a lawyer, to benefit from the services of an interpreter and to inform his/her next-of-kin (including in the country of destination) of his/her situation, as well as to notify a consular/diplomatic representative of his/her country.

⁴⁵ See paragraph 17 of CPT/Inf (2004) 20.

⁴⁶ See paragraph 58 of CPT/Inf (2004) 20.

⁴⁷ SM-2008-00462/Ka-24, issued on 21 February 2008.

⁴⁸ SM-2004-03240/Tu-41, issued on 18 November 2004.

⁴⁹ As set out in paragraphs 27 to 45 of the CPT's 13th General Report, CPT/Inf (2003) 35.

The instructions also contain strict rules about the force which can be used by the police in the course of a deportation; in principle, only holding, metal/plastic handcuffs or – in certain cases – “body cuffs” are authorised⁵⁰. It is expressly prohibited to apply any techniques that could prevent breathing. The use of medication during a deportation operation must always be on medical grounds, and be ordered by a doctor following a physical and direct examination of the person by the doctor concerned. Medication should as a rule be administered by a nurse accompanying the deportation team, unless authorised otherwise by the doctor. Further, the instructions impose strict reporting duties (to the Head of Immigration Police and to the Police Affairs Department of the Ministry of the Interior) on members of the deportation team⁵¹ and on the unit in charge of deportations, after the end of each operation.

The CPT welcomes the adoption of these instructions, which represent important progress compared with the situation observed during the 2003 visit. That said, **the Committee wishes to stress that, prior to and in the course of a deportation operation, any medication should only be administered with the consent of the foreign national concerned (or, if the person is treated against his/her will pursuant to the Mental Health Act, in accordance with all the relevant safeguards).** In addition, **the CPT is of the view that an independent external monitoring procedure of deportation operations might usefully be introduced, and the recording of deportation operations by audiovisual means (in particular for deportations expected to be problematic) should be considered.**

⁵⁰ “Body cuffs” are described in the Instruction SM-2004-03240/Tu-41 as a wide nylon belt with cuffs attached to it, and an adjustable strap to permit limited movements of hands.

⁵¹ Since 1 April 2006, the Ministry of the Interior has formed a separate unit dealing with deportations. This unit (belonging to the Helsinki Police Department), handles most of the deportations with escort in Finland (in 2007, it carried out 91 such operations out of a total of 175), and co-ordinates/supervises all the other ones. Further, members of the unit provide specialised training on deportations to other police units in the country.

C. Prisons

1. Preliminary remarks

58. The CPT's fourth periodic visit to Finland included a first-time visit to Vantaa Prison. Further, the delegation carried out follow-up visits to Helsinki and Riihimäki Prisons.⁵²

59. At the outset of the visit, the delegation was informed of action taken since the 2003 visit to carry out a comprehensive prison reform, which had involved the adoption of a new legal framework in September 2005 (Imprisonment Act and Remand Imprisonment Act) and the re-organisation of the Prison Service into five regional prison administrations and autonomous health-care services. The aims of the reform were to enhance the legal protection of remand and sentenced prisoners, to increase "face-to-face" work with inmates and to improve the availability of activity and rehabilitation programmes. As regards sentenced prisoners in particular, the objective was to facilitate reintegration into society and prevent re-offending; in this regard, the setting-up of assessment and allocation units in each region and the drawing-up of individualised sentence plans for all prisoners sentenced to more than six months of imprisonment and certain categories of inmates (e.g. juveniles, sexual offenders) were rightly seen by the Finnish authorities as major progress.

The prison reform was considered, in many respects, to have been implemented successfully within a short period of time. However, the delegation's interlocutors from the Criminal Sanctions Agency highlighted that financial constraints, resulting in a shortage of staff qualified to provide activities and the need for staff reductions, meant that a number of prisoners could not be provided with suitable programmes of activities.

The CPT invites the Finnish authorities to pursue their efforts to fully implement the new prison legislation, in particular as regards the provision of adequate activity and rehabilitation programmes to prisoners.

60. The increase in the prison population by some 28% between 1998 and 2005 had prompted the Finnish authorities to take measures to tackle the problem of prison overcrowding. Amendments to the criminal law and the adoption of new prison legislation (which, among other things, leaves the administration with less discretion to keep prisoners entitled to conditional release in prison) have made it possible to reverse the trend as from 2006: there were 3,551 inmates on average in 2007 (for an official capacity of 3,575 places, on the basis of 5.5 m² of living space per prisoner), compared to 3,888 in 2005.

⁵² See paragraphs 48-114 of CPT/Inf (99) 9 as regards the previous visit to those establishments in 1998 and paragraphs 54-146 of CPT/Inf (93) 8 with respect to the first visit to Helsinki Prison in 1992.

However, the delegation's official interlocutors pointed out that a number of closed prison establishments were still affected by overcrowding at the time of the 2008 visit, with up to 150% overpopulation in some prisons (see paragraph 83 as regards Vantaa Prison).

The CPT trusts that the Finnish authorities will pursue their efforts to combat prison overcrowding and, in so doing, be guided by Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, as well as Recommendation Rec(2003)22 on conditional release (parole).

61. The practice of "slopping out"⁵³, first criticised by the CPT in the 1992 visit report, remains a feature in prisons, or parts of prisons, in Finland. Despite efforts aimed at equipping cells with sanitary annexes, there were still 508 cells without a toilet in April 2008 (compared to 750 in 2003). The delegation was informed that it was planned to install sanitary annexes in 395 more cells by 2015 (see paragraph 90 in this respect). **The Committee recommends that a considerably earlier date be set up for the completion of this work.**

Pending the completion of works, attempts were being made to enable prisoners to have ready access to communal toilet facilities at all times (including during the night). However, due to the insufficient number of staff at night, such arrangements were more the exception than the rule. **The CPT calls upon the Finnish authorities to take action in all prisons in Finland to ensure that inmates accommodated in cells without a toilet are granted access to a proper toilet facility at any time of day or night. Such action must involve the provision of an adequate staff presence at night (through the allocation of additional posts or re-deployment of prison officers).**

2. Ill-treatment by staff and staff-inmate relations

62. In the course of the 2008 visit, the CPT's delegation received hardly any allegations of ill-treatment of prisoners by staff at Helsinki, Riihimäki and Vantaa Prisons. Most inmates interviewed by the delegation considered that they were being treated correctly by prison officers.

63. However, staff attitudes towards prisoners, although polite and correct, were of a merely custodial character. Most prison officers working in direct contact with inmates considered their duties as limited to keeping prisoners in their custody safe and ensuring their strict adherence to the rules and regulations. In general, staff appeared reluctant to interact with the inmates for whom they had responsibility. Prisoners with no or few opportunities of contacts with other inmates (e.g. foreigners, inmates segregated for their own protection) particularly suffered from the very limited staff-inmate relations.

⁵³ In other words, to comply with the needs of nature, some prisoners are still obliged to rely upon buckets which they "slop out" when their cells are opened in the morning.

In the Committee's view, the development of constructive and positive relations between staff and inmates, based on the notions of dynamic security and care, would enhance control and security and render the work of prison officers more rewarding. **The CPT recommends that a major investment be made, through initial and ongoing staff training, in the building of positive staff-inmate relations in prison. Such an approach will depend to a great extent on staff possessing and making use of interpersonal communication skills. In this context, action should be taken to ensure that prison officers assigned to high security and closed units, or having in their custody inmates with little human contact with other prisoners, have a genuine commitment to the exercise of such skills in a proactive manner.**

3. Inter-prisoner violence and intimidation

64. The issue of inter-prisoner violence and intimidation has been an area of concern for the CPT since its very first visit to Finland in 1992.

The delegation's findings from the 2008 visit suggest that efforts have been made in this respect. Preventive action is based on individual risk and needs assessment of prisoners at the initial stage of detention and subsequently at regular intervals. The multidisciplinary approach followed by the "assessment and allocation units" for sentenced prisoners is perceived as an essential tool in this regard. At the establishments visited, such steps were combined with a strategy consisting of dividing prisoner accommodation into smaller, "hermetic" detention units, thereby offering more margin of manoeuvre to the management to keep prisoners considered as incompatible separate from each other. Most prisoners interviewed felt that the potential for inter-prisoner violence and intimidation had decreased with these new arrangements, even though some deplored that it led to less opportunities for association. It is noteworthy that the number of prisoners classified as particularly "fearful" reported to the Criminal Sanctions Agency was much lower in the establishments visited than in other prison establishments with larger-capacity detention units.⁵⁴ Further, the number of reported instances of inter-prisoner violence seems to have been on the decrease.⁵⁵

65. However, it appeared during the visit that the above approach had so far failed to provide the most vulnerable inmates with an appropriate regime in a safe environment.

In the three establishments visited, prisoners who could not be allocated to ordinary detention units were kept isolated for prolonged periods (i.e. up to several months on end) in the disciplinary/observation unit, a "travelling" cell or in a closed unit with a regime effectively resulting in cellular confinement for most of the day. Some of them felt they were paying a heavy price for their own safety; they had sought protection and the prison's response was to hold them in conditions akin to solitary confinement.

⁵⁴ For instance, there were three such prisoners at Helsinki Prison and two at Vantaa Prison, whereas 71 such inmates were reported at Turku Prison, 51 at Sukeva Prison and 40 at Pelso Prison.

⁵⁵ There were 124 such reports in 2007, compared to 156 in 2004.

Further, certain inmates had good reason not to feel safe, as their (potential) aggressor(s) had been placed in the very same unit where they were being held. They had to completely renounce their right to one hour of daily outdoor exercise or staff had to deny it for security reasons⁵⁶; **such a situation is totally unacceptable.** Helsinki Prison's ISO-1⁵⁷ Closed Unit provided the most striking examples of such situations, with at least two inmates having reasons to believe that other prisoners held in the Unit would attempt to cause them harm. Although staff did their utmost to prevent contacts between the prisoners concerned, some inmates complained about the intolerable psychological pressure such situations generated.

While pursuing their goal of ensuring that all prisoners can serve their sentences under safe conditions, the Finnish authorities should seek to surround the segregation of violent/disruptive prisoners and inmates isolated for their own protection with appropriate safeguards. In this connection, the CPT considers it totally inappropriate to hold prisoners segregated for their own safety together with prisoners segregated for violent or disruptive behaviour. **The Committee calls upon the Finnish authorities to take appropriate measures, in the light of the above remarks. If necessary, the relevant legal provisions and regulations should be amended.**

66. The delegation's findings during the 2008 visit suggest that staff of the three prison establishments visited generally intervened in an appropriate manner when they were confronted with cases of inter-prisoner violence. However, several prisoners at Vantaa and Helsinki Prisons indicated that they had on occasion intervened themselves to put an end to fights between prisoners as no staff member was present at the time. **The CPT encourages the management and staff of Vantaa and Helsinki Prisons to exercise continuing vigilance in order to make sure that no case of inter-prisoner violence goes unnoticed and to make use of all the means at their disposal to prevent such cases. This will depend greatly on having an adequate number of staff present in detention areas and in facilities used by prisoners for activities.**

67. It emerged from discussions with prison health-care staff, including psychiatrists, that situations akin to solitary confinement as described above may well have had some long-term damaging effects on certain "fearful" inmates, thus resulting in deterioration of their mental faculties and social abilities. Even when there were proper facilities for association/activities, as was the case in the IYS⁵⁸ Closed Unit at Helsinki Prison, these facilities remained unused due to the lack of qualified staff.

The CPT recommends that a national approach be developed to address the issue of "fearful" prisoners. In particular, these inmates should be provided with appropriate conditions and treatment; access to activities, educational courses and sport should be possible. Moreover, a proactive approach by the prison health-care service towards prisoners on protection is required, particularly as regards psychological and psychiatric care. There should be an individual assessment of their needs at regular intervals and, where appropriate, transfer to another prison should be considered.

⁵⁶ According to Chapter 7, Section 6, of the Imprisonment Act, and Chapter 3, Section 5, of the Remand Imprisonment Act, an inmate should be given an opportunity to take outdoor exercise for at least one hour daily, unless prevented by his state of health or a particularly weighty reason relating to prison order or security.

⁵⁷ ISO is the Finnish acronym for the Eastern Cell Wing (*Itäinen Selliosasto*).

⁵⁸ IYS is the Finnish acronym for the Eastern Night Cells (*Itäinen Yöselli*).

4. Prisoners subject to special regimes

68. In the course of the 2008 visit, particular attention was paid to the situation of prisoners held in conditions of high security or control at Helsinki and Riihimäki Prisons, as well as to the treatment of remand prisoners subjected to judicially-ordered segregation at Vantaa Prison.

a. prisoners held in conditions of high security or control

i. *Riihimäki Prison's High Security Unit*

69. Riihimäki Prison's High Security Unit entered into service on 1 August 2007.⁵⁹ With a capacity of eight places, it was accommodating seven inmates at the time of the visit. The prisoners concerned were generally considered to be particularly difficult or violent and one of them was kept in the Unit for his own safety (see, in this regard, paragraphs 65 and 67).

70. The decision on initial placement in the Unit was taken by the Criminal Sanctions Agency, upon proposal of the prison management or the director of the assessment and allocation unit. Placement decisions were reviewed by the Agency every three months. A hearing of the inmate concerned took place before a decision was reached. Prisoners were informed in writing of the decision taken, including grounds for placement, and had the opportunity to challenge it before the administrative court.

Prison staff and management played a central role in the observation and assessment of the prisoners' behaviour and, as far as the delegation could ascertain, efforts were being made to provide a meaningful assessment of progress in their attitudes. Nevertheless, some prisoners questioned the objectivity of the review process; they considered that decisions on continued placement were in reality taken solely on the basis of the prison management's own assessment and proposals, without giving due weight to other points of view.

It is essential, for the effective management of prisoners whose personality or behaviour is likely to mean that they will spend prolonged periods in conditions of high security, that decisions reached about their management are not only fair but can be seen to be fair. Otherwise, the likely result would be an increased sense of grievance and descent into a vortex of deteriorating behaviour.

⁵⁹ According to Chapter 5, Section 5, of the Imprisonment Act, a high security unit may be set up within a prison for security reasons, to hold sentenced prisoners suspected of committing drug-related crimes or other crimes of serious nature, inmates considered to be escape risks, prisoners who are seen as seriously endangering prison security or whose placement has been required for their own safety.

71. Material conditions in the Unit were of a good standard. Prisoners were held in single cells (measuring 9 m²) which were furnished with a bed, table, chair and cupboard, and a sanitary annexe (comprising a toilet, sink and shower). Lighting and ventilation were adequate. The cells were also equipped with radio, TV and an intercom system.

72. As regards activities, prisoners held in the High Security Unit had access to two well-equipped gym rooms and a kitchen for two hours per day, as well as one hour of daily outdoor exercise. During that time, each inmate could associate with two other prisoners of his own choosing. The 75 m² outdoor exercise yards were equipped with some sports equipment, and the delegation was informed that it was planned to build shelters from inclement weather. **The CPT would like to receive confirmation that the shelters have now been installed.**

For the rest of the time, prisoners held in the Unit were confined to their cells, with little to occupy themselves apart from reading, listening to the radio and watching TV. The CPT considers that the present offer in terms of regime is not a suitable way to respond to disruptive behaviour in prison, to allow safe progress towards release and to reduce the risk of re-offending after release. **The Committee recommends that a suitable programme of purposeful activities of a varied nature (including work, education and targeted rehabilitation programmes) be offered to prisoners held in conditions of high security. This programme should be drawn up and reviewed on the basis of an individualised needs/risk assessment by a multi-disciplinary team (involving, for example, a psychologist and social worker), in consultation with the inmates concerned.**

73. Placement in the High Security Unit automatically resulted in more restricted contact with the outside world. Inmates were entitled to one 45-minute visit a week which took place in a booth-type room with a plexiglas partition. All phone conversations (except with lawyers and outside complaints' bodies) were recorded. **The CPT recommends that the imposition of such restrictions be based on an individual risk assessment.**

ii. *Helsinki and Riihimäki Prisons' Closed Units*

74. Riihimäki Prison's Closed Unit and the ISO-1 Closed Unit at Helsinki Prison had been set up with a view to allowing greater supervision of certain prisoners by segregating them from the mainstream prison population. Riihimäki Prison's Closed Unit had the same design and capacity as the establishment's High Security Unit and was holding eight prisoners at the time of the visit. The ISO-1 Closed Unit at Helsinki Prison had 12 cells and was operating also at full capacity. Several prisoners were being accommodated in it for their own protection (see paragraphs 65 and 67).

75. Placement in the closed units was decided by the prison management. It appeared from the documentation consulted and interviews with prisoners that the procedures for placement were not fully transparent. In both units, the prisoners interviewed did not receive any written decision on placement and many of them said they were unaware of the grounds for their placement. There was no proper mechanism in place to review placement in such units, nor criteria enabling inmates, where appropriate, to regulate their behaviour. Many inmates interviewed failed to understand why they were kept for months or even years in an environment close to that of high security.

It is axiomatic that prisoners should not be subject to a special security regime any longer than the risk they present makes necessary. This calls for regular reviews of placement decisions. Such reviews should always be based on the continuous assessment of the individual prisoner by staff specially trained to carry out such assessment. Moreover, prisoners should as far as possible be kept fully informed of the reasons for their placement and, if necessary, its renewal; this will, *inter alia*, enable them to make effective use of avenues for challenging that measure. **The CPT recommends that the placement of prisoners in the closed units at Helsinki and Riihimäki Prisons be reviewed, in the light of the above remarks.**

76. Material conditions in the two closed units were similar to those observed in Riihimäki Prison's High Security Unit (see paragraph 71).

77. As regards activities, at Riihimäki Prison's Closed Unit, prisoners had access to the gym and the kitchen for three hours a day, in association with up to three other inmates, and took outdoor exercise for up to two hours a day in a spacious yard.

At Helsinki Prison's ISO-1 Closed Unit, some prisoners benefited from specific targeted programmes (e.g. anger management programme, with weekly discussion groups). However, the time spent out of the cells, in association with other inmates in the Unit, was generally limited to one hour of outdoor exercise and three half-hour periods of "open regime" time, used for meals, cleaning and using the telephone.

The CPT recommends that the regime provided to prisoners held in the closed units at Helsinki and Riihimäki Prisons be reviewed. The objective should be to ensure that such prisoners enjoy a relatively relaxed regime within the confines of their units in order to counter the deleterious effects upon the prisoners' mental health and social skills of living in the bubble-like atmosphere of the unit, and to provide them with a variety of organised activities responding to their individual needs (including work, education and rehabilitation programmes).

78. In both closed units, the delegation gained the impression that efforts were being made to provide inmates with contact with the outside world on the basis of an individualised risk assessment. By way of illustration, at Riihimäki Prison's Closed Unit, three prisoners were benefiting from family visits and one had had leave shortly before the delegation's visit.

b. segregation of remand prisoners by court order

79. Vantaa Prison⁶⁰ had four closed units holding a total of 23 male remand prisoners who had been segregated by court order in the interests of the criminal investigation. Female remand prisoners subjected to the same measure were being held in the establishment's unit for women.

The delegation was informed that inmates could be segregated by court order for up to six months. The longest period of judicially-ordered segregation at the time of the visit was three months and three weeks.

However, the findings during the 2008 visit suggest that it was not uncommon for remand prisoners to remain in a closed unit well beyond the time-limit for segregation set by the court (i.e. several days, weeks and even months). The inmates who complained about such a state of affairs were explained by prison staff that this was due to overcrowding at Vantaa Prison. **The CPT recommends that remand prisoners whose judicially-imposed segregation has ended be placed on normal location without delay.**

Further, **the Committee would like to receive information on the legal safeguards (e.g. provision of reasoned grounds in writing for any decision to impose or prolong segregation; individual, meaningful and periodic review of the imposition of the measure) established by the Finnish authorities to ensure that court-ordered segregation does not last longer than required.**

80. Material conditions in the single cells of Vantaa Prison's closed units were of a high standard, as in the rest of the establishment (see paragraph 84).

81. As to the regime applicable to male prisoners segregated by court order, the only possibility to get out of their cell and to associate with other inmates was outdoor exercise of one hour per day, which took place in small groups in two 60 m² yards located on the roof of the main prisoner accommodation building. The same approach was being followed in respect of women subjected to a judicially-imposed segregation measure (the only difference being that they had access to a more spacious exercise yard at ground level). Further, contact with staff was very limited, despite efforts by the prison's chaplain to visit the inmates regularly. In addition, the delegation observed that the presence of at least one female prisoner subjected to a judicially-ordered segregation measure in the female unit could result in the prison management turning the unit into a *de facto* closed unit.

The CPT recommends that the Finnish authorities take resolute action to provide prisoners subjected to judicially-ordered segregation with access to purposeful activities, in order to counteract the negative effects of their being placed in conditions akin to solitary confinement. Further, appropriate steps should be taken to ensure that the application of judicially-ordered segregation to a female prisoner does not adversely affect the regime offered to other prisoners in the female unit.

⁶⁰ See description of this establishment in paragraph 83.

82. As regards contact with the outside world, all inmates interviewed by the delegation were allowed visits by their next-of-kin, though, in certain cases, under fully closed conditions only.

As a rule, prisoners segregated by court order were entitled to phone calls at given times during the day provided that contact with the person they wish to call was not restricted. However, certain prisoners claimed that they were *de facto* denied calls to relatives they were entitled to call, despite repeated requests, as staff constantly adjourned access to a telephone to a later date. **The CPT would like to receive the remarks of the Finnish authorities on this matter.**

5. Conditions of detention for prisoners in general

a. Vantaa Remand Prison

83. Vantaa Prison, located on the north of Helsinki, is a newly-constructed establishment which entered into service in 2002 and replaced the old Helsinki Remand Prison. The original concept was to create a modern remand prison sub-divided into various detention units that would offer differentiated regimes corresponding to the actual needs of remand prisoners while preventing collusion risks. However, due to overcrowding, this aim had not been fully realised.

With an official capacity of 166, Vantaa Prison was accommodating 218 inmates on the first day of the visit (170 remand prisoners, including seven women, 41 sentenced prisoners, including four women, and seven fine defaulters, including one man).⁶¹ The number of prisoners had been even higher in 2007, with a peak of 292 inmates (22 prisoners having to sleep on mattresses on the floor).

It is also noteworthy that two male juveniles were being held together with young adults and one female juvenile was held in a single cell in the unit for women. In the CPT's view, juveniles must always be accommodated separately from adults, in a distinct unit. Juveniles can be offered opportunities to participate in out-of-cell activities with adults (under appropriate supervision by staff). However, the Committee believes that the risks inherent in juvenile offenders sharing accommodation with adult offenders are such that this should not occur. **The CPT recommends that the necessary steps be taken at Vantaa Prison, in the light of the above remarks.**

84. The delegation was impressed by the high quality of material conditions in the establishment's detention units. Cells generally measured 11.5 m², including a fully partitioned sanitary annexe (comprising a toilet, sink and shower) and were well-equipped (bed, table, chair, cupboard, radio, TV).⁶² Large armoured-glass windows provided excellent access to natural light, and artificial lighting, ventilation and heating were of a very good standard. However, many cells, originally intended for one person, were accommodating two inmates. **The CPT encourages the Finnish authorities to pursue their efforts to ensure that Vantaa Prison operates within its official capacity.**

⁶¹ Foreign prisoners constituted some 25% of the establishment's population.

⁶² "Travelling cells" (i.e. cells holding prisoners in transit) intended for two persons were of the same size; "travelling cells" designed for four inmates measured some 22 m² (however, these cells had in the past accommodated up to six or, exceptionally, even eight persons).

Each detention unit had its own kitchen and dining area. Prisoners generally praised the quality of the meals served and considered that food was provided in sufficient quantity; however, a number of prisoners complained that the last meal of the day was served (together with an “evening snack”) as early as 2.30 p.m. (or even 1.30 p.m. on weekends in some units). **The CPT would like to receive the remarks of the Finnish authorities on this matter.**

85. The programmes of activities provided to prisoners varied from one unit to another. Remand prisoners were generally allowed to go out of their cells for two to four hours a day (with the exception of remand prisoners subjected to judicially-ordered segregation).

Approximately a quarter of the inmate population were provided with *work*. 15 to 20 inmates were working daily in the assembly workshop, six to eight prisoners in the carpentry workshop, three in the prison’s kitchen and two in the laundry, in addition to two cleaners in the establishment’s detention units.

86. Prisoners allocated to the 10-place *rehabilitation* unit for substance abusers were out of their cells for most of the day, benefiting from an anti-dependence programme, including lectures and occupational therapy.

Further, prisoners had access to well-equipped indoor *gym* facilities twice a week and could play volleyball for one hour per week. They also had the opportunity to go to the establishment’s well-stocked *library* once a week.

Women and juveniles also had access to weekly *discussion sessions* (e.g. “better life” programme in which four women participated twice a week).

Religious services were organised once a week and individual discussions with the prison’s chaplain were made possible.

87. To sum up, despite efforts being made to provide remand prisoners with activities at Vantaa, much remains to be done in this area. A number of staff deplored that too much emphasis was being placed on security and not enough on activities. Limited activities for remand prisoners result in a regime less favourable than that for sentenced prisoners, which can only aggravate for them the experience of imprisonment. Such a state of affairs is at odds with the presumption of innocence from which prisoners awaiting trial should benefit. **The CPT recommends that the Finnish authorities redouble their efforts to provide remand prisoners (in particular women and juveniles) at Vantaa Prison with a range of activities corresponding to their needs and legal status.**

b. follow-up visits to Helsinki and Riihimäki Prisons

88. Helsinki Prison had been the subject of two CPT visits in the past (in 1992 and 1998). With an official capacity of 273, it was holding 283 inmates on the first day of the visit. Riihimäki Prison had previously been visited in 1998. With an official capacity of 223, it was accommodating 247 prisoners. The bulk of the inmate population in both establishments was made up of sentenced prisoners.

89. The delegation was pleased to note that refurbishment work had been carried out at Helsinki and Riihimäki Prisons. This had included in particular the installation of integral sanitation in the cells. At Riihimäki, prisoners no longer used buckets for the purpose of complying with the needs of nature. However, there were still a total of 133 cells without a toilet and running water in the Western and Northern Wings of Helsinki Prison. The detention areas concerned presented additional challenges for the prison management in terms of safety; for example, some prisoners indicated that they had been assaulted by other inmates in the communal sanitary facilities of the Western Wing.

The worst conditions were observed at Helsinki Prison's Northern Wing (the PSO-3 Unit in particular) where, from 4.30 p.m. to 7.10 a.m., inmates had to rely on buckets to comply with their natural needs and on plastic bottles filled with water to drink and wash themselves.

90. At the end of the 2008 visit, the CPT's delegation expressed its concern that Helsinki Prison was the only establishment not to be included in the national investment plan being drawn up and aimed at reducing the number of "slopping out" cells by 2015 (see paragraph 61). In this context, the delegation failed to understand why ending the practice of "slopping out" in such a large establishment as Helsinki Prison was considered a low priority. The delegation therefore requested the Finnish authorities to reconsider their position on this matter and to inform the Committee, within three months, of the steps taken.

By letter of 29 August 2008, the Finnish authorities indicated that they were considering turning the detention areas of the Northern Wing into premises for activities and/or introducing an open door policy (day and night) within those areas. **The CPT would like to be informed of decisions taken in this respect.**

The Finnish response has not dispelled the Committee's misgivings as regards the 73 cells without a toilet in the establishment's Western Wing. Admittedly, 12 inmates benefit from a day/night open door regime policy within their unit and thus have access to communal toilet facilities at any time. However, it transpires from the information provided by the Finnish authorities that there are still no plans in respect of the Wing's other detention areas. **The CPT calls upon the Finnish authorities to take effective steps without delay to end the practice of "slopping out" in the Western Wing of Helsinki Prison.**

91. The range of activities available at Riihimäki Prison was impressive. It included metalwork, woodwork and packaging workshops (50 places), vocational training and educational programmes (60 places), as well as various programmes (16 places in the STOP sexual offenders treatment programme, 24 places in self-control targeted programmes, 75 places in programmes for substance abusers). That said, the establishment's potential was not being fully realised: according to information provided to the delegation, only some 50 % of the inmate population were engaged on a daily basis in activities.

92. At Helsinki Prison, an average of 209 prisoners had been engaged on a daily basis in activities in 2007 (i.e. some 70 % of the inmate population), including work, vocational training, education and rehabilitation programmes. The aim of the prison management was to maintain this figure in 2008.

Helsinki Prison was holding a significant number of prisoners serving long sentences (including 23 lifers). A special unit for long-term prisoners had been set up, holding four inmates at the time of the visit. The relaxed regime within the unit (an open door policy 12 hours a day, access to the Unit's spacious and well-equipped sports room and kitchen) sharply contrasted with that in the neighbouring ISO-1 Closed Unit (see paragraph 77). However, although prisoners were rather pleased with their conditions of detention, they complained that they were not given genuine opportunities for rehabilitation.

93. In the light of the above, **the CPT invites the management of Helsinki and Riihimäki Prisons to pursue efforts to provide more prisoners with purposeful activities tailored to their needs (including work, vocational training, education and targeted rehabilitation programmes).**

The Committee also encourages the management of Helsinki Prison to further develop the programmes for long-term prisoners, including the provision of targeted rehabilitation programmes and appropriate psychological and social support to assist them to come to terms with their period of incarceration and prevent re-offending after release.

6. Health-care services

a. health-care staff

94. As regards general health care, a contracted medical company secured the presence of a doctor two days a week at Vantaa Prison, a doctor being available on call the rest of the time. There were six full-time nurses; however, no nurse was present at night (after 5 p.m.).

At Helsinki Prison, a doctor held consultations two days a week and was otherwise on call. There were five full-time nurses. As was the case in 1998, there was no nursing presence at night (after 4 p.m. on weekdays and 4.30 p.m. on weekends).

The doctor's post had been vacant for one year at Riihimäki Prison. A medical company was ensuring the presence of a doctor one day a week. Shortly before the visit, the establishment had been granted permission to employ an additional doctor; medical consultations were to be held two or three days a week. Further, there were five nurses providing cover from 7 a.m. to 5 p.m.

95. The resources in terms of doctors were not satisfactory in any of the three establishments. An establishment of the size of Helsinki Prison should benefit from the equivalent of a full-time doctor. Further, in view of the number of inmates Riihimäki and Vantaa Prisons are accommodating, a doctor should be present at the former four days a week and at the latter three days a week. **The CPT recommends that the attendance by a doctor be increased in each of the prisons visited, in the light of these remarks.**

Nursing staff resources in the three prisons were in principle adequate. However, **the CPT must reiterate its previous recommendation that steps be taken to ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present, including at night, in the prison establishments visited.**

96. As regards psychiatric care, a psychiatrist was visiting Vantaa and Helsinki Prisons (for up to eight hours a week). However, there were still no regular visits by a psychiatrist at Riihimäki Prison. **The CPT calls upon the Finnish authorities to establish a system of regular visits to Riihimäki Prison by a psychiatrist.**

b. medical screening on admission

97. In the course of the 2008 visit, the CPT's delegation observed that efforts had been made to ensure that newly arrived prisoners were seen by health-care staff soon after admission, the objective being to screen all inmates within two weeks after arrival. However, it appeared that not all prisoners had been examined by health-care staff. The case of one inmate at Riihimäki Prison who was found to have tuberculosis after he had been transferred to another prison is an illustration of the importance of a systematic and prompt medical screening on arrival.⁶³ **The CPT recommends that steps be taken to ensure that medical screening of newly arrived prisoners in the three establishments visited is carried out systematically on the day of arrival or the following weekday.**

c. Vantaa Prison's Psychiatric Unit

98. Vantaa Prison's Psychiatric Unit has replaced the one visited by the CPT in the past at Helsinki Prison.⁶⁴ At the time of the 2008 visit, it had 15 places for persons undergoing forensic psychiatric assessment or prisoners admitted and treated on a voluntary basis and it was accommodating eight persons.⁶⁵ Patients usually stayed for some 30 days, but patients receiving treatment could stay for longer periods.

99. Staff consisted of a full-time forensic psychiatrist (Head of Unit), a part-time psychiatrist and eight full-time nurses trained in psychiatric care (providing cover from 7 a.m. to 7 p.m.). The nurses' contact with patients depended to a large extent on the presence of prison officers who had to accompany health-care staff during rounds of the accommodation area. Prison officers were the only staff present at night. In other words, the Unit presented the same deficiency as the one at Helsinki Prison: there was no nursing presence at night (instead, a nurse of the general health care services was on call). The CPT must stress once again that the profile of the patients held in the Unit calls for the permanent presence of a nurse trained in psychiatric care. **The Committee calls upon the Finnish authorities to take steps to ensure such a presence at Vantaa Prison's Psychiatric Unit.**

Unlike in the former Psychiatric Unit at Helsinki Prison, there was no occupational therapist, nor were there any other specialists qualified to provide therapeutic and rehabilitative activities. The Unit shared the services of the prison's social worker and sports instructor. **The CPT invites the Finnish authorities to employ staff qualified to provide therapeutic and rehabilitative activities at Vantaa Prison's Psychiatric Unit.**

100. In terms of material conditions, the patients' rooms were similar to the establishment's cells. Although the equipment was of high quality, a prison-like atmosphere in the patient accommodation area reigned. **The CPT invites the Finnish authorities to provide a less austere and more personalised environment in the Unit's patient accommodation area.**

⁶³ All prisoners who had been in contact with the inmate in question had to be screened and treated. It appeared that the prisoner concerned had had tuberculosis for a long time, including during previous stays in prison; in other words, he had been in contact with other fellow-inmates and other persons after release.

⁶⁴ See paragraphs 85-88 of document CPT/Inf (99) 9.

⁶⁵ In addition, one female juvenile patient was being held in the unit for women (see also paragraph 83).

101. It appeared that health-care staff had a very limited role in the management of agitated patients at Vantaa Prison's Psychiatric Unit, a responsibility which was left in the hands of prison staff. For instance, some two weeks before the delegation's visit, a patient had become seriously agitated. A nurse and a prison officer had tried to calm him down, unsuccessfully. The person concerned was subsequently not treated as a patient in a state of agitation, but as a prisoner refusing to obey orders. The prison's intervention group had been called in and, when the person concerned tried to attack a prison officer, prison staff shot him with an electric stun-gun (X26 Taser). The patient had subsequently been placed in one of the seclusion rooms where medication was left at his disposal (as treatment was voluntary); he had finally calmed down before being transferred to Turku Prison Psychiatric Hospital for involuntary psychiatric treatment.

It is also noteworthy that only prison staff was allowed to place a patient involuntarily in a seclusion room.

The Committee recommends that steps be taken to ensure that the management of agitated patients is the responsibility of the Unit's health-care staff; all assistance by prison staff in dealing with such patients should be provided under the instructions and close supervision of health-care staff.

102. The CPT must also stress that it has serious reservations as to the use of stun-guns in a prison setting, and more especially in a prison medical facility.⁶⁶ Resort to a stun-gun would only be justified as a means of last resort in very extreme circumstances where a real and immediate threat to life had arisen. From the information gathered by the delegation during the visit, it would appear that the above-mentioned use of a stun-gun did not occur in such a situation.

The CPT recommends that instructions on the use of stun-guns in prisons be reviewed, in the light of these remarks. The Committee would also like to receive a copy of those instructions, as reviewed.

103. The Unit had two seclusion rooms, which in terms of design resembled the cells seen in the prison's disciplinary/observation unit (see paragraph 109). **Such a design is unsuitable in a psychiatric unit.**

There were apparently no rules or guidelines as to the manner in which monitoring of a patient placed in a seclusion room (whether on a voluntary or involuntary basis) should be carried out.⁶⁷ In the CPT's view, it is essential that video surveillance does not replace a continuous staff presence. A health-care staff member may be outside the seclusion room, provided that the patient is able to maintain direct contact. Staff should also ensure that all instances of seclusion and any incidents in the course of the observation are duly recorded.

The Committee recommends that health-care staff working at Vantaa Prison's Psychiatric Unit be provided with detailed guidelines on the monitoring of patients placed in a seclusion room, in the light of the above remarks.

⁶⁶ The use of stun-guns in prisons was being trialled and assessed at the time of the visit. The above-mentioned case was the only instance of resort to stun-guns at Vantaa Prison.

⁶⁷ Due to the absence of a nurse at night, only prison officers could be involved in such monitoring after 7 p.m. until the next morning.

7. Other issues of relevance to the CPT's mandate

a. discipline, segregation and observation

104. According to Finnish law, the most severe disciplinary sanction is solitary confinement, the length of which has been reduced to a maximum of 14 days.⁶⁸ In practice, as shown by the statistics provided to the delegation in respect of 2007, sanctions of solitary confinement of more than 7 days was a rare occurrence in Finnish prisons. Further, resort to disciplinary solitary confinement did not appear to be excessive in the three prison establishments visited.

105. The disciplinary procedure contains appropriate safeguards, including the possibility of appeal in court. Prisoners interviewed appeared to have been made aware of this possibility and some of them had used it.

However, some inmates at Helsinki Prison claimed that they had been placed in solitary confinement for up to four days, without benefiting from the formal safeguards. **The CPT would like to receive the remarks of the Finnish authorities on this subject.**

106. Finnish law requires that health-care staff are notified of a placement in solitary confinement as soon as possible and that in case of solitary confinement of more than seven days, such staff are heard on the matter. This provision is an important safeguard to ensure that health-care staff are in a position to monitor the health of prisoners placed in isolation. However, in the interests of safeguarding the health-care staff/patient relationship, such staff should not be asked to certify that a prisoner is fit to undergo disciplinary solitary confinement. The delegation observed that this was happening at Helsinki Prison, where nurses had to certify that "there were no medical reasons not to isolate" an inmate.⁶⁹ **The CPT recommends that this practice cease immediately.**

107. According to the new prison legislation, segregation as a precautionary measure (e.g. in the interest of prison order) may apply to both sentenced and remand prisoners.⁷⁰ The CPT notes that the law provides for a number of procedural safeguards, including the right of appeal.

⁶⁸ See Chapter 15, Section 8, of the Imprisonment Act and Chapter 10, Section 8, of the Remand Imprisonment Act. In the event of a sanction of solitary confinement of 14 days being imposed on an inmate, no new solitary confinement should be enforced until seven days have elapsed from the end of the previous sanction.

⁶⁹ Reference can be made in this regard to the Commentary to Rule 43 of Recommendation Rec (2006) 2 of the Council of Europe Committee of Ministers on the European Prison Rules: "Medical practitioners or qualified nurses should not be obliged to pronounce prisoners fit for punishment but may advise prison authorities of the risks that certain measures may pose to the health of prisoners. They would have a particular duty to prisoners who are held in conditions of solitary confinement for whatever reason: for disciplinary purposes; as a result of their "dangerousness" or their "troublesome" behaviour; in the interests of a criminal investigation; at their own request. Following established practice, (see for example Rule 32.3 of the UN Standard Minimum Rules for the Treatment of Prisoners) such prisoners should be visited daily".

⁷⁰ See Chapter 18, Section 5, of the Imprisonment Act and Chapter 13, Section 5, of the Remand Imprisonment Act.

108. Finnish law provides that an inmate in a state of intoxication or presenting violent or suicidal behaviour may be placed under constant observation and that, in such a case, health-care staff should be notified without delay. The placement should not last longer than seven days. However, at Riihimäki Prison, some prisoners complained that they had been left naked several hours after having been placed in an observation cell, apparently while awaiting to be provided with tear-proof clothes. This issue had already been made the subject of criticism by the CPT ten years ago.⁷¹ **The CPT recommends that steps be taken at Riihimäki Prison to ensure that prisoners are promptly provided with appropriate safe clothing when placed in an observation cell.**

109. As regards material conditions, the disciplinary/observation cells of the three establishments had a similar design: they measured some 6-7 m² and were equipped with a concrete platform, table and chair, as well as a toilet and sink. Prisoners were provided with a fire-proof mattress. The cells were under video surveillance and had an intercom/call system.

At Helsinki and Vantaa Prisons, the toilet facilities in the disciplinary cells were in full view of supervising staff and within the cameras' field of vision. By contrast, the disciplinary cells at Riihimäki Prison were equipped with a separate sanitary annex. **The CPT recommends that the Finnish authorities take steps to ensure that the privacy of prisoners placed in conditions of disciplinary solitary confinement at Helsinki and Vantaa Prisons is preserved when they are using a toilet and washing themselves. This should apply to inmates placed in observation cells to the greatest extent possible.**

110. Pursuant to Chapter 18, Section 4, of the Imprisonment Act, prisoners believed to be concealing unlawful substances (e.g. drugs) or items inside their body may also be held in a cell under constant observation. This measure should not be applied for more than seven days, unless unlawful substances or items have been detected inside the body, in which case the isolation can be extended for a further seven days. The 2008 visit provided an opportunity to examine in detail the application of this measure at Helsinki and Riihimäki Prisons.

The above measure was usually being used at Helsinki and Riihimäki Prisons after a family visit or prison leave. It was seen by staff as a necessary tool for controlling drug-smuggling and use inside the prisons. Staff also considered that it had a certain dissuasive effect against the use of vulnerable prisoners as "body-packers". At Helsinki, it had been used eight times between January and late April 2008 and was considered as successful four times. At Riihimäki Prison, it had been used 15 times during the same period, with one "positive result".

111. The procedure involved the placement of the inmate concerned in a specially designed cell equipped with a non-partitioned toilet outside the accommodation area and video surveillance. This arrangement prevented the prisoner from having access to the toilet without staff allowing it and supervising him during defecating.⁷²

⁷¹ See paragraph 102 of CPT/Inf (99) 9.

⁷² Meals were also taken outside the accommodation area under the same supervision arrangements.

At Helsinki Prison, the prisoner concerned also had to wear overalls from feet to neck and was “locked” by staff with plastic strips when he was not using a toilet (including during outdoor exercise). This was in contradiction to the information received at the outset of the 2008 visit from officials of the Criminal Sanctions Agency, according to which the application of this measure had been suspended in Finnish prisons pending the outcome of ongoing legal proceedings. In contrast, it had been effectively suspended at Riihimäki Prison.⁷³ **The CPT would like to receive the remarks of the Finnish authorities on this issue.**

112. Many prisoners interviewed who had been subjected to the measure complained about its demeaning character. They emphasised in particular the waiting time of up to half an hour before being granted access to the toilet and defecating (naked at Helsinki) in front of members of staff. **The CPT recommends that prison staff at Helsinki and Riihimäki Prisons receive detailed instructions as to the manner in which the measure should be implemented. These instructions should include the inmates’ ready access to a toilet at all times (including at night). Arrangements should also be made (e.g. tinted glass partitioning of the toilet facility) to preserve a minimum amount of privacy when the inmates concerned are using a toilet;** provided that these facilities are well designed, they would in no way create obstacles to effective staff supervision and safeguarding of evidence.

In addition, some of the prisoners concerned alleged that they had been refused a blanket or pillow by staff. **The CPT recommends that suspected “body-packers” held under constant observation be always provided with appropriate bedding for overnight stays.**

113. From the prisoners’ health standpoint, nurses did their best to promptly see the inmates on placement, but it clearly appeared during the 2008 visit that they were not in a position to visit them as regularly as their condition requires it. The CPT must point out that prisoners suspected of carrying unlawful substances or items inside their body should be subject to appropriate medical examination⁷⁴ and supervision, preferably in a medical facility, due to the serious risks involved⁷⁵. **The Committee invites the Finnish authorities to take the necessary measures at Helsinki and Riihimäki Prisons, in the light of these remarks.**

b. contact with the outside world

114. The CPT has already made some comments as regards inmates held in high-security and closed units (see paragraphs 73 and 78). As regards the general prison population, inmates (including those on remand) at the three prison establishments visited had good opportunities for maintaining contact with their families and friends, through visits, telephone calls and letters. Sentenced prisoners could also be granted prison leave or entitled to go to a so-called prison “family camp” where they were allowed to spend three to four days with their relatives.

⁷³ Several prisoners had complained about their treatment during such isolation; in particular, they claimed that they were serious delays in access to the toilet so that they had to defecate in the overalls. By decision of 16 May 2007, the Riihimäki District Court considered that the incriminated measure was legitimate and there were no sufficient evidence that the implementation of the measure infringed the prisoners’ dignity. The appeal against this decision was pending at the time of the visit.

⁷⁴ For instance, an X-Ray examination.

⁷⁵ Those risks include acute intoxication and obstruction of the intestines, either of which may lead to death.

115. In order to prevent drugs from entering prisons, a number of measures had been adopted as regards the manner in which visits took place. For instance, at Helsinki and Vantaa Prisons, the delegation observed that open visiting facilities had been turned into “semi-closed” visiting facilities (i.e. with a partial glass partition, prohibition of physical contacts with visitors, and staff and video supervision). At Vantaa in particular, some inmates complained of not being able to touch their partner and/or children and having to rely on the monthly family visit to do so. The CPT acknowledges that it may be necessary for certain inmates to be subject to restrictions over the manner in which visits take place. However, **the imposition of such restrictions should be based on an individual risk assessment.**

c. inspection procedures

116. In its report on the 2003 visit, the CPT noted that, even after the appointment of a Deputy Ombudsman dealing with prison matters, the frequency of inspections remained relatively low. At the outset of the 2008 visit, the delegation was informed that the Deputy Ombudsman was not in a position to carry out more regular visits to prison establishments (in 2007, twelve visits to prisons had been carried out), mainly due to the heavy workload in the processing of complaints addressed to the Ombudsman’s Office.

The CPT invites the Finnish authorities to allocate sufficient resources to the Ombudsman’s Office (or to another independent body) to ensure that it is in a position to carry out frequent and unannounced inspections of prison establishments.

d. information to prisoners

117. According to new prison legislation, inmates should be informed without delay on arrival of the prison rules and of their rights and obligations.⁷⁶ However, many prisoners with whom the delegation spoke at the three establishments visited complained that they had not been provided with such information on admission. The delegation observed for itself that the information leaflets available were outdated and referred to the previous prison legislation.

The CPT recommends that measures be taken to ensure that up-to-date information leaflets are systematically given to prisoners on their arrival. These leaflets should be available in an appropriate range of languages.

⁷⁶ See Chapter 4, Section 4, of the Imprisonment Act, and Chapter 2, Section 3, of the Remand Imprisonment Act.

D. Psychiatric establishments

1. Preliminary remarks

118. The legal provisions governing involuntary psychiatric hospitalisation and treatment have not undergone any major changes since the CPT's visits in 1998 and 2003⁷⁷. That said, the delegation was informed at the meeting with senior officials from the Ministry of Health that new draft amendments to the Mental Health Act⁷⁸ were under discussion. The aim of these proposals was to create the possibility for courts to order compulsory outpatient care for forensic patients, which should reduce recourse to hospitalisation and shorten hospitalisation periods.⁷⁹ **The CPT would like to receive more detailed information on the new provisions.**

119. In the course of the 2008 visit, the CPT's delegation visited, for the first time in Finland, a psychiatric unit for adolescent intensive care. Further, the delegation visited one of the country's two State psychiatric hospitals for forensic patients and civil patients considered dangerous or otherwise challenging.

The Psychiatric Treatment and Research Unit for Adolescent Intensive Care (EVA) is administratively part of the Psychiatric Department of Tampere University Hospital. It is located in an extensive compound at Pitkäniemi, near the town of Nokia. The unit was opened in 2003 and is a mixed-gender closed establishment specialising in the treatment of juvenile patients (both civil and forensic). More than 60% of the patients admitted to the unit had been diagnosed as suffering from psychosis, followed by ADHD⁸⁰ and other behavioural disorders; many patients had multiple diagnoses (including personality disorders and learning disabilities). At the time of the visit, the unit was operating at full capacity (12 places) and was accommodating seven boys and five girls, aged from 11 to 18. Ten of them were involuntary patients under the provisions of the MHA. The average length of hospitalisation was said to be several months, the longest stay at the time of the visit being approximately 2 years.

The delegation was informed by the management of the EVA unit that the establishment was usually operating at full capacity and that there was a waiting list for admission. In this context, the possibility of enlarging the unit or opening a similar facility in the greater Helsinki area was apparently under consideration. **The Committee would like to receive more information on this subject.**

Vanha Vaasa State Psychiatric Hospital is located in a green belt, some 6 km from the centre of the town of Vaasa. The hospital was opened in 1768 and has been a psychiatric establishment since the beginning of the 19th century. It serves as a high-security hospital providing long-term treatment to forensic and civil patients considered as dangerous or otherwise challenging, and whose treatment in a municipal psychiatric hospital is not deemed suitable.

⁷⁷ Cf. paragraphs 116, 117 and 139 of CPT/Inf (99) 9, and paragraphs 116 to 118 of CPT/Inf (2004) 20.

⁷⁸ Act No. No. 116/1990, hereafter referred to as the MHA.

⁷⁹ At the time of the visit, the mean stay of forensic patients in psychiatric hospitals was said to be approximately 5 years, i.e. much longer than the civil patients.

⁸⁰ Attention-Deficit Hyperactivity Disorder.

At the time of the visit, Vanha Vaasa hospital had a total of 147 beds and was accommodating 142 adult patients, of whom 24 were women. Among the patients, 84 had been declared criminally irresponsible, 51 were involuntary civil patients and 7 were undergoing psychiatric assessment in the context of criminal proceedings. The majority of the patients were diagnosed as suffering from psychosis (mainly schizophrenia), and many of them had concomitant diagnoses such as personality disorders, drug or alcohol dependence. The mean length of stay was between 4 and 5 years; however, several patients had been living at the hospital for over 30 years.

2. Ill-treatment

120. The CPT's delegation heard no allegations of physical ill-treatment of patients by staff at the two psychiatric establishments visited and gathered no other evidence of such treatment. On the contrary, the vast majority of the patients interviewed by the delegation spoke favourably about staff, and the delegation observed a professional and caring attitude on the part of staff towards their patients. Further, inter-patient violence did not appear to be a major problem in either of the establishments.

That said, at Vanha Vaasa Psychiatric Hospital, a few patients alleged occasional rude behaviour and verbal abuse by certain nurses and orderlies. **The CPT invites the management of Vanha Vaasa Psychiatric Hospital to regularly remind staff that patients should be treated with respect and that any form of ill-treatment – including verbal abuse – is unacceptable and will not be tolerated.**

3. Patients' living conditions

a. Psychiatric Treatment and Research Unit for Adolescent Intensive Care (EVA)

121. Despite the age of the building, which dated back to the 19th century, living conditions were very good. The patient accommodation areas were bright, airy and impeccably clean. Further, the delegation noted efforts to create a personalised environment.

Patients were accommodated in individual rooms (measuring 10 to 12 m²), which were adequately furnished (bed with full bedding, table, desk, chair, wardrobe). The communal sanitary facilities were of a very high standard, and patients had ready access to them at all times. Further, there were no problems as regards the provision of personal hygiene items, and no complaints were made concerning the food.

122. However, due to the absence of a secure outdoor yard, some of the patients were prevented from taking outdoor exercise, on occasion for up to 6 weeks. This is totally unacceptable, in particular given the young age of the patients. A suitable solution could and should be found to offer all juvenile patients the possibility to take daily outdoor exercise in both a safe and unoppressive environment. **The CPT recommends that steps be taken to ensure that this is the case at the EVA unit.**

b. Vanha Vaasa State Psychiatric Hospital

123. Patient accommodation was provided in five closed⁸¹ and two open wards⁸², spread over four different buildings⁸³. Despite the structural constraints due to the age of the buildings (dating back to mid-19th century), living conditions were good overall. The patient accommodation areas benefited from good access to natural light, artificial lighting and ventilation, and were pleasantly decorated and personalised. The state of repair and standards of hygiene were good throughout the establishment.

124. Patients in the more recent building (housing the U wards) were accommodated in single or double rooms, which offered adequate conditions as regards their size (8 to 10 m² for a single room; 12 to 18 m² for a double room) and equipment (bed with full bedding, table, chairs, wardrobe, shelves). The situation was less good in the older buildings (especially those housing the A wards), where up to four patients could share a room, and conditions were quite cramped in a few of the rooms (e.g. three patients in a room measuring some 14 m²).

Like at the EVA unit, no problems were reported or observed as regards patients' access to the communal toilet and washing facilities, the supply of personal hygiene items and the food served to patients.

125. Patients who were not allowed to move freely within or outside the establishment's grounds could take daily outdoor exercise (at least two periods of 45 minutes in the winter, and three periods of 45 minutes in the summer) in two spacious and well-appointed facilities, which were equipped with sheltered seating areas and sports grounds. Patients accommodated in the U wards, who were considered to represent a higher security risk,⁸⁴ took outdoor exercise in a somewhat smaller (some 100 m²) and more secure yard.

4. Treatment and staff

126. In both establishments, the use of psychiatric medication appeared appropriate. Further, all patients had individual treatment plans (which were drawn up and regularly reviewed with the patients' participation), and staff worked in multidisciplinary therapeutic teams. The prevailing positive therapeutic milieu was clearly enhanced by the absence of window bars and special security staff, and by the general open doors policy within the wards. The CPT welcomes this state of affairs.

Patients at the EVA unit underwent an initial 2-month multidisciplinary clinical assessment. At the end of this period, there was a case conference attended by the patient's parents or guardian, a child welfare representative and the patient. Subsequently, the patients' situation was reviewed by the multidisciplinary therapeutic team on a frequent basis.

⁸¹ U 1-2: male admission/assessment ward (18 beds); U 3-4: male ward (26 beds, accommodating mostly more "chronic" and more severely ill patients); U 5-6: mixed-gender ward (27 beds, mostly "chronic" patients); A 1-2: female ward (17 beds, including assessment); H 1: male ward (25 beds).

⁸² A 3-4 : male ward (20 beds); F 1: mixed-gender rehabilitation ward (14 beds).

⁸³ Wards U, A and F were located on the main compound. Ward H 1 was located on the territory of the nearby Psychiatric Department of Vaasa Central (Municipal) Hospital in Huutoniemi.

⁸⁴ Including those admitted less than 2 weeks before, and those who had left seclusion less than a week before.

As regards Vanha Vaasa Hospital, the current rhythm of formal multidisciplinary clinical review (twice a year) is not sufficient. Staff representing different specialties (psychiatrists, nurses, psychologists, occupational and work therapists, social workers) should all meet and discuss each patient's condition and progress on a more frequent basis. **The CPT recommends that steps be taken in the light of these remarks.**

127. Electroconvulsive therapy (ECT) was occasionally used at Vanha Vaasa Psychiatric Hospital to treat severe depression or catatonic stupor. It was always applied with anaesthesia and muscle relaxants, and was administered at the psychiatric department of Vaasa Central (Municipal) Hospital, which had specially trained staff and the necessary equipment. Recourse to ECT was recorded in patients' medical files; however, there was no specific register established for recording recourse to ECT, and the patients' consent was not sought before undergoing this therapy. **The CPT reiterates its previous recommendation that such a specific register be set up in all psychiatric establishments in Finland where recourse is had to ECT and that patients' informed consent be sought before undergoing this therapy.** On this latter issue, reference is also made to the recommendation in paragraph 140.

128. The programmes available at the EVA unit offered a wide range of therapeutic and rehabilitative activities (individual psychotherapy, support and group therapy, education, work therapy, life skills training, art, sports, etc.). Juvenile patients had access to a well-staffed and adequately equipped school, high-quality workshops and outside sports grounds (including a swimming pool and cross-country skiing tracks).

The situation was less favourable at Vanha Vaasa Hospital, where a large proportion of patients who were confined to their wards (especially in wards U 1-2, U 3-4 and A 1-2) spent most of their time in a state of inactivity⁸⁵. This was due to the fact that most of the therapeutic activities (e.g. woodwork, upholstery, painting, pottery, music, cooking, etc.) were provided outside these wards. **The CPT invites the Finnish authorities to seek to involve more patients at Vanha Vaasa Hospital in activities which correspond to their individual needs and abilities.** Further, **the offer of individual and group psychotherapy should be increased**⁸⁶.

129. As regards recreational activities, patients in both establishments had access to common areas where they could watch TV/DVD, and could listen to the radio, read books, newspapers and magazines, play computer and board games, table tennis and billiards, and had restricted access to the internet. Occasionally, outings were organised to the cinema or theatre in town.

130. Turning to staff issues, the situation was fully satisfactory at the EVA unit, which had 3 full-time psychiatrists (including the head doctor) and 24 nurses. Further, there was a full-time clinical psychologist, a full-time occupational therapist, a youth counsellor and a social worker.

⁸⁵ At the time of the visit, only five patients from Ward U 1-2, three from Ward U 3-4 and nine from Ward A 1-2 took part in occupational and work therapy. In total, some 13 patients of Vanha Vaasa Hospital participated in occupational therapy, and approximately 60 in work therapy (that is, about a half of all the patients).

⁸⁶ The establishment's psychologists were spending most of their time on testing and assessment of patients.

Staffing levels were less favourable at Vanha Vaasa Psychiatric Hospital, which employed the equivalent of 5.5 full-time psychiatrists, 125 full-time nurses and 16 orderlies. The staff team qualified to provide psycho-social rehabilitative activities was composed of 3 psychologists, 2 occupational therapists (one of them working on a 60% basis), 6 work therapists, a sports instructor and 2 social workers (employed on a half-time basis). Although the psychiatrist/patient ratio at the time of the visit (1:25) could be considered as sufficient to meet the hospital's needs, **a reinforcement of the staff qualified to provide psycho-social rehabilitative activities is necessary** (see also paragraph 128).

5. Means of restraint/seclusion

131. At the EVA unit, the CPT's delegation noted that recourse to means of chemical and physical restraint did not appear excessive⁸⁷, in particular bearing in mind the challenging nature of the patients. Further, seclusion was not used⁸⁸.

Each patient had an individual plan to address his/her possible aggression in advance. The initial intervention would always be through verbal de-escalation, followed by holding and, if necessary, placing in a special room (measuring some 18 m²) and using a "safe blanket" (i.e. rolling the patient in a mat). As a measure of last resort, patients could be physically restrained by placing them on a restraint bed fitted with magnetic leather straps. The restraint beds were out of sight of other patients. A staff member was present continuously when a patient was restrained and made written observations on the patient's condition every 15 minutes

All chemical and physical restraint measures were decided by a doctor. If the measure had been initiated by a nurse, a doctor was immediately informed and his/her approval sought; the doctor had to confirm the measure within one hour⁸⁹ and the need to continue or modify the measure was reviewed every 2 hours by the doctor.

The delegation heard hardly any complaints regarding the practice of restraining patients by rolling them in a mat. That said, one of the juvenile patients told the delegation that, while rolled in a mat, he had found it difficult to breathe as his head had been partially covered by the mat. In this context, **staff of the EVA unit should remain vigilant to avoid patients feeling claustrophobic or fearing they cannot breathe when subject to this means of restraint.**

132. As at the EVA unit, there was no evidence of excessive recourse to means of mechanical restraint at Vanha Vaasa Hospital.⁹⁰ By contrast, there appeared to be an excessive reliance on seclusion, either in a dedicated seclusion room or in a patient's own room (usually at least partially emptied of its furniture)⁹¹. For example, according to the data provided to the delegation during the visit by the management of the hospital, seclusion had been applied to over a third of all patients in the course of 2007⁹², often for days and occasionally for over 100 days at a time⁹³.

⁸⁷ For example, restraint was applied 24 times in the course of 2007 and 10 times between 1 January and 16 April 2008, in most cases for less than 4 hours.

⁸⁸ The delegation was informed that, under the MHA, minors could not be secluded alone, therefore patients were never locked alone in their rooms (although they could be segregated in their own room with the door open and a member of staff present).

⁸⁹ If a juvenile patient was younger than 12, the staff had to obtain parental consent to hold/restrain him/her.

⁹⁰ There had been 6 cases, involving 3 patients, in the 5 years preceding the delegation's visit.

⁹¹ Seclusion was decided by a doctor (or initiated by a nurse and immediately reported to a doctor, who had to confirm it within an hour) and the measure was reviewed by a doctor twice a day; the length of the measure was always set in advance (but was frequently extended several times).

⁹² The statistics made available to the delegation at Vanha Vaasa Hospital suggest an increase in the number of seclusion measures in recent years: 104 cases (involving 26 patients) in 2005; 131 (involving 45 patients) in

The CPT wishes to stress in this respect that locking up a vulnerable mentally disordered patient alone in a room must be very carefully applied and should only be a measure of last resort and for the shortest possible period; seclusion should not be resorted to because – as sometimes appeared to be the case at Vanha Vaasa Hospital – there is a lack of alternative strategies, staff and regime provision. Further, patients should always be debriefed after the end of the seclusion measure, in order to explain the rationale behind it.

133. The delegation was concerned to note that patients in seclusion at Vanha Vaasa Hospital were not subject to adequate supervision by a dedicated member of staff (the routine being 30-minute checks, often with only cursory contact). The conditions in which patients were secluded at the hospital (either in specific seclusion rooms or in their own rooms) were also a matter of concern. Patients in seclusion were often obliged to strip down to their underwear and were not provided with anything but a thin plastic mattress placed directly on the floor. Further, they had no ready access to a toilet and no means of diversion (such as radio or reading materials). Moreover, secluded patients, when held in their own rooms (which had a window in the door) were within view of other patients.

134. In light of the above findings, at the end of the visit the delegation requested the Finnish authorities to provide to the CPT, within three months, a detailed action plan (comprising precise deadlines and the resources required) to reduce significantly recourse to seclusion (both as regards its frequency and duration) at Vanha Vaasa State Psychiatric Hospital. Further, the delegation stressed that steps should be taken at the Hospital to ensure that there is adequate contact between staff and patients subjected to a seclusion measure, that patients are not secluded within view of other patients (unless the patient explicitly requests otherwise), and that patients in seclusion have access to some diversion, e.g. reading or music.

In their letter of 29 August 2008, the Finnish authorities informed the Committee that a number of measures would be taken at Vanha Vaasa Psychiatric Hospital with a view to reducing recourse to seclusion, in particular the introduction of a more effective recording system (to allow monitoring of the grounds for applying the measure and of the length of seclusion) and the development of rehabilitative activities (through the setting-up of new facilities designed for such activities and the subsequent employment of specialised staff). In addition, steps aimed at improving the conditions in which patients are secluded (e.g. increased time for discussions with the patients concerned, access to reading material and radio) would be taken. More generally, the Finnish authorities indicated that procedures and methods used in psychiatric facilities (such as seclusion) would be subject to review in the context of legislative reforms to be launched in the course of 2009.

The CPT would like to be informed, in due course, of the implementation of the above measures at Vanha Vaasa Psychiatric Hospital. The Committee would also like to receive information on the outcome of the nationwide assessment of procedures and methods used in psychiatric facilities, including seclusion measures, and its implications at legislative level.

2006 ; 139 (involving 53 patients) in the course of 2007; 85 between 1 January and 12 March 2008. That said, in their letter of 29 August 2008, the Finnish authorities provided significantly lower figures in respect of 2007 (76 seclusion measures in respect of 32 patients).

⁹³ The longest period, found by the delegation in the relevant records covering the period starting from January 2005, was 146 days.

135. In both psychiatric establishments visited, cases of mechanical restraint and seclusion were properly recorded (in both the patients' files and at hospital level) and reported to the State Provincial Office every 2 weeks.⁹⁴ **The same standards of recording and reporting should be applied at the EVA unit as regards the use of restraint mats and chemical restraint;** this is not always the case at present.

136. Staff in direct contact with patients received initial and refresher training in manual control and other means of restraint vis-à-vis agitated or violent patients. At Vanha Vaasa Hospital, at the time of the visit, not all the staff had yet completed the above-mentioned training. **The CPT encourages the Finnish authorities to continue their efforts in this area.**

6. Safeguards

137. As regards the legal safeguards in the context of involuntary psychiatric hospitalisation, the existing legal procedures were followed scrupulously in the two establishments visited. That said, the CPT is concerned to note that some of the lacunas of the legislative framework – many of them observed as long as 10 years ago – have still not been remedied.

138. There was still no access to independent, outside psychiatric expertise in the context of the initiation and review of civil involuntary hospitalisation. The procedure of referral to a hospital for observation continued to be based on a statement by only one doctor, who was usually a general practitioner. Further, there was still no requirement for a second independent medical opinion in the context of appeals against decisions to order involuntary psychiatric hospitalisation and treatment. Despite the information provided by the Finnish authorities in their responses to the reports on the 1998 and 2003 visits, it was, by far, not standard practice that the courts would appoint an expert psychiatrist (independent from the hospital where the patient was placed) during consideration of the hospitalisation measure.

The CPT reiterates its recommendation that the existing legal provisions be amended so as to provide for a psychiatric opinion (independent of the hospital in which the patient is placed) in the context of the initiation and review of the measure of involuntary hospitalisation.

⁹⁴ Pursuant to Section 22f, sub-section 4, of the MHA.

139. Involuntary hospitalisations beyond 3 months were subject to court approval.⁹⁵ Further, in the case of juvenile patients, the competent court had to be notified at the latest 4 days after their admission with a view to obtaining its approval.⁹⁶

The delegation observed that the competent courts usually took a long time (up to several months) to issue their decisions in this regard. Further, courts based their decisions on the hospital records relating to the patient, patients themselves virtually never appearing before the court.⁹⁷ This gave the court procedure the appearance of “rubber-stamping”.

The CPT recommends that the Finnish authorities take effective steps to ensure that there is always a meaningful and expedient court review of the measure of involuntary hospitalisation. Further, steps should be taken to ensure that psychiatric patients have the effective right to be heard in person by the judge during the involuntary hospitalisation procedure.

It is also noteworthy that very few patients from the two psychiatric establishments visited had appealed against the initial involuntary hospitalisation measure (despite being informed of the possibility to appeal) and that these appeals had hardly ever been successful.⁹⁸

140. Involuntary hospitalisation of a psychiatric patient continued to be construed as automatically authorising treatment without his/her consent. In practice, doctors in the two psychiatric establishments visited sought to obtain patients’ *verbal* consent to treatment, but there was no *written* proof that such informed consent had been given. Further, a patient’s refusal or subsequent withdrawal of consent to treatment did not result in an external independent psychiatric review as to whether treatment could be provided against the patient’s will. In addition, patients could not appeal against such decisions to a court.

The CPT recommends that a special form relating to informed consent to treatment, signed by the patient and (if he is incompetent) by his legal representative, be introduced at the EVA unit and Vanha Vaasa Hospital (as well as in all other psychiatric establishments in Finland). The relevant legislation should be amended so as to require an external psychiatric opinion in any case where a patient does not agree with the treatment proposed by the establishment's doctors; further, patients should be able to appeal against a compulsory treatment decision to the court.

⁹⁵ Pursuant to Section 12 of the MHA, which states as follows: “A person ordered to treatment on the basis of a decision based on Section 11 may be detained for treatment against his or her will for a maximum of three months. [...] A decision on whether treatment should be continued or discontinued must be made in writing by the physician referred to in Section 11 before the treatment has continued for three months. A decision to continue treatment must be made known to the patient without delay and submitted immediately for the approval of the Provincial Administrative Court. On the basis of a decision to continue treatment the patient may be detained for treatment against his or her will for a maximum of six months. At the end of this time, conditions for ordering the patient to treatment against his or her will shall be assessed anew.”

⁹⁶ Sections 11 and 13 of the MHA.

⁹⁷ Except for forensic patients, who always appeared before the court. As for civil involuntary patients, the delegation was informed at Vanha Vaasa Hospital that there had been only one hearing with a patient’s participation since the beginning of 2006.

⁹⁸ For example, at Vanha Vaasa Hospital, there had been 29 appeals in the period from 1 January 2006 to 1 April 2008, none of which was successful.

141. The CPT is concerned by the fact that its long-standing recommendation to systematically provide all newly-admitted patients (and their relatives) with a brochure setting out in a comprehensible manner patients' rights (including the right to complain to relevant outside bodies) has not been implemented in the two hospitals visited. **The CPT reiterates its recommendation that such a brochure be drawn up and systematically provided to patients and their families on admission.**

142. Patients in both psychiatric establishments visited had good possibilities to maintain contacts with their families and friends, and such contacts were actively encouraged by the two institutions. Patients could receive visitors in pleasantly arranged facilities, and a number of them could leave the hospitals for certain periods of time, subject to authorisation by the treating doctor. Moreover, patients had access to the telephone, usually without restrictions. The CPT welcomes these positive practices.

143. Both psychiatric establishments visited employed patients' ombudspersons, who saw their role as being advisors to patients on personal matters, rather than as legal assistants. Patients' ombudspersons had no right to represent patients in procedures before judicial or administrative bodies, and could not initiate procedures to defend patients' legal interests. While appreciating the positive contribution made by patients' ombudspersons in general, **the CPT recommends that steps be taken to ensure that involuntary psychiatric patients have effective access to legal assistance (independent of the admitting hospital), if necessary free of charge.**

144. The CPT also attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body which is responsible for the inspection of patients' care. Both psychiatric establishments had received visits by the Parliamentary Ombudsperson⁹⁹, but there was no system of frequent (including unannounced) outside inspections.

The CPT recommends that steps be taken to ensure that psychiatric establishments in Finland are visited on a regular basis by independent outside bodies responsible for the inspection of patients' care. These bodies should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations. Further, the management of all psychiatric establishments should be duly informed of the results of any inspections carried out on their premises.

⁹⁹ The Parliamentary Ombudsperson visited Vanha Vaasa Hospital some days before the CPT's visit; the previous visit reportedly dated back to 2005 (and there had been in total 4 visits in the last 10 years). As for the EVA unit, it had been visited by the Parliamentary Ombudsperson once since 2003.

APPENDIX I
**LIST OF THE CPT'S RECOMMENDATIONS,
COMMENTS AND REQUESTS FOR INFORMATION**

Co-operation encountered

comments

- the Committee trusts that the Finnish authorities will take steps to ensure that delays in access to police establishments as described in paragraph 5 are not encountered during future visits. This should involve the dissemination of relevant information on the CPT's mandate and working methods to all the staff concerned (paragraph 5).

Police establishments

Safeguards against ill-treatment

recommendations

- the period during which an apprehended/arrested person can be denied the right to notify his next-of-kin or another appropriate person of his situation to be shortened substantially (e.g. to 48 hours) (paragraph 12);
- the types of situation in which the exercise of the right of notification of custody may be delayed to be spelt out more clearly and any delay in the exercise of a person's right to notify someone of his situation to be always subject to the approval of a senior police officer with the right to arrest (paragraph 12);
- Chapter 2, Section 2 of the Act on the Treatment of Persons in Police Custody (ATPPC), restricting the right of notification of custody in certain cases, to be rescinded (paragraph 12);
- steps to be taken to ensure that persons detained by the police enjoy effectively the right of access to a lawyer as from the very outset of custody (paragraph 13);
- steps to be taken, if necessary through amendment of the ATPPC, to ensure that persons in police custody have an effective right to be examined, if they so wish, by a doctor of their own choice (in addition to any medical examination carried out by a doctor called by the police), it being understood that an examination by a doctor of the detained person's own choice may be carried out at his/her own expense (paragraph 16);

- the Finnish authorities to take steps to ensure that complete and accurate verbal information on rights is given systematically to all persons apprehended by the police, at the very outset of their deprivation of liberty (i.e. as from the moment the persons concerned are first obliged to remain with the police). As regards the information form on rights, it should set out in a straightforward manner all the rights of persons deprived of their liberty by the police (including the right of access to a doctor of one's own choice), and should be given systematically to all detained persons as soon as they are brought into a police station. Particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case, to verify that these rights have been respected in practice and to take appropriate action if this is not the case. Further, detained persons should be requested to confirm with their signature that they have been provided with information on their rights, with an indication of the precise time when it occurred (paragraph 18);
- steps to be taken to ensure that, whenever a person is deprived of his liberty by the police, for whatever reason, this fact is duly recorded without delay (paragraph 19);
- standard-format and comprehensive custody registers to be kept at each police establishment, containing information on all aspects of the person's custody (including movements between establishments) and all the action taken in connection with it (paragraph 19);
- the Finnish authorities to take steps to develop a specific system for independent monitoring of police detention facilities. To be fully effective, monitoring visits should be both frequent and unannounced. Further, the monitoring bodies should be empowered to interview detained persons in private and examine all issues related to their treatment (material conditions of detention; custody records and other documentation; the exercise of detained persons' rights, etc.) (paragraph 20).

comments

- if the current legislation restricts the rights of persons suspected of having committed "minor offences" to have access to a lawyer and to be informed of their rights, such restrictions should be abolished (paragraphs 15 and 17).

requests for information

- remarks of the Finnish authorities on complaints from detained persons that the police had prevented them from choosing their lawyer freely and imposed on them *ex officio* lawyers who were said by the persons concerned to be "working with the police" (paragraph 14);
- remarks of the Finnish authorities on the issue raised in paragraph 16 (paragraph 16);
- whether the "witness" to be present during police interviews of juveniles must always be someone independent from the police (paragraph 17).

Conditions of detention

recommendations

- the Finnish authorities to take steps to remedy the deficiencies observed in police custody cells (paragraph 22);
- steps to be taken to remedy the deficiencies observed at the Custodial Facility for Intoxicated Persons in Töölö (paragraph 24);
- steps to be taken to ensure that a nurse is present at all times at the Custodial Facility for Intoxicated Persons in Töölö (paragraph 24);
- specialised training in the care of intoxicated persons, and in recognising the symptoms of conditions that could be mistaken for or complicate alcohol intoxication, to be provided to all police officers in Finland (paragraph 25);
- arrangements to be made to ensure that there can be rapid access to a nurse whenever intoxicated persons are held at police establishments (paragraph 25);
- any non-standard issue objects to be immediately removed from all police premises where persons may be held or questioned. Any such items seized during criminal investigations should be entered in a separate register, properly labelled (identifying the case to which they refer) and kept in a dedicated store (paragraph 26).

comments

- the Finnish authorities are invited to verify that the stock of suitable mattresses for intoxicated persons is sufficient at Tampere District Police Department (paragraph 23).

Remand detention in police establishments

recommendations

- steps to be taken to:
 - ensure that all remand prisoners held in “police prisons” are offered at least one hour of genuine outdoor exercise every day;
 - develop a regime of activities for such prisoners;
 - review the existing arrangements at the “police prison” of Helsinki Police Department as regards access to a doctor and access to specialist (including dental) care, and arrange for the presence of a nurse also at weekends;
 - ensure that all “police prisons” without an in-house medical service are visited on a regular basis by a nurse reporting to a doctor;

- ensure that all newly-arrived remand prisoners are medically screened, within 24 hours of their arrival at a “police prison”, by a doctor or a qualified nurse reporting to a doctor;
 - set up specific registers to record placements in isolation cells in the “police prisons” which possess such cells;
 - ensure that the isolation cells at the “police prison” of Helsinki Police Department are kept clean;
 - ensure that inmates held in isolation cells are visited by a nurse on a daily basis (paragraph 35);
- the police to be given detailed instructions as regards recourse to prohibitions/restrictions concerning remand prisoners’ correspondence, visits and access to a telephone (paragraph 36);
- an obligation to exist to state in writing the specific reasons for any such prohibitions/restrictions in each individual case (paragraph 36);
- in the context of each periodic review by a court of the necessity to continue remand in custody, the question of the necessity for the police to continue to impose particular restrictions upon a remand prisoner’s visits, letters and access to a telephone to be considered as a separate issue (paragraph 36).

comments

- the Finnish authorities are invited to offer regular first-aid refresher courses to all police officers working in detention areas of “police prisons” (paragraph 35).

requests for information

- information, in due course, on the adoption of the measures referred to in paragraph 34, as well as on the proposals made by the joint working group of the Ministries of the Interior and Justice tasked with finding solutions to decrease the number of remand prisoners in police establishments (paragraph 34).

Foreign nationals detained under aliens legislation

Preliminary remarks

recommendations

- the Finnish authorities to carefully consider the possibility of opening a second detention unit for aliens, in line with Act No. 116/2002 on Detention Units and the Treatment of Foreign Nationals Placed in Detention (paragraph 39).

Metsälä Detention Unit for Aliens

recommendations

- the nursing staff resources specifically devoted to the Metsälä Detention Unit to be strengthened so as to ensure a daily presence of a nurse, including on weekends (paragraph 46);
- prompt and systematic medical screening to be put in place as a matter of priority (paragraph 47);
- measures to be taken to ensure regular attendance by a psychologist and ready access to a psychiatrist at the Metsälä Detention Unit (paragraph 48).

comments

- the Finnish authorities are invited to provide the exercise yard at the Metsälä Detention Unit with an area protected against inclement weather (paragraph 43);
- the Finnish authorities are invited to reflect upon possibilities of developing further the range of activities offered to detainees at the Metsälä Detention Unit for Aliens, paying particular attention to the educational needs of young children and juveniles (paragraph 44);
- the Finnish authorities are invited to establish a written policy which makes it clear who can gain access to the clinical records in the absence of nursing staff, and under what circumstances. Further, a system should be introduced whereby any access by non-medical staff to medical documentation is recorded and reported to medical staff at the first opportunity (paragraph 49);
- to be fully effective, inspection and monitoring visits should be both frequent and unannounced. Further, the inspecting and monitoring bodies should be empowered to interview detained persons in private and examine all issues related to their treatment (material conditions of detention; custody records and other documentation; the exercise of detained persons' rights, etc.) (paragraph 52);
- a nurse should visit persons held in isolation on a daily basis (paragraph 53).

requests for information

- whether the private security guards employed at the Metsälä Detention Unit have received any specialised training on the use of truncheons, tear gas and handcuffs (paragraph 51).

Safeguards

recommendations

- steps to be taken to ensure that foreign nationals detained pursuant to the Aliens Act enjoy effectively the right of access to a lawyer as from the outset of their deprivation of liberty (i.e. as from the moment the persons concerned are first obliged to remain with the police or the Border Guard) (paragraph 55);
- the Finnish authorities to take steps to ensure that all foreign nationals apprehended by the police or the Border Guard pursuant to the Aliens Act are systematically provided with a form setting out in a straightforward manner all their rights as soon as they are brought into a police station. The form should be made available in an appropriate range of languages (paragraph 56).

Deportation of foreign nationals by air

comments

- prior to and in the course of a deportation operation, any medication should only be administered with the consent of the foreign national concerned (or, if the person is treated against his/her will pursuant to the Mental Health Act, in accordance with all the relevant safeguards) (paragraph 57);
- an independent external monitoring procedure of deportation operations might usefully be introduced, and the recording of deportation operations by audiovisual means (in particular for deportations expected to be problematic) should be considered (paragraph 57).

Prisons

Preliminary remarks

recommendations

- a considerably earlier date than 2015 to be set up for the completion of the work aimed at equipping prison cells with sanitary annexes (paragraph 61);
- action to be taken in all prisons in Finland to ensure that inmates accommodated in cells without a toilet are granted access to a proper toilet facility at any time of day or night. Such action must involve the provision of an adequate staff presence at night (through the allocation of additional posts or re-deployment of prison officers) (paragraph 61).

comments

- the Finnish authorities are invited to pursue their efforts to fully implement the new prison legislation, in particular as regards the provision of adequate activity and rehabilitation programmes to prisoners (paragraph 59);
- the CPT trusts that the Finnish authorities will pursue their efforts to combat prison overcrowding and, in so doing, be guided by Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, as well as Recommendation Rec(2003)22 on conditional release (parole) (paragraph 60).

Ill-treatment by staff and staff-inmate relations

recommendations

- a major investment to be made, through initial and ongoing staff training, in the building of positive staff-inmate relations in prison. Such an approach will depend to a great extent on staff possessing and making use of interpersonal communication skills. In this context, action should be taken to ensure that prison officers assigned to high security and closed units, or having in their custody inmates with little human contact with other prisoners, have a genuine commitment to the exercise of such skills in a proactive manner (paragraph 63).

Inter-prisoner violence and intimidation

recommendations

- the Finnish authorities to take appropriate measures as regards prisoners segregated for their own safety, in the light of the remarks made in paragraph 65. If necessary, the relevant legal provisions and regulations should be amended (paragraph 65);

- a national approach to be developed to address the issue of “fearful” prisoners. In particular, these inmates should be provided with appropriate conditions and treatment; access to activities, educational courses and sport should be possible. Moreover, a proactive approach by the prison health-care service towards prisoners on protection is required, particularly as regards psychological and psychiatric care. There should be an individual assessment of their needs at regular intervals and, where appropriate, transfer to another prison should be considered (paragraph 67).

comments

- the situation observed in Helsinki Prison’s ISO-1 Closed Unit, where certain inmates had to completely renounce their right to one hour of daily outdoor exercise or staff had to deny it for security reasons, is totally unacceptable (paragraph 65);
- the management and staff of Vantaa and Helsinki Prisons are encouraged to exercise continuing vigilance in order to make sure that no case of inter-prisoner violence goes unnoticed and to make use of all the means at their disposal to prevent such cases. This will depend greatly on having an adequate number of staff present in detention areas and in facilities used by prisoners for activities (paragraph 66).

Prisoners subject to special regimes

recommendations

- a suitable programme of purposeful activities of a varied nature (including work, education and targeted rehabilitation programmes) to be offered to prisoners held in conditions of high security. This programme should be drawn up and reviewed on the basis of an individualised needs/risk assessment by a multi-disciplinary team (involving, for example, a psychologist and social worker), in consultation with the inmates concerned (paragraph 72);
- the imposition of the restrictions on contact with the outside world mentioned in paragraph 73 to be based on an individual risk assessment (paragraph 73);
- the placement of prisoners in the closed units at Helsinki and Riihimäki Prisons to be reviewed, in the light of the remarks made in paragraph 75 (paragraph 75);
- the regime provided to prisoners held in the closed units at Helsinki and Riihimäki Prisons to be reviewed. The objective should be to ensure that such prisoners enjoy a relatively relaxed regime within the confines of their units in order to counter the deleterious effects upon the prisoners’ mental health and social skills of living in the bubble-like atmosphere of the unit, and to provide them with a variety of organised activities responding to their individual needs (including work, education and rehabilitation programmes) (paragraph 77);
- remand prisoners whose judicially-imposed segregation has ended to be placed on normal location without delay at Vantaa Prison (paragraph 79);

- the Finnish authorities to take resolute action to provide prisoners subjected to judicially-ordered segregation with access to purposeful activities, in order to counteract the negative effects of their being placed in conditions akin to solitary confinement. Further, appropriate steps should be taken to ensure that the application of judicially-ordered segregation to a female prisoner does not adversely affect the regime offered to other prisoners in the female unit at Vantaa Prison (paragraph 81).

comments

- it is essential, for the effective management of prisoners whose personality or behaviour is likely to mean that they will spend prolonged periods in conditions of high security, that decisions reached about their management are not only fair but can be seen to be fair (paragraph 70).

requests for information

- confirmation that the shelters referred to in paragraph 72 have now been installed in the exercise yards concerned at Riihimäki Prison (paragraph 72);
- information on the legal safeguards (e.g. provision of reasoned grounds in writing for any decision to impose or prolong segregation; individual, meaningful and periodic review of the imposition of the measure) established by the Finnish authorities to ensure that court-ordered segregation does not last longer than required (paragraph 79);
- remarks of the Finnish authorities on the allegations made by certain prisoners that staff constantly adjourned access to a telephone to a later date (paragraph 82).

Conditions of detention for prisoners in general

recommendations

- the necessary steps to be taken at Vantaa Prison as regards the accommodation of juveniles, in the light of the remarks made in paragraph 83 (paragraph 83);
- the Finnish authorities to redouble their efforts to provide remand prisoners (in particular women and juveniles) at Vantaa Prison with a range of activities corresponding to their needs and legal status (paragraph 87);
- effective steps to be taken without delay to end the practice of “slopping out” in the Western Wing of Helsinki Prison (paragraph 90).

comments

- the Finnish authorities are encouraged to pursue their efforts to ensure that Vantaa Prison operates within its official capacity (paragraph 84);

- the management of Helsinki and Riihimäki Prisons are invited to pursue efforts to provide more prisoners with purposeful activities tailored to their needs (including work, vocational training, education and targeted rehabilitation programmes) (paragraph 93);
- the management of Helsinki Prison is encouraged to further develop the programmes for long-term prisoners, including the provision of targeted rehabilitation programmes and appropriate psychological and social support to assist them to come to terms with their period of incarceration and prevent re-offending after release (paragraph 93).

requests for information

- remarks of the Finnish authorities on complaints made by a number of prisoners at Vantaa Prison that the last meal of the day was served as early as 2.30 p.m. (paragraph 84);
- information on decisions taken as regards envisaged action to turn the detention areas of Helsinki Prison's Northern Wing into premises for activities and/or to introduce an open door policy (day and night) within those areas (paragraph 90).

Health-care services

recommendations

- the attendance by a doctor to be increased in each of the prisons visited, in the light of the remarks made in paragraph 95 (paragraph 95);
- steps to be taken to ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present, including at night, in the prison establishments visited (paragraph 95);
- the Finnish authorities to establish a system of regular visits to Riihimäki Prison by a psychiatrist (paragraph 96);
- steps to be taken to ensure that medical screening of newly arrived prisoners in the three establishments visited is carried out systematically on the day of arrival or the following weekday (paragraph 97);
- the Finnish authorities to take steps to ensure the permanent presence of a nurse trained in psychiatric care at Vantaa Prison's Psychiatric Unit (paragraph 99);
- steps to be taken to ensure that the management of agitated patients is the responsibility of the health-care staff at Vantaa Prison's Psychiatric Unit; all assistance by prison staff in dealing with such patients should be provided under the instructions and close supervision of health-care staff (paragraph 101);
- instructions on the use of stun-guns in prisons to be reviewed, in the light of the remarks made in paragraph 102 (paragraph 102);

- health-care staff working at Vantaa Prison's Psychiatric Unit to be provided with detailed guidelines on the monitoring of patients placed in a seclusion room, in the light of the remarks made in paragraph 103 (paragraph 103).

comments

- the Finnish authorities are invited to employ staff qualified to provide therapeutic and rehabilitative activities at Vantaa Prison's Psychiatric Unit (paragraph 99);
- the Finnish authorities are invited to provide a less austere and more personalised environment in the patient accommodation area of Vantaa Prison's Psychiatric Unit (paragraph 100);
- the design of the seclusion rooms at Vantaa Prison's Psychiatric Unit is unsuitable (paragraph 103).

requests for information

- a copy of the instructions on the use of stun-guns in prisons, as reviewed (paragraph 102).

Other issues of relevance to the CPT's mandate

recommendations

- the practice observed at Helsinki Prison, where nurses had to certify that "there were no medical reasons not to isolate" an inmate, to cease immediately (paragraph 106);
- steps to be taken at Riihimäki Prison to ensure that prisoners in a state of intoxication or presenting violent or suicidal behaviour are promptly provided with appropriate safe clothing when placed in an observation cell (paragraph 108);
- the Finnish authorities to take steps to ensure that the privacy of prisoners placed in conditions of disciplinary solitary confinement at Helsinki and Vantaa Prisons is preserved when they are using a toilet and washing themselves. This should also apply to inmates placed in observation cells to the greatest extent possible (paragraph 109);
- prison staff at Helsinki and Riihimäki Prisons to receive detailed instructions as to the manner in which the measure of placing a prisoner believed to be a "body-packer" under constant observation should be implemented. These instructions should include the inmates' ready access to a toilet at all times (including at night). Arrangements should also be made (e.g. tinted glass partitioning of the toilet facility) to preserve a minimum amount of privacy when the inmates concerned are using a toilet (paragraph 112);
- suspected "body-packers" held under constant supervision to be always provided with appropriate bedding for overnight stays (paragraph 112);
- measures to be taken to ensure that up-to-date information leaflets are systematically given to prisoners on their arrival. These leaflets should be available in an appropriate range of languages (paragraph 117).

comments

- the Finnish authorities are invited to take the necessary measures at Helsinki and Riihimäki Prisons concerning the medical examination and supervising of prisoners suspected of carrying unlawful substances or items inside their body, in the light of the remarks made in paragraph 113 (paragraph 113);
- the imposition of the restrictions on visits mentioned in paragraph 115 should be based on an individual risk assessment (paragraph 115);
- the Finnish authorities are invited to allocate sufficient resources to the Ombudsman's Office (or to another independent body) to ensure that it is in a position to carry out frequent and unannounced inspections of prison establishments (paragraph 116).

requests for information

- remarks of the Finnish authorities on the allegations received from some inmates at Helsinki Prison that they had been placed in solitary confinement for up to four days, without benefitting from the formal safeguards provided by the disciplinary procedure (paragraph 105);
- remarks of the Finnish authorities on the practice at Helsinki Prison of obliging prisoners believed to be concealing unlawful substances or items inside their body and held in a cell under constant observation to wear "locked" overalls when they were not using a toilet (paragraph 111).

Psychiatric establishments

Preliminary remarks

requests for information

- more detailed information on new draft amendments to the Mental Health Act aimed at creating the possibility for courts to order compulsory outpatient care for forensic patients (paragraph 118);
- more information on the possibility of enlarging the Psychiatric Treatment and Research Unit for Adolescent Intensive Care (EVA) or opening a similar facility in the greater Helsinki area (paragraph 119).

Ill-treatment

comments

- the management of Vanha Vaasa Psychiatric Hospital is invited to regularly remind staff that patients should be treated with respect and that any form of ill-treatment – including verbal abuse – is unacceptable and will not be tolerated (paragraph 120).

Patients' living conditions

recommendations

- steps to be taken to ensure that all juvenile patients have the possibility to take daily outdoor exercise in both a safe and unoppressive environment at the EVA unit (paragraph 122).

Treatment and staff

recommendations

- steps to be taken at Vanha Vaasa Hospital to improve the clinical review of patients, in the light of the remarks made in paragraph 126 (paragraph 126);
- a specific register to be set up in all psychiatric establishments in Finland where recourse is had to electroconvulsive therapy (ECT), and patients' informed consent to be sought before undergoing this therapy (paragraph 127).

comments

- the Finnish authorities are invited to seek to involve more patients at Vanha Vaasa Hospital in activities which correspond to their individual needs and abilities. Further, the offer of individual and group psychotherapy should be increased (paragraph 128);
- a reinforcement of the staff qualified to provide psycho-social rehabilitative activities is necessary at Vanha Vaasa Psychiatric Hospital (paragraph 130).

Means of restraint/seclusion

comments

- staff of the EVA unit should remain vigilant to avoid patients feeling claustrophobic or fearing they cannot breathe while restrained by being rolled in a mat (paragraph 131);
- the standards of recording and reporting as regards the use of restraint mats and chemical restraint should be the same as for recourse to mechanical restraint and seclusion at the EVA unit (paragraph 135);
- the Finnish authorities are encouraged to continue their efforts to provide staff in direct contact with patients with initial and refresher training in manual control and other means of restraint vis-à-vis agitated or violent patients (paragraph 136).

requests for information

- information, in due course, on the implementation of the measures described in paragraph 134 at Vanha Vaasa Psychiatric Hospital (paragraph 134);
- information on the outcome of the nationwide assessment of procedures and methods used in psychiatric facilities, including seclusion measures, and its implications at legislative level (paragraph 134).

Safeguards

recommendations

- the existing legal provisions to be amended so as to provide for a psychiatric opinion (independent of the hospital in which the patient is placed) in the context of the initiation and review of the measure of involuntary hospitalisation (paragraph 138);
- the Finnish authorities to take effective steps to ensure that there is always a meaningful and expedient court review of the measure of involuntary hospitalisation (paragraph 139);
- steps to be taken to ensure that psychiatric patients have the effective right to be heard in person by the judge during the involuntary hospitalisation procedure (paragraph 139);
- a special form relating to informed consent to treatment, signed by the patient and (if he is incompetent) by his legal representative, to be introduced at the EVA unit and Vanha Vaasa Hospital (as well as in all other psychiatric establishments in Finland). The relevant legislation should be amended so as to require an external psychiatric opinion in any case where a patient does not agree with the treatment proposed by the establishment's doctors; further, patients should be able to appeal against a compulsory treatment decision to the court (paragraph 140);
- a brochure setting out in a comprehensible manner patients' rights to be drawn up and systematically provided to patients and their families on admission (paragraph 141);

- steps to be taken to ensure that involuntary psychiatric patients have effective access to legal assistance (independent of the admitting hospital), if necessary free of charge (paragraph 143);
- steps to be taken to ensure that psychiatric establishments in Finland are visited on a regular basis by independent outside bodies responsible for the inspection of patients' care. These bodies should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations. Further, the management of all psychiatric establishments should be duly informed of the results of any inspections carried out on their premises (paragraph 144).

APPENDIX II

**LIST OF THE NATIONAL AUTHORITIES
AND ORGANISATIONS WITH WHICH THE
CPT'S DELEGATION HELD CONSULTATIONS**

A. National authorities

Ministry of the Interior

Ms Anne HOLMLUND	Minister of the Interior
Ms Astrid THORS	Minister of Migration and European Affairs
Ms Ritva VILJANEN	Permanent Secretary
Ms Maija AHOKAS	Senior Adviser, International Affairs Unit
Mr Thomas BERGMAN	Special Adviser
Mr Sami PAATERO	Special Adviser

Police Department

Mr Kimmo HAKONEN	Deputy National Police Commissioner
Mr Kaarle J. LEHMUS	Inspector General of the Police
Mr Eero LAINE	Inspector General of the Police
Mr Esko RUOKONEN	Inspector General of the Police

Border Guard Department

Mr Juha-Mikko HÄMÄLÄINEN	Head of Legal Compliance Unit
Ms Silja HALLENBERG	Senior Adviser
Mr Iikka HERRANEN	Major

Immigration Department

Mr Pentti VISANEN	Director General
Ms Sirkku PÄIVÄRINNE	Director, International Protection Unit
Mr Veikko PYYKKÖNEN	Senior Planning Officer
Ms Sanna SUTTER	Head of Dublin Section, Asylum Unit
Mr Tomi VUORI	Head of Legal Division

Ministry of Justice

Ms Tiina ASTOLA
Mr Jarmo LITTUNEN
Ms Ulla MOHELL

Ms Tuuli HERLIN
Ms Eeva VALLISAARI

Permanent Secretary
Head, Department of Criminal Policy
Counsellor of Legislation, Department of
Criminal Policy
Planning Officer, Department of Criminal Policy
Head, Media and Communications Unit

Criminal Sanctions Agency

Mr Esa VESTERBACKA
Mr Ahti LEMPIÖ
Ms Marjatta KAIJALAINEN

Mr Paavo SILTANEN
Ms Sinikka VAHVASELKÄ
Ms Riitta-Leena SALOVAARA
Ms Raili MATINPURO
Mr Jukka KÄRKKÄINEN
Mr Marko ORESMAA

Director General
Prison Administration Director
Director of the District Prison of Southern
Finland
Director of Judicial Unit
Senior Inspector
Inspection Manager
Senior Officer
Medical Director of Prison Health Care Services
Lawyer

Ministry of Social Affairs and Health

Mr Ilkka OKSALA
Mr Jouko ISOLAURI
Ms Riitta-Maija JOUTTIMÄKI
Ms Päivi KAARTAMO

State Secretary
Ministerial Counsellor, Medical Affairs
Ministerial Counsellor, Legal Affairs
Ministerial Adviser

National Authority for Medicolegal Affairs

Ms Irma KOTILAINEN

Chief Physician, Specialist in Psychiatry and
Forensic Psychiatry

National Research and Development Centre for Welfare and Health

Mr Timo TUORI

Senior Medical Officer

Ministry for Foreign Affairs

Mr Arto KOSONEN
Ms Satu KASKINEN
Ms Sini PAUKKUNEN

Director, Unit for Human Rights Courts and
Conventions
Legal Officer
First Secretary,
Council of Europe Desk Officer

Office of the Parliamentary Ombudsman

Ms Riitta-Leena PAUNIO
Mr Petri JÄÄSKELÄINEN
Mr Jukka LINDSTEDT
Mr Jussi PAJOOJA
Mr Harri OJALA

Parliamentary Ombudsman
Deputy Parliamentary Ombudsman
Deputy Parliamentary Ombudsman
Secretary General
Senior Legal Adviser

B. Non-governmental organisations

Finnish Association for Mental Health

Finnish League for Human Rights

Mr Markku Fredman, lawyer

Refugee Advice Centre