

Report

**to the Government of Cyprus
on the visit to Cyprus
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 23 September to 1 October 2013

The Government of Cyprus has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2014) 32.

Strasbourg, 9 December 2014

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Copy of the letter transmitting the CPT's report

Ms Theodora Constantinidou
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of Cyprus
to the Council of Europe
65 allée de la Robertsau
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Strasbourg, 18 March 2014

Dear Ambassador,

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 Government of Cyprus drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Cyprus from 23 September to 1 October 2013. The report was adopted by the CPT at its 83rd meeting, held from 3 to 7 March 2014.

The recommendations, comments and requests for information formulated by the CPT are listed in Appendix I of the report. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the national 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 Cypriot authorities to provide, in that response, reactions to the comments formulated in this report as well as replies to the requests for information made.

In respect of the recommendations and requests for information contained in paragraphs 58, 94, 113, 116 and 119, the CPT requests that a response be provided **within three months**.

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

Yours sincerely,

Lətif Hüseyinov
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 carried out a visit to Cyprus from 23 September to 1 October 2013. The visit formed part of the Committee's programme of periodic visits for 2013, and was the CPT's sixth periodic visit to Cyprus.¹

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

- James McMANUS, Head of delegation
- Georg HØYER
- Isolde KIEBER
- Ivan MIFSUD
- Anna MOLNAR
- Jørgen RASMUSSEN.

They were supported by Hugh CHETWYND, Head of Division and Christian LODA of the CPT's Secretariat and assisted by:

- Alan MITCHELL, medical doctor, former Head of the Scottish Prison Health-Care Service, United Kingdom (expert)
- Rhea FRANGOFINO (interpreter)
- Maria HOVARDA LOUCA (interpreter)
- Yiola KLITOU (interpreter)
- Jonathan MARKEL (interpreter)
- Alexander ZAPHIRIOU (interpreter).

¹ The CPT's previous visits to Cyprus took place in November 1992, May 1996, May 2000, December 2004 and May 2008. The reports on those visits have been published, together with the responses of the Cypriot Government, and may be found on the Committee's website (<http://www.cpt.coe.int>).

B. Establishments visited

3. The delegation visited the following places:

Ministry of Justice and Public Order

Prisons:

- Nicosia Central Prisons

Immigration detention facilities:

- Menoyia Detention Centre for Illegal Immigrants
- Holding facilities for immigration detainees at Larnaca Airport

Police establishments:

Famagusta Division

- Ayia Napa Police Station

Larnaca Division

- Aradippou Police Station
- Larnaca Central Police Station

Limassol Division

- Limassol Central Police Station
- Yermasoyia Police Station

Nicosia Division

- Ayios Dometios Police Station
- Lakatamia Police Station
- Omorfita Police Station
- Pera Chorio Nisou Police Station

Ministry of Health

- Athalassa Psychiatric Hospital, Nicosia
- Inpatient Unit for Adolescents with Psychiatric-Psychosocial Problems at Archbishop Makarios III Hospital, Nicosia
- Psychiatric Clinic of Nicosia General Hospital

Ministry of Labour and Social Insurance

- Nea Eleousa Institution for persons with severe mental retardation, Nicosia
- Latsia Youth Hostel, Nicosia

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

4. In the course of the visit, the delegation held consultations with the Minister of Justice and Public Order, Ionas NICOLAOU, as well as with senior officials from the Ministries of Health, Interior, Justice and Public Order, and Labour and Social Insurance. The delegation also met the Attorney-General, Costas CLERIDES, the President of the Independent Authority for the Investigation of Police Complaints, Andreas SPYRIDAKIS and members of the Mental Health Supervisory Committee. In addition, discussions were held with representatives from the Commissioner for Administration (Ombudsman) and members of civil society active in areas of concern to the CPT.

A list of the national authorities and organisations met by the delegation is set out in Appendix II to this report.

5. The co-operation received by the CPT's delegation throughout the visit, from both the national authorities and staff at the establishments visited, was very good. The delegation enjoyed rapid access to all the places it visited (including those which had not been notified in advance), was provided with the information necessary for carrying out its task and was able to speak in private with persons deprived of their liberty.

The CPT would also like to express its appreciation for the assistance provided before and during the visit by its liaison officer, Ms Athena Demetriou, from the Ministry of Justice and Public Order.

6. The principle of cooperation set out in the Convention also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations.

The 2013 periodic visit provided an opportunity to see to what extent long-standing concerns of the CPT had been addressed by the Cypriot authorities. To this end, it reviewed the treatment of persons apprehended by the police, including immigration detainees and carried out visits to Nicosia Central Prisons and Athalassa Psychiatric Hospital. The CPT has noted the efforts made to improve the conditions under which detained persons are held, whether in police custody, prison or other places of deprivation of liberty. The opening of a designated immigration detention centre is part of this approach. Nevertheless, a number of long-standing concerns remain such as remand custody in police stations, continued detention of immigration detainees for prolonged periods in police stations and the persistent overcrowding, lack of activities and poor medical screening at Nicosia Central Prisons.²

The CPT is fully cognisant of the economic crisis affecting Cyprus and of the commitment of the authorities to address the shortcomings identified by the Committee. Nevertheless, having regard to Article 3 of the Convention, the CPT urges the Cypriot authorities to intensify their efforts to improve the situation in the light of the Committee's recommendations.

² See notably paragraphs 26, 31, 55, 71, 92, 106 and 114 of this report.

D. Immediate observations under Article 8, paragraph 5, of the Convention

7. At the end-of-visit talks with the Cypriot authorities on 30 September 2013, the CPT's delegation outlined the main facts found during the visit and, on that occasion, made two immediate observations under Article 8, paragraph 5, of the Convention.³ The Cypriot authorities were requested to provide the CPT, by 15 January 2014, with:

- information on the measures taken to ensure that any unaccompanied minors deprived of their liberty are held in appropriate conditions; and,
- information on the steps taken to carry out a full and independent investigation into the incident of 15 August 2013 in Nicosia Central Prisons, and the manner in which it was managed.

By communication of 20 January 2014, the Cypriot authorities informed the CPT of measures taken in response to the afore-mentioned immediate observations, and to other issues raised by the delegation at the end-of-visit talks. This information has been taken into account in the relevant sections of the present report.

E. National Preventive Mechanism

8. Cyprus ratified the Optional Protocol to the United Nations Convention against Torture (OPCAT) in April 2009 and the Office of the Commissioner of Administration (Ombudsman) was designated as the National Preventive Mechanism (NPM). Since January 2010, the NPM has carried out visits to places of deprivation of liberty, including several community homes under the aegis of the Ministry of Labour and Social Insurance, and has published a number of reports containing recommendations to the relevant authorities to improve the situation. For example, the Office of the Ombudsman published a thematic report on the NPM's visit to the Menoyia Detention Centre for Illegal Immigrants in June 2013 shortly after the facility opened.

The CPT notes that the nomination of the Office of the Ombudsman as the NPM did not result in the allocation of additional resources to the institution. The NPM-related tasks are carried out by three staff members of the Human Rights Department of the Ombudsman's Office who continue to perform other duties such as dealing with anti-discrimination issues. Further, financial constraints meant that no medical expert could take part in a recent visit to Athalassa Psychiatric Hospital, which resulted in no interviews being conducted with patients or files examined. Clearly, the ability of the NPM to carry out its tasks is hindered by such constraints. In this connection, reference might be made to paragraphs 11 and 32 of the Guidelines on national preventive mechanisms adopted by the United Nations Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) in November 2010, according to which: "The necessary resources should be provided to permit the effective operation of the NPM" and "NPM functions should be located within a separate unit or department, with its own staff and budget".

The CPT invites the Cypriot authorities to review the resources allocated to the Office of the Ombudsman for carrying out its NPM functions, and that consideration be given to setting up a separate Unit within the Ombudsman's Office to be responsible for NPM functions.

³ Article 8, paragraph 5, reads as follows: "If necessary, the Committee may immediately communicate observations to the competent authorities of the Party concerned."

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police

1. Preliminary remarks

9. The legal framework governing police custody for persons suspected of a criminal offence remains unchanged since the CPT's report on its first visit to Cyprus, in 1992. A person detained by the police must be brought before a judge no later than 24 hours after the apprehension, and the judge must decide, no later than 3 days thereafter, whether the person be released or remanded in custody. Remand in custody pending trial must not exceed 3 months, and is normally served in prison. However, a judge may, upon a request by the police, remand a person in police custody for renewable periods of up to 8 days for further police investigation.

As regards the length of detention on police premises in practice, custody registers showed that it was quite usual for persons arrested on suspicion of a criminal offence to remain in police custody for a period of five to eight days. The CPT reiterates its view that police custody should only be for a short period and that persons remanded in custody beyond four days should be sent to Nicosia Central Prisons (see paragraph 26).

2. Ill-treatment

10. As was the case in 2008, the CPT's delegation received a number of allegations of physical ill-treatment by police officers, mostly in respect of foreign nationals. The alleged ill-treatment occurred after a person had been apprehended, during transport or in the context of interviews at a police station; it consisted primarily of slaps, punches and kicks to the head and other parts of the body. The allegations mainly concerned members of the immigration and aliens police (YAM) and of the Crime Investigation Department (CID).

In addition, a few patients at Athalassa Psychiatric Hospital alleged that they had been subjected to ill-treatment (slaps and punches) by police officers when they were transported to the hospital during the admission process; patients also complained that they were systematically handcuffed by the police.

11. In a few cases the delegation was able to gather evidence, including of a medical nature, which was consistent with the allegations of ill-treatment. For example:

A foreign national, apprehended on 22 September 2013 in Limassol, stated that, after he was handcuffed behind his back, a YAM police officer grabbed him by the neck and banged his head against the wall. His personal file at the police station contained a medical note dated 22 September from Limassol General Hospital recording a visible "injury to the head and neck"; it did not elaborate further on the extent or the possible cause of the trauma. On examination by one of the delegation's doctors, the detained person displayed a diffuse swelling of the right side of the face (and felt pain when fully opening his mouth which could be suggestive of a fracture of the jaw bone).

An Italian national, met by the delegation at Lakatamia Police Station, alleged that following his arrest in Nicosia on 20 September he had been subjected to slaps and punches to the upper part of his body by police officers from the CID, apparently with the purpose of extracting a confession. Upon examination by one of the delegation's doctors, the person displayed bruising on the chest and shoulder and the left part of his face was painful upon palpation; the injuries were consistent with his allegations of ill-treatment.

Another person alleged that following his arrest on 19 September 2013, he was handcuffed behind his back and taken to Paphos Gate Police Station in Nicosia where a group of seven police officers punched and kicked him on various parts of the body and one officer delivered a blow with a stick to the left side of his face. Apparently, the ill-treatment was aimed at coercing him to sign a statement. Upon examination by a medical member of the delegation the person displayed linear abrasions on the right shoulder and on the left side of the front of the chest as well as a diffuse swelling over the left side of the face. Both his wrists were swollen and had visible handcuff marks.

A foreign national from Iran stated that following his apprehension at Larnaca Airport on 26 September, he was transferred to Aradippou Police Station where a group of police officers punched and slapped him several times about the head, allegedly to get him to sign a voluntary deportation order. When met by one of the delegation's doctors, the young man displayed a bruise on his left zygomatic arch, consistent with his allegation of ill-treatment.

A Cypriot national stated that on 28 July, after being involved in an accident with two police cars, he was handcuffed and subjected to kicks and punches to the head and various parts of the body by several police officers. Subsequently, he became dizzy and nauseous and was transferred to Limassol Hospital where he was treated for a fractured nose and various injuries to his head.⁴ The admission photo taken at Nicosia Central Prisons on 29 July showed several visible bruises and oedema on his face. Unfortunately, the injuries were not recorded by the doctor when he was medically screened upon his admission to prison (see also paragraph 72).

12. From the findings of the CPT's delegation in the course of the 2013 visit, it would seem that persons apprehended by the police, and in particular foreign nationals, still run a risk of being physically ill-treated by the police at the time of apprehension, transportation or during subsequent questioning.

The CPT recommends that the Cypriot authorities firmly remind police officers that any form of ill-treatment – including verbal abuse, racist behaviour, threats and psychological ill-treatment – of detained persons is not acceptable and will be punished accordingly. No more force than is strictly necessary should be used when effecting an apprehension. Furthermore, once apprehended persons have been brought under control there can be no justification for them being struck by police officers. Further, where it is deemed essential to handcuff a person at the time of apprehension or during the period of custody, the handcuffs should under no circumstances be excessively tight and should be applied only for as long as is strictly necessary.

⁴ The discharge letter from the Limassol Hospital said: *“Patient transferred by police officers after alleged dizziness and vomiting. He mentioned beating. Diagnosis: alleged beating, head injury. Secondary diagnoses: nose injury, nasal bandage. Nose sutured at the emergency department, right eyebrow sutured, sutures under the right eye, severe oedema of the right eye, injury lip mucosa. CT brain, spine, facial bones, fracture nose on CT. Surgical emphysema of the face. Conservative treatment”*.

13. The delegation also found an unlabelled baseball bat and a set of samurai swords in an interrogation room at Ayia Napa Police Station. The presence and purpose of the above-mentioned objects could not be explained by the police officers on duty. Apart from inviting speculation about improper conduct on the part of police officers, such objects are a potential source of danger to staff and detained persons alike.

In order to dispel speculations about improper conduct on the part of police officers and to remove potential sources of danger to both staff and detained persons, **the CPT recommends that any non-standard issue objects be immediately removed from all police premises where persons may be held or questioned.**

14. The delegation was informed at the outset of the visit that training modules on human rights, treatment of detainees and intercultural communications had been included in the curricula of courses for police officers at various levels. Further, representatives of the Human Rights Office of the Ministry of Justice and Public Order stressed that efforts were being made to adapt the police culture to the new multicultural environment of Cyprus through refresher courses and periodic messages to staff by senior police management. These are positive developments. For ill-treatment to be unequivocally rejected by police officers, it is necessary to have strict selection criteria at the time of recruitment of such staff, the provision of adequate professional training in particular on the practical aspects of dealing with persons under police custody (including foreign nationals) and proper management of officers by senior officers.

The CPT recommends that the Cypriot authorities pursue their efforts to integrate human rights concepts into practical professional training for high-risk situations such as the apprehension and questioning of suspects (in particular foreign nationals). Such specific training should also be the object of refresher courses at periodic intervals and should become compulsory as well as a cornerstone of the individual evaluation system of police officers.

3. Safeguards against ill-treatment

15. The 2005 Law on the Rights of Arrested and Detained Persons (RADP) continues to regulate the application of fundamental safeguards for criminal suspects. The 2011 Amendments to the Aliens and Immigration Law⁵ now regulate certain specific rights of persons taken into police custody in violation of aliens legislation (such as the right to inform a third party and a consular authority of the deprivation of liberty).

16. The right to inform a third party (including consular authorities) of one's detention immediately upon one's apprehension is regulated by Articles 3 and 5 of the *RADP*. According to the information gathered during the visit, such a right was in general afforded to all persons held in police custody, which is positive. Only a very few allegations of delay in being able to exercise this right were received by the delegation. However, some Syrian nationals stated that they had been unable to notify the Office of the Ombudsman of Cyprus as provided for in Article 5 (a) of the *RADP*.⁶ **The Committee would like to receive the comments of the Cypriot authorities on this specific matter.**

⁵ See Law 153 (I) 2011, Article 15 paragraph 2.

⁶ Contacting their families was not possible and they did not want to contact a consular representative of their country.

17. Access to a lawyer is regulated by Article 8 (3) of the RADP; the provision states that apprehended persons are to be provided with a list of names and telephone numbers of practising lawyers immediately upon being brought to a police station, as well as the means to telephone them confidentially. Further, every detained person had the right to meet in private with a lawyer at any time of the day. However, in practice, persons apprehended by the police were usually only able to speak in private with an ex officio lawyer at the time of their appearance in front of the court for a first hearing (i.e. within 24 hours of the arrest). The CPT recalls that, in its experience, it is during the period immediately following the deprivation of liberty that the risk of intimidation and ill-treatment is at its greatest. In this context, it is of paramount importance that the right of access to a lawyer includes the possibility to speak with a lawyer in private as from the very outset of the deprivation of liberty. This would also serve to permit a proper preparation for the first court appearance. Indeed, a lawyer should be present at every interrogation by the police.

The CPT reiterates its recommendation that the Cypriot authorities take steps to ensure that persons held in police custody enjoy, in practice, the possibility to meet and speak in private with a lawyer from the very outset of their deprivation of liberty.

18. At present, in order to qualify for free legal aid, a person deprived of his/her liberty requires a decision from a court, based on the person's financial situation, before a lawyer can be assigned to the case.⁷ Such a system inevitably delays access to a lawyer. **The CPT recommends that the Cypriot authorities take concrete steps, in consultation with the Bar Association, to make the system of legal aid truly effective to ensure that ex officio lawyers are able to meet their clients from the outset of the deprivation of liberty.**

19. According to Article 23 of the RADP, every person detained by the police is entitled to access a doctor of one's choice at his/her expense or a State doctor free of charge. Such an option is now mentioned in the Annex B of the information sheet which needs to be signed by every person brought into police custody.

From the information gathered during the visit, access to a doctor for those who required one was in principle guaranteed either through transfers to hospital or visits by a health-care professional to police custody premises. However, detained persons brought by police officers to hospital complained that they were handcuffed during their medical consultation and that police officers remained present in the room during the medical visit.⁸

⁷ In emergency cases, a lawyer can request the competent court to issue a legal aid certificate under a priority procedure; however, even this procedure does not enable prompt access to a lawyer outside of normal working hours.

⁸ Article 27 of the RADP specifies that medical examinations should preferably be carried out in a private place out of the visual and audio range of any member of the police and that only in the event of concern for the physical integrity of the medical staff may examinations be performed within the sight (although not the hearing) of a member of the police.

In the CPT's view, to apply handcuffs to a detained person undergoing a medical consultation/intervention is not acceptable from the standpoint of medical ethics and human dignity. Practices of this kind prevent an adequate medical examination from being carried out and may even be prejudicial to the establishment of objective medical observations. The CPT would also emphasise that police officers should only be present during medical examinations of detained persons exceptionally on the basis of security considerations and at the request of the treating doctor. The presence of police officers could discourage a detained person who has been ill-treated from saying so and is detrimental to the establishment of a proper doctor-patient relationship.

The CPT recommends that the Cypriot authorities to take steps to ensure that:

- **detained persons are not systematically handcuffed when transferred to a health-care facility;**
- **any application of handcuffs should be based on an individual security assessment;**
- **all medical examinations are conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a given case - out of the sight of police staff.**

20. Article 30 of the RADP still prescribes prohibitive criminal sanctions⁹ for persons who abuse the right to medical examination or treatment. The Committee remains of the opinion that such a provision has a dissuasive effect on detained persons and the fact that this provision appears in bold on the information sheet to be signed by the persons in police custody reinforces this view. **The CPT reiterates its recommendation that the above-mentioned provision be abolished.**

21. The CPT's delegation observed positively that persons in police custody were provided with information on their rights in a variety of languages, as provided for by Article 3 of the RADP. Laminated information sheets were available in seven languages in all police stations visited and detained persons signed the custody records when they were informed of their rights.

22. Custody records detailing cases of deprivation of liberty were generally diligently kept at the establishments visited; however, **at Ayios Dometios Police Station and at the Larnaca airport departure detention unit the custody records were not always accurately maintained.**

4. Conditions of detention

23. At the outset of the visit, the delegation was informed that Police Prison Blocks 9 and 10, which had previously accommodated, respectively, criminal suspects and irregular migrants, had recently been taken out of service and transferred back to Nicosia Central Prisons. It was also reported that certain police stations had now been designated specifically as being suitable for detention periods in excess of 24 hours; namely, Lakatamia, Pera Chorio, Aradippou, Limassol, Ayia Napa, Paphos and Polis Chrysochous Police Stations. The remaining police stations were classified as only being suitable for holding persons for up to 24 hours.

⁹ Up to three years of imprisonment and/or a fine of up to 3000 Cyprus Pounds (i.e. 5,125 Euros).

24. The CPT's delegation observed that most of the police establishments for the detention of persons longer than 24 hours it visited had been renovated, and that they generally offered satisfactory material conditions of detention. For example, at Lakatamia and Aya Napa Police Stations, the single-occupancy cells were of an adequate size (measuring from 9 to 12 m² with a partitioned sanitary annex) and were all equipped with a plinth, a fixed stool and a table as well as a call bell. Further, they enjoyed adequate access to natural light and had sufficient artificial lighting and ventilation. However, at Aradippou Police Station, cells measuring 7m² were accommodating two persons in bunk beds and the detention area was malodorous due to the malfunctioning of the air extraction system and poor conditions of hygiene. The artificial lighting was also not functioning in some cells. Further, at Aradippou and Pera Chorio Police Stations access to natural light was unsatisfactory in most of the cells due to the design of the small opaque windows covered with layers of mesh.

The CPT recommends that the Cypriot authorities take steps to ensure that cells at Aradippou Police Station do not accommodate more than one person. Further, the above-mentioned deficiencies at this police station as well as at Pera Chorio Police Station should be remedied.

25. All police stations designated to detain persons for longer than 24 hours have now been equipped with recreational areas for out-of-cell exercise. This represents an improvement since the previous visit to Cyprus in 2008. Such areas were equipped with tables and chairs fixed to the floor and in some cases also a television; they had access to natural light. Detainees could spend several hours or more every day in these recreational areas. However, none of these out-of-cell areas provided outdoor exercise. **The CPT recommends that this deficiency be remedied in all these police stations**

26. In sum, conditions of detention in these police stations could be considered as acceptable for periods of a few days. However, as the CPT has repeatedly stated in previous visit reports,¹⁰ remand custody on police premises in itself poses a series of risks of ill-treatment. Consequently, instead of being kept longer than four days in police stations, persons remanded in custody should be promptly transferred to prison; such an approach does not preclude the police from carrying out further questioning, if necessary, of persons remanded in prison.

The CPT calls upon the Cypriot authorities to review the system of remand detention on police premises with a view to substantially reducing its duration, in the light of the above remarks.

¹⁰ See reports on the visits to Cyprus in 2008 (CPT/Inf (2012) 34, paragraph 60) and 1992 (CPT/Inf (97)5 (Part I), paragraphs 27 to 28).

27. The other police stations visited by the CPT's delegation were generally suitable for holding persons in custody for periods of up to 24 hours. For example, at Omorfita, Ayios Dometios, Voroklini and Yermasoyia Police Stations, single cells measured between 6m² and 9m² excluding a fully-partitioned sanitary annex (shower, sink and toilet). Cells enjoyed adequate access to natural light and were well ventilated. However, the delegation found many instances, in particular at Yermasoyia, Voroklini, Ayios Dometios and Omorfita Police Stations, where persons, notably irregular migrants, had been detained for prolonged periods. For example, at Voroklini Police Station seven persons had been detained for periods ranging from four days to two months in the course of 2013 and at Yermasoyia Police Station some 20 persons had been held for periods ranging from four to 15 days since February 2013. Such practices should be ended (see also paragraph 31).

The Committee recommends that the Cypriot authorities take the necessary steps to ensure that detained persons are not held in this category of police station for periods in excess of 24 hours.

28. The CPT's delegation also visited the detention facilities at Larnaca Airport. Foreign nationals waiting to be deported on a flight were held in a room equipped with wooden benches near the departures lounge; an examination of the registers showed that persons were only kept for a short period in this room. Foreign nationals who had been refused landing at Larnaca Airport were held in one of three cells (a four-bedded room for men, a three-bedded room for women and a separate room for families), each with an adjoining sanitary facility. In general, stays in this section were for one or two days and the longest noted in 2013 was of four days. Material conditions in these rooms were adequate and do not call for particular comment; however, those persons held longer than 24 hours were not offered access to outdoor exercise. The CPT recognises the difficulty of providing access to outdoor exercise for persons held in the airport and acknowledges that the number of persons remaining in detention longer than 24 hours is small. Nevertheless, it considers access to outdoor exercise to be essential and **recommends that steps be taken to address this deficiency.**

B. Foreign nationals held under aliens legislation

1. Preliminary remarks

29. The entry, residence and deportation of aliens continue to be regulated by the Aliens and Immigration Law of 1959. Under Article 6 of the Law, a person is not allowed to enter Cyprus if he/she is a “prohibited immigrant”¹¹. Article 14 provides for the Chief Immigration Officer (who is the Minister of the Interior) to order a prohibited immigrant to be deported and, pending deportation, to be detained. The Aliens and Immigration Law was amended by Law 153(I) 2011 which transposed the “EU Return Directive” (2008/115/EC) into domestic law. The amendments removed the punishment of imprisonment for unauthorised entry and stay in Cyprus but retained the criminal nature of the contraventions and their punishment with a fine (see Article 18). Further, detention for the purposes of deportation shall not exceed six months. Exceptionally, if a detainee refuses to co-operate with the authorities or there are delays in obtaining the necessary travel documents, the detention may be prolonged for a further twelve months. Thus, the law provides for a maximum duration of deprivation of liberty of 18 months for the purposes of deportation (see Article 18PF, sub-paragraphs 7 and 8).

In the CPT’s view, when there is no reasonable likelihood of being able to deport a person, for example, due to the situation in the country of origin, persons should not – or no longer – be detained. In this context, the European Court of Justice stated that a person must be released immediately once the maximum duration of detention provided for in Article 15(6) of Directive 2008/115/EC has been reached (i.e. 18 months).¹² However, the delegation met an Iranian national who had been held continuously in detention for over 27 months in various police stations¹³ and who had been in the Menoyia Centre for Illegal Immigrants (Menoyia Centre) since 19 June 2013. Further, the CPT understands that once a person is released from detention, he or she may be subject to a new detention and deportation order unless a request for a special residence permit is submitted to the Civil Registry and Migration Department. Such permits are valid for periods of up to six months.

The CPT would like to be informed of the situation of the above-mentioned Iranian national and whether there are any circumstances under which a person subject to a deportation order may be detained longer than 18 months. In addition, the Committee would like to be informed of the legal framework governing those persons released from immigration detention as well as the procedures in place following the expiry of a special residence permit. It would also like to be informed whether Syrian nationals are still being detained in light of the fact that they cannot currently be returned to their country of origin.

¹¹ A “prohibited immigrant” is any person who enters or resides in the country contrary to any prohibition, restriction or limitation contained in the Law or in any permit issued or granted under the Law. Further, a person can be considered a “prohibited immigrant” on, inter alia, grounds of public order, legal order or public morals or if she/he constitutes a threat to peace.

¹² See Case C-357/09 PPU Said Shamilovich Kadzoev, paragraph 60.

¹³ During the 12 months preceding his transfer to the Menoyia Centre, he had been held primarily in Aiyannis and Germasoyia Police Stations, both of which were designated by the Ministry of Justice and Public Order as being suitable for stays of no longer than 24 hours.

30. The decision to detain an irregular migrant is not automatically reviewed by a court or an independent review body. An ex officio review of the detention order is carried out every two months by the Ministry of the Interior but the files examined by the CPT's delegation indicated that the review was purely formalistic and did not involve examining whether detention was necessary and proportionate. The deportation and detention order is subject to appeal to the Supreme Court under Article 146 of the Constitution or to a habeas corpus application; however, in the *M.A. v. Cyprus* (application no. 41872/10) judgment of 23 July 2013, the European Court of Human Rights found that this could not be considered as an effective remedy for ensuring that a person would not be sent back to a country where he/she risked treatment in contravention of Articles 2 and 3 of the European Convention on Human Rights. **The CPT would like to be informed of the measures taken to address this matter.**

31. The CPT has long advocated that persons deprived of their liberty under aliens' legislation should be held in centres specifically designed for that purpose. To that end, the CPT welcomes the fact that Block 10 of the Central Nicosia Prisons finally stopped holding irregular migrants on 19 September 2013 and that there is a commitment to hold all such persons in the purpose-built Menoyia centre. However, at the time of the visit, many irregular migrants continued to be held in various police stations despite the fact that the Menoyia Centre was not operating at full capacity. Police stations in Cyprus, including those designated for holding persons longer than 24 hours, are not suitable for accommodating irregular migrants and every effort should be made to end the detention of this category of person in a police station.

The CPT calls upon the Cypriot authorities to take the necessary steps to ensure that irregular migrants are no longer detained in police stations; instead, they should be held in Menoyia detention centre which has been especially designed with the intention of meeting their specific needs.

2. Detention of minors

32. The CPT's delegation met two unaccompanied minors in police stations who were effectively held in conditions akin to solitary confinement. At Lakatamia Police Station, a 17-year old boy from the Comores Islands had been held in a discrete section of the custody suite for 29 days. Prior to being in the police station he had been held for two weeks in Block 10 of the Nicosia Central Prisons with adult male immigration detainees. At Pera Chorio Police Station, the CPT's delegation met a 16-year-old girl from Somalia who had been detained since 22 August 2013 and who was being held in a cell on her own. The delegation was informed that she had been interviewed by police investigators, had submitted an application for asylum and was waiting to meet with a lawyer. Neither the boy nor the girl had been given any support since being deprived of their liberty: no assessment of their particular vulnerabilities had been carried out by a psychologist, they had not been provided with prompt free access to legal and other assistance such as the assignment of a guardian or support from a social worker; nor had they been given access to any recreational or educational activities. Further, they were provided with no clear information on their situation. Such a state of affairs is totally unacceptable. The CPT's delegation found that these were not isolated cases; for example, a 17-year-old boy had been held in Lakatamia Police Station for six months from 21 February to 28 August 2013, at which point, according to the police, he had apparently agreed voluntarily to return to Somalia. The impression gained by the CPT's delegation was that detention was clearly a punitive measure to force unaccompanied minors to "voluntarily" return to their country of origin.

33. Cypriot Law (see Article 18PH of Law 153(I) 2011) clearly states that unaccompanied minors should only be detained as a last resort and for the shortest period possible. Further, it provides that minors, if detained, should be held in establishments “equipped with staff and facilities which take into account the needs of their age”, that they should have the possibility of engaging in leisure activities suitable for their age and, depending on the length of detention, that they have access to education. The Law explicitly states that the best interest of the child shall be a primary consideration in the context of the detention of minors pending removal. These provisions are clearly in line with Article 17 of Directive 2008/115/EC.

However, in the light of the findings of its delegation regarding the treatment of unaccompanied minors, the CPT considers that the Cypriot authorities must take concerted steps to provide better care and support to this vulnerable group. In this context, it wishes to recall the CPT’s position that **every effort should be made to avoid resorting to the deprivation of liberty of an irregular migrant who is a minor**. Following the principle of the “best interests of the child”, as formulated in Article 3 of the United Nations Convention on the Rights of the Child,¹⁴ detention of children, including unaccompanied children, is rarely justified and, in the Committee’s view, can certainly not be motivated solely by the absence of residence status.¹⁵ When exceptionally a child is detained, the deprivation of liberty should be for the shortest possible period of time; every effort should be made to allow the immediate release of unaccompanied children from a detention facility and their placement in more appropriate care. Further, owing to the vulnerable nature of a child, additional safeguards should apply whenever a child is detained.

This approach has been confirmed by the European Court of Human Rights, which, on several occasions, has held that the administrative detention of children in an adult detention centre with a view to their deportation amounted to inhuman treatment.¹⁶

As soon as possible after the presence of a child becomes known to the authorities, an appropriately qualified person should conduct an initial interview, in a language the child understands. An assessment should be made of the child’s particular vulnerabilities, including from the standpoints of age, health, psychosocial factors and other protection needs, including those deriving from violence, trafficking or trauma. Unaccompanied children deprived of their liberty should be provided with prompt and free access to legal and other appropriate assistance, including the assignment of a guardian or legal representative. Nominally, the Director of Social Services in Cyprus is the legal guardian of an unaccompanied minor; however, in practice, there is almost no contact between the guardian and the child, who is merely left in limbo awaiting a decision at some point on his or her future.

¹⁴ See General Comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (Article 3, paragraph 1) by the Committee on the Rights of the Child.

¹⁵ See the 19th General Report of the CPT’s activities: section concerning safeguards for irregular migrants deprived of their liberty (CPT/Inf (2009) 27, paragraph 97). See also Guideline 22 of the Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice adopted on 17 November 2010.

¹⁶ See European Court of Human Rights, *Mubilanzila Mayeka and Kaniki Mitunga v. Belgium*, judgment of 12 October 2006; *Muskhadzhiyeva and Others v. Belgium*, judgment of 19 January 2010; and *Popov v. France*, judgment of 19 January 2012.

34. After the CPT's delegation raised the cases of the two above-mentioned unaccompanied minors, they were transferred into the care of the Director of Social Services and accommodated in a home for juveniles. Nevertheless, at the end of the visit, the CPT's delegation invoked Article 8, paragraph 5, of the Convention and requested the Cypriot authorities to take measures to ensure that *all* unaccompanied minors deprived of their liberty are held in appropriate conditions. By letter of 20 January 2014, the Cypriot authorities responded that the above-mentioned two juveniles were held in police stations "meant only for minors who are held in violation of the Criminal Law for exceptionally serious criminal cases, as a last resort and only for a few days" and that the two minors were "only in detention for 7 and 4 weeks respectively". The letter also states that the Office of the Attorney General dropped all charges against the two minors the day following their arrest. For the CPT, there is no justification for detaining unaccompanied minors in police stations in conditions akin to solitary confinement and especially not for such lengthy periods. The Committee recognises the difficulties faced by the authorities, as referred to in the letter of 20 January, of placing unaccompanied irregular migrants who are minors under the welfare services and takes note that the authorities are seeking support from European Union solidarity funds for the development of appropriate accommodation for such minors.

35. In the light of the above remarks, the CPT recommends that the Cypriot authorities take the necessary steps to ensure that unaccompanied children, who are deprived of their liberty as a last resort, are only held in centres designed to cater to their specific needs, staffed with properly trained men and women and offering a range of constructive activities. Further, all unaccompanied minors should be provided with a guardian who keeps them informed of their legal situation and effectively protects their interests.

The CPT would like to receive, in the Cypriot authorities' response, details of the number of unaccompanied irregular minors who were detained in police stations between 1 October 2013 and 31 August 2014, as well as the length of their detention. It would also like to receive information on the number of unaccompanied irregular minors accommodated in homes operated by the Social Services Department during this period.

36. The CPT has some concerns over the apparent policy of the Cypriot authorities of separating children from their mothers by detaining the mother at the Menoyia Centre and placing the child in a home. One woman, who had lived and worked in Cyprus for more than 10 years, explained that her six-year old son had been separated from her when she had been detained and that she had only seen him twice in six months (the second time being at the Embassy a few days prior to the delegation's visit in order to get the requisite travel documents). The best interests of the child are not normally served by such an enforced separation; alternative measures to detention of the mother (or other primary carer) should normally be applied in such cases.

The CPT recommends that the Cypriot authorities take the necessary steps to ensure that women with children are only detained in exceptional circumstances, as a last resort and for the shortest possible time. If exceptionally detention is considered necessary, the mother (or other primary carer) and child should be accommodated together in a facility catering to their specific needs.

3. Menoyia Detention Centre for Illegal Immigrants

a. introduction

37. The Menoyia Centre, located in a rural area some 20 kilometres east of Larnarca International Airport, was opened on 28 January 2013. The centre consists of a two-storey U-shaped building surrounded by a security fence, with detainees held in four accommodation wings (A to D), each with a capacity of 64 beds; that is, an official capacity of 256. At the time of the visit, there were 102 adult males located in two wings (A and B) and 16 adult females in wing D; wing C was not operational at the time of the visit due to an alleged lack of staff. The CPT's delegation was informed that the centre was designed to hold persons for periods of up to two months.

38. It is regrettable that the design and layout of the premises at the Menoyia centre give the impression of a carceral environment; barred windows, heavy cell doors, secure sterile association rooms. The prison-like atmosphere was accentuated by the strict rules and impoverished regime in place (see Section c. below). The strict regime, carceral environment and prolonged detention periods appeared to be deliberate policies aimed at encouraging detained persons to sign up "voluntarily" to leave the country. Nevertheless, the CPT's delegation detected signs that the management of the Centre recognised the need to reduce the over-controlling approach towards detainees, such as ending the systematic use of handcuffs, and to introduce a more dynamic approach towards security matters.

The CPT recommends that the Cypriot authorities take the necessary steps to put in place a less restrictive environment at the Menoyia centre (see also paragraphs 43 to 45).

b. ill-treatment

39. A number of allegations of physical ill-treatment of detainees by custodial staff was received by the CPT's delegation. Some of these allegations had already been brought to the attention of the Independent Authority for the Investigation of Complaints against the Police. These complaints in the main related to the period prior to August 2013 when the regime in force in the Centre was far more restrictive. Further, several detained persons who alleged ill-treatment referred to one particular custodial officer as being largely responsible for the violence; the management of the centre acknowledged that they were aware of these allegations.

More recently, one detainee stated that late at night on 16 September 2013 a group of custodial staff had entered the cell to carry out a search and that all the occupants of the cell, apart from him, had been taken to an association room to wait. The officers in the cell had then proceeded to deliver punches and kicks to his body and one officer, with whom he had had a verbal altercation earlier in the day, had kicked him in the genitalia. The following day, the detainee had complained to the deputy Director and had been taken to the local medical centre to see a doctor where he had reportedly explained what had happened. Similar allegations of abuse during late night cell searches were received from other detainees.

A number of detainees also complained about several incidents of racial abuse and insulting language by custodial staff, including by wing managers. The gist of the message as related to the CPT's delegation was that the detainees were "worthless" and "parasites of the State" who should go back to their own countries.

In the light of the information gathered during the 2013 visit, **the CPT recommends that all custodial staff at the Menoyia Centre be reminded that any form of ill-treatment of detainees – whether physical or verbal, including racist behavior – is unacceptable and will be punished accordingly. Further, the Committee would like to be informed of the outcome of the investigations into the allegations of ill-treatment brought to the attention of the Independent Authority for the Investigation of Complaints against the Police.**

40. The CPT's delegation also received a number of allegations that staff had sprayed tear gas in the sanitary facilities on several occasions at night during July 2013 which detainees claimed had left their hands and faces burning after they had washed themselves. The exact reason as to why the gas was sprayed was not clear but one explanation was that it was meant to act as a deterrent to detainees requesting to be let out of their cells at night to go to the toilet. The Director of the Centre was aware of the complaints and assured the delegation that such incidents would not be repeated. Nevertheless, the use of tear gas in such circumstances would be totally unjustified. The CPT considers that a proper investigation should have been undertaken to determine whether the gas had been used, by whom and for what purpose. Further, there is a necessity to put in place a clear directive governing the use of tear gas. To this end, the CPT recalls that tear gas is a potentially dangerous substance and that there can be no justification for its use against a detainee in a confined space such as a cell. Only exceptional circumstances can justify the use of tear gas inside a place of detention for control purposes, and such exceptional use should be surrounded by appropriate safeguards. For example, persons exposed to the spray should be granted immediate access to a medical doctor, officers authorised to use the spray should receive proper training, and adequate reporting and inspection mechanisms with respect to its use should be in place. Further, tear gas canisters should not form part of the standard equipment of a custodial officer.

The CPT recommends that the Cypriot authorities put in place comprehensive procedures concerning the use of tear gas, in the light of the above remarks.

41. In the course of the visit, the CPT's delegation learned that immigration detainees were routinely handcuffed whenever they left the detention facility (e.g. to appear in court, to be transferred to a hospital, etc.). In the CPT's view, applying handcuffs as a matter of routine to immigration detainees whenever they leave their detention facility is disproportionate; **the Committee recommends that the use of means of restraint be considered on individual grounds and be based on the principle of proportionality.**

42. The CPT also disapproves of the practice followed in Menoyia of calling detainees by their detention number. This practice was felt by many detainees to be humiliating and degrading, and it is certainly not conducive to the establishment of positive staff/detainee relations. Further, the Committee sees no reason why each detained person should wear a bracelet with their detention and cell number; such a stigmatising act is not necessary in a prison (e.g. Nicosia Central Prisons) let alone in an immigration detention centre.

The CPT recommends that the Cypriot authorities put an end to these practices; staff should address detainees by their names.

c. conditions of detention

43. The material conditions were, in most respects, in a satisfactory state of repair given that the Centre had only been operating since the end of January 2013. The four wings were identical; each consisting of eight multi-occupancy cells containing eight beds, two association rooms (one smoking, one non-smoking), a communal sanitary facility and a dining hall. Each cell contained four sets of bunk-beds, a cupboard and a low table fixed to the floor; all in stainless steel. There was good access to natural light and sufficient ventilation. However, living conditions were cramped as up to eight persons were held in a cell measuring only some 17m² (i.e. a little over 2m² of living space per detainee) which is far below the CPT norm of 4m² of living space per detainee in multi-occupancy rooms.

The CPT recommends that the Cypriot authorities reduce the official capacity in the multi-occupancy cells to four persons instead of the current eight.

44. When locked in their cells, detainees had to request access to the sanitary facilities via an intercom which was, on the whole, granted without too much of a delay since the cell doors could be electronically unlocked from the staff control office for each wing. However, allegations were received that, on occasion, certain staff members did not open the cell doors which resulted in the detainees having to urinate in a bottle. **Staff should be reminded to open the doors promptly for all persons requiring access to the toilet during periods of lock-up.**

45. The delegation noted favourably that detainees (both male and female) were able to access one of the two outdoor exercise yards, which adjoined the accommodation wing, for some three and a half hours every day.¹⁷ However, detainees were not permitted to access the wings during these periods and were required to stay in the yards. Further, the outdoor exercise yards had limited shelter from rain and sun, and no means of rest. For the rest of the day, they were confined to their cells (12 to 3 p.m.) or to the corridor of their wing; the two association rooms were equipped with four metal tables, each with six stools, fixed to the floor, and a television. Some board games had recently been provided. Between 10.30 p.m. and 7.30 a.m. all detained persons were locked in their rooms with the lights turned off. A similar regime was in place for female detainees. The CPT considers that detainees ought to be able to access the association rooms and the dining room during the periods when they are provided with access to the outdoor exercise yards, and that the artificial lighting in the accommodation rooms should be available after 10.30 p.m.

No organised activities were offered. The CPT's delegation was informed that the Red Cross and other non-governmental organisations had been contacted to assist with providing some activities. However, it is the duty of the Cypriot authorities to ensure that a range of purposeful activities is introduced into the centre, which may be supplemented by contributions from other organisations.

¹⁷ For example, male detainees in Wings A and B accessed the yards every morning from 9 to 11 a.m. and every afternoon from 4.15 to 5.45 p.m.

The CPT recommends that the Cypriot authorities introduce a range of purposeful activities for persons held at the Menoyia Centre. The longer the period for which persons are detained, the more developed should be the activities which are offered to them. Steps should also be taken to permit access to the association rooms during periods of outdoor exercise. Further, the outdoor exercise yards should be equipped with a shelter and a means of rest and the provision of artificial lighting in the cells extended beyond 10.30 p.m.

d. staffing

46. The CPT wishes to recall once again the particular importance it attaches to the careful selection and appropriate training of supervisory staff in centres for immigration detainees. As well as possessing well-developed techniques of interpersonal communication, the staff concerned should be familiarised with the different cultures of the detainees and at least some of them should have relevant language skills.

At the time of the visit, there were 137 officers, of whom 17 had just been transferred from Block 10 of Nicosia Central Prisons following its closure and 109 were police constables recruited in October 2012. This latter group of staff, male and female, were mostly university graduates who possessed knowledge of at least one foreign language, primarily English. Although most of them were inexperienced, the staff members met by the delegation appeared enthusiastic and motivated. It was therefore regrettable that officers were not present on the wings and that the excessively restrictive approach towards detainees meant that there were limited opportunities for staff to interact meaningfully with detainees. Further, it appeared that certain of the more experienced officers were not always a positive influence on the recent recruits.

The CPT recommends that staff be encouraged to interact with the detained irregular migrants and to take a proactive role towards resolving potential problems. To this end, officers should be present inside the accommodation areas.

47. The CPT's delegation noted that none of the custodial officers wore a means of identification which rendered it difficult for detainees to make complaints about specific officers or for investigations into allegations concerning certain officers to be effectively pursued. It also did not facilitate the development of trust between staff and detainees. Further, in the interest of promoting positive relations between staff and detainees, the CPT considers that staff should not carry truncheons openly within the detention centre.

The CPT recommends that all staff at the centre display a name badge or at least an identification number which allows them to be clearly identified, and that they should not carry truncheons within the detention centre.

e. health care

48. The CPT has long stressed the importance of an immigration detention centre having health-care staff present on a daily basis. At the time of the 2013 visit, the Menoyia Centre was visited by a general practitioner once a week on a Monday from 9 a.m. to 2 p.m. and a nurse was present two hours a day for a maximum of three days a week. In the absence of the doctor, detainees requiring medical attention were usually taken to the local clinic of Kofino, where a doctor would decide whether the person concerned should be taken to hospital for more specialised treatment. In the eight months during which the Centre had been operating, there had been 1,227 movements for health-care reasons.¹⁸ Each movement entailed diverting staff resources to provide an escort of two police officers per detainee. Moreover, in order to see a health-care specialist, every detainee had to fill out a form setting out the reasons why they wanted to see a doctor. Such a filtering system undermined access to a doctor and also compromised confidentiality (see below). In the CPT's view, an establishment with an occupancy level of some 120 persons should be visited by a general practitioner every day for four hours and should have a daily presence of a nurse for around eight hours. Further, provision should be made for detainees to see a gynaecologist and a psychiatrist whenever required.¹⁹

The CPT recommends that the Cypriot authorities take the necessary steps to provide Menoyia Centre with the appropriate health-care resources, in the light of the above remarks.

49. The importance of medical screening of irregular migrants on admission to a detention centre cannot be overstated. Such screening is indispensable, in particular in the interests of identifying those at risk of self-harm, screening for communicable diseases and the timely recording of any injuries. Testing for blood-borne viruses should be carried out as required as part of the screening.

At the time of the visit, such screening was not being carried out systematically. Detainees were not usually seen within 24 hours of their admission, no medical histories were taken and no physical examination was carried out. However, nurses did carry out Mantoux tests on all detainees for tuberculosis and certain blood tests were also conducted.

The CPT recommends that the Cypriot authorities ensure that every newly-arrived detainee is clinically assessed by a medical doctor or by a fully qualified nurse reporting to a doctor, as soon as possible after his/her admission to the Menoyia Centre. A medical file should be opened for every detained person, kept separately from other files and available only to medical staff.

50. As mentioned above, whenever a detainee was transferred to Kofino clinic or to hospital, he or she was systematically handcuffed. The detainee remained handcuffed inside the hospital and during medical consultations. It was evident that no individual risk assessment was carried out before deciding on whether handcuffs should be used when escorting a detained person outside the centre, and that handcuffing was a routine measure. Many detainees felt humiliated by being handcuffed. **See recommendation in paragraph 41 above.**

¹⁸ Increasing the presence of health-care staff in the Centre should drastically reduce the number of escorts for health-care reasons.

¹⁹ A psychologist was scheduled to start visiting the centre as from October 2013.

As for detainees being handcuffed during medical consultations, this is unacceptable. Practices of this kind will inevitably jeopardise the development of a proper doctor-patient relationship and may well be prejudicial to the establishment of objective medical observations.

The CPT recommends that the Cypriot authorities take steps to ensure that detained persons are not handcuffed during medical examinations and that all such examinations are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of escorting officers. In order to ensure that these requirements can be met at the same time as meeting security needs, provision should be made for a secure room in the hospital where examinations of detained persons regularly occur.

51. The delegation found that there was also a lack of medical confidentiality at the Menoyia Centre as officers had access to the medical files of detainees. Further, at the time of the visit, it was recorded that medicines had been administered by police officers in 12,447 instances between 1 February and 27 September 2013. The presence of nursing staff on a daily basis in the centre would enable these matters to be adequately addressed.

The CPT recommends that the necessary steps be taken to guarantee medical confidentiality in the light of the above remarks.

f. other issues

52. At the time of the visit, there was little resort to measures for maintaining good order. On occasion, detainees were separated from the rest of the population and placed in a cell in the unused wing C for a period of three days, during which time they were offered one hour of outdoor exercise a day. The disciplinary decision included the charges and the response of the detainee as well as a record of when the sanction started and ended. However, there were no clearly defined disciplinary procedures in place for maintaining good order which left open the risk of an unofficial (and uncontrolled) system developing.

The CPT recommends that persons facing a good order or disciplinary measure be formally guaranteed the following rights:

- **to be informed in writing of the charges against them and to be given sufficient time to prepare their defence;**
- **to be heard in person by the decision-making authority;**
- **to call witnesses on their own behalf and to cross-examine evidence given against them;**
- **to appeal to an independent authority against any sanctions imposed;**
- **to receive a copy of the disciplinary decision, informing them about the reasons for the decision and the avenues for lodging an appeal.**

Further, the disciplinary procedures should be explained clearly in the relevant House Rules.

53. Contacts with the outside world could be regarded as positive. A telephone that accepted phone cards was available on each wing and detainees could keep and use their mobile phones for most of the day. Further, several fax machines were available, including in the visiting room, and no payment was required for communications to the European Court of Human Rights; and complaints could be made to the Ombudsman and NGOs. There were no restrictions on visits as long as requests were made at least one day in advance, and visits from lawyers could take place at any time. As for the visiting room for family and friends, **more should be done to make the environment child-friendly (including a play area for children).**

54. When detainees were unable to understand a language spoken by custodial or health-care staff, other detainees of the same nationality or linguistic group would be asked to interpret. There were no external interpretation services available even for medical consultations. This obviously results in a lack of medical confidentiality and, potentially, a risk of misunderstandings, which could put the health of a detainee at risk. Detainees may have very legitimate reasons for not wanting another detained person to act as an interpreter for them with regards to such sensitive matters as health care or other matters linked to their personal situation. In the CPT's view, they should be offered the possibility of accessing external interpretation services; several countries have introduced the possibility for persons in immigration detention centres to have access to telephone interpretation when required, which is more efficient than requesting an interpreter to come to a centre. Recourse to other prisoners should only take place in emergency situations.

The CPT recommends that the Cypriot authorities make the necessary arrangements for interpretation services to be provided when required, taking into account the above remarks.

C. Nicosia Central Prisons

1. Preliminary remarks

55. At the time of the visit, Nicosia Central Prisons was accommodating 609 inmates for an official capacity of 455. The establishment held 101 male remand prisoners and 451 male sentenced prisoners (308 sentenced to long sentences, of which 23 were life sentences); 46 prisoners were women, 27 sentenced (of whom two were sentenced to life imprisonment) and 19 on remand; and there were 14 male young offenders (18 to 21 year-olds) and four juvenile prisoners (16 and 17 year-olds). About 52% of the prison population were foreign nationals.

56. Since the previous visit in 2008, the prison capacity had been increased by 105 places through inter alia the creation of 23 double-occupancy cells on the upper floor of Block 5, the transformation of Block 9 into a young offenders' unit with 30 places, and the provision of additional places in the open prison. Further, Block 2 (A and B) for sentenced prisoners had been completely renovated. However, despite these improvements, the overcrowding in the closed prison remained significant with 523 inmates for 324 places.²⁰

Such overcrowding necessarily puts a strain on relations between staff and prisoners and among prisoners, on the provision of health-care services, and on material conditions, as well as on the regime of activities offered to prisoners and their possibilities for rehabilitation. While the increase in additional accommodation, such as the return of Block 10 from the police to the prison, might relieve some of the overcrowding, it will not constitute an effective and lasting solution to the problem. In this context, the Committee reiterates that a strategy for the sustainable reduction of the prison population should be put in place, which ensures that imprisonment is in practice the measure of last resort at all stages of the criminal justice system, from pre-trial to the execution of sentences. In the light of experience in certain other jurisdictions, consideration might also be given to avoiding sending persons to prison for short periods. Instead, such sentences could be served in the community.

The CPT calls upon the Cypriot authorities to adopt and implement a coherent strategy designed to combat prison overcrowding, taking due account of the relevant Council of Europe recommendations in this area, such as Recommendation R (99) 22 concerning prison population inflation; Rec R (2000) 22 of 29 November 2000 on improving the implementation of the European rules on community sanctions and measures; Rec R (2003) 22 on conditional release (parole); Rec R (2006) 13 on the use of remand in custody; and Recommendation CM/Rec (2010)1 on the Council of Europe Probation Rules.

²⁰ The open section of the prison was accommodating 72 prisoners for a capacity of 106 and the Guidance Centre six prisoners for a capacity of 25; four prisoners were held at Lakatamia Prison unit and another four at a special facility for prisoners under protection.

2. Ill-treatment

57. Most prisoners interviewed made no allegations of physical ill-treatment by custodial staff and in a few of the accommodation blocks the CPT's delegation noted the positive relations between staff and prisoners. However, some allegations of physical ill-treatment by staff were received, consisting primarily of punches and kicks. In one case, an inmate displayed bruising to his left cheek which had allegedly been caused by a punch from an officer. Regrettably, injuries sustained within the prison were poorly recorded in the medical files and no narrative was provided as to how the injuries had been caused, even when the individual concerned had to be transferred to hospital (see paragraph 72 below). Further, persons who alleged physical ill-treatment claimed that they had been threatened with reprisals, such as loss of privileges or solitary confinement, if they made a formal complaint about such ill-treatment.

The CPT recommends that the Minister of Justice and the management of Nicosia Central Prisons deliver a clear message to custodial staff – and reiterate it at regular intervals – that all forms of ill-treatment are unacceptable and will be punished accordingly. Further, prison management should ensure that all prisoners may make a complaint without fear of reprisals by staff.

58. In the course of the visit, the CPT's delegation examined the incident of 15 August 2013 in which prison officers intervened to end a peaceful protest by inmates in the courtyard of Block 1. Several prisoners alleged that they were subjected to punches, kicks and baton blows by prison officers for no other reason than that they happened to be present in the yard.²¹ An examination of the CCTV shows prison officers dragging prisoners out of the yard by their arms and/or legs and of several prisoners being subjected to a punch or a kick while being restrained by staff. Moreover, the film seems to highlight the lack of any planned or co-ordinated approach by prison staff to end the peaceful protest. For example, members of the prison's special intervention team, in full body protection and equipped with shields and batons, are seen entering and leaving the courtyard in dribs and drabs with apparently no clearly defined objective. The delegation also heard that pepper spray and guard dogs were used to end the peaceful protest.

From the information gathered by the CPT's delegation, the manner of the staff response to the protest could have turned a peaceful situation into a violent one with serious consequences for all involved. Nevertheless, no investigation into the incident was initiated, including as regards the actions of senior staff and of the prison officers who intervened; no disciplinary charges were brought against any prisoners or members of staff. Equally, no learning points from the incident were noted down with a view to improving the management of similar events in the future.

The CPT's delegation invoked Article 8, paragraph 5, of the Convention and requested that a full and independent investigation be carried out into the incident of 15 August 2013 and the manner in which it was managed, and that its outcome be communicated to the CPT within three months. By letter of 20 January 2014, the Cypriot authorities informed the Committee that a police investigation into the incident was ongoing. However, no information was provided as regards an investigation into the manner in which the incident was managed by the prison authorities, including any lessons learned to improve existing procedures for dealing with incidents and disturbances in the prison.

²¹ Medical records showed that at least five prisoners met by the delegation who alleged that they had been ill-treated by prison officers on 15 August had subsequently been transferred to hospital for treatment of their injuries.

The CPT recommends that a full and independent investigation be carried out into the incident of 15 August 2013 and the manner in which it was managed by the prison authorities. It would also like to be informed of the outcome of the police investigation.

59. The uncontrolled intervention of prison officers on 15 August was illustrated by one case in particular that the delegation examined. The prisoner concerned alleged that when he was returning to Block 1 from working in the kitchen, five prison officers from the intervention team intercepted him, handcuffed his hands behind his back and proceeded to deliver blows to various parts of his body with truncheons and shields. They also apparently kicked him in the lower back with their metal toe-capped boots and dragged him along the ground by his handcuffed arms. The prisoner's health-care record of 15 August merely states "reported beating" and the hospital record of 16 August reports "a few abrasions on right buttock – says has been hit in renal area" and "redness in nose – contusion posterior surface left half back and redness lumbar area".

Upon examination by one of the delegation's medical doctors, the prisoner in question still displayed evidence of injuries allegedly inflicted on 15 August (i.e. some six weeks after the incident). In particular, on his right lower back and buttocks were diffuse areas of bruising (8cm x 5.5cm and 5cm x 5cm); on the mid-back, a bruise (2.5cm x 0.6cm) consistent with having being kicked with a metal toe-capped boot was evident; a bruise on the right elbow (2cm x 1cm); bruising on the right knee (9cm x 8.5cm) and left knee (10cm x 3cm); a yellowish/brown bruise on the right upper outer arm (4cm x 3 cm); and an abraded wound (2.5cm x 0.4cm) on the front aspect of the right wrist, consistent with an injury caused by tight handcuffs. Other alleged injuries, such as abrasions to his abdomen, had healed since the incident.

The delegation brought this case to the attention of the prison authorities and the injuries were subsequently photographed and examined by a forensic doctor. **The CPT wishes to receive a copy of the forensic medical report and the photographs relating to this prisoner.**

60. Complaints were also received about cell searches carried out by prison officers wearing hoods and bearing no means of identification. In one case, following a protest in August 2013 over the regime, a prisoner stated that the search team had deliberately thrown his and his cell mate's belongings onto the floor and stamped all over them. Further, he alleged that he had been required to remove all his clothes prior to the search.

The CPT has serious misgivings about the wearing of masks as a means of concealment of identity by members of prison staff within the confines of a prison. The Committee does acknowledge that, for operational reasons, the concealment of an officer's name may prove necessary in quite exceptional circumstances. However, in that case, the wearing of clearly visible tags on the uniform with a number or other mark should enable the identification, by name, of the members of staff concerned, at any time by the authorities responsible for the operations and by those tasked with monitoring of interventions, as well as, by number or mark, by prisoners. Moreover, cell searches should clearly recorded in a register and should be carried out with due respect for the belongings within the cell.

The CPT recommends that the Cypriot authorities put in place clear procedures for carrying out cell searches and that prison officers always wear a clearly visible means of identification. Further, there is no justification for prison officers who carry out cell searches routinely to wear masks.

61. The CPT's delegation also received many complaints from prisoners about the imposition of forced haircuts and shaving. At weekly inspections, if a prisoner was not clean shaven he risked having certain privileges removed or fundamental rights suspended (canteen, television, family visits) or even being confined to a cell on his own for up to four days – a discretionary power which prison officers possessed (see Section 5.b on discipline). One prisoner, a practising Sikh, explained how two weeks prior to the delegation's visit four officers had forcibly escorted him to the barber's office where he had been held down while his hair was cut. The prisoner was still distraught at the time of the visit as one of the five Articles of faith followed by Sikhs is "kesh" (uncut long hair) which obliges a Sikh never to cut or trim any hair.²² Such an act may well be considered as degrading treatment under Article 3 of the European Convention on Human Rights.

The desire to ensure that a degree of personal hygiene is promoted and maintained within a prison establishment is understandable. However, the forced haircuts and shaving had less to do with matters of hygiene than as a means for prison staff to demonstrate the control they had over inmates. Clearly the practice of forced haircuts and shaving is a disproportionate measure that should be ended.

By letter of 20 January 2014, the Cypriot authorities informed the Committee that the practice of forced haircuts and shaving at Nicosia Central Prisons had been ended and that new guidelines for prison staff had been introduced by the Ministry of Justice and Public Order. The CPT welcomes this development and **would like to be provided with a copy of these new guidelines for staff.**

3. Conditions of detention

a. material conditions

62. The CPT welcomes the steps taken by the authorities to improve the material conditions within the prison, notably as concerns Block 2 which underwent a complete renovation, including the installation of air conditioning units in the cells. It is intended that Block 1 will also be renovated to the same standard. Despite some wear and tear, Blocks 5 and 8 continued to offer essentially satisfactory material conditions. However, apart from Block 5A, serious overcrowding was evident throughout the prison. It was particularly evident in Blocks 1 and 2, where all the cells designed for single occupancy (some 6m²) were accommodating two persons. Cells of this size are hardly suitable for accommodating one person, never mind two.²³ Further, in Block 1, the two association/television rooms had been converted into multi-occupancy dormitories with prisoners sleeping on bunk-beds. As a result, Block 1B which had an official capacity for 35 persons was accommodating 90 prisoners.

²² In Sikhism, keeping hair uncut indicates inter alia that one is willing to accept God's gift as God intended it.

²³ A cell of 6m² is only acceptable for the overnight accommodation of one person if the daily regime permits that inmate to be out-of-cell for the vast majority of the day.

The communal sanitary facilities were in an acceptable state of repair although greater efforts should be made to repair promptly the non-functioning urinals and toilets. Many complaints were also received of difficulties in accessing the toilet at night, including on Block 2 where an electronic recording system was in place which could note the time taken for a cell to be unlocked following a request to access the toilet. Access to natural light and ventilation was generally good, apart from a few cells in Blocks 1 and 2 which still possessed no window at all, resulting in poor ventilation and access to natural light.

63. The separate female section of the prison (i.e. Block 3) was seriously overcrowded;²⁴ with an official capacity of 23 it was accommodating 42 women on the day of the visit.²⁵ For example, the 17 remand prisoners were accommodated in a dormitory of some 45.5m² equipped with 10 sets of bunk-beds, an insufficient number of cupboards for personal belongings and only three chairs. The dormitory for sentenced prisoners was similarly overcrowded and under-equipped. Each dormitory had an adjoining sanitary annex with two toilets and two showers, which were in a decent state of repair. There were also three cells, each measuring some 10.5m², two of which each accommodated two prisoners and the third a woman sentenced to life-imprisonment. There was no integral sanitation in these cells and the women complained that staff were reluctant to open the cells at night which meant that they often had to urinate into an improvised container.

64. **The CPT recommends that:**

- **action be taken to improve the material conditions in Block 1, with a view to ensuring that they fully comply with the legal requirements as set down in Section 58 of the Prison Regulations; prisoners should not be held in cells which do not possess windows;**
- **measures be taken to reduce the occupancy levels in Blocks 1, 2, 3, 5 and 8 throughout the prison. To this end, it should be ensured that those cells measuring under 7m² is only used to accommodate one prisoner and that the living space in multi-occupancy cells is at least 4m² per prisoner;**
- **steps be taken to ensure that a system is in place to ensure that prisoners who need to access the sanitary facilities during periods of lock-up are able to do so in a timely manner.**

As regards more particularly the women's prison (Block 3), the CPT would like to be informed of the steps being taken to ensure that all female inmates are held in conditions commensurate with their human dignity. In addition to reducing the overcrowding levels, each prisoner should have their own personal lockable space and there should be sufficient chairs in each dormitory for every inmate. More could be done to exploit the space available within Block 3 to provide better living conditions.

²⁴ It was somewhat alleviated by the generous time out-of-cell for female prisoners.

²⁵ Earlier in the week of the visit there had been 46 women held in Block 3.

b. regime

65. Prisoners continue to benefit from an open-door regime, which allows them to be out of their cells from 6 a.m. until 9 p.m. during weekdays and to spend some three hours a day in the outdoor exercise yards.

However, from discussions with inmates and prison staff, the lack of activities remains the most problematic aspect of the prison. According to official statistics, some 251 prisoners in the closed prison (i.e. less than 50%) were involved in work of some kind (bookbinding, construction, wood-work, metal-work, laundry, kitchen, cleaning) for up to 4.5 hours every weekday. However, the actual numbers attending work on a regular basis were far lower, and there was a lack of structured activity for most prisoners. Further, at the time of the visit there were no educational activities on offer, although classes were scheduled to begin in October 2013. The delegation observed for itself that the vast majority of prisoners spent their days in idleness wandering the corridors of their wings.

Life-sentenced prisoners and those serving long sentences were particularly critical of the lack of access to a wide range of purposeful activities of a varied nature. Further, they were still not provided with an individual custody plan and no psycho-social support programmes were in place to assist them to come to terms with their period of incarceration or to prepare them for release.

The CPT calls upon the Cypriot authorities to take vigorous steps to increase the range of purposeful activities for inmates: work, vocational training, sports, educational and other activities must be available so that all prisoners may be purposefully engaged for most of the day. In addition, specific measures should be taken to put in place individual sentence plans and psycho-social support programmes for prisoners serving long sentences.

c. young offenders and juveniles

66. A few days prior to the delegation's visit, the young offenders and juveniles had been transferred to the recently renovated two-storey Block 9. The unit consisted of two wings; one for sentenced prisoners, with nine single and four double-occupancy cells (i.e. a capacity of 17); the other for remand prisoners, with nine single and two double-occupancy cells (i.e. a capacity of 13). However, even the single-occupancy cells (8m²) possessed a set of bunk-beds. At the time of the visit, 11 inmates were held on the sentenced wing and seven prisoners on the remand wing.

The material conditions were good; each cell had sufficient lighting (artificial and natural) and adequate ventilation and was equipped with a metal cupboard, table and stool as well as a sink and a non-partitioned toilet. There was a set of two tables and fixed stools on the upper landing and a dining area on the ground floor of each wing. Both wings had access to large outdoor exercise yards, with a sheltered space and equipment for playing ball games such as basketball. However, there was no common association room. **The CPT recommends that toilets in double-occupancy cells be partitioned up to the ceiling and that provision be made for a common association room**

67. The CPT was concerned to learn that there was no programme of activities on offer to the inmates of Block 9 at the time of the visit. The CPT's delegation was shown an empty adjacent unit where several classrooms and a visiting room had been renovated which was intended exclusively for Block 9 inmates but was not yet operational. The Committee recalls the importance of ensuring a wide range of varied activities for all young persons, especially juveniles. **The CPT recommends that a full programme of education, sport, vocational, recreational and other purposeful activities of a varied nature be developed for the young offenders and juveniles. Physical education should constitute an important part of that programme.**

68. As regards staffing, the CPT considers that all persons working with juveniles (and young offenders) should be carefully selected for their maturity and ability to cope with the challenges of working with – and safeguarding the welfare of – this age group. More particularly, they should be committed to working with young people, and be capable of guiding and motivating juveniles in their charge. All such staff, including those with purely custodial duties, should receive professional training during induction and on an ongoing basis, and benefit from appropriate external support and supervision in the exercise of their duties. It is also beneficial to have mixed gender staffing.

At the time of the visit, Block 9 was only staffed by male prison officers who had had no specialised training or experience of working with young people. In this environment, juveniles may not receive the support they require. For example, a 16-year-old boy from the Congo who was serving an eight-month sentence claimed that he had not been provided with any information about the prison nor met anyone who had enquired about his needs. The one time he had seen an official from the prison, another adult inmate had been called to act as interpreter for him, a situation with which he did not feel at ease. Further, as he was illiterate he could not make a request or file a complaint, and within the unit he felt isolated due to language difficulties.

The CPT recommends that steps be taken to staff Block 9 with persons who have received professional training in working with young offenders and juveniles. Mixed gender staffing should also be introduced. Further, all juveniles should undergo a proper screening process upon arrival in the unit to ensure that their specific needs are catered for and appropriate ongoing supervision should be put in place.

4. Health-care services

69. The CPT recalls that the task of prison health-care services should not be limited to treating sick prisoners. They should also be entrusted with responsibility for social and preventive medicine. In particular, a prison health-care service should ensure that information about transmissible diseases is regularly circulated, to both prisoners and prison staff. Suicide prevention is another matter falling within the purview of a prison's health-care service. Further, it lies with prison health-care services to supervise catering arrangements (quantity, quality, preparation and distribution of food) and conditions of hygiene. Provision of medical, nursing and technical staff, as well as premises, installations and equipment, should be geared accordingly.

The findings of the 2013 visit demonstrate that, despite certain steps having been taken following the previous CPT visit, insufficient progress has been made to improve the provision of health care to prisoners. There remain a number of important structural deficiencies in this area.

a. health-care staffing

70. The CPT noted with satisfaction that the number of general practitioners employed on a full-time basis had been doubled to two. However, the CPT's delegation learned that one of the doctors was married to a prisoner sentenced to life-imprisonment;²⁶ such a situation inevitably entails a conflict of interest which cannot fail to have an impact on her work. Further, the second doctor indicated that he was not interested in working in a prison environment which impacted negatively on his ability to carry out his work professionally.

A dentist and a dental nurse visited the prison twice a week, seeing some 12 patients on each occasion in a newly opened dental surgery. The establishment continued to employ four qualified nurses, including a senior nurse, and nine medical orderlies (i.e. prison officers trained in first aid). At least one nurse was on duty every day, and the medical orderlies worked in shifts to ensure a presence for 24 hours, seven days a week. The medical orderlies spent most of their time administering medication (including administering injections) and accompanying the doctors on their rounds.

In the course of the 2013 visit, the Cypriot authorities stated that their intention was to provide for 24-hour nursing coverage at the prison. The CPT urges them to move speedily to meet this requirement as prison officers should not dispense prescription medication nor administer injections, and can in no circumstances be considered as a substitute for a trained nurse.

The CPT recommends that the Cypriot authorities ensure that the general practitioners employed at Nicosia Central Prisons are suitably motivated and have no conflict of interest. It would also like to be informed of the oversight of prison health-care services by the Ministry of Health. Further, it reiterates its recommendation that the nursing team be progressively reinforced with a view to replacing all medical orderlies by qualified nursing staff.

b. medical screening and confidentiality

71. The CPT is obliged to reiterate the importance of medical screening of newly-arrived prisoners, in particular in the interests of identifying special medical needs, preventing the spread of transmissible diseases, suicide prevention and the timely recording of any injuries. At the time of the 2013 visit, a prisoner was usually seen by a doctor within 24 hours of his or her arrival in the establishment; however, those prisoners arriving on a Friday would not be seen until the following Monday. Further, the screening was still carried out in a superficial manner. In addition, there was no comprehensive health-care record as the doctor, nurses and medical orderlies all kept their own notes.

The CPT recommends that every newly-arrived prisoner be properly interviewed and physically examined by a medical doctor, or a fully qualified nurse reporting to a doctor, during the initial screening. Such screening should always take place within 24 hours of a person's admission to the establishment. Further, a single comprehensive health-care record should be introduced.

²⁶ By letter of 20 January 2014 the Cypriot authorities informed the CPT that the prisoner in question had been conditionally released by the Parole Board in December 2013.

72. Physical injuries observed on admission or following a violent incident inside the establishment were sometimes recorded by health-care staff in the medical files of the prisoners concerned. However, the description of the injuries lacked detail and no observations were made by the doctor as regards the consistency between the inmate's statement and the injuries observed. For example, no observations were noted down in relation to the Cypriot national referred to in paragraph 11 who clearly displayed visible injuries.

The CPT calls upon the Cypriot authorities to take the necessary steps to ensure that the record drawn up after the medical examination of a prisoner – whether newly-arrived or following a violent incident in the prison – contains:

- i) an account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment);**
- ii) a full account of objective medical findings based on a thorough examination;**
- iii) the doctor's observations in the light of i) and ii) indicating the consistency between any allegations made and the objective medical findings.**

Recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with "body charts" for marking traumatic injuries that will be kept in the medical file of the detainee. If any photographs are made, they should be filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register where all types of injuries should be recorded.

The results of every examination, including the above-mentioned statements and the doctor's opinions/observations, should be made available to the prisoner and, with the consent of the prisoner, to his or her lawyer. Further, the existing procedures should be reviewed in order to ensure that whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the Attorney General's Office, regardless of the wishes of the person concerned.

73. As regards medical confidentiality, it appeared that medical examinations always took place out of the hearing and out of the sight of custodial staff but within the presence of the medical orderlies. Further, there was no confidentiality of medical records; custodial staff had access to the records and the delegation observed one of the more senior officers in the prison browsing through medical files. The lack of confidentiality was the stated reason by the prison psychiatrist for only making sparse annotations in the medical records.

The CPT recommends that steps be taken to guarantee the confidentiality of medical data within the prison. Health-care staff may inform custodial officers on a need-to-know basis about the state of health of a detained person; however, the information provided should be limited to that necessary to prevent a serious risk for the detained person or other persons, unless the detained person consents to additional information being given. Moreover, medical orderlies should not be present during medical examinations.

c. psychiatric care

74. A psychiatrist was present in the prison from 7.30 a.m. to 3 p.m. Mondays to Fridays and saw up to 230 patients every month. He was supported by five full-time mental health nurses, two clinical psychologists and two occupational therapists. In general, the CPT's delegation found that the team operated well and that prisoners in need of hospital care were transferred to Athalassa Psychiatric Hospital.

However, the CPT has some concerns over the tendency to prescribe prisoners a mix of antipsychotic medication and anxiolytics, together with antidepressants, as PRN (see also paragraph 97).²⁷ At the time of the visit, 120 sentenced and remand adult male prisoners had been prescribed medication by the psychiatrist. In the CPT's view, for anti-depressant and anti-psychotic medication to be effective, it should not be left to the patient or prison officers to decide whether the medication is required or not. **The CPT recommends that the manner in which anti-depressant and anti-psychotic medication is prescribed be reviewed.**

d. prevention of suicide (and self-harm)

75. Nicosia Central Prisons had not had a suicide for many years until two suicides occurred in July and August 2013. Further, in the weeks preceding the CPT's visit there had been a spate of attempted suicides and multiple instances of self-harm. Moreover, in the period since the CPT's visit there have been a further two suicides by inmates at Nicosia Central Prisons.

The discharge of the duty of care by the authorities towards prisoners includes taking appropriate measures to prevent instances of suicide and self-harm. Regrettably, Nicosia Central Prisons did not have a suicide prevention programme in place.

76. The prisoner who was found hanging in his cell on the morning of 18 July 2013 had only entered the prison at 5 p.m. the day before. However, he had been in the prison earlier in the year and his medical records showed that he had been seen by the prison psychiatrist on 28 February 2013 as he was suffering from depression (secondary to his multiple sclerosis), and that he was taking a cocktail of medication (anti-depressant, anti-anxiety, anti-psychotic and sleeping tablets).

As regards the prisoner who took his life on 15 August 2013, he was not taking any medication but in the six months prior to his death he had seen the psychiatrist on 16 occasions and the psychiatric nurse 14 times. The prison psychiatrist noted after his death that this prisoner "did not suffer from a mental disease" but did have a personality disorder ("not flexible, had difficulty in thinking and decision making").

²⁷ For example, a prescription sheet read: Diazepam 10mg, one to be taken at midday and three to be taken at night as required; Largactil 100mg (an antipsychotic), one to be taken at midday and two to be taken at night as required; Sarotenamitriptyline- 50mg (an antidepressant), one to be taken three times a day as required and Mogadon 5mg (a sedative), two to be taken at night as required.

Both of these cases illustrate the significant gap in the welfare of prisoners at Nicosia Central Prisons in that prison officers and other staff are not involved in the wider aspects of the care of inmates. Whenever a prisoner self-harmed, he would be sent to see the psychiatrist who in most cases found that there was no treatable mental disorder. The psychiatrist would usually write to the governor of the prison informing him of this fact and advising that alternative arrangements be made to keep this prisoner safe. However, no further action was taken. This lack of action became blatantly clear from an examination of the eleven attempted suicides that had occurred in 2013, seven of which took place in the six weeks preceding the delegation's visit to the prison. For example, a prisoner who was found hanging on 9 September 2013 told the psychiatrist at the hospital that he could not deal with prison any longer and would try harder to kill himself next time. He was not felt to be suffering from a depressive or psychotic illness, a diagnosis confirmed by the prison psychiatrist when he met the prisoner two days later. Unfortunately, no action was taken after this date to put in place a plan to follow this prisoner and for him to have further conversations with other members of staff. Similarly, there was no evaluation of the needs or formulation of a management plan for the subsequent care of any of the other prisoners who had attempted to commit suicide or an act of self-harm.

77. Nicosia Central Prisons needs to put in place procedures for the identification of prisoners who may be at risk of suicide or self-harm and a protocol for the management of prisoners identified as presenting a risk. To begin with, medical screening on arrival, and the reception process as a whole, has an important role to play in suicide prevention; performed properly, it should assist in identifying those at risk and relieve some of the anxiety experienced by all newly-arrived prisoners. The screening process should include a suicide risk assessment using an identified screening tool.²⁸ Moreover, it is essential that the prevention of suicide, including the identification of those at risk, should not rest with the health-care service alone. All prison staff coming into contact with inmates – and as a priority staff who work in the reception and admissions units – should be trained in recognising indications of suicidal risk. The sharing of information concerning suicidal tendencies with prison staff can be considered as an ethical necessity in light of the possible consequences that inaction may entail. In this connection, it should be noted that the periods immediately following admission to prison as well as before and after trial and, in some cases, the pre-release period, are associated with an increased risk of suicide.

Upon identification of prisoners potentially at risk, steps should be taken to ensure a proper flow of information within the establishment. All persons identified as presenting a suicide risk should as a first step benefit from counselling, appropriate support and association. Further, if required, such persons should be subject to special precautions (placement in a ligature-free room and provision of suicide-proof clothing) and, where there is a high risk of suicide, the prisoner should be under constant observation by a member of staff who should engage in a dialogue with the prisoner. The need for enhanced contacts (i.e. family visits and telephone calls) should be individually assessed.

²⁸ Including a checklist of standard questions, e.g. the Viennese Instrument for Suicidality in Correctional Institutions, or "VISCI".

In the CPT's view, a key element of suicide prevention is the establishment of constructive relations between staff and inmates, as well as between inmates themselves. The death of an inmate is likely to cause suffering and warrants the provision of appropriate psychological support to inmates and prison staff. But each life saved by a staff member also gives greater meaning to custodial tasks, and should be valued as such by the prison staff and management alike (see also paragraph 79). The letter of 20 January 2014 from the Cypriot authorities indicates that some action has been taken to develop guidelines in this area. This represents a potentially good first step but it is essential that a more comprehensive approach to suicide prevention and management be introduced.

The CPT recommends that the Cypriot authorities ensure that a comprehensive suicide prevention and management approach is introduced at Nicosia Central Prisons, taking into account the above remarks.

78. It is also essential that every death of a prisoner should be the subject of a thorough investigation (to ascertain, inter alia, the cause of death, the facts leading up to the death, including any contributing factors, and whether the death might have been prevented). Further, whenever a person dies in prison (or soon after transfer from prison), an autopsy should be carried out and the prison's management and medical services should be informed of the outcome.

Finally, an analysis should be undertaken of each death in prison to consider what general lessons may be learned.

The CPT recommends that the Cypriot authorities ensure that a clear policy is introduced on the actions to be taken whenever there is a death in prison.

5. Other issues

a. prison staff

79. At the time of the visit, there were 375 prison wardens (i.e. basic grade prison officers), 38 chief wardens and nine senior managers, including the acting director. The overall complement was 38 fewer than the approved staffing positions. However, the low morale reported by many staff was not due to insufficient staffing levels but could be attributed rather to the poor management and lack of incentives available to staff to progress. For example, promotion is strictly linked to length of service and passing an examination, but while many staff have passed the exam, the CPT's delegation was informed that it now takes some 22 years before a prison warden can be promoted to sergeant. The temporary status of so many prison wardens was also cited as a reason. Further, the current six-hour shift system is not efficient and effectively results in the prison only operating from 8 a.m. to 2 p.m., after which time all activities cease.

The prison warden's role remains that of essentially a "turn-key" with no responsibility other than that of static security. Instead, prison wardens should be encouraged to extend their role into interacting positively with inmates, taking part in rehabilitation programmes and being an integral element in a multi-disciplinary approach towards prisoners' welfare. This would not only provide a far more challenging and interesting job for the prison wardens but it would also address the rehabilitation aspect of prison which has to date been moribund. Of course, this would necessitate introducing far more training for those prison wardens capable and willing to take up this additional role.

Further, Nicosia Central Prisons requires dynamic management to address the various challenges facing it and to develop a long-term strategy. However, the fact that the establishment continues to operate with an acting director hinders this process. Every effort should be made to resolve this matter as soon as possible. In addition, ongoing training should be further developed for all senior officers in the prison.

The CPT recommends that the Cypriot authorities take the necessary measures to develop the capacity and role of prison officers, in the light of the above remarks. Further, it would like to be informed of the management situation in the prison.

b. discipline and isolation

80. In the course of the 2013 visit, the CPT's delegation had an opportunity to review the disciplinary rules and procedures, and their implementation.

81. The issue of discipline is governed by Sections 153 to 162 of the Prisons Regulations; offences and penalties are listed in Appendices A to D. At present, the disciplinary penalties include confinement to a special isolation cell for up to 60 days, with simultaneous loss of contact with the outside world (correspondence, visits and telephone calls), or confinement to a personal cell for up to 90 days.

The CPT has serious reservations as to the maximum possible periods of disciplinary confinement. Solitary confinement can have an extremely damaging effect on the mental, somatic and social health of those concerned. Therefore, it should only be imposed as a disciplinary sanction in exceptional cases and as a last resort, and for the shortest possible period of time. In the Committee's view, a continuous period of up to 60 days or more of solitary confinement as a punishment is excessive. The Committee considers that the maximum period of solitary confinement as a punishment should be no more than 14 days for a given offence, and preferably lower.²⁹ Further, there should be a prohibition on sequential disciplinary sentences resulting in an uninterrupted period of solitary confinement in excess of that maximum period. Any offences committed by a prisoner which might call for more severe sanctions should be dealt with through the criminal justice system.

²⁹ See the 21st General Report on the CPT's activities – CPT/Inf (2011) 28, paragraph 56 (b).

As regards minors, the CPT has very strong reservations as concerns any form of solitary confinement of juveniles as this can compromise their physical and/or mental integrity. To this end, it considers that a juvenile should be placed in solitary confinement for disciplinary purposes for a period not exceeding three days.³⁰

The CPT recommends that the Prison Regulations of 1997 in relation to disciplinary matters be revised accordingly, taking into account the above remarks.

82. The CPT is pleased to note that the prison administration has in practice stopped imposing a prohibition on contact with the outside world in cases of disciplinary punishment. Further, it is to be welcomed that resort to solitary confinement as a formal disciplinary punishment is infrequent and that the maximum periods are not imposed.

However, the Committee does have concerns regarding the power of senior prison officers to confine a prisoner to a cell for up to four days as an immediate response to an alleged breach of discipline (see Section 155 of the Prison Regulations). The intention of this rule is to provide an opportunity for the alleged offence to be investigated fully and charges prepared. In practice, its widespread usage appears more like a punishment with no due process. In the first six months of 2013, this provisional isolation measure was resorted to on 234 occasions and yet during this same period only 127 disciplinary cases were dealt with by the Disciplinary Board.

In the CPT's opinion, the placing of prisoners in provisional disciplinary isolation following a suspicion that they may have committed a disciplinary offence, and prior to a formal charge being brought, should not last longer than a few hours, which should be sufficient time for a prisoner to "cool down" after a violent incident. Confinement to a cell for longer than a few hours, in relation to an incident giving rise to a disciplinary procedure, should not occur without the prisoner being charged and being given an opportunity to be heard on the matter and to explain his behaviour to a senior prison officer reporting to the director.

The CPT recommends that the Cypriot authorities take the necessary steps to ensure that placement in provisional disciplinary isolation is in line with the above precepts.

83. As regards the disciplinary procedures, the Committee has noted that prisoners are informed in writing of the charges against them and are able to call witnesses on their own behalf and cross-examine witnesses against them. However, they are not permitted to be legally represented. Further, many of the disciplinary cases examined resulted in a loss of remission which in effect can be considered as an additional sentence and thus requires the full safeguards associated with a fair trial.³¹ Further, holding a hearing into a disciplinary offence up to two months after the alleged offence does not serve the needs of maintaining good order in the prison; disciplinary offences should be dealt with rapidly, through fair and transparent procedures.

³⁰ See the 18th General Report on the CPT's activities – CPT/Inf (2008) 25, paragraph 26.

³¹ The European Court of Human Rights judgment of *Ezeh and Connors v. the United Kingdom* (9 October 2003) found that it was incompatible for prison governors to hear disciplinary charges where there was a risk that additional days would be added to the prisoner's sentence as a punishment.

In light of the ongoing review of the prison law of Cyprus by a Committee appointed by the Minister of Justice, **the CPT recommends that disciplinary procedures be fundamentally reviewed, taking into account the above remarks.**

c. contact with the outside world

84. The CPT attaches considerable importance to the maintenance of good contact with the outside world for all persons deprived of their liberty. The guiding principle should be to promote contact with the outside world as often as possible; any restrictions on such contacts should be based exclusively on security concerns of an appreciable nature.³²

Prisoners were entitled to six one-hour visits per month, of which two or three could be open (i.e. around a table) and the remainder closed (i.e. through a Perspex partition). However, as a rule it appeared that prisoners on remand were only offered closed visits, and it was not clear why at least half the visits had to be closed, including in the so-called open prison. For example, a female prisoner was granted three open visits with her husband and two small children every month, but the remaining three-monthly visits were closed which had no rationale and was unsettling for the children and parents. The CPT considers that the rule should be to offer open visits to all prisoners with closed visits being the exception, based on security considerations.

Further, in light of the high number of foreign national prisoners, greater possibilities for providing accumulated visiting time to prisoners who receive infrequent visits should also be put in place. For example, a prisoner was visited by her family from Spain but she was only granted a one-hour open visit and a one-hour closed visit. Similar complaints were received from several foreign national prisoners.

By letter of 20 January 2014, the Cypriot authorities informed the Committee that the relevant rule has now been changed to offer all prisoners open visits, with closed visits only being imposed for security-related reasons. The CPT welcomes this development. **It trusts that accumulated visiting time for prisoners who receive infrequent visits will also be put in place.**

85. The CPT's delegation received many complaints relating to the restriction of telephone calls to 10 minutes a week and the fact that they were so expensive. This was particularly the case for foreign nationals, most of whom received no visits. In addition, the restrictions on the time of day when the phones could be accessed by male prisoners made no allowance for time-zone differences. **The Committee recommends that steps be taken to increase prisoners' access to the telephone.**

Further, in view of the many foreign nationals detained at the prison, another avenue to explore might be the use of modern technology in facilitating communication between prisoners and their family (i.e. through Voice over Internet Protocol or Skype). Such means of communication are being used in a few other European countries and can be made secure with appropriate staff supervision. **The Committee would appreciate the observations of the Cypriot authorities on this matter.**

³² See also European Prison Rule 24.2.

As regards letters, there was a perception among prisoners that they frequently got lost and were deliberately delayed. Clearly, the current censorship procedures in place should be reviewed to ensure that letters are dispatched rapidly. It is not only an interference in a prisoner's private life but a waste of resources to read every single letter; only if there are reasonable concerns that the content of a letter may pose a security threat or signal criminal intent should it be read. Otherwise, incoming and outgoing letters should only be checked to ensure that no contraband is being mailed.

The CPT recommends that clear guidelines for regulating the checking of letters entering and leaving the prison be introduced, taking into account the above remarks.

d. foreign nationals

86. As noted above, more than 50% of the inmate population were foreign nationals and yet little was done to address their specific needs. They were still not provided with written information about the internal regulations in a language they could understand. Further, the delegation received numerous allegations of discrimination towards foreign national prisoners in terms of access to education, mental health care, work and recreation.

From the information gathered by the CPT's delegation, it was clear that many foreign nationals felt that they were either consistently misunderstood or that prison officers were prejudiced against them. Consideration should be given to the appointment of one or more dedicated foreign national liaison officers. Further, concerted efforts should be made to provide foreign nationals with clear information on prison life and immigration procedures, through meetings and information packs, and to inform them as soon as possible what will happen to them at the end of their sentence. Foreign national prisoners should have recourse to interpretation services when required (see paragraph 54 above).

The CPT recommends that the Cypriot authorities increase the support provided to foreign nationals in prison, in the light of the above remarks.

e. complaints and inspection procedures

87. Separate padlocked complaints boxes were present in the detention areas, for prisoners to complain in writing to the Director, to the Board of Visitors or to the Commissioner for Administration (Ombudsman). This is positive. However, there was no effective system in place to deal with the many minor complaints and requests submitted by prisoners; many prisoners complained that they did not receive a response to their applications (concerning visits, clothes, work, an extra telephone call, etc.) and if they did there was no reasoning provided.

The CPT considers that the existing internal complaints system needs to be further reviewed; for example, prisoners ought to be able to make written complaints at any moment and place them in a locked complaints box on a prison landing (forms should be freely available); all written complaints should be registered centrally within the prison before being allocated to a particular service for investigation or follow up. In all cases, the investigation should be carried out expeditiously (with any delays justified) and prisoners should be informed within clearly defined time periods of the action taken to address their concern or of the reasons for considering the complaint not justified. In addition, statistics on the types of complaints made should be kept as an indicator to management of areas of discontent within the prison. Of course, prison officers should be encouraged and empowered as far as possible to resolve complaints themselves and only where this is not possible should recourse to a written procedure be promoted.

The CPT recommends that the Cypriot authorities review the current system of complaints, taking into account the above remarks.

88. The CPT notes that the National Preventive Mechanism within the Office of the Ombudsman frequently conducts inspection visits to Nicosia Central Prisons. However, as regards the Prison Board of Visitors, it learned that the Board is not permitted to enter the accommodation units of the establishment or to walk around the grounds. With such restrictions in place the Board cannot carry out its tasks effectively and, not surprisingly, it was unaware of the particular events of 15 August 2013. For the Prison Board of Visitors to be effective it should have access to all areas of the establishment and should receive training on how to carry out its tasks.

The CPT would appreciate the observations of the Cypriot authorities concerning this matter.

D. Psychiatric institutions

1. Preliminary remarks

89. At the outset of the visit the CPT's delegation was informed that plans to build a national mental health centre had been postponed indefinitely as a result of the economic crisis. Consequently, Athalassa Psychiatric Hospital will remain the only psychiatric establishment in Cyprus accepting adult patients on an involuntary basis. Minors requiring involuntary hospitalisation were sent to the Inpatient Unit for Adolescents with Psychiatric-Psychosocial Problems at Archbishop Makarios III Hospital in Nicosia.

90. It was the sixth time the CPT visited *Athalassa Psychiatric Hospital* and, at the time of the 2013 visit, the establishment was accommodating approximately 100 adult involuntary patients for a capacity of 122 in seven wards:³³ two for admissions, three for chronic psychotic disorders (including two closed wards and one open ward mainly for geriatric patients), one open ward for rehabilitation purposes and one for learning disabilities.³⁴

The Inpatient Unit for Adolescents was accommodating eight teenage involuntarily admitted patients at the time of the visit. The Inpatient Unit occupied one of the wings of the renovated paediatrics pavilion of the Archbishop Makarios III Hospital in Nicosia.

The delegation also paid a visit to the *Psychiatric Clinic of Nicosia General Hospital* which includes a secure unit for involuntary patients (composed of two rooms and one seclusion facility) which has however been used once since its inauguration in 2010 due to financial and staff shortages.

2. Ill-treatment

91. In general, the delegation noted that staff, both at Athalassa Psychiatric Hospital and at the Inpatient Unit for Adolescents, demonstrated a caring attitude towards patients. In particular, the juvenile patients spoke very positively of their relations with staff at the Inpatient Unit for Adolescents and praised their attitude.

However, the delegation did receive a few complaints of physical ill-treatment of patients by staff in relation to the male chronic ward and the male admissions ward at Athalassa Psychiatric Hospital. The ill-treatment allegedly consisted of slaps as well as verbal threats and various types of disrespectful behaviour by staff towards patients.

The CPT recommends that the management remind staff at Athalassa Psychiatric Hospital that patients should be treated with respect and that any form of ill-treatment including verbal abuse is unacceptable and will be sanctioned accordingly.

³³ Although the total number of seven wards remains unchanged since the 2008 visit, one closed chronic ward has since been transformed into an open rehabilitation ward.

³⁴ Ward no. 14 was in the process of being closed down as the patients were being transferred to suitable social welfare establishments in the community.

3. Patients' living conditions

92. Material conditions had, in general, visibly improved at Athalassa Psychiatric Hospital since the CPT's previous visit in 2008. Some refurbishment works had been carried out at the hospital during the previous two years which consisted of repainting and replacing the basic furniture in all the wards as well as the creation of an external fenced exercise yard and the opening of a separate pavilion for occupational therapy. The sanitary facilities were generally found to be in an acceptable state of repair with the exception of the female admissions ward where several wash basins and toilets had been out of order for some time; as a result, fourteen patients were sharing one toilet and one wash basin. This is unacceptable.

Patients' rooms in all closed wards remained austere (lacking visual stimuli and decoration) and impersonal (being equipped only with beds and, in some cases, empty closets). Patients' belongings, including personal hygiene items, were stored in a common locked room on each ward and were distributed by the staff upon request.

The delegation also noted that patients from the closed wards were not permitted by staff, for security reasons, to use cutlery (i.e. a knife and fork) during meals or to have access to their toothbrushes. Such restrictions appear disproportionate.

The CPT recommends that the Cypriot authorities take the necessary steps to render patients' rooms less austere and impersonal and to provide patients with individual lockable space and personal belongings. Further, the sanitary facilities in the female admissions ward should be repaired and patients should be provided with access to cutlery during meals and to their toothbrushes, unless an individual risk assessment warrants such access being restricted.

93. Access to outdoor exercise for patients at Athalassa Psychiatric Hospital was still offered on an irregular basis. Only the ward for male chronic patients possessed a dedicated courtyard. As a result, patients from the admission wards (nos. 21 and 23) were deprived of the possibility of outdoor exercise until their transfer to a chronic ward or discharge. Such a state of affairs is not acceptable. For example, a patient from the female chronic ward who was admitted to the hospital on 31 August had still not been offered access to outdoor exercise some four weeks later at the time of the delegation's visit (i.e. 26 September). Only a few patients from the chronic wards were permitted to leave their ward unaccompanied and to circulate within the perimeter of the establishment with the consent of the staff. Further, the newly-built outdoor facility, initially intended as a football pitch, was in fact used only occasionally for celebrations and other community events rather than for the daily outdoor exercise of patients. In their response to the report on the 2008 visit, the Cypriot authorities informed the Committee that instructions had been given to the staff in all closed wards so that all patients could benefit from at least one hour daily of outdoor exercise provided that their mental and physical health conditions allow it.

The CPT calls upon the Cypriot authorities to ensure that all patients from closed wards benefit from access to outdoor exercise every day unless there are medical reasons to restrict such access. Better use should be made of the "football pitch" area.

94. The delegation also heard complaints from patients, in particular on the male chronic ward, that the doors to their rooms were systematically locked during the night, apparently due to nursing staff constraints. Patients could not access the toilet facilities and instead were provided with plastic buckets in order to satisfy the needs of nature. Such a practice is unacceptable and could easily be considered as degrading. Further, access to bedrooms continued to be limited during the day by staff in order to encourage patients to assemble in the recreational areas. However, there were few activities on offer in these recreational areas. The CPT considers that if it is not possible to offer the necessary activities, the rationale for denying patients access to their rooms no longer exists.

The CPT recommends that the Cypriot authorities immediately put an end to the practice of locking the doors of bedrooms at night at Athalassa Psychiatric Hospital. Further, patients should have access to their rooms during the day.

95. Living conditions at the Inpatient Unit for Adolescents were of a very good standard. The five double-occupancy rooms, measuring between 17 m² and 25 m², were adequately equipped (with cupboards, bedside tables, desks and chairs) and offered a personalised environment in a decorative style well-suited to the age of the patients. That said, the window blinds allowing access to natural light could only be regulated by the staff (allegedly for security reasons). Patients confirmed that in general staff would regulate the window blinds to their preferred lighting level upon request. Nevertheless, **the CPT considers that patients should be able to regulate access to natural light themselves.**

The patients from the Inpatient Unit for Adolescents could leave the unit for a few hours on a daily basis, accompanied by staff or relatives, for a walk in the surroundings of the hospital; patients considered to be at risk of suicide could access a fenced balcony within the unit.

4. Treatment

96. Pharmacotherapy remained essentially the main basis for treatment of patients at *Athalassa Psychiatric Hospital*. A detailed review of psychotropic medication prescribed to patients from all closed wards at the hospital revealed that, in general, dosage levels of medication appeared to be within an appropriate therapeutic range. However, the delegation also came across several cases of patients who showed clear signs of overmedication such as blurred speech, psychomotor retardation and extrapyramidal side effects. For example, one female patient in the admissions ward displayed clear symptoms of overmedication such as reduced mobility, unintelligible speech and aching muscular nodes due to parenterally administered neuroleptics.³⁵ Several other patients from the male chronic ward showed similar symptoms, and the respective medical files revealed a heavy reliance on neuroleptics. Psycho-pharmacological medication often forms a necessary part of the treatment given to patients with mental disorders. However, clear procedures should be in place to ensure that there is no overuse or misuse of medication.

³⁵ The prescribed medication for the patient in question on a daily basis was as follows: Haldol 3x10 mg, Lorazepam 1-1-2 mg, Akineton 2x4 mg, Zyprexa 5mg in the evening. Further, the PRN medication to be administered on demand was composed of the following medication: Haldol injection 15mg, Largactil injection 15mg, Akineton injection 5mg and Valium injection 10 mg.

The CPT recommends that the Cypriot authorities carry out a comprehensive review of the neuroleptic and anti-psychotic medication prescribed to patients on the closed wards of Athalassa Psychiatric Hospital.

97. “Pro re nata (PRN) medication”, an open-ended prescription for drugs made by a doctor, to be administered whenever nursing staff believe it is necessary, remained in force at Athalassa Psychiatric Hospital in respect of nearly all patients on the closed wards. The administration of PRN medication appeared to be consistently registered in the relevant medical files of patients as well as in the dedicated PRN register. Further, the delegation was told that a doctor on duty at the hospital was systematically and promptly notified whenever PRN medication was administered. The doctor provided written instructions on its dose, frequency and modalities of administration. This is an improvement from the situation observed by the CPT in 2008.

That said, the administration of PRN medication appeared to be a routine practice, in particular on the male admission ward. A review of the PRN register showed that all 11 hospitalised patients admitted to this ward in the course of September 2013 had received PRN medication administered by nursing staff based on a prescription by the psychiatrist on duty. The delegation also found that several patients on the chronic male and female wards had prescriptions for PRN medication in their medical files which dated back many months and even years without any modification.

The CPT recommends that the Cypriot authorities develop a protocol on the administration of PRN medication to involuntarily admitted patients based on an individual assessment by a psychiatrist. Further, a monthly review of the individual prescription for PRN medication should be conducted in respect of all patients on the closed wards at Athalassa Psychiatric Hospital.

98. The CPT was pleased to note that a written policy on the use of the electroconvulsive therapy (ECT) had been adopted in light of the CPT’s previous recommendation. The policy in question covered the modalities of its use, based upon an individual approach and the necessity to record its application in a specific register and to acquire the patient’s written consent. It was noted that, ECT treatment had not been applied at Athalassa Psychiatric Hospital since December 2010.

99. A more coherent and harmonised policy on medical files and medical registers of patients had been put in place since the 2008 visit. Patients’ files now had a clear structure and included relevant documentation on individual treatment plans, origin of illness and reason for hospitalisation and medication charts, as well as the relevant notes from nurses, general practitioners, psychologists, social workers and occupational therapists. However, the medical notes were often scant and did not provide a clear explanation of the circumstances of admission of the patient or mention any recommendation or follow-up action upon his/her discharge.

The CPT recommends that the Cypriot authorities ensure that patients’ medical files include descriptive medical notes on the diagnosis and medical status of patients at all stages of their hospitalisation.

100. Individual treatment plans appeared to be prepared more frequently than in the past in the medical files of patients at Athalassa Psychiatric Hospital. However, they were often not properly filled in and reflected a stereotyped approach rather than an individual therapeutic strategy aimed at the re-socialisation of patients. In particular, occupational therapists limited their observations in the written notes to the listing of activities accomplished with the patients as well as a general assessment of their behaviour and level of co-operation. **The CPT recommends that steps be taken to improve the quality of individual treatment plans of patients, in light of the above remarks.**

101. A new occupational therapy pavilion at Athalassa Psychiatric Hospital was inaugurated in 2010. This included a canteen (for the purchase of items by patients) and a recreational club (equipped with table tennis, billiard table and a library) which were open on weekday mornings and were mainly accessible to patients from the open rehabilitation wards. A pottery workshop also operated once a week for one hour and was attended by two patients at the time of the delegation's visit. However, very few patients from closed wards had access to the dedicated pavilion for occupational therapy. Patients from these wards spent most of their time in the recreational rooms attached to their ward, watching television or playing board games. They also had periodic interviews with one of the three occupational therapists aimed at stimulating their social involvement and ability to co-operate with the staff. In sum, lack of access to a clear set of occupational therapies and an excessive reliance on pharmacotherapy remained a concern at Athalassa Psychiatric Hospital.

The CPT recommends that greater efforts be made to involve patients on closed wards at Athalassa Psychiatric Hospital in occupational and rehabilitative activities adapted to their psychosocial status and diagnosis.

102. *Minors at the Inpatient Unit for Adolescents* received a variety of treatment alternatives such as individual and group psychotherapy and occupational and music therapy combined with pharmacological medication; access to somatic care was regularly provided by specialist doctors from the same hospital. In sum, the treatment offered was considered as good.

5. Staff

103. At *Athalassa Psychiatric Hospital*, the number of psychiatrists had dropped from five to four since the 2008 visit and only one was present five days a week during the day shift (7.30 a.m. until 2.30 p.m.). The other three psychiatrists were dividing their working time between the hospital (three days) and outpatient care at a hospital in the community (two days). A psychiatrist from the nearby Nicosia General Hospital remained on call in order to ensure medical coverage and perform admission procedures every day between 2.30 p.m. and 7.30 a.m. The psychiatric input was too little and many patients did not benefit from individual interviews with a psychiatrist.

Approximately 70 nurses were employed at the time of the visit which is in principle adequate for the size of the establishment. However, the effective distribution and presence of nurses in the various closed wards remained a source of concern. For example, on the female admission ward (no.24) and male chronic ward (no.34), each accommodating 25 patients, there was at times only one nurse present during the night shift (from 9.30 p.m. to 7.30 a.m.). A general practitioner from the neighbouring Nicosia General Hospital was visiting Athalassa Psychiatric Hospital twice a week and psychiatric patients attended the neighbouring Nicosia General Hospital for dental care.

The CPT recommends that the Cypriot authorities ensure that:

- **three psychiatrists are effectively present at Athalassa Psychiatric Hospital during the day shifts;**
- **at least two nurses are always present on each closed ward at Athalassa Psychiatric Hospital during the night shift.**

104. Concerning the training of staff, the delegation was informed that a mandatory university course for mental health nurses had been put in place at the University of Nicosia in addition to a post-graduate masters specialisation on the same topic affiliated to the *Horatio* European Network of Mental Health Nurses. However, nursing staff at Athalassa Psychiatric Hospital told the delegation that the continuous training of nurses was not mandatory and that only first aid emergency courses had been offered to them.

The CPT recommends that the Cypriot authorities ensure continuous training and refresher courses for mental health nurses.

105. The staffing levels at the *Inpatient Unit for Adolescents* appeared to be adequate, with three nurses and one psychiatrist working on each shift for an average presence of eight teenage patients; both medical and nursing staff had recently followed training courses on child and adolescence psychiatry in the United Kingdom.

6. Seclusion and means of restraint

106. As was the case in previous visits the delegation observed that physical restraint was seldom resorted to either at Athalassa Psychiatric Hospital or the Inpatient Unit for Adolescents, and, when applied, it was for the shortest possible period. Recourse to physical restraint was recorded in the nurses' notes and the logbook of the respective ward at Athalassa Psychiatric Hospital but without any specific mention of the circumstances of the case and the reason for the application of the measure. Mechanical restraint was not practiced in any of the visited establishments.

The CPT recommends that the Cypriot authorities take effective steps, to improve the recording of each measure of physical restraint.

107. At *Athalassa Psychiatric Hospital*, seclusion in an observation room, equipped with only a mattress and no other furniture, was applied frequently on the male admission ward (13 cases during the two months prior to the delegation's visit). Patients were placed in a room for periods ranging from 30 minutes to 20 hours, and were observed by staff through a glass screen. The seclusion measure was applied to patients who, upon admission, were showing signs of over-agitation and it coincided almost systematically with the administration of medication by a staff member. However, at the time of the 2013 visit there was still no detailed policy clearly spelling out when seclusion shall be used; the objectives sought; its duration and the need for regular reviews; the necessity for appropriate contact; and the need for staff to be especially attentive. In its report on the 2008 visit, the CPT had recommended that a detailed policy on seclusion be drawn up.

The CPT wishes to stress that locking up a vulnerable mentally disordered patient alone in a room must be resorted to with great care and should only be a measure of last resort and for the shortest possible period; seclusion should never be resorted to due to a lack of alternative strategies, staff or regime provision. Further, patients should always be debriefed after the end of the seclusion measure, in order to explain the rationale behind it.

In addition, the seclusion and observation rooms in the admission wards of *Athalassa Psychiatric Hospital* were austere and old-fashioned, while across the road the new and modern secure unit in the psychiatric ward of *Nicosia General Hospital* remained unused.

The CPT reiterates its recommendation that a detailed policy on the recourse to seclusion is adopted and put in practice at *Athalassa Psychiatric Hospital*. Further, the above-mentioned precepts should be applied in practice whenever recourse is had to means of restraint, including seclusion. Moreover, the seclusion and observation rooms at the admission wards of *Athalassa Psychiatric Hospital* should be refurbished or the secure unit in the psychiatric ward of *Nicosia General Hospital* should be brought into service.

108. At the *In-patient Unit for Adolescents*, a padded cell measuring 10 m² was used for the temporary seclusion of over-agitated teenage patients. The cell possessed a glass screen, allowing for constant observation by staff, as well as CCTV and interphone systems, and included a mattress placed on the padded floor. The cell in question had recently been used for the observation of a teenage patient who was placed under observation following an episode of violent behaviour in the community room. The records showed, and the patient in question confirmed to the delegation, that the period of observation in the padded room had lasted around half an hour and that the patient had been under the constant supervision of one nurse from behind the glass screen. There was verbal communication between the patient and the nurse during the period of observation and a debriefing session had taken place with the patient following the cessation of the measure in question.

7. Safeguards in the context of placement in a psychiatric facility

a. the initial placement decision

109. The involuntary placement procedure remains the same as that described by the CPT in its report on the 2008 visit and is enshrined in the 1997 Law on Psychiatric Care (LPC) and the 2007 amendments. According to the LPC, a temporary care order is issued by a judge for a maximum period of 28 days upon the application of the person's legal representative, the police or a social welfare officer. The LPC also provides that a patient or, in the case of impediment, his/her legal representative together with a lawyer and/or a psychiatrist of his/her choice, be heard by the court. Article 11 of the LPC provides that minors be involuntarily hospitalised only with the consent of their parents.

However, in practice, the CPT's delegation found that none of the patients it interviewed had ever appeared in person in front of a judge in the course of the involuntary placement proceedings. In most cases, a police officer filed a request for a person's involuntary hospitalisation which would be accorded by the competent judge within minutes while the patient was waiting outside in a police car. The relevant court order included the following standard clause: "*in light of his/her status of agitation for security reasons the patient did not appear at the hearing*". Further, patients stated that they were not informed of the possibility of contacting a lawyer or were prevented from doing so by the police.

The CPT considers that, in the context of a decision on involuntary psychiatric placement, a patient should be seen by the judge, as required by law, if this is possible and not detrimental to the person's health. The patient should also be entitled to legal assistance in such proceedings. Where the patient does not appear before the judge (for the reasons prescribed by law), he or she should normally be represented by a person acting in his or her interests.

The CPT recommends that the Cypriot authorities take the necessary steps to ensure that the above-mentioned considerations are applied to involuntary placement procedures.

110. The procedure by which involuntary placement is decided should offer guarantees of independence and impartiality as well as of objective medical expert opinion. Leaving aside emergency cases, the formal decision to place a person in a psychiatric hospital should always be based on the opinion of at least one doctor with psychiatric qualifications, and preferably two, and the actual placement decision should be taken by a different body from the one that recommended it. That said, the reasoning of the court decisions ordering the hospitalisation appeared to be uniform and lacked detail, referring exclusively to the expert opinion by the outpatient psychiatrist. The CPT's delegation found that in a few instances the doctor who had given this opinion (i.e. the outpatient psychiatrist) acted subsequently as the treating psychiatrist of the patient at Athalassa Psychiatric Hospital following his/her involuntary hospitalisation. **Care should be taken to avoid such situations occurring.**

111. The delegation was informed that the procedure under Article 8.2 of the amended LPC under which a voluntarily admitted patient in a psychiatric establishment can be treated without his/her consent for up to 72 hours³⁶ upon the recommendation of two doctors (one of whom must be a psychiatrist) remains in force although it has never been applied in practice since its adoption. **The CPT considers that this provision should be abrogated. All patients should benefit from the safeguards associated with involuntary placement procedures before being subjected to treatment without their consent.**

b. safeguards during placement

112. A revised information leaflet (in the Greek language) was distributed to all patients upon admission and was also publicly displayed in the communal rooms in each ward of Athalassa Psychiatric Hospital. The leaflet contained basic information on the house rules of the establishment and visiting times for patients, as well as instructions on how to file a complaint to the Mental Health Supervisory Committee. Nevertheless, the leaflet did not refer to issues such as consent to treatment, access to legal assistance or how to file complaints to other external monitoring bodies such as the Office of the Commissioner of Administration (Ombudsman). Some patients told the delegation that they encountered difficulties in understanding the contents of the leaflet.

The CPT recommends that the Cypriot authorities revise the leaflet distributed to patients at Athalassa Psychiatric Hospital in light of the comments above. Patients unable to understand the information leaflet should receive appropriate assistance.

113. The possibility for patients to address complaints to independent external monitoring bodies remains a cornerstone of the basic rights of any involuntarily admitted psychiatric patient. In this respect, patients at Athalassa Psychiatric Hospital as well as at the In-patient Unit for Adolescents could address written complaints to the Mental Health Supervisory Committee³⁷ through dedicated complaint boxes present in all the wards of these establishments. Patients were also entitled to address their complaints directly to the Ombudsman.

The CPT's delegation noted that the Mental Health Supervisory Committee had finally been provided with appropriate premises in which it held monthly sessions. However, the CPT remains concerned by the limited operational scope of the Committee which was still understaffed; its chairperson had been on extended sick leave, the post of permanent support secretary had been vacant for months and its budget had been decreased over the last two years. The sessions of the Committee were not regularly attended by all members and it had not conducted on-site inspections to Athalassa Psychiatric Hospital for years; nor were complaint boxes at the establishments under its mandate emptied on a regular basis. As a result, there was in practice no effective complaints mechanism available to patients admitted to a mental health institution. Such a state of affairs is unacceptable. Urgent action needs to be taken to ensure that the Mental Health Supervisory Committee functions effectively.

³⁶ If, after 72 hours, the duty psychiatrist of the facility to which the patient was admitted, recommends continuing the treatment but the patient still refuses to consent to it, the procedure for involuntary placement may be initiated.

³⁷ See the CPT's report on its 2000 visit to Cyprus (CPT/Inf 2003 1, paragraph 65) for a detailed description of the genesis and mandate of the Mental Health Supervisory Committee.

The CPT recommends that the Cypriot authorities take effective measures to ensure that the Mental Health Supervisory Committee fully complies with its mandate, in particular by taking prompt action in relation to the position of the chair, to recruit a permanent secretary and to allocate adequate funds for the performance of its activities. Further, members of the Mental Health Supervisory Committee should conduct frequent and unannounced visits to places where involuntary psychiatric patients are hospitalised (interviewing patients in private and accessing all relevant documentation) and regularly collect and process the complaints filed by patients in the appropriate boxes at the above-mentioned establishments.

114. The situation as regards contact with the wider community remains the same as that observed at the time of the 2008 visit. Patients who were not permitted outside their wards still experienced difficulties in accessing the telephone. The delegation also received complaints that the telephone conversations of these patients continued to be monitored by staff. Further, apart from occasional visits to a neighbouring commercial centre patients did not have effective access to the outward community. More should be done to promote contacts with the wider community. **The CPT reiterates its recommendation that all patients be able to communicate by telephone during the day and under conditions allowing privacy, unless there is a reasoned doctor's order to the contrary. Further, more frequent contact with the wider community should be offered to patients unless there are serious medical reasons preventing such contact.**

c. discharge

115. Involuntary placement in a psychiatric establishment should cease as soon as it is no longer required by the patient's mental state. Consequently, the need for such a placement should be reviewed at regular intervals.

According to Article 11 of the LPC, continuing care orders for the renewal of the involuntary hospitalisation terms are issued by the court upon recommendation of the patient's representative for periods ranging from two to twelve months at a time. The opinion of an independent psychiatrist of the patient's choice may also be submitted. That said, Article 15 of the LPC provides that a patient (or his/her personal representative) can file a petition for the termination of the hospitalisation procedure but the treating psychiatrist must agree in order for it to be initiated.³⁸ Further, patients are still not granted by law the right to be heard in person or through a personal representative at all court hearings prior to any decision concerning the renewal of their involuntary placement.

In practice, the motion for the renewal of the hospitalisation term of a patient at Athalassa Psychiatric Hospital consisted of a standard form filled in by the treating psychiatrist which was subsequently endorsed by a judge without a formal hearing. The summary proceedings meant that in practice neither the patient nor his/her legal representative could intervene to challenge the renewal of the placement.

³⁸ If the petition is rejected by the treating psychiatrist, the patient or his/her personal representative can lodge an appeal against the psychiatrist's decision to the Court within 30 days.

The CPT reiterates its recommendation that the Cypriot authorities amend the Law on Psychiatric Care to ensure that:

- **patients are granted the right to be heard in person or through their legal representatives at all court hearings prior to any decision concerning the renewal of their involuntary placement;**
- **patients are permitted to request the termination of their hospitalisation measure without having to first obtain a positive assessment from their treating psychiatrist;**
- **patients are informed of the possibility of submitting an independent opinion of a psychiatrist of their own choice during a discharge procedure.**

8. Ward no.14 for mentally disabled patients at Athalassa Psychiatric Hospital

116. The separate ward no.14 at Athalassa Psychiatric Hospital was accommodating 12 patients with mental disabilities at the time of the delegation's visit. The progressive deinstitutionalisation process resulted in the discharge of several patients to houses in the community under the aegis of the Ministry of Labour and Social Insurance. A joint assessment of the remaining 12 patients by the Ministries of Health and Labour and Social Insurance led to the decision to transfer eight of them to houses in the community and integrate the remaining four in other wards at Athalassa Psychiatric Hospital prior to the end of 2013.

At the time of the visit, material conditions on ward no.14 were in general acceptable in terms of state of repair. However, the overall atmosphere remained austere and was characterised by a lack of visual stimuli and an impersonal environment. Patients spent most of the day in the community room or in the dedicated court yard which was equipped with benches and other means of rest. A permanently employed occupational therapist assisted patients but activities remained limited to physical exercise and no other rehabilitative activity was on offer.

The Committee welcomes the efforts invested by the Cypriot authorities to find a permanent solution and a better therapeutic environment for the remaining patients accommodated in ward no. 14 of the Athalassa Psychiatric Hospital. However, the ward does not provide an acceptable therapeutic environment for patients with serious learning disabilities.

By letter of 20 January 2014, the Cypriot authorities informed the Committee that the process of transferring the remaining 12 mentally disabled patients accommodated in ward no. 14 was still underway. More specifically, it stated that, eight patients would be transferred to establishments in the community under the Ministry of Labour and Social Insurance while the remaining four patients would be accommodated on other wards at Athalassa Psychiatric Hospital.

The Committee would like to receive confirmation of the closure of ward no. 14 and the transfer of the remaining 12 patients to a more suitable therapeutic environment. Further, it would like to be provided with details of the care plans drawn up for the four patients who will remain at Athalassa Psychiatric Hospital.

E. Social welfare institutions

117. In the course of the 2013 periodic visit, the CPT's delegation conducted follow-up visits to the Nea Elousa Institution for Persons with Severe Mental Retardation and the Latsia Youth Hostel in Nicosia, both of which are run by the Ministry of Labour and Social Insurance. The delegation also visited the shelter for victims of human trafficking in Nicosia where it ascertained for itself that none of the residents had been *de facto* deprived of their liberty.

1. Nea Elousa Institution for Persons with Severe Mental Retardation

118. A further process of progressive deinstitutionalisation of the Nea Elousa Institution³⁹ has taken place since the CPT's 2008 visit with former residents placed in houses in the community. At the time of the visit, six male residents (one of whom was under a day-care regime) were being accommodated in the institution. All the residents suffered from severe mental retardation and were unable to express themselves verbally or to move around unassisted. The Ministry of Labour and Social Insurance informed the delegation that it was planning to transfer the remaining five permanent residents to homes in the community by the end of 2013; the establishment would then be transformed into a day-care centre financed by a grant from the Norwegian Government.

119. By letter of 20 January 2014, the Cypriot authorities informed the CPT that the remaining five permanent residents (and the patient admitted under a day-care regime) would be transferred to other establishments under the aegis of the Ministry of Labour and Social Insurance by the end of April 2014.⁴⁰ In this respect, the **CPT would like to receive information in particular in respect of the following issues:**

- **the timeline for the transfer of the six residents;**
- **the legal basis for their placement in the establishments in the community;**
- **the range of activities on offer to these residents in their new environment as well as information on their individual rehabilitation and care plans.**

The Committee also encourages the Cypriot authorities to ensure that residents' medical files are accurately and fully maintained in their new establishments.

³⁹ The legal framework governing the placement of persons at the Nea Elousa Institution remained unchanged since 2008 and is based on the 1956 Children Law; most residents had spent their entire lives at the establishment.

⁴⁰ The authorities had indicated that architectural arrangements had to be put in place in some establishments in order to accommodate residents from the Nea Elousa Institution.

2. Latsia Youth Hostel

120. The Latsia Youth Hostel, situated in a residential family house on the southern outskirts of Nicosia, was first visited by the CPT in 2004. At the time of the 2013 visit, the hostel was accommodating 11 juvenile residents for an official capacity of seven. The legal basis for the placement of juveniles was contained in the 1956 Children Law according to which the Director of the Social Welfare Services had acquired legal guardianship over the juveniles in question with the consent of the respective families or in light of the relevant provisions of the Law on Refugees.⁴¹

121. Material conditions at the youth hostel in Latsia remained of a decent quality. Both sleeping and recreational rooms offered a relaxed and convivial environment for residents, in terms of decoration, hygienic conditions and overall atmosphere. As the youth hostel was accommodating four extra residents, each of the four bedrooms was equipped with a folding bed (which was removed during the day) and two rooms were not equipped with desks and chairs for regular studying activities. Further, the eleven residents shared a single shower (with a damaged shower head) and wash basin; a second sanitary facility was used exclusively by staff.

The CPT recommends that the Cypriot authorities take the necessary measures to ensure that the youth hostel in Latsia operates within its stated capacity. Further, all rooms should be equipped with desks and chairs and steps should be taken to repair the shower head in the sanitary facility.

122. In terms of activities, all residents were attending regular school classes externally on a daily basis, which also included sports activities. The two unaccompanied foreign national juveniles were allowed to sit-in on school classes but were not enrolled in the school. An open door regime was in force at the establishment allowing juveniles to leave the house for short periods with the consent of staff. At the hostel, residents could access a spacious garden equipped with a basketball court, or could play video games or table football in the main recreational room.

Residents could receive visits from relatives and friends from 5 p.m. to 10 p.m. every day and enjoyed unrestricted access to mobile phones and laptops (but not to the internet). Leave was also regularly granted by staff in order to stimulate contacts with families and/or relatives. In sum, the activities on offer and the contacts with the outside world could be considered as good.

123. In contrast, the keeping of registers and personal files left a lot to be desired. For example, the delegation found no evidence in the admission register of the recently admitted residents, and staff logbooks had not been updated since the end of 2012. Further, residents' personal files lacked basic documentation such as their placement order. The updated compilation and the diligent keeping of registers and personal files of residents, apart from constituting an important source of information for various inspection bodies, also represents a safeguard for both residents and institutional staff in the event of an incident.

The CPT recommends that the Cypriot authorities take the necessary steps to ensure that the personal files and registers of residents are diligently compiled and updated.

⁴¹ According to Article 10 (1) of the 2000 Refugee Law the Director of Social Welfare Services acts as the guardian of the unaccompanied minor seeking asylum and takes all the necessary measures on his/her behalf.

APPENDIX I

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

National Preventive Mechanism

comments

- the CPT invites the Cypriot authorities to review the resources allocated to the Office of the Ombudsman for carrying out its NPM functions and that consideration be given to setting up a separate Unit or Department within the Ombudsman's Office to be responsible for the NPM functions (paragraph 8).

Police

Ill-treatment

recommendations

- the Cypriot authorities to firmly remind police officers that any form of ill-treatment – including verbal abuse, racist behaviour, threats and psychological ill-treatment – of detained persons is not acceptable and will be punished accordingly (paragraph 12);
- any non-standard issue objects to be removed immediately from all police premises where persons may be held or questioned (paragraph 13);
- the Cypriot authorities to pursue their efforts to integrate human rights concepts into practical professional training for high-risk situations such as the apprehension and questioning of suspects (in particular foreign nationals). Such specific training should also be the object of refresher courses at periodic intervals and should become compulsory as well as a cornerstone of the individual evaluation system of police officers (paragraph 14).

comments

- no more force than is strictly necessary should be used by police officers when effecting an apprehension. Furthermore, once apprehended persons have been brought under control there can be no justification for them being struck by police officers. Further, where it is deemed essential to handcuff a person at the time of apprehension or during the period of custody, the handcuffs should under no circumstances be excessively tight and should be applied only for as long as is strictly necessary (paragraph 12).

Safeguards against ill-treatment

recommendations

- the Cypriot authorities to take steps to ensure that persons held in police custody enjoy, in practice, the possibility to meet and speak in private with a lawyer from the very outset of their deprivation of liberty (paragraph 17);
- the Cypriot authorities to take concrete steps, in consultation with the Bar Association, to make the system of legal aid truly effective to ensure that ex officio lawyers are able to meet their clients from the outset of the deprivation of liberty (paragraph 18);
- the Cypriot authorities to take steps to ensure that:
 - detained persons are not systematically handcuffed when transferred to a health-care facility;
 - any application of handcuffs should be based on an individual security assessment;
 - all medical examinations are conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a given case - out of the sight of police staff (paragraph 19);
- the Cypriot authorities to abolish the provision in Article 30 of the 2005 Law on the Rights of Arrested and Detained Persons (RADP), which prescribes prohibitive criminal sanctions for persons who abuse the right to medical examinations or treatment during police custody (paragraph 20).

comments

- at Ayios Dometios Police Station and at the Larnaca airport departure detention unit the custody records were not always accurately maintained (paragraph 22).

requests for information

- the Committee would like to receive the comments of the Cypriot authorities on the provision of Article 5(a) of the RADP concerning the right to notification of the Office of the Ombudsman by foreign nationals in police custody (paragraph 16).

Conditions of detention

recommendations

- the Cypriot authorities to take steps to ensure that cells at Aradippou Police Station do not accommodate more than one person and that the deficiencies observed at this police station as well as at Pera Chorio Police Station are remedied (paragraph 24);
- the Cypriot authorities to introduce outdoor exercise facilities in those police stations designated to detain persons for longer than 24 hours (paragraph 25);

- the Cypriot authorities to review the system of remand detention on police premises with a view to substantially reducing its duration, in the light of the remarks expressed in paragraph 26 (paragraph 26);
- the Cypriot authorities to take the necessary steps to ensure that detained persons are not held for more than 24 hours in police stations which are designated for a detention period of up to 24 hours (paragraph 27);
- to take steps in order to provide access to outdoor exercise for all persons held at the detention facilities at Larnaca Airport for more than 24 hours (paragraph 28).

Foreign nationals held under aliens legislation

Preliminary remarks

recommendations

- the Cypriot authorities to take the necessary steps to ensure that irregular migrants are no longer detained in police stations and, instead, to hold them in Menoyia detention centre which has been especially designed with the intention of meeting their specific needs (paragraph 31).

requests for information

- on the situation of the Iranian national mentioned in paragraph 29 and whether there are any circumstances under which a person subject to a deportation order may be detained longer than 18 months (paragraph 29);
- on the legal framework governing those persons released from immigration detention as well as the procedures in place following the expiry of a special residence permit (paragraph 29);
- on whether Syrian nationals are still being detained in light of the fact that they cannot currently be returned to their country of origin (paragraph 29);
- on the measures taken to address the issue of the effective remedy for reviewing a deportation and detention order in the light of the M.A. vs Cyprus judgment of 23 July 2013 by the European Court of Human Rights (paragraph 30).

Detention of minors

recommendations

- the Cypriot authorities to take the necessary steps to ensure that unaccompanied children, who are deprived of their liberty as a last resort, are only held in centres designed to cater to their specific needs, staffed with properly trained men and women and offering a range of constructive activities (paragraph 35);

- all unaccompanied minors to be provided with a guardian who keeps them informed of their legal situation and effectively protects their interests (paragraph 35);
- the Cypriot authorities to take the necessary steps to ensure that women with children are only detained in exceptional circumstances, as a last resort and for the shortest possible time. If exceptionally detention is considered necessary, the mother (or other primary carer) and child should be accommodated together in a facility catering to their specific needs (paragraph 36).

comments

- every effort should be made to avoid resorting to the deprivation of liberty of an irregular migrant who is a minor (paragraph 33);

requests for information

- details of the number of unaccompanied irregular minors who were detained in police stations between 1 October 2013 and 31 August 2014, as well as the length of their detention (paragraph 35);
- on the number of unaccompanied irregular minors accommodated in homes operated by the Social Services Department between 1 October 2013 and 31 August 2014 (paragraph 35).

Menoyia Detention Centre for Illegal Immigrants

recommendations

- the Cypriot authorities to take the necessary steps to put in place a less restrictive environment at the Menoyia centre (see also paragraphs 43 to 45) (paragraph 28);
- all custodial staff at the Menoyia Centre to be reminded that any form of ill-treatment of detainees – whether physical or verbal including of racist behaviour – is unacceptable and will be punished accordingly (paragraph 39);
- the Cypriot authorities to put in place comprehensive procedures concerning the use of tear gas, in the light of the remarks expressed in paragraph 40 (paragraph 40);
- the use of means of restraint at the Menoyia Centre to be considered on individual grounds and to be based on the principle of proportionality (paragraph 41);
- the Cypriot authorities to put an end to the practice of calling detainees by their detention number; staff should address detainees by their names (paragraph 42);
- the Cypriot authorities to reduce the official capacity in the multi-occupancy cells at the Menoyia Centre to four persons instead of the current eight (paragraph 43);

- the Cypriot authorities to introduce a range of purposeful activities for persons held at the Menoyia Centre. The longer the period for which persons are detained, the more developed should be the activities which are offered to them. Steps should also be taken to permit access to the association rooms during periods of outdoor exercise. Further, the outdoor exercise yards should be equipped with a shelter and a means of rest and the provision of artificial lighting in the cells extended beyond 10.30 p.m. (paragraph 45);
- staff to be encouraged to interact with the detained irregular migrants and to take a proactive role towards resolving potential problems. To this end, officers should be present inside the accommodation areas (paragraph 46);
- all staff at the Menoyia Centre to display a name badge or at least an identification number which allows them to be clearly identified, and that they should not carry truncheons within the detention centre (paragraph 47);
- the Cypriot authorities to take the necessary steps to provide Menoyia Centre with the appropriate health-care resources, in the light of the remarks in paragraph 48 (paragraph 48);
- the Cypriot authorities to ensure that every newly-arrived detainee is clinically assessed by a medical doctor or by a fully qualified nurse reporting to a doctor, as soon as possible after his/her admission to the Menoyia Centre. A medical file should be opened for every detained person, kept separately from other files and available only to medical staff (paragraph 49);
- the use of means of restraint for persons escorted outside of the Menoyia Centre to be considered on individual grounds and to be based on the principle of proportionality (paragraph 50);
- the Cypriot authorities to take steps to ensure that detained persons are not handcuffed during medical examinations and that all such examinations are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of escorting officers. In order to ensure that these requirements can be met at the same time as meeting security needs, provision should be made for a secure room in the hospital where examinations of detained persons regularly occur (paragraph 50);
- the Cypriot authorities to take the necessary steps to guarantee medical confidentiality at the Menoyia Centre, in the light of the remarks in paragraph 51 (paragraph 51).
- persons facing a good order or disciplinary measure to be guaranteed the following rights:
 - to be informed in writing of the charges against them and to be given sufficient time to prepare their defence;
 - to be heard in person by the decision-making authority;
 - to call witnesses on their own behalf and to cross-examine evidence given against them;
 - to appeal to an independent authority against any sanctions imposed;
 - to receive a copy of the disciplinary decision, informing them about the reasons for the decision and the avenues for lodging an appeal (paragraph 52);
- the disciplinary procedures to be explained clearly in the relevant House Rules of the Menoyia Centre (paragraph 52);

- the Cypriot authorities to make the necessary arrangements for interpretation services to be provided when required at the Menoyia Centre, taking into account the remarks in paragraph 54 (paragraph 54).

comments

- staff should be reminded to open the doors promptly for all persons requiring access to the toilet during periods of lock-up (paragraph 44);
- as for the visiting room for family and friends, more should be done to make the environment child-friendly (including a play area for children) (paragraph 53).

requests for information

- the outcome of the investigations into the allegations of ill-treatment brought to the attention of the Independent Authority for the Investigation of Complaints against the Police (paragraph 39).

Nicosia Central Prisons

Preliminary remarks

recommendations

- the Cypriot authorities to adopt and implement a coherent strategy designed to combat prison overcrowding, taking due account of the relevant Council of Europe recommendations in this area, such as Recommendation R (99) 22 concerning prison population inflation; Rec R (2000) 22 of 29 November 2000 on improving the implementation of the European rules on community sanctions and measures; Rec R (2003) 22 on conditional release (parole); Rec R (2006) 13 on the use of remand in custody; and Recommendation CM/Rec (2010)1 on the Council of Europe Probation Rules (paragraph 56).

Ill-treatment

recommendations

- the Minister of Justice and the management of Nicosia Central Prisons to deliver a clear message to custodial staff – and reiterate it at regular intervals – that all forms of ill-treatment are unacceptable and will be punished accordingly. Further, prison management should ensure that all prisoners may make a complaint without fear of reprisals by staff (paragraph 57);
- a full and independent investigation to be carried out into the incident of 15 August 2013 and the manner in which it was managed by the prison authorities (paragraph 58);
- the Cypriot authorities to put in place clear procedures for carrying out cell searches and that prison officers always wear a clearly visible means of identification. Further, there is no justification for prison officers who carry out cell searches routinely to wear masks (paragraph 60).

requests for information

- the outcome of the police investigation into the incident of 15 August 2013 at Nicosia Central Prisons (paragraph 58);
- a copy of the forensic medical report and the photographs relating to the prisoner allegedly ill-treated by staff on 15 August 2013, as described in paragraph 59 (paragraph 59);
- a copy of the new guidelines for staff introduced at Nicosia Central Prisons, referred to by the Cypriot authorities in their letter of 20 January 2014 to the Committee (paragraph 61).

Conditions of detention

recommendations

- action to be taken to improve the material conditions in Block 1, with a view to ensuring that they fully comply with the legal requirements as set down in Section 58 of the Prison Regulations; prisoners should not be held in cells which do not possess windows (paragraph 64);
- measures to be taken to reduce the occupancy levels in Blocks 1, 2, 3, 5 and 8 throughout the prison. To this end, it should be ensured that those cells measuring under 7m² is only used to accommodate one prisoner and that the living space in multi-occupancy cells is at least 4m² per prisoner (paragraph 64);
- steps to be taken to ensure that a system is in place to ensure that prisoners who need to access the sanitary facilities during periods of lock-up are able to do so in a timely manner (paragraph 64);
- the Cypriot authorities to take vigorous steps to increase the range of purposeful activities for inmates: work, vocational training, sports, educational and other activities must be available so that all prisoners may be purposefully engaged for most of the day (paragraph 65);
- specific measures to be taken to put in place individual sentence plans and psycho-social support programmes for prisoners serving long sentences (paragraph 65);
- the Cypriot authorities to ensure that in Block 9 toilets in double-occupancy cells be partitioned up to the ceiling and provisions be made for a common association room (paragraph 66);
- the Cypriot authorities to ensure that a full programme of education, sport, vocational, recreational and other purposeful activities of a varied nature be developed for young offenders and juveniles at Nicosia Central Prisons. Physical education should constitute an important part of that programme (paragraph 67);
- steps to be taken to staff Block 9 with persons who have received professional training in working with young offenders and juveniles. Mixed gender staffing should also be introduced. Further, all juveniles should undergo a proper screening process upon arrival in the unit to ensure that their specific needs are catered for and appropriate ongoing supervision should be put in place (paragraph 68).

comments

- in addition to reducing the overcrowding levels in the women's prison (Block 3), each prisoner should have their own personal lockable space and there should be sufficient chairs in each dormitory for every inmate (paragraph 64).

requests for information

- as regards more particularly the women's prison (Block 3), the CPT would like to be informed of the steps being taken to ensure that all female inmates are held in conditions commensurate with their human dignity (paragraph 64).

Health-care services

recommendations

- the Cypriot authorities to ensure that the general practitioners employed at Nicosia Central Prisons are suitably motivated and have no conflict of interest and to progressively reinforce the nursing team with a view to replacing all medical orderlies by qualified nursing staff (paragraph 70);
- every newly-arrived prisoner to be properly interviewed and physically examined by a medical doctor, or a fully qualified nurse reporting to a doctor, during the initial screening at Nicosia Central Prisons. Such screening should always take place within 24 hours of a person's admission to the establishment. Further, a single comprehensive health-care record should be introduced (paragraph 71);
- the Cypriot authorities to take the necessary steps to ensure that the record drawn up after the medical examination of a prisoner – whether newly-arrived or following a violent incident in the prison – contains:
 - i) an account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment);
 - ii) a full account of objective medical findings based on a thorough examination;
 - iii) the doctor's observations in the light of i) and ii) indicating the consistency between any allegations made and the objective medical findings (paragraph 72);
- recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with "body charts" for marking traumatic injuries that will be kept in the medical file of the detainee. If any photographs are made, they should be filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register where all types of injuries should be recorded (paragraph 72);

- the results of every examination, including the above-mentioned statements and the doctor's opinions/observations, should be made available to the prisoner and, with the consent of the prisoner, to his or her lawyer. Further, the existing procedures should be reviewed in order to ensure that whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the Attorney General's Office, regardless of the wishes of the person concerned (paragraph 72);
- steps to be taken to guarantee the confidentiality of medical data within the prison. Health-care staff may inform custodial officers on a need-to-know basis about the state of health of a detained person; however, the information provided should be limited to that necessary to prevent a serious risk for the detained person or other persons, unless the detained person consents to additional information being given. Moreover, medical orderlies should not be present during medical examinations (paragraph 73);
- the manner in which anti-depressant and anti-psychotic medication is prescribed to prisoners to be reviewed (paragraph 74);
- the Cypriot authorities to ensure that a comprehensive suicide prevention and management approach is introduced at Nicosia Central Prisons, taking into account the remarks in paragraph 77 (paragraph 77);
- the Cypriot authorities to ensure that a clear policy is introduced on the actions to be taken whenever there is a death in prison (paragraph 78).

Other issues

recommendations

- the Cypriot authorities to take the necessary measures to develop the capacity and role of prison officers, in the light of the remarks expressed in paragraph 79 (paragraph 79);
- the Prison Regulations of 1997 to be revised in relation to the length of solitary confinement as a disciplinary punishment for adults and for juveniles (paragraph 81);
- the Cypriot authorities to take the necessary steps to ensure that placement in provisional disciplinary isolation is in line with the precepts in paragraph 82 (paragraph 82);
- the disciplinary procedures to be fundamentally reviewed taking into account the remarks in paragraph 83 on the safeguards surrounding such proceedings (paragraph 83);
- steps to be taken to increase prisoners' access to the telephone (paragraph 85);
- clear guidelines to be introduced for regulating the checking of letters entering and leaving the prison, taking into account the remarks in paragraph 85 (paragraph 85);
- the Cypriot authorities to increase the support provided to foreign nationals in prison, in the light of the remarks in paragraph 86 (paragraph 86);

- the Cypriot authorities to review the current system of complaints at Nicosia Central Prisons in light of the remarks in paragraph 87 (paragraph 87).

comments

- the Committee trusts that accumulated visiting time for prisoners who receive infrequent visits will also be put in place (paragraph 84).

requests for information

- on the management situation at Nicosia Central Prisons (paragraph 79);
- the Committee would appreciate the observations of the Cypriot authorities on the possibility to explore the use of modern technology in facilitating communication between prisoners and their family (paragraph 85);
- the observations of the Cypriot authorities on the Prison Board of Visitors at Nicosia Central Prisons being able to carry out its tasks effectively (paragraph 89).

Psychiatric institutions

Ill-treatment

recommendations

- the management at Athalassa Psychiatric Hospital to remind staff that patients should be treated with respect and that any form of ill-treatment including verbal abuse is unacceptable and will be sanctioned accordingly (paragraph 91).

Patients' living conditions

recommendations

- the Cypriot authorities to take the necessary steps to render patients' rooms less austere and impersonal and to provide patients with individual lockable space and personal belongings. Further, the sanitary facilities in the female admissions ward should be repaired and patients should be provided with access to cutlery during meals and to their toothbrushes, unless an individual risk assessment warrants such access being restricted (paragraph 92);
- the Cypriot authorities to ensure that all patients from closed wards benefit from access to outdoor exercise every day unless there are medical reasons to restrict such access and to make better use of the "football pitch" area (paragraph 93);
- the Cypriot authorities to put an end to the practice of locking the doors of bedrooms at night at Athalassa Psychiatric Hospital. Further, patients should have access to their rooms during the day (paragraph 94).

comments

- the CPT considers that patients accommodated at the Inpatient Unit for Adolescents should be able to regulate access to natural light in their rooms themselves (paragraph 95).

Treatment

recommendations

- the Cypriot authorities to carry out a comprehensive review of the neuroleptic and anti-psychotic medication prescribed to patients on the closed wards of Athalassa Psychiatric Hospital (paragraph 96);
- the Cypriot authorities to develop a protocol on the administration of PRN medication to involuntarily admitted patients based on an individual assessment by a psychiatrist. Further, a monthly review of the individual prescription for PRN medication should be conducted in respect of all patients on the closed wards at Athalassa Psychiatric Hospital (paragraph 97);
- the Cypriot authorities to ensure that patients' medical files at Athalassa Psychiatric Hospital include descriptive medical notes on the diagnosis and medical status of patients at all stages of their hospitalisation (paragraph 99);
- steps to be taken to improve the quality of individual treatment plans of patients at Athalassa Psychiatric Hospital in light of the remarks in paragraph 100 (paragraph 100);
- greater efforts to be made to involve patients on closed wards at Athalassa Psychiatric Hospital in occupational and rehabilitative activities adapted to their psychosocial status and diagnosis (paragraph 101).

Staff

recommendations

- the Cypriot authorities to ensure that:
 - three psychiatrists are effectively present at Athalassa Psychiatric Hospital during the day shifts;
 - at least two nurses are always present on each closed ward at Athalassa Psychiatric Hospital during the night shift (paragraph 103);
- the Cypriot authorities to ensure continuous training and refresher courses for mental health nurses (paragraph 104).

Seclusion and means of restraint

recommendations

- the Cypriot authorities to take effective steps to improve the recording of each measure of physical restraint at Athalassa Psychiatric Hospital (paragraph 106);

- a detailed policy on the recourse to seclusion to be adopted and put in practice at Athalassa Psychiatric Hospital. Further, the precepts referred to in paragraph 107 should be applied in practice whenever recourse is had to means of restraint, including seclusion (paragraph 107);
- the seclusion and observation rooms at the admission wards of Athalassa Psychiatric Hospital to be refurbished or the secure unit in the psychiatric ward of Nicosia General Hospital to be brought into service (paragraph 107).

Safeguards in the context of placement in a psychiatric facility

recommendations

- the Cypriot authorities to take the necessary steps to ensure that the considerations elaborated in paragraph 109 on legal safeguards are applied to involuntary placement procedures (paragraph 109);
- the Cypriot authorities to revise the leaflet distributed to patients at Athalassa Psychiatric Hospital in order to address issues such as patient's consent to treatment, access to legal assistance and how to file complaints to external monitoring bodies. Patients unable to understand the information leaflet should receive appropriate assistance (paragraph 112);
- the Cypriot authorities to take effective measures to ensure that the Mental Health Supervisory Committee fully complies with its mandate, in particular by taking prompt action in relation to the position of the chair, to recruit a permanent secretary and to allocate adequate funds for the performance of its activities. Further, the members of the Mental Health Supervisory Committee should conduct frequent and unannounced visits to places where involuntary psychiatric patients are hospitalised (interviewing patients in private and accessing all relevant documentation) and regularly collect and process the complaints filed by patients in the appropriate boxes at the above-mentioned establishments (paragraph 113);
- all patients to be able to communicate by telephone during the day and under conditions allowing privacy, unless there is a reasoned doctor's order to the contrary. Further, more frequent contact with the wider community should be offered to patients unless there are serious medical reasons preventing such contact (paragraph 114);
- the Cypriot authorities to amend the Law on Psychiatric Care to ensure that:
 - patients are granted the right to be heard in person or through their legal representatives at all court hearings prior to any decision concerning the renewal of their involuntary placement;
 - patients are permitted to request the termination of their hospitalisation measure without having to first obtain a positive assessment from their treating psychiatrist;
 - patients are informed of the possibility of submitting an independent opinion of a psychiatrist of their own choice during a discharge procedure (paragraph 115).

comments

- care should be taken to avoid that the doctor who has given the initial opinion (i.e. the outpatient's psychiatrist) on the involuntary hospitalisation of a patient subsequently acts as the treating psychiatrist at Athalassa Psychiatric Hospital (paragraph 110);
- the CPT considers that the procedure under Article 8.2 of the amended Law on Psychiatric Care under which a voluntary admitted patient in a psychiatric establishment can be treated without his/her consent for up to 72 hours should be abrogated. All patients should benefit from the safeguards associated with involuntary placement procedures before being subjected to treatment without their consent (paragraph 111).

Ward no.14 for mentally disabled patients at Athalassa Psychiatric Hospital

requests for information

- confirmation of the closure of ward no. 14 at Athalassa Psychiatric Hospital and the transfer of the remaining 12 patients to a more suitable therapeutic environment as well as to be provided with details of the care plans drawn up for the four patients who will remain at Athalassa Psychiatric Hospital (paragraph 116).

Social welfare institutions

recommendations

- the Cypriot authorities to take the necessary measures to ensure that the Latsia Youth Hostel operates within its stated capacity. Further, all rooms should be equipped with desks and chairs and steps should be taken to repair the shower head in the sanitary facility (paragraph 121);
- the Cypriot authorities to take the necessary steps to ensure that the personal files and registers of residents at Latsia Youth Hostel are diligently compiled and updated (paragraph 123).

comments

- the Committee encourages the Cypriot authorities to ensure that residents' medical files at Nea Elousa Institution for Persons with Severe Mental Retardation are accurately and fully maintained in their new establishments (paragraph 119).

requests for information

- as regards Nea Elousa Institution for Persons with Severe Mental Retardation, the CPT would like to receive information in particular in respect of the following issues:
 - the timeline for the transfer of the six remaining residents;
 - the legal basis for their placement in the establishments in the community;
 - the range of activities on offer to these residents in their new environment as well as information on their individual rehabilitation and care plans (paragraph 119).

APPENDIX II

**AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS WITH
WHICH THE CPT'S DELEGATION HELD CONSULTATIONS**

A. Ministerial authorities

Ministry of Interior

Ms Annie SHAKALLI Director of Civil Registry and Migration

Mr Makis POLIDOROU Director of Asylum Service

Ministry of Justice and Public Order

Mr Ionas NICOLAOU Minister of Justice and Public Order

Ms Maro VARNAVIDOU Head of the Gender Equality Unit, Senior Administrative Officer

Ms Agatha ZACKHEOS Senior Administrative Officer

Ms Athena DEMETRIOU Expert in detention matters

Mr George TRYPHONIDES Acting Director of the Prisons Department

Mr Lazaros LAZAROU Security Chief Officer of the Prisons Department

Mr Stelios PAPTAEODOROU Superintendent A', Director of European Union and International Police Cooperation Directorate

Mr Glikérios LEONDIOU Superintendent A', Commander of Aliens and Immigration Service

Mr Kyriaki LAMBRIANIDOU Superintendent B', Deputy Director at the Cyprus Police Academy

Ms Georgia IASONOS Inspector, Aliens and Immigration Service

Mr Xenios MAMA Sergeant, Head of Human Rights Office, European Union and International Police Cooperation Directorate

Ms Natasa ANTONIOU Police Officer, Human Rights Office, European Union and International Police Cooperation Directorate

Ministry of Health

Dr Yiannis KALAKOUTAS Director of Mental Health Services

Dr Olga KALAKOUTA Chief Health Officer

Ministry of Labour and Social Insurance

Ms Maria KYRATZI Principal Social Services Officer, Sector of Staff Development and State Institutions, Social Welfare Services

B. Other national authorities

Mr Costas CLERIDES Attorney-General

Ms Theodora CHRISTODOULIDOU Counsel, Attorney-General's Office

Mr Andreas SPYRIDAKIS President of the Independent Authority for the Investigation of Allegations and Complaints against the Police (IAIACAP)

Mr George KARAS Secretary, IAIACAP

Mr Aristos TSIARTAS Head of Human Rights Department, Office of the Commissioner of Administration (Ombudsman)

Ms Zinaida ONOFRIOU Advisor, Office of the Commissioner of Administration

C. International organisations

United Nations High Commissioner for Refugees' Office in Cyprus

D. Non-governmental organisations

Assistance Group for Mental Health

Cyprus Stop Trafficking

KISA - Action for Equality, Support, Antiracism