



CPT/Inf (2009) 28

**Report to the Azerbaijani Government**  
**on the visit to Azerbaijan**  
**carried out by the European Committee**  
**for the Prevention of Torture and Inhuman**  
**or Degrading Treatment or Punishment (CPT)**  
**from 8 to 12 December 2008**

The Azerbaijani Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2009) 29.

Strasbourg, 26 November 2009



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**Copy of the letter transmitting the CPT's report**

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Plenipotentiary  
Permanent Representative of  
Azerbaijan to the Council of Europe  
2, rue Westercamp  
67000 STRASBOURG

Strasbourg, 31 March 2009

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 Azerbaijan drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) following its visit to Azerbaijan from 8 to 12 December 2008. The report was adopted by the CPT at its 68<sup>th</sup> meeting, held from 2 to 6 March 2009.

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

The CPT trusts that it will also be possible for the Azerbaijani authorities to provide, in the requested response, reactions to the comments formulated in this report which are listed in Appendix I as well as replies to the requests for information made.

The Committee would ask, in the event of the response being forwarded in Azerbaijani, that it be accompanied by an English or French translation.

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

Yours faithfully

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



## I. INTRODUCTION

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 Azerbaijan from 8 to 12 December 2008. The visit was one which appeared to the CPT "to be required in the circumstances" (see Article 7, paragraph 1, of the Convention) and was the CPT's fifth visit to Azerbaijan<sup>1</sup>.

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

- Vladimir ORTAKOV (Head of delegation)
- Ömer ATALAR
- Anna GAVRILOVA-ANTCHEVA
- Jean-Pierre RESTELLINI

who were supported by Elvin ALIYEV and Borys WÓDZ of the CPT's Secretariat.

They were assisted by:

- Clive MEUX, consultant forensic psychiatrist, Oxford, United Kingdom (expert)
- Chahla AGALAROVA (interpreter)
- Mahammad GULUZADEH (interpreter)
- Rashad SHIRINOV (interpreter)
- Mehriban VAN DE GRIENDT (interpreter).

3. The main purpose of the visit was to review progress made in the light of the recommendations contained in the report on the CPT's visit to Azerbaijan in 2006 and other visit reports, in particular as regards the treatment of prisoners – including inmates sentenced to life imprisonment – and psychiatric patients.

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<sup>1</sup> The CPT has previously carried out two periodic visits (in November/December 2002 and in November 2006) and two ad hoc visits (in January 2004 and in May 2005) to Azerbaijan. Only the report on the first periodic visit, together with the responses of the Azerbaijani Government, have been made public at the request of the Azerbaijani authorities (see CPT/Inf (2004) 36 and CPT/Inf (2004) 37).

4. The delegation visited the following establishments:

Establishments under the authority of the Ministry of Justice

- Central Penitentiary Hospital, Baku
- Gobustan Prison

Establishments under the authority of the Ministry of Health

- Republican Psychiatric Hospital No. 1, Mashtaga
- Regional Psycho-Neurological Dispensary, Sheki
- Central Psychiatric Hospital, Baku.

5. In the course of the visit, the delegation held consultations with the Minister of Justice, Fikrat MAMMADOV, and the Deputy Minister of Health, Sanan KARIMOV, as well as with other senior officials from the above-mentioned Ministries. The delegation also met representatives of civil society. A list of the national authorities and organisations consulted during the visit is set out in the Appendix II to this report.

6. The degree of co-operation received during the visit - both from the national authorities and from staff at the establishments visited - was on the whole very good. Steps had been taken to ensure the delegation's immediate access to all the places visited (including ones not notified in advance). Further, the delegation was able to speak in private with all prisoners and patients it wished to interview, had ready and unrestricted access to all premises, and obtained quickly all the information and documentation requested (including that contained in various medical and administrative documents and patients' files).

That said, in one of the units for life-sentenced prisoners at Gobustan Prison, the delegation witnessed an attempt by a prison officer to threaten a prisoner for having spoken to the delegation. It also became apparent during the visit that certain prisoners detained at Gobustan Prison had been warned against making complaints to the delegation. In this connection, it must be stressed that any kind of intimidating or retaliatory action against a person before or after he has spoken to a CPT's delegation would be totally incompatible with the obligations of Parties to the Convention.

7. During the end-of-visit talks with the Azerbaijani authorities on 12 December 2008, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention concerning the totally unacceptable conditions in the smaller of the two locked rooms (referred to as "isolators") at Ward 12 of the Republican Psychiatric Hospital No. 1 in Mashtaga. The delegation requested the authorities to immediately withdraw the isolator concerned from service.

In addition, the delegation requested the Azerbaijani authorities to take urgent steps to address the problem of the extremely low temperature in the patients' accommodation areas at the Regional Psycho-Neurological Dispensary in Sheki (e.g. by improving the insulation of the windows and providing patients with additional blankets).



8. The above-mentioned immediate observation and request for urgent action were subsequently confirmed in a letter of 5 January 2009, in which the Azerbaijani authorities were requested to provide, within one month, an account of the steps taken in response.

By letter of 4 March 2009, the Azerbaijani authorities informed the CPT of the measures taken and provided information on various other issues raised by the delegation at the end of the visit. This information has been taken into account in the relevant sections of the report.



## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Establishments under the authority of the Ministry of Justice

#### 1. Preliminary remarks

9. The prison population of Azerbaijan has followed a downward trend over the last seven years and the Azerbaijani authorities have embarked on an extensive programme for renewing the prison estate. In April 2008, a new mixed-regime penitentiary establishment had opened in Nakhchivan (with a capacity of 400 places, including 25 for remand prisoners). Further, the previously-announced construction of a new investigative isolator in the Zabrat settlement near Baku (2,500 places) and mixed-regime establishments in Lenkoran (1,000 places) and Sheki (900 places) was ongoing. The construction of a new high-security prison, to replace Gobustan Prison, had also started in the Umbaki settlement near Baku (1,500 places). In addition, there were plans to start in 2009 the construction of new mixed-regime penitentiary establishments in Ganja (1,500 places) and Kurdemir (1,000 places) as well as new facilities for sentenced women and juveniles in the Zabrat settlement.

The CPT wishes to stress that the prison-building programme should be part and parcel of an overall strategy for creating a humane penitentiary system which, in addition to improving the physical infrastructure, addresses the issues of prison management and staff training, the allocation of prisoners, as far as possible, to establishments close to their homes, the provision of out-of-cell activities to inmates and opportunities for the reintegration of prisoners into free society. **The Committee trusts that the Azerbaijani authorities will take these precepts into account when pursuing the prison-building programme. Further, the Committee would like to receive a timetable for the implementation of the prison-building programme.**

#### 2. Ill-treatment

10. The CPT's delegation received no allegations of physical ill-treatment of patients by staff at the Central Penitentiary Hospital. Indeed, the overall atmosphere at the hospital appeared to be rather relaxed, and staff-patient relations were good.

11. By contrast, at Gobustan Prison, the delegation received several credible allegations from life-sentenced prisoners of deliberate physical ill-treatment and excessive use of force by prison officers. The forms of ill-treatment alleged consisted mainly of punches, kicks and blows with truncheons, as well as sexual abuse using a truncheon. The ill-treatment had reportedly been inflicted in the establishment's "club" (i.e. association room), disciplinary unit and the exercise yards adjacent to it. In addition, a number of prisoners complained that certain prison officers had subjected them to verbal abuse.

12. Specific mention should be made of the case of a life-sentenced prisoner interviewed by the delegation who alleged that, in August 2008, he had been beaten by several prison officers who had kicked and hit him with truncheons while his ankles and hands were cuffed together; as a result, he had allegedly sustained multiple injuries and had lost several teeth. The ill-treatment had apparently taken place in the exercise yard of the disciplinary unit and had been inflicted because of the prisoner's requests to be transferred back to his original cell.

The entry made in respect of the prisoner concerned in the register of traumatic lesions at Gobustan Prison referred to "abrasions and haematomas on the wrists, feet and scapulae, caused by the use of force and cuffs". The incident was also recorded in the register on the use of "special means" (see paragraph 14) where "active physical resistance to prison officers" was indicated as the reason for resorting to truncheons and handcuffs.

Upon examination by a medical member of the delegation, the prisoner concerned displayed streak-like, brownish scars on the right ankle and both wrists, which were consistent with tight hand- and foot cuffing for a prolonged period of time. Further, a number of the prisoner's teeth had recently been replaced.

**13. The CPT reiterates its recommendation that a clear message be delivered to the management and staff of Gobustan Prison that physical ill-treatment and verbal abuse of prisoners are unacceptable and will be dealt with severely. As part of this message, staff should be reminded that if physical force or "special means" need to be applied to control violent and/or recalcitrant prisoners, the force used should be no more than is strictly necessary and that, once prisoners have been brought under control, there can be no justification for striking them.**

**The Committee also wishes to stress that the attitude of senior managers is vital in this respect: it is their responsibility to demonstrate to other members of staff how to behave by treating all prisoners with respect for their dignity.**

14. A register for recording the use of "special means" (such as handcuffs and truncheons) was kept at Gobustan Prison. It contained brief descriptions of the circumstances of each case, the reasons for resorting to the measure, the means applied and the name of the officer who had applied it. However, it transpired that the use of "special means" was still not systematically notified to the Prosecutor's Office. **The CPT recommends that steps be taken to ensure that prosecutors are systematically notified of any use of "special means" by prison staff and are particularly vigilant when examining such cases.**

### 3. Follow-up visit to Gobustan Prison

15. The CPT's delegation carried out a targeted follow-up visit to Gobustan Prison in order to review progress made towards the implementation of previous CPT recommendations<sup>2</sup>.

With an official capacity of 700, Gobustan Prison was holding 634 inmates at the time of the visit. Of them, 219 were life-sentenced prisoners, 60 were serving long sentences, 319 had been transferred from other establishments for regime violations and 36 had been assigned to work at the establishment. The delegation focussed its attention on the three units holding life-sentenced prisoners (Nos. 4, 5 and 6).

16. In the above-mentioned units for lifers, the delegation observed some improvements to material conditions. The cell heating had been significantly improved, running water was provided on a permanent basis in the cells, and the showers in Unit 4 had been renovated (enabling prisoners to take more frequent showers). Further, renovation work was underway in the shower facilities of Unit 6. In addition, the establishment's kitchen had been completely refurbished and properly equipped.

That said, conditions in the most dilapidated Unit 1 remained basically unchanged<sup>3</sup>. Moreover, the prison still did not supply inmates with an adequate range of personal hygiene products (only soap and washing powder were provided on a regular basis) and there was no laundry, prisoners thus being obliged to wash their clothes and bed linen themselves or rely on their families.

17. In June 2008, a number of amendments had been made to the Code of Enforcement of Punishments (CEP), *inter alia*, lifting the restriction that no more than two life-sentenced prisoners be accommodated together in a cell. The delegation observed that some cells were accommodating three inmates. In general, the legal requirement of 4 m<sup>2</sup> of living space per prisoner was observed in all the cells visited (e.g. one prisoner in cells measuring 7 to 8 m<sup>2</sup>; two prisoners in cells measuring 9 to 10 m<sup>2</sup>; three prisoners in cells measuring some 17 m<sup>2</sup>). However, as stressed by the CPT in previous visit reports, given that prisoners were locked up in their cells for 23 hours a day, living space was far from generous.

18. As regards food, many inmates stated that the quality had recently improved. Nevertheless, a number of complaints were heard that the food served was monotonous, especially for those who had no means to buy additional foodstuffs, and that no fruit was provided.

19. As already indicated (see paragraph 9), the construction of a new high-security prison for 1,500 persons was underway. The delegation was informed that Gobustan Prison would be closed down once the new prison entered into service. **The CPT would like receive a timetable for the construction/commissioning of the new prison and information on its layout plan.**

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<sup>2</sup> The CPT had previously visited the establishment in May 2005 and November 2006.

<sup>3</sup> See paragraph 56 of CPT (2007) 31.

In the meantime, **the CPT recommends that measures be taken at Gobustan Prison to ensure that:**

- **prisoners are systematically provided with a range of personal hygiene items (including toothpaste, toothbrush, toilet paper, etc.) in adequate quantities;**
- **the variety of the food provided to prisoners is improved.**

20. A number of life-sentenced prisoners alleged that they had paid themselves for the refurbishment of their cells (in particular, for the installation of wooden floors). In this connection, some prisoners complained that they had been moved, as a form of punishment, to cells offering worse conditions, while the cells which they had had refurbished had been given by the management to other prisoners against a payment. **The CPT would like to receive the comments of the Azerbaijani authorities on this matter.**

21. Turning to activities, the above-mentioned amendments to the CEP had granted life-sentenced prisoners access to television. The delegation observed that all cells in the lifers' units were equipped with a TV provided by the administration. Both prisoners and staff affirmed that the possibility to watch television had led to a considerable decrease in tension in the establishment.

It should be noted, however, that many prisoners complained that they were allowed to watch television for only four hours a day<sup>4</sup>. In response to the delegation's comments, the Azerbaijani authorities indicated in their letter of 4 March 2009 that it had been decided "to prolong the time for watching TV by inmates". **The CPT would like to receive information on the precise hours during which life-sentenced prisoners are able to watch television.**

22. Despite the above-mentioned improvement, life-sentenced prisoners continued to spend 23 hours a day locked up in their cells, without being offered any form of organised activity. Such a state of affairs is totally unacceptable and constitutes a failure to implement long-standing CPT recommendations<sup>5</sup>. **The CPT calls upon the Azerbaijani authorities to take steps without further delay to devise and implement a comprehensive regime of out-of-cell activities for life-sentenced prisoners at Gobustan Prison.**

In this context, the Committee must stress once again that it can see no justification for keeping life-sentenced prisoners apart from other prisoners. Reference has been made in this regard to the Council of Europe's Committee of Ministers' Recommendation (2003) 23, on the "management by prison administrations of life sentence and other long-term prisoners" of 9 October 2003<sup>6</sup>. **The CPT calls upon the Azerbaijani authorities to take due account of the principles contained in Recommendation (2003) 23 when devising their policy on the treatment of life-sentenced prisoners.**

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<sup>4</sup> From 6 p.m. till 10 p.m.

<sup>5</sup> See paragraphs 25 to 30 of CPT (2005) 45 and paragraph 62 of CPT (2007) 31.

<sup>6</sup> One of the general principles underpinning such management is the non-segregation principle, which states that consideration should be given to not segregating life-sentence prisoners on the sole ground of their sentence. This principle should be read in conjunction with the security and safety principle, which calls for a careful assessment of whether prisoners pose a risk of harm to themselves, to other prisoners, to those working in the prison or to the external community. It recalls that the assumption is often wrongly made that the fact of a life-sentence implies that a prisoner is dangerous. The placement of persons sentenced to life-imprisonment should therefore be the result of a comprehensive and ongoing risk and needs assessment, based on an individualised sentence plan, and not merely be a result of their sentence.

23. The CPT welcomes the fact that the provision of the CEP preventing life-sentenced prisoners from receiving vocational training has been repealed<sup>7</sup>. However, it is a matter of concern that the law still explicitly provides that lifers, as distinct from all other categories of prisoners, are not entitled to general secondary education<sup>8</sup>. **The Committee recommends that this provision be annulled.**

24. The delegation noted that, since August 2008, a number of inmates – including some 40 life-sentenced prisoners – were being routinely handcuffed whilst being moved within the prison. The delegation was informed that this measure had been ordered by the prison director and concerned inmates considered to be likely to escape or assault staff or other prisoners.

The CPT must stress that there can be no justification for routinely handcuffing prisoners outside their cells, all the more so when this measure is applied in an already highly secure environment. Such a measure can only be seen as disproportionate and punitive.

**The CPT recommends that the Azerbaijani authorities review their current policy with regard to the application of handcuffs on prisoners at Gobustan Prison, in the light of the above remarks.**

#### 4. Central Penitentiary Hospital

25. During the 2008 visit, the CPT's delegation carried out a visit to the Central Penitentiary Hospital in Baku<sup>9</sup>. At the time of the visit, the establishment was holding 343 patients. Its official capacity of 650 beds had temporarily been reduced to 550, due to the ongoing refurbishment of one section of the narcology ward. Patients were accommodated in nine wards<sup>10</sup> as well as in the so-called "administrative" section (for former law enforcement officials) and "regime" section (for life-sentenced prisoners and other inmates considered to be dangerous or serving their sentences under a "prison regime"<sup>11</sup>).

The delegation focused on the hospital's internal diseases, narcology, and psychiatry wards. It also examined the situation of persons held in the neurology ward, the ward for women and the "regime section".

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<sup>7</sup> At the time of the visits to Gobustan Prison in 2005 in 2006, no vocational training or educational classes were offered to inmates.

<sup>8</sup> See Section 104.6 of the CEP.

<sup>9</sup> Parts of the establishment had previously been visited by the CPT in 2002 (the psychiatric ward) and in 2006 (the section for life-sentenced prisoners).

<sup>10</sup> Admission, internal diseases, surgery, infectious diseases, venerology, neurology, narcology, psychiatry, and a women's ward.

<sup>11</sup> The "prison regime" is a maximum-security regime under which prisoners are held in cells which are locked all the time. This type of regime is applied at Gobustan Prison and Special-regime penitentiary establishment No. 8.

26. The hospital building dated back to 1937, and the overall state of repair left a lot to be desired. Nevertheless, efforts were being made to improve material conditions. As already mentioned, there was ongoing refurbishment in the narcology ward. Further, in their letter of 4 March 2009, the Azerbaijani authorities informed the CPT of plans to refurbish the hospital's internal diseases and psychiatry wards in 2009/2010.

Living space per patient in the rooms was on the whole adequate<sup>12</sup> (except for in the narcology ward). Further, access to lighting, ventilation and heating were generally adequate, and the rooms were kept relatively clean. That said, the rooms contained nothing but beds and shared cupboards, the bedding was not always clean, and the overall environment was impersonal. The central heating system was not fully operational and had to be supplemented by unprotected electric heaters. Further, patients had to rely on their families for the provision of personal hygiene items and the washing of bed linen and clothing (apparently due to the malfunctioning of the hospital laundry). Although no complaints were heard about access to the communal toilet and washing facilities, the delegation observed that some of these facilities were dirty.

27. The delegation heard hardly any complaints concerning food. It should be noted, however, that many patients relied on food parcels supplied by their families.

28. At the end-of-visit talks, the Minister of Justice indicated that there were plans to construct a new hospital to replace the current one, which "did not meet modern requirements". **The CPT invites the Azerbaijani authorities to give a high priority to these plans.**

For as long as the existing premises remain in use, **the Committee recommends that steps be taken at the Central Penitentiary Hospital to ensure that:**

- **patients' rooms and communal sanitary facilities are maintained in an acceptable state of cleanliness and hygiene;**
- **patients are supplied with adequate bedding, which is cleaned at regular intervals (requiring the refurbishment of the laundry), and a range of essential personal hygiene items.**

29. The negative effects of the poor material conditions were alleviated to some extent by the fact that patients benefited from an open-door regime inside the wards and could spend several hours per day in a large outdoor exercise area. Other activities involved watching television, reading and playing board games.

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<sup>12</sup> For example, 4.3 m<sup>2</sup> per patient in the women's ward, 3.8 m<sup>2</sup> per patient in the "regime" section.



## 5. Health care

### a. Gobustan Prison

30. Health-care staffing levels remained generally satisfactory as regards doctors (a Head doctor, a specialist in internal diseases, a specialist in pulmonary diseases and a dentist). Further, a psychologist and a laboratory assistant had recently been recruited.

However, the CPT regrets the fact that the Azerbaijani authorities have failed to implement its recommendations to employ nurses<sup>13</sup> and ensure that someone qualified to provide first aid (preferably with a recognised nursing qualification) is always present in the prison. As a consequence, no health-care staff were present in the establishment at night and at weekends.

Further, the delegation was concerned to note that one of the prisoners (with training as a surgeon) continued to work for the health-care service and was involved in the performance of health-care tasks during the night, despite the specific recommendation made by the Committee after the visit in 2006.

31. In the light of the above, **the CPT calls upon the Azerbaijani authorities to take steps at Gobustan Prison to:**

- **substantially increase the number of nursing staff;**
- **ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present on the premises of the establishment, including at night and weekends;**
- **put an end to the practice of involving prisoners in the performance of health-care tasks.**

32. As regards the establishment's medical unit, the delegation learned that, since the 2006 visit, the TB laboratory had become operational and dental X-ray equipment had been provided. Further, the supply of medication did not seem to pose a problem. However, the establishment was still lacking equipment to perform chest and bone X-rays; **the CPT recommends that steps be taken to remedy this deficiency.**

33. The delegation was informed that, since 2007, all inmates had been undergoing a full medical examination once a year. As part of the annual check-up, each prisoner was seen by a range of medical specialists (surgeon, dermatologist, pulmonary specialist, psychiatrist, neurologist, ophthalmologist and specialist in internal diseases). All prisoners underwent fluorography and electrocardiographic examinations. Further, blood, urine and ultrasound tests were performed when deemed necessary by the doctors. This is a welcome development.

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<sup>13</sup> As in 2006, the prison employed no nurses.

34. Despite the above-mentioned introduction of annual medical examinations, the medical care provided to prisoners at Gobustan Prison remained far from satisfactory. Once again, complaints were received from inmates about delays in access to a doctor and the quality of the health care provided. **The CPT recommends that further steps be taken to improve the provision of general health care at Gobustan Prison.**

35. As regards the provision of psychiatric and psychological care to prisoners, it is a matter of grave concern that an establishment like Gobustan Prison, with more than 600 prisoners - many of whom serve long (including life) sentences - still has no psychiatrist and employs only one psychologist. **The CPT calls upon the Azerbaijani authorities to fill the vacant psychiatrist's post and to reinforce the provision of psychological care to prisoners at Gobustan Prison as a matter of urgency.**

36. It should be noted that, unlike the situation observed in 2006, the Head doctor received the conclusion of the autopsy report in the case of death of an inmate at the prison. This is a welcome development. Moreover, the Head doctor was apparently systematically present during autopsies<sup>14</sup>.

b. Central Penitentiary Hospital

37. The medical staffing levels could be described as satisfactory in the psychiatry and women's wards, with a ratio of one doctor per 17 beds and one doctor per 20 beds respectively. The doctor/patient ratio was lower in the internal diseases ward (one doctor per 33 beds) and was at a critical level in the narcology ward (one doctor per 60 beds), where not all the doctors' posts were filled<sup>15</sup>.

As regards nursing staff resources, they were clearly insufficient in all the wards visited<sup>16</sup>; some of the nurses' posts were also vacant<sup>17</sup>. It is also a matter of concern that no health-care staff were present in the wards between 4 p.m. and 8 a.m.; during that time, one doctor and one nurse were on duty for the whole hospital.

Furthermore, despite assurances given by the authorities in their response to the report on the 2002 visit<sup>18</sup>, it was still common practice for patients to be employed as orderlies to perform various tasks.

In the light of the above, **the CPT recommends that steps be taken at the Central Penitentiary Hospital to:**

- **fill the vacant doctors' posts;**
- **reinforce the team of nurses and ensure that a nurse is always present on the wards.**

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<sup>14</sup> The delegation was told that this was now the practice in all prisons in the country.

<sup>15</sup> One post in the internal diseases ward and two posts in the narcology ward were vacant.

<sup>16</sup> For example, three nurses in the internal diseases ward, one in the narcology ward, one in the psychiatry ward.

<sup>17</sup> One in the psychiatry ward and two in the narcology ward.

<sup>18</sup> See page 32 of CPT/Inf (2004) 37.

**The Committee also trusts that reinforcing the team of nurses will make it possible to abolish the practice of employing patients as orderlies; such an approach must be seen as a last resort.**

38. Regarding treatment, although it appeared that in cases requiring specialist treatments unavailable at the hospital there was a possibility to invite outside specialists or transfer a person to a civil hospital, the delegation gained the impression that the treatment provided in the hospital's internal diseases, narcology and psychiatry wards left a lot to be desired.

At the narcology<sup>19</sup> and psychiatry wards, the treatment consisted almost exclusively of pharmacotherapy. The supply of basic psycho-pharmacological drugs appeared to be problematic, new-generation neuroleptics being unavailable; in this connection, it was evident that some medicines were being provided by the patients' families. On a more positive note, the types of medication prescribed to patients seemed to be adequate and there appeared to be no overuse of medication. As regards other forms of treatment, they were limited to occasional individual psychotherapy by the establishment's psychiatrists/narcologists<sup>20</sup>.

39. The delegation saw three recently opened diagnostics rooms which were equipped with new medical equipment (X-ray and ECG machines, ultrasonography and fiberoptic gastroscopy devices). This is a welcome development. However, the delegation observed that there was no proper system for filing the patients' X-ray films; **steps should be taken to remedy this shortcoming.**

40. In the light of the above, **the CPT recommends that urgent measures be taken to improve the provision of health care at the Central Penitentiary Hospital. As a first step, a thorough assessment of the hospital's health-care services should be carried out. It is also necessary for the hospital's management to develop professional co-operation with the Ministry of Health and to ensure that all doctors employed by the hospital receive regular ongoing training.**

**As regards patients undergoing psychiatric treatment or treatment for drug addiction, particular efforts should be made to develop psycho-social therapeutic activities and to adapt them to the individual needs of patients.** In this context, contributions from clinical psychologists, social workers and occupational therapists would be conducive to the emergence of a multidisciplinary approach.

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<sup>19</sup> The ward specialises in the compulsory treatment of prisoners pursuant to Section 93.1.4 of the Criminal Code, i.e. those who have been sentenced for committing a criminal offence and have been declared in need of treatment for drug or alcohol addiction. Such treatment is imposed for a period ranging from six months to two years, and is limited by the length of the sentence. There is a possibility to terminate the treatment earlier (but not earlier than six months) if the prisoner concerned is no longer deemed in need of treatment, and to prolong the treatment if it does not produce the desired effect. The prisoner's progress is assessed by a medical commission which recommends to the court the termination or prolongation of treatment.

<sup>20</sup> No psychologists, social workers or occupational therapists worked at the establishment.

41. Patients' medical files were generally well kept in the psychiatry and narcology wards. However, the manner in which these files were maintained in the internal diseases ward left something to be desired. It was the practice in the latter ward that each doctor was responsible for a certain number of patients and kept their medical files under lock and key in his office. As a result, those files were not accessible outside office hours (including to the duty doctor). This is not acceptable; **the CPT recommends that steps be taken to ensure that patients' medical files are accessible to medical staff at all times.**

42. The delegation was informed that physical restraints were not used at the Central Penitentiary Hospital. On the other hand, resort was had to the seclusion of patients for medical and other purposes (i.e. in order to calm down a patient in a state of agitation, protect patients at risk of self-harm, etc.). Seclusion took place in the so-called "treatment cells" which were located in the hospital's isolation unit (see paragraph 51). The delegation was concerned to note that placements in such cells were not subject to regular review<sup>21</sup> and that there was no written policy governing the resort to seclusion, despite a specific recommendation made by the CPT to this effect in the report on the 2002 visit.

**The CPT reiterates its recommendation that detailed instructions on the use of seclusion be drawn up at the Central Penitentiary Hospital. Such instructions should specify more particularly: the types of cases in which seclusion may be used; the objectives sought; its duration and the need for regular reviews; the existence of appropriate human contact; the need for close supervision by staff.**

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<sup>21</sup> Stays of up to several weeks were occasionally noted.

## 6. Other issues of relevance to the CPT's mandate

### a. contact with the outside world

43. The June 2008 amendments to the CEP introduced, *inter alia*, an increase in life-sentenced prisoners' entitlement to visits, telephone calls and parcels<sup>22</sup>. Such prisoners are now entitled to six short-term (of up to 4 hours) and two long-term (of up to 3 days) visits per year<sup>23</sup>. As regards access to a telephone, lifers can now make two 15-minute calls per month<sup>24</sup>.

Given the crucial importance of prisoners' contacts with the outside world in the context of their social rehabilitation, **the CPT recommends that the Azerbaijani authorities further increase the visit entitlement of life-sentenced prisoners, so as to ensure that such prisoners can receive at least one visit (either short- or long-term) per month; their entitlement to make phone calls should also be increased further.**

44. As regards the visiting facilities for short-term visits at Gobustan Prison, previous CPT recommendations on this subject remain to be implemented. Inmates continued to receive short-term visits under closed conditions (i.e. a room divided in the middle by a corridor encircled with wire mesh, allowing no physical contact between prisoner and visitor). Further, the delegation observed that the room could become extremely noisy during visits.

In the light of the above, **the CPT reiterates its recommendations that steps be taken to improve the short-term visiting facilities at Gobustan Prison, with a view to allowing visits to take place under reasonably open conditions.**

45. Pursuant to the June 2008 amendments to the CEP<sup>25</sup>, prisoners' incoming and outgoing correspondence is no longer censored, unless this is deemed necessary for security reasons<sup>26</sup>. Notwithstanding this positive development, several inmates at Gobustan Prison complained that their correspondence was often received/forwarded with considerable delay. **The Committee would like to receive the comments of the Azerbaijani authorities on this matter.**

46. At the Central Penitentiary Hospital, the existing arrangements for prisoners' contact with the outside world were generally satisfactory. Short-term visits took place in an ordinary room where prisoners met their visitors sitting around a table. However, unlike in 2002, it appeared that prisoners - even those who spent prolonged periods at the hospital - could not receive long-term visits. **The CPT recommends that the Azerbaijani authorities take steps to enable prisoners held at the Central Penitentiary Hospital to receive long-term visits.**

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<sup>22</sup> In addition, the amount of money they can spend on purchasing food and basic products has been increased from 4 AZN to 25 AZN (approx. €25) per month.

<sup>23</sup> Two more short-term visits and one long-term visit may be allowed by way of reward.

<sup>24</sup> As regards other categories of sentenced prisoners, they are entitled to one 15-minute telephone call per week.

<sup>25</sup> See Section 83.

<sup>26</sup> Censorship does not apply to letters addressed by prisoners to bodies in charge of supervising penitentiary establishments, the Ombudsman, the European Court of Human Rights and their lawyers.

b. discipline and segregation

47. The information gathered by the delegation at Gobustan Prison and the Central Penitentiary Hospital indicates that the disciplinary sanction of placement in a punishment cell (for up to 15 days<sup>27</sup>) was applied sparingly at both establishments.

48. As regards the disciplinary procedure, another welcome development introduced by the June 2008 amendments to the CEP is the right of prisoners to appeal to the Ministry of Justice or to the court against decisions to impose a disciplinary sanction<sup>28</sup>. However, the delegation noted that, at neither of the two establishments visited did the decision regarding placement in a punishment cell contain information on avenues of appeal. Not surprisingly, most of the prisoners interviewed by the delegation were not aware of their right to lodge an appeal against such decisions. **The CPT recommends that the above-mentioned shortcoming be remedied.**

49. At both establishments, the delegation observed that, in accordance with the relevant regulations<sup>29</sup>, a doctor had to certify, prior to the implementation of the disciplinary sanction, that the prisoner concerned was fit to undergo disciplinary confinement.

The CPT has already stressed in the report on the 2006 visit that medical practitioners working in penitentiary establishments act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Obliging doctors to certify that prisoners are fit to undergo punishment is scarcely likely to promote that relationship. This point was recognised in the Committee of Ministers' Recommendation Rec (2006)2 on the European Prison Rules; indeed, the rule in the previous version of the Rules, stipulating that doctors must certify that a prisoner is fit to sustain the punishment of disciplinary confinement, has now been removed. On the other hand, prison doctors should be very attentive to the situation of prisoners placed in disciplinary cells. **The CPT reiterates its recommendation that the role of doctors in relation to disciplinary matters be reviewed. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the Committee in its 15<sup>th</sup> General Report (see paragraph 53 of CPT/Inf (2005) 17).**

50. Turning to conditions of detention in disciplinary cells, since January 2008, a separate disciplinary unit had been in operation at *Gobustan Prison* (the cells previously used for disciplinary purposes in each unit had been converted into single-occupancy cells). The new disciplinary unit comprised five cells which had adequate access to natural light and ventilation, and were properly heated. The cell equipment consisted of bunk beds, stools and a partitioned toilet; further, bedding was provided at night. It also appeared that outdoor exercise was provided on a daily basis in the unit's exercise yard.

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<sup>27</sup> Such placement can be applied repeatedly (paragraph 275 of the Rules of Internal Discipline in Penitentiary Establishments). However, the total period spent in a punishment cell by a prisoner may not exceed 60 days in one calendar year (Section 110.6 of the CEP).

<sup>28</sup> See Section 109.2 of the CEP.

<sup>29</sup> See paragraph 262 of the Rules of Internal Discipline in Penitentiary Establishments.

However, a number of shortcomings were observed in the disciplinary unit. In particular, the cells were too small for their intended occupancy (i.e. double cells measured some 6 m<sup>2</sup>, and those intended for four inmates some 8 m<sup>2</sup>). Further, access to artificial lighting in the cells was inadequate, and there were no call bells. As for the unit's shower facility, it was found to be in a poor state of repair and cleanliness.

**The CPT recommends that steps be taken in the disciplinary unit of Gobustan Prison in order to:**

- **ensure a minimum of 4 m<sup>2</sup> of living space per prisoner (cells of 6 m<sup>2</sup> should not accommodate more than one inmate);**
- **improve the artificial lighting and install a call system in the cells;**
- **refurbish the shower facility.**

51. The isolation unit at the *Central Penitentiary Hospital* comprised nine cells, including one punishment cell and eight "treatment cells" (see paragraph 42). Material conditions in the unit had considerably improved since the CPT's visit in 2002: the cells were equipped with wooden floors, bunk beds, a sink and a semi-partitioned toilet. That said, the temperature in the cells was low and the artificial lighting was poor. The isolation unit had a small exercise yard (measuring some 12 m<sup>2</sup>); however, according to some patients, outdoor exercise was not offered to those placed in the punishment cell. Further, the unit's shower room was damp and dilapidated.

**The CPT recommends that material conditions in the isolation unit of the Central Penitentiary Hospital be improved, in the light of the above remarks. Further, steps should be taken to ensure that patients placed in a punishment cell are offered at least one hour of outdoor exercise per day.**

52. In the course of the visit, the delegation observed that prisoners placed in disciplinary punishment cells still had no access to reading matter, despite repeated recommendations to this effect made by the CPT. In response to the delegation's observations made at the end of the visit, the Azerbaijani authorities indicated in their letter of 4 March 2009 that inmates placed in disciplinary punishment cells are now provided with reading matter. The Committee welcomes this development.

53. According to Section 110.1 of the CEP, placement in a punishment cell is invariably accompanied by the prohibition of contacts with the outside world. **The CPT must stress that disciplinary punishment of prisoners should not include a total prohibition on family contacts<sup>30</sup> and that any restrictions on family contacts as a form of punishment should be used only where the offence relates to such contacts.**

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<sup>30</sup> See also Rule 60(4) of the European Prison Rules.

54. The CPT has serious misgivings about the practice observed at Gobustan Prison of holding prisoners in solitary confinement for prolonged periods of time. Reference should be made to the case of a life-sentenced prisoner who had been held in solitary confinement since February 2008. From the information gathered, it transpired that solitary confinement had been imposed by the prison director due to the inmate's "disruptive behaviour" (i.e. inciting other prisoners to disobedience). The prison director had invoked Section 121.1 of the CEP which provides that inmates may, if necessary, be kept in single cells on the basis of a reasoned decision of the prison director. The decision had been made for an unspecified period and was not subject to periodic review. Further, the prisoner concerned claimed that he had not been given a copy of the director's decision and that it was only in June 2008 that his solitary confinement had been officially acknowledged, after he had lodged a complaint with the court.

The application of a solitary confinement-type regime is a step that can have very harmful consequences for the person concerned and can, in certain circumstances, lead to inhuman and degrading treatment. The CPT is of the view that the imposition of such a regime should be based on an individual risk assessment of the prisoner concerned, applied for as short a time as possible, and reviewed at regular intervals. **The Committee recommends that the Azerbaijani authorities take steps to ensure that:**

- **a prisoner who is placed in solitary confinement by the prison management is informed in writing of the reasons for that measure (it being understood that the reasons given could exclude information which security requirements reasonably justify withholding from the prisoner);**
- **a prisoner in respect of whom such a measure is envisaged is given an opportunity to express his views on the matter;**
- **the placement of a prisoner in solitary confinement is for as short a period as possible and is reviewed at least every three months with a view to re-integrating the prisoner into mainstream prison population.**



## **B. Establishments under the authority of the Ministry of Health**

### **1. Preliminary remarks**

55. The CPT's delegation visited the Republican Psychiatric Hospital No. 1 in Mashtaga<sup>31</sup> and carried out a follow-up visit to the Regional Psycho-Neurological Dispensary in Sheki. Further, the delegation paid a brief visit to the Central Psychiatric Hospital in Baku, where it focussed on patients' living conditions.

56. The delegation also visited the site of the former City Psychiatric Hospital No. 1 in Baku and noted that this dilapidated establishment<sup>32</sup> had been taken out of service. The Committee welcomes this development and **it would like to know what plans are being made for the future of City Psychiatric Hospital No. 1.**

57. The Republican Psychiatric Hospital No. 1 is a complex of many buildings set within a 40-hectare area in the settlement of Mashtaga, some 20 km from Baku. With an official capacity of 1,890 beds, the hospital is the largest psychiatric establishment in Azerbaijan. At the time of the visit, it was holding 1,212 patients, of whom 415 were women. Patients were accommodated in 22 closed wards (6 adult female wards, 14 adult male wards, a ward for children and young persons, and a geriatric ward), with a capacity ranging from 40 to 80 beds<sup>33</sup>. Further, the hospital has a forensic psychiatric unit, which, although occupied, was under renovation at the time of the visit. About half of the patients were diagnosed as mentally ill, while the other half suffered from learning disabilities. The majority of patients had been in the hospital for a long time, some for many years.

Apart from 131 forensic patients, all the other patients were considered as voluntary. However, from interviews with staff and patients, it became apparent that a significant number of "voluntary" patients were in fact not free to leave the hospital on their own and were thus *de facto* deprived of their liberty. This issue will be dealt with later in the report (see paragraph 76).

58. The Regional Psycho-Neurological Dispensary in Sheki had been visited by the CPT in 2006<sup>34</sup>. The establishment's official capacity had remained unchanged and it was accommodating 66 patients at the time of the visit (41 men and 25 women).

59. The Central Psychiatric Hospital in Baku (former City Psychiatric Hospital No. 2) had been reopened in 2008, following extensive refurbishment. With an official capacity of 290 beds<sup>35</sup> (two male wards of 80 and 60 beds, one female ward of 60 beds, and one mixed ward of 90 beds including ten for children), the hospital was accommodating 70 in-patients on the day of the visit.

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<sup>31</sup> In 2002, the CPT had only visited the separately managed forensic assessment unit on the same site as Mashtaga (see paragraphs 155 to 161 of CPT/Inf (2004) 36).

<sup>32</sup> Conditions in this hospital were the subject of severe criticism in the report on the CPT's visit to Azerbaijan in 2006 (see paragraphs 119 to 124 of CPT (2007) 31).

<sup>33</sup> Except the ward for children and young persons, which had 25 beds.

<sup>34</sup> See paragraph 115 of CPT (2007) 31 for a detailed description of the establishment.

<sup>35</sup> In addition, the establishment had 20 day hospital beds.

## 2. Ill-treatment

60. Unlike during the 2006 visit, hardly any allegations of ill-treatment by staff were received at the Regional Psycho-Neurological Dispensary in Sheki where the vast majority of the patients now spoke positively of the staff<sup>36</sup>. Further, inter-patient violence did not appear to be a significant problem at the establishment.

Further, the brief visit to the Central Psychiatric Hospital in Baku did not bring to light any indications of ill-treatment.

61. At the Republican Psychiatric Hospital No. 1 in Mashtaga, the delegation heard a number of allegations from patients of occasional physical ill-treatment (blows with wooden sticks, punches and slaps) and rude behaviour (verbal abuse, being pushed), mostly by orderlies and occasionally by nurses. In this context, the delegation noted that the new director had taken steps to make clear to staff that such treatment would not be tolerated. **The CPT recommends that staff at the Republican Psychiatric Hospital No. 1 be regularly reminded that all forms of ill-treatment of patients are unacceptable and will be the subject of severe sanctions.**

Further, the delegation observed some signs of inter-patient violence at Mashtaga, which often stemmed from the difficult living conditions and the low staff presence on the wards (see paragraphs 62 and 70). The Committee must stress in this regard that the duty of care which is owed by staff in a psychiatric establishment to those in their charge includes the responsibility to protect them from other patients who might cause them harm. This requires not only adequate staff presence and supervision at all times, but also for staff to be properly trained in handling challenging situations/behaviour by patients.

**The CPT recommends that appropriate steps be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga to combat the phenomenon of inter-patient violence, in the light of the above remarks.**

## 3. Patients' living conditions

62. At the Republican Psychiatric Hospital No. 1 in Mashtaga, the delegation noted the completed or ongoing refurbishment in some of the wards (e.g. the neuroses, geriatric and child/juvenile wards and part of the TB and closed forensic wards). Living conditions in the wards which had already been refurbished were on the whole acceptable. However, many of the patients' rooms offered no privacy (with beds often placed close together and in some cases actually touching), and lacked visual stimulation and personalisation (e.g. there was no lockable space for patients' personal items). Further, some communal toilets did not have partitioning.

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<sup>36</sup> The delegation was told that one member of staff who had recently slapped a patient had been dismissed by the director.

Conditions in the non-refurbished wards were very poor: the dormitories were frequently severely overcrowded, poorly lit, ventilated and heated, dilapidated and dirty. The delegation saw missing window panes, broken beds, and dirty and torn bedding. In some wards, patients slept on mattresses placed on the dormitory floors and/or in corridors. Further, the patients' personal hygiene often left much to be desired, and their clothing was often in a poor state and not appropriate for the season. As regards sanitary facilities, on some wards the delegation saw filthy and blocked toilets, and bathrooms with no running water.

63. The worst situation was observed in Ward 12, conditions in which could be considered as amounting to inhuman and degrading treatment, particularly as regards the two filthy and nearly dark isolators<sup>37</sup>. As already mentioned (see paragraph 7), at the end of the visit, the CPT's delegation made an immediate observation under Article 8, paragraph 5, of the Convention, requesting the Azerbaijani authorities to immediately take out of service the smaller of these rooms.

By letter of 4 March 2009, the Azerbaijani authorities informed the CPT that immediately after the visit the above-mentioned isolators had been withdrawn from service and the rooms had been converted into storage facilities. The Committee welcomes the action taken.

**64. The CPT recommends that steps be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga to improve patients' living conditions. As a first step, all patients should be provided with a proper bed with full bedding (which is cleaned at regular intervals). The rolling refurbishment programme should be pursued as speedily as possible (Ward 12 and the isolators located in the other wards being treated as a priority), and should address the above-mentioned deficiencies.**

**In the context of the refurbishment, the possibility of transforming the large-capacity dormitories into smaller patients' rooms should be considered.** Provision of accommodation structures based on small groups is a crucial factor in preserving/restoring patients' dignity, and is also a key element in any policy for the psychological and social rehabilitation of patients. Structures of this type also facilitate the allocation of patients to relevant categories for therapeutic purposes.

**Further, the CPT recommends that efforts be made in the already refurbished wards to provide more privacy, visual stimulation and personalisation. The Committee also invites the Azerbaijani authorities to provide patients with adequate clothing.**

65. As regards the Regional Psycho-Neurological Dispensary in Sheki, the delegation observed a number of positive changes. The artificial lighting and heating in the patients' rooms had been improved, some better beds and bedding had been provided, new washbasins had been installed, the shower facilities had been repaired and there was enough hot water. Further, the kitchen had been made more functional and the food had improved in quality and quantity.

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<sup>37</sup> It appeared that patients could be kept in these rooms for many months.

The CPT acknowledges the efforts made by the Azerbaijani authorities to address some of the shortcomings identified in the report on the 2006 visit. That said, the dormitories remained overcrowded, dilapidated and impersonal and lacked privacy.

Further, despite the heating being switched on, many patients complained of being cold, especially at night, often sleeping in their coats and hats. The delegation noted that the temperature in one of the dormitories, measured at 4.30 p.m. on 10 December 2008, was barely 8° C. As already mentioned (see paragraph 7), during the end-of-visit talks, the delegation requested the Azerbaijani authorities to take urgent steps to address the above-mentioned problem (e.g. by improving the insulation of the windows and providing patients with additional blankets).

By letter of 4 March 2009, the authorities informed the CPT about the “elimination of all non-compliances” identified by the delegation in the Sheki dispensary. **The Committee would like to receive confirmation that this has included ensuring an appropriate temperature in the patients’ dormitories.**

66. The delegation was informed of plans to build a new psychiatric facility in Sheki, which should provide the opportunity to offer appropriate living conditions, improve the regime and significantly increase the range of therapeutic options available. **The CPT would like to receive more detailed information on this matter.**

The implementation of the above-mentioned plans is likely to take some years. In the meantime, **the Committee recommends that further steps be taken at the existing facility in Sheki to improve patients’ living conditions, in particular by reducing overcrowding, keeping patients’ dormitories in an acceptable state of repair and hygiene, and providing a more personalised environment and more privacy to patients.**

67. As already mentioned, the delegation paid a brief visit to the recently re-opened Central Psychiatric Hospital in Baku (former City Psychiatric Hospital No. 2). The establishment offered generally good living conditions, although the patient accommodation was rather cramped and would become seriously overcrowded if operating at the full envisaged capacity.

However, it is a matter of concern that there were already signs of wear-and-tear and even damage due to water egress in some areas. Further, the patients’ dormitories were quite impersonal, austere and lacking privacy. In addition, except for a very small yard adjoining one of the wards, there were no facilities for patients’ outdoor exercise. **The CPT recommends that these shortcomings be remedied.**

More generally, **in the context of the draft National Programme on Psychiatric Health, the Azerbaijani authorities should reflect on the place of the Central Psychiatric Hospital in Baku in the psychiatric care system, and take steps to provide appropriate assessment and rehabilitation possibilities accordingly.**

#### 4. Treatment and staff

68. In the psychiatric establishments visited, the treatment was based almost exclusively on pharmacotherapy.

There appeared to be no shortage of basic psychiatric medication, and even some newer-generation neuroleptics were available. The delegation was pleased to note that the situation at the Sheki dispensary as regards the quantity and variety of medication had improved since the 2006 visit, with no interruptions in the supply of medication being reported. Further, there were improved arrangements for somatic care (including medical screening on admission, X-ray screening for TB and systematic weighing of patients).

As regards other therapeutic options, namely psycho-social rehabilitative activities, they remained virtually non-existent, a state of affairs linked to the lack of suitably qualified staff (see paragraph 70). Indeed, the delegation noted that a multidisciplinary clinical team approach – enabling different categories of staff to meet regularly in order to share information and discuss patients' progress – was lacking. There were no occupational workshop facilities for patients at any of the establishments visited and psychotherapy was underdeveloped. Further, despite previous CPT recommendations, patients still had no individual written treatment plans (setting out the goals of the treatment, the therapeutic means used and the staff members responsible).

**The CPT recommends that steps be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga, the Regional Psycho-Neurological Dispensary in Sheki and the Central Psychiatric Hospital in Baku to:**

- **develop a range of therapeutic options and involve patients in rehabilitative psycho-social activities, in order to prepare them for more independent living and/or return to their families; occupational therapy should be an important part of the long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improving self-image;**
- **draw up an individual written treatment plan for each patient (taking into account the special needs of acute and long-term patients), including the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be involved in the drafting of their individual treatment plans and be informed of their progress.**

**The Committee also wishes to stress again the importance of different categories of staff working on a ward meeting regularly and forming a multidisciplinary clinical team under the authority of a senior doctor.** This will allow information on patients' progress to be exchanged, day-to-day problems to be identified and discussed, and guidance to be given.

69. With regard to recreational activities, the delegation was concerned to observe that the vast majority of patients at the psychiatric establishments visited – including children and juveniles – were locked up for the whole day in their wards with little to occupy their time (e.g. some of the patients at Mashtaga did not even have access to a TV or board games). In this context, the delegation noted some improvement in the Sheki dispensary, where TV sets had been installed on the wards and some books and newspapers provided to patients.

As regards outdoor exercise, although some patients had access to this, those deemed to present a risk of absconding were denied the possibility to go outdoors and were left to wander the corridors for exercise. In Mashtaga, the delegation met patients who had apparently not had access to outdoor exercise for many years. Further, there being only one very small yard adjoining one of the wards at the Central Psychiatric Hospital in Baku, it was clear that the majority of the patients had no access to outdoor exercise.

**The CPT recommends that immediate steps be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga, the Regional Psycho-Neurological Dispensary in Sheki and the Central Psychiatric Hospital in Baku to ensure that all patients whose health so permits are offered at least one hour of outdoor exercise per day.**

**The Committee also recommends that the Azerbaijani authorities take steps to enable all patients at the Republican Psychiatric Hospital No. 1 in Mashtaga to engage in some recreational activities.**

70. With regard to staff in the psychiatric establishments visited, they were attempting to provide care to patients with limited human resources and in difficult material circumstances.

At the *Republican Psychiatric Hospital No. 1 in Mashtaga*, the number of doctors<sup>38</sup> was just about adequate (although contact between psychiatrists and patients on some of the chronic wards seemed sparse); there would be significant benefits if the vacant doctors' posts were filled. However, the number of ward-based staff (i.e. nurses and orderlies) was seriously insufficient (e.g. 4 staff members caring for 70 patients during the day on a ward with many chronically disturbed persons). The delegation was informed that there were some 400 vacant nurses' and orderlies' posts.

At the *Sheki dispensary*, the delegation was pleased to note a significant increase in the number of nurses and orderlies<sup>39</sup>. That said, the number of psychiatrists remained insufficient: only two psychiatrists (including the director) were employed. A positive point was the introduction of a more formal on-call duty system for the psychiatrists outside office hours.

At the *Central Psychiatric Hospital in Baku*, the number of doctors and ward-based staff appeared to be sufficient at the time of the visit, with 15 psychiatrists, 44 nurses and 83 orderlies.

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<sup>38</sup> The hospital employed 64 doctors, including 4 neuropathologists, a gynaecologist, a cardiologist, 5 specialists in internal disease, 4 pulmonologists, a dermatologist and a dentist.

<sup>39</sup> The delegation was informed that 8 nurses and 10 orderlies had been recruited since 2006, the total number of ward-based staff reaching 25 nurses and 32 orderlies.

In all the institutions visited, there was an almost total lack of staff qualified to provide psychosocial and recreational activities (e.g. psychologists, occupational therapists, social workers)<sup>40</sup>. Further, the delegation got the impression that many ward-based staff members had not received formal training for the duties they were called upon to perform.

71. **The CPT recommends that the Azerbaijani authorities take steps to:**

- **fill the vacant nurses' and orderlies' posts at Republican Psychiatric Hospital No. 1 in Mashtaga;**
- **recruit at least one additional full-time psychiatrist at the Regional Psycho-Neurological Dispensary in Sheki;**
- **employ specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, etc.) in the three psychiatric establishments visited.**

**The Committee also recommends that efforts be stepped up to provide specialised training (initial and ongoing) for nurses and orderlies working in psychiatric establishments, with the long-term objective of increasing their involvement in the therapeutic process.**

**Further, the CPT invites the Azerbaijani authorities to consider how they can contribute to enhanced conditions of service for all staff disciplines so as to facilitate appropriate staff recruitment and retention.**

## **5. Means of restraint**

72. There was no excessive resort to means of physical restraint in any of the institutions visited. The delegation was pleased to note the introduction of specific registers on the use of fixation; that said, more efforts are needed to ensure that these registers are well kept.

The delegation noted that, in 2008, the director of the Republican Psychiatric Hospital No. 1 in Mashtaga had issued instructions to staff concerning the use of means of physical restraint and seclusion, specifying that they could only be applied by nurses and orderlies with a doctor's authorisation, and that their use should be recorded in a special register (including the doctor's name and signature). This is a welcome development. It is, nevertheless, clear that more needs to be done in this respect. The delegation was extremely concerned to observe a totally unacceptable method of mechanical restraint, whereby a patient lying on the floor was tied to a metal pipe in an isolation room. Further, patients were often still subject to fixation in full view of other patients, without appropriate staff supervision, and there was a lack of training for staff in restraint and control techniques.

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<sup>40</sup> There were only two psychologists at Republican Psychiatric Hospital No. 1 in Mashtaga and one psychotherapist at the Central Psychiatric Hospital in Baku.

73. As regards seclusion, the delegation noted with concern that at the Republican Psychiatric Hospital No. 1 in Mashtaga, patients could be placed in isolators located in each ward for weeks on end, in full view of other patients (see also paragraph 7). On a positive note, the delegation was pleased to observe that the isolator at the Sheki dispensary – the conditions in which were extremely poor in 2006 – had been converted to an ordinary dormitory.

74. The CPT has already stressed in the past that the use of physical and/or chemical restraint measures should be the subject of a detailed and clear written policy for staff working in psychiatric establishments (see paragraph 136 of document CPT (2007) 31). This policy should define the use of any means of restraint as a matter of last resort in cases of emergency (imminent danger for the patient himself or others), after other reasonable alternatives have failed to prevent or stop the dangerous situation. The policy should also make it clear that initial attempts to restrain agitated or violent patients should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Resort to physical restraint must always be either expressly ordered by a doctor or immediately brought to the attention of a doctor with a view to seeking his approval. If the application of physical restraints is required, it should be for the shortest time possible and be frequently reviewed; physical restraints should never be applied, or their application prolonged, as a punishment. Further, patients subject to physical restraint should, at all times, have their mental and physical state continuously and directly monitored by a member of the health-care staff and only be in the presence and view of other patients if that is requested by the fixated individual, and deemed safe.

Every instance of the physical restraint of a patient (manual control, mechanical restraint, seclusion) or of chemical restraint should be recorded in a specific register established for this purpose (as well as in the patient's file). The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by patients or staff.

Once means of restraint have been removed, a debriefing of the patient should take place. This will provide an opportunity to explain the rationale behind the measure, thus reducing the psychological trauma of the experience as well as restoring the doctor-patient relationship. It also gives the patient an occasion to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour.

The adoption of the above-described policy should be accompanied by practical training on approved control and restraint techniques, which must involve all staff concerned (doctors, nurses, orderlies, etc.) and be regularly updated. Patients should also be duly informed (in writing) of the establishment's restraint policy as well as the existing complaints mechanisms in this respect.

**The CPT recommends that steps be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga, the Regional Psycho-Neurological Dispensary in Sheki and the Central Psychiatric Hospital in Baku to adopt a policy for the use of means of restraint, taking into consideration the above precepts. The Committee also recommends that the recording of information on the use of means of restraint be improved, in the light of the above remarks.**



## 6. Safeguards in the context of civil involuntary hospitalisation

75. The legal framework governing civil involuntary placement in psychiatric establishments, which is provided by the 2001 Law on Psychiatric Assistance (LPA), has remained unchanged since the 2006 visit<sup>41</sup>.

76. At both the Republican Psychiatric Hospital No. 1 in Mashtaga and the Regional Psycho-Neurological Dispensary in Sheki, nearly all civil patients were formally considered as “voluntary”. On admission to the institution, patients were requested to sign a recently-introduced form entitled “Application for voluntary hospitalisation”<sup>42</sup>. However, as already noted (see paragraph 57), patients were kept in locked wards and the overwhelming majority of those with whom the delegation spoke declared that they were being held in the institution against their will and wanted to be discharged. It also became evident from the information gathered by the delegation that some of these patients had been admitted in such a mental state that they were neither able nor assisted to give a free and informed consent to their hospitalisation.

According to information received from the management of both establishments, only one patient had been placed at the Sheki dispensary on an involuntary basis under formal legal procedures, in September 2008. However, it appeared that, in the context of his placement, the person concerned had not been seen by the judge.

77. In the light of the above, **the CPT reiterates its recommendation that steps be taken to ensure that the provisions of the LPA on involuntary civil hospitalisation are fully implemented in practice. This will involve the provision of appropriate information and training to all structures and persons involved (in particular, psychiatrists, hospital management and judges). Further, steps should be taken to ensure that:**

- **persons admitted to psychiatric establishments are provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, as well as on the possibility to withdraw their consent subsequently;**
- **any patient who is admitted to a psychiatric hospital on an involuntary basis is always heard in person by the judge during placement and review of placement;**
- **the patient concerned receives a copy of any court decision on involuntary placement in a psychiatric hospital and is informed in writing about the reasons for the decision and the avenues/deadlines for lodging an appeal;**
- **involuntary psychiatric patients have an effective access to legal assistance (independent of the admitting hospital), if necessary free of charge.**

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<sup>41</sup> See paragraphs 138 and 141 of CPT (2007) 31.

<sup>42</sup> Not all patients at the Mashtaga hospital had signed such a form.

Further, the Committee recommends that the Azerbaijani authorities review the legal status of all civil patients currently hospitalised in psychiatric establishments, in the light of the LPA. In this context, it would be advisable to start compiling statistics (for each individual institution as well as at national level) on the number of patients hospitalised involuntarily under the “civil” procedure.

78. As regards consent to treatment, the information gathered by the delegation during the visit suggests that psychiatric patients were still generally not informed upon admission about their diagnosis and the nature of the planned treatment, and that there was no reliable procedure for obtaining their informed consent to treatment.

**The CPT must therefore reiterate its recommendation that all patients (and, if they are incompetent, their legal representatives) be provided systematically with information about their condition and the treatment prescribed for them, and that doctors be instructed that they should always seek the patient’s consent to treatment prior to its commencement. This could be done by means of a special form of informed consent to treatment, signed by the patient or (if he is incompetent) by his legal representative. Relevant information should also be provided to patients and their legal representatives during treatment.**

79. Neither at the Republican Psychiatric Hospital No. 1 in Mashtaga nor at the Regional Psycho-Neurological Dispensary in Sheki did patients and/or their family members receive an information leaflet setting out the institution’s routine and patients’ rights. Further, it appeared that both establishments lacked a reliable complaints system<sup>43</sup>. **The CPT recommends that such a leaflet (containing, *inter alia*, information about the right to lodge formal complaints and the modalities for doing so) be provided to patients and their families on admission to a psychiatric establishment. Further, any patients unable to understand this leaflet should receive appropriate assistance.**

80. As regards contact with the outside world, patients at the Mashtaga hospital and the Sheki dispensary complained that they were unable to gain access to a telephone; neither were they allowed to send letters. **The CPT recommends that steps be taken as a matter of urgency to address this unacceptable situation.**

81. The delegation was informed that neither the Republican Psychiatric Hospital No. 1 in Mashtaga nor the Regional Psycho-Neurological Dispensary in Sheki had in recent years received monitoring visits from independent outside bodies (e.g. the Ombudsman’s Office). In this context, it appeared that it was difficult for non-governmental organisations to gain access to psychiatric hospitals, even though Section 42 of LPA provides for such a possibility.

**The CPT recommends that the Azerbaijani authorities strive to introduce a system for regular visits to psychiatric establishments by independent outside bodies responsible for the inspection of patients’ care. These bodies should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations.**

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<sup>43</sup> The so-called “complaints book” in the Sheki dispensary mostly registered complaints sent from the outside community in respect of the establishment’s patients.

## APPENDIX I

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

#### **A. Establishments under the authority of the Ministry of Justice**

##### **Preliminary remarks**

###### comments

- the Committee trusts that the Azerbaijani authorities will take into account the precepts outlined in the second subparagraph of paragraph 9 when pursuing the prison-building programme (paragraph 9).

###### requests for information

- a timetable for the implementation of the prison-building programme (paragraph 9).

##### **Ill-treatment**

###### recommendations

- a clear message to be delivered to the management and staff of Gobustan Prison that physical ill-treatment and verbal abuse of prisoners are unacceptable and will be dealt with severely. As a part of this message, staff should be reminded that if physical force or "special means" need to be applied to control violent and/or recalcitrant prisoners, the force used should be no more than is strictly necessary and that, once prisoners have been brought under control, there can be no justification for striking them (paragraph 13);
- steps to be taken to ensure that prosecutors are systematically notified of any use of physical force and "special means" by prison staff and are particularly vigilant when examining such cases (paragraph 14).

###### comments

- the attitude of senior managers is vital for the prevention of ill-treatment: it is their responsibility to demonstrate to other members of staff how to behave by treating all prisoners with respect for their dignity (paragraph 13).

## **Follow-up visit to Gobustan Prison**

### recommendations

- measures to be taken at Gobustan Prison to ensure that:
  - prisoners are systematically provided with a range of personal hygiene items (including toothpaste, toothbrush, toilet paper, etc.) in adequate quantities;
  - the variety of the food provided to prisoners is improved (paragraph 19);
- the Azerbaijani authorities to take steps without further delay to devise and implement a comprehensive regime of out-of-cell activities for life-sentenced prisoners at Gobustan Prison (paragraph 22);
- the Azerbaijani authorities to take due account of the principles contained in the Council of Europe's Committee of Ministers' Recommendation (2003) 23, on the "management by prison administrations of life sentence and other long-term prisoners, when devising their policy on the treatment of life-sentenced prisoners (paragraph 22);
- the provision of the Code of Enforcement of Punishments according to which life-sentenced prisoners are not entitled to general secondary education to be annulled (paragraph 23);
- the Azerbaijani authorities to review their current policy with regard to the application of handcuffs on prisoners at Gobustan Prison, in the light of the remarks made in paragraph 24 (paragraph 24).

### requests for information

- a timetable for the construction/commissioning of the new high-security prison to replace Gobustan Prison and information on its layout plan (paragraph 19);
- comments of the Azerbaijani authorities on the allegations referred to in paragraph 20 (paragraph 20);
- information on the precise hours during which life-sentenced prisoners are able to watch television (paragraph 21).

## **Central Penitentiary Hospital**

### recommendations

- steps to be taken at the Central Penitentiary Hospital to ensure that:
  - patients' rooms and communal sanitary facilities are maintained in an acceptable state of cleanliness and hygiene;
  - patients are supplied with adequate bedding, to be cleaned at regular intervals (which will require the refurbishment of the laundry), and a range of essential personal hygiene items(paragraph 28).

### comments

- the Azerbaijani authorities are invited to give a high priority to the plans to construct a new penitentiary hospital (paragraph 28).

## **Health care**

### recommendations

- the Azerbaijani authorities to take steps at Gobustan Prison to:
  - substantially increase the number of nursing staff;
  - ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present on the premises of the establishment, including at night and weekends;
  - put an end to the practice of involving prisoners in the performance of health-care tasks(paragraph 31);
- steps to be taken to provide equipment to perform chest and bone X-rays at Gobustan Prison (paragraph 32);
- further steps to be taken to improve the provision of general health care at Gobustan Prison (paragraph 34);
- the Azerbaijani authorities to fill the vacant psychiatrist's post and to reinforce the provision of psychological care to prisoners at Gobustan Prison as a matter of urgency (paragraph 35);

- steps to be taken at the Central Penitentiary Hospital to:
  - fill the vacant doctors' posts;
  - reinforce the team of nurses and ensure that a nurse is always present on the wards (paragraph 37);
- urgent measures to be taken to improve the provision of health care at the Central Penitentiary Hospital. As a first step, a thorough assessment of the hospital's health-care services should be carried out. It is also necessary for the hospital's management to develop professional co-operation with the Ministry of Health and to ensure that all doctors employed by the hospital receive regular ongoing training (paragraph 40);
- as regards patients undergoing psychiatric treatment or treatment for drug addiction at the Central Penitentiary Hospital, particular efforts to be made to develop psycho-social therapeutic activities and to adapt them to the individual needs of patients (paragraph 40);
- steps to be taken at the Central Penitentiary Hospital to ensure that patients' medical files are accessible to medical staff at all times (paragraph 41);
- detailed instructions on the use of seclusion to be drawn up at the Central Penitentiary Hospital. Such instructions should specify more particularly: the types of cases in which seclusion may be used; the objectives sought; its duration and the need for regular reviews; the existence of appropriate human contact; the need for close supervision by staff (paragraph 42).

#### comments

- the Committee trusts that reinforcing the team of nurses will make it possible to abolish the practice of employing patients as orderlies; such an approach must be seen as a last resort (paragraph 37);
- steps should be taken to introduce a proper system for filing patients' X-ray films at the Central Penitentiary Hospital (paragraph 39).

#### **Other issues of relevance to the CPT's mandate**

##### recommendations

- the Azerbaijani authorities to further increase the visit entitlement of life-sentenced prisoners, so as to ensure that such prisoners can receive at least one visit (either short- or long-term) per month; their entitlement to make phone calls should also be increased further (paragraph 43);
- steps to be taken to improve the short-term visiting facilities at Gobustan Prison, with a view to allowing visits to take place under reasonably open conditions (paragraph 44);
- steps to be taken to enable patients at the Central Penitentiary Hospital are receive long-term visits (paragraph 46);

- the decision regarding placement in a punishment cell to include information on avenues of appeal (paragraph 48);
- the role of doctors in relation to disciplinary matters to be reviewed. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the Committee in its 15<sup>th</sup> General Report (see paragraph 53 of CPT/Inf (2005) 17) (paragraph 49);
- steps to be taken in the disciplinary unit of Gobustan Prison in order to:
  - ensure a minimum of 4 m<sup>2</sup> of living space per prisoner (cells of 6 m<sup>2</sup> should not accommodate more than one inmate);
  - improve the artificial lighting and install a call system in the cells;
  - refurbish the shower facility (paragraph 50);
- material conditions in the isolation unit of the Central Penitentiary Hospital to be improved, in the light of the remarks made in paragraph 51 (paragraph 51);
- steps to be taken at the Central Penitentiary Hospital to ensure that patients placed in a punishment cell are offered at least one hour of outdoor exercise per day (paragraph 51);
- the Azerbaijani authorities to take steps to ensure that:
  - a prisoner who is placed in solitary confinement by the prison management is informed in writing of the reasons for that measure (it being understood that the reasons given could exclude information which security requirements reasonably justify withholding from the prisoner);
  - a prisoner in respect of whom such a measure is envisaged is given an opportunity to express his views on the matter;
  - the placement of a prisoner in solitary confinement is for as short a period as possible and is reviewed at least every three months with a view to re-integrating the prisoner into mainstream prison population. (paragraph 54).

#### comments

- disciplinary punishment of prisoners should not include a total prohibition on family contacts and any restrictions on family contacts as a form of punishment should be used only where the offence relates to such contacts (paragraph 53).

#### requests for information

- comments of the Azerbaijani authorities on the complaints made by several inmates at Gobustan Prison that their correspondence was often received/forwarded with considerable delay (paragraph 45).

## **B. Establishments under the authority of the Ministry of Health**

### **Preliminary remarks**

#### requests for information

- what plans are being made for the future of City Psychiatric Hospital No. 1? (paragraph 56).

### **Ill-treatment**

#### recommendations

- staff at the Republican Psychiatric Hospital No. 1 in Mashtaga to be regularly reminded that all forms of ill-treatment of patients are unacceptable and will be the subject of severe sanctions (paragraph 61);
- appropriate steps to be taken at the Republican Psychiatric Hospital No. 1 to combat the phenomenon of inter-patient violence, in the light of the remarks made in paragraph 61 (paragraph 61).

### **Patients' living conditions**

#### recommendations

- steps to be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga to improve patients' living conditions. As a first step, all patients should be provided with a proper bed with full bedding (which is cleaned at regular intervals). The rolling refurbishment programme should be pursued as speedily as possible (Ward 12 and the isolators located in the other wards being treated as a priority), and should address the deficiencies mentioned in paragraphs 63 and 64 (paragraph 64);
- efforts to be made in the already refurbished wards of the Republican Psychiatric Hospital No. 1 to provide more privacy, visual stimulation and personalisation (paragraph 64);
- further steps to be taken at the Regional Psycho-Neurological Dispensary in Sheki to improve patients' living conditions, in particular by reducing overcrowding, keeping patients' dormitories in an acceptable state of repair and hygiene, and providing a more personalised environment and more privacy to patients (paragraph 66);
- the shortcomings observed at the Central Psychiatric Hospital in Baku and described in paragraph 67 to be remedied (paragraph 67).



comments

- in the context of the refurbishment programme at the Republican Psychiatric Hospital No. 1 in Mashtaga, the possibility of transforming the large-capacity dormitories into smaller patients' rooms should be considered (paragraph 64);
- the Azerbaijani authorities are invited to provide patients at the Republican Psychiatric Hospital No. 1 with adequate clothing (paragraph 64);
- in the context of the draft National Programme on Psychiatric Health, the Azerbaijani authorities should reflect on the place of the Central Psychiatric Hospital in Baku in the psychiatric care system, and take steps to provide appropriate assessment and rehabilitation possibilities accordingly (paragraph 67).

requests for information

- confirmation that an appropriate temperature has been ensured in the patients' dormitories at the Regional Psycho-Neurological Dispensary in Sheki (paragraph 65);
- detailed information on the plans to build a new psychiatric facility in Sheki (paragraph 66).

**Treatment and staff**

recommendations

- steps to be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga, the Regional Psycho-Neurological Dispensary in Sheki and the Central Psychiatric Hospital in Baku to:
  - develop a range of therapeutic options and involve patients in rehabilitative psycho-social activities, in order to prepare them for more independent living and/or return to their families; occupational therapy should be an important part of the long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improving self-image;
  - draw up an individual written treatment plan for each patient (taking into account the special needs of acute and long-term patients), including the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be involved in the drafting of their individual treatment plans and be informed of their progress (paragraph 68);
- immediate steps to be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga, the Regional Psycho-Neurological Dispensary in Sheki and the Central Psychiatric Hospital in Baku to ensure that all patients whose health so permits are offered at least one hour of outdoor exercise per day (paragraph 69);
- the Azerbaijani authorities to take steps to enable all patients at the Republican Psychiatric

Hospital No. 1 in Mashtaga to engage in some recreational activities (paragraph 69);

- the Azerbaijani authorities to take steps to:
  - fill the vacant nurses' and orderlies' posts at Republican Psychiatric Hospital No. 1 in Mashtaga;
  - recruit at least one additional full-time psychiatrist at the Regional Psycho-Neurological Dispensary in Sheki;
  - employ specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, etc.) in the three psychiatric establishments visited (paragraph 71);
- efforts to be stepped up to provide specialised training (initial and ongoing) for nurses and orderlies working in psychiatric establishments, with the long-term objective of increasing their involvement in the therapeutic process (paragraph 71).

#### comments

- it is important that different categories of staff working on a ward meet regularly and form a multidisciplinary clinical team under the authority of a senior doctor (paragraph 68);
- the Azerbaijani authorities are invited to consider how they can contribute to enhanced conditions of service for all staff disciplines so as to facilitate appropriate staff recruitment and retention (paragraph 71).

#### **Means of restraint**

##### recommendations

- steps to be taken at the Republican Psychiatric Hospital No. 1 in Mashtaga, the Regional Psycho-Neurological Dispensary in Sheki and the Central Psychiatric Hospital in Baku to adopt a policy for the use of means of restraint, taking into consideration the precepts outlined in paragraph 74 (paragraph 74);
- the recording of information on the use of means of restraint to be improved, in the light of the remarks made in paragraph 74 (paragraph 74).

#### **Safeguards in the context of civil involuntary hospitalisation**

##### recommendations

- steps to be taken to ensure that the provisions of the Law on Psychiatric Assistance (LPA) on involuntary civil hospitalisation are fully implemented in practice. This will involve the provision of appropriate information and training to all structures and persons involved (in particular, psychiatrists, hospital management and judges) (paragraph 77);

- steps to be taken to ensure that:
  - persons admitted to psychiatric establishments are provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, as well as on the possibility to withdraw their consent subsequently;
  - any patient who is admitted to a psychiatric hospital on an involuntary basis is always heard in person by the judge during placement and review of placement;
  - the patient concerned receives a copy of any court decision on involuntary placement in a psychiatric hospital and is informed in writing about the reasons for the decision and the avenues/deadlines for lodging an appeal;
  - involuntary psychiatric patients have an effective access to legal assistance (independent of the admitting hospital), if necessary free of charge (paragraph 77);
- the Azerbaijani authorities to review the legal status of all civil patients currently hospitalised in psychiatric establishments, in the light of the LPA (paragraph 77);
- all patients (and, if they are incompetent, their legal representatives) to be provided systematically with information about their condition and the treatment prescribed for them, and doctors to be instructed that they should always seek the patient's consent to treatment prior to its commencement. This could be done by means of a special form of informed consent to treatment, signed by the patient or (if he is incompetent) by his legal representative. Relevant information should also be provided to patients and their legal representatives during treatment (paragraph 78);
- an information leaflet setting out the institution's routine and patients' rights (containing, *inter alia*, information about the right to lodge formal complaints and the modalities for doing so) to be provided to patients and their families on admission to a psychiatric establishment; any patients unable to understand this leaflet should receive appropriate assistance (paragraph 79);
- steps to be taken as a matter of urgency to ensure that patients at the Mashtaga hospital and the Sheki dispensary have access to a telephone and are able to send letters (paragraph 80);
- the Azerbaijani authorities to strive to introduce a system for regular visits to psychiatric establishments by independent outside bodies responsible for the inspection of patients' care. These bodies should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations (paragraph 81).

#### comments

- in the context of the review of the legal status of all civil patients currently hospitalised in psychiatric establishments, it would be advisable to start compiling statistics (for each individual institution as well as at national level) on the number of patients hospitalised involuntarily under the "civil" procedure (paragraph 77).



**APPENDIX II**

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

**A. National authorities**

Ministry of Justice

Mr Fikrat MAMMADOV	Minister
Mr Nazim ALAKBAROV	Deputy Minister, Head of the Penitentiary Service
Mr Malik ALAKBAROV	Head of the Prison Inspectorate
Mr Rafail MEHDIYEV	Head of the General Medical Department
Mr Murad SULEYMANOV	Deputy Head of the General Medical Department
Mr Azer SEIDOV	Head of the Discipline Department of the Penitentiary Service

Ministry of Health

Mr Sanan KARIMOV	Deputy Minister
Mr Samir ABDULLAYEV	Head of the International Relations Department

**B. Non-governmental organisations**

Human Rights Centre of Azerbaijan  
"EL" Centre for Development Programmes