LATVIJAS CILVĒKTIESĪBU CENTRS

LATVIAN CENTRE FOR HUMAN RIGHTS

MONITORING REPORT ON
CLOSED INSTITUTIONS IN LATVIA

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CONTENTS

INTRODUCTION

Although the Latvian Centre for Human Rights (formerly Latvian Centre for Human Rights and Ethnic Studies) began to focus on closed institutions in the mid-1990s by visiting several prisons and mental hospitals, it began regular monitoring of places of detention in 2003 within the framework of the EU funded three-year project 'Monitoring Human Rights and Prevention of Torture in Closed Institutions: prisons, police cells and mental health institutions in Baltic countries'.

Latvia has over 100 places of detention: 9 mental hospitals, 31 social care home, 15 prisons, 28 State police short-term detention cells, detention rooms at border posts, an illegal migrant detention facility at Olaine, and other facilities holding persons deprived of liberty by state authority. During the project 102 monitoring visits were conducted and 65 closed facilities visited. Monitoring report is only part of the project activities, which have included research, policy papers, information brochures for inmates and residents of various closed facilities, legal consultations to victims of human rights violations in closed institutions, training seminars, round-tables for staff of places of detention, anonymous hotline on police brutality, study visits on independent custody monitoring in the Netherlands, England and Northern Ireland, etc. Information on many of the activities is available on the website of the Latvian Centre for Human Rights at www.humanrights.org.lv

A number of international organisations have visited places of detention in Latvia since the mid-1990s to evaluate their compliance with international standards, and Latvia has often been criticised for both the conditions of detention and treatment of detainees in these places. Despite a significant number of reports by international organisations, there remains limited research and information on different aspects of places of detention published by independent state institutions and NGOs. Although the Latvian Centre for Human Rights has, in the past, published reports on various aspects of different places of detention, the current report is the first comprehensive report by LCHR which describes and analyses what has been observed in mental hospitals, social care homes for the mentally disabled, State and municipal police short-term detention cells, immigration detention facilities and prisons during monitoring visits and highlights main trends in the developments related to the institutions during the project period in 2003-2006. The report has also been made possible due to the policy of increasing openness by the authorities of places of detention, and LCHR would like to thank all institutions for co-operation.

LCHR hopes that the monitoring report will contribute to the strengthening of civil society oversight of places of detention in Latvia and the protection of rights of persons deprived of liberty.

EXECUTIVE SUMMARY

Mental health care institutions

Concerning mental health care in Latvia community based services are almost unavailable. Thus, in most cases users of psychiatric services are compelled to receive regular treatment at psychiatric hospitals or to move to a social care home for the rest of their lives.

During monitoring visits to mental health care institutions LCHR identified several problem issues resulting from shortcomings in legislation and from attitudes of administration and staff of institutions.

The main identified problems in psychiatric hospitals are the following: the legislation has not been harmonized with international human rights standards in the field of involuntary hospitalization as there is no appeal mechanism established for cases of involuntary hospitalization and treatment, and Latvia continues to violate the requirements of Article 5 of the European Convention for Protection of Human Rights and Fundamental Freedoms.

There is a lack of uniform guidelines for admission procedures of patients in mental hospitals; there is a lack of uniform regulations for documenting the decisions of doctors' commission and for notifying patients or relatives of these decisions; there is a lack of uniform regulations for the use of restraints and isolation, as well for arrangements of isolation rooms. There are no mandatory hygiene regulations for hospitals, thus living conditions vary in different hospitals. Most hospitals have not ensured all the necessary arrangements to provide privacy at sanitary annexes (toilets and washrooms) for patients. There is no information available for patients on existing complaints mechanisms.

The main identified problems in social care homes for people with mental disorders are the following: after the 2002 assessment by Ministry of Welfare on suitability of residents, in most institutions nothing has been done to provide community based services for those residents which have been recognized as suited for living in the community. There are no uniform regulations on the procedure of isolation and arrangements of isolation rooms. No appropriate solution has been found for guardianship issues – several social workers have been appointed as guardians for residents of social care homes, thus creating potential conflict of interest. There are several residents who have been declared legally incapable, but they continuously live without an appointed guardian; several care homes have not ensured all the necessary arrangements to provide privacy in toilets and wash-

rooms for residents; the issues of occupancy are not adequately solved in many care homes, social care homes have not sufficiently developed the involvement of residents in decision making.

Immigration detention facilities and asylum seekers and refugee reception centre Mucenieki

Key problems concerning the rights of illegal migrants and asylum seekers are more related to the lack of provision of information on their rights, shortcomings in legislation as well as unclear possibilities in exercising one's rights in practice as provided by the law rather than conditions of detention.

The conditions of detention at Olaine illegal migrant detention centre leave a lot to be desired, hower, they could be deemed acceptable if used for short-term detention. However, not infrequently detainees are obliged to spend several months in the facility, and conditions require improvement if envisaged for long-term stay, especially concerning the possibilities of accomodating family members in the same room, provision of food and purposeful activities. The conditions of detention at asylum seekers and refugee reception centre Mucenieki are good and the facility is well equipped.

Absence of legislation governing the procedure of how a court adopts the decision to detain a person, and the rights of persons during the period of detention remain a serious concern.

Although the Law on Immigration and the Law on Asylum provide for a range of rights to illegal migrants and asylum seekers, it is often impossible to exercise them in practise. These include the right to legal assistance, the right to a representative, the right to get acquainted with case materials related to an individual's detention, etc. Due to lack of a Latvian language proficiency and absence of interpreters the detainees are often prevented from excercising their rights in appealing court decisions and decisions of other institutions. There is inadequate independent oversight of immigration detention facilities as no visits are conducted by prosecutors and other oversight bodies.

State and municipal police short-term detention cells

While recent years have seen the improvement of conditions of detention in several of the visited State police custody facilities (Bauska, Talsi, Ludza, Rēzekne, Valmiera), conditions in some of visited police custody facilities (Daugavpils, Jēkabpils, Ventspils) are appaling and inhuman. There is no in-cell sanitation in a considerable number of police custody facilities and detainees are obliged to use buckets for their needs of nature, often in the presence of other detainees. The number of police custody facilities providing for a

separate sleeping place to detainees has increased, nevertheless, in several of the visited facilities detainees, predominantly those sentenced to administrative arrest, continue to share a sleeping place on a wooden platform with other detainees. While the provision of police detainees with hygiene items has improved, in many police custody facilities they have limited possibilities to adequately maintain their hygiene.

2005 has seen the adoption of fundamental legislation strenghtening detainee legal safeguards (the right to a lawyer from the outside of custody, the right to notify a relative or a third party about the fact of detention, the right to receive information on detainee rights, etc.), however, there remains limited verified information on how access to these rights is being implemented in practise across police stations in Latvia. In the Liepaja municipal police station monitors came across a restraining device – a 'restraint chair with leather belts' used to calm down agitated persons. A similar device was discovered by the CPT in 2002 in the Ogre Police Custody Facility, and the Committee called on the Latvian authorities to immediately discontinue the use of such restraining devices throughout all police stations in Latvia. Moreover, municipal police stations with short-term detention cells are not inspected by either prosecutors or the National Human Rights Office.

Prisons

Over the last four years the number of prisoners, mostly remand prisoners, has decreased by almost 2000. At the same time, there is a major concentration of prisoners in closed prisons (3/4 of the total number of prisoners). However, no other measures than the expansion of the three prisons, including the only two open prisons, and turning them into closed prisons, have been considered.

Although in many Latvian prisons, prisoners are being accommodated in cells, a significant part of the prison population remains accommodated in large Soviet-type dormitories with up to 80 prisoners per room, which increases the likelihood of ill-treatment by other prisoners. At the same time, in many prisons transfer to cells has not been accompanied by provision of purposeful activities, and many prisoners continue to remain 20-23 hours in cells, often for years. There is a serious absence of employment in several visited prisons (Jēkabpils Prison – of 651 prisoners, only 70 are employed, in Parlielupe Prison, of 602 prisoners, only 55 are employed). Although fundamental legislation affecting prisoners has been adopted in 2005-2006 (Criminal Procedure Law, Law on Holding in Pre-Trial Detention, etc.), many prisoners remain uninformed and cannot adequately exercise their rights provided for by the above legislation. The situation of juvenile prisoners is a subject of concern, as the proportion of pre-trial detainees among 14-17 year old inmates remains very high, at times reaching 50%. Conditions of

detention and treatment of juveniles in the five prisons vary. Conditions in the pre-trial section of the Cesis Juvenile Prison are inhuman and degrading, and should be a renovation priority. Long-term training programmes for prison staff are required to address the specific needs of the juvenile prison population.

Summary of the monitoring visits

From April 2003 until July 2006, 102 monitoring visits were conducted to places of detention, including 15 visits to mental hospitals, 23 visits to social care homes for mentally disabled, 21 visits to state and municipal police custody facilities, 22 visits to prisons, 21 visit to illegal migrant detention facilities (and reception centre for asylum seekers and refugees). In accordance with the project activities monitoring visits to police short-term detention cells began to be conducted in the 2nd year of the project – autumn 2004. Of the 102 visits, 8 visits were conducted in response to complaints. Several visits were thematic visits, such examination of prisoner complaints procedures and venues in the Central Prison and Daugavpils Prison. A total of 65 places of detention were visited by monitoring groups.

Permission to visit closed facilities

Initially written requests for the permission to conduct monitoring visits to different facilities were submitted to a higher authority: in the case of mental hospitals to the Ministry of Health, in the case of State police short-term custody facilities to the State Police Commissioner, in the case of prisons to the Prison Services Administration, in the case of social care homes for the mentally disabled to the Social Services Board of the Ministry of Welfare, in the case of illegal migrant detention facilities to the State Border Guard, in the case of asylum seekers and refugee reception centre to the Department of Citizenship and Migration Affairs. The request indicated the date of the visit, in case of police cells also the time of the visit, and monitoring teams with their names and passport numbers. In seeking the permission to visit detention rooms at border posts, a permission was received allowing for visits to be conducted to all border posts and the permit indicated that the copy of the letter had been forwarded to all relevant State Border Guard authorities in charge of border posts. Municipal police authorities were the only exception as the requests were sought orally and no written request was required.

Similar procedure, written requests for the permission to conduct each monitoring visit, remained in relation to prisons, State police short-term detention custody facilities and illegal migrant detention facility. Some progress was observed in 2004-2005 when LCHR monitoring team was no longer required to seek permission from the Social Services Board, but could co-ordinate the visit with the authorities of the relevant social care home for

mentally disabled. In 2006, although a written request for permission to conduct visits to mental hospitals continued to be submitted to the Ministry of Health, the request included visits to several mental hospitals indicating the month, but not the date of the visit.

Permission from State Police authorities was generally received during 1-2 weeks, from Prison Services administration within hours or even 10-20 minutes. In several cases the permission from the central prison authorities was sought a day before the visit, and was always received. In municipal police, the permission was sought one or several days before the visit. The request for permission to conduct visits to illegal migrant detention facility was faxed several days before the visit and always received on time.

Co-operation with authorities

Co-operation with senior authorities in the Prison Services, State Police, Social Services Board, Ministry of Health, State Border Guard could be generally evaluated as good. There were no obstacles placed by senior authorities to conducting monitoring visits. In several cases senior authorities turned to LCHR for requests with information on international human rights standards and reports by international organisations.

Co-operation with administration of specific places of detention was good and the authorities were often forthcoming. On several occasions co-operation could be evaluated as excellent. However, there were isolated cases of concern, such as the case in Daugavpils prison when prison administration tried to hide from LCHR staff that prisoners were being held in quarantine cells, which had been criticised by the CPT as unsuitable for accommodation.

Monitoring guidelines

LCHR published a Handbook for Monitoring Places of Detention for monitoring purposes. The handbook also includes check-lists for issues to be examined in prisons, police cells, mental hospitals, social care homes for mentally disabled. The check-list was compiled using check-lists compiled by several international organisations and foreign NGOs. The check-list was regularly updated throughout the project period and development in national legislation was followed.

Monitoring teams

Monitoring visits were conducted by ten representatives, five from the LCHR, two from the Centre for Public Policy Providus, two experts – a psychiatrist and a lawyer, and a

representative of the Latvian Foreigners' Association. The monitoring teams included four lawyers, two human rights experts, a social worker, a psychologist, and a psychiatrist. The monitoring team consisted of six women and four men, and according to ethnic background, eight were Latvians, one Russian and one Palestinian. An additional two LCHR representatives participated in four visits (two visits to illegal migrant detention facility and two visits to prisons). 12 persons from various organisations participated in a pilot study visit to a police custody facility, while an additional 14 students from Latvia University and Police Academy participated in a pilot study visit to a women's prison. Two students also participated in several visits to the illegal migrant detention facility in Olaine. A UK expert conducted two visits to prisons to assess the situation with prison employment as part of a wider prison employment initiative undertaken by LCHR. Monitoring visits to mental hospitals and social care centres were generally conducted by 3-4 representatives, while monitoring visits to prisons, police cells, illegal migrant detention facilities were conducted by two representatives. In the case of small detention facilities and thematic visits the monitoring visit was conducted by one team member.

Visits

The overwhelming number of visits were initial visits, and only a small number of visits were follow-up visits to monitor progress or conduct a thematic visit. All visits were notified in advance. Several monitoring visits were conducted jointly with the National Human Rights Office and prosecutors in charge of police cell oversight. Visits to state and municipal police custody facilities lasted from 2-3 hours, visits to prisons from 3-4 hours, visits to social care centres and mental hospitals lasted, on average, 5 hours. In several facilities monitoring visits lasted for the whole day. In several facilities visits extended beyond official working hours. During several visits there were no detainees in the visited facility (state and municipal police custody facilities).

Access to detainees

Access to detainees was limited in several types of closed facilities. The permit issued by the State police authorities always indicated that, in "order to meet the detainees placed in the police custody facility, permission of the police investigator, prosecutor or of the case judge is necessary." Moreover, the majority of visits to State Police short-term detention cells were accompanied by the State Police Public Order Police authorities who conducted their own parallel inspection visit. In one case, an LCHR representative was denied access to detainees by State Border Guard representatives.

Problems identified during monitoring visits were further highlighted and analysed during different seminars and conferences, such as prisoner complaints, prison employment, parole issues, independent detention monitoring, procedures of patient isolation and fixation, establishment of resident councils in social care centres, etc. Several of the issues of concern related to places of detention were analysed in policy papers. Information on related activities is available on LCHR website www.humanrights.org.lv

MENTAL HEALTH CARE INSTITUTIONS

Background Information on Research Carried Out by International and Local Organisations

Up to now international organisations have paid relatively little attention to the situation of mental health care facilities in Latvia, compared, for example, to the attention paid to Latvian prisons. In 1999 for the first time a psychiatric facility – the then Riga Psychiatric hospital – was visited by Council of Europe Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) which also visited the Vīķi department of the Mental Health Care Centre (at present the Vīķi department is part of the Ainaži psychiatric hospital for children) and the specialised social care home for persons with mental disorders Ezerkrasti, located in Riga, in 2002. Published reports are available on both visits. The first report was very important from a human rights standpoint because attention was paid for the first time to the need for documentation of means of physical restraint and electro-convulsive therapy (ECT). Also for the first time Latvia was instructed of the need to document whether a patient is undergoing treatment voluntarily or involuntarily. The CPT also paid attention to treating juveniles in adult wards, indicating that this is an unacceptable practice.

On 5–8 October 2003 Council of Europe Commissioner for Human Rights Alvaro Gil-Robles visited Latvia. After his visit a report was published in 2004, pointing out the insufficient legislation in the area of psychiatric assistance[1].

The World Health Organisation AIMS Report on the mental health care system in Latvia[2] was published on 13 June 2006. The report is based on 2002 data, thus not all the information in it is current. Conclusions of the report indicate that "the current legislation has to be updated, meeting the standards of the European Convention on Human Rights adopted by the Council of Europe and the World Health Organization's Recommendations on involuntary admissions". The report also finds that no data were available on the number of involuntary admissions and on the percentage of secluded or restrained patients in psychiatric hospitals, indicating that this information must be

[1] Council of Europe, Report by Alvaro Gil-Robles, Commissioner for Human Rights, on his visit to Latvia, 5-8 October 2003, Strasbourg, 12 February 2004, CommDH(2004)3, p.14 and p.18, https://wcd.coe.int (accessed 2 July 2006)

[2] WHO-AIMS Report on Mental Health System in Latvia, WHO and Ministry of Health, Riga, Latvia, 2006.

included in the mental health information system, because it is an essential indicator of observance of human rights in health care facilities[3].

Reports by Latvian Organisations

Conditions in psychiatric hospitals and specialised social care homes for persons with mental disorders are monitored by three state institutions – Medical Care and Workability Expertise Quality Control Inspection (Latvian acronym – MADEKKI), National Human Rights Office (NHRO), and Social Services Board (SSB). To date none of these institutions has published reports on Latvian psychiatric hospitals or social care homes for persons with mental disorders. The NHRO carries out regular check-up visits at social care homes, but visits psychiatric hospitals less frequently. The NHRO visits facilities mainly reacting to specific complaints. In 2005 the NHRO received 50 complaints concerning the right to humane treatment and respect of human dignity, and 30 complaints concerning the right to security, freedom and personal inviolability in psychiatric institutions[4]. The MADEKKI, too, reviews complaints of inhabitants and carries out planned quality control visits to health care facilities. Activities of the MADEKKI are reflected in its six-month and annual reports on complaints reviewed. In 2005 MADEKKI received 33 complaints concerning the work of the service providers in mental health care, 10 of which were considered justified. In turn, the Social Services Board (SSB) carries out regular quality control, visiting specialised social care homes for persons with mental disorders and reviews complaints of patients at these facilities. The SSB publishes annual reports which include a chapter on monitoring of the quality of social services. In 2005 the SSA carried out 19 quality control visits to state specialised care homes, and reviewed 31 complaints concerning the quality of care provided by State Social Care Homes (SCH) for persons with mental disorders[5].

Of the civil society organisations, the Latvian Centre for Human Rights (LCHR) is the only one that carries out systematic monitoring of psychiatric institutions. Observations and views of LCHR concerning the human rights situation in psychiatry have been published in its annual reports since 1997[6], which, in abbreviated form, are also published in the International Helsinki Federation for Human Rights home page. In May 2003 the LCHR published a monitoring report[7], including also LCHR monitoring visits to Strenči and Daugavpils psychiatric hospitals.

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3 WHO-AIMS Report on Mental Health System in Latvia, WHO and Ministry of Health, Riga, Latvia, 2006, pp. 51-52

4 National Human Rights Office, Annual Report of 2005, http://www.vcb.lv/zinojumi/VCB-2005-gadaZinojums.pdf, pp 84- 85, (accessed 2 July 2006)

5 Social Services Board, Annual Report of 2005, (in Latvian) http://www.socpp.gov.lv/lv/files/2005_gada_publ_paarskats_viss.doc, pp 22-25, (accessed 2 July 2006)

6 LCHR Annual reports are available on LCHR home page http://www.humanrights.org.lv (accessed 2 July 2006)

7 Latvian Centre for Human Rights and Ethnic Studies, Monitoring Closed Institutions in Latvia, May 2003, http://www.humanrights.org.lv/upload_file/EUmazaisMonitorClosed.pdf (accessed 2 July 2006)

Methodology of Monitoring and Procedure for Receiving Permission

Within the framework of this project monitoring of psychiatric institutions was carried out not only in Latvia but also in Lithuania, Estonia and in the Kaliningrad Region of the Russian Federation. During the first year of the project (22 April 2003 – 22 April 2004) local and international experts carried out week-long visits to psychiatric institutions, working according to the methodology prepared by the *Mental Disability Advocacy Centre*.

Regular monitoring during the second and third years of the project was continued in Lithuania (separate reports on Lithuania in 2005 and 2006 were published with the support of other donors) where 40 monitoring visits were carried out in 2004–2006, and in Latvia, where 20 visits to social care homes for persons with mental disorders were carried out in 2004–2006, altogether visiting 18 care homes and 10 psychiatric hospitals, altogether visiting 8 hospitals.

Prior to starting monitoring visits, LCHR applied to the Ministry of Health which holds state capital shares in psychiatric hospitals, and the Ministry of Welfare Social Services Board, which supervises social care homes, explaining the purpose of the monitoring visits and asking for their support. Unlike the NHRO, whose mandate permits it to visit any closed institutions, the LCHR is a non-governmental organisation without authority to visit closed institutions. Therefore, regardless of its good contacts with many psychiatric institutions, the LCHR asked for the support of the Ministry of Health and the SSB in order to prevent potential misunderstandings with management of the institutions during the monitoring visits. At both state institutions the LCHR met with an obliging attitude and relatively quickly received permission. The SSB quality control department advised the LCHR that application for permission for 2004–2005 monitoring visits is not needed. Considering that the monitoring team of LCHR was inter-disciplinary, it was considered also to carry out joint visits with the SSB at some time.

Regarding psychiatric hospitals, in 2004, following the first year visits within the framework of this project, the LCHR started negotiations with the Minister of Health Rinalds Muciņš to sign an agreement between the Ministry of Health and the LCHR for the duration of the project. The draft agreement provided authority for LCHR monitoring visits. However, at the end of 2004 there was a change of government and Minister of Health. In addition, the project was suspended for few months due to a delay in funding. Visits to psychiatric hospitals were started again only in March 2006, when the question of a long-term agreement was no longer current, and the LCHR again applied to the

Ministry of Health asking for consent only to specific visits and promising to guarantee patients' confidentiality. The application to the Ministry of Health indicated the members of the monitoring team[8], and a list of issues to be looked at during the monitoring was attached The LCHR received a reply from the Ministry of Health accepting monitoring at the specific facilities. However, a couple of weeks after receiving the letter from the Ministry of Health, LCHR received a telephone call from an employee of the Ministry of Health, asking to explain once again the purpose of monitoring visits and indicate who is funding the visits and under what project. The LCHR has unofficial information at its disposal that one of the monitored facilities had asked the Ministry of Health after the LCHR visit, what kind of organisation is LCHR, why it is permitted to perform monitoring and what are the benefits of such monitoring for the Ministry.

In Lithuania during the first year of the project the LCHR partner organisation had problems receiving monitoring permission for one facility, which agreed to the visit only after letters to the Lithuanian Minister of Health and the Parliament from the international partner organisation – Mental Disability Advocacy Center. In turn, local partners of the project in the Kaliningrad Region of Russian Federation had problems receiving monitoring permission for two facilities, and at these only meetings with the management took place, but no inspection of premises or meetings with patients. One of the formal reasons for withholding permission to visit social care homes that the local social service board gave was that the statutes of the local partner non-governmental organisation did not mention monitoring as one of their activities.

Project partner organisations agreed on a joint monitoring methodology for all the Baltic states during the seminar in Riga on 13–14 October 2003.The methodology was prepared by the Mental Disability Advocacy Center, based on guidelines of the Council of Europe Committee for Prevention of Torture, the World Health Organisation and other international human rights standards. During the second year of the project the methodology was adapted by LCHR and Vilnius Regional Office of Global Initiative on Psychiatry to the needs of the specific countries – Latvia and Lithuania. Since among the issues to be monitored at the institutions were both human rights issues and medical issues, human rights researchers, lawyers, psychiatrists and social workers were included in the monitoring teams.

The following methods were used in monitoring:

- ✓ meetings/interviews with the administration and personnel of the facility – Director, Head Nurse, psychiatrist, social worker;

[8] LCHR monitoring team of psychiatric institutions included human rights researcher, LCHR Program director Ieva Leimane-Veldmeijere, social worker, LCHR Program assistant Eva Ikauniece and external experts – physician/psychiatrist Uldis Veits and lawyer Lauris Neikens.

- ✓ examination of documents and informative material of the facility;
- ✓ examination of premises – wards, washrooms and toilets, isolation rooms, rooms for activities and occupational therapy, dining areas;
- ✓ discussions/interviews with users of mental health care, considering confidentiality concerning information received;
- ✓ providing immediate recommendations to the management of the facility at the end of the visit;
- ✓ compilation and analysis of information and material obtained;
- ✓ publication of monitoring results.

Monitoring in the Baltic States: a Review of the First Year

Monitoring in All Four Countries Involved in the Project

During the first year of the project (22 April 2003 – 22 April 2004) a week-long monitoring visit to psychiatric hospitals and social care homes for persons with mental disorders took place in each country. At the monitoring seminar in Riga on 14 October 2003, project partner organisations – LCHR, the Vilnius regional office of Global Initiative on Psychiatry (GIP) and Mental Disability Advocacy Centre (MDAC) – agreed to a week-long visit to 3 psychiatric hospitals and 3 social care homes in each country. The purpose of the visits was to obtain an overview of the situation in the countries prior to start of training seminars for personnel, and to obtain information for a policy paper on Human Rights in Mental Health Care in Baltic States, which was published in June 2006.

Country	Date of visit	Psychiatric hospitals visited	Social care homes (SCH) visited	Make-up of monitoring team
Latvia	26 – 31 October 2003	Forensic Department of the Mental Health Care Centre, Daugavpils psychiatric hospital, Aknīste psychiatric hospital, Jelgava psychiatric hospital Ģintermuiža.	Piltene SCH, Litene SCH SCH Atsaucība (Response)	I.Leimane-Veldmeijere, E.Ikauniece, L.Neikens (Latvia); O.Lewis (MDAC, Hungary); A.Germanavicius, D.Puras (GIP, Lithuania)
Lithuania	12 – 17 January 2004	Vasaros PNH, Naujoji Vilnius PNH, Ziegzdriu PNH, Sveksnos PNH.	Jurdaiciu SCH, Prudiskiu SCH.	D.Juodkaite, E.Rimšaite, A.Germanavicius, D.Puras (Lithuania), E.Pilt (Estonia), E.Simor (MDAC, Hungary)

Estonia	9-12 February 2004	Ahtme PNH, Jamejala PNH, Tallinn PNH	Kernu SCH, Koluvere SCH	E.Pilt, K.Albi (Estonia), A.Germanavicius, D.Juodkaite (Lithuania), E. Simor (MDAC, Hungary)
Russian Federation Kaliningrad Region	24-27 February 2004	Kaliningrad Region Psychiatric Hospital, Kaliningrad City Psychiatric Hospital, Chernyshevsk Psychiatric Hospital, Cherniakhovsk Psychiatric Hospital*.	Sovjetsk SCH, Bolshakovskij SCH*	B.Dolgopolov, L.Pekhova, O.Pekhov, (Kaliningrad); E.Rimšaite, D.Puras (Lithuania); I.Leimane-Veldmeijere (Latvia); E.Simor (MDAC, Hungary)

* Only meeting with the administration of the facility because the monitoring team had not received permission for monitoring.

Common Problems Found in All Countries after the First Year Visits[9]:

✓ *The right to information is subject to regular violations*. Information of residents at psychiatric institutions on their rights and the quantity of information often depends only on the goodwill of individual staff members of the facility and the level of their knowledge concerning the human rights of the residents. The formal internal mechanisms for reviewing complaints do not ensure enforcement of the right to complain and to receive a reply. Although the law provides that personnel of psychiatric hospitals shall provide information to the patients on their illness, so far provision of information depends on the goodwill of doctors and their respect for the patient. Informing a patient on his/her illness, prognosis, recommended ways of treatment and available alternatives, as well as maximal involvement of patients in decision making is more often incidental rather than habitual practice.

✓ *The right of residents of social care homes to respect of private life* is often violated in substance: their every day life is public and they seldom have opportunity to be alone. Residents are observed all the time by personnel and the other residents. Similarly, their rights to maintain intimate relations are violated. At the psychiatric hospitals, too, the rights of patients to privacy are maximally limited and in acute wards are practically never observed.

[9] Information was prepared in cooperation with Egle Rimšaite, the coordinator of the Vilnius regional office of Global Initiative on Psychiatry.

- ✓ *Inequality* – patients at psychiatric hospitals and residents of social care homes who actively cooperate with staff members are ensured various privileges not available to the rest. Residents with very severe disorders are most often victims of unequal attitude and are usually placed in wards with the worst living conditions. Obedient patients of hospitals are permitted by the personnel to leave the hospital, are given bathroom keys, permission for the use of mobile telephones, and are issued additional cigarettes or permission to smoke where the patient wishes.

- ✓ *Inhuman, degrading treatment* – forms of inhuman treatment most often found at facilities are the negligent attitude of personnel, too frequent restriction of movement of patients, emotional and physical violence against patients, making decisions for patients concerning their personal life. A number of psychiatric hospitals have no standard procedure for the use of means of restraint, isolation and chemical means of restraint. Nor are there mechanisms in place for ceasing the use of the aforesaid measures. Furthermore, in hospitals where the above-mentioned procedure has been officially regulated, a number of discrepancies were found in implementing the procedure, for example, often requirements for completing restraining acts are not observed, patients are often restrained for longer than two hours, and at times patients are not observed during restraining and are left unobserved for several hours, no contact is maintained with the patient during restraining, and often in parallel to physical restraining, medicinal restrictive means are used. Sometimes cases of preventive restraining are found, carried out for the purpose of preventing possible aggression. At other times restraining is used as a type of punishment.

- ✓ *The right to education* is not implemented. It is difficult to talk of re-integration of persons with mental disorders if having spent years at a social care home or a psychiatric hospital they have had no opportunity to learn, obtain a profession or skills, which would be necessary for re-integration into society.

- ✓ *The right to employment* and adequate remuneration is seldom ensured for residents of social care homes. In most cases care homes which involve their residents in employment do not enter into an official employment contract with them. Nor are opportunities for employment for residents looked for, nor are there mechanisms in place to protect against exploitation those residents who are employed in casual labour by local farmers.

In Latvia the monitoring team was concerned about the juveniles situation at Daugavpils psychiatric hospital following information received during the visit. Ministry of Health

was verbally informed on the information obtained during the visit and it was recommended that staff of the Ministry examine the situation at the Daugavpils psychiatric hospital. In turn, after visiting the Litene SCH in October 2004 LCHR verbally advised the then Social assistance fund that conditions under which 10 men with serious mental disorders are kept are unacceptable (walls of their room were covered in metal sheeting). LCHR asked the Social assistance fund to do its own inspection visit at SCH Litene. At present conditions have changed and this room is used for storage.

Monitoring of Psychiatric Hospitals in Latvia in 2005–2006

During the second and third project year (23 April 2004 – 22 July 2006) monitoring of psychiatric facilities was continued (in this report a review of 2005–2006 visits is published, data were obtained during visits). Eight psychiatric hospitals were visited, the Strenči psychiatric hospital was visited twice. The visited facilities have a total of 2,890 beds, which is 96% of the total number of psychiatry beds in the country. At the time of the visits there were 2,855 patients at the visited facilities. In 2005 there were altogether 9 psychiatric hospitals in the country and 3 psychiatric wards at somatic hospitals, altogether in Latvia there were 3,007 psychiatric profile beds: 2,728 for adults, 279 for children and 65 beds for tuberculosis patients.

Operation of psychiatric hospitals is regulated by the Medical Treatment Law, enacted in July 1997, and a number of Cabinet of Ministers' and Ministry's legislative acts, for example, Cabinet of Ministers' Regulations No. 1036 of 21 December 2004, "Procedure for organising and funding health care", Order No.2 of the Department of Health of the Ministry of Welfare of 20 January 2003, "On approval of medical technologies".

During implementation of the project (April 2003 to July 2006), no significant changes of legislation have taken place in the area of mental health care, although it was hoped that during these three years the Psychiatric Assistance Law might be adopted. Nor were any of the policy documents passed, such as the Strategy for improvement of mental health of the population 2006–2016, drafted by the Ministry of Health, which anticipates significant development of community based services[10]. On a positive note, in December 2004 "Programme of development of providers of out-patient and hospital health care services" was approved by Cabinet of Ministers Order No. 1003 and a year later the Plan for a health programme for providers of out-patient and hospital health care services was approved for

[10] More on development of Latvian mental health care policy in the publication of Latvian Centre for Human Rights, Human Rights in Mental Health Care in the Baltic Countries, http://www.humanrights.org.lv/upload_file/Dazadas%20publikacijas/HRinMHbaltics_ENG.pdf, pp. 37–51 (accessed 10 July 2006)

2005-2010. The plan to introduce health programme anticipates a reduction of beds in psychiatric hospitals from 3,048 beds in 2004 to 2,540 beds in 2010[11]. At the same time and parallel to these activities in 2006 state guarantees were granted for loans to reconstruct a number of psychiatric hospitals and for construction of new buildings within the existing psychiatric hospitals. State loan guarantees were granted to five psychiatric hospitals – Jelgava psychiatric hospital Ģintermuiža, Strenči psychiatric hospital, Daugavpils psychiatric hospital, Ainaži psychiatric hospital and Aknīste psychiatric hospital.[12] Unfortunately, the business plans prepared for each hospital are not available to the public, and thus it is not known exactly on what scale each facility will be enlarged. During the LCHR visits heads of the hospitals insisted that the number of beds at each hospital will not be increased because the new buildings will contain social beds, however, no one could say who will fund these social beds – Ministry of Health, Ministry of Welfare or the local governments. The lack of interest on the part of the Ministry of Health to explain the construction plans of these new buildings to the public causes serious concern whether the presently implemented projects in the area of mental health care do not contradict the Strategy for improving mental health of the population for 2006–2016 being drafted, and also the Mental Health Declaration and its Action plan, approved in January 2005 by the World Health Organisation[13]. In any case, from the viewpoint of effective policy and budget planning it would be more reasonable to invest in psychiatric hospitals only after the government has determined how mental health care is to be developed in the future in the country as a whole.

The following monitoring visits were planned and carried out:

No.	Psychiatric hospital	Year and date of LCHR visit	Topic (if not the entire facility)
1.	Vecpiebalga psychiatric hospital	15 February 2005	
2./3.	Ainaži children's psychiatric hospital (incl. Vīķi department)	22 April 2005	
4.	Strenči psychiatric hospital	26 April 2005	Interviews with patients
5.	Aknīste psychiatric hospital	7 March 2006	
6.	Strenči psychiatric hospital	29 March 2006	
7.	Seashore hospital's Psychiatric clinic	6 April 2006	

[11] Cabinet of Ministers Order No. 854 of 8 December, 2005, "On Plan for Introduction of Development Programme for 2005 - 2010", http://www.vsmtva.gov.lv/AML.WebAdmin/Resources/File/Normat_dokumenti/MK%20Noteikumi/MK_854.doc (accessed 2 July 2006)

[12] Law on the National Budget for 200, http://www.fm.gov.lv/budzets/2006/p16.doc (accessed 2 July 2006)

[13] More on WHO Mental Health Declaration in LCHR publication Human Rights in Mental Health Care in the Baltic Countries, Vilnius, 2006. http://www.humanrights.org.lv/upload_file/Dazadas%20publikacijas/HRinMHbaltics_ENG.pdf (accessed 2 July 2006)

8.	Mental Health Government Agency	16 May 2006	
9.	Jelgava psychiatric hospital Ģintermuiža	16 May 2006	
10.	Daugavpils psychiatric hospital	19 May 2006	

Monitoring visits were not planned only at psychiatric units of general somatic hospitals in Rēzekne and Riga, but also in the neurosis clinic in Dzintari. Thus a reasonably in-depth overview of the situation in the country was obtained, because both the only children's psychiatric hospital and both psychiatric hospitals for-long term patients and all specialised mono-profile psychiatric hospitals were visited. Some of the visited facilities (see Table 1) also provide out-patient psychiatric assistance.

The Mental Health Government Agency (MHGA), located in Riga, is the only one of the visited facilities which has an additional function to those performed by other psychiatric hospitals. The MHGA, in addition to providing psychiatric assistance to the population, also provides methodical and organisational support to the Ministry of Health in forming and implementing health care policy. Functions of MHGA include preparing methodical recommendations for treatment and diagnosing mental illness and behaviour disorders. The MHGA was established as an Agency on November 1, 2004 and includes the re-organised Mental Health Care Centre to which the Riga psychiatric hospital was added in 2000. The MHGA is located at the Riga psychiatric hospital. The oldest buildings in the territory were built some 200 years ago. The MHGA hospital has 20 departments with 620 beds. It also provides out-patient psychiatric assistance at both the out-patient department at MHGA premises in Tvaika street and at the subsidiary of the out-patient department located at the primary health care centre in Ziepniekkalns and out-patient psychiatric assistance centre in Veldre street. It is planned to reorganise the MHGA in 2007, although more specific information on future plans was not provided.

The Jelgava psychiatric hospital is located in the City of Jelgava, 47 km from Riga and serves nine administrative regions of Latvia: Jelgava, Rīga, Talsi, Tukums, Saldus, Dobele, Bauska, Ogre and Aizkraukle regions, providing psychiatric (including for children) and drug-related assistance, as well as anti-alcohol motivation and narcotics rehabilitation. The hospital exists since 1887 and has always had a psychiatric hospital on its premises. The oldest remaining hospital building was built in 1897. A number of buildings were built in 1921 and 1975. The building housing the out-patients department was built in 1995. The hospital has 12 departments, including one for children and the out-patients department. The number of beds fluctuates between 1,000 at the beginning of the nineties to 550 in 2006. In 2005 the Jelgava Addiction hospital was added to the hospital and in 2006 – the Rindzele drug rehabilitation centre. The Jelgava psychiatric hospital is the only one in Latvia providing services of a community mobile treatment team, providing

psychiatric assistance to patients at their homes. In 2006 the hospital was granted a state guaranty for a loan in an amount of LVL 10.5 million (EUR 15 million) for reconstruction of the hospital and construction of new buildings.

The Daugavpils psychiatric hospital is located 229 km from Riga. The hospital serves the Latgale district. The first building of the hospital was built in 1870 as army barracks, a second building was built in 1917, also as army barracks. In 1920 a psychiatric hospital for 840 patients was established in these buildings. The hospital has 13 departments with 685 beds. In 2006 a new building was constructed for 70 beds. In addition to the new building the Daugavpils psychiatric hospital has been granted a state guaranty for a loan of LVL 10.3 million (EUR 14.7 million).

The new Daugavpils psychiatric hospital building during the visit of 19 May 2006

The Strenči psychiatric hospital is located in Valka region, 135 km from Riga. The hospital was built in 1907 and it provides hospital psychiatric assistance for the population of 8 Vidzeme regions – Valka, Valmiera, Limbaži, Cēsis, Madona, Gulbene, Alūksne and Balvi and all those residents of Latvia who are in need of hospital psychiatric and tuberculosis treatment. Hospital has 8 departments with 400 beds. In 2005 the Strenči psychiatric hospital was granted a state loan guaranty in an amount of LVL 1.8 million (EUR 2.6 million).

The Psychiatric clinic of the Piejūras (Seashore) hospital is located in Liepāja, 215 km from Riga (previously, the Liepāja psychiatric hospital) and serves the regions of Kurzeme, except Saldus and Talsi regions. The Liepāja psychiatric hospital was established in 1954. The oldest buildings date back to 1901, when they housed a children's home. On 29 August 2005, the Liepāja psychiatric hospital was merged with the neighbouring Liepāja Oncology hospital, together forming the Seashore hospital, which includes psychiatric and oncology clinics. Heads of both clinics have signatory rights and are authorised to make decisions in medical matters, but in economic matters responsibility lies with the Chairman of the Board of Directors of the Seashore hospital. The psychiatric clinic has

200 beds, 5 hospital departments including a children's department and an out-patient department. Future reforms of the Liepāja hospitals are anticipated, forming a larger association of hospitals and including in it also the Seashore clinic.

The Aknīste psychiatric hospital is located in Jēkabpils region, Gārsene village at a distance of 203 km from Riga. The facility has been operating since 1954 as a hospital for chronically mentally ill patients. The hospital has 6 departments with 420 beds, one of which is an open regime rehabilitation department. In 2006 the hospital was granted a state guaranty for a loan in an amount of LVL 3.3 million (EUR 4.7 million) for reconstruction and construction of an additional building (100 beds).

The Vecpiebalga psychiatric hospital has been operating since 1956 and is located in Cēsis region. The hospital building was originally built as a school. The hospital is located 150 km from Riga, 90 km from Strenči and 4.5 km from the centre of Vecpiebalga. The hospital has 64 beds and 2 departments – men's and women's. At the time of the visit management of the facility considered a possibility to offer social care services in future, so-called social beds for patients in need of care and constant supervision and the demented, and also develop services of psychiatric rehabilitation for those patients who may be able to live in community.

The children's psychiatric hospital Ainaži is located in Ainaži, 111 km from Riga. It provides planned psychiatric assistance to children and juveniles between ages of four and eighteen. The main building of the hospital has 2 departments and is located in Ainaži, Limbaži region, but at Vīķi, 44 km distant from Ainaži, there is a separate structural unit of the hospital – the third department, Vīķi, which was part of the Mental Health Care Centre until 2004. The building of the Vīķi department was built in 1890 as a manor house. The hospital houses mentally ill children from all parts of Latvia. It is the only facility in Latvia engaged solely in treating children's psychiatric illnesses. Ainaži has 80 beds and Vīķi 65 beds. In 2006 the hospital was granted a state guaranty for a loan in an amount of LVL 1.2 million (EUR 1.7 million).

Users of Mental Health Care Services Interviewed During the Monitoring

Since in July-August 2005 a separate study was carried out – interviewing patients and residents at 6 psychiatric hospitals and 7 social care homes for persons with mental disorders, altogether interviewing 408 persons with mental disabilities – during the monitoring visits less attention was paid to interviewing of patients. For this reason only 12 patients were interviewed and a separate meeting of the monitoring team with the Patients' Council took place at Aknīste psychiatric hospital.

Within the framework of this project from April 2003 to 22 July 2006, the LCHR provided 97 legal consultations to persons with mental disabilities. Most of the consultations were provided on issues of legal capacity (29) – cases on renewal of capacity and in cases when the process of determining capacity has been started for a person. 9 consultations were provided concerning involuntary admission. In addition to these consultations in 2004–2006 the LCHR represented a resident of the social care home Iļģi in Court in a civil case to collect damages because of involuntary commitment from SIA Vecliepāja un SIA Piejūras slimnīca and a resident of the social care home Jelgava in a civil case of evaluating a legal capacity of a person.

Within the framework of this project materials were also gathered for the case of L, submitting a claim to the Constitutional Court on incompliance of Article 68 of the Medical Treatment Law to the Constitution of Latvia. Materials were also gathered and application prepared in a case of renewing capacity for patient B. of the Aknīste psychiatric hospital, who expressed his request for legal assistance during the LCHR monitoring visit. By the end of the project (July 2006) no result in the case of patient B. was reached, however the case to renew legal capacity will be continued with other financial resources at the disposal of the LCHR after the end of this project.

Cooperation with Management of Hospitals During Monitoring Visits

For the main part LCHR met with a helpful attitude on the part of the administration of the facilities, except for one facility, where the LCHR met with an unpleasant and impolite attitude, although the Ministry of Health had informed all psychiatric hospitals of the anticipated monitoring. At all the visited hospitals LCHR monitoring team had the opportunity to visit any space of interest to it, including isolation areas. When visiting a facility, LCHR asked to post a prepared notice to patients in the wards informing of the LCHR visit and inviting patients to contact members of the monitoring team during the visit. LCHR had guaranteed to the Ministry of Health to observe confidentiality concerning patients' data. No situation arose during the visits when it may have been necessary to examine a case history at the request of a patient. The LCHR wanted to examine admission journals, restraining and ECT journals, rules of internal order, Regulations on restraining and use of ECT. In none of the visited hospitals was the monitoring team prevented from examining this documentation.

Budget Information

Medical services at psychiatric hospitals are paid for by the Health Compulsory Insurance State Agency (HCISA). Since 1 April 2004 the patient's fee has been abolished[14]. When

[14] Cabinet of Ministers Regulations No. 1036, "Procedure for organizing and funding health care", passed 21 December 2004, come into force as of 1 April 2005, published in *Vēstnesis* No. 9, 18.01.2005, http://www.likumi.lv/doc.php?id=99669 (accessed 2 July 2006)

earlier the patient had to pay LVL 0.45 (EUR 0.64) per day for treatment at the psychiatric hospital, now this payment is waved for all patients of psychiatric hospitals. The Strenči psychiatric hospital and Psychiatry clinic of Seashore hospital mentioned during the monitoring visits that the number of patients who wish to undergo treatment at the hospital has increased significantly since abolishing the patient's fee. Many patients suffering from somatic or social problems try to be admitted to the psychiatric hospital.

The cost of a bed per day for the first 45 days stipulated by the HCISA is an average of LVL 13–15 (EUR 18–21). If the hospital stay is longer than 45 days, the average cost of bed per day is LVL 9–10 (EUR 13–14), but for patients permanently residing at the hospital, the average cost of bed per day is LVL 7–8 (EUR 10–11). On an average psychiatric hospitals spend LVL 0.74–1.82 (EUR 1.00–2.58) per patient per day for medicines and LVL 0.90–2.00 (EUR 1.28–2.84) for food.

At most of the hospitals the administration admitted not understanding the payment policy and division between patients, who have declared hospital as place of residence and patients, who have place of residence in the community. At the request of LCHR, HCISA management, explaining the division, indicated that "at present there are three types of patients undergoing treatment at psychiatric hospitals – acute, chronic and resident patients (have registered hospital as their place of residence), whose treatment costs at present are set differently – the highest for acute patients and the lowest for resident patients. Basically the costs are related to differences in the cost of medicines".[15]

LCHR believes that such a division is unjustified and discriminatory, especially at long-term hospitals where it is impossible to say that one group of patients stays at the hospital longer than another. It should also be taken into account that registration of patients for residence at a hospital was introduced a couple of years ago because it was demanded by the Sickness funds. At the time of the LCHR visit the situation concerning the number of patients registered as residents at a hospital was as follows:

Hospital	**Number of patients**	**Of those registered as residing at the hospital**	**%**
Jelgava psychiatric hospital	480	77	16%
Strenči psychiatric hospital	400	49	12%
Aknīste psychiatric hospital	420	320	76%
Vecpiebalga psychiatric hospital	64	11	17%
Total:	1364	457	34%

[15] HCISA reply to I.Leimane-Veldmeijere No. 2820 "On calculating bed days for patients of psychiatric hospitals".

On average, in 2003 patients registered as residing at facilities received a third less funding than the other patients. Regarding next year, HCISA in its reply letter promised that "in 2007 the Agency anticipates equal tariff per day per bed for all chronic psychiatric patients, without dividing patients registered as residing at the hospital as a separate category".[16] However, HCISA also indicated that "prolonged treatment at a psychiatric hospital or another type of hospital is not a reason to have the hospital declared as a patient's residence".[17]

To describe monitored psychiatric hospitals and their patients, some indicators are included in the following table:

Table 1 – description of psychiatric hospitals and their operations.

Hospital / Indicator	Ainaži	Vecpiebalga	Aknīste	Strenči	Seashore hospital	MHGA	Jelgava	Daugavpils	Total hospitals monitored by LCHR	Total in country in 2005
Number of beds	145	64	420	400	200	620	480	685	3014	3167
Including children beds	145	0	0	0	10	0	50	30	235	305
Including specialised Beds				65 (tb)		60 (forensic)			125	125
Number of departments	3	2	6	8	5	17	11	13	65	
Admissions in 2005	39	101	80	2377	1669	5736	3256	3744	17002	19037
Discharges in 2005	39	100	86	2368	1685	5512	2533	3733	16056	19011
Of those deceased	4	5	16	75	48	120	52	126	446	589
Average length of treatment per day by bed	Until transferred	1-2 years	4-5 years	60; 200 (tb)	50	37	66	64		58
Prevailing territory served	Entire country	Vidzeme regions, Jūrmala, Riga region	Entire country	Vidzeme regions, Balvi region	Kurzeme regions, partially Saldus region	Rīga, outskirts	Zemgale, in part Kurzeme, Riga outskirts.	Latgale regions	Entire country	Entire country

[16] HCISA reply to I.Leimane-Veldmeijere No. 2820 "On calculating bed days for patients of psychiatric hospitals".

[17] HCISA reply to I.Leimane-Veldmeijere No. 2820 "On calculating bed days for patients of psychiatric hospitals".

Mental health care is the prevailing function	Up to 18 years of age, with transfer to another facility	Long term, until transferred to a SCH	Long term with rehabilitation	Acute and long term tb patients	acute	Acute and long term forced treatment involving security	acute	acute		
Outpatient care	none	none	none	none	yes	yes	yes	yes	4 – yes 4 – none	

Table 2 – Content of patients under treatment

Hospital **Indicator**	**Ainaži**	**Vecpiebalga**	**Aknīste**	**Strenči**	**Seashore hospital**	**MHGA**	**Jelgava**	**Daugavpils**	**Total hospitals monitored by LCHR**
Number of patients at the time of visit	136	64	409	425	202	564	415	640	2855
Men*	67%	50%	62%	58%	50%	53%	50%	50%	58%
Women*	33%	50%	38%	42%	50%	47%	50%	50%	42%
Schizophrenia	10%	58%	58%	42%	41%	52%	41%	34%	42%
Organic disorders	18%	24%	24%	28%	25%	24%	24%	12%	28%
Mental retardation (intellectual disabilities)	72%	16%	17%	7%	14%	3%	15%	38%	9%
Other	0%	2%	0%	24%	20%	21%	20%	16%	20%
Patients under forensic treatment according to the Criminal Law at the time of visit	0	0	5	19	16	43	24	25	132
Number of legally incapable patients		3	42	10	no information	31	36	175	297
Number of long term patients (longer than 12 months)	136	60	400	100	no information	134	200	88	1118
On waiting list for SCH	10	29	none	34	10	80	58	70	291
Number of patients able to integrate into community**	18	32	45	25	20	40	130	10	320

*during the visit information on % of patients was given by gender

** opinion of administration of facility

Procedure for Involuntary Commitment

At present in Latvia the only legal grounds for involuntary commitment is Article 68 of the Medical Treatment Law (in force since July 1997):

> **Article 68.** (1) Out-patient or in-patient examination and treatment against the will of a patient may be performed in the following cases only:
> 1) If, due to a mental disorder, the behaviour of the patient is dangerous to his/her health or life, or to the health or life of other persons;
> 2) If, due to a mental disorder or its clinical dynamics the psychiatrist prognoses that such behaviour of the patient is dangerous to his or her health or life or to the health or life of other persons; and
> 3) if the mental disorder of the patient is such as to prevent him/her from making informed decisions, and refusal to undergo medical treatment may lead to a serious deterioration in his/her health and social status, as well to public disturbances.
> (2) If a patient is hospitalised against his/her will, a council of psychiatrists shall examine the patient within 72 hours and decide on further treatment. The council shall advise the patient or members of his/her family of its decision immediately**,** but if there is no family, the closest relatives or legal representatives (guardians, trustees). If it is not possible to do so immediately, by meeting with one of these people**,** they shall be advised in writing, so noting in the patient's medical file.

The Law on Police provides that a Police officer may "arrest persons with obvious mental dysfunction and who through their actions create obvious danger to themselves or to persons nearby, and to keep them in custody in a police institution until handing them over to a medical treatment institution"[18]. Similarly, Police officers may "convey to a police institution persons who have attempted to commit suicide and, if they do not require medical assistance, to hold them in custody at a police institution until clarification of the circumstances of the event, but not longer than three hours"[19].

Human rights standards are also binding to Latvia, for example, Article 5 of Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms[20] and

[18] Law on Police, Paragraph 11) of Article 12, http://www.ttc.lv/index.php?skip=45&itid=likumi&id=10&tid=59&l=LV, enacted 4 June, 1991, (accessed 2 July 2006)

[19] Law on Police, Paragraph 12) of Article 12, http://www.ttc.lv/index.php?skip=45&itid=likumi&id=10&tid=59&l=LV, enacted 4 June, (accessed 2 July 2006)

[20] The Council of Europe European Convention for the Protection of Human Rights and Fundamental Freedoms is in force in Latvia since 27 June, 1997.

case law of the European Court of Human Rights (ECHR) provides that according to Article 5 of the Council of Europe Convention for the Protection of Rights Human and Fundamental Freedoms[21] countries shall have a mechanism in place for appeal in cases of compulsory psychiatric hospitalisation. The Convention, case law of ECHR and Council of Europe Recommendation of 10 October 2004 Rec(2004)10, which includes a provision that the decision to subject a person to involuntary placement should be taken by a court or another competent body, has significantly affected mental health legislation of many Council of Europe member states. However, in Latvia, according to the Medical Treatment Law, it is sufficient to have a decision of a council of three physicians for involuntary detention of a person and treatment at a psychiatric hospital. Thus Latvia systematically violates Article 5 of the Council of Europe Convention.

International organisations have indicated this lack of compliance with international human rights standards in their reports, for example, Council of Europe Commissioner for Human Rights[22]. Similarly, CPT indicated after the 1999 visit that "the procedure by which involuntary placement in a psychiatric establishment is decided must offer guarantees of independence and impartiality, as well as of objective medical expertise"[23].

The LCHR found at all psychiatric hospitals that hospital statistical data on voluntary patients and those persons involuntary hospitalised is not separated and thus it is not possible to determine how many patients are treated involuntary. CPT has already indicated this problem during its first visit to Latvia[24], as a result of which hospitals introduced seals which serve to indicate in a patient's medical file whether the patient agrees to undergo treatment voluntarily or is emergency hospitalised. However, this information is not reflected in the statistics of the facility or in MHGA yearbooks, because these data are not requested from the psychiatric hospitals. The WHO report on Latvia published in June 2006, also points out the lack of these data[25].

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[21] Part 4 of Article 5 of the European Convention for the Protection of Human Rights and Fundamental Freedoms provides that "everyone who is deprived of his liberty by arrest or detention, shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful." http://www.coecidriga.lv/tulkojumi/Konvencijas/5.htm (accessed 2 July 2006)

[22] Council of Europe, Report by Alvaro Gil-Robles, Commissioner for Human Rights, on his visit to Latvia, 5-8 October 2003, Strasbourg, 12 February 2004, CommDH(2004)3, p.14 and p.18, https://wcd.coe.int (accessed 2 July 2006)

[23] Report of COE Committee for the Prevention of Torture, visit to Latvia in 1999, http://www.cpt.coe.int/documents/lva/2001-27-inf-eng.pdf (accessed 2 July 2006)

[24] Report of COE Committee for the Prevention of Torture, visit to Latvia in 1999, http://www.cpt.coe.int/docum ents/lva/2001-27-inf-eng.pdf (accessed 2 July 2006)

[25] WHO-AIMS Report on Mental Health System in Latvia, WHO and Ministry of Health, Riga, Latvia, 2006, pp. 26 and 53.

LCHR found that there is a lack of common guidelines or legislative acts providing a specific procedure for involuntary admission at psychiatric hospital. At present each hospital determines its own procedure for admission, thus it differs from hospital to hospital. In Latvia involuntary admission and involuntary treatment are not differentiated. Usually hospitals ask voluntary patients to sign consent to treatment. Some of the patients interviewed by LCHR mentioned that it was not explained to them what it is they are signing.

Comparing psychiatric hospitals of three different regions performing the same functions, differences were found in the procedure of admission and documentation.

Hospital	**Procedure for involuntary hospitalisation**
Daugavpils psychiatric hospital	Patient signs in a special stamp in his/her medical file consenting to treatment, "Patient agrees to be hospitalised___". 2) If the patient does not consent, a different stamp is placed in his/her medical file: "Emergency hospitalisation according to Article 68 of the Medical Treatment Law" In this case the patient does not sign anywhere. 3) **The physician hands the patient an information sheet explaining the emergency hospitalised patient's basic rights,** the patient reads the information sheet, signs it and it is pasted in the patient's medical file. 4) A council takes place within 3 days.
Jelgava psychiatric hospital Ģintermuiža	Patient signs his/her consent in a special stamp in his/her medical file: "I agree to be hospitalised", patient's signature, date "I have read the internal rules of order" A council takes place within 3 days. Decision of the council is entered in patient's medical file. If the patient does not consent, the special stamp remains blank, it is registered in the journal of doctors' control commission Each unit keeps a journal of doctors' control commission, **the patient is advised** of the decision of the doctors' control commission and that **he/she may apply to MADEKKI (Medical Quality Control Inspection).**
Seashore Hospital Psychiatric clinic	Patient signs his/her consent in the medical file. If he/she does not consent, does not sign anywhere. A council is organised within 3 days which determines 1) whether the patient is correctly admitted and 2) whether the patient should continue treatment. **Following a recommendation of MADEKKI, special separate forms have been prepared for the decision of the council which are pasted in the patient's medical file.**

According to the Medical Treatment Law, if a patient is involuntary hospitalised at a psychiatric hospital, a council of physicians/psychiatrists is organized within 72 hours which then makes a decision concerning further treatment. According to the Medical Treatment Law, a patient must be advised of the decision of the council. Latvian legislative acts do not provide for a more

detailed regulation which would provide how the patient is to be informed, for example, verbally or in writing. It is important to note that in this aspect, too, case law of the European Court of Human Rights has been established, which provides that a patient must be informed of reasons for the detention at the moment of detention. It follows that a patient should also be informed of the decision of the council. In Latvia there is no one view on an appropriate practice whether the decision of the council should be considered an administrative act or not, and whether a patient may appeal the decision of the council to the Administrative Court. In any case, if the decision of the council is to be considered an administrative act, then the legality of all councils which have taken place since 1 February 2004 (when the Law on Administrative Procedure entered into force) may be questioned, because at present decisions of the council are not written in the form of an administrative act according to which a patient's opportunity to appeal the decision should be explained and a copy of it must be handed to the patient.

At present a patient may not appeal the decision of the council. The patient may merely apply to MADEKKI (Medical Quality Control Inspection) which, according to the law On Procedure for reviewing applications, submissions and recommendations at state and local government institutions must reply within 15 to 30 days, depending on the scope of examination. The LCHR, representing patients, has encountered cases when MADEKKI has needed four months to review complaints concerning involuntary admission. Thus the opportunity to protest involuntary admission at MADEKKI may not be considered realistic or a sufficiently effective control mechanism for admittance procedure.

The MADEKKI ineffective control of admittance procedure is obviously confirmed by the case of patient N which has come to the attention of LCHR:

Person N was involuntary hospitalised at the Liepāja psychiatric hospital (at present the Seashore hospital) on 22 April 2003 under the following conditions: the Court enforcement officer forcefully evicted N from her rented apartment in Liepāja. At the start of the eviction, N was not in her apartment. When she came home, eviction had already started and there were several persons in the apartment unfamiliar to her, which caused an emotional reaction on the part of N. Members of the Municipal Police called for the Emergency medical assistance team to take N to the Liepāja psychiatric hospital. When the team arrived, they found N angry and nervous, but not aggressive or any other indication that she should be taken to a psychiatric hospital, and refused to take her to the hospital. After the team left, members of the Liepāja Municipal Police forced N into a police car and took her to the Liepāja psychiatric hospital.

At the admittance department of the hospital the doctor on duty admitted N to the hospital, from which she was discharged only three months later, on 7 August 2003.

After the discharge N tried to recover her rights to the apartment, thus repeatedly petitioned state and local government institutions and Courts. In certain cases N was threatened that her persistent complaints and petitions may end in her forced return to the psychiatric hospital. N had been similarly threatened also in addressing day-to-day conflicts with staff while staying at the Liepāja Overnight shelter for homeless. During one such conflict on 4 August 2004 police was called and the police officers took N involuntarily to the Liepāja psychiatric hospital. The patient's consent to admission and treatment at the hospital was obtained only the next day.

N submitted a complaint to MADEKKI on both occasions of hospitalisation on 4 April 2005 which brought a reply on 28 July 2005, concluding that hospitalisation of N against her will had been clinically unjustified and violated provisions of the Medical Treatment Law[26]. Since MADEKKI after performing expertise in the case, saw signs of a criminal offence[27], the Inspectorate submitted the N case material to the Office of the Prosecutor of the City of Liepāja. Although on 16 August 2005 the City of Liepāja and regional police administration initiated a criminal case of illegal hospitalisation at a psychiatric hospital and made a decision on 27 September 2005 finding signs of a criminal offence, as provided in Article 155 of the Criminal Law, in actions of the doctor on duty at the Liepāja psychiatric hospital, a decision was made on the same day to close the case due to the Statute of Limitations come into effect.

Regarding documentation of the decision of the council, the special form for council decisions introduced at the Seashore hospital on the recommendation of MADEKKI should be welcomed. There is a drawback, however, in that the patient is not given a copy of the form and it does not mention even the opportunity to appeal to MADEKKI.

As good practice should also be noted the informing a patient who has been involuntary hospitalised of his/her rights, introduced at the Daugavpils psychiatric hospital. Administration of the hospital has introduced a form on which patients detained according to Article 68 of the Medical Treatment Law are advised of their rights. At the time of admission the patient reads the information, signs as having read it, and the form is attached to the patient's medical file. The LCHR believes that if this information is intended to inform the patient of his/her rights, the patient should be given a copy of the form, because it is hardly believable that the patient will be able to remember all the information for which he/she signs. As a shortcoming of the rights form can be considered the fact that there is no indication of an institution outside the hospital (MADEKKI and

[26] MADEKKI Conclusion No. 7-25-V-285 of 28 July on the grounds of hospitalization of N at Liepāja psychiatric hospital.

[27] Pursuant to Article 155 of the Criminal Law on the illegal hospitalization at a psychiatric hospital.

NHRO) where he/she may apply for assistance. From the viewpoint of human rights the instruction that the patient may not write letters to persons who do not wish to receive these, and a promise not to mail such letters, if written, is doubtful.

"DAUGAVPILS PSYCHIATRIC HOSPITAL
L. Dārza 62

YOUR RIGHTS GUARANTEED BY ARTICLE 68 OF THE 1997 MEDICAL TREATMENT LAW.
(reminder to patient, hospitalised by emergency hospitalisation procedure)

Patient's name, surname, Identity Code_____

Date and time of hospitalisation_____

Physician who ordered emergency hospitalisation

_____

You were hospitalised at this hospital on doctor's orders in order that doctors at the hospital may diagnose you and decide how to help you.

You may be kept here for 72 hours. You should not leave the unit without a doctor's permission. If you attempt to leave the hospital without permission, you may be detained by hospital staff. If you do leave the hospital, you will be returned. All this is legalised by the appropriate instructions.

Treatment. Your doctor will explain to you the treatment that will be used. Only in exceptional cases (you will be advised of this) treatment will be given without your consent.

Correspondence. All letters addressed to you will be handed to you without opening. You may write letters to any person except those persons who do not wish to receive them. If, knowing this, you still write letters to these persons, these letters will not be mailed.

If you have complaints or questions concerning service, you may approach the nurse on duty, the attending physician or the rehabilitation nurse. If their answer does not satisfy you, you may write in confidence to Deputy Chairman of the Board Vadims Kulakovs, L.Dārza 62, Daugavpils, LV-5417

Your closest relatives will be informed in writing or by telephone of your emergency hospitalisation.

Hospital Administration

Legislation and praxis are more harmonised in the area of forced treatment of offenders with mental disorders, regulated by the Criminal Law enacted in 1998, and the Law on Criminal Procedure, enacted in 2005. According to Section 68 of the Criminal Law, a court may determine compulsory measures of a medical nature for persons who, being in a state of mental incapacity, have committed criminal offences, or after commission of the offence or after judgment has been rendered, have become ill with a mental illness which has removed their ability to understand their actions or to control them, if these persons according to the nature of the committed offence and their mental state, are dangerous to the public. According to Section 68 of the Criminal law on recommendation of doctors/experts the Court also determines whether the compulsory treatment should be given to person at out-patient medical institution, at a general type psychiatric hospital or at a specialised psychiatric hospital (ward) under guard.[28] There is only one such unit in Latvia – structural unit of MHGA at Laktas iela in Riga. According to the Law on Criminal Procedure of 28 September 2005[29], if the application of compulsory measures of a medical nature specified by a court has ceased to be necessary in connection with the fact that the person for whom such measure has been determined has been cured or his or her health condition has otherwise changed, the head of the medical treatment institution in which the relevant person is being treated shall, based on the findings of a committee of physicians, propose for the court to decide the matter regarding the revocation or modification of the specified compulsory measure of a medical nature.

The request to court may be also submitted by a public prosecutor, the person him/herself, the person's legal representative, spouse, or other closest relative. If no request is submitted to revoke or change the compulsory measure of a medical nature within a time period of one year, the Court reviews the matter on its own initiative.

During the visits LCHR for the most part heard positive references concerning work of the courts, which supposedly has improved since the new Law on Criminal Procedure came into force. However, LCHR also received information on problems in revoking compulsory medical measures.

A legally incapable patient has been hospitalised and has been treated at the hospital for 20 years. It appears that the patient no longer requires treatment. The hospital has advised the court three times already. The patient's trustee (father) is deceased and the Orphans' Court is unable to find another trustee, because the patient's mother lives in

[28] Sections 68 and 69 of the Criminal Law, enacted on 17 June 1998, came into force on 1 April 1999, http://www.ttc.lv/?id=59, (accessed 2 July 2006)

[29] Section 607 of the Criminal Procedures Law on Grounds for the Revocation or Modification of Compulsory Measures of a Medical Nature, enacted on 21 April, 2005. in force as of 1 October 2005, http://www.ttc.lv/index.php?skip=195&itid=likumi&id=10&tid=59&l=LV (accessed 2 July 2006)

Estonia and does not wish to become a trustee, and his children live in Lithuania and also do not wish to become trustees. Therefore, the court for two years now refuses to make a decision to revoke the compulsory medical measure, even though the hospital is of the opinion that according to medical indications the patient should be released. In the view of the hospital staff, it would be possible to have the patient's legal capacity renewed. The court is asking the hospital to guarantee that the patient is not a danger to himself or the public and that he will be ensured of a permanent place of residence (although at present the patient's place of residence is registered at the hospital). The patient, prior to having the compulsory medical measure imposed, had committed two murders, and the hospital is unable to guarantee the patient's behaviour in the future. The hospital administration believes that it is not within the competence of the hospital to take responsibility in such cases, and thus the patient, due to the inability of the Court to make a decision continues to stay at the hospital.

Patients' Living Conditions

Since mandatory hygiene regulations still have not been passed at Cabinet of Ministers level, when looking at living conditions in hospitals one must base the findings on CPT standards, which pay attention to conditions in wards, observation rooms at acute admissions' wards, washrooms/toilets, and patients' opportunities to get fresh air – walks. Regarding general living conditions, CPT indicates in its guidelines that patients should be ensured of a positive therapeutic environment – appropriate diet, room temperature, lighting, clothing and treatment.

During visits the LCHR monitoring team found that living conditions differ not only among hospitals, but also within the same hospital. For example, at the Psychiatric clinic of the Seashore hospital the rooms at day centre and administration area have been renovated, while a number of wards are in a catastrophic state. In visiting several units, in some places there fist size holes in walls could be seen.

In many places hospitals have attempted to carry out renovations by reducing the number of beds in wards (Strenči, Aknīste, MHGA). Although CPT has indicated that the praxis of having 15–20 patients in a ward is not therapeutic and should be discontinued, and although progress can be noted in Latvian psychiatric hospitals, at many locations overcrowding can still be observed. The largest number of beds in a room is in children's units hospitals, using the excuse that children feel more comfortable in larger groups. At Ainaži children's psychiatric hospital at the time of the LCHR visit the largest number of beds was 18 but the lowest – 10 beds in a ward. At all hospitals where adults are treated, the largest (14) and smallest (2) number of beds in a room is similar.

Data of LCHR, obtained in cooperation with Psychiatric Nurses Unit of the Latvian Nurses Association in poll of patients of psychiatric hospitals, shows that 27% or 70 out of 266 patients interviewed mentioned that not everything needed for every-day living is available in the wards (for example, a night table for personal items, night lamp). Most patients indicated that rooms are clean (92%) and aired (95%)[30].

LCHR observed that at many hospitals privacy is not ensured in washrooms and toilets. In its monitoring report published in May 2003, LCHR reported renovations of toilets at Daugavpils psychiatric hospital with the support of the Lions' Club. Notwithstanding the modern renovations, none of the WCs had dividing walls. On repeated visits to Daugavpils psychiatric hospital in October 2003 and May 2006, the situation had not improved. Furthermore, the hospital, using government funding, repairing a department damaged in the fire of 2003, had repaired wards and toilets, again failing to install dividing walls or screens between toilets. Furthermore, at the time of the latest LHRC visit there was a strong and unbearable smell of urine in the recently repaired department.

Also at Strenči psychiatric hospital in one of the departments visited by LCHR there were no separate cubicles with doors in the toilets, nor were there dividing walls. To the LCHR suggestion to ensure privacy in toilets in the future, the Head of the department replied that this is not possible because of the particular contingent of patients and that the LCHR does not understand the specifics of a psychiatric hospital. However, progress was noted at Aknīste psychiatric hospital, where during the October 2004 visit LCHR pointed out the lack of dividing walls in toilets and shower rooms. At the 2006 visit LCHR was able to see a number of improvements in ensuring privacy in the washrooms of Aknīste psychiatric hospital.

For the most part hospitals justify the lack of privacy in toilets with lack of funds. It is therefore recommended that facilities, in planning and carrying out renovations, first of all think of improving patients' living conditions and the human rights situation. Considering the anticipated large financial investment in hospital renovations and reconstruction, this will provide a real opportunity to significantly improve patients' living conditions and, hopefully, will permit ensuring privacy in washrooms/toilets of facilities.

[30] Data of LCHR study of patients' needs performed in July-August 2005, published in a separate publication.

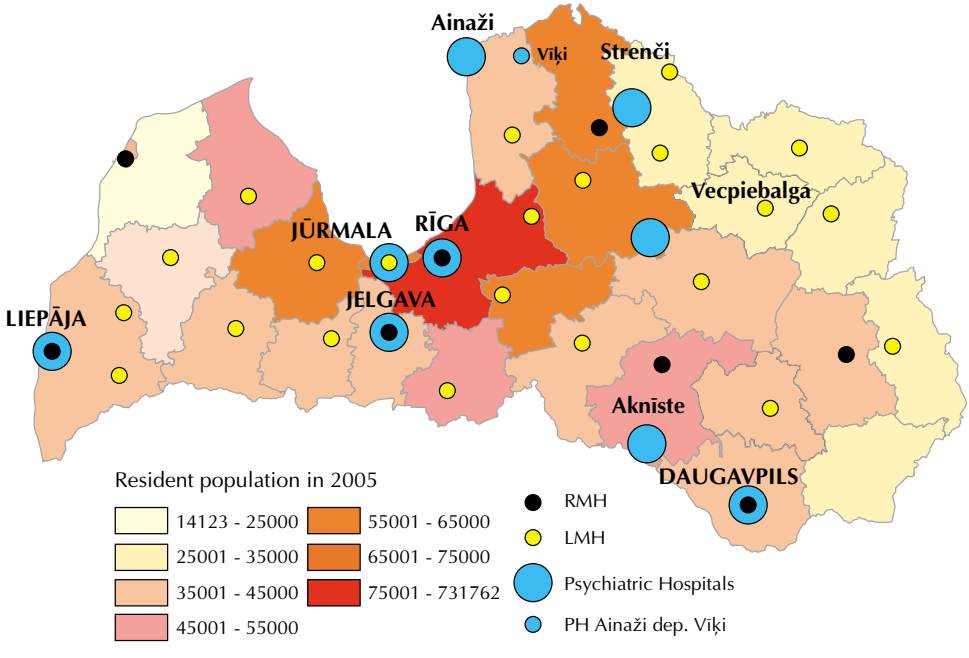
Table 3 – Access to technologies necessary in treatment, their use and well organised treatment environment

Hospital / Indicator	Ainaži	Vecpiebalga	Aknīste	Strenči	Seashore hospital	MHGA	Jelgava	Daugavpils
Division of hospital patients in departments by:	age	gender	disorders	gender and disorders	age and disorders	gender, domicile and disorders	age, disorders partially gender	age, disorders partially gender
Most number of beds in a room	18	5	12	14	8	14	14	14
Least number of beds in a room	10	2	4	2	2	2	2	4
Prevailing care regime	supervision	open door	open door	all	all	all	all	all
Strict security area (isolation rooms)	none	2 with video watching, common toilets	none (space for 5 beds)	8 with guards and own toilets	2 with guards and common toilets	16 with guards, 2 rooms with common toilets	no special rooms, arrange as needed	9 with guards and common toilets
Means of restraint	restraints and 2 chairs	none	a set of restraints in the acute unit	sets of restraints	sets of restraints	sets of restraints	sets of restraints	2 sets of restraints in adult
Use of ECT	none	none	none	none	1995.	none	2004.	2005.
Number of cases of transfer to somatic hospital (NMP calls)	no information	3-5 a year	1a year	3-4 a month	2-3 a month	8-12 a month	4 a month	4-6 a month
Most often used place for treatment of somatic illness	Children's clinical University hospital	Cēsis hospital	Jēkabpils hospital and for special consultations Riga and Daugavpils	Valmiera, Valka, Gulbene hospitals	Oncology clinic, Liepāja hospital	Other Rīga and specialised hospitals	City of Jelgava hospital, specialised hospitals	Daugavpils hospital, specialised hospitals
Requirement of a medical staff from psychiatric hospital when transferring to other hospitals	not necessary	not necessary	hospital must provide	not necessary	no information	not necessary	hospital must provide	hospital must provide

Spatial access to mental health care services at psychiatric hospitals in Latvia may be considered satisfactory, but in the case of the population of two areas in Latvia it may be considered problematic: in the eastern part of Latvia – Latgale and Vidzeme regions – and the Northern part of Kurzeme regions – Talsi and in part Ventspils. About 11% of the population of Latvia live in these areas, which are located more than 70 km from psychiatric hospitals and where reaching hospitals by car takes more than an hour. Furthermore, community based mental health care or social services are underdeveloped in Latvia. The minimum, provided by the state at present, are out-patient regional psychiatrists, thus hospital medical assistance, especially in rural areas, often is the only choice for users of mental health care services. Day care centres for persons with mental illnesses are available only in Riga and Jelgava. Thus in the above-mentioned areas, where residents have little access to hospitals, there is also a lack of social services.

Access is all important in children's mental health care, because frequent meeting between the children and their closest relatives is of supreme importance. In each of the regions of Latvia there is one facility providing hospital psychiatric services for children, but since the hospital in Ainaži has specific functions in the country, from the point of view of access, children's hospital psychiatric care in the Vidzeme region has the worst situation.

The Location of Psychiatric, Regional and Local multi-profile hospitals in Latvia in 2005



During the first CPT visit in 1999 attention was given to treatment conditions of juveniles and when the Riga psychiatric hospital was visited, it received a reproof immediately following the visit, indicating that "steps should be taken to remove all patients under the age of 16 from adult psychiatric units in the hospital and to place them in units appropriate for adolescents". These immediate observations to Riga psychiatric hospital are also mentioned in the 12 February 1999 letter of CPT President to Latvian institutions of authority. CPT also recommended that, "Latvian authorities ensure that juveniles requiring psychiatric care are accommodated separately from adult patients at all psychiatric establishments in Latvia"[31].

LCHR also found during their visits that adolescent (16-18) patients are from time to time treated at practically all psychiatric hospitals and are frequently placed in departments determined by the hospital administration for adults. In these departments juveniles are not separated from adult patients, but as much as possible conditions are created that limit juveniles' contact with adult patients. For example, in the departments of Daugavpils psychiatric hospital juveniles' beds are placed in one room. Complete separation of juveniles from adults is not possible due to location of rooms, lack of toilets, overcrowding and shortage of nursing staff in wards. The staff members of each department are informed on admitted juveniles in the unit and the requirements of care.

Division of patients among hospital departments differs from hospital to hospital. At psychiatric hospitals providing emergency psychiatric assistance patients are mostly divided by two criteria – the patient's domicile and main psychiatric disorders. In 3 hospitals – Vecpiebalga, Strenči and MHGA (except neurosis department) there are no mixed departments where men and women could be treated at the same time. At most hospitals mixed departments are considered an advantage. However, because of lack of toilet facilities this possibility cannot be used. On the basis of the main disorders of treated patients, all hospitals provide medical supervision regimes of different stages. Only two hospitals use the open door regime and in all units of the children's psychiatric hospital Ainaži strict supervision regime is provided.

Treatment of any patient includes preparation of a treatment and rehabilitation plan which is coordinated with the patient as much as possible, or else the patient is informed of it. In most cases Heads of hospitals explained in the interviews that the treatment and rehabilitation plans are prepared, but because of the case load of doctors, they are "not on paper but in their minds". As much as possible they are discussed with patients who are interested. All

[31] Report of CoE Committee for the Prevention of Torture, visit to Latvia in 1999, http://www.cpt.coe.int/documents/lva/2001-27-inf-eng.pdf (accessed 2 July 2006)

patients are urged to observe the internal order of the ward. Hospitalised patients are given different treatment regimes which, at most hospitals, are as follows: strict supervision, supervision involving stages of restriction of patient's freedom, and free regime. Patients under strict supervision are usually placed, and they must remain, in monitored strict supervision rooms or isolation areas. At five of the inspected hospitals there are departments which have strict supervision rooms (isolators) and only at two hospitals (MHGA and Strenči) isolation rooms have separate toilets. Use of common toilets of the ward for strict supervision patients is related to increased risk of accidents. To reduce it, additional supervisory personnel are needed to replace an employee who is already escorting a patient. Only at two hospitals (Jelgava and Aknīste) there are no strict supervision rooms in the departments, but they can be arranged if necessary, placing a supervisor in a room of appropriate size and location. At Ainaži psychiatric hospital, because of the specifics of the patients' contingent, strict supervision is ensured for all patients in all rooms where patients congregate.

Supervision regime of a lighter nature is related to restricting movement of patients within the department and the departments themselves supervise it. Practically all hospitals use this regime of supervision and the supervision is provided by department personnel and locked exit doors. If it is not necessary to use the supervision regime due to the health condition of the patient, open treatment regime is used.

Physical Means of Restraint

In certain cases of specific and manifested behaviour disorders, a patient may be restrained using physical restraint and throughout upholstered wheelchairs (Ainaži psychiatric hospital). For the main part hospitals use self-made means of restraint, often unprofessionally made, which increases stigmatisation. There is no common regulation for restraining and isolation cases in Latvia. This explains why different hospitals performing similar functions use different regulations for restricting patients' freedom. The Medical Treatment Law has no provision giving personnel authority to restrain or isolate a person, except Article 68 which provides criteria for involuntary hospitalisation and treatment. At present the only grounds for using restraint and isolation may be considered the fact that the Health Statistics and Medical Technologies State Agency (HSMTSA) in its data base of medical technologies[32] has registered a mechanical restraint of a patient[33]. Unfortunately, a more detailed description of this specific technology is not available, because at the time of approval of the technology there were no appropriate legislative

[32] Medical technologies approved in Latvia pursuant to Cabinet of Ministers Regulations No. 386 of 31 May, 2005, http://www.vsmtva.gov.lv/v/lv/datubazes/datubazes/tehnologijas/index.aspx (accessed 2 July 2006)

[33] Psychiatric technologies in hospitals – 9.4. "Providing emergency psychiatric assistance to a patient in the event psychomotor agitation: medicated method for patient's mechanical restraint".

act requirements to submit for approval also a description of the technology. CPT noted in 1997 that the Riga psychiatric hospital has no clear written policy as regards the use of restraint[34] and it was only after this visit that MHGA (previously the Mental Health Care Centre) prepared methodical recommendations for restricting patients' physical movements, which other hospitals have also adopted. However, during LCHR visits there were no written regulations for restraining procedure at the Seashore Clinic and Ainaži psychiatric hospital. Nor has the state provided a law that individual hospitals may issue isolation regulations independently on the basis of an order of the Head of the hospital. LCHR believes that it is necessary to have a legislative act providing regulations for the procedure of restraining or isolation and arrangements of the isolation room.

At present in all visited hospitals, treatment and changes of it are determined by the psychiatrist, who makes entries in the patient's medical file accordingly. Restraining of patients is done in accordance with orders of the psychiatrist and an act is written in each case of using restraint, which is then attached to the patient's medical file. In a department of Strenči psychiatric hospital the interviewed nurse was not informed of attaching and keeping the restraint act with the patient's medical file. At the same department in the strict supervision room an isolation box is located and placement there could be equalled to restraining the patient. Personnel of the department were unable to produce any documentation concerning the use of this isolation box. The LCHR gave an immediate recommendation to the administration of the Strenči psychiatric hospital to establish a written regulation for the use of the isolator. Heads of hospitals admitted that during recent years restraint is used comparatively rarely because the effect of injected medications is usually sufficient. Administration of the Daugavpils psychiatric hospital advised that when necessary, physically weak patients and patients after a cerebral thrombosis are restrained in order to prevent, for example, the patient falling out of bed. The administration of Daugavpils psychiatric hospital expressed the view that the tying down to a bed of physically weak and insult patients is not considered as restraint and thus its use is not documented, because "then half of the patients of the hospital's departments No. 5 and 10 should have to be registered in the restraint journal"[35]. The methodical recommendations[36] issued by the Daugavpils psychiatric hospital state that "restraining may not be used in place of supervision and care". This practice is also confirmed by an ex-patient of the Daugavpils psychiatric hospital, who stated that during her stay the nurses of the ward often tied patients to the bed or chairs while drinking coffee themselves.[37]

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[34] Report of CoE Committee for the Prevention of Torture, visit to Latvia in 1999, http://www.cpt.coe.int/documents/lva/2001-27-inf-eng.pdf (accessed 2 July 2006)

[35] LCHR interview with Vadims Kulakovs, Deputy Chairman of the Board of Daugavpils psychiatric hospital on 19 May 2006.

[36] Methodical recommendations for restricting patients' physical movements. Issued by Order No. 170 of Daugavpils psychiatric hospital on 19 September 2002.

[37] Verbal information provided to LCHR by patient X in June, 2004.

Electro-Convulsive Therapy (ECT) and Access to Psychotropic Medications

ECT was registered in Latvia as a medical technology in 2003[38], but in practice has not been used since 2002. Heads of most of the hospitals visited thought that there have been no patients at the hospital whose treatment indicated the need for ECT. In case there were patients in need of ECT, application would be practically impossible because of lack of the appropriate equipment and anaesthetists.

During the LCHR visits to hospitals, the Daugavpils psychiatric hospital was the only facility that admitted using ECT comparatively recently – in 2005 ECT was used twice. The use of ECT at the Daugavpils psychiatric hospital is stipulated by the "Methodology of application of electro-cramps therapy" approved by the Chairperson of the Board on 1 November 2004, which provides indications, contraindications and partial contraindications for use of ECT. The document does not provide the procedure whether and how consent of the patient or of his/her closest relative is to be obtained for the use of ECT. According to Dr. Kulakovs, ECT is used at the hospital only on the decision of a council of physicians/psychiatrists, a therapist and neuro-pathologist and is never used without the consent of the patient. Consent is obtained for a course of ECT as such, rather than for each application of ECT. In the event the patient is not in a condition of full awareness, the consent of the closest relative to the chosen method of treatment must be obtained and the closest relative gives consent with signature in the medical file of a patient. During application of ECT the anaesthetist of the Daugavpils city hospital and Daugavpils psychiatric hospital therapist, psychiatrist and neurologist are present. Anaesthesia is started 20 minutes prior to application of ECT[39].

There were no complaints on the part of the administration or patients of hospitals concerning availability of psychotropic medicines. However, during discussions with administrations of hospitals indirect indications were expressed that in cases when an out-patient receives compensated medicines (paid for by the state), in hospital treatment access to compensated medicines is more difficult than in the case of out-patient treatment. If a patient is not entitled to compensated medicines necessary for his/her treatment (in cases of organic, neurotic, psychogenic and other disorders) patients are not always able to purchase these after their hospital treatment because of the high cost of medicines,

[38] Order No.2 of the Department of Health of the Ministry of Welfare of the Republic of Latvia of 20 January 2003, "Approval of medical technologies".

[39] LCHR interview with Vadims Kulakovs, Deputy Chairman of Daugavpils psychiatric hospital on 19 May 2006.

and thus continue the recommended treatment started at the hospital. Vecpiebalga psychiatric hospital indicated that the hospital has difficulty providing patients with the expensive latest medicines. At times the cost of olansepine therapy or the new generation anti-depressants started at other psychiatric hospitals is very high, but the started treatment must be continued even though it causes a burden for the hospital.

Rehabilitation Leave

Rehabilitation leave for hospital patients has been denied since 2002. However, during interviews with Heads of all hospitals the positive effect of rehabilitation leave on the quality of patients' recovery was noted, and they thought that rehabilitation leave should be renewable. Hospitals resolve the denial of rehabilitation leave as follows

- ✓ Rehabilitation leave is not used;
- ✓ Rehabilitation leave is used according to the facility's own regulations;
- ✓ Rehabilitation leave is used rarely, without a specific procedure stipulated by the facility.

A representative of the administration of a hospital visited by the LCHR concerning leave: "The insurance agency believes that during treatment the patient must be isolated from society and family, but we do not think so, because it is important that the patient and his/her family adapt to each other". Notwithstanding the denial, and the insurance agency has already fined a facility for breach of contract provisions and refused to pay the hospital for beds per day, qualifying the granting of leave as breach of contract, the facility continues granting leave to patients. The facility practises letting patients go on leave without indicating so in documents. The insurance agency sometimes finds out about absence of patients during checks, when comparing the list of patients of a department with the list given to the hospital dining room which does not include absent patients. The decision concerning leave is made only by the attending physician, who co-ordinates his/her decision with the Head of the department and removes the patient from the list for the dining room. The decision is entered in the patient's medical file, but is not entered in documentation which is forwarded to the insurance agency. In such cases the hospital assumes legal responsibility for the patient. Leave is granted for up to 3 days, especially to patients before being discharged, in order to see whether the patient can manage at home on a given dose of medication".[40]

[40] Data of a LCHR interview obtained during a monitoring visit.

The HCISA in its reply to LCHR, explaining its view on rehabilitation leave indicated that "from the viewpoint of the Agency the question is not a denial of leave in principle, but rather whether or not the hospital should be paid if the patient is not there. The only legislative act in force is the aforementioned Cabinet of Ministers Regulations[41], which do not anticipate such a situation. In turn, the Agency is not aware of any legislative act in force which provides the meaning of rehabilitation leave, when it may be used and the length of its duration. Therefore, the Agency believes that a patient, going on the so-called rehabilitation leave, should be discharged from the hospital, and re-admitted on return.[42]"

The Death Rates and Investigation of Cases of Death

During the monitoring visits the LCHR also paid attention to indicators of death rate and investigation of cases of death at facilities. From the viewpoint of human rights, facilities should investigate each case of unclear death. According to data provided by facilities, the Daugavpils psychiatric hospital showed a higher death rate in 2005 than other hospitals. Administration of the facility explained the high death rate by the fact that the hospital has two geriatric units in which 80% of patients are older than 60 years of age. Autopsies are seldom done at Daugavpils psychiatric hospital and between 2003 and 2005 no autopsy has been performed. Unlike other visited facilities, the Aknīste psychiatric hospital informed that for all patients below the age of 60 years or in cases of sudden death, autopsies are performed, which is valued as a positive practice. In cases when a patient has died as a result of a chronic illness, no autopsy is performed.[43]

At most hospitals autopsies are performed if the death of a patient is suspicious. Consent of the closest relative is required for an autopsy, and often obtaining it is wrought with problems because the relative does not wish to give it. In certain cases there are opposing views on the part of other relatives which makes the problem even more complicated. The LCHR found that at a number of hospitals there is a procedure requiring a written statement from the relatives that they do not wish to consent to an autopsy. The statement includes a provision that the relatives shall make no claim in the future. According to information provided by the hospitals, for the main part in cases of death the diagnosis and circumstances of death are clear and the medical personnel of the facility complete all necessary documents without an autopsy.

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[41] Regulations of Cabinet of Ministers No. 1036 of 21 December, 2004, "Procedure for organizing and funding health care".

[42] HCISA reply No. 2820 to I.Leimane-Veldmeijere "On calculating bed days for patients of psychiatric hospitals".

[43] LCHR interview with Chairman of Aknīste psychiatric hospital Nata Gaibišele and Head Nurse Leonarda Klints on 7 March, 2006.

The Right to Examine a Patient's Medical File

There is no consensus among medical personnel in Latvia concerning a patient's right to examine his/her medical file and informing a patient on his/her diagnosis, applied treatment and medication. At all visited hospitals the administration informed that patients seldom showed an interest concerning entries in their medical files and diagnosis. The Vecpiebalga psychiatric hospital advised that sometimes patients ask what therapy has been prescribed for them. In these cases the doctor or a nurse explains it to the patient.[44] Strenči psychiatric hospital insisted that they do not deny information to a patient concerning his/her health condition, but the patient is not shown entries which include information on the patient provided by third persons. Strenči psychiatric hospital has had a case when a patient was given a copy of his medical file at the request of MADEKKI[45]. Also MHGA has had a case when the entire medical file was copied for a patient. If a patient wishes to examine documents, he/she must apply in writing, indicating whether he/she wishes to know the diagnosis only or wishes to obtain a copy of the entire medical file. On the basis of the application patients may also receive copies of decisions of councils. MHGA is refusing only in cases of forensic psychiatry. During the interview MHGA indicated that there are no regulations on providing information concerning third persons (who have provided information on a patient) to patients and how it is to be done[46]. LCHR welcomes the practice introduced at MHGA at the recommendation of MADEKKI to place information provided by third persons in an envelope marked CONFIDENTIAL INFORMATION and paste it to the inside of the back cover of the patient's medical file. If a patient wishes to obtain information from his/her medical file, the information requested is copied for him/her, except for the contents of the confidential envelope[47]. In turn, Daugavpils psychiatric hospital, unlike other hospitals, indicated that patients may examine results of analyses and other examinations, but not the anamnesis of the illness and psychic condition, because the hospital has the right not to show the patient information which may deteriorate the condition of his/her health. The hospital administration believes that copies from the medical file should be issued only as provided in Article 50 of the Medical Treatment Law – to the court, the Prosecutor's Office and other institutions, but not to the patient him/herself.[48]

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[44] LCHR interview with Director of Vecpiebalga psychiatric hospital Gunārs Kildišs and social worker Mārīte Ozola on 15 February 2005.

[45] LCHR interview with Chairman of the Board of Strenči psychiatric hospital Vitālijs Rodins, Deputy Chairman Andris Arājs and Head Nurse Jekaterina Jeremejeva on 29 March 2006.

[46] LCHR interview of Head of Department of Medical Services of MHGA Iveta Ķiece and Head Nurse Ināra Lintmane on 16 May 2006.

[47] LCHR interview with Head of Department of Medical Services of MHGA Iveta Ķiece and Head Nurse Ināra Lintmane on 16 May 2006.

[48] LCHR interview with Deputy Chairman with Daugavpils psychiatric hospital Vadims Kulakovs on 19 May 2006.

Somatic Medical Assistance

In cases when a patient of a psychiatric hospital requires hospital help of a different type, patient is moved from psychiatric hospital to regional or local multi-type or specialised hospitals. As a rule, patients are moved by emergency medical teams and their frequency fluctuates between 2–12 times a month, depending on need. The distance to the closest somatic hospital in the case of four psychiatric hospitals is not more than 50 km, and in the case of four psychiatric hospitals the somatic hospitals are located in the same town and the move is not affected by distance. Some somatic hospitals demand prior inter-hospital contact concerning the move, and in most cases of such moves the resistance of the somatic hospital must be overcome. Somatic hospitals, admitting a transferred patient, in the case of three psychiatric hospitals demand a guard (staff member from psychiatric hospital) regardless of the condition of the patient's mental health. Since there are no legal provisions regulating such situations, psychiatric hospitals are often forced to lend personnel to work at another medical facility although by the transfer the patient has been discharged from the psychiatric hospital and no supervision is necessary. Compliance with such demands is especially difficult when the somatic and the psychiatric hospitals are not located in the same town.

Supply of Health Care Personnel and Access to Services

Table 4 – Supply of human resources

Hospital / Indicator	Ainaži	Vecpiebalga	Aknīste	Strenči	Seashore hospital	MHGA	Jelgava	Daugavpils	Total at monitored hospitals
Number of personnel in direct contact with patients	117	35	195	290	125	736	415	490	2403
Psychiatrists at hospitals	2	1	3	17	13	63	26	26	151
Of those on duty	1	1	1	1	1	2	1	1	9
Interns	Aloja paediatrician	Vecpiebalga	1	1	1	2	1	3	9
Number of nurses	18	12	54	88	53	271	158	181	835
Of these, licensed	no information	12	45	no information	no information	227	138	164	586
1. Nurses' assistants	50	14	126	180	55	328	224	261	1238

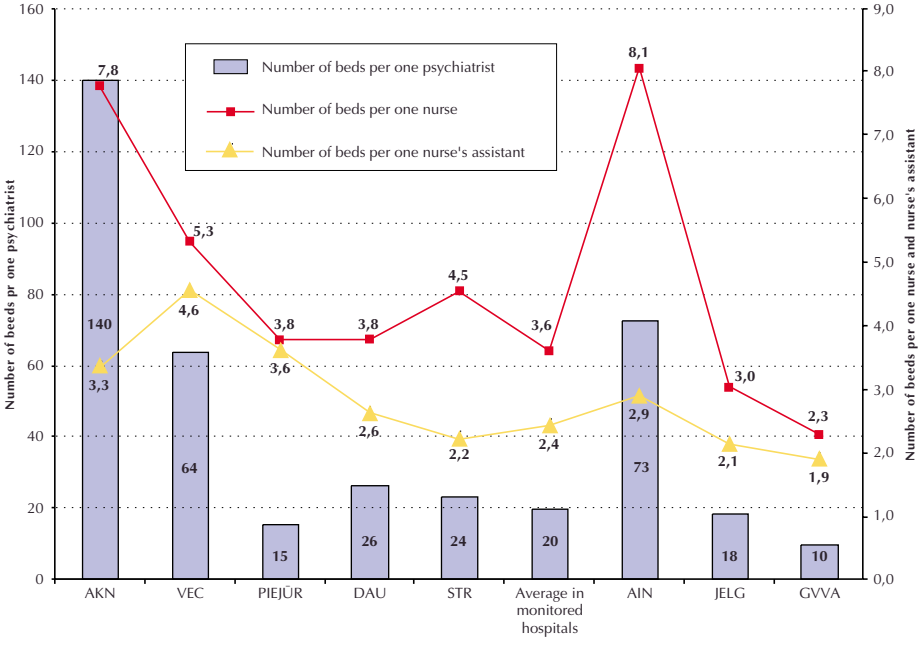
Of these, licensed	no information	no information	15	1	21	40	2	87	166
2. Psychologists	0	0	0	2	2	11	6	4	25
3. Social workers	0	0	1	4	1	12	4	2	24
4. Occupational therapist	0	0	0	1	0	8	0	2	11
5. Psychotherapists	0	0	0	0	0	0	2	0	2
6. Social pedagogues	0	0	1	0	0	1	0	0	2
7. Kinesics therapists	0	0	1	0	1	1	0	0	3
8.Work instructor	0	2	0	0	0	0	10	5	17
9. Social rehabilitators	0	0	0	0	0	0	5	0	5
10. Music therapists	0	0	0	1	1	0	0	0	2
11. Baby-sitters, teachers	8	not need	not need	not need	0	not need	8	0	16
12. Providers of social care	0	1	5	0	0	0	0	0	6
Needed	speech therapist, teachers, 4, 7, 10	8, 9	psychiatrists, 2, 4, 5, 9	psychiatrists, 2, 3, 4, 5	1, 2, 4	psychiatrists, nurses. nurses' assistants	psychiatrists, nurses. nurses' assistants	psychiatrists, nurses. nurses' assistants	psychiatrists-5x; nurses-4x; nurses' assistants-4x; occupational therapists-4x; psychologists-3x; social teachers-2x

At the monitored psychiatric hospitals there are 1.25 hospital beds per unit of care personnel, working in direct contact with patients. The worst situation of care personnel is at hospitals for long term patients – Aknīste psychiatric hospital (2.15 beds per one unit of care personnel) and Vecpiebalga psychiatric hospital (1.83 beds). Generally, the better care personnel situation is at hospitals providing mainly acute psychiatric assistance, and the best situation is at MHGA – 0.84 beds per unit of care personnel. Looking in more detail at the situation of psychiatrists, registered nurses and nurses' assistants, the situation remains the same. An especially bad situation with psychiatrists is at Aknīste, Ainaži and Vecpiebalga psychiatric hospitals, where there are 140, 73 and 64 beds per psychiatrist, respectively. The situation of registered nurses and nurses' assistants is worse there than at

the average monitored hospital (see diagram). All psychiatric hospitals have interns. The lack of medical personnel is evidenced by the needs expressed by Heads of hospitals: 5 hospitals have a shortage of psychiatrists, 4 hospitals a shortage of registered nurses, nurses' assistants and occupational therapists, 3 hospitals have a shortage of psychologists and 2 hospitals a shortage of social teachers. At the monitored facilities 70% of all nurses are licensed and only 13% of nurses' assistants hold a diploma.

Except at the Psychiatric clinic of the Seashore hospital, which provides supervision and support to their psychologists, the other facilities do not provide opportunities of supervision for their staff at present. The question of opportunities of supervision for personnel of facilities should be addressed as soon as possible, bearing in mind the increased emotional and physical stress of human resources under conditions of shortage of human resources.

Number of beds per one staff person in monitored hospitals



Employment

Opportunities for rehabilitation differed at the hospitals. LCHRC found better opportunities at Jelgava, Aknīste, Strenči hospitals. Fewer opportunities were found at the psychiatric clinic of the Seashore hospital and MHGA, offering opportunities for rehabilitation mainly to patients of forensic psychiatric treatment and compulsory treatment departments and out-patients at Ziepniekkalns and Jugla.

Although occupational therapy of psychiatric patients has been approved as a technology of psychiatry[49], a broader explanation of this technology is not available. No line has been determined where the therapy of keeping busy ends and employment, for which the patient is remunerated, begins. Rehabilitation as a service of health care in psychiatry is not paid for, but the Heads of a number of hospitals believe that rehabilitation measures should be integrated in all stages of treatment of mental illnesses. Since many patients at psychiatric hospitals are there in an acute condition as well as for long term, patients need to maintain, exercise and develop skills promoting re-integration into society.

LCHR found that patients of hospitals are as much as possible offered various jobs for which they are not remunerated. For example, maintenance of the territory (Ainaži psychiatric hospital, Seashore hospital), heating of premises (Vecpiebalga psychiatric hospital), working in the cardboard and sewing workshops (Daugavpils psychiatric hospital).

As positive example should be viewed the EQUAL project started on 1 July 2005 and implemented by MHGA and partner organisations, under which 7 psychiatric hospitals provide employment to 75 patients for two years (until 1 July 2007). Under the project employment contracts are signed with patients for part time work (3 hours a day). The patients receive minimum monthly wage for their work (in 2006 – LVL 33 (EUR 47 after taxes). For the most part patients work as repair workers' helpers and maintain the surrounding territory. At two hospitals patients work in sewing workshops under the EQUAL project. The Ainaži psychiatric hospital has found an opportunity to involve its patients at work at the Ainaži tourism and information centre. The personnel involved in the project note the positive results of providing employment for patients, because they start to understand the meaning of work and earning, as well the patients' self-confidence and quality of communication grows.

Aknīste psychiatric hospital is the only facility that has found the opportunity for a number of patients to take advantage of the National Employment Agency active employment measures for disabled unemployed (so-called subsidised employment). The non-governmental organisation Paspārne (*shelter)* provides subsidised employment for four patients of Aknīste psychiatric hospital – at a cafe opened in the centre of Gārsene village and at a shop selling items made by the patients. Additionally the Aknīste psychiatric hospital provides subsidised employment in its territory for four patients. In addition to these fifteen patients employed under the EQUAL project and eight patients employed in subsidised employment, fifteen patients of Aknīste psychiatric hospital help at various jobs at the hospital (for example, in

[49] Order No. 2 of the Department of Health of the Ministry of Welfare of the Republic of Latvia of 20 January, 2003, "On Approval of Medical Technologies".

greenhouses, unloading of wood chips etc.) and receive a minimum wage (3 hours work day). Such a practice of employing patients has been implemented at Aknīste psychiatric hospital for ten years already. During the LCHR monitoring visit hospital administration admitted that although there are different views concerning the legality of employing patients, they believe it is right and fair in relation to the patients.

Work of Aknīste psychiatric hospital patients in the shop/cafe Paspārne (Shelter)

A good practice is the Employment audit performed on the initiative of its Director at Jelgava psychiatric hospital Ģintermuiža, started in December 2005, under which patients were evaluated for the purpose of rehabilitation, evaluating available rehabilitation projects at acute, sub-acute and chronic departments. At the acute departments 53 (100%) of patients were involved, in sub-acute 93 (95%), and in the chronic departments, 48 (100%). Tea parties, excursions, gardening, housekeeping skills are mentioned as rehabilitation activities. At the geriatric department where 100% of patients are involved in rehabilitation projects, the main activities mentioned attempt to encourage patients, raise them to a sitting position, walk, and care, play table games, etc.

At present workshops have been established only at Daugavpils and Strenči psychiatric hospitals. At Strenči workshops were established in 2006 with the funding of EU European Social Fund. Daugavpils psychiatric hospital workshops, which include sewing and cardboard workshop, have been operating since 1961. At the sewing workshop patients sew bed linen for all facilities. The staff told LCHR that patients work unrestricted work hours, because, if a patient does not feel well, he/she may interrupt his/her work. Daugavpils psychiatric hospital has drawn up a regulation for "therapeutic production workshops", approved by the Public Health Department of the Ministry of Health and coordinated with the Association of Latvian Psychiatrists. The Regulation provides that "the main purpose of therapeutic production workshops is application of methods of work therapy to patients suffering of nervous and mental disorders, according to which operations of the workshops is completely subject to the

purpose of treating by work"[50] According to the Regulation, functions of the workshops include work training targeted to patients, learning a new profession, and finding employment for patients after completing the course of work therapy and learning of a new profession. The Regulation does not mention remuneration of patients. From the viewpoint of human rights, employed patients should have the right to receive remuneration. Experience gained in other countries – for example, France – shows that recipients of psychiatric services employed at the so-called *sheltered workshops* receive remuneration for the work performed. Since there is no legislative basis[51] in Latvia for establishing workshops providing strict guidelines on issues of remuneration for work, at present various workshop projects are established, implemented by facilities according to their own views.

Other Human Rights Issues

According to CPT standards and Article 3 of the European Convention for the Protection of Human Rights and Fundamental Freedoms, it is very important to implement preventive mechanisms which would help prevent the possibility of abuse of patients. Under the preventive mechanisms CPT considers whether or not a facility has a mechanism for reviewing complaints, whether use of restraints is documented, what opportunities there are for communication with the outside world and whether there is external monitoring of facilities – a mechanism for inspections.

For these reasons the LCHR paid attention during the visits also to other issues of human rights important for patients, for example, a mechanism for reviewing complaints at the facilities, the right to communication – use of telephone, mail services, ensuring the right to vote, the right to practice religion, etc.

The LCHR paid special attention to mechanisms for internal complaints, of which there were none at most facilities. There is an informal rule that a patient may approach the Head nurse of a department or the Chief physician of the department or the hospital administration, but this regulation does not exist in written form and is not explained to the patients. Only Daugavpils psychiatric hospital explains to some patients (involuntary detained) that in the case of a complaint they may approach the Deputy Chairperson of the Board of the

[50] Regulations of Therapeutic Production Workshops of Psychiatric hospitals approved by Deputy Director of Department of Public Health of the Ministry of Health, A. Čivčs, 17.06.2003.

[51] The only regulation of specialized workshops is provided in the Law on Social Services and Social Assistance which defines specialized workshops as workshops providing jobs and ensuring support of specialists for vision or hearing handicapped persons and persons with mental disorders (Clause 25 of Article1), http://www.socpp.gov.lv/lv/files/Socialo_pakalpojumu_un_socialas_palidzibas_likums_ar_grozij_2006.doc (accessed 2 July 2006)

hospital[52]. At most facilities no brochures on the rights of patients were available. CPT guidelines for psychiatric facilities provide that "an introductory brochure setting out the establishment's routine and patients' rights should be issued to each patient on admission, as well as to their families"[53]. At present, at most facilities, when admitting a patient, he/she is told of the internal rules of the facility, but these do not include a patient's rights and opportunities to complain internally at the hospital or reviewing complaints by institutions outside the hospital. At one interview performed during the monitoring a patient claimed that the brochure on patients' rights appears only when a visitor comes.

The lack of information of patients is evidenced by the patients' opinion poll carried out by the LCHR in 2005, which found that 43% of the 266 interviewed patients of psychiatric hospitals do not know where to go for assistance if the patient is not satisfied with the procedure of admission in hospital, treatment received, attitude of doctors and hospital staff, living conditions at the hospital. Only 2% or 5 patients indicated that they would go to MADEKKI and 2% or 5 patients indicated that they would go to the National Human Rights Office.

At three hospitals – Aknīste, Vecpiebalga and Strenči Patients' Councils have been established. The most active and the oldest Council operates at Aknīste psychiatric hospital, where in 2000 an all-hospital Patients' Council was established on the basis of the Patients' Council of the Rehabilitation department, to which representatives are elected from all departments of the hospital. A regulation of the Patients Council has been drawn up, regulating activities and giving it a place in the administrative structure of the hospital. The Council works with the hospital administration, addressing issues of daily regime, patients' meals, analyses needs expressed by patients, assesses patients' living conditions and recei-

Room of the Patients' Council of Aknīste psychiatric hospital, where the monthly news letter of the Council "Pulss" is also produced

[52] Reminder issued to patients of Daugavpils psychiatric hospital, hospitalized under emergency measures.

[53] The European Committee for the Prevention of Torture (CPT), The CPT Standards, "Substantive" sections of the CPT's General Reports, http://www.cpt.coe.int/en/documents/eng-standards.doc, pp. 60 (accessed 2 July 2006)

ves patients' complaints.[54] During the monitoring visit the LCHR met with the Patients' Council of Aknīste psychiatric hospital and discussed issues of interest to the patients.

The LCHR also met with attempts to establish patients' councils at departments – for example, at department No. 3 of Daugavpils psychiatric hospital (women's department for long term care) a patients' council has been established for the purpose of, according to the personnel of the department, ensuring that patients get up, eat and take care of themselves.[55]

The Right to Communication

The policy for access to and use of telephone differs from hospital to hospital. The Vecpiebalga psychiatric hospital has no pay phone and patients are permitted to use the telephone in the nurses' room, first agreeing with the nurse on a suitable time for telephoning, usually in the afternoon or evening. Patients' calls are registered in an journal and the patient pays for his/her calls after receiving his/her pension.

At a number of hospitals the staff was concerned about use of mobile telephones and asked whether restriction or forbidding of the use of mobile telephones violates human rights. At present hospitals do not have a common policy – permit or forbid patients to use mobile telephones. LCHR advised the hospitals that in any case, making a decision to restrict any rights, the restriction must be legitimate, provided in the internal regulations of the facility and it must be explained to the patients in understandable terms.

During the visit, Strenči psychiatric hospital informed that an order has been issued that mobile telephones may not be used in the forensic treatment department, because a patient of this department had called a structure of the Ministry of Interior and confessed that he has killed 10 people, and the structure had started investigation.[56] The Seashore hospital advised that patients must hand in their mobile telephones for safekeeping. Each department has a pay phone which may be called, and the patient would be called to the telephone. As a rule patients are not called only in cases when calls come in on office telephones, except in cases, when the call comes from a foreign country.[57] In turn, Jelgava psychiatric hospital Ģintermuiža informed that patients are permitted to use mobile telephones, but at night the sound must be shut off so as not to disturb other patients.[58]

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[54] Aknīste psychiatric hospital, Patients' Council – it is a challenge, 2002, http://www.humanrights.org.lv/upload_file/Mental%20Projektu%20Atskaites/PaspalidzibasGrupasIII.pdf (accessed 2 July 2006)
[55] LCHR internal report on monitoring visit to Daugavpils psychiatric hospital, on 19 May 2006.
[56] LCHR internal report on monitoring visit to Strenči psychiatric hospital, 29 March 2006.
[57] LCHR internal report on monitoring visit to the Psychiatric clinic of the Seashore hospital on 6 April 2006.
[58] LCHR internal report on monitoring visit to Jelgava psychiatric hospital Ģintermuiža on 16 May 2006.

Concerning letters and other mail, for the main part facilities have the same policy in sending and receiving patients' correspondence. With a few exceptions, outgoing and incoming mail is not monitored. Ainaži psychiatric hospital informed that packages arriving for children are received at the post office by hospital staff. Usually the Head nurse calls the child and the package is opened in the child's presence – presence of hospital personnel is needed for the child's safety – for example, it must be checked whether there may be a spoiled sausage in the package, or something similar.

The Right to Live in Community

Although officially there are only 3 long term psychiatric hospitals in Latvia (2 for adults and 1 for children) in reality, also all other psychiatric hospitals have a unit for long term patients – due to social conditions, because waiting in line for a specialised social care home, there is no place to live, but some due to contraindications, as not suited for social care homes. Administration of facilities admitted that with sufficiently developed community mental health care services, part of patients could live in community. For example, Vecpiebalga psychiatric hospital mentioned that about half of the patients of hospital would not need to stay in the hospital, if Latvia would have a developed community mental health care, available group homes and day centres. In turn, the Jelgava psychiatric hospital Ģintermuiža mentioned that under such conditions a third of the patients could be discharged from the hospital. According to the administrations of the visited psychiatric hospitals about 320 present hospital patients of the long term group could live in community.

Concerning de-institutionalisation and rights of users of psychiatric services to live in society, the UN Disability Convention presently being drafted on the rights of disabled persons seems full of promise. Article 19 included in the draft Convention on the right to independent life will guarantee a person with special needs to live in community, receiving all needed support for it. Also, the recently approved Council of Europe Recommendation of 10 December 2004 Rec(2004)10 to member states on the protection of human rights and dignity of persons with mental disorders includes the principle of least restriction, according to which persons of mental disorders have the right to receive care in a least restricting available environment.[59] Taking into account both standards of human rights and statements of WHO Mental Health Declaration and Plan of Action, Latvia, instead of investing in expanding existing large psychiatric hospitals, should pay more attention to developing community based mental health care services, supported housing and employment programmes. This would provide opportunities to prevent users of mental health care services to end up in institutions and current residents of institutions to return to live in community.

RECOMMENDATIONS

To the Latvian Government

1. It is necessary to support providing community based services to persons with mental health disorders.

2. It is necessary to approve a Strategy for improving mental health of the population for 2006-2016 and to draft a plan of action for implementing it.

3. It is urgently necessary to enact a new mental health care law, incorporating in it human rights norms binding to Latvia.

4. It is necessary to establish an independent monitoring system for mental health care facilities.

5. It is necessary to ratify the Council of Europe Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, signed in 1998.

To the Ministry of Health

1. It is necessary to issue a legislative act on the use of restraint and regulate the isolation process as well as the equipment of the isolation room.

2. It is necessary to draft common regulations for all hospitals for involuntary hospitalisation.

3. It is necessary to establish a juveniles‘ department at one of the psychiatric hospitals

4. It is necessary to draft a common procedure and guidelines for transferring patients of psychiatric hospitals to somatic hospitals or another psychiatric hospital.

5. It is necessary to consider a possibility to begin discussions with funding sources of health care concerning opportunity for hospital doctors to prescribe out-patient medicines for their patients.

6. It is necessary to strengthen capacity of rehabilitation services at psychiatric hospitals and review possibility of renewing rehabilitation leave.

7. It is necessary to train human resources for mental health care.

To the Ministry of Justice

1. It is necessary to provide European level legal instruments in cases of involuntary hospitalization and treatment.

2. It is necessary to train judges and prosecutors in issues related to involuntary hospitalisation and treatment.

To Psychiatric Hospitals

1. It is necessary to include in statistical data information on involuntary hospitalised patients.

2. It is necessary to ensure the rights of patients to informed consent to the treatment process, chosen therapy and medicines used.

3. It is necessary to draft individual rehabilitation plans for each patient.

4. It is necessary for hospitals to provide access to information on patients' rights.

5. It is necessary to consider the possibility to coordinate therapy with the care giver of the next stage prior to discharge of the patient from hospital.

V. Monitoring of Social Care Homes for persons with mental disorders in 2004–2005

During the second and third year of the project monitoring was continued also at social care homes (hereafter SCH) for persons with mental disorders. 16 facilities were visited, performing a full scope of monitoring and 2 facilities – SCH Rūja and SCH Jelgava – were visited at the request of the management of the facility in order to address specific issues. At the visited facilities there are a total of 1,729 places, which is about 40% of the total number of places at specialised SCHs in the country. There were 1,706 residents at the visited SCHs at the time of the visit. In 2005 there were 4,133 residents at 30 state social care homes for adults with mental disorders. One of the visited SCHs was a long term care facility for children. In order to reduce the waiting lists for specialised SCHs, the Cabinet of Ministers decided in 2006 to reorganise the children's SCH Veģi, permitting to establish there a department for adults.[60]

All specialised SCHs are under supervision of the Ministry of Welfare and their operations are supervised by the Social Services Board of the Ministry of Welfare. The basic function of long term social care facilities is to provide accommodation and social care in order to provide for the basic needs of their clients. Operations of social care homes for persons with mental disorders are regulated by the Law on Social Services and Social Assistance enacted on 31 October 2002, Cabinet of Ministers Regulations No. 278 of 27 May 2003. "Procedure for receiving social services and social assistance", Cabinet of Ministers Regulations No. 431 of 12 December 2000 Hygienic requirements at social care facilities, and Cabinet of Ministers Regulations No. 291 of 3 June 2003, Requirements for providers of social services.

Although, according to the Law on Social Services and Social Assistance[61] since 2005 social care services may be provided only by those facilities which are registered in the Register of Providers of Social Services, according to information provided by the Social Services Board, in January 2006, 11 specialised state social care homes had not yet registered in the Register of Providers of Social Services.[62]

It is planned to reorganise all state social care homes for long term care into municipal establishments by 31 December 2007.[63] The reform, transferring all state social care

[60] Amendments to Cabinet of Ministers Regulations No. 665 of 3 August 2004, "Regulations for Children's Care Home Veģi", passed on 25 April 2006.

[61] Article 17 of the Law on Social Services and Social Assistance. http://www.socpp.gov.lv/lv/files/Socialo_pakalpojumu_un_socialas_palidzibas_likums_ar_grozij_2006.doc (accessed 10 July 2006)

[62] Interview with Deputy Director of Social Services Board Dzintra Mihailova and Head of the Branch of Quality Control of Social Services Board Kaspars Jasinkēvičs by Ieva Leimane-Veldmeijere on 25 January, 2006.

[63] Law on Social Services and Social Assistance, Transitional Provisions. http://www.socpp.gov.lv/lv/files/Socialo_pakalpojumu_un_socialas_palidzibas_likums_ar_grozij_2006.doc (accessed 10 July 2006)

facilities to municipalities, has been planned for some time, but the deadline for reorganisation was always postponed. This is related to the completion of the municipal reform which has been ongoing in Latvia for some years now. After taking over the social care facilities, municipalities shall have to consider whether to continue maintaining the large facilities or develop alternative care, providing group homes and day centres.

Under the monitoring, the following long term social care facilities for persons with mental disorders were visited:

Nr.	**Social care homes for persons with mental disorders (SCH)**	**Year, date**	**Topic (if not the entire facility)**
1.	SCH Aizvīķi (Liepāja region)	8 June 2004	
2.	SCH Reģi (Kuldīga region)	8 June 2004	
3.	SCH Rauna (Cēsis region)	9 June 2004	
4.	SCH Nītaure (Cēsis region)	9 June 2004	
5.	SCH Veģi (Talsi region)	20 July 2004	
6.	SCH Dundaga (Talsi region)	20 July 2004	
7.	SCH Lubāna (Madona region)	13 August 2004	
8.	Specialised unit at City of Rēzekne pensioners SCH (Rēzekne region)	13 August 2004	
9./10.	Health and SCH Subate (incl. Ilūkste unit) (Daugavpils region)	22 September 2004	
11.	Slokas slimnīca (Sloka hospital) unit for persons with mental disorders (Jūrmala)	19 October 2004	
12.	SCH Iļģi (Liepāja region)	19 October 2004	
13.	SCH Litene (Gulbene region)	15 February 2005	Follow-up visit in order to learn if the residents' living conditions have been improved
14.	SCH Īle (Dobele region)	16 February 2005	
15.	SCH Ziedkalne (Jelgava region)	16 February 2005	
16.	SCH Jelgava (Jelgava region)	25 February 2005	Discussion of the case of client A
17.	SCH Rūja (Valmiera region)	4 April 2005	Discussion of conflict between SCH Rūja and Valmiera TV
18.	SCH Jelgava (Jelgava region)	12 April 2005	Meeting with client A
19.	Social Services Home Pīlādzis (Daugavpils region)	8 September 2005	
20.	SCH Kalupe (Daugavpils region)	8 September 2005	

Parallel to the monitoring visits, in the Summer of 2005 the LCHR in cooperation with LMA Psychiatric nurses association, carried out an opinion poll of residents at 7 care centres: Atsaucība, Ropaži, Jelgava, Dundaga, Iļģi, Krastiņi un Litene, where a total of 142 residents were interviewed. At the same time the LCHR monitoring team interviewed 14 residents.

Budget Information

At present long term social care for persons with mental disorders at long term care institutions is covered by the national budget, the use of which is supervised by the Social Services Board. On average, maintaining one resident cost LVL 190.82 (EUR 272) in 2005. Of the visited adult facilities in 2005 the highest cost of maintaining one resident was at the SCH Nītaure – LVL 307.29 (EUR 437), and the lowest – at the City of Rēzekne SCH care unit – LVL 142.13 (EUR 202). SCH Īle – LVL 250.67 (EUR 357), SCH Rauna – LVL 236.08 (EUR 336) and SCH Lubāna – LVL 213.87 (EUR 304) also had a comparatively high cost of maintenance in 2005. In 2005 the facilities spent an average of LVL 0.18 (EUR 0.25) for medicines and LVL 1.10 (EUR 1.60) for food per day.[64]

Although it is often said that SCH residents are under full state care, each SCH resident pays 85% of his/her pension for his/her care. Residents' payments are included in the joint budget of the institution and each month the resident receives only 15% or an average of LVL 8–10 (EUR 11–14) for his/her daily needs. At the time of the Law on Social Services and Social Assistance[65], coming into effect on January 2003, the situation has improved for those residents who are disabled since childhood and prior to entering the SCH received state social benefit instead of the disabled pension, to which the person was no longer entitled when starting to receive services of a state long term care facility. These clients now receive a benefit of 15% of the amount of the state social security benefit (on average LVL 6.00 (EUR 9).

Procedure for Placement

Since 1998 placement in social care homes is centralised through the Social Services Board of the Ministry of Welfare. Placement in a SCH takes place in accordance with the Law on Social Services and Social Assistance and Cabinet of Ministers Regulations No.

[64] Data of Social Services Board, use of funds per person in 2005, http://www.socpp.lv/lv/files/Tab_8_2.xls (accessed 10 July 2006)

[65] Article 29 of the Law on Social Services and Social Assistance - Rights of residents of long term social care and social rehabilitation facilities http://www.socpp.gov.lv/lv/files/Socialo_pakalpojumu_un_socialas_palidzibas_likums_ar_grozij_2006.doc (accessed 10 July 2006)

278 (27.05.2003) – Procedure for receiving social services and social assistance. Since August of 2004 only persons suffering from serious mental disorders or persons holding 1st or 2nd group of disability can be admitted to long term care facilities.

In order for a person to be admitted to a SCH, the person or his/her legal representative must first apply to the social service of the local government, attaching also a reference from the family doctor on the person's health condition and non-existence of medical contraindications[66]. Contraindications are stipulated in Cabinet of Ministers Regulations No. 278 (27.05.2003.) – Procedure for receiving social services and social assistance which are anticipated to be reviewed in November 2006.

The municipal social service then reviews the submitted documents and the person's needs within five working days and makes a decision on the type of social service suitable for the person. The municipal social service forwards its decision and all documents submitted by the person to the Social Services Board within three working days, which then, makes a decision to begin providing services or placing the person on the waiting list for receiving services within five working days. In January 2006, 890 persons were on the waiting list for a place at a SCH for persons with mental disorders. According to the staff of Social Services Board, women usually have to wait six months to a year, but men – two years. Considering that persons with mental disorders are admitted to long term care facilities according to their place on the waiting list, without regard to their previous place of residence and ties to closes relatives who may live at a considerable distance, the client's contact with his/her relatives and retaining of social ties are made difficult.

Unlike in the case of psychiatric hospitals, when admitting a person to a long term care facility, the person's voluntary consent is mandatory, which is duly confirmed by the person's signature. However, LCHR has encountered situations where the trustee of an legally incapable person has made application to a long term SCH although the person him/herself has categorically resisted being placed in the care home.

[66] Contraindications for admittance to long term social care and rehabilitation facilities: acute condition of lung tuberculosis, acute infection illness, sexually transmitted diseases, mental illness or mental disorders of stable and medication-resistant symptomatic personality and behaviour disorders involving social misadjustment, checking of tendencies and drives, tendency to aggression, violence and conflicts, as well as destructive behaviour, including attempts of suicide. A contraindication for admittance to a SCH are also mental disorders of persons who have had measures of forensic medical treatment imposed by Court Order.

Table 1 – Description of social care facilities and clients by some indicators

Social care facilities	Movement of residents and division by age				Division of residents by diagnosis			Contingent of residents by functionality		
	Number of places	Number of residents			Schizophrenia	Organic disorders, other diagnosis	Mental retardation	Suited to type of SCH	Suited for psychiatric hospital	Suited for integration into community or home for elderly*
		Total	Men	Women						
SCH Aizvīķi	80	80	42	38	24	24	32	79	5	5-6
SCH Reģi	84	84	38	46	21	11	52	70	4	10
SCH Rauna	65	65	17	48	27	16	22	63	2	No information
SCH Nītaure	34	29	18	11	8	10	13	26	1	2 – old age home
SCH Veģi	118	103	57	46	1	3	99	78	10	15 (4 communication disorders)
SCH Dundaga	100	100	47	53	36	21	43	76	5	4-6
SCH Lubāna	58	58	27	31	18	14	26	50	4	4 old age home
Rēzekne	10	10	7	3	4	3	3	7	1	2 old age home
SCH Subate, unit in Ilūkste	70	70	43	27	25	25	20	69	1	0
SCH Slokas slimnīca *(Sloka Hospital)* long term unit	55	54	25	29	31	16	7	48	5	7 (2 alcoholics)
SCH Iļģi	310	308	155	153	107	90	102	298	3	4
SCH Litene	310	309	156	153	104	45	160	219	60	Up to 30
SCH Īle	80	78	51	29	18	41	21	72	0	7
SCH Ziedkalne	150	150	77	73	7	8	135	105	5	Up to 40
Pīlādzis	30	29	15	15	20	6	4	21	2	6
SCH Kalupe	175	178	74	104	55	44	79	175	3	0
Total	**1729**	**1705**	**848**	**857**	**506**	**377**	**818**	**1456**	**111**	**139**

* Opinion of SCH administrations

Deinstitutionalisation

In 2001–2002, by order of the Ministry of Welfare and with the support of World Bank, suitability of residents was assessed at State Specialised Social Care Homes. As a result it was found that of the 4,138 assessed residents 89% or 3,688 clients correspond to the care of State Specialised Care Homes, 4% or 183 clients are suitable for community care – care at a home or a day care centre (if such services were available at the client's place of residence), 5% or 189 clients were recognized as suitable for care at an elderly

home (if the local government would pay for the client's maintenance), and 2% or 78 clients needed medical care at a psychiatric hospital.[67]

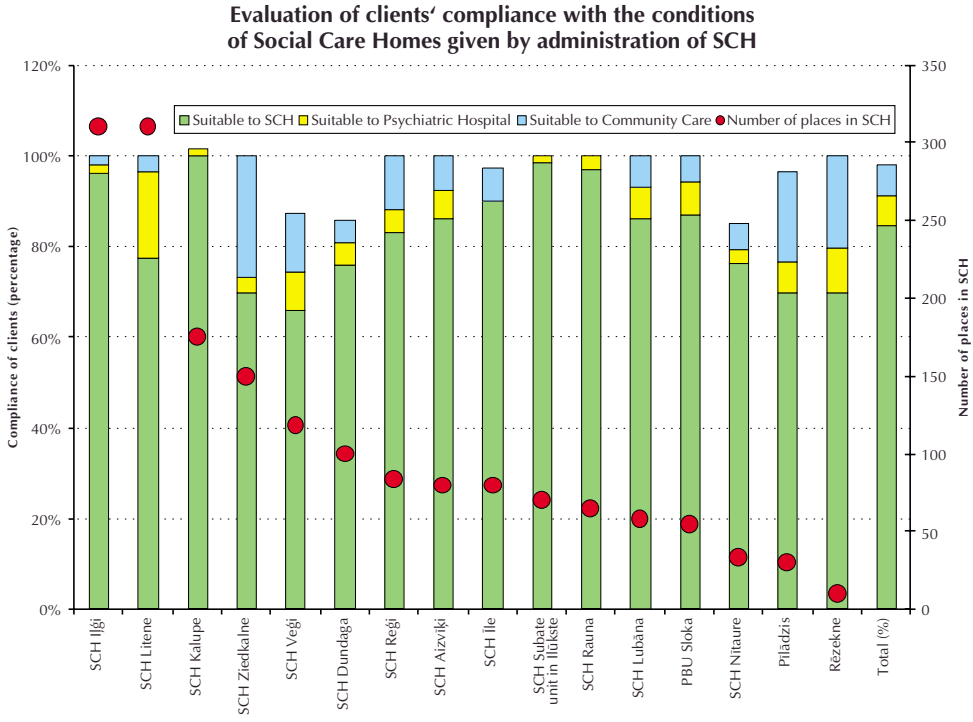
During the monitoring carried out in 2004-2005, LCHR was interested in the opinion of management of the institutions on the suitability of their clients. Although a view is often heard from the Ministry of Welfare that there are many residents at SCHs who are more suited to long term care at psychiatric hospitals (meaning for the main part residents tending to aggression or frequent aggravation of their illness), during the visits each institution mentioned only a small number of clients (1-5), who should be moved to a psychiatric hospital. The largest number of residents suited to a psychiatric hospital was mentioned at Veģi SCH – 10 residents (of 103) and SCH Litene – 60 residents of 310.

Several facilities mentioned alcoholism of clients as a serious problem, for which various solutions are being looked:

> The LCHR monitoring team was informed during the visit of 8 September 2005 at SCH Kalupe of a client who regularly uses alcohol and threatens other clients and the staff and during one of recent "binges" had at times walked around carrying a knife. Management of the institution advised that, although the client has undergone treatment for alcohol dependency, it had failed to give the expected results. The police, having observed the said activities of the client, had refrained from detaining the client. The Social Services Board has advised SCH Kalupe that if the facility wishes to transfer the client to another SCH, the client's consent is needed.[68]

The following diagram shows the views of the administration of visited SCHs on suitability of clients for the long term social care facility.

[67] Social Assistance Fund, Report on assessment of clients' suitability for State specialised social care homes, 31 May, 2002.
[68] LCHR internal report on the monitoring visit to SCH Kalupe on 8 September 2005



However, in reality there are few cases when a client returns to live in community. Statistics of 2004 and 2005 show that of the SCHs for persons with mental disorders a total of 671 persons were discharged during both years. Of those 558 persons had died, 38 persons had returned to their families and 15 persons were transferred to medical facilities.[69]

Until 25 May 2006, when amendments to the Law on Social Services and Social Assistance were passed, institutions actually could not discharge a resident if the resident expressed such a wish, or was not suited to the institution due to his/her behaviour. Amendments to the law provided for the first time that a person may ask him/herself to interrupt provision of services and leave the SCH, also for the first time the law provides that a person may be discharged from the SCH if he/she systematically breaches provisions of the agreement on providing SCH services. The law also provides a procedure for discharging. Facilities had encountered cases earlier that a resident could not be discharged because his/her previous place of residence had not been retained. Amendments to the law provide that the Head of the SCH may make a decision to discharge a

[69] Data of Social Services Board on persons who have left facilities in 2004. http://www.socpp.gov.lv/lv/files/PA_tab_4_1_a_izst.xls (accessed 10 July 2006) and in 2005. http://www.socpp.lv/lv/files/Tab_4_1_a_izst.xls (accessed 10 July 2006)

resident when "the local government from whose budget this service is paid for, or in whose administrative territory the person had resided prior to entering the facility, has provided written confirmation that the person in question will be ensured of being maintained within the administrative territory of that local government"[70]

For the most part staff of institutions doubted the opinion that their clients would be able to live in community. Therefore the work started in 2004 under the National programme drawn up by the Ministry of Welfare, "Improvement of Infrastructure and Equipment of Social Care and Social Rehabilitation Facilities", co-funded by the European Regional Development Fund, at six SCHs for persons with mental disorders to establish half-way houses[71] is to be welcomed.

In July 2006 half-way houses were already opened at SCH Kalupe and SCH Rūja. In turn, it is planned to open a half-way house at SCH Jelgava in December 2006. An essential drawback of these half-way houses is the fact that they are being established on the premises of facilities. For example, at Rūja the second floor of the care home was reconstructed, at Iļģi a third floor is being added for the needs of the half-way house. Such a situation allows facilities to provide for funding in their plans not only for the establishing of a half-way house, but also for repairs of the roof or boiler house of the facility, etc.

It is anticipated that selected SCHs residents will acquire the skills of independent living within a six month period and after the half-way house will be discharged from the SCH to a group home in community, which is being established in each of the six local governments. Since the National programme is focused mainly on the improvement of infrastructure and conditions of the specific six social care homes, the LCHR expressed its concern in its 2004 annual report on the human rights situation in Latvia that the programme does not provide a mechanism for retraining of care home staff to help residents to move to community based services.[72] In 2005 the organisation Paspārne (*Shelter)* received funding from Open Society Institute Mental Health Initiative and LCHR/Soros Foundation-Latvia Mental Disability Advocacy Program for preparing teaching material and organising of seminars at all six SCHs where half-way houses are being established. Implementation of teaching seminars during the second half of 2006 is anticipated.

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[70] Article 28 of the Law on Social Services and Social Assistance, Amendments 25 May 2006. http://www.socpp.gov.lv/lv/files/Socialo_pakalpojumu_un_socialas_palidzibas_likums_ar_grozij_2006.doc (accessed 10 July 2006)

[71] Half-way house – a residence outside the institution for a period of up to six months for persons with mental disorders to recover, strengthen and improve skills of independent living prior to being discharged and returned home or a group/social home in community.

[72] Latvian Centre for Human Rights and Ethnic Studies, Human Rights in Latvia, 2004, pp 19–20, http://www.humanrights.org.lv/upload_file/Parskats2004_en.pdf (accessed 10 July 2006)

The six half-way house programme notwithstanding, institutional care is still the only available service, because the country lacks community services, such as group homes and day centres, which explains the present huge demand for long term social care services.

Daily Living Conditions of SCHs Residents

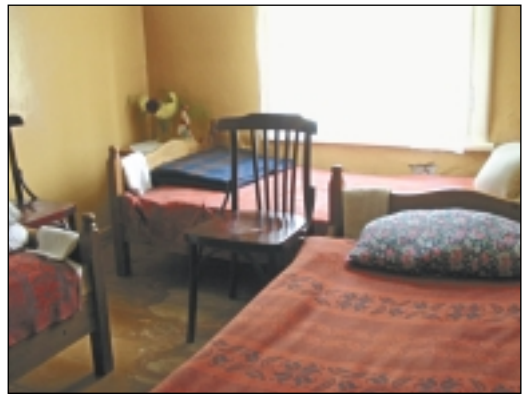
Table 2 – Organisation of the environment

Social care facilities	Rooms					
	Largest number of beds in a room (number of rooms at SCH)	Smallest number of beds in a room (number of rooms at SCH)	Space per client (sq.m) 2005.73	Psychiatrist's examination room	Number of family rooms	Number of training kitchens
SCH Aizvīķi	10	2(3)	9,03	office for medical care	0	1
SCH Reģi	8	2(4)	5,34	none	0 (4 apartments)	0
SCH Rauna	6	2(3)	6,06	office for senior nurse	0	0
SCH Nītaure	3	1(2)	6,67	no information	0 (was)	0
SCH Veģi	9	2	14,06	nurses' room	0 (will be)	0
SCH Dundaga	6	2(1)	5,22	nurses' room	0 (need 3 rooms)	0
SCH Lubāna	9	2 (1)	4,36	office for medical care	0	1
Rēzekne SCH spec. unit	2 (5)	2 (5)	12,1	1 for entire SCH	0	0
SCH Subate and the unit un Ilūkste	5 (1)	1 (9)	7,7	nurses' room	4	there is a stove
PBU Slokas slimnīca Home unit	4 (6)	1 (1)	5,03	nurses' room	0 (was)	1 (seldom)
SCH Iļģi	6	1 (1)	5,92	office of doctor's assistant	4	0
SCH Litene	8 (2)	2 (5)	5,5	yes	2	0
SCH Īle	6	1 (1)	5,89	yes	0	0 (was)
SCH Ziedkalne	4 (19)	2 (13)	5,48	office of Head nurse	0	1
SCH Pīlādzis	4 (2)	1 (3)	10,3	nurses' room	3	1
SCH Kalupe	7 (3)	1 (7)	8,13	yes	6	0

[73] Social Services Board, 2005 data on premises, space and number of living rooms of facilities, http://www.socpp.lv/lv/files/Tab_12_1_2.xls (last visited 10 July 2006)

A Poll of SCH clients carried out by LCHR showed that of 142 interviewed clients 98%, or 137 clients, indicated that rooms at the care home are clean, well maintained and aired[74] However, the LCHR monitoring team observed that living conditions at all the visited care homes, similarly to psychiatric hospitals, differ from facility to facility. Several facilities had attempted to carry out repairs, but in many places rooms were in very bad condition, for example, at SCH Īle, SCH Aizvīķi – the isolation room (see chapter on medical care), SCH Litene and SCH Iļģi. At the time of the visit overcrowding could be observed at SCH Litene and SCH Lubāna. Most clients live in rooms for 2–4; there are few single rooms (see Table 2). At a number of facilities there are also rooms for 5–6. The largest number of clients per room was found at Aizvīķi, Veģi, Lubāna, Litene and Reģi facilities.

On 1 January 2005, Article 27 of Cabinet of Ministers Regulations No. 431 approved on 12 December 2000, Hygiene requirements for social care facilities came into force, providing that not more than four adult persons should be housed in a room at social care institutions. The same Regulations provide that the minimum living space per client be 6 sq.m.[75] As of 1 January 2006 there was an average of 6.15 sq.m living space per client at long term SCHs in the country. At present the following social care institutions do not comply with the requirements of Cabinet of Ministers Regulations No. 431 concerning minimum living space per client: Reģi, Dundaga, Sloka hospital unit, Litene, Ziedkalne, Īle, Iļģi and Lubāna, where there was the smallest living space per resident – 4.36 sq.m (see Table 2). At SCH Litene the monitoring team found during their visit that residents lack sufficient space for activities and in the middle of the day many clients were sitting on their beds.



Residents' living room – bedroom at SCH Lubāna

[74] Data of a poll of LHRC in July-August 2005 on needs of users of mental health care services, published in a separate publication.

[75] In the case of social care homes which have started their operation prior to 2001, this Clause of the Regulations comes into force on 1 January 2005.

Although it is often heard from the facilities that SCHs for persons with mental disorders should not be considered as closed institutions because residents there are admitted voluntarily, in reality at most facilities freedom of movement of residents is restricted. For the main part, doors without handles are installed to the unit or the floor. At SCH Litene the monitoring team noticed also doors without handles to a number of clients' rooms. The administration of the facility was unable to explain the reasons or principles according to which clients are placed in rooms that have doors without handles. SCH Litene was visited twice within the framework this project – on 29 October 2003 and on 15 February 2005. During the first visit the monitoring team found that a number of severely intellectually disabled residents were held in unsuitable conditions.

At SCH Litene residents – men considered especially aggressive – had been given a room of 4 sq.m x 6 sq.m, where the walls were covered in metal sheeting. A table and benches – the only pieces of furniture in the room (also covered in metal sheeting) – were bolted to the floor. During the day, 8 residents were constantly in the room – from 8.00 to 19.00 in the evening. During the monitoring visit all residents were sitting around the bolted–down table and were drawing (the monitoring team had the impression that the residents had been given paper and pencils at the last minute). The room could be locked from the outside. On the table there were some metal cups. Except for the metal sheet wall covering and the metal covered stove, there were no decorations in the room. In the middle of the day there was one staff member for these 8 "very aggressive" residents – a woman. Staff of SCH Litene justified the establishing of such a room as a security precaution against the residents' aggression.

The monitoring team also examined the bedroom of these eight residents, where they noticed a door in one wall of the room, which opened to another small room which was locked from the outside. In the room 4 severely intellectually disabled residents were lying on the beds. The room contained an unscreened movable toilet. The staff explained that these residents are bedridden and they practically never leave this small locked room.[76]

After the visit the LCHR informed the Social Services Board on the situation of these clients, pointing out that it is unacceptable from the viewpoint of human rights. On 15 February 2005 the LCHR monitoring team visited SCC Litene on a follow-up visit in order to find out whether the facility has improved living conditions of clients. Director of SCH Litene Jānis Kļaviņš informed LCHR that residents are no longer kept in the room with the metal sheeting and during the second half of 2004 the room had been changed to a store room. LCHR was unable to confirm it because the room was locked.

[76] LHRC internal report on monitoring visit to SCH Litene on 29 October 2003.

During the monitoring visits the LCHR found that also at SCH Reģi the doors to some bedrooms were blocked from the outside. These bedrooms housed residents who were unable to move outside their bedroom. The long term restriction of free movement of persons was evidenced by the movable toilet in the room.

Family Rooms

At a couple of institutions (see Table 2) there are family rooms housing either members of one family, for example, mother and son or couples (both officially registered and not registered). The LCHR monitoring team considers the establishing of family rooms as a very positive practice at the facilities.

In April 2005 the LCHR and the National Human Rights Office received a letter from the Director of SCH Īle D.Meldere[77], advising that there are residents at the facility who have expressed a wish in a categorical form to establish a family by registering a marriage. The Director pointed out that the functions of SCH Īle include only satisfying the basic needs of its clients – lodging, social care and social rehabilitation. Furthermore, SCH Īle is unable to provide a married couple with living space that would ensure privacy of the spouses, due to overcrowding. Considering these circumstances, the Director of the facility asked for advice how to act in this situation. An answer to the Director of SCH Īle was provided by the Director of the National Human Rights Office, O.Brūvers[78], indicating that Article 96 of the Constitution of the Republic of Latvia guarantees every person the right to inviolability of private life, thus forbidding registering a marriage of legally capable persons is considered a violation of human rights. The NHRO indicated that it understood the limited ability of the facility to provide a separate living space, and recommended that both clients be advised prior to the marriage that a room may be provided for them only after some time. The NHRC also recommended that the Director of SCH Īle contact other social care facilities to consider a possibility to transfer the family, creating suitable conditions for the family.

Washrooms/toilets

Similarly to psychiatric hospitals, at a number of long term care homes the LCHR found lack of privacy in toilets. For example, at SCH Aizvīķi and SCH Reģi some toilets lacked dividing walls and/or doors, at SCH Reģi. At many facilities movable toilets had been

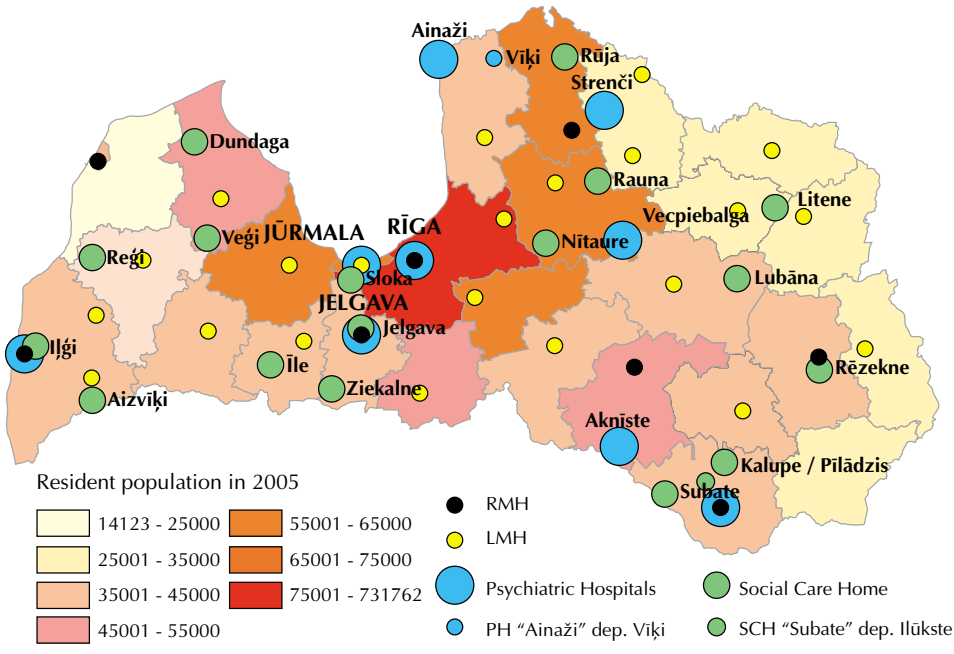
[77] Letter of Director of SCH Īle D.Meldere of 6 April 2005 No. 157-3-127 "On marriage of clients" to the National Human Rights Office and the Latvian Centre for Human Rights and Ethnic Studies.
[78] NHRO reply of 19 April 2005 No.1.I-4/56 to Director of SCH Īle D.Meldere.

placed in clients' bedrooms, usually in the middle of the room and were not screened in any way. At two of the visited facilities – SCH Dundaga and SCH Lubāna – residents have only dry toilets available.

At the sauna of SCH Reģi all residents, also men, who need help to wash, are helped by a carer of the female gender. It is understandable that there is a shortage of staff at the facility, but the administration of institution should nevertheless think that men clients may be embarrassed receiving or asking for assistance of a female carer in the procedures of their private hygiene.

Toilets at one of the visited SCHs for persons with mental disorders

The Location of Social Care Homes, Psychiatric, Regional and Local Multi-Profile Hospitals in Latvia 2005



The types and scope of health care provided to clients of Social Care Homes depend on the health conditions, age, gender and other circumstances of the residents of these facilities. These circumstances are related not only to their present life situation at the facility but for the most part to the living conditions, illnesses and habits during their life prior to entering the social care facility. In order to assess the health care services provided and available to clients during the monitoring, information was gathered and compiled on the clients' contingent by a number of indicators (see Table 1). The monitored social care facilities differ by the number of clients (310 to 10), average age of clients (from juveniles to pension age). However, in the proportion of gender and diagnosis of mental disorders most facilities are similar. Half of the clients are intellectually disabled, 30% of clients have a diagnosis of schizophrenia and 20% of clients suffer from mental disorders of organic or other origin. Due to the differences of age of clients of SCHs the need for health care services changes in the case of somatic disorders. Since the mental disorders of clients of social health care facilities are similar, practically all social care homes provide similar mental health care services, only their scope changes, depending on the number of clients at the facility.

Primary and Secondary Health Care

Residents of all the monitored social care homes are registered with primary health care doctors (general practitioners) (see Table 3) and no complaints were received during the monitoring concerning difficulties in organising assistance for clients at the primary health care level. Offices of primary health care doctors are located close to the social care facilities or a short distance away. Doctors of primary health care do not refuse to examine clients nor send them to medical facilities. Although during the monitoring no direct indications were received that there were refusals to prescribe state compensated (free) medicines for clients for out-patient treatment, prescription of these medicines for clients of certain facilities at times is related to overcoming resistance, due to the limited funds of primary health doctors. In the case of clients of two social care homes, primary health care doctors also prescribe compensated psychotropic medicines at the recommendation of the psychiatrist.

The larger social care homes are employing a number of specialists – a gynaecologist, a dentist, – or have signed a contract for planned examination and treatment of clients. Laboratories, X-Ray examinations and the more popular consultations of specialists (dentist, gynaecologist, neurologist, optician) are provided for clients of all monitored centres on site or, in certain cases, within a distance of 20 km. Consultations by more specific specialists (endocrinologist, oncologist, cardiologist, traumatologist) can usually be provided at a distance of 40-50 km. In certain cases, at the recommendation of the general practitioner or a specialist, clients are taken for consultations or examinations by specialists in Riga.

Table 3 – Access to medical care for clients of social care facilities

Social care institutions	**Out-patient health care**				**Stationary (hospital) health care**				
	Primary health care		Access to out-patient doctors	Emergency medical assistance (NMA) frequency of calls, NMA Station	Somatic care		Psychiatric care		
	Number of doctors	Distance to doctor's office (km)			km to hospital, town	Frequency of treatments	km to hospital, town	Frequency of treatments per year (results +/-) problems in hospital	Number of clients at hospital during the visit
SCH Aizvīķi	3	20 km – 2 Priekule; 14 km – 1 Vaiņode	20 km Priekule X-Ray, laboratory, dentist, optician., gynaecologist, endocrinologist	Once a year in Priekule	20 km Priekule; Liepāja	Rarely	60 km, Liepāja	4-5 (+)	2
SCH Reģi	1	5 km, Alsunga	25 km, Kuldīga X-Ray, laboratory, LOR, oncologist., dentist	Alsunga	25 km, Kuldīga, Rīga	irregularly	100 km, Liepāja 170 km, Jelgava	5-8, Jelgava (+)	2

SCH Rauna	1	1 km, Rauna	5 km, Cēsis, Rauna laboratory, dentist. fluorography, gynaecologist, SCH	3-4 x a year. Cēsis	25 km, Cēsis	irregularly	55 km, Strenči	2-3 (+ -) Too short a treatment time in hospital	0
SCH Nītaure	1	5 km, Nītaure	5 km gynaecologist, fluorography 1 x a year Nītaure, other - 45 km, Cēsis	Cēsis	45 km, Cēsis	irregularly	100 km, Strenči; 90 km, Rīga	1-2 (+)	1
	1	9 km, Sabile Paediatrician	9 km X-Ray at Sabile, 138 km Rīga – cardiologist. Hepathologist. Oncologist	Talsi	35 km, Talsi (posts) Rīga	irregularly	120 km, Jelgava; 138 km Rīga; 240 km, Ainaži	7-8 (+ -) unsatisfactory hospital environment and choice of medicines	5
SCH Dundaga	3	1 km, Dundaga	1 km X-Ray, gynaecologist, dentist, optician., LOR, 40 km Talsi endocrinelogist	rarely, Dundaga	35 km, Talsi, Rīga 2.hospitals	irregularly	160 km, Jelgava and Liepāja	4-6 (+ -) unsatisfactory choice of medicines	0
SCH Lubāna	1	2 km, Lubāna	2 km Lubāna X-Ray laboratory, optician, 50 km, Madona	1-2 a month	50 km, Madona	2 x a year	200 km, Strenči	2-3 (+ -) too short a treatment time at hospital and Unsatisfactory choice of medicines	0
Rēzekne SCH spec.unit.	1	3 km, Rēzekne	3 km, Rēzekne laboratory, X-Ray-1 x a year	Rēzekne	3 km, Rēzekne	none	90 km, Daugavpils	2-3 (+)	2
SCH Subate, unit Ilūkste	2	1 km, Subate un Ilūkste	1 km and 30 km, Ilūkste X-Ray, neurol., gynaecologist, optician, dermatologist	5-10 a year. Ilūkste	60 km, Daugavpils	5-10 a year	30 and 60 km, Daugavpils	about 20 (+)	11
SVH Slokas Slimnīca care unit	2	2 km, Kauguri	100 m, Sloka hospital, at Kauguri X-Ray, oncologist, surgeon	Jūrmala	20 km, Bulduri	2-3 x a month	55 km, Rīga	12-15 (60% +) too short a treatment time in hospital	10 (5 Strenči tb)
SCH Iļģi	1	1 km, Grobiņa	1 km, dentist at Grobiņa, mobile X-Ray once a year, 12 km Liepāja	2 x a month Liepāja	30 km, Priekule 12 km, Liepāja	4 x a month	18 km, Liepāja	15-20 (+ -) too short a treatment time in hospital	8
SCH Litene	1	1 km, Litene	15 km, Gulbene	Gulbene	15 km, Gulbene	Irregularly	110 km, Strenči	No information	1
SCH Īle	1	3 km, Īle	30 km Dobele X-Ray, laboratory	Dobele	30 km, Dobele Auce, Rīga	2-3 x a year	60 km, Jelgava	4-6 (+)	1
SCH Ziedkalne	1	3 km, Vilce	40 km, dentist and other specialists. Jelgava, 10 km laboratory at Eleja, Fluorography once a year	5-6 x a year	40 km, Jelgava	3-4 x a year	40 km, Jelgava	8-10 (+ -) unsatisfactory choice of medicines	1
SCH Pīlādzis	1	0,4 km, Kalupe	35 km, Daugavpils, Kalupe laboratory, dentist	3-4 x a year	35 km, Daugavpils	rarely	35 km, Daugavpils	5-6 (+)	2
SCH Kalupe	1	0,4 km, Kalupe	35 km, Daugavpils, Kalupe laboratory, dentist	6 x a year	35 km, Daugavpils	6 x a year	35 km, Daugavpils	20-25 (+)	4

Hospitalised Health Care in Cases of Somatic and Mental Disorders

In the event hospital treatment is needed in cases of somatic illness, the emergency medical assistance team or the social care home, using its own transport, moves clients by referral of the primary health care doctor to regional or local multi-profile hospitals, usually about 20-40 km distant from most social care homes (see Table 3). At 50 and 60 km the furthest from a hospital are SCHs Lubāna and Subate – however, this is not considered an obstacle to taking a client to hospital. After treatment clients are usually returned from the hospital to the social care home by the social care home transport.

More often than at somatic hospitals, clients undergo treatment at psychiatric hospitals, and at the time of monitoring, 52 clients were there. In most cases clients are taken to the psychiatric hospital by the emergency medical assistance team on their own initiative or by a psychiatrist's referral. There have been no refusals to hospitalise clients. Distances from social care homes to the nearest psychiatric hospital are considerably longer – from 18 km (SCH Iļģi) to 200 km (SCH Lubāna).

The length of treatment for clients at psychiatric hospitals is usually from a few weeks to a month, in some cases longer. Clients undergo treatment for considerably longer at Strenči psychiatric hospital's TB unit. Heads of four SCHs whose clients have been treated at Strenči hospital (2), Seashore Hospital (1) and MHGA (1) consider the length of treatment at psychiatric hospitals too short. Three SCHs consider the choice of medicines at hospitals unsatisfactory, because it is not possible to continue the therapy recommended by the hospital at the SCH. SCH Veģi considers environment at the psychiatric hospital unsatisfactory, without indicating which medical facility. Half of the monitored social care homes have a positive opinion of clients' treatment at psychiatric hospitals.

Provision of Medicines

Generally speaking, provision of medicines at social care homes can be considered satisfactory (see Table 4). Social care homes purchase the largest part of medicines for treatment of somatic illnesses with their own funds. Some clients, who have an appropriate diagnosis, receive state compensated (free) medicines for out-patient treatment, prescribed by primary health care doctors or specialists. In cases of somatic illness, at all social care homes compensated medicines are prescribed by primary health care doctors or specialists. In the event a client, due to a mental disorder, is entitled to state compensated medicines, these are provided to social care homes in three ways: if the psychiatrist of

the social care home has a contract with the insurance agency (HCISA), within limits of his/her financial abilities the psychiatrist prescribes a part of the clients compensated medicines (8 SCH). If the social care home psychiatrist has no contract with HCISA, he/she is not entitled to prescribe compensated medicines and all medicines required for treatment are purchased by the social care home with its own funds (5 SCH). At two social care homes, regardless of a contract with HCISA, the psychiatrist orders psychotropic medicines for patients and the primary health care doctor, accordingly, prescribes compensated psychotropic medicines for the social care home clients. A staff member of the social care home receives medicines at the pharmacy according to the prescription and takes them to the facility for safekeeping and handing out to clients.

Looking at the availability of psychotropic medicines, the monitoring team found that this issue is related to a great extent to the availability of a psychiatrist. Facilities pay psychiatrists as part time staff employees, or agreement is reached with regional psychiatrists to serve SCH clients. For the most part clients receive services of psychiatrist on site, where the psychiatrist arrives at regular intervals (once a week to once a month). Looking at the picture of all visited facilities, availability of psychiatrist at SCH Lubāna may be considered unsatisfactory. According to information provided by the administration, the Madona region psychiatrist Dr. Dreimane visits the facility once a year when a report on clients must be prepared to be forwarded to Doctors Commission of Health and Employability Expertise for determining disability. Sometimes individual clients are taken to the Madona region psychiatrist (50 km), but for the rest of the clients such rare visits of a psychiatrist do not ensure access to health care and the principle of continuity.

Table 4 – Access to care technologies at facilities and their use

Social care facilities	**Availability of compensated medicines**		**Clients' leave**		**Use of isolation rooms at facilities**	
	For treatment of somatic illnesses	For treatment of mental illness and behaviour disorders	Longer than 24 hours	Procedure for use of leave, prevailing length	Equipped room for isolation / need for it	Procedure for use, documentation
SCH Aizvīķi	General practitioner (GP) doctor – for diabetes, and tuberculosis patients	Do not receive	Use	Yes, up to a month	Yes, use once a month	Partially
SCH Reģi	GP prescribes	Receives 1 client, Kuldīga psychiatrist	Use	Yes, up to a month	None, and do not need	None
SCH Rauna	GP would prescribe, but is not necessary	27 clients receive, Cēsis psychiatrist	10 clients use	Yes, up to a month	None, and do not need	None

SCH Nītaure	Do not receive	receive, Cēsis psychiatrist	Seldom used	None	None, and do not need	None
SCH Veģi	GP prescribes for some	Receive up to a point 2 medicines	6 clients use	Yes 2-14 days	None, but do need	Act
SCH Dundaga	GP for 3 clients	Do not receive	6 clients use	Yes, 7-10 days	None, but do need	None
SCH Lubāna	GP for 3 clients	2 clients, Madona psychiatrist	7 clients use	Yes	None, but do need	None
Rēzekne SCH spec. unit.	GP for 1 client	In part, antidepressants	2 clients use	For each client a month once a year	None and do not need	None
SCH Subate, Ilūkste unit	GP for 5 clients	Some medicines for some clients Daugavpils psychiatrist	10 clients use	Yes	None, Divided opinion	None
SCH Slokas Slimnīca Care unit	GP for 4 clients	Do not receive	7 clients use	Yes, up to a month	None and do not need	None
SCH Iļģi	GP for 16 clients	GP prescribes on psychiatrist's recommendation	Use	Yes, with permission of Head of unit	Yes	Yes
SCH Litene	Not needed	Do not receive	Use	Yes, with the permission of a social worker or psychiatrist	Yes	None
SCH Īle	GP would prescribe but it is not necessary	GP prescribes on psychiatrist's recommendation	Use	Yes, up to a month	Yes	None
SCH Ziedkalne	GP for 2 clients	Do not receive	20 clients use	Yes, up to 3 weeks	None and do not need	None
SCH Pīlādzis	GP for 4 clients	6 clients receive	6 clients use	Yes, up to a week	None and do not need	None
SCH Kalupe	GP, 8 clients receive	Do not receive	10 clients	Yes, up to 30 days	None and do not need	None

Clients' Leave

Of all monitored social care homes only at SCH Nītaure clients' leave is not used. The length of the leave depends on the wishes of the client and his/her relatives, but as a rule it is not longer than a month. At four social care homes the length of leave is limited to 1–2 weeks (see Table 4). The decision whether to permit leave and its length is made by the Head of the social care home. The decision is made, assessing information on the

client's health condition, purpose of the leave and possible risks. The social care home provides the client with necessary medicines for the duration of the leave.

Isolation Rooms

In 2002, enacting the Law on Social Services and Social Assistance, a norm was introduced for the first time permitting long term care facilities to isolate clients for 24 hours. According to the law, the decision on isolation may be made by the Head of the facility or a person authorised by him/her, in cases when the person endangers by his/her actions his/her own or other persons' health and life. Isolation may be permitted for not longer than 24 hours and the fact of isolation must be noted in the person's case history. A specially arranged room is used for isolation, providing the person with all necessary care and constant supervision.[79] Legislative acts contain no further regulations on how to arrange the isolation room and how isolation is carried out, although the LCHR has repeatedly asked the Ministry of Welfare and the Social Services Board to prepare guidelines for SCH on isolation. At present in practice each institution carries out isolation according to its own opinion and level of information. To increase the understanding of facilities on use of isolation and restraint, LCHR organised a training seminar for personnel of facilities on 26 October 2004 which was attended by 90 staff members. During the seminar Head of MHGA (previously the Psychiatry Centre) Forensic psychiatry expertise and compulsory treatment department, Igors Vasins presented suggestions and recommendations on preparing documentation on the use of means of isolation and restraint.[80]

Isolation room at SCH Iļģi

[79] Article 31 of the Law on Social Services and Social Assistance, "Restrictions of a person's rights at long term social care and social rehabilitation facilities. http://www.socpp.gov.lv/lv/files/Socialo_pakalpojumu_un_socialas_palidzibas_likums_ar_grozij_2006.doc (accessed 10 July 2006)

[80] Seminar material is available in Latvian on LHRC home page http://www.humanrights.org.lv/html/lv/jomas/28859.html (accessed 10 July 2006)

At the time of LCHR monitoring visits most facilities had no isolation rooms. Four SCHs had isolation rooms and two of these homes had a procedure for the use of isolation rooms more or less completely documented. At the time of monitoring, SCH Īle had no procedure for the use of an isolation room. 11 of the monitored social care homes had no isolation room arranged, and management of 7 homes expressed the opinion that there was no need for an isolation room. Four centres expressed the opinion that an isolation room is necessary and supported it.

The description of the isolator at SCH Aizvīķi, documented at the time of the LCHR visit, indicates the need for a common procedure regulating the use of isolation:

> At the time of the LCHR visit keys to the door of the isolator could not be found, indicating that the facility has no definite system for use of the room. The Director insisted that the nurse on call should have the key. When at last keys to the isolator were found, on entering the room, the monitoring team found that there were two beds in the room, not bolted to the floor (a client in an aggressive condition, throwing or breaking the bed may injure him/herself or a staff member) The isolator had a partially bricked up window to the hallway of the living block, where clients can be encountered at all times. Sound isolation is not sufficient and if someone makes noise in the isolator, clients whose rooms are located in this hallway can hear it. At the time of the visit there was an unpleasant odour in the room and the room had little natural light.
>
> Administration of the facility explained that the maximum length of isolation of clients is 12 hours. The room is used about once a month to isolate clients causing trouble while intoxicated. The monitoring team was informed that a regulation for the use of the isolator has been prepared and is displayed on the notice board. However, a client met in the hallway told that the regulation had appeared on the notice board only that morning and most likely will disappear from there as soon as the monitoring team leaves. The LCHR also found that isolation cases are not registered in the isolation journal kept for that purpose.[81]

The use of restraint is not regulated at facilities and is not used in practically any facility, except SCH Veģi, where self-made special restraining shirts are used to calm down aggressive clients. At the time of the monitoring visit SCH Veģi could produce no document providing a procedure for the use of the restraining shirt.

[81] LHRC internal report on monitoring visit to SCH Aizvīķi on 8 June 2004.

Death Rates and Investigation of Cases of Death

In 2005 a total of 273 clients died at all SCHs for persons with mental disorders. The largest number of deaths of the visited facilities were registered at SCH Litene (20 cases of death) and SCH Iļģi (22 cases of death).[82] At most facilities the administration advised that in cases of a client's death no autopsy or investigation is performed because there is no need for it. Only three facilities, SCH Ziedkalne, SCH Litene and SCH Veģi advised that autopsies are performed when needed. At SCH Iļģi an autopsy was performed on a client who had disappeared from the care home and death had occurred during his absence from the centre.

Care Personnel

Availability of services of Social care home personnel to clients was assessed by the number of clients per unit of personnel at the social care home, compared to the average indicator of all monitored social care facilities. Since the most important persons at social care homes are nurses and carers, the following table shows facilities which are better and worst provided with this personnel.

Provision of personnel	**Nurses**		**Helpers**	
	Social care facility	Number of clients per nurse	Social care facility	Number of clients per nurse
best	SCH Subate	6	SCH Veģi	2
	SCH Pīlādzis	10	SCH Ziedkalne	4
	Rēzekne SCH spec. unit.	10	SCH Nītaure	4
	Average	**18**	**Average**	**5**
worst	SCH Īle	27	SCH Īle	9
	SCH Nītaure	29	Rēzekne SCH spec. unit.	10
	SCH Ziedkalne	30	SCH Subate	10

According to the data of the table it can be seen that instititions having a large number of clients are in neither the best nor worst provided group of social care homes, which shows that facilities having a large number of clients are closest to average, which is to be considered positively.

The largest difference between social care facilities lies in the provision of clients with social workers (see Table 5). On average, there are 52 clients per social worker at

[82] Data of Department of Social Services on movement of clients in 2005. http://www.socpp.lv/lv/files/Tab_4_1_a_izst.xls (accessed 10 July 2006)

monitored social care homes, but the best provided are SCH Pīlādzis (30), SCH Kalupe (35) and SCH Īle (40), the least provided are SCH Veģi (103), SCH Aizvīķi (80) and SCH Ziedkalne (75), but 3 SCHs have no social workers at all: SCH Slokas Slimnīca *(Sloka hospital)* care unit, SCH Lubāna and SCH Nītaure.

Table 5 – Availability of human resources at social care facilities

Social care facility	**Personnel**		**Nurses**		**Carers, baby-sitters**		**Social carers**		**Social workers**		**Psychiatrists**		Needs of facilities for personnel resources
	Together	Working directly with clients	Number	Clients per nurse	Number	Clients per carer	Number	Clients per social carer.	Number	Clients per social worker-	Normal working hours	Frequency of availability (times a month)	
SCH Aizvīķi	53	27	6	13	16	5	5	16	1	80	0,5	4	Carer, Training of social carers
SCH Reģi	40	20	5	17	17	5	2,5	34	2	42	0,5	12	Psychologist for clients and staff
SCH Rauna	38	20	4	16	11	6	3	22	1	65	0,5	4	2 social carers, social worker
SCH Nītaure	29	11	1	29	8	4	1	34	0	0	0,5	4	Social worker, psychologist
SCH Veģi	161	120	7	15	67	2	16	14	3	103	Consultant	4	Helpers, Training for carers and baby-sitters
SCH Dundaga	56	13	7	14	13	8	3	33	2	50	1	8	
SCH Lubāna	41	21	3	19	12	5	3	19	0	0	0	once a year	Nurse for a 24 hr shift, social worker, psychologist for staff
Rēzekne SCH spec.unit.	5	5	1	10	2	5	1	10	1	5	0,25	once every 4 months	Ergotherapist Social rehabilitator
SCH Subate, unit at Ilūkste	50	24	11	6	7	10	2	35	0	0	1	4	Social worker, psychologist
PBU Slokas Slimnīca *(Sloka hospital)* Care unit	25	18	5	11	6	9	2	28	1	55	0,25	4	3 social carers, 3 social workers

SCH Iļģi	150	90	13	24	57	5	10	31	6	52	1	4	Work instructors, Specialists of life skills
SCH Litene	169	109	14	22	48	7	13	24	5	62	1	20	No information
SCH Īle	56	27	3	27	7	12	2	40	2	40	Consultant	4	10 carers, 3 social carers, training for staff
SCH Ziedkalne	93	40	5	30	26	4	5	30	2	75	0,8	2	Carers
SAC Pīlādzis	23	14	3	10	6	5	1	30	2	15	0,3	2	Psychologist for clients and staff
SCH Kalupe	98	49	8	22	29	6	6	29	5	35	1	20	Psychologist for clients and staff
Total	**1087**	**608**	**96**	**285**	**332**	**98**	**75,5**	**429**	**33**	**679**	**1087**	**608**	

Employment

In visiting facilities, LCHR found four types of employment opportunity at the facility: without an employment contract, remunerated employment, employment at the facility with an employment contract, and employment outside the facility. The most popular is employment of clients without an employment contract. The largest number of clients so employed is at SCH Aizvīķi, where 30 clients are employed in maintenance of territory and preparation of firewood. Five institutions: Reģi, Rauna, Dundaga, Lubāna and Iļģi have a garden or auxiliary farms where clients can work. All visited facilities insisted that, although clients are not paid for their work, facilities attempt to remunerate their work with cigarettes (3 facilities), sweets (5 facilities), coffee (3 facilities), and excursions (6 facilities). Dundaga attempts to pay premiums to clients, Iļģi may allocate a small piece of land to a client for good work, where he/she may work.

At 7 institutions clients worked under an employment contract: Aizvīķi (1), Reģi (4), Rauna (4), Sloka hospital (3), Litene (3), Īle (6) and Ziedkalne (28). At two institutions: SCH Lubāna and SCH Subate management of the SCH informed that they are not in favour of paid employment for clients because it is not legal, considering that clients are in full care of the State.

Although most facilities permit their clients to perform casual work outside the facility (at local farms), clients seldom do so. SCH Ziedkalne has a practice of organising a meeting with local farmers each year prior to start of the Summer season of farm work, during which the local

farmers are given information on illnesses which they should be aware of, what to do, for example, in the case of an onset of epileptic seizure, etc. In order for a client to receive permission to work, he/she must write an application and complete a special form indicating contact information of the farm. The care home does not control the amount and payment of remuneration apparently, because, if the farmer does not pay, the client will not work for him again. In cases when management of the facility receives information on unsuitable working or living conditions, staff of SCH Ziedkalne goes to the employer and checks conditions.

OTHER ISSUES OF HUMAN RIGHTS

Legal Capacity/Guardianship

Until 2004 there were comparatively few persons at SCHs for persons with mental disorders who had been declared legally incapable by the court. In 2005 about 12% or 515 residents at all SCHs for persons with mental disorders had been declared legally incapable by a court, and 462 of these had a guardian/trustee appointed for them.[83] In 2004 during the visits several Heads of institutions informed the LCHR monitoring team that in 2003 they had received a letter from the Ministry of Welfare asking Directors of all SCHs to consider clients who should potentially be deprived of legal capacity. Furthermore, considering that Orphans Courts have difficulty finding guardians/trustees[84], the Ministry of Welfare suggested that members of the staff of social care homes might become guardians/trustees, mainly social carers and social workers. The LCHR had indicated in its 2004 annual report on the human rights situation in the country that the practice of appointing social workers to the status of guardian/trustee has a potential of creating a conflict of interests, considering that social carers are the direct contact persons in providing clients with appropriate care. For example, LCHR mentioned in the report that at the end of 2004, 93 residents at SCH Litene were declared legally incapable by court, guardians/trustees had been appointed for 38 of these (in the case of 20 residents 2 social workers of the facility had been appointed guardian/trustee for them, each being the guardian/trustee of 10 residents, but 55 residents had no appointed guardian/trustee, thus these 55 residents were not entitled to receive their monthly pension (15%) and benefits.[85]

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[83] Data of the Social Services Board http://www.socpp.lv/lv/files/Tab_9.xls (accessed 10 July 2006)

[84] For further information on Latvian guardianship/trusteeship regulations see the OSI EUMAP report, Rights of People with Intellectual Disabilities, Budapest, 2005, available on LCHR web page http://www.humanrights.org.lv/upload_file/EUMAPzinojums_ENG.pdf (accessed 10 July 2006).

[85] Latvian Centre for Human Rights and Ethnic Studies, Human rights in Latvia in 2004, pp 19–20, http://www.humanrights.org.lv/upload_file/Parskats2004_en.pdf (accessed 10 July 2006)

During a follow-up visit by the LCHR on 15 February 2005, Director of SCH Litene Jānis Kļaviņš informed that the monthly pocket money of clients who have not had a guardian/trustee appointed, is kept in the bank account of SCH Litene. The Head of the facility also informed that it is difficult to explain to the clients why they no longer receive their monthly pocket money and they are very unhappy with this situation because they need the money for their daily expenses, sweets and cigarettes, not for saving in a bank account. The Head of the facility also informed that actually 24 more clients should be declared as legally incapable, but considering the bad experience, management of the facility is afraid to initiate withdrawal of capacity for these clients.

Guardianship ensures that a mentally ill person who lacks all or most skills of reasoning can express his/her true will, enter into legal relations, represent him/herself, manage his/her property and deal with it. The purpose of guardianship is not to restrict the person under guardianship but quite the opposite, realise the interests of the person under guardianship. The LCHR monitoring team is of the opinion that failure to appoint a guardian/trustee discriminates these SCH Litene clients because Latvia has accepted a positive duty to protect the rights of legally incapable persons in accordance with the provisions of the institute of guardianship contained in Articles 355–364 of the Civil Law.[86]

Considering that Orphans/Custody Courts have serious problems finding guardians/trustees for clients of social care homes, it is desirable that other means be found instead of guardianship, which are less restricting and have a simpler procedure of application in realising interests of these clients. In Latvia the Civil Law does not provide that a person can be declared partially incapable. LCHR is of the opinion that partial capacity, successfully applied in other countries, may be one way to solve the situation of the SCH Litene clients. In 2006 LCHR began a study on partial capacity which will include examples of good practices of other countries. In the Spring of 2007 LCHR plans to organise a round table discussion for civil servants of the Ministry of Justice and Ministry of Family and Children's Affairs to begin a discussion on the need to introduce partial capacity in Latvia.

Mechanisms for Complaints

At most of the visited facilities clients were aware that they may bring their complaints to the Head Nurse, a social worker or the Director of the facility. Furthermore, all social care facilities use the following mechanisms for complaints:

[86] Report of lawyer of LCHR monitoring team of psychiatric facilities Lauris Neikens on the 15 February 2005 On visit to SCH Litene.

1) Clients' meetings – are organised at most of the visited facilities. For the main part clients' meetings are used to advise clients of planned events, but at some facilities clients' meetings are also used to resolve disagreements that have occurred between clients. Clients' meetings are organised at facilities as needed, although a couple of facilities advised that clients' meetings are held 1–2 times a year, which is not enough if the clients' meeting is used as a mechanism for addressing complaints.

2) Complaints' boxes – all facilities have complaints' boxes, where clients may deposit their complaints, also anonymously. Personnel of the facility said that clients rarely took advantage of this opportunity.

3) Social care council – establishment of a social care council at facilities is stipulated in the Law on Social Services and Social Assistance which provides that it is within the competence of the social care council to coordinate internal rules of the facility, submit recommendations to improve operation of the facility, review conflicts between clients and administration of the facility and take part in assessing quality of services provided by the facility. The law also provides that both persons residing at the long term care facility, their relatives, and staff of the facility and representatives of the local government should be represented on the council. Decisions of the council are in the nature of recommendations.[87] The establishment of councils at facilities is made easier also by Cabinet of Ministers Order No. 24 approved on 19 February 2003, Standard regulation of social care councils at long term social care and social rehabilitation facilities. During the LCHR visits social care councils had been established at practically all facilities, although directors of a number of facilities indicated that the councils were more of a formality. For the main part, the council is used to address clients' complaints, conflicts between clients and organising various cultural and sports events. Facilities are very sceptical about involving clients in the social care council. However, the LCHR monitoring team found that the social care councils do not sufficiently ensure that clients are involved in decision making, due to the attitude of staff, because it is assumed that their clients are unable to express a meaningful opinion and represent the interests of other clients. The LCHR monitoring team is of the opinion that it would be useful to establish a clients' council at all SCHs, consisting of clients only; the experience of Aknīste psychiatric hospital Patients' Council is to be recommended.

[87] Article 30 of the Law on Social Service and Social Assistance http://www.socpp.gov.lv/lv/files/Socialo_pakalpojumu_un_socialas_palidzibas_likums_ar_grozij_2006.doc (accessed 10 July 2006)

The Right to Communication

At none of the visited facilities, with the exception of SCH Īle, does the staff monitor clients' correspondence. At the time of the LCHR visit Regulations at SCH Īle provided that staff of the care home may check contents of mail addressed to clients. Management of the facility explained that this restriction of a client's rights is necessary because there have been cases when a relative has sent medicines which are not needed by the client. However, the internal rules do not provide what items may not be included in packages mailed or brought in.

Access to telephone differs from facility to facility. There are facilities which have a pay phone, clients buy phone cards and use the telephone when they wish. However, at many facilities in rural areas there is no pay phone and clients are given the opportunity to use the facility's telephone, usually located in the nurses' room. At these facilities clients' calls are registered and clients pay for their calls at the end of the month from their pensions or benefits. Administration of SCH Reģi advised that clients are permitted to make calls from the facility's telephone once a week. Head of the facility, Irēna Hartmane told LCHR that, "if the client has real relatives, we let him/her call, but if the client merely wishes to amuse him/herself, we do not."[88] The monitoring team allows that possibly clients' calls are not private because the telephone is located in the Director's office.

RECOMMENDATIONS

To the Ministry of Welfare and Department of Social Services

1. It is urgently necessary to draft regulations for social care homes for persons with mental disorders on isolators and the procedure for placing clients there.

2. Considering that the last assessment of suitability of clients was performed at facilities in 2002 and recommendations concerning clients suited to live in society were not implemented, it is necessary to perform a repeat clients' assessment and create opportunities to provide those clients suited to life in community, with group or social housing.

3. It is necessary for SCHs for persons with mental disorders to provide a broader choice of rehabilitation and employment programmes because the present situation is not satisfactory.

[88] LCHR interview with Director of SCH Reģi Irēna Hartmane on 8 June 2004.

4. It is necessary to introduce a provision to investigate each case of suspicious death of a client.

5. It is necessary to develop inter-ministry cooperation, especially with the Ministry of Health, both for the improvement of quality of clients' health care and development of community based services for persons with mental disorders, especially for long term patients of psychiatric hospitals.

To the Ministries of Justice and Family and Children's Affairs

1. It is necessary to limit appointing SCH personnel as guardians/trustees of clients.

2. It is necessary to assess the existing provisions of the Civil Law regulating declaring a person incapable and supplement same with partial capacity.

3. It is necessary to provide quality control of operations of Orphans/Custody Courts, considering that quite often these institutions act formally and negligently in monitoring actions of guardians/trustees, often limited to annual reports on accepting the use of an incapable person's funds.

To Local Governments

1. It is necessary to start planning take-over of SCHs, considering whether it would not be more useful to reduce the number of places at facilities, and develop community based services – group homes, day centres and employment programmes.

To Social Care Homes for Persons with Mental Disorders

1. A more in-depth discussion is necessary on an optimal choice of work load of nurses: 24, 12 or 8 hours night or house shifts, because at present each facility acts according to its own ability and views.

2. A discussion is needed on opportunities for the use of compensated (free) medicines for clients of SCHs for persons with mental disorders.

3. It is necessary to address clients' employment problems and insufficiency of rehabilitation projects.

4. It is necessary to draw up regulations for isolation and restraining at facilities using isolation and restraining measures.

5. It is necessary to involve clients in decision making. It is recommended that facilities establish clients' councils.

6. It is necessary to ensure the rights of incapable clients who have not had a guardian/trustee appointed.

To Psychiatric Hospitals

1. It is necessary to work with SCHs on certain matters of deciding future placement of clients unsuited for conditions at long term social care homes.

2. It is necessary to regularly work with medical personnel of SCHs in order to prevent problems related to continuity of treatment therapy during the post-hospital period.

DETENTION FACILITY FOR ILLEGAL IMMIGRANTS OLAINE AND RECEPTION CENTRE FOR ASYLUM SEEKERS MUCENIEKI

26 visits have been made under the project, among them 14 visits to the detention facility for illegal immigrants Olaine (6 of these – to provide legal assistance to specific persons), 5 visits to the reception centre for asylum seekers Mucenieki, one visit to the temporary holding facility for illegal immigrants at the Headquarters of State Border Guard (SBG) at 5 Rūdolfa street, one visit to SBG Daugavpils administration Silene border crossing point.

Two meetings were held – interviews with Deputy Head of the SBG Riga administration for immigration affairs Lilita Gorbunova, Director of Department of persons' status control of the Office of Citizenship and Migration Affairs Jānis Rudzāts and the Head of the Monitoring unit of the same Department Vera Griškoite. Two court sessions were attended – one to observe the court proceedings extending the term for detention of illegal immigrants, the other to provide legal assistance to a specific person. A meeting of the Appeals Council of Refugee Affairs reviewing the case of asylum seekers was also attended.

Three of the visits to the reception centre for asylum seekers Mucenieki and the visit to the temporary holding facility for illegal immigrants at the Headquarters of State Border Guard (SBG) at 5 Rūdolfs street were made by a representative of the Latvian Association of Foreigners – an original partner of the Latvian Centre for Human Rights (LCHR) under this project. All other visits and activities were carried out by members of LCHR staff. In most cases the visit was made by one, in some cases by two persons. One of the visits to the detention facility for illegal immigrants Olaine was conducted together with the National Human Rights Office (NHRO).

Cooperation with officials of the State Border Guard under this project was good. LCHR faxed a request for permission to visit a specific facility a few days ahead of time, and permission was always received in time. When asking for permission to visit premises for holding asylum seekers/immigrants at border control points, permission was granted to visit all border control points, also indicating that a copy of the permit has been forwarded to Heads of all relevant SBG administrations. The attitude on the part of the management and staff of Olaine can only be described as helpful and accommodating. The situation at Olaine was explained to the LCHR employees, they were permitted to inspect the entire premises and opportunity was given to meet with the detained persons without the presence of the administration and examine documentation accessible to the public. Similarly accommo-

dating and helpful attitude was also displayed on the part of the staff of the centre for asylum seekers Mucenieki and other SBG officials whom LCHR met under this project.

However, mention should be made of the sharp reaction of the SBG to public criticism. In the letter No. 23/1-6/4128 of 16 September, 2005 addressed to the National Human Rights Office, the Head of SBG, commenting on cooperation with NHRO and LCHR indicates that "concerning the non-governmental organisation LCHR it must be said that such cooperation has to be considered as negative, for example one can mention the presentation of a representative of this organisation at the seminar organised by the International Migration Organisation and UN High Commissioner for Refugees, "Procedure for admittance and detention" in Kiev on 7 February 2005. During the presentation the main part of the speech of the representative of the above organisation consisted of criticism of institutions of the Republic of Latvia (including the SBG) involved in migration policy, leaving a mostly negative impression of the activities of immigration services in the Republic of Latvia. It is obvious that such cooperation does not promote trust of SBG officials in representatives of non-governmental organisations.

Background Information

The relevant legislation of the Republic of Latvia provides that a person may be detained in cases when he/she has violated immigration conditions, thus becoming an illegal immigrant, and also in specific cases when a person has applied for asylum, but the asylum seeker's identity has not been determined, when there is reason to believe that the asylum seeker is attempting to take advantage of the asylum process in bad faith; when there is reason to believe that the asylum seeker will not have legal grounds to stay in Latvia; or when is necessary in the interests of national security and public order.

Placing an asylum seeker in the centre for asylum seekers, where asylum seekers are held while their application is reviewed, can to a certain extent also be considered a restriction of a person's freedom.

One of the closed facilities where these categories persons are held is the detention facility for illegal immigrants Olaine, which is a structural unit of the SBG Riga administration, and the reception centre for asylum seekers Mucenieki, which is a structural unit of the Department of Refugee Affairs of the Office of Citizenship and Immigration Affairs. Both the SBG and the Office of Citizenship and Migration Affairs are under supervision of the Ministry of Interior. Illegal immigrants and asylum seekers may be placed temporarily in the custody premises of the border control points or in premises of State Police, used for this purpose pursuant to an agreement between the SBG and the State Police.

One of the specifics of Latvia in the area of illegal immigration is the fact that some illegal immigrants detained and often placed in the Olaine facility are people who have resided in Latvia for several years or even decades, but after the collapse of the Soviet Union were registered in a state other than Latvia, thus losing the opportunity to obtain the status of a non-citizen of the Republic of Latvia, or else for various reasons have failed to exchange their documents – usually a passport of a citizen of the USSR – for documents valid in the Republic of Latvia. A number of them have established long term ties to Latvia, including permanent residence and family ties. Several years ago the percentage of such people was very high among the population of Olaine but as time passes it is reduced, as the number of such persons decreases in the country. Another category of persons detained at Olaine are persons who have applied for asylum, but whose identity has not yet been determined, or whose application for asylum has been refused and who are awaiting deportation from Latvia. There are persons at Olaine who have arrived in the country illegally or have violated provisions of the Immigration Law. Also, persons who have served their sentence at a prison but are citizens of another country and are awaiting expulsion from Latvia are placed in the facility. Detention of these persons is explained by negligence of prison staff, who have failed to notify in time the appropriate institutions who must prepare their travel documents, of their release.

Since, as time passes, the number of persons belonging to the first category decreases, the total number of residents at Olaine also decreases: in 2003 – 283 persons, in 2004 – 257 persons, in 2005 – 155 persons. In turn, asylum seekers whose identity has been determined and whose applications are in process of review are placed at the reception centre for asylum seekers Mucenieki. Since the establishment of the reception centre in 1999, only 68 persons have been placed in the centre at various times until mid-2006.

Since 1998, when legal asylum procedures were approved, 161 persons have applied for asylum in Latvia. Eight of these people have had refugee status granted in accordance with the Geneva Convention (one person lost this status in 2004 by becoming a naturalised Latvian citizen), and fifteen were granted alternative status (in 2004 five persons lost their alternative status because they returned to their country of residence). The last time refugee status was granted to a person in Latvia was in 2001.

Legislation

The main normative basis for detention of immigrants and asylum seekers are the Immigration Law and the Asylum Law.

Detention

The Immigration Law provides that an official of the State Border Guard may detain any foreign national who has illegally crossed the State border of Latvia or has otherwise violated the procedure for arrival and stay of foreign nationals in Latvia provided by normative acts. A foreigner may also be detained if competent State institutions, the State Border Guard among them, have reason to believe that the foreign national is a threat to national security or public order and security, and also in order to carry out a decision on forcible expulsion a foreign national from Latvia. A person may also be detained under those circumstances by an officer of the State Police – he/she may detain the foreign national for three hours until transfer to the State Border Guard. The State Border Guard may detain a foreign national for a period of up to ten days. The foreign national may appeal his/her detention to a court of law. Application to a court does not stop the effect of.

Officials of State Border Guard may detain a foreign national longer than ten days only with the decision of a judge of a regional (town) court (corresponding to the actual location of the detained foreign national) On the basis of the application of the SBG official the judge makes a decision to detain the foreign national for a period of up to two months or refuses to extend detention.

In the event it has not been possible to expel the foreign national by the end of the term indicated in the judge's decision, the judge, on the basis of application by an official of the SBG, makes a decision to extend detention for another period of up to two months (until 27 December 2005 – for up to six months) or refuses to extend the term. The SBG official may apply to the court to extend the term of detention repeatedly, however, the total term of detention may not exceed 20 months. The maximum term of detention was stipulated when the Immigration Law came into force on 1 May 2003. Prior to that date persons whose ties to a foreign country could not be determined or who were refused return spent an unlimited time at the holding camp for illegal immigrants, sometimes several years.

The Decision to Detain

The fact that the relerant court process is not determined by law is a serious problem in the detention procedure of immigrants. It is not stipulated whether the court hands down judgment in these cases under criminal or administrative procedure, thus the procedure for making a decision and the rights of the detained person in the process of making a decision are not entirely clear and depend on the interpretation of the court in question.

The Immigration Law only provides that the judge shall review the submitted material (application by the SBG official, act of detention, the decision on forcible expulsion of a foreign national and documents indicating all actions performed to ensure expulsion of the foreign national) without delay, hears information provided by the SBG official and arguments of the foreign national or his/her representative. The judge singlehandedly makes the decision on detention of a foreign national, extension of the term of detention, or refusal to detain the foreign national or to extend the term of detention, indicating the respective name of the court, his/her name and surname, date of review of material, information on the detained person, justification for the decision, the normative act on which the decision is based, and his/her decision. On 25 December 2005 the Immigration Law was supplemented by a norm providing that, in passing a decision to extend the period of detention or refusing to do so, a number of facts must be assessed, such as: – the foreign national conceals his/her identity or refuses to cooperate with officials of the SBG while they are performing their official duties; the foreign national lacks sufficient financial resources to stay in the Republic of Latvia; competent State institutions have reason to believe that the foreign national may be a threat to national security or public order, or, while staying in Latvia, may interfere with pre-trial investigation, etc

When making a decision to extend the term of detention or to refuse to extend the term of detention, the judge must indicate the established facts, conclusions and arguments on the basis of which the decision was made. However, the Immigration Law does not provide that in passing a decision to extend the term of detention or to refuse to extend the term of detention, conditions favourable to the foreign national should also be considered, such as family ties in the Republic of Latvia, existence of a permanent residence where the foreign national may be reached, health conditions, etc. The Immigration Law does not provide that the judge may decide on a different security measure rather than detention (for example, signature not to change place of residence, person vouching for the foregner, etc.)

The Immigration Law provides that the official of the SBG takes the foreign national to the judge not later than 48 hours prior to the end of the term permitted to detain the foreign national and, if necessary, calls for an interpreter. According to this regulation the need for an interpreter is evaluated by the SBG official, not the detained person. A copy of the judge's decision is forwarded to the foreign national and the SBG within 24 hours of the time of receiving the application by SBG on the need for detention of a person.

Appeal of the Decision to Detain

Until 27 December 2005 the Immigration Law provided that the judge's decision may be revoked by the judge him/herself following protest by the prosecutor, or, independently of a protest, by the chairperson of a court of higher instance. The law did not provide for how long a period of time the person has the right to appeal this decision. Frequently a chairperson of a court of higher instance, (in the specific cases generally Chairperson of the Riga District Court) – used his/her rights as provided by law and, on complaint by the detained person, revoked the judge's decision on detention if it had not been sufficiently justified.

On 27 December 2005, Amendments to the Immigration Law came into force, which significantly restricted the detainee right to appeal and made the appeal process less clear. The amendments provided that now the foreign national or the SBG or his/her authorised representative may appeal the juge's decision within 48 hours from the time of receiving a copy of the decision. The Regional (Town) Court reviews the complaint without delay and makes a decision on merit. The decision of the District Court in the relevant case cannot be appealed. A copy of the decision is forwarded to the foreign national and the SBG within 24 hours of the time the decision is made. Thus, the detained person must be able to appeal the decision within 48 hours from the time of receiving it, regardless of the fact that, considering conditions at Olaine and the lack of legal regulations, it is practically impossible for the person to obtain legal assistance or a translation of the decision in a language understood by the person, because the Law does not specifically state that the decision be given or explained in a language the person understands. These conditions make it very difficult to appeal the detention order, especially in such a short time.

The law provides that the appeal of the judge's decision on detention be reviewed by a regional (town) court and a decision be made on merit, while the decision in the case made by the district court may not be appealed. Seemingly, this means that the decision of the regional (town) court may be appealed to a district court, however, the law does not state so clearly (not even in the Article providing rights of the detained person). Nor does it provide whether in this case the 48 hour term for appeal, related to the appeal of the single judge's decision, must be observed. Although the law does not provide so clearly, it can be deduced from the text that the appeal of the judge's decision is reviewed without the presence of a representative of the SBG or the detained person.

Rights of the Detainees

The SBG does not have a system for explaining their rights to detained persons. In 2004 the LCHR published a brochure "Information for detained immigrants" (in Latvian, Russian, English, French, Spanish and Arabic) briefly explaining rights of detained immigrants and indicating organisations which may be approached if the person believes that his/her rights have been violated.

According to the Immigration Law, a detained person has the following rights:

- ✓ For the protection of his/her legal interests, appeal the detention to a regional (town) court; contact a consular institution of his/her country, and obtain legal assistance. These rights must be explained to the detainee at the time of detention.
- ✓ In person or with the assistance of his/her legal representative examine materials related to his/her detention;
- ✓ Communicate in a language he/she understands or have the use of an interpreter's services if necessary;
- ✓ Protest decisions of officials as provided by law;
- ✓ Be transported and held separately from persons suspected of having committed a criminal offence.

However, none of these rights is regulated in detail, thus it is not always possible to implement them in practice. For example, it is not stipulated who may provide legal assistance and represent the detainee – any competent physical person or also legal persons, for example, an association. It is not specified how a person can invite a provider of legal assistance. The state does not provide legal assistance to detained immigrants and no list of lawyers or providers of legal assistance is available at Olaine. At times officials of the SBG interpret that the right to legal assistance is related only to assistance provided by the detained person's country's consular institution, because the law says that the person may contact the consular institution and receive legal assistance.

Beginning with 1 January 2007, the State anticipates providing asylum seekers with legal assistance in the appeal procedure during the process of granting asylum. This is provided by the Law on State Funded Legal Aid.

It is not specified how to establish the person's representation, whether a verbal authorisation sufficient or a written power of attorney required. If one would attempt to apply in these cases provisions of the Administrative Procedures Law, which provides that a representative may be authorised by a notary or on site at an institution, it is not possible to establish representation effectively because, since most of the persons held at the Olaine

facility have no valid documents of identity, they are unable to authorise a representative by notary, while it is not possible to authorise a representative at an institution because Olaine is a closed facility and the detained person may not freely leave it.

The right to examine materials related to the person's detention in person or with the aid of his/her representative is difficult because most of this material is not permanently kept at Olaine, but for their part, officials of the State Border Guard, coming to the Olaine facility, are reluctant to show this material to the detainee or his/her representative. In practice, a person's legal representative, even arriving at the Headquarters of SBG, was not given all the material related to the person's detention, but was asked which materials precisely the representative wished to see and only then a decision was made whether to show the representative the material in question.

The right to communicate in a language the person understands or use the services of an interpreter, if necessary, is provided in practice in cases when the detainee speaks one of the languages widely used in Latvia – Latvian or Russian, also English. More serious problems arise if the person understands only a different language.

Rules of Internal Order at Immigration Institutions.

A very serious lack of legal regulation is the fact that there are still no legally based normative acts providing the procedures for holding detained persons in security, and what are the rights and obligations of these persons while held at the illegal immigrant facility Olaine. The State Border Guard is drafting Cabinet of Ministers' regulations which would regulate this matter; however, no progress can as of yet be seen in this regard.

At present the operation of Olaine facility is guided only by regulations of the SBG, and the rules of internal order are approved by an order of the SBG – they are internal normative acts. Restrictions imposed on the detainees are similar to restrictions imposed on persons held in prisons. Rules of internal order may be changed at any time by a new order, and the rights of persons listed in these are not sufficiently detailed, thus interpretation of a number of issues lies with the staff of the State Border Guard.

Asylum seekers whose applications are in the process of review and whose identities have been determined and verified, are held at the Reception Centre for Asylum Seekers (RCAS) Mucenieki, in accordance with the Asylum Law of Latvia. Its internal rules of order are set by an order of the Ministry of Interior of the Republic of Latvia, which also is an internal normative act.

Thus it may be concluded that the internal rules of order of both the illegal immigrant detention facility Olaine and the RCAS Mucenieki, which also provide restrictions of persons' freedom and various other rights, are not determined by law or normative acts based on law, although this is one of the necessary conditions for restriction of a person's rights to be legitimate.

Conditions

Illegal immigrant detention facility Olaine

The detention facility located about 25 km from Riga at 10 Riga street, Olaine, Riga region, was established in 1995. Its official holding capacity is 50 detainees. Access to the facility is only through the adjoining garage cooperative Bērziņi, for which rent is paid. The camp is surrounded by a barbed wire fence. There are two two-storey buildings in the territory of the facility, a water reservoir, outside communications and a hangar. Of the two buildings located in the territory only one is being used.

The technical condition of the unused building is poor: it is in part demolished, central heating has been disconnected, plaster of the socle of the facade of the building is softened and in places peeling, windows and doors are completely worn out, in part dismantled, floors are rotted, in places caved in, and plumbing and electricity facilities have been dismantled. It is necessary to reconstruct the building as soon as possible: otherwise it will have to be torn down.

The technical condition of the building where at present the illegal immigrants are held is also poor: the socle of the facade of the building is softened and peeling, the drywall dividing walls are in part damaged, windows, doors (wood) are worn down, water pipes and plumbing are worn out, there is no ventilation system.The camp has a boiler house, thus sufficient heating is ensured, as well as hot water.

The detained persons are held on both floors of the building: women and children live on the ground floor, where administration offices are also located, and on the second floor – men. When placing men, attempt is made to separate those who have arrived at Olaine after serving a prison sentence from the rest. Capacity of rooms is for about 3 persons. The rooms are furnished with beds (not stacked), a table, wardrobe, night table, refrigerator, and a mirror. Lighting in the rooms is both natural and artificial (switched on by the detainees themselves). The windows are barred. There are no alarm buttons or observance windows in the rooms. Toilets and showers are located outside the living rooms. Communal areas are a kitchen, a visitors' room, a recreation room with table tennis, a recreation room with a television set, a library. Laundry machines are available. On the ground floor there is a medical isolator and an isolator for aggressive detained persons.

Medical assistance at the camp is provided by paramedics *(feldsher)*. Four paramedics work shifts, thus medical assistance is available practically at all times. Detainees are ensured of emergency medical assistance only. Dentistry is available at the cost of detainees (at Olaine health centre), except extraction of teeth which is paid by the SBG. There is no therapist or other specialists at the camp, nor is there a psychologist or a social worker.

Food products are issued once a week and the detainees cook for themselves, dividing the products according to meal times as they see fit. There have been cases when all products have been used up before the next Wednesday, but no additional food is provided. Of meat products, chicken is provided, taking into account that representatives of some religions may find it unacceptable to eat other meats. The food is relatively monotonous. As a basis for the amount of food and bathroom agents CM Regulations on norms of food, washing agents and items of personal hygiene for prisoners and administratively detained persons are used. There are no shops or kiosks in the camp and the detained persons are not permitted to leave the camp for shopping purposes, thus obtaining of additional food, vitamins or other items is practically impossible.

The detained person may communicate with the outside world by calling from a pay-phone, mobile telephones (detainees may have mobile telephones without photo/video functions) or by correspondence. Detainees may use the camp administration telephone or fax machine only in special cases. However, it is not possible to obtain phone cards, prepaid cards, stamps or envelopes for correspondence at the camp. To the extent possible, the administration issues stamps and envelopes from SBG funds. There is no mail box at the camp.

Detainees may have visitors for short periods – up to 3 hours. Detainees may walk within a small fenced-in space adjoining the building. Since camp regime is relatively free, detainees may visit the space between 10.00 and 17.00. Persons placed in the isolator may have 2 hours for walking. Any activities at the camp are quite limited – ball games in the yard, table tennis indoors. The camp has a small library, no newspapers are subscribed, and there is television. There are no opportunities for employment or education. As a rule, no education is provided for minors placed in the camp either, with some exceptions.

Reception centre for asylum seekers Mucenieki

Reception centre for asylum seekers Mucenieki is located at Mucenieki in Ropaži community, 17 km from Riga, at what was previously a Soviet army military base. The buildings were repaired in 1998 through foreign funding. Holding capacity of the centre is for about 200 people. Up to now the number of asylum seekers held at the centre is very small, therefore the centre is also used to house persons under various social

projects. The centre is a three storey building: the ground floor holds administration offices. There are double rooms. There are also family rooms. Rooms are furnished with beds, shelves, tables, chairs. Residents at the centre have access to a fully equipped kitchen, laundry, TV room and a children's room. Housekeeping duties for maintenance of common areas is divided among all residents of the centre.

Each asylum seeker (except cases when an asylum seeker is sufficiently well situated), receives a per diem of LVL 1.50 for purchase of food, hygiene products and other necessities. Asylum seekers may leave the territory of the reception centre during the day, advising centre administration of their destination and time of anticipated return.

POLICE CUSTODY

21 visits to State police short-term detention cells, precinct police stations and municipal police short-term detention cells were conducted during the project. On October 14 2003 a study visit to the Riga Police Headquarters Short-Term Detention Cells was conducted as part of a training seminar on monitoring, and 12 participants took part in the visit.

Visits to State Police short-term detention cells began to be conducted in autumn 2004. Four persons from two organisations (Laila Grāvere, Anhelita Kamenska un Ilvija Pūce of the Latvian Centre for Human Rights and Inese Avota of the Centre for Public Policy Providus) conducted the monitoring visits. In average, two persons took part in the monitoring visits.

14 of the 28 State Police short-term detention cells were visited: short-term detention cells in the Aizkraukle, Alūksne, Bauska, Daugavpils, Dobele, Jēkabpils, Jūrmala, Liepāja, Ludza, Rēzekne, Rīga City, Talsi, Valmiera and Ventspils. Three police stations were visited: Lielvārdes police station (without short-term detention cells), Rīgas State Police Precinct No 1 (with short-term detention cells), Rīga State Police Precinct No 2 (with short-term detention cells). As short-term detention cells have been established in several municipal police stations in Latvia, three municipal police stations were visited during the project: Liepaja Municipal Police, Ventspils Municipal Police and Daugavpils Municipal Police. Municipal police stations with short-term detention cells were also selected for monitoring visits as they have never been visited by international organisations.

As sobering-up cells were being closed down in the state police detention facilities following an unpublished order of the Chief of State Police in 2004, a monitoring visit was also conducted to a newly established institution – a Detox Unit set up jointly by the Daugavpils City Council, Daugavpils Hospital and Daugavpils Municipal Police to accommodate persons under alcohol intoxication detained by the municipal police. LCHR also had an opportunity to inspect police vans transporting detainees.

Visits to police short-term detention cells (state and municipal police) were visited in all regions in Latvia – Kurzeme (western Latvia – 4), Vidzeme (northern Latvia – 5), Zemgale (southern Latvia – 4), Latgale (eastern Latvia – 5) and Rīga (3), including police stations in more remote areas, such as Ludza, Rēzekne, and Alūksne.

A representative of the NHRO participated in one of the monitoring visits. Prior to several visits, meetings were held with district prosecutors responsible for police cell oversight, while one visit was jointly conducted with a senior prosecutor. In one town, an interview was held with the district hospital doctor to examine the co-operation between hospitals and the police. Two study visits to the Netherlands and Northern Ireland were organised during the project period, and the participants visited the Haaglanden Regional Police Headquarters and South Belfast Musgrave Police Station. Police custody areas in both police stations were also visited to assess conditions of detention and detainee safeguards.

Permits to visit police stations

Permits to visit State Police short-term detention cells were always requested in writing, indicating the police station to be visited, date, time of the visits and the names of the people conducting the monitoring visit. The requests for permits were always addressed to the Chief of State Police. The permission was, on average, received within one or two weeks. The permission to visit municipal police short-term detention cells was received orally one or several days prior to the visit, and written requests were never required.

Access to detainees

Access to detainees in police stations was restricted as the permit issued by the State police authorities to visit a specific police station with custody area always indicated that to interview a police detainee permission had to be sought from the respective investigating authorities. Only in five of the visits were interviews conducted with a small number of criminal suspects. In one case, head of a local police department had received written permissions from all investigating authorities – prosecutors and police investigators. In two cases chiefs of local police departments granted the permission to interview detainees, and in one case, the visit was conducted with a senior prosecutor in charge of police cell oversight. On several visits there were no detainees in the police stations.

Co-operation with State police authorities

Co-operation with State Police authorities was good. During the project the State police authorities contacted LCHR on several occasions concerning recommendations by international organisations, and standards concerning police short-term detention cells.

Local police authorities

Starting with 2005, with few exceptions, representatives of the Public Order Police Department of the State Police regularly accompanied LCHR in monitoring visits, as part of conducting their own regular inspection. Their presence had both positive and negative impact on LCHR co-operation with local police authorities:

Positive:

1) better access to documentation as the local police authorities showed everything that was requested;
2) possibilities to meet all local police officials, as during State Police inspection visit all had been called to work, including those who were on holidays;
3) better access to facilities, the local police would also open cells for criminal suspects.

Negative:

1) local police authorities were less open in the presence of senior police authorities, and did not talk about problems in the police, unjustified structural changes and the information provided was more superficial;
2) the discussion with local police authorities took place in an official atmosphere.

Municipal police leadership

Co-operation with municipal police leadership was very good and the discussions took place in an open and frank atmosphere. The only exception was the response of the Daugavpils municipal police to a written request by LCHR for information about regulations governing Daugavpils Detoxification Unit, when the authorities indicated that LCHR could visit the facility again and study the regulations on site.

Changes to the Legislative Framework 2003–2006

2005-2006 have seen the adoption of fundamental documents regulating treatment of police detainees and conditions of detention in police short-term detention cells. After almost a decade of debates, a new Criminal Procedure Law came into force on 1 October 2005 shortening time of detention in police cells and strengthening detainee safeguards. The law on the Procedure of Holding [Police] Detainees governing conditions of detention in police short-term detention cells came into force on 16 October 2005. Prior to the adoption of the law, the conditions of detention were governed by an order of Chief of State Police nr. 872 adopted in 1999, which was classified information, and, therefore, publicly unavailable. Earlier, on 1 June 2005, a Law on State Funded Legal Aid came into force providing for state support in granting legal aid. On 30 September 2005

amendments to the Code on Administrative Violations came into force, providing for harsher penalties in cases of drunken driving, including mandatory administrative arrest.

Criminal Procedure Law

The law shortens the detention period by the police from 72 to 48 hours before the suspect is to be brought before a judge. The law also explicitly lays down the rights of detainees, e.g., access to a defence counsel from the outset of custody, the right to receive from police a list of defence counsels and information about institutions coordinating the provision of legal aid, notification of a close relative or a third party about the fact of custody, provision of written information about detainee rights and a copy of the detention protocol to the detainee. A foreign national detained by the police has the right to have the embassy or consular office informed about the fact of custody. Regretfully, the right of access to a doctor has not been included in the new law. The law also fixes a time limit for the interrogation of detainees – for juveniles it should not exceed six hours, while in the case of adults it should not exceed eight hours, unless agreed upon with the detainee, and should include breaks.

Criminal Procedure Law (in force from October 1, 2005)	**Old Criminal Procedure Code (in force until October 1, 2005)**
Article 63 Rights of a detainee The detainee shall have the right: ✓ to immediately call upon a lawyer and to sign a contract with him/her or use state funded legal assistance ✓ to receive from investigator a list of practising defence counsels in the respective court district ✓ to make a free phone call to call upon a lawyer ✓ to demand that a close relative, educational institution or the employer be informed about his/her detention ✓ to receive a protocol of detention and written information about detainee's rights and obligations ✓ to meet the defence counsel in conditions ensuring confidentiality without a special permission by the investigator and without time limits	**Article 18; Article 121** ✓ A suspect, an accused and person to be tried are guaranteed the right to a lawyer (A.18) ✓ A suspect, an accused person and a person to be tried are guaranteed the right to a lawyer, to appeal actions taken by investigator and prosecutor, to give statements and to submit requests as well demand provision of security as provided by the law. ✓ The court, prosecutor and investigator shall guarantee a suspect, an accused or a person to be tried the opportunity to defend himself/herself with means and ways determined by the law.

✓ to give evidence or to refuse to give evidence	

Legal Aid

Section 20 of the Criminal Procedure Code provides for the right to a lawyer if a person is suspected of having committed a criminal offence. The person may represent himself or herself or he/she may call for a lawyer one's choice, who may, according to the present law, act in the capacity of a defence lawyer. The law provides for cases when participation of a defence lawyer is mandatory. If due to one's material conditions a person cannot afford a lawyer, the state shall provide access to a lawyer and decide upon state funded legal aid by partially or fully releasing the person from the payment of the lawyer's fee. The decision on the provision of state funded legal aid is taken by an investigating judge during pre-trial detention or court during the trial.

Law on State Funded Legal Aid

The Law on State Funded Legal Aid was adopted by the parliament on 17 March, 2005 and came into force on 1 June, 2005. A Legal Aid Agency was established on January 1, 2006 to examine and to grant or turn down requests for legal aid, sign contracts on legal aid provision with practising lawyers who, according to the law, may be legal aid providers. In the second half of 2006 contracts had been signed with 69 legal aid providers, of those 59 with sworn advocates, 2 with assistants to sworn advocates, and 8 with practising lawyers. According to the Council of Sworn Advocates there were 903 practising sworn advocates in Latvia.

Law on the Procedure of Holding Detainees

In accordance with the law (Section 2) short-term detention places are specially equipped rooms established in the State Police or Security Police, where detainees are placed and held in accordance with the procedure determined by law. Section 2.1 of the law provides that a detention facility should consist of cells, investigation room, a washing facility, a toilet, a fenced exercise yard for walks in the open air, a storage room for bedding, a detainee search room, a storage room (-s), a room (-s) for custodial staff. The law provides that a detainee shall be informed of internal regulations of the short-term detention facility in a language he/she understands (if necessary, with the help of an interpreter) and that detainee's signature is to sign that he/she has been informed. It also provides for the right of a detainee to get acquainted with the internal regulations at any time. Article 7 spells out in detail conditions of detention. The detainee is to be provided with a meal three times a day (including one warm meal) and drinking water at any time. For the first time, the law provides for the size of cells:

Type of cell	Size of cell
1.single occupancy	> 4 m^2
2. double occupancy	> 7 m^2
3. for 3 persons	> 10 m^2
4. for 4 persons	> 12 m^2
5. for 5 persons	> 15 m^2

The law requires that each detainee is to be provided with a separate place for sleeping, a mattress and a blanket. The cell shall be equipped with a toilet partitioned from the rest of the cell by a wall not higher than 1,2 m, a bench fixed to the floor, a shelf attached to the wall, a call button if the cell is located out of police officer's sight. Cells shall have natural light, artificial light during the dark hours of the day; temperature no lower than + 18°C, and ventilation shall be provided. If the detainee is held in the custody facility longer than 24 hours, he/she shall have the right of 30 minutes outdoor exercise in the exercise yard. Conditions of detention of juveniles compared to adults differ insofar as the provision of one hour of outdoor exercise. The requirements concerning the custody area (Section 2.2) and size of cells and cell equipment (Section 7.3 & 5) are to be implemented by 31 December 2008.

Regulations on detainee provision with food, washing and personal hygiene items

On 10 January 2006, the government adopted Regulations on the Norms concerning the Provision of Persons Placed in Short-Term Detention Cells with food, washing and personal hygiene items. According to the regulations, the detainees are to be provided with a tooth brush, tooth paste, toilet paper, soap and items of hygiene. The provisions came into force on 21 April 2006.

Amendments to the Administrative Violations Code

In order to combat the appallingly high rate of traffic-related accidents as a result of drunken-driving and subsequent high rate of traffic-related deaths, the parliament adopted amendments to the Administrative Violations Code on 15 September 2005. The amendments foresee harsher penalties for drunken driving or driving under the influence of drugs substances or other, driving without a driver's licence, refusal to take alcohol or drug test by increasing fines (for up to 500 Lats), and imposing mandatory administrative arrest from 5 to 15 days and depriving of drivers licence for up to 5 years. While the incidence of drunken driving has significantly decreased since the coming into force of the amendments, nevertheless the number of persons sentenced to administrative arrest has increased. The adoption of the amendments also caused public debate about the conditions of detention in

many police short-term detention cells and has also lead to complaints being submitted to administrative district court about the conditions of detentions.

Categories of police detainees

In accordance with the Law on the Order of Holding Detainees, the following categories of detainees may be detained in the police short-term places of detention:

- ✓ persons arrested on suspicion of having committed a criminal offence (up to 48 hours)
- ✓ administratively detained persons (for up to 3 hours; up to 12 hours if under alcohol intoxication)
- ✓ administratively arrested persons (for up to 15 days)
- ✓ pre-trial detainees – for the purposes of investigation (no term fixed by the law)
- ✓ sentenced prisoners – for the purposes of investigation (no term fixed by the law)

Neither the laws, nor government regulations fix duration of time remand prisoners can be detained in police stations. Police internal instructions provide that remand prisoners can be held in police short-term detention places for up to 10 days, however, in practice there have been cases when remand prisoners have been kept in police cells for a longer time – 1-2 months. Interests of criminal investigation and difficulties with prisoner transportation have been cited as reasons for holding remand prisoners in police cells. Both police and prosecutors are of the opinion that during the period of active investigation, it is not advisable and not even possible to transport prisoners to pre-trial prisons. During one of the monitoring visits to police stations in 2005, the local police leadership indicated that a Ministry of Interior order fixes the term for holding persons under trial for up to 20 days, and a permission of the police chief is required to hold a pre-trial detainee in police cells for investigation purposes for the maximum period of time.

Year	Detained persons and remand prisoners	Including administratively arrested	Detainees in in sobering-up cells
2003	16,493	10,908	26 034
2004	16,274	8,086	19 843
2005	14,729	7,708	not mentioned

Source: Annual Reports of the State Police

Beginning with 2005 the total number of police detainees in State police short-term detention cells has decreased. As the responsibility of operating sobering-up cells in some towns has been handed over from the state police to the municipalities (Daugavpils, Jelgava, Jūrmala, Liepāja, etc.), the number of persons placed in police sobering-up cells have decreased. After the adoption of the Criminal Procedure Law in the 1st half of 2006

the overall number of detainees (criminal suspects and pre-trial detainees) has decreased by 10%, while the coming into force of the amendments to the Administrative Violations Code on drunken-driving has lead to the increase in administratively arrested persons.

State Police Short-Term Detention Cells

According to the State Police, in 2000 conditions in only six of the 28 State Police short-term detention facilities partially corresponded to international standards, while in 2005, 14 out of 28 police facilities corresponded to international standards. Thus, 14 police custody facilities have in-cell sanitation and a separate sleeping place for each detainee, while 25 police stations have shower facilities.

Several State police stations with custody facilities were visited by the CPT in 1999, 2002 and 2004. In its 2002 report the CPT heavily criticised the conditions in the Liepāja, Daugavpils, and Ventspils police short-term detention facilities qualifying them as *"so appalling that they could amount to inhuman and degrading treatment."*

In early April, 2006 the European Court of Human Rights ruled in the case *A.Kadiķis vs Latvia* that Latvia had violated Article 3 (prohibition of inhuman and degrading treatment) of the European Convention for Human Rights. During 15 days of detention in the Liepaja State police short-term detention cell in 2000, A.Kadiķis had been confined to a very limited space, in conditions of overcrowding with no natural light and often no fresh air, no access to exercise yard, and no opportunity to go out than to visit toilets. He had no bed and was obliged to sleep on wooden platform with the other detainees. He had not been properly fed and had not had enough to drink. The Court then observed that Latvian law contained no express provision for a remedy against the conditions of administrative detention. Considering that the applicant had no effective remedy by which to complain of the conditions of his detention, the Court held that there had been a violation of Article 13. The Court concluded that the treatment inflicted on the applicant constituted "degrading treatment" within the meaning of Article 3, and Latvia has been ordered to pay 7,000 euros for non-pecuniary damages.[89]

On a positive note, earlier in December, 2005 a new building for the Liepāja State Police headquarters, including a custody facility with 18 cells (capacity 33 places), was inaugurated.

[89] KADIĶIS c. Lettonie No 62393/00, May 5, 2006 at http://cmiskp.echr.coe.int/tkp197/view.asp?item=1&portal=hbkm&action=html&highlight=Kadi%u0137is%20%7C%20Lettonie&sessionid=9759866&skin=hudoc-fr

Taking into account the above developments, LCHR report does not include information about the old Liepāja Police Headquarters short-term detention facility. In other police short-term detention facilities conditions of detention are described as of the day of the monitoring visit.

Aizkraukle Police Short-Term Detention Facility

The detention place is located in the basement of a brick building built by prisoners in 1975. Two years ago Aizkraukle prosecutor's office carried out a comprehensive inspection visit demanding to eradicate breaches, which resulted in cosmetic repairs, improved sanitation, ventilation, and a new investigation room. A construction project for a 2 storey building for police headquarters has been designed, but no funding was allocated for the purpose in 2006.

The custody area has 13 cells, an investigation room, room for food distribution, shower facility, and a toilet. Aizkraukle Police custody facility is the third largest in the country concerning the number of detainees placed in the facility annually (due the Zemgale regional district court regular sessions being held in the city of Aizkraukle). According to the police, the maximum number of detainees ever placed in the facility simultaneously has been 32. However, since the coming into force of the new Criminal Procedure law on 1 October 2005, the number of detainees has significantly decreased to an average of 5-6 detainees per day.

While cosmetic repairs were carried out in 2003, the custody area left the impression as being run down and in need of general repairs. Two separate sobering-up cells are located to the right from the entrance. The cells measure around $6m^2$, the floor in the cells is covered with a black rubber mat. An intoxicated person suspected of having committed a crime may be initially placed into a sobering-up cell for up to 12 hours. The air in the cells was suffocating and reeked of urine.

In other cells walls were dirty and dark, plaster was falling from the walls in common rooms. The artificial light was poor and inadequate for reading. Ventilation was repaired in 2004, but is not working efficiently, as due to its construction it is benefiting only few of the cells. As the custody area is located in the basement area it suffers from great humidity, and as told by the head of the police department, due its location the facility has suffered from floods on several occasions. There is neither in-cell sanitation, nor a sink in the cell. According to police officers, detainees have access to the toilet twice a day – in the mornings and in the evenings, during the rest of the day, detainees comply with the needs of nature in buckets placed in cells. The toilet was filthy and need of a clean-up. The facility has a shower, and

the detainees have access to a shower once in ten days. The shower facility was installed two years ago. The detainees are provided with mattresses, which were of two types, those covered with a washable material and those made from foam-rubber, which were extremely dirty and worn out. The police chief informed that beginning with December 2005, detainees would be provided with sheets and pillow cases that had already been purchased.

In 1999 there was a hostage taking case in the custody area, therefore cells with criminal suspects can only be opened by two police officers, and custody area staff has no keys to the cells. For cells to be opened, a call is made to police officer on duty located on the first floow. CCTV cameras have been installed in the custody area.

Alūksne Police Short-Term Detention Facility

Alūksne is located in Northern Latvia, close to the border with Estonia. Alūksne Police Headquarters are located on the outskirts of the town in a building built for police purposes. The custody facility is located on the 1st floor. Major repairs were carried out in 2005.

The custody facility has 7 cells – 4 cells for criminal suspects and remand prisoners, 1 cell for administratively arrested and 2 for administrative detainees (sobering-up cells). The custody area also has an investigation room, food distribution room, a shower facility with a toilet and an exercise yard. All four cells are cells for four persons, measuring approximately 13,5 m^2 each, and all are similarly equipped. Cells have two storey bunk-beds with mattresses (the mattress cannot be separated from the bed), detainees are provided with blankets, sheets, blankets and pillow cases. Cells have plexus windows with bars on the outside and inside. While there is daylight, it is not adequate for reading. The artificial light in cells is good, and the intensity can be regulated from the outside. A small table is attached to the floor in the cell. The custody area has centralised heating, all cells have smoke detectors. There is new in-cell sanitation (metallic equipment has been purchased). There are no alarm buttons in cells, and the attention of guards is attracted by knocking on the cell door. The custody area is small and the knocking is within a hearing distance. The cell for administratively arrested has a wooden platform which occupies entire cell and has an official occupancy for four persons. The detainees are provided with matresses, sheets, blankets, pillows and pillow cases. Two sobering-up cells had no equipment and the floor was covered with rubber mat, and there was no in-cell sanitation.

The cells have good ventilation, although smoking is permitted in cells. The shower facility has a boiler for heating water when central heating has been switched off, there is a modern shower equipment, a toilet and a large shelf for clothes. The exercise yard was put in use in 2005, it has a roof cover and a bench. A CCTV has been installed to monitor the exercise yard.

Bauska District Police Short-Term Detention Facility

Bauska Police Headquarters is located on the outskirts of the Bauska town, in the same building as Bauska court, prosecutor's office, Citizenship and Migration Affairs Department. The custody area is located in the basement.

The reconstruction and general repairs of the custody facility were finished in December, 2004. As a result of repairs, a new ventilation system, a fire alarm, and electricity have been installed, water and sewage system have been renovated. There is a separate sobering-up cell, and an exercise yard has been created, which, according to the police chief, was to be put in use in December after the installation of CCTV cameras.

The custody area has 11 cells, a sobering-up cell, a shower area, three investigation rooms, a kitchen, an office for a duty officer and toilets for custodial staff. The size of the sobering-up cell (A) is 18,3m^2, it has a window and the walls are covered with rubber material. It has a toilet without a partition, and the toilet can be flushed from the outside. The cell has a wooden platform for sleeping. Two cells (Cell B, and C) meant for administrative detainees measured 19,4m^2 and 19,2m^2 respectively, and both cells have only a wooden platform for sleeping. The remaining nine cells for criminal suspects or remand prisoners had beds, and their official capacity was 19 places.

According to police officers, the average number of detainees is 15 on any given day. At the time of the visit, the custody facility held 22 persons. Of those 3 were under administrative arrest, while 19 were criminal suspects. The sobering-up cell was empty.

Daugavpils Police Short-Term Detention Facility

Daugavpils Police Headquarters is located in the administrative centre of the town in an old two-storey brick building. The custody area is in the basement of the building. The last repairs of the building were carried out in 1994, since then there have been no visual improvements. The custody area has 15 cells with an official occupancy for 55 persons. Since 1 July 2004, persons under alcohol intoxication are no longer placed in the custody area, but are taken to the Detoxification Unit (See Daugavpils Hospital Detox Unit). The custody area is in dire need of extensive repairs, it is dark and in a dreadful state, reminiscent of medieval times. The cells are devoid of any furniture, except for a wooden platform occupying large part of the cell. The cells varied in size: the smallest cell for single occupancy measured 5,5 m^2, the medium size cells measured – 6-7,8 m^2 each, the largest cell measured – 15,9m^2. During the visit there were no mattresses in the custody area, which the police administration justified

by lack of financial resources. The cells were reasonably warm, as attested by detainees. There is no in-cell sanitation and to comply with needs of nature, the detainees need to use buckets. There is no natural daylight, though some daylight seeps through a small glass window, blocked by bricks, in cells 1&3. Artificial light remains on throughout the day, switched on by the custodial staff, nevertheless the cells remain semi-dark and it is not possible to read.

Source: Information report on the provision of Daugavpils City/District Police Headquarters and Short-Term Detention Cells with adequate premises in the Daugavpils Fortress Complex.
Appendix 1
http://www.mk.gov.lv/doc/2005/IeMZino201005_1.pielikums.doc

In November 2005, the Cabinet of Ministers supported the proposal by the Ministry of Interior concerning the provision of the Daugavpils Police Headquarters and custody facility with adequate premises in the Daugavpils Fortress building complex. Nevertheless the relevant authorities also concluded that the fortress buildings were in a poor state of technical repairs and that reconstruction was, necessary.

Dobele Police Short-Term Detention Facility

The Dobele Police Headquarters is located in a three-storey building in the centre of the town. It was built eight years ago and architecturally is similar to a residential building. The custody facility is located on the first floor in a special building attached to the main building. The custody facility was built in 2001 to replace the old police cells. The custody area has 12 cells with 21 places, an investigation room, a guards' room, two toilets, a shower room, a storage room, food distribution room. There are no sobering-up cells in the facility. The custody facility has an exercise yard. The facility has disinfection equipment, and mattresses and detainee clothes are disinfected. Two cells are used for detention for up to 3 hours. These are equipped only with a bench and are separated from the rest of the area by bars. Other cells have different occupancy – single, double occupancy cells and cells for four persons. All cells have a wooden platform for sleeping and a shelf for detainee belongings. Cells have no windows, and there is only artificial light. The light is adequate for reading and can be switched on from the outside. The ventilation is adequate. Each cell is equipped with a sink, tap with running cold water and a toilet, which is partitioned from the rest of the cell. According to the police, detainees can take a shower upon need, usually before trial, or if staying in the facility for a longer period of time. The shower facility is located next to food distribution room, it was warm. The shower room has a toilet, separated from the shower area by a wall.

All detainees are provided with matresses, which are made from foam rubber and have washable cover. Detainees are also provided with sheets, blankets, pillows and pillow cases. All cells have a small observation window. However, the toilet cannot be seen through the window. Those cells, which are located farther from the guard's room, have call buttons. The guard's room has a switch board. If a call button is pressed in the cell, the cell number lights up on the board and there is also a signal. Detainees placed in cells which are located near the guard's room, attract the guard's attention by banging on the cell doors.

Jurmala Police Short-Term Detention Facility

Jurmala Police Headquarters is located in the centre of the town – Dubulti, and the building was built in 1968. The custody facility is located on the 1st floor.The reconstruction and

general repairs were completed in December 2004. During repairs all rooms have been refurbished, new ventilation and sewage system have been installed, sinks and taps have been changed, fire alarm installed, and an exercise yard has been built. The custody facility has 8 cells. It has no sobering-up cell, as the responsibility has been handed over to Jūrmala municipal police. A sobering-up station has been set up in Kauguri and has permanent medical staff presence. Two cells are used for persons sentenced to administrative arrest, and have an official occupancy for 12 persons and measure 44,7m^2. Cells have metal beds attached to the floor, detainees are provided with mattresses and blankets. Six cells are used to hold criminal suspects and have occupancy capacity for 24 persons and measure 80,3m^2. The cells have two-storey bunk beds with mattresses. There are no shelves. All cells have windows. The artificial light is poor. The ventilation is good. All cells have in-cell sanitation. The toilet is located opposite the cell door, and although separated on the sides by a partition from the rest of the cell, the front of the toilet, which has not been partitioned, can be seen through the observation hole. According to the police the detainees can also be taken to a separate toilet located in the custody area. All cells have a sink and running cold water. There is a shower facility with hot and cold water. At the time of the visit, the shower facility was cold and the showers were run down, and one of the shower heads appeared to be broken. The detainees can take a shower once in ten days.

Jēkabpils Police Short-Term Detention Facility

The Police Headquarters are located in the centre of the city, on the 2nd floor of a two-storey building. The detention facility is located in a separate building from other police units, including the police duty unit. The building belongs to the Ministry of Justice, but it has not undergone any refurbishment and is in a poor state of repair. Prior to the placement in the cell, the detainee is taken to the duty unit in the main building, which has recently undergone general repairs. The duty unit has a small cell with a bench, separated by bars from the rest of the area and meant for holding persons for up to three hours. The duty unit also has a search room.

The custody area has seven cells, a room for food distribution, an office for the police officer in charge of the custody area and an interrogation room. The food storage room has a cooker, a fridge, and includes book-shelves (about 10 metres in length) stacked with books for detainees. Five cells are meant for holding criminal suspects, while two cells are for administrative detainees. At the time of the visit, there were 19 detainees (one woman, 18 men, of those one juvenile). 11 detainees were criminal suspects, and 8 were administrative detainees.

Cells are run down and in dire need of repairs, the walls are in dark colour. However, the cleanliness in cells is adequately maintained. There is only a wooden platform for sleeping in all the cells, and no other furniture. The size of five smaller cells measured around 10m^2, while the two larger cells meant for administrative detainees measured around 16m^2 each. The facility has mattresses, which were being stored on the floor in the corridor. According to the police authorities, administratively arrested are not provided with mattresses. However, all had been given mattresses at the time of the visit, as there were few criminal suspects in custody. The cells were warm. There is no in-cell sanitation and the detainees have to use buckets to comply with the needs of nature. The natural light is poor, the artificial light was switched on by custodial staff, there were 100W bulbs in the cell.

Ludza Police Short-Term Detention Facility

Ludza Police Headquarters are located on the outskirts of the town in a three-storey building, which it has occupied since 1994. The custody area underwent total refurbishment in 2005 and 2006. The custody facility is located on the 1st floor and has 10 cells. The cells measure 10m^2. Seven cells have occupancy for three persons, two cells for illegal immigrants are double occupancy cells, and a sobering-up cell is a single occupancy cell. There is a separate barred room for detainees that are to be transported to prisons.

The total capacity of the custody facility is 25 persons. There is an average 8-10 detainees on any given day. The detainee belongings are put in a storage room. Plans are underway to install 20 separate lockers for detainee belongings, and the detainee would be allowed to keep the key to the locker. Mattresses, blankets, towels, bedding, slippers were being kept in the storage room. The custody facility had a small laundry room with a washing and drying machine.

Cells, except for a sobering-up cell, are equipped with furniture: two metal beds, one of them two-storey bunk-bed. Cells for immigration detainees had one two-storey bunk-bed. Cells to the right of the corridor have natural light, those on the left have no natural light. The artificial light is adequate for reading, but additional improvements are planned in 2006. There is in-cell sanitation, but the sanitary annex is not partitioned from the rest of the cell. Police authorities informed that plans were underway to install partitions. Cells have a sink and running cold water. The facility has a shower room with two showers and a changing room. The shower room gave the impression of being used. The detainees are allowed to take a shower every 5-6 days.

Rēzekne Police Short-Term Detention Facility

Rēzekne Police Headquarters are located in the city centre, in a three-storey brick building. The police offices are in dire need of repair, while the custody area has recently been refurbished. Prior to the completion of repairs in the Ludza Police custody facility, Rēzekne Police custody facility held up to 90 detainees. Currently, the Rēzekne facility has 18 cells for 57 persons (2,28 m^2 per each person).

There is no sobering-up cell in the custody facility. Until 1 July 2004, Rēzekne had a separate sobering-up facility funded by the city council and the state police, and a medical officer was on duty. Currently there is no sobering-up facility and the intoxicated persons are taken home or to Rēzekne hospital narcology department. There has been a city council decision to set up two detox units with four places in each unit – one of women and one for men in the hospital.

The custody facility is located in the basement. Before the entrance to the custody facility there is a cell for persons detained for up to 3 hours. The cell has a bench and is separated by bars from the rest of the area. There are also two smaller (single and double occupancy) rooms. There is a medical examination room which is also being used as an interrogation room. The size and occupancy of cells varies: small cells measuring 11,8m^2 are meant for 3 persons, the largest cell, measuring 25m^2 is meant for 6 detainees sentenced to administrative arrest. The artificial light is very good, as is the ventilation. Each cell has an alarm button. Each cell has in-cell sanitation – a metal toilet seat with a sink which is partitioned from the rest of the cell.

Talsi Police Short-Term Detention Facility

Talsi Police Headquarters are located in a three-storey building. The custody facility is in the basement. The renovation of the custody area was completed in August 2004. All cells have been refurbished, windows have been installed in all cells, the old ventilation system has been replaced, a fire alarm installed, a separate sobering-up cell set up, new cell doors installed. At the time of the visit, an exercise yard had not yet been created. The refurbished facility was opened in early September 2004.

The custody area has 10 cells and a sobering-up cell. The sobering-up cell measured 14m^2 and has no windows. The floor and walls are covered with rubber material. The sobering-up cell has in-cell sanitation, partitioned from the rest of the cell, and also has a sink. The largest of the 10 cells is meant for holding persons sentenced to administrative

arrest. As opposed to other cells, this cell has no beds, but only a wooden platform for sleeping. The average size of the cells is 10m^2, while the cell for single occupancy measured 6,8m^2. The cell occupancy ranges from 1-4 places. The cells have metal beds with mattresses, and there is a shelf near each bed. The artificial light in the cells is adequate for reading, and there is also some daylight. The custody area has a new ventilation system and there is fresh air in all the cells. All cells have in-cell sanitation, which has been partitioned from the rest of the cell, a sink and running cold water. There is a shower room with running hot and cold water, and detainees can take a shower once or twice a week. Mattresses have been received from other state or local institutions, such as old people's homes and as humanitarian aid from the Latvian Red Cross. There are no alarm buttons in the cells, and the detainees attract the attention of the guards by banging on the door.

Ventspils Police Short-Term Detention Facility

The police station is located in a two-storey brick building dating back to 1850. There have been no general repairs for decades, and the building is in a dire need of repairs, and relevant authorities have concluded that due to the danger it poses for safety it should be put out of further use. While a new building for a police station has been designed, no funding was allocated for its construction in 2005. The Ventspils City Council announced that as of 1 January 2006, it would be terminating the rental agreement. However, by mid-2006, the building, including the detention facility, was still in use.

The custody area has 10 cells, of those – 7 (Nr 2-7, and 9) are for criminal suspects, one (nr.1) is a single occupancy sobering-up cell, one (nr.10) for administrative detainees and one (nr.8) for investigation purposes. Official capacity of the facility is 19 places. Sobering-up cell measures 5,7m^2 and is a single occupancy cell, the cell for administrative detainees measures 8,67m^2 and has 3 places, cells nr.2/3/4 measure around 7m^2, cells nr. 5,6,7,9 measure around 9m^2. Cells have no in-cell sanitation. A separate, so called 'dry' toilet (with no flush) is located in the custody area and, according to police officers detainees have access to toilets twice a day – at 8 in the morning and 8 in the evening. During the rest of the day detainees are obligated to use a bucket in the cell to meet their needs of nature. A police officer on duty may also take out the detainee to the toilet more frequently. There are no opportunities for the detainees to take a shower as there is no running hot water in the facility, only cold tap water. The water is heated by wood on a stove in large aluminium bowls. Two sinks are located near the toilet. Detained women are allowed to bring in bowls with water in the cell.

Cells have no furniture, and the cells are occupied with a cell-wide wooden platform used for sleeping. At the time of the visit, there were no mattresses and blankets in the facility. The administration was justifying absence of those by high levels of humidity in the custody area, saying that mattresses and blankets would be destroyed by mould.
There is no natural light in the facility, except for cells 1&3 with dim ray of daylight through a window, partially blocked with bricks. Artificial light is poor, the cells remain semi-dark throughout the day, which makes reading impossible. New ventilation has been installed and there was adequate heating during the visit. There is no exercise yard in the facility, and there is no place where such yard could be arranged.

Valmiera Police Short-Term Detention Facility

Police Headquarters are located in a building which has been reconstructed for police purposes. An additional, 2nd floor, has been added, which serves as a custody facility. The facility was last refurbished in March 2005. There are 10 cells and a sobering-up facility. Cell nr. 1, which is a double occupancy cell, has one bed and is meant to hold women detainees, Cells 2 & 3 are single occupancy cells, Cells 4-8 are for administrative detainees and have occupancy for 3 persons, Cell 9 is a single occupancy cell, while Cell 10 generally holds persons who have been sentenced to administrative arrest for drunken driving. Cell nr. 7, which holds 3 detainees, measured 9,54 m^2, Cell nr. 8 – 9,72m^2, cell nr. 9 – 5,8m^2. Only three Cells – 1, 9 and 10 – have beds. The artificial light is adequate. Several cells have windows, while some have none. Ventilation works unevenly – the air was fresh in several cells, while stuffy in others. The sobering-up cell has no ventilation, and it was smelly. There is no in-cell sanitation, and the detainees have to use buckets to comply with needs of nature. There is one toilet in the custody area. There is a shower in the facility and according to the police officers detainees are allowed to take a shower upon need. The detainees are provided with a mattress and a blanket, but no sheets or pillowcases. There are no call buttons in the cells and to attract the attention of police officer, the detainees have to bang on the cell door. If the facility is short of places, the detainees are taken to the Limbaži police headquarters, which are located at a distance of 40 km. As a result, the detainees who have been released from the Limbaži police detention facility have encountered problems in travelling back home in terms of time and money.

The provision of hygiene items to police detainees

In 2004 and until late autumn 2005, few of the visited police custody facilities were providing detainees with articles of hygiene, and in the majority of cases the hygiene items were being provided by relatives. However, towards the end of 2005 and after the

coming into force of the Cabinet of Ministers regulations in early 2006, all visited police stations were providing police detainees with hygiene items (toothbrush, toothpaste, toilet paper). However, the limited possibilities to take a shower – on average once in ten days – clearly prevents many detainees to maintain an adequate level of hygiene.

Summary

Conditions in the visited police stations range from terrible to good. Some of the visited police stations had been refurbished in 2004–2006 (Talsi, Ludza, Rēzekne, Bauska, Valmiera), and police leadership in Ludza, Rēzekne and Bauska should be commended for their role in improving conditions of detention and treatment of police detainees. Conditions in several visited police stations (Ventspils, Liepāja, Daugavpils) were terrible and fully corresponded to the evaluation by the Committee for the Prevention of Torture in its 2002 report as *"so appalling that they could amount to inhuman and degrading treatment."* The physical conditions in Jēkabpils Police Headquarters could be well described as appalling – however, it should be noted that despite the conditions, the cells were reasonably clean. Poor conditions were also observed in the Aizkraukle Police Headquarters. A significant number of custody facilities are located in the basement, which impacts on the maintenance of cells in an adequate state in a longer period of time due to humidity.

In several police stations all detainees are provided with a separate sleeping place, in several police stations a separate sleeping place is generally provided to criminal suspects. However, in many police stations police detainees are obligated to sleep on a wooden platform with other detainees. This practise also remains in some of the custody facilities despite their recent renovation (Bauska, Talsi). Several custody facilities have in-cell sanitation, however a significant number of visited police custody facilities (Aizkraukle, Ventspils, Daugavpils, Jēkabpils, Valmiera) have no in-cell sanitation and the police detainees have to use buckets to comply with their needs of nature in the presence of other detainees. While in several police stations with no in-cell sanitation police detainees have access to the toilet upon need, in some they have access to the toilet only twice a day – in the mornings and in the evenings. In the majority of police stations, cells have no windows and detainees have no access to natural light, while artificial light in a significant number of custody facilities remains poor and inadequate for reading. Exercise yards have been created in several police stations (Bauska, Ludza, Jūrmala, Alūksne).

While official occupancies have been reduced in several police stations, the official occupancy capacity of some cells is too high for the size of the cell and falls below the standards provided for in the Law on the Order of Holding Police Detainees.

In 2005 several custody facilities lacked mattresses and blankets, as a result administratively sentenced detainees were obliged to sleep on bare wooden platforms for up to 15 days, unless mattresses and blankets were provided by their relatives. Towards the end of 2005 and in 2006, LCHR observed that mattresses, blankets and other bedding articles were being provided in all visited police stations.

The rights of police detainees

During the monitoring visits, due to restrictions that were imposed by the State Police to interview police detainees, LCHR had limited possibilities to ascertain how detainee safeguards (the right to a lawyer, the right to notify a third party of the fact of custody, the right to a doctor) were being implemented in practise. Therefore, information compiled on detainee safeguards is largely based on the information provided by local police authorities and custodial staff. LCHR has obtained copies of information sheets on detainee safeguards in four languages (Latvian, Russian, English and German) provided by police authorities to detainees. The information sheets reiterate Articles 63 and 64 of the Criminal Procedure Law that list the rights and duties of detainees. Several custody areas, with rooms for meetings with defence counsels, had lists of district and regional defence counsels as well as telephones.

Until October 1, 2005	After October 1, 2005
20.10.2004 Talsi Police Headquarters Information. Material on internal regulations, include brief information on the rights and duties of detainees (access to defence counsel, right to submit complaints). The information sheet has been placed on the notice board. Lawyers. The duty unit has a list of Latvia's defence counsels, and as told by the police authorities, the person can choose a defence counsel and may invite him/her to provide legal assistance at the detainee's cost. In most cases detainees have no such means at their disposal. There are no rights (of criminal suspects) included in the protocol of detention, except for	01.12.2005. Aizkraukle Police Headquarters Access to a lawyer. The investigation room located in the custody area had a telephone and a framed list of lawyers on the wall. According to the police, detainees have the right to one free call to the lawyer. The lawyers list included the names 38 defence counsels from Aizkraukle, Bauska, Dobele, Jelgava City and District, Tukums Districts and 2 EU lawyers. Information about rights After having insisted, LCHR were given A4 format sheets with information from Article 63 and 64 of the Criminal Procedure Law on detainee rights and obligations. The information is available in 4 languages (Latvian,

"Detainees submissions in relation to detention". According to the head of police department, a detainee may submit requests connected with implementation of his/her rights: invite a defence counsel, doctor, notify relatives about the fact of detention. However, local police chief was not entirely sure whether police detainees were aware what type of submissions and requests they could make. 09.12. 2004 Bauska Police Headquarters Information on rights. Similar material on house rules is available, which includes brief information on some of the detainee safeguards. Access to a lawyer. The custody facility co-operates with three defence counsels. A person may choose a defence counsel at his own cost. This was confirmed by several detainees, while in another case a detainees was informed that a defence counsel he had selected was not available. 23.03.2005 Daugavpils Police Headquarters Access to a lawyer. The police authorities informed that a police detainee has the right to invite a lawyer of his own choice or a lawyer on duty, who participates only during interrogation. There are no time restrictions on the meetings with the lawyer, however, the investigator makes a note that he/she does not object to the fact. Such procedure is in accordance with Order nr. 872 of December 18, 1999 of the State Police Commissioner para 4.2 of the Appendix 9 of the Regulation on State Short-Term Detention Cells that governs the rights of detainees placed in the custody facility.	Russian, English and German). Inside the cell, there were also A4 format sheets with Article 5 of the Law on the Order of Holdin Detainees in 4 languages attached to the cell door. 21.02.2006 Rēzekne Access to a lawyer The custody officer has two lists of defence counsels – one list included those lawyers who work in the Latgale Region and have signed contracts on the provision of state funded legal aid, and a brochure listing all defence counsels working in Latvia. The guard's room has a telephone for calls to lawyers and it was locked up. The police have made arrangements with two lawyers who come to the police station in cases when defence is mandatory. Information about rights Inside the cell, there were A4 format sheets with Article 5 of the Law on the Order of Holding Police Detainees in 4 languages attached to the cell door. 11.04.2006 Alūksne Police Headquarters Each detainee is provided with a list of defence counsels and the defence counsel can be called from investigation room.

Protocol of Detention

With the coming into force of the Criminal Procedure Law, the State Police issued new documentation that LCHR obtained during the visits.

The Protocol of Detention (for criminal suspects) which was used until the coming into force of the new Criminal Procedure Law, did not explicitly list the rights of detainee. The protocol only mentioned 'detainee's submissions in connection with detention' (13).

In line with the requirements of the current Criminal Procedure Law the new Protocol of Detention includes more concrete information about the rights of detainees and the law requires that a detainee is to receive a copy of the protocol of detention.

- ✓ The right to be informed of the reason for detention
- ✓ The right of the detainee not to testify, at the same time warning that everything what will be said maybe used against him/her (19)
- ✓ The detainee receives excerpt from the Law on his rights and duties as listed in Section 63 & 64 of the Law in a language (to be indicated, which language) he/she understands (20)
- ✓ Following detainee's request the detainee was given a list of defence counsels and provided with the possibility of making a phone call, and defence counsel (name, surname) was invited (21)
- ✓ The detainee has expressed a wish to inform about his/her detention:
  - a close relative (relation, name, surname, telephone number, address)
  - educational institution or employer
  - foreign diplomatic mission or consulate
- ✓ The detainee has received the protocol of detention _____ (detainee's signature)

The right not to testify and the right to receive a copy of the protocol of detention are highlighted in bold.

Although LCHR had limited possibilities to interview detainees, in several monitoring visits conducted after the coming into force of the new Criminal Procedure Law, LCHR was told by some detainees that they had been allowed to notify a relative and call a defence counsel, and had also received a copy of the protocol of detention. However, the small number of police detainees that LCHR had access to, does not allow LCHR to conclude whether the detainee access to safeguards is guaranteed consistently in practise in police stations throughout Latvia.

Access to a doctor

Despite recommendations of international organisations, the new Criminal Procedure Code fails to provide for access to a doctor by the detainee. Access to medical care is regulated by the Law on the Procedure of Holding Detainees. Prior to the adoption of the law access to medical care was governed by an order of the State Police Commissioner issued in 1999, which remains classified information.

The Law on the Procedure of Holding Detainees requires that prior to the placement of a detainee in a police cell, officials are under an obligation to inquire about detainees state of health and presence of illnesses endangering the life of a detainee or other persons, and that detainee's complaints about state of health are entered into a special register (Section 3.7). Section 9 on the detainee's medical care lists type of medical care covered by the state: emergency medical care, assistance and treatment in case of injuries, acute and chronic illnesses, anti-epidemic measures and places where such medical assistance can be received: short-term detention facility and relevant medical institution. The laws provides for the detainee to invite a certified doctor for specialist consultation, and the costs of such consultation is to be borne by the detainee or his/her relatives. However, this provision remains subject to approval by the investigating police officer, prosecutor or judge.

The information on access to a doctor during monitoring visits has been provided by local police authorities.

Ventspils Police Headquarters

After the detainee is brought to the police station, there is no medical examination by a doctor as no such medical post has been envisaged. According to the police authorities, detainee's state of health is checked at the police station. If health problems have been identified, the detainee is asked whether an ambulance should be called. The call in entered in the Register of medical examination of detainees. The protocol of detention has an entry – physical injuries, and visible injuries are entered in the protocol. The custody facility has a first-aid kit which includes bandages, and basic medication. According to the police, the detainees have the right to a doctor of their choice, such as a family doctor, and the costs are to be borne by the detainee.

Daugavpils Police Headquarters

There is no medical staff in the police station. After the detainee is brought to the police station, he/she is asked whether he/she has any complaints. In case of complaints,

ambulance is called. An ambulance is also called when the detainee needs medication, which is unavailable at the police station. According to the police authorities, the detainees have no right to the doctor of their choice, and only ambulance can be called. The custody facility has a first-aid kit.

Talsi Police Headquarters

There is no medical staff in the police station, and there was no first-aid kit at the time of the visit. If there are signs that the detainee may have health problems, he/she is examined at the Talsi Hospital emergency unit prior to the placement into police custody. An ambulance is called to provide emergency medical aid, while in other cases the detainees are taken to the Talsi Hospital to receive state guaranteed medical aid. The police detainees have the right to invite a doctor of their own choice at their own cost.

Jēkabpils Police Headquarters

There is no medical staff in the police station. After the detainee is brought to the police station, he/she is asked whether he/she has any complaints concerning health. If there are complaints, an ambulance is called. An ambulance is called in all cases requiring doctor's consultation. According to the police authorities, there have been cases when ambulance has told the police that the detainee needs consultations of a family doctor, and the detainee is then escorted to family doctor. The custody facility has a first-aid kit.

Bauska Police Headquarters

There is no medical staff in the police stations. If there are signs about health problems or the detainee complains about health problems, prior to the placement in custody his/her state of health is examined at the Bauska hospital emergency unit. Persons with health problems are not placed in custody. The police have been issued an order not to pick up persons who have been found lying on the ground. In such cases they have to call an ambulance, and the medical personnel either gives a written permission that the person can be placed in custody or he/she is taken to hospital. Emergency medical aid to police detainees is provided by ambulance or the detainee is taken to the Bauska hospital. These cases are registered in the register on medical aid. The police detainees have the right to invite a doctor of their own choice at their own cost. The police station has signed an agreement with Bauska central hospital on the provision of medical aid.

Aizkraukle Police Headquarters

The detention facility has no medical personnel, and medical assistance is provided by calling an ambulance. The police drew attention the fact that if persons are under alcohol intoxication, the ambulance is reluctant to respond to the call. A month ago, a suicide attempt took place in the facility.

Summary

None of the visited police stations, except for Rēzekne Police Headquarters, have medical staff. In Rēzekne, a doctor visits the police station twice a week – on Mondays and Thursdays. In December 2005 a contract was signed with dermatologist and plans were underway to sign a contract with therapeutist. Of the visited State police and municipal police stations, only Liepāja municipal police station had full time feldsher who was hired following several deaths of intoxicated persons in police custody (See, further in section on Municipal police). At the same time, in the majority of cases, local police authorities expressed the need for a permanent medical staff presence in the police stations.

Municipal Police Cells

Liepāja Municipal Police

The Liepāja Municipal Police employs 128 persons, of whom 100 are police officers on daily street patrol. Liepāja Municipal Police is located in a new building built in 2004, and the custody area has some of the best conditions of detention among custody facilities in Latvia. There are 6 cells, and around 3000 persons are placed in the facility during the year. The following detainee categories are placed in municipal police cells:

- ✓ Persons under alcohol intoxication are placed in the cells up to 12 hours.
- ✓ Persons sentenced to administrative arrest.
- ✓ Persons staying illegally in Latvia (mostly people from, Russia, and Belarus) were also being placed in the facility by the State Border Guard.
- ✓ At the time of the visit, criminal suspects were also being placed in detention cells, due to cell shortages in the Liepāja State Police Headquarters.

Persons detained for up to 3 hours are not placed in cells. The facility operates as a sobering-up facility, and cells have heated floors, as people in state of alcohol intoxication are often picked up from streets. The cells were clean, warm and brightly lit. The toilet

and shower were in a good state of repair, but at the time of the visit the shower facility was dirty with human excrement. The cells have platforms for sleeping, covered with soft rubber mat. Cells are single occupancy cells, but according to the custodial staff they are often crowded. Cells are inspected every 15 minutes. There was no exercise yard, despite the fact that the facility was holding administratively arrested for up to 15 days.

Information about house rules of the Municipal police cells and State Police short-term detention cells was displayed on the notice board. The house rules have been drafted by municipal police, taking the internal regulations of the State Police short-term detention cells as basis.

Access to a doctor

There is a paramedic *(feldsher)* on duty on daily basis who examines all detainees, both brought by the Municipal Police and the State Police. The decision to hire a paramedic was taken due to three custody deaths in the past. The paramedic has a registration journal with entries on detainee health status, examinations, prescribed medication. Entries had also been filled by ambulance medics, including the state of the detainee, time when detainee was brought to the hospital and time when returned.

Means of restraint

During the visit to the Liepāja municipal police station cell no 4 contained special means of restraint – a wooden chair attached to an elevated platform above the floor. According to the police personnel, agitated persons – those under intoxication or at risk of self-harm – were placed in the chair. The chair has a five point fixation: on both ankles, arms, and across one's chest. The detainee is fixed to the chair until he/she calms down. The placement takes places under the supervision of paramedic. According to the interviewed police officers, there is no special journal for restraints and no special instruction governing its use. The detainee may appeal the decision of having been applied the mean of restraint within 24 hours. While the visit took place on January 24, the last time such a restraint chair had been put in use, was on January 23, and the detainee had later been taken to the Liepāja mental hospital. The information about resorting to such restraint chair is entered into detainee's personal file, and the daily log-book. When asked about the origin of such a chair and possible presence of similar restraint chairs in other police stations in Latvia, a police officer alleged that a similar chair might possibly be in Jelgava, as the chair had been received from this town.

In a written response on 09.02.2005, response to an LCHR letter, the chief of the Municipal Police N.Dīķis noted, that:

- ✓ the special means of restraint 'chair with leather belts' has no special name, however, according to the Law on Police, it is called a means of restraint.
- ✓ it is being used in accordance with Article 13.5 to "detain and bring offenders to police stations or other official premises, as well as restrain, during convoy and detention, persons under [police] detention and pre-trial detention and sentenced persons, if they do not obey orders or resist police officers, or there is a reason to believe that they may flee or inflict harm onto others or themselves.
- ✓ The duration of the use of special means of restraint is entered into the daily log-book of the Liepāja Municipal Police Short-Term Detention Place, and in a written report by the custodial officer on duty to the commander in line.
- ✓ The decision to resort to the special means of restraint is taken by the officer on-duty of the custody area (Article 7 of the Regulation on Liepāja Municipal Police Short-Term Detention Place), who informs orally the police officer on duty in the Liepāja Municipal Police and in written report – Head of Liepāja Municipal Police
- ✓ The role of the medical personnel (feldsher) is to perform intensive observation of the detainee's state of health that it does not deteriorate and that harm would not be inflicted during the use of such a restraint chair.
- ✓ During the last 6 months the special means of restraint has been applied 11 times.

In 2002, at the Ogre Short-Term Isolator, the CPT delegation discovered a special *restraint chair* located within the shower/toilet area. According to the staff present, this chair was mainly used to restrain agitated and/or drunken persons with leather belts (five-point fixation) for a period of up to three hours, in order to "calm them down". Occasionally, it was also used for agitated drug users and even for persons who were not in state of agitation. No medical (or any other) supervision was provided during the application of this type of physical restraint, and there were neither guidelines governing its use, nor any registers recording it. **In the CPT's view, such a device has no place in a police service. The CPT recommended that all such restraint chairs be withdrawn from use immediately.** Further steps should be taken to ensure that, whenever a detained person becomes highly agitated, the police immediately call a doctor and act in accordance with his opinion.

Ventspils Municipal Police

The visit was arranged half a day prior to the visit. The meeting and co-operation was very good and open. In February 2005, Ventspils municipal police had a staff of 97, of those 73 were police officers.

The persons are generally detained for up to 3 hours (on administrative charges or for personal identification purposes) or up to 12 hours when a detainee is under alcohol intoxication. The State Police upon detaining a group of criminal suspects may, on occasion, bring a detainee to the Municipal Police detention cells for the purposes of isolation, but the chief of municipal police informed that it would be no longer than 24 hours. The State Police would send an accompanying state police officer who would then be given the key to the relevant cell. The chief of police claimed the detainee was provided with food and if persons were staying overnight, they were also provided with a mattress. Women are not taken to the municipal police detention facility, as there are no female police officers. Juveniles are not placed in municipal police detention cells, but taken to State Police if suspected of having committed a crime, or, if detained for three hours, then stay in office.

The police have no medical personnel, and in case of need, an ambulance is called, which is located 500 metres from municipal police. Chief of municipal police mentioned that during the last five years, there have been two custody deaths due to alcohol intoxication. Therefore, now, prior to the placement of a detainee in a 'sobering-up' cell, a written permission of ambulance personnel is asked. In cases of custody deaths, the information is forwarded to 1) State Police office-on-duty and 2) prosecutor on duty, and a decision is taken to initiate disciplinary/criminal proceedings. A CCTV camera has been installed in the sobering-up cell to keep the detainee under observation. In case of suspicion, an ambulance is immediately called.

Custody area

Both the municipal police chief and his deputy emphasised that this was not a detention facility, but these were detention cells. Police chief called these cells of '*brief detention*' as detainees are not kept longer than 3 hours, and estimated that only a few hundred detainees were kept in the facility on a yearly basis. 'Detention rooms' in the Ventspils municipal police do not differ from a typical State police short-term detention facility (the conditions were austere and run down). The custody area has five cells, a toilet and a shower facility for police personnel. A sobering-up cell measured 7,5 m^2, the walls and floor was covered with tiles, which had become rusty. Four rubber mats (similar to door mats) were laid on the floor, where the detainee sobers up. The cell reeked of urine. At the time of the visit, the cells were very cold. The police chief highlighted the need for a night shelter for persons without a place of residence, as municipal police was regularly taking in such clients. The remaining four cells measured around 3,5 m^2, and there was nothing except a 0,5 metre wide and 2 metre long bench in the cell. The police chief assured that detainees were provided with a toilet paper.

Ventspils City Hospital

The interviewed doctor confirmed that persons under intoxication were being brought to the hospital by the municipal police. The doctor examines the state of the persons, takes blood pressure, writes a conclusion, and signs that a person may be placed in a sobering-up cell. In case of heavy intoxication, then the person is attached to life supporting system and undergoes de-toxification. The medical personnel is often unprotected, it was stated, as such persons brought to the emergency unit often get agitated. If police brings in somebody with injuries, then medical documentation requires to document the results of examination, the story as told by the victim (it is written 'according to the words of the victim'). In case of an injury resulting from crime, copies of two statements are provided to 1) the victim, 2) to the police. If injuries have been sustained as a result of police use of force, the procedure is the same – however, as told by the doctor "no one would complain about the police." Each case is also entered into a special register.

Daugavpils Hospital Detox Unit

Daugavpils Municipal police has a staff of 60, of whom 58 are police officers and 2 are contracted workers. Half of the police officers have higher education. The municipal police station has only a barred cell (cage) with a bench, where persons may be kept for up to three hours.

However, the Daugavpils Municipal Police, Daugavpils City Council and Daugavpils Hospital have set up an innovative project – a Detox Unit, which is located on the premises of the Daugavpils Hospital. The Detox Unit was established in August 2004 as following the order of the Chief of the State Police, the State Police refused the responsibility for sobering-up cells, and their operation in Daugavpils was discontinued. Upon a joint initiative by the Daugavpils Municipality, Daugavpils Municipal Police and Daugavpils Hospital a detox unit was set up, and persons under heavy alcohol intoxication are taken by the municipal police to the unit. The costs per person per day is 15 Lats and the costs are borne by the municipality. The costs were also borne by the municipality when the sobering-up unit was run by the State Police. Persons suspected of crimes and under alcohol intoxication are taken to the Daugavpils Regional Hospital.

The issue of sobering-up cells remains unresolved on the national level. There are no uniform regulations governing the sobering-up units, it is not clear which institution should have the overall responsibility, including the financing. The municipal police officers maintained that the police should be responsible for public order, and not medical assistance.

The detox unit is located near a railroad, in a building which is part of Daugavpils Hospital. The unit has a separate entrance. The detox Unit is staffed by 6 medical personnel, and is run by two shifts (each shift has 3 medical personnel and a police officer). When an intoxicated person is brought to the unit, he/she is visually examined, complaints are taken, and in case of need, an ambulance is called. The unit has a shower facility with running hot and cold water, and prior to the placement into the unit a person is taken to the shower and then given hospital clothes. Medical personnel may upon a person's request inform a relative about his/her placement in the unit, however, this is not mandatory, as many clients do not want to disclose the fact of being placed in the unit. The clients remain in the unit of up to 24 hours, and they are provided the necessary emergency aid. If the medical personnel conclude that the client needs treatment, they are offered to undergo such treatment in the Substance Treatment Unit. The Unit has two rooms, for men and women, with 6 beds each – in total 12 beds. The average number of clients is 5 per day. However, rooms are often filled up during holidays. Since the opening of the unit on 24 August 2004 and the time of the visit on 27 September 2005, around 1,600 persons had been placed in the unit.

When the sobering-up unit was placed in the State Police detention facility, there were custody deaths, complaints about police brutality, thefts, suicide attempts. The Detox Unit staff claimed there had not been any complaints since its opening.

The Unit consists of two autonomous parts. There is an entrance, where registration of clients takes place, to the left there is a patients' quarter with a separate shower facility, at the end of a short corridor, there is a room for men, to the right – a room for women. CCTVs have been installed in the rooms. To the right from the entrance, there is a room for a police officer. Further on there is a storage room for belongings of detainees, toilets for staff, and a kitchen, which also serves as a staff recreation room. During the visit, the facility premises were impeccably clean. Clients are provided food three times a day, including a warm meal. The unit had a contract with a cafeteria, and at the time of the visit the costs per patient per day was 1 Lat.

Special means of restraint to control an agitated person are not applied. However, chemical restraints were being applied, and the decision on injection was taken by the feldsher on duty. Each case is entered into client's card and there is also a separate registration journal for the purpose. The Unit has a separate registration journal with entries of times of placement, release and duration of the stay of the client. A significant number of clients had stayed maximum or close to maximum time in the unit – 18-24 hours.

Independent Oversight of State and Municipal Custody Facilities

LCHR undertook research to examine independent oversight of different detention facilities, including State policy custody facilities, in Latvia and published a policy paper which analyses the role of prosecutor's offices and the National Human Rights Office in independent detention monitoring. The paper ''Independent Detention Monitoring in Latvia" is available on LCHR website at www.humanrights.org.lv The paper also concludes that there is hardly any independent detention monitoring of municipal police stations by the NHRO and prosecutor's offices.

Recommendations

Police Short-Term Detention Cells

- ✓ To cease the degrading practise obliging detainees to use buckets to comply with needs of nature in police short-term detention cells with no in-cell sanitation (Jēkabpils, Aizkraukle, Daugavpils, Valmiera, Ventspils, etc.)
- ✓ To provide detainees access to toilet when necessary
- ✓ To install partitions in cells with sanitary annexes, which have not been screened off from the rest of the cell
- ✓ To provide for a separate sleeping place for all categories of detainees, including persons sentenced to administrative arrest
- ✓ To provide detainees with the possibility to adequately maintain personal hygiene by providing access to a shower at least once a week (or upon need), instead of the current arrangement once in ten days
- ✓ To improve artificial light in several State Police short-term detention cells (Daugavpils, Jēkabpils, Ventspils, etc.)
- ✓ In terms of priority to undertake efforts to improve conditions of detention in Daugavpils, Jēkabpils, Aizkraukle, Ventspils State police custody facilities
- ✓ To review official capacities of some cells in line with the standards fixed by the Law on the Order of Holding Detainees
- ✓ To cease the use of 'restraint chair' to control agitated persons in the Liepāja Municipal Police custody cell No 4
- ✓ In line with the CPT 2002 report recommendations to immediately cease the use of all such restraints chairs in all police facilities
- ✓ To supplement the information on rights provided to detainees with provisions of Article 9 of the Law on the Order of Holding Detainees on detainee medical care

- ✓ In State police custody facilities with a large turnover of police detainees (e.g. Daugavpils, etc.) to consider the creation of a post of a medical officer
- ✓ To provide for uniform implementation of the right to a doctor of one's choice in practise in all police custody facilities
- ✓ To disseminate information about the example of good practise of the City of Daugavpils – placement of intoxicated persons in Daugavpils Hospital Detox Unit, by replacing a policing approach with socio-medical approach in dealing with such detainees
- ✓ To transfer the responsibility of sobering-up cells to local governments and to adopt uniform regulations governing the operation of such facilities
- ✓ To provide police detainees with possibilities to submit complaints to the prosecutor's office, National Human Rights Office, higher State police authorities in a confidential manner
- ✓ Due to the limited possibilities of the LCHR to interview police detainees as a result of restrictions placed by the State Police authorities throughout entire project period, to call for the NHRO to pay special attention to the access to legal safeguards (right to a lawyer, right to notify relatives or a third party about the fact of detention, right to a doctor) by the detainees in practise during NHRO monitoring visits to State police stations
- ✓ To urge prosecutor's offices, NHRO to conduct regular, unannounced visits to State police custody facilities, including outside official working hours
- ✓ To urge prosecutor's offices, NHRO to include municipal police stations with short-term detention cells in their visits

PRISONS

During the project from July 2003 to June 2006, 22 visits were made to prisons. Of the 15 prisons, 12 were visited except Vecumnieki and Olaine open prisons and Valmiera prison (closed prison). The following prisons were visited: Liepāja prison (3 times), Iļģuciems prison (twice), Matīss prison (3 times). Šķirotava prison, Jelgava prison, Pārlielupe prison, Cēsis Correctional Facility for Juveniles (twice), Jēkabpils prison, Brasa prison, Daugavpils prison (twice), Grīva prison and Central prison (twice).

In accordance with the objectives of the project and the situation in Latvia, at first more attention was paid to conditions of imprisoned juveniles. Moreover, in 2005 a representative of the monitoring team – a researcher of the Public policy centre Providus A. Judins carried out a study "Status of juvenile prisoners. Recommendations for reaching international standards", funded by the Ministry of Justice of the Republic of Latvia and the "Matra" programme of the Ministry of Foreign Affairs of the Netherlands, "Working with juveniles in prison", while two LCHR staff members of were involved in several working groups under this project.

Two thematic visits were conducted to Daugavpils prison and Central prison on review of prisoner complaints and the findings were incorporated in the policy paper "Independent Detention Monitoring in Latvia". Parallel to the visits to prisons, meetings were held with representatives of several monitoring bodies (Specialised Multi-sector Prosecutor's office, National Human Rights Office and others) which review complaints of prisoners. Two prison visits were made in response to complaints of foreign prisoners – once to the Central prison and another time to Matīsa prison. In one case an imprisoned foreigner was denied access to a doctor of his choice, but in the other case the prisoner complained of the quality of state funded legal aid.

Visits to prisons under the project were started in the autumn of 2003 and monitoring visits to prisons were conducted by five people – three representatives of the Latvian Centre for Human Rights and two staff members of the partner organisation, Centre for Public Policy Providus. Most visits were conducted by two monitors, but thematic visits were also conducted by one representative. In selecting prisons for visits, visits of international organisations, especially Council of Europe Committee for the Prevention of Torture, made in 1999, 2002 and 2004 were taken into account, and therefore those prisons not visited by these organisations were also visited.

A considerable part of the prison visits were initial visits and only later follow-up visits were made to specific facilities in order to assess progress or to address specific thematic issues. Most visits took 3–4 hours which allowed to receive background information on the specific facility and to conduct a tour of the prison. At a number of prisons attention was paid to specific groups of prisoners (at Daugavpils prison – life prisoners).

Problem issues identified during monitoring visits were discussed and assessed at various seminars and conferences, for example, problems of reviewing prisoners' complaints, employment of prisoners, conditional release from imprisonment, independent detention monitoring, etc. A number of these issues were given in-depth analysis and resulted in the publication of policy papers (see section Studies).

During the project four team members went on a study visit to the Netherlands and Northern Ireland to learn of these prison systems local and national prison oversight bodies (Northern Ireland Prison ombudsman, Northern Ireland Human Rights Commission, which did a study at a women's prison over several months; local monitoring committee of the Amsterdam remand prison which reviews prisoners' complaints and inspects the prison on regular basis, etc.).

Permission to visit prisons

To receive permission, application was made to the Head of the Prison Administration of the Ministry of Justice of the Republic of Latvia, requesting permission to visit a specific facility, giving the purpose for the visit, persons to conduct the visit, and date and time of the visit. In most cases the application was forwarded one or two weeks in advance of the visit, but sometimes application was made the day before the visit, and permission was received within ten minutes or a couple of hours. Thus, all visits were announced. The Prison Administration notified the prison in question of the expected visit. A visit to a facility was never refused and no obstacles were encountered. Only once the Prison Administration had not advised the administration of the prison of the visit, and the monitors had to wait for an hour while prison staff verified whether the visit had been coordinated with senior authorities.

Cooperation with prisons

Cooperation with officials of Prison Administration was very good – permission to visit prisons was given within a few hours, it was possible to communicate by telephone and receive information from officials.

Cooperation at practically all prisons was good or very good. The only exception was **Daugavpils prison** where the administration wanted to conceal from the monitoring team that prisoners were being held in the quarantine rooms, which CPT had considered unsuitable.

Research on Prison Issues

During 2005–2006 a number of extensive research projects were carried out in Latvia, all of which were done by NGOs or academic institutions and which were funded by foreign donors. However, altogether the number of such studies remains limited. Since its establishment in 2002, the National Probation Service has funded a number of studies in the area of criminal law (public work, reconciliation with a victim, etc.) and has paid attention to issues concerning ex-prisoners. There are few comparative studies on prison aspects in different countries.

Juvenile prisoners

In 2005, A. Judins, policy analyst at the Centre for Public Policy Providus carried out a study *"Status of Juvenile Prisoners. Recommendations for achieving international standards"* with the financial support of the Ministry of Justice, thus implementing the project funded by the "Matra" programme of the Ministry of Foreign Affairs of the Netherlands, "Working with juveniles in prisons".[90] The study evaluates the situation of juvenile prisoners and gives recommendations how to bring prisons in line with international standards. Findings from monitoring visits were also incorporated in the study.

Education and employment of prisoners and ex-prisoners

A number of studies have looked at the issues of education and employment of prisoners and ex-prisoners. In 2005, under the European Community project *EQUAL* "New solutions to promoting employment of ex-prisoners" the University of Social Work and Social Pedagogy Attīstība did a study "*Availability of educational, employment and social rehabilitation services to prisoners and persons released from prison.*" During the study an in-depth research was done of the above mentioned issues, including interviewing of prisoners and prison staff at Valmiera, Grīva, Šķirotava and Iļģuciems prisons. In 2006, researchers at the Vidzeme University did an extensive study "When the prison gates close", targeted to identifying the social needs of prisoners at the Valmiera prison and also

[90] Judins Andrejs, Public Policy Centre Providus, Status of juvenile prisoners. Recommendations for reaching international standards, Rīga: Public Policy Centre Providus, 2005. http://www.politika.lv/index.php?id=4383

identify types of employment and professions which might promote a more successful integration of prisoners into society.[91]

In 2006 the Latvian Centre of Human Rights published a report "*Recommendations for the Improvement of employment at Latvian prisons"*, which includes a review of prison employment and prison industries in selected European Union member States by the British expert U. Smartt, commissioned by the LCHR, and provides recommendations to the Ministry of Justice and the Latvian Prison Administration concerning the future of prison workshops in Latvia. Unfortunately, such comparative studies analysing different aspects of prisons in European countries and other regions of the world remain a rarity in Latvia.

Conditional Release from Imprisonment

LCHR also published a study *"Conditional release from imprisonment"'* authored by A. Judins, a policy analyst at the Centre for Public Policy Providus, an LCHR partner during the project. The study analyses the relevant legislation on conditional release from imprisonment, provides statistical data and looks at the different practices in applying conditional release at various prisons during the period 2003–2005. The study analyses the role of various involved institutions in conditional early release.[92]

Independent Detention Monitoring

LCHR has published a policy paper on independent detention monitoring (prisons, police short-term detention cells, detention facilities for illegal immigrants, mental hospitals, and specialised social care homes) which provides a review of the main development trends in these facilities and areas since renewal of independence, assessment by international organisations of places of detention and independent monitoring bodies in Latvia. The paper provides statistics on closed facilities, information on the new UN instrument – Optional Protocol to the Committee against Torture which provides for the establishment of independent detention monitoring at both global and national levels. It assesses independent monitoring bodies in Latvia, in particular, the compliance of the National Human Rights Office to the criteria of the Optional Protocol, and provides recommendations for strengthening independence and effectiveness of such monitoring bodies. [93]

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[91] Valtenbergs Visvaldis, Arefjeva Klāra, Deisone Sanda, Jansone Dace, Lulle Aija, Rokena Dace, Unicersity of Valmieras, When the prison gates open, 2006. The study was funded by the European Social Fund grant scheme "Studies on opportunities of socially rejected groups in the labour market", http://www.politika.lv/index.php?id=11036

[92] Judins Andrejs, Latvian Human Rights Centre, Conditional early release from serving prison sentence, Rīga: LHRC, 2006, available also http://www.humanrights.org.lv

[93] Anhelita Kamenska, Latvian Human Rights Centre, Independent Custody Monitoring in Latvia, Rīga: LHRC, 2006, available also http://www.humanrights.org.lv

For this reason, these issues are not extensively covered in the LCHR monitoring report, but interested parties may examine these reports in more detail.

2003–2006 – the main development trends at prisons

The project period saw the adoption of a number of policy documents and fundamental legislation affecting the Latvian prison system. The report highlights main development trends. In the context of prison development 2003–2006 both positive and negative changes could be observed. During recent years the number of prisoners in Latvia has decreased. On 1 January 2003 the number of prisoners at 15 Latvian prisons was 8,358, while in June of 2006 it had decreased to 6,676.

Number of prisoners in Latvia, 2003–2006

01.01.2001	3864 (44%)	4967 (56%)	8831
01.01.2002	3676 (43%)	4855 (57%)	8531
01.01.2003	3719 (44.5%)	4639 (55.5%)	8358
01.01.2004	3269 (40%)	4962 (60%)	8231
01.01.2005	2662 (35%)	4984 (65%)	7646
01.01.2006	2199 (31.5%)	4766 (68.5%)	6965
05.06.2006	1769 (26.5%)	4907 (73.5%)	6676

Source: Latvian Prison Administration

Pre-trial prisoners

The number of pre-trial prisoners has decreased by more than 1,900 persons, and from 1 January 2003 to mid-2006 the proportion of pre-trial prisoners decreased significantly – from 44.5% to 26.5%. This has occurred due to a number of factors – as a result of criticism by international organisations, the increase in the number of judges in 2003 at the Riga District Court, introduction of statutory limits at various stages of pre-trial detention, all of which accelerated hearing of cases. The first case against Latvia at the European Human Rights Court in the case *Lavents vs Latvia* and the new Criminal Procedure Law which came into force on 1 October 2005, have raised awareness among judges about international standards on pre-trial detention and lessened the imposition of pre-trial detention as a security measure.

Sentenced prisoners

As a result of more rapid hearing of cases the number of sentenced prisoners has slightly increased. During the last eight years the proportion of persons sentenced to imprisonment

prison in Latvia has remained relatively unchanged – about a quarter of all sentenced persons. However, during the last three years the total number of sentenced prisoners and the number of persons sentenced to imprisonment has decreased in Latvia. Thus, in 2002 – 3,546 persons were sentenced to imprisonment, in 2003 – 3,677, in 2004 – 3,353, while in 2005 the number of persons sentenced to imprisonment had decreased to 2647.

Although more than half of the persons sentenced to imprisonment receive a 1–3 year prison sentence, a high proportion of persons are sentenced to a prison term longer than 3 years. This has resulted in a large concentration of prisoners, sentenced for serious and especially serious crime, in closed prisons. Only 40% of prisoners of this category are held in compliance with the requirements of the Latvian Sentence Enforcement Code – in cells; however, at the same time, prisoners often remain in cells for 23 hours. Of the 15 prisons in Latvia 7 are closed prisons, 3 remand prisons, 2 semi-closed prisons, 2 open prisons, and 1 correctional facility for juveniles.

Percentage of sentenced prisoners in prisons	**2003**	**2004**	**2005**
Closed prisons	75,4%	76,9%	72%
Semi-closed prisons	18,4%	15,6%	18,3%
Open prisons	3%	4,2%	6,7%
Correctional facility for juvenile	3,2%	3,3%	3%

Source: Annual Reports of the Latvian Prison Administration, 2003-2005

The only solution to the problem of closed prisons to comply with requirements of the Sentence Enforcement Code offered to date is the expansion of the three existing prisons, including the open prisons at Olaine and Vecumnieki, to a capacity of up to 700 places, changing them to closed prisons. There have been no other solutions suggested and the problem requires a more in-depth study.

A positive trend is the fact that during the last three years the number of persons who have been conditionally released from imprisonment has increased by almost 12%; however, as evidenced by the study "Conditional release from imprisonment", prisons differ in their practices in applying conditional release. This raises the need for guidelines and qualitative changes in prison parole boards, in order to minimise the influence of subjective factors in the application of conditional release.

The number of persons released from prisons

	2003	**2005**
After serving of sentence	1795 (69,6%)	1435 (56,3%)
Conditionally before end of term	776 (30,1%)	1071 (42%)
Other reasons	7 (0,3%)	41 (1,7%)
Total	2578 (100%)	2547 (100%)

Source: Annual report of the Prison Administration for 2003 and 2005.

Prisons

Although the actual number of prisoners in nearly all prisons has decreased, Latvian prisons are still characterised by a very large official capacity: 10 prisons have an official capacity of more than 500 places. Four prisons have an official capacity of more than 800 places. Living space per adult prisoner has been increased from 2.5 sq.m. to 3 sq.m., however criteria for determining the official number of places is not completely clear.

No.	Prison	Official number of places	Actual number of prisoners as at 06.05.2005	Actual number of prisoners as at 18.09.2006
1	Central prison and prison hospital	1922	1617	1149
2	Brasa prison	680	438	369
3	Matīss prison	816	394	327
4	Liepāja prison	427	284	178
5	Valmiera prison	850	804	700
6	Daugavpils prison	543	399	403
7	Jelgava prison	578	600	574
8	Iļģuciems prison	400	388	303
9	Grīva prison	875	812	787
10	Jēkabpils prison	660	556	529
11	Pārlielupe prison	530	521	436
12	Šķirotava prison	565	299	426
13	Vecumnieki prison	80	82	100
14	Olaine prison	100	164	124
15	Cēsis juvenile prison	140	180	132
	Total	**9166**	**7538**	**6537**

Source: Order of Ministry of Justice No. 1-1/390 of 30.11.2004

Policy documents and legislation

During the period 2003–2006 a number of fundamental policy documents and legislation were adopted aimed at reforming the prison system. In 2005, the Ministry of Justice adopted the concept of development of prison estate 2006–2010, basic policy document on juveniles in custody and established working groups to draft a concept on sentence enforcement, a concept of health care of prisoners, which provides transferring prison medical care to the responsibility of the Ministry of Health, a basic statement of policy of education of prisoners providing inclusion of the prison educational system into the general educational system and its transfer under the Ministry of Education and Science, a concept of re-socialisation of prisoners and a concept of prison employment.

However, quality of these policy documents and public participation in drafting and discussion of these policy documents differs. Already in October 2004, the then Minister of Justice V. Muižniece announced plans of the Ministry to build a new prison of 3,000 places, and at the end of December the Ministry published an incompletely drafted concept of prison development, which anticipated enlarging the prison system, by offering two alternatives – building one prison of 3,000 places or enlarge three existing prisons, each having 500-700 places.

On 19 April 2005, without any public debate, two days before the one day visit of the Council of Europe Committee for the Prevention of Torture, the Government approved the Concept of Prison Development, providing for a gradual improvement of dilapidated prison infrastructure. The concept for the first time admitted overcrowding at Latvian prisons in reaction to CPT recommendations to increase living space per prisoner from an average of 2.5 sq.m to 4 sq.m.; however, the only solution offered was to enlarge three existing prisons. The only open prisons of the Latvian prison system: Vecumnieki (80 places) and Olaine (100 places) will be changed to closed prisons, each having 700 places. Of the LVL 52 million intended for improvement of prison infrastructure, 32 million or 60% have been earmarked for enlargement of three prisons. Although the only women's prison is not included in the list of prisons to be enlarged, the official number of places will be increased from 400 to 600 places. At the Cēsis Correctional Facility for Juveniles, which has some the worst conditions of in entire prison system (in the pre-trial section), repairs are anticipated to commence only in 2008.
However, other policy documents, such as Juveniles in Custody 2006–2010, and the Basic Statement of policy of education of prisoners, were drafted over a much longer period of time and were much more debated.

Despite the progress on policy level, Latvia still lacks comparative studies on different prison issues and as a result, documents are drafted taking into account experience of a limited number of countries, without a sufficiently critical assessment and without taking adequate note of development trends in the region and elsewhere in the world.

Legislation

On 1 October 2005 the Criminal Procedure Law came into force, introducing new statutory limits depending on the gravity of the crime. According to the old Code of Criminal Procedure the maximum length of custody for adults was 3 years (18 months during the stage of pre-trial investigation, 18 months from filing the case in Court to the trial) which could be extended in cases of particularly grievous criminal offences, if they were related to violence or threat of violence. According to the new Criminal Procedure Law maximum period of custody for adults has been reduced to two years. The new Criminal Procedure Law provides for length of custody in the case of juveniles, depending on the severity of the criminal offence, at half of the length of custody for adults. Unfortunately the Law does not provide a term for reviewing appeals. The new Law introduces a new position – an investigating Judge – who decides on pre-trial custody. It is also the duty of the investigating Judge to monitor observance of human rights during the criminal process.

On 22 June 2006 the Saeima enacted the Law on Pre-Trial Custody.

Latvian Prison Administration

At the end of 2005, a serious conflict occurred between the Minister of Justice Solvita Āboltiņa and the Head of the Prison Administration Dailis Lūks. Minister Āboltiņa accused the latter of establishing an unofficial prison in the territory of the Melnsils fish factory and the illegal employment of prisoners. The Minister also accused D. Lūks as lacking a vision of strategic development of prisons. Official investigation was initiated and at the beginning of 2006 D.Lūks was dismissed. In mid-2006, Sergejs Zlatoustovs, the acting head of the Prison Administration was appointed Head of the Prison Administration. The selection commission of the Ministry of Justice included representatives of the National Human Rights Office and the Latvian Centre for Human Rights as independent experts.

Juveniles in Custody

Prisons or prison sections for juveniles were visited several times in 2004 and 2005. Interviews were also held with former prisoners. As mentioned earlier, a monitoring team member

A.Judins wrote a research paper funded by the Ministry of Justice and this section of the report includes updated and also previously unpublished information, and highlights relevant legislative developments since mid-2005. The section, therefore, excludes information on social rehabilitation of juveniles, which has been extensively commented upon in the report.

Background

Since the late 1990s the high proportion of juveniles in pre-trial detention, long periods of pre-trial detention and plight of juvenile prisoners have been the focus of domestic and international human rights organisations. Several of the organisations (UN Committee on the Rights of the Child, European Commission) have highlighted that the pre-trial detention of juveniles was not always in conformity with international standards. In its 2002 and 2004 visits to Latvia the European Committee for the Prevention of Torture paid special attention to juveniles in custody.

The age of criminal responsibility is 14. Prior to the coming into force of a new Criminal Law in 1999, the age of criminal responsibility for most crimes was 16, and 14 only for the serious and grave crimes. The new Criminal Law also extended the maximum prison sentence length for juveniles from 10 to 15 years.

Criminal Procedure Code

The new Criminal Procedure Law that came into force on 1 October 2005 introduced new statutory limits on pre-trial detention depending on the gravity of crime, and the maximum time for pre-trial detention for juveniles has been fixed at 1/2 of that for the adults. Prior to 1 October 2005 the statutory limits for pre-trial detention for juveniles was 12 months, irrespective of the gravity of crime and could be extended by the decision of the Supreme Court Senate if the crime was connected with violence.

Crimes according to severity	Juveniles	Adults
Criminal fractions	–	3 months
Less serious crimes	4 months 15 days	9 months
Serious crimes	6 months	12 months
Especially serious crimes	12 months	24 months

Pre-trial detention can no longer be imposed in case a juvenile has committed a minor crime. In the case of less serious crimes pre-trial detention can only be imposed if a juvenile has violated bail conditions or has been suspected or accused of serious or especially serious crimes.

Policy Documents

Among the several policy documents adopted by the Ministry of Justice, one has a special focus on juveniles – "The Basic Policy Principles of the Enforcement of Imprisonment and Pre-Trial Detention of Juveniles 2006-2011" which was drafted within the framework of the Dutch Ministry of Foreign Affairs Pre-Accession Matra Programme.

Percentage of juveniles (of total prison population) in selected European countries

Country	Juveniles (percentage of prison population) under 18
Latvia	2,7% (1.10.2005)
Estonia	2% (31.10.2005)
Lithuania	1,8% (1.11.2005)
Poland	1,3% (09.12.2004)
Denmark	0,6% (05,10.2004)
Sweden	0,2% (1.10.2005)
Finland	0,1% (01.04.2006)

Source: World Prison Brief, International Centre for Prison Studies http://www.prisonstudies.org/

Thus, Latvia incarcerates a higher percentage of juveniles (under 18) than other countries in the region, and, while the Ministry of Justice policy document on juveniles in custody provides for innovative approaches in enforcement of imprisonment, to date there has been no public debate as to whether Latvia should be favouring a social welfare approach, as opposed to criminal justice approach, in dealing with juvenile offenders.

Prisons for juveniles

Juvenile prisoners are held in 5 prisons, of which 4 are prisons for adults. There is one separate prison for juvenile boys – Cēsis Correctional Facility for Juveniles. While the law defines a juvenile as aged 14-18, young offenders, subject to good behaviour, may remain in the Cēsis Correction Facility for Juveniles up the age of 21, if approved by the prison administrative board.

Juvenile prisoners, by official prison occupancy

Prison	Prison occupancy (juvenile section, remand)	06.05.2005.	Prison occupancy (sentenced juveniles)	06.05.2005.
Matīsa Prison	100 (remand)	76 (57 under 18)		
Liepāja Prison	40 (remand)	26 (26)		
Iļģuciems (women's)	10 (remand)	8 (8)	10	4 (4)
Daugavpils Prison	43 (remand)	19 (12)		
Cēsis Prison	16 (remand)	12 (10)	124	168 (104)
Total	**209**	**141 (113)**	**134**	**174 (108)**

Source: Ministry of Justice, Latvian Prison Administration

The official occupancy rate for juvenile prisoners in the prison system is 343 places, which constitutes 3,74% of the places in the whole prison system. The official standard for living space per juvenile prisoner is $3m^2$. In mid-2005 there were 315 juveniles or 4,2% of the total number of prisoners (7538) being held in the prison system.

In Cēsis Prison in the section for sentenced juvenile prisoners 180 prisoners were being held in the prison with official occupancy rate for 140 prisoners, and there has been significant overcrowding in the Cēsis Juvenile Prison throughout the entire project period. Of the 315 juveniles, 221 prisoners were aged 14-17, and the proportion of juveniles in pre-trial detention among the given age group was appallingly high **- 51% (!)** and exceeded the proportion of sentenced prisoners. The rate was much higher than for the adult pre-trial population – **33%**.

Separation from Adults

There is one prison for juveniles at Cēsis. In Matīsa Prison juveniles are accommodated in a separate building, while in Liepāja Prison they are being held in adjacent cells with adult prisoners in the following order – a cell for juvenile prisoners-a cell for adult prisoners-a cell for juvenile prisoner. The interviewed prison staff in Liepāja justified the placement as a means to prevent juvenile prisoners from communicating among each other.

A juvenile prisoner who had been in pre-trial detention in the Liepāja Prison, claimed he had spent half a year in a cell with adults, as he had himself made a request to the prison staff due to regular conflicts in among juvenile prisoners. He also spoke of cases of an adult prisoner being placed juvenile cells to maintain order among juvenile prisoners. The prison staff denied that adult prisoners had access to juvenile prisoners. In a monitoring

visit to Cēsis Prison, a prison staff member acknowledged that some 18 year old prisoners who arrive in the Cēsis Prison have the experience of having already spent time in adult cells and have a criminal experience (*"those who behave badly in the pre-trial detention isolator are occasionally placed in some prison cells with a 'stable climate'"*).

Allegations of ill-treatment

There were no allegations of ill-treatment of juvenile prisoners by prison staff during the monitoring visits, although several juveniles spoke of a verbally abusive staff member in Cēsis pre-trial section.

Inter-prisoner violence

In March 2005 a juvenile prisoner was killed (by hanging) by two fellow prisoners at the Cēsis Juvenile Prison, where sentenced juveniles are accommodated in dormitories with 20-22 inmates. On July 28, the Vidzeme District Court sentenced both juveniles to 11 years and 1 month imprisonment. Following internal investigation, chief prison officer on duty responsible for order maintenance was dismissed, while several other prisoner officers and the prison governor were reprimanded, and the prison governor was asked to undertake measures to prevent similar incidents in the future. On 25 December 2005 upon his return from a Central Prison hospital, a 16-year old youth was killed in his cell by two other cell-mates in Matīsa prison.

In several prisons juvenile prisoners spoke of violence among prisoners. Juveniles who had been in the Matīsa Prison before being transferred to Cēsis alleged sexual abuse by other juvenile prisons in Matīsa Prison. A staff member at Cēsis prison admitted that there were "conflicts between remand and sentenced prisoners, as remand prisoners have no experience in living in a prison environment."

Conditions of detention

Accommodation for juvenile prisoners varies greatly in the five prisons. The size of the cells ranges from 9m^2 in Cēsis pre-trial section accommodating as many as four prisoners, while sentenced prisoners are accommodated in dormitory type rooms for 20-22 prisoners. In Daugavpils Prison juveniles are accommodated in seven cells, of those six cells measure 42 m^2. In Iļģuciems women's prison juvenile girls are accommodated in rooms for 2 prisoners. In Liepāja Prison eight cells are used to accommodate juvenile prisoners. In Matīsa Prison, juveniles are accommodated in a separate block in cells for 2-4 prisoners.

The section for juvenile girls in the Iļģuciems prison enjoys some of the best conditions of the whole prison system. The juvenile girls are accommodated in a separate building where they stay in rooms for 2-3 prisoners and the prison administration has put tremendous effort in minimizing the carceral appearance of the facility by providing homely conditions.

A double occupancy room for juvenile girls in Iļģuciems Prison
Photo: Andrejs Judins

In 2003 following the order of the then Minister of Justice A.Aksenoks, juvenile prisoners were transferred from appaling conditions in the Brasa Prison to a newly renovated facility in the Matīsa Prison. Juvenile prisoners are held in cells for 2-4 prisoners. The accommodation is very basic.

Cell for juveniles in pre-trial section in Matīsa Prison
Photo: Andrejs Judins

The pre-trial section at the Cēsis Juvenile Prison is located in a separate building with a separate exercise yard. It has 9 cells, of those five cells have an occupancy for 4 places, one cell for 10 places, and three punishment cells. The conditions of the pre-trial section are appalling and could be well described as inhuman and degrading. The conditions are by far some of the worst in the entire prison system. All cells have in-cell sanitation (an Asian-type toilet), it is poorly maintained and in one cell it was located 1-2 metres from

the closest bunk-bed. All cells have small windows, and the daylight is poor. There was poor ventilation and the air was stuffy. One cell had holes in the floor where inmates were extinguishing cigarette buts. The cells were warm.

Cēsis Prison, Pre-Trial section for Juveniles
Photo: Andrejs Judins

In the section for sentenced prisoners, juveniles are accommodated in large dormitory type rooms for 20-22 inmates in eight units.

Cells for pre-trial juveniles in the Liepāja Remand Prison do not differ from adult cells, and juvenile prisoners are accommodated in cells for 2-4 prisoners.

Contacts with the outside world

In accordance with Law on Pre-Trial Detention adopted on 22 June 2006 juveniles on remand are entitled to at least:

- ✓ one short visit by relatives or other persons once a week for up to 1 hour in the presence of prison officer

- ✓ at least one phone call a week (not shorter than 5 minutes) provided that no restrictions have been imposed by investigating judge
- ✓ 1,5 hour daily walk in the exercise yard. The exercise yard for juveniles is to be equipped with relevant equipment allowing for intensive physical activities
- ✓ to participate in social rehabilitation, correctional, educational cultural and sports activities organised by remand prison

However, relatives are required to apply for the permission from the investigating authority (since 1 October 2005 – investigating judge) for meetings each time. Thus, if a juvenile has been sentenced in a Riga court, but the relatives are from Daugavpils, they first have to go to Riga to receive a permission from the investigating authority, and only then to Cēsis to visit the imprisoned youth. There are no arrangements that short-term visits could be accumulated. Despite entitlements, visits to juveniles on remand are generally rare. In Matīsa Prison 10-15 prisoners of the 60 prisoners were told to be receiving visits from parents. In Cēsis Prison a prison officer spoke of rare visits by parents to juveniles on remand. In Liepāja Prison, meetings with parents generally take place once a month or even rarer. In early 2005, an interviewed juvenile in the Liepāja Prison who had spent 2,5 years in prison, had met his parents twice.

Short visits in Liepāja, Matīsa Prisons are non-contact visits and the juvenile and parents are separated by a glass window.

Room for short visits
Photo: Andrejs Judins

The project period has seen the adoption of amendments to the Sentence Enforcement Code in December 2004 that liberalise contacts with the outside world for juvenile prisoners. Prior to the amendments, compared to sentenced adults, sentenced juvenile prisoners were not entitled to long meeting with relatives. Prosecutor's permission is no longer required for home leaves and can be issued by the prison governor only.

Prior to December 2004	Since December 2004
Sentenced Juvenile Prisoners have the right to:	
12 short meetings per year	12 long meetings with close relatives (from 36-48 hours) per year 12 short meetings from (1,5–2 hours) per year
12 parcels per year	
To make monthly purchases for the amount of one minimum monthly salary fixed by the Cabinet of Ministers	To make purchases at the prison shop without restrictions on the amount of money
With the permission of prison governor and the prosecutor's sanction to leave the facility for up to 10 days a year	To make six phone calls per month With the permission of prison governor to leave the facility for up to 10 days a year

In Iļģuciems and Cēsis Prison, prison officers actively engaged in trying to facilitate regular contacts between juvenile prisoners and relatives. Both prisons organise annual Open days, when the parents can spend a whole day in the facility, talk to custodial staff about youth's progress and look at the living conditions in the prison. Until the coming into force of the amendments providing for long visits for sentenced juveniles there were no facilities for long-term visits in the Cēsis Juvenile Prison. In 2005, funding was allocated for the arrangement for facilities for long-visits.

Disciplinary sanctions

Disciplinary sanctions for juveniles are similar to those imposed upon adults, with the exception of duration of confinement in a punishment cell, which in cases of juveniles can be up to 10 days. In 2004 a new instruction on the imposition of disciplinary sanctions and appeal procedures was issued by the Prison Administration. The instruction places emphasis on the proportionality of sanctions in relation to breaches, and gradual increase in sanctions as opposed to immediate resort to the most serious sanction. The guidelines also recommend avoiding the imposition of the ban on juvenile meetings with relatives. In Cēsis Juvenile Prison a prison officer acknowledged that custodial staff had had problems in getting used to the new approach in imposing sanctions.

According to the Law on Pre-Trial Detention juveniles on remand may not be imposed a ban on meetings with relatives or custodian, nor a ban on phone calls with parents or custodian as a punishment. Restrictions can only be imposed by investigating judge for security purposes.

Punishment cell in Matīsa Prison

During the day the bed is folded and the juvenile can only sit on a chair. Juveniles placed in punishment cell are entitled to 1 hour daily walk.

Liepāja pre-trial section for juveniles, Punishment cell
Photo: Andrejs Judins

Prison staff

Staff and inmate relations in the Iļģuciems women's prison were relaxed and the efforts undertaken by the prison staff to organise educational and other purposeful activities are conducive to the social rehabilitation of juveniles. In Matīsa Prison staff-inmate relations juveniles varied. With some staff members the relations appeared to be relaxed, while with several staff members the relations were formal, bordering on almost military-like discipline. Moreover, in most prisons, the custodial staff working with juveniles has received only limited training on addressing the specific needs of juveniles. Most of such training has been organised by local non-governmental organisations and foreign experts, and the training has been funded by foreign donors.

General description of prisons, living conditions

Brasa prison

Brasa prison is located in a suburb of the City of Riga. The prison was built in 1905, the administration block later, in 1970. Since 1996 the Brasa prison is **a closed prison with a semi-closed section.** It also has a pre-trial section. Between 1997 and 2003, during reconstruction of the prison, a juvenile remand section was established which later was moved to Matīss prison. Official capacity of the prison is 680 places, of those 50 for places are for pre-trial prisoners and 630 for sentenced prisoners. During the visit there were 372 sentenced prisoners, divided into four units. Most of the sentenced prisoners at Brasa prison are serving a sentence for serious and especially serious crimes, related to long prison terms – up to 15 years.

There are four blocks in the prison territory: administrative block and three living blocks. Block 1 has 32 cells, a gym used by the cells according to a schedule. Four cells have 3 – 4 places, the rest - 10-12 places. This block also has two quarantine cells and cells for sentenced prisoners serving their sentence at the **lowest stage of closed prison regime.** Block 2 has 17 cells, of those, 9 cells have 8 places, one – fifteen places, seven – twenty five places. The cell which has fifteen places was being refurbished at the time of the visit. One cell has beds that are not bunk, the rest – two-stack beds of metal construction. The ventilation system is being renewed in the block. Block 2 also holds the sauna. There is a shower on each floor. Block 3 has 10 cells which have 8–10 places each. The block has a new ventilation system and gas heating. The large gym is also located in this block. Block 3 holds sentenced prisoners serving their sentence **at the medium and highest stage of closed prison regime.** In this block each sentenced prisoner has his own locker for

keeping personal items. Sentenced prisoners of this category may visit the gym, canteen, library and medical unit as provided in the daily orders, but do not go to the dining room: meals are brought to them in their cells. The administration block is located in the **semi-closed prison section** which has dormitory type rooms for 64 sentenced prisoners employed in the prison maintenance service. They are held in rooms for 3-4 and 6-7 places. Sentenced prisoners of this category may visit the sports hall, dining room, library, canteen and medical unit.

Living blocks have cells of different sizes. Number of places in a cell range from 3 to 25. Cells contain metal beds (two-bunk or single) and lockers. Due to lack of funds not every prisoner has a locker of his own for keeping personal items. For example, in Block 3 and on the third floor of the Administration block each prisoner has his own locker, but in Block 2 which has large cells, there is a locker for every two prisoners. Cells have natural light and adequate artificial light as needed. Light may be switched on by the prisoners themselves. At night there is a night light above the door. The ventilation system has been replaced in some blocks (2 and 3) and is being repaired in some others. The prisoners air rooms themselves by opening windows. The Brasa prison has local gas heating. At the time of the visit rooms were sufficiently warm.

There is a toilet in the cell, closed in by a built-in screen with a door. The door may be locked from the inside. Remodelled cells have up-to-date plumbing – a water closet and a sink. The washroom partition has a mirror and a shelf underneath it. Cell doors have a monitoring window through which the entire cell can be seen except the toilet. The duty warden looks into the camera through the monitoring window once every hour.

Daugavpils prison

The prison was built in 1861, later additions have been added and repairs made. For example, the building housing juveniles was built around 1930. The last important construction was done about 1960. The Daugavpils prison is a **pre-trial prison for men with closed, semi-closed** and since September 2004 also **open prison sections,** as well as **a pre-trial unit for juveniles** and – since October 2004 – **a unit** where **life prisoners** serve their sentence. At the time of the visit there were 255 persons in the pre-trial investigation unit, in the semi-closed unit – 9, in the open prison unit – 5; 16 juveniles, and 8 life prisoners. The official capacity of the prison is for 543 persons, at the time of the visit there were 403 persons. Prisoners are held in the main – 4-storey – building and in three smaller buildings: in one of these life prisoners, the other – juveniles, and in the third – those employed in maintenance service, and the open prison unit.

Grīva prison

Construction of the prison building was started in 1810 as part of the bastion (bastion before the bridge) and construction was completed in 1833. During World War II a concentration camp was established in the bastion. After the war a plant and warehouses were located there. Since 1961 it is a prison. The building has 5 blocks, some of them are connected. The prison is located in the suburbs of the town, on the banks of the river Daugava and takes up a large territory.

The official capacity of Grīva prison is for 860 persons, at the time of the visit it held 822 prisoners. It is a **closed prison with all stages of regime – lowest, medium and highest,** thus it holds only sentenced prisoners, for the main part serving long sentences – on 01.01.2005 out of 839 prisoners 133 had a prison sentence of more than 10 years. The prison has a tuberculosis unit housing TB patients (providing better food (special diet), fresh air).

The sentenced prisoners are divided into 8 units: units 1 and 2 which also include the TB unit are held in the living zones, unit 3 holds sentenced prisoners serving their sentence in the medium and higher stage of regime – they live in cells which are locked between 22.00 to 6.00. Units 4–8 (lowest stage) live in locked cells. The large cells hold 7-18 sentenced prisoners (area of the large cells is about 60 sq.m.) There are also five smaller cells of 2–4 places. The small cells house sentenced prisoners who must be isolated from other prisoners due to various problems.

For the main part beds are not bunk, each prisoner has a locker, except in the small cells, which have a locker for two. There is also a table for common use and cupboards holding, for example, dishes for preparing meals, and a toilet in a separate room (behind doors, not just a screen) and a sink. During the day cells are lit by daylight bulbs, also natural light – the large cells have two windows, the small ones – 1 window. At night there is a night light. The ventilation system was replaced in 1961 and it works, but it is not adequate for the building and has caused damage to walls. The prison has its own water supply system (drill holes) and a heating system (boiler house). Only electricity is supplied from outside.

Jēkabpils prison

Jēkabpils prison is located on the very outskirts of the town, away from the residential area. The prison was built 25 years ago as a men's prison. Initially the prison territory comprised 40 hectares and it was planned to develop production. At present the territory comprises 14 hectares

Jēkabpils prison is a **closed prison** which includes also **semi-closed and open units.** There are eleven blocks in the prison territory: the administration block, housekeeping block which includes a dining room, canteen, club, library, sports hall, boiler house, school, medical unit, punishment block, holding violators of the regime in its cells (unit 3) and in two cells persons placed in quarantine; and five dormatory type living blocks. The prison premises have not been remodelled for some time, but are clean and reasonably maintained. Official capacity – 660 persons, at the time of the monitoring visit the prison held 651 sentenced prisoners.

The living blocks have large dormitory-type rooms. Each room can hold about eighty. The rooms have metal bunk beds and a locker for each. Prisoners are placed in the rooms by units – one unit per room. Rooms have natural light and electric light as needed. Light may be switched on and off by the prisoners themselves. At night (after 22.30) there is no light. The prisoners themselves air the rooms by opening windows. The large dormitory type rooms have a number of windows. There is also an outdated ventilation system. The Jēkabpils prison is not connected to the town central heating, It has its own boiler house and heating system. Toilets are located on the first floor of the living blocks. In the punishment block where unit 3 is held in cells, there is a toilet in the cells and it is screened off. On an average there are four people in a cell, in the larger cells – six. Cell doors have a monitoring window through which the entire cell can be seen, except the toilet. Head of the unit or a duty warden looks through the window once every hour.

Pārlielupe Prison

Pārlielupe prison is located in Jelgava, in the residential area of the town. The prison was built in 1965 as a women's colony. It was later enlarged and changed into an intensified regime prison for men. During the Soviet years production was developed at the prison – the prison territory houses two plants: Plant No. 1 and Plant No. 2. Until 1987 all the sentenced prisoners were employed. In 1987 status of the prison was changed and a large number of sentenced prisoners were moved to Jēkabpils prison. In 1992 production was stopped altogether.

Pārlielupe prison is a **closed prison with** no other types of units there. At this prison sentence is served by men who have been sentenced for having committed a serious or very serious crime and sentenced prisoners transferred from a partially closed prison because of gross or systematic violation of the regime.

The prison territory has eight blocks: administration block, housekeeping block containing a barbershop, laundry and other maintenance rooms, a library, a chapel and a

Christian unit (30 persons), a punishment block having cells of 50 places where unit 1 is held, a sanitary section and longer visiting rooms, three living blocks: one holds unit 2 (working prisoners), altogether 55 people and persons who are endangered at the prison; one holds units 3 and 4 (medium stage regime), one holds units 5 and 6, two production blocks of workshops, one of which is not used at all, the other is used for maintenance needs of the prison – welding, carpentry, vehicle repairs and other needs. All living blocks are of the dormitory type, the premises are recently remodelled. Official capacity of the prison is for 540 persons. Sentenced prisoners begin serving their sentence at Pārlielupe prison at the lowest stage of regime. According to the Head Warden, about 2/3 of the sentenced prisoners serve their sentence at the lowest stage of regime. A few persons serve sentence at the highest stage of regime – those employed in maintenance services.

At the time of the visit the prison was **overcrowded,** because the persons who were entitled to move to the partially closed Šķirotava prison, did not wish to do so. At the time of the monitoring visit the prison held 602 sentenced prisoners. Most of the persons serving sentence at the Pārlielupe prison have been sentenced for theft or drug-related crimes.

The living blocks have dormitory type rooms of various sizes. Number of places per room varies from two to twenty. The rooms have metal beds (not bunk beds) and lockers. Due to lack of funds not every one has a locker for keeping personal items. The rooms have natural light and electric light as needed. Light may be switched on by the prisoners themselves. Not all blocks have night light, but it is planned to have it installed. The ventilation system is outdated and does not work. The prisoners air the rooms themselves by opening windows. The rooms which have no windows have no ventilation. The Pārlielupe prison is connected to the town central heating. The heating system is outdated, and the administration block is practically not heated. Toilets are on the first floor of the living blocks. In the punishment block, which has cells, toilets are in the cells and are screened off. Cell doors have a monitoring window through which the entire cell can be seen, except the toilet.

There is no alarm button in the cells or the dormitory type rooms. In the case of an alarm, a special flag is thrown from the cell. Prisoners held in the dormitory type rooms go to the senior orderly in the event of an alarm, who has access to a telephone. There is a senior orderly in each unit, a person appointed from among the prisoners who sits in a separate room (office) and is responsible for whatever is happening. The senior orderly is the contact person between the prisoners and administration.

Contacts with the outside world

Meetings

According to the Prison Law **remand prisoners** are entitled to **an hour-long meeting not less than once a month** with relatives or other persons in the presence of a representative of the prison administration, unless restrictions are imposed by the investigating judge or the court. According to the Penal Code, **sentenced prisoners** are entitled to **short meetings of 1–2 hours** and **longer meetings of 6–48 hours.** The number of permitted meetings depends on the relevant prison in accordance with the stage of regime for serving sentence.

Telephone calls

According to the Prison Law, **a remand prisoner** is entitled to contact persons outside the pre-trial investigation jail **not less than once a** week, using the telephone at the prison (pay-phone). The permitted **length of the call** is **not less than five minutes.** Cost of the call is paid for by the remand prisoner or the person he calls. According to the Penal Code, **sentenced prisoners** are permitted telephone calls at their own or the addressee's expense of a number stipulated by the relevant type of prison (1–3 calls a month) and conforms to the stage of regime for serving sentence. Telephone calls, except conversations with a lawyer, are monitored.

Correspondence

According to the Prison Law remand prisoners may contact persons outside the prison by correspondence, however, this right may be restricted by the investigating judge or the court. Costs of correspondence are paid for by the remand prisoner. According to the Penal Code sentenced prisoners are permitted to send and receive letters and telegrams in unlimited numbers. The prison pays for the cost of the first letter, in which the sentenced person advises his present whereabouts to a third person. Correspondence is censored.

Brasa prison

Meetings

Various information is displayed in the waiting room. "Procedure for parcels brought in or mailed", "Meetings between sentenced prisoners and relatives or other persons", "Non-food items permitted in parcels", "Details for money orders for sentenced prisoners and the prison for services provided". Short meetings are organised on Mondays, Tuesdays, Thursdays and

Fridays at 9.00. Remand prisoners require permission for meetings from the Process Officer (the court or prosecutor). The meeting room for short meetings is arranged for eight places. Short meetings are without contact – the sentenced person is separated from the visitor by a glass wall. Conversation is by telephone, and is monitored. For a sentenced prisoner to obtain permission for a meeting, he must write to the Head of the unit. The room is recently remodelled, it has new furniture and equipment. The rooms for longer meetings have not been remodelled for some time. The rooms are so placed that longer meetings may be held by 3–4 sentenced prisoners at the same time. Sentenced prisoners may have longer visits at the same time who serve their sentence at the same stage of regime. The rooms have a common kitchen, a common shower and toilet. The rooms have two beds.

Telephone

The number of telephone calls in a month depends on the stage of regime for serving sentence: for the highest stage of regime – three telephone calls a month, medium stage – two, but for the lowest stage – one. There is no limit for telephone calls of remand prisoners – if the process officer has given permission, there are no restrictions. Sentenced prisoners have access to a pay-phone. Brasa prison has three pay-phones – in block 1, in block 2 and in the duty section. In order to implement his rights to telephone, a sentenced prisoner writes an application to the Head of the unit and chooses specific dates for the calls. A schedule is made up. After 17.00 the duty section tries not to limit length of calls. Some members of prison staff attempt to limit length of telephone calls. Conversations are monitored and calls are registered.

Pārlielupe prison

For a sentenced prisoner to obtain permission for a meeting, he must write an application to the Head of the unit. Meeting rooms for short meetings at times is arranged for 8 places. The room has not undergone any refurbishment, furniture and equipment are physically and morally outdated. Short meetings are without contact – the sentenced prisoner and his visitor are separated by a double glass wall. Between the glass walls there is a distance of about a metre. Conversation is by telephone, conversations are monitored. Longer meeting rooms are so arranged that they can be used by six sentenced prisoners at a time. As a rule three or four meetings take place at the same time. The visiting rooms may be used at the same time by prisoners at the same stage of regime. The rooms have a common kitchen and a common shower. If visitors arrive from a distance, more infrequent but longer meetings are not permitted. In all cases meetings take place as provided by law.

Meetings are used both as a disciplinary punishment and as a reward. In case of a disciplinary punishment, first a verbal reproof is given, then a written reproof, a prohibition to

purchase food items, embargo on parcels, the regular meeting is withdrawn. Additional meetings are permitted as a reward once a quarter. According to the Head Warden of the prison, additional meetings have been granted for 55 sentenced prisoners.

Sentenced prisoners have access to a pay-phone. The number of telephone calls per month depends on the stage of regime: at the highest stage three telephone calls are permitted, at the medium stage – two, but at the lowest stage – one. Length of calls is not limited, as a rule it is 15 minutes. All calls are registered and monitored.

The pay-phone is seldom used – about three people a week. The prison administration explains it by the illegal entry of mobile telephones in the prison. In four months of 2005, 160 mobile telephones were seized in the prison.

Jēkabpils prison

Meetings

Short meetings and acceptance of parcels takes place twice a week – on Wednesdays and Saturdays between 14.00 and 16.00. For a sentenced prisoner to receive permission for a meeting, he must write an application to the Head of the unit. Longer meetings must be coordinated a month in advance. The Head of Security and the Regime Section prepares a schedule.

The meeting room for short meetings is intended for ten places. The room is recently remodelled, it has new furniture and up-to-date telephones. Walls are painted in a light shade. Short meetings are without contact – the sentenced prisoner and his visitor are separated by a double glass wall. There is a distance of about a metre between the glass walls. Conversation is by telephone, all conversations are monitored. The room where the prison staff member listens to the conversation has a one-way mirror wall. Thus partners of the meeting do not see the staff member who listens in to their conversation. For longer meetings, eleven sentenced prisoners may have meetings at the same time. Meetings can be had at the same time by sentenced prisoners who serve their sentence at the same stage of regime. The rooms have a common kitchen, a common shower and toilet and a common rest room with a TV. The longer meeting rooms are furnished poorly, but are warm, comfortable and clean.

The law permits use of meetings both as a disciplinary punishment and an award. At the Jēkabpils prison withholding meetings as a disciplinary punishment is not used. As an award, meetings are granted for national holidays and winning at sports games. According to acting deputy Head Warden of the prison, Bajārietis, granting of additional meetings is very popular.

Telephone

Sentenced prisoners have access to a pay-phone. Telephone calls are organised by units according to a previously made up list. Normative acts do not regulate length of calls but the prison restricts it to five minutes. Calls are registered and monitored. Each sentenced prisoner has a special card for registration of calls, indicating stage of regime, time, number of calls and addressee.

3. Regime

In 2006, the LCHR published a report "*Recommendations for promoting employment at Latvian prisons"*, which includes the report of British expert U. Smartt, invited by the LHRC, on employment in prisons and conditions of prison workshops in certain European Union member states, providing also recommendations to the Ministry of Justice and Prison Administration on the future of prison workshops in Latvia in compliance with State re-socialisation and rehabilitation policy. The report also includes a review by the Prison Administration on employment in prisons, statistics, and reports on the employment situation at certain prisons. The report is available on the LHRC home page: http://www.humanrights.org.lv

Brasa prison

Employment

Sentenced prisoners are employed only in maintenance services for the internal needs of the prison, because production has been suspended. The prison employs 64 sentenced prisoners, for example, an electrician, a plumber, a welder, a librarian, a locksmith, a supervisor, painters, janitors, cooks, orderlies and others. All those employed do not work full time: some work a 0.75, 0.25 or 0.5 work day. It is not possible to employ all prisoners who wish it. There are no restrictions on employment – prisoners may work regardless of their stage of regime. At the time of the visit 7 sentenced prisoners who are at the lowest stage of regime, were employed. Remuneration for the work is LVL 32.00 (Thirty two) per work day before taxes. Wages of sentenced prisoners are 40% of the minimum wage stipulated by the State, which was LVL 80.00 a month at the beginning of 2005. Working full time, a sentenced prisoner receives about LVL 25.00 after taxes.

Library

The prison has a number of common rooms – a library, a chapel, a dining room, sports hall, a canteen and others. Only those sentenced prisoners may visit the common rooms who are

serving their sentence at the medium or highest stage of regime. The library is made up of a collection of books and a reading area. Sentenced prisoners who are serving their sentence at a closed prison medium or highest stage of regime or the partially closed unit of the prison, may visit the library independently. Sentenced prisoners serving their sentence at the lowest stage of regime and in the investigation unit, may obtain and exchange books without visiting the library. They must write an application to obtain books. Books at the library are in both Latvian and Russian, for the main part old. The prison does not subscribe to newspapers. About 20 people subscribe to publications of the press at their own expense. Most of the books have been donated. The Latvian Penal Code is also available at the library.

Walks (Exercise)

Both sentenced prisoners and remand prisoners are permitted a daily one hour walk. Each cell is brought out to the exercise area separately. The walks are compulsory for sentenced prisoners. Remand prisoners may take a walk as they wish. The exercise area has no roof, there is no music.

Sports

Brasa prison has two sports halls. The small one is located in Block 1, the large one on the first floor of Block 3. Basketball, volleyball and football may be played in the large sports hall, it also has some exercise machines. At the entrance to the sports hall there is a landing with table tennis. Football may also be played outside, on a paved field. All categories of sentenced prisoners may use the sports hall. The prison does not forbid the use of the sports hall. Sentenced prisoners serving their sentence at the medium and highest stage of regime may use the sports hall every day. Others may use the sports hall according to a schedule. The sports hall is open after lunch for 2 -3 hours a day, except on Tuesdays and sanitary day. Twice a week competitions are organised in various sports – chess, volleyball, football and others. First, second and third place winners are awarded additional meetings, telephone calls, disciplinary punishment is lifted. Additional meetings are also granted on holidays.

Daugavpils prison

Library

The prison has a large library – 5,000 books are registered in the catalogue, several more thousands are awaiting registration. The books have come to the prison from closed town libraries. The library is open every day, it is managed by the librarian – a sentenced prisoner. Prisoners do not visit the library themselves, but choose books according to their interests

from the catalogue. Once a week the librarian and the chaplain visit cells and exchange books. The prison does not subscribe to publications of the press for the library, local newspapers regularly donate their publications to the library: for example, the newspaper "Miljons" (*Million)* donates 100 copies of each issue, also "Latgales Laiks", *(Latgale Times)* "Dinaburga" and others. Prisoners ask for legal literature, but the library lacks it. Most laws (for example, the Administrative Procedures Law) have been copied from NAIS and spiralled.

Spiritual care

The prison has a large chapel, renewed and furnished, adapted to the needs of different confessions. The chaplains services operate since 1 April 2003, previously the chaplain worked voluntarily. The chaplain works with groups of prisoners, for example, takes prisoners from one cell to watch a religious content film in the chapel, but for the main part work with individual prisoners dominates. In 2004, the chaplain had 485 individual talks with prisoners. The chaplain's faith – Seventh Day Adventist. A prisoner who wishes to meet with the chaplain or a priest of another confession, writes an application. The prison is visited by catholic, orthodox, the old believers and Salvation Army priests. Church services are held on Sundays, attended by some 30 people serving their sentence in the closed or partially closed unit.

Jēkabpils prison

Employment

Sentenced prisoners serving their sentence at the medium or highest stage of regime are employed as much as possible. They are employed in maintenance services for the internal needs of the prison, in the woodworking workshop which produces artistic and applied art items. Out of the 651 sentenced prisoners 70 are employed. 20 of these work in the woodworking workshop. It is not possible to find employment for all sentenced prisoners who want it. Remuneration for the work is LVL 33.00 (Thirty three) for a working day before taxes. Some prisoners work without pay, improving in this way their living conditions. All those employed in the prison are in the first unit.

Education

A subsidiary of the Jēkabpils evening secondary school operates at the prison, providing basic education. About 50 prisoners are attending classes. The teaching programme in the prison does dot differ from regular schools. Examinations are also organised, and the certificate of basic education does not indicate that education was obtained at a prison. Trade education is also available at the Jēkabpils 109 trade school located on the premises

of the Jēkabpils prison (5 staff members, 58 students – as at 01.10.2004.). It offers second level qualifications in an education programme in metal working (lathe operator), electric installation and electro-mechanics (lighting electrician), heating gas and water technology (stoker of factory boilers) in one year groups to which students are admitted who have completed secondary education. Students are divided into three groups of 20 each according to their specialty. Altogether 60 sentenced prisoners are educated at the trade school. Earlier it was possible to learn Latvian and obtain a stage of official language skills and learn computer training. Now funding has run out for these.

Sports

Jēkabpils prison has two large sports halls and one smaller – for unit 3. Sports halls have a number of exercise machines, and volleyball and table tennis can be played there. The sports halls may be used every day. There are two football fields in the prison territory. Winter and Summer Olympics take place regularly, and various sports competitions..

Spiritual care

The prison has a chaplain's services. The main functions of the chaplain's services are: education of sentenced prisoners in spiritual issues and spiritual care, establishing of chapels, drawing up and implementing rehabilitation programmes, organisation of events of moral education, involving religious, charity and welfare organisations and organising humanitarian aid.

The prison has many **common rooms** which may be used at certain times. There are two types of common rooms: rooms for the common use of a unit and rooms for the common use of all the sentenced prisoners. For the common use of units, there is a TV room, a storage room, food storage room, the local precinct (exercise space adjoining the living block), exercise space for unit 3, a small sports field (for unit 3). Units have no kitchen, it is possible to boil water for tea or coffee in the food storage room. Two units have refrigerators. All sentenced prisoners have the use of a library, chapel, laundry, dining room, two sports halls, two football fields, a canteen, a club with a video library and cable television, rooms for short and long meetings, and others. One of the sentenced prisoners is responsible for order in the common areas.

Each unit of sentenced prisoners may visit the library at certain times according to a schedule. It is also possible to obtain books through the agencies of the librarian, without visiting the library. According to the acting deputy Head Warden of the prison, Bajārietis, the library has many books, also some new publications. Town libraries donate old books to the prison. At the time of the visit it was found that the number of books is not large

and there were only old editions and used books on the shelves. There is no time restriction for keeping books borrowed from the library, nor are there reader's cards or any other type of readers register. The reading room offers newspapers subscribed by the prison: "Brīvā Daugava" (*Free Daugava)*, "Diena" (*The Day)*, " æ Ł ª ". There is no legal literature in the prison library. Information of provisions of normative acts is displayed on notice boards in hallways of units. It was found at the time of the visit that this information is not regularly updated and is out of date.

Walks

Adjoining the dormitory type living blocks there is an outside territory separated by a high metal fence without a roof. Each block has its own outdoors territory where sentenced prisoners may stay without time restriction. Sentenced prisoners serving their sentence in Unit 3 (cells) have walk areas where they may walk each day for an hour, and a small sports field.

Pārlielupe prison

Employment

Sentenced prisoners serving their sentence at the medium or highest stage of regime are employed as much as possible. Sentenced prisoners serving their sentence at the lowest stage of regime are employed only if they are specialists in an area needed by the prison. Sentenced prisoners are employed only in maintenance service for the internal needs of the prison, because production has been suspended. The prison has 48 jobs, for example, a welder, painters, janitors, cooks, etc. Out of 602 sentenced prisoners 55 are employed, some of whom work part time. It is not possible to find employment for all who wish it. According to the Head Warden of the prison, about a hundred more prisoners wish to work. Remuneration for their work is LVL 33.00 (Thirty three) for a work day before taxes.

Education

The only opportunity for education at the prison is for trade educational at the Jelgava trade secondary school training centre located on the Pārlielupe prison premises (72 students – as at 25.10.2004.) It offers second level professional qualifications for specialists in metal working (frame welder), electronics and electro-techniques (installer of electronics and electrician) in one-year groups admitting students who have completed secondary education. Students are divided into four groups – 18 people each, two groups for each specialty. There is no opportunity to obtain general education nor is there an opportunity to learn the official language.

Sports

Pārlielupe prison has one large sports hall. The hall has a number of exercise machines and volleyball may be played there. The sports hall may be used once or twice a week, depending on the unit.

Spiritual care

The prison has a chaplain's services. The chaplain is a Baptist. The prison has a procedure for sentenced prisoners to meet with a priest of their own confession and participate in events of moral education. The chaplain's service has drawn up a moral education programme, which is implemented in cooperation with the Social Rehabilitation Section. On Mondays, a minister of Seventh Day Adventists visits the prison, on Tuesdays – an Orthodox priest, on Wednesdays – a Roman Catholic priest, on Fridays a representative of the Whitsuntide congregation. No representative of the Lutheran church visits the prison.

Library

The library is made up of a collection of books and a reading room. Each unit of sentenced prisoners may visit the library at a certain time according to a schedule. It is also possible to obtain books through the agencies of the librarian without visiting the library. Books may be borrowed for 10 days. The library has about 3,000 books and it is used by 10–15% of the sentenced prisoners. The reading room offers newspapers subscribed by the prison: "Zemgales Ziņas" (*Zemgale News)*, "Diena" (*The Day)*, " æ Ł a ", "Neatkarīgā" *(The Independent)*, "Jelgavas Avīze" (*Jelgava newspaper).* Adjoining the dormitory type living blacks there is an out-doors territory fenced in by a high metal fence and without a roof.

Walks

Each block has its outdoors territory where prisoners serving their sentence in the medium and highest stage of regime may stay without time limit. Sentenced prisoners serving their sentence in the lowest stage of regime have three roofed exercise areas where they may walk for an hour each day.

Medical care

Brasa prison

The following specialists work at the prison medical section: a dentist, a general practitioner, a psychiatrist, X-ray technician, a nurse and a laboratory technician. There is no narcologist. It is possible to call a doctor of own choice at own expense. It is also possible to visit a doctor outside the prison, in such a case the prisoner must also pay for security. There are no TB patients at Brasa prison. If a prisoner is diagnosed of this illness, he is transferred to the Central prison hospital. There are HIV/AIDS patients at the prison and they are not isolated from others. These patients are not employed in maintenance work, for example, in the dining room. The AIDS Prevention Centre has organised 3-4 lectures for prisoners and staff.

Daugavpils prison

The Head of the medical section is a licensed family doctor/intern. There are also a licensed narcologist who also performs functions of a psychiatrist, a surgeon, X-Ray technician, physio-pulmonary specialist without a license, two licensed doctor's assistants and three nurses. There is a half-time X-Ray technician and X-Ray technician's assistant. Once a week – a dentist who has his own office with a relatively up-to-date equipment. No prisoners work in the medical section. There are two beds in the medical section for persons who are not seriously ill to require sending to Central Prison Hospital. Prisoners may call a doctor from outside at their own expense, for example, a dermatologist was recently called. If prisoners need to be taken to a doctor, for examination or emergency assistance, Daugavpils prison, unlike other prisons, does not demand payment for transport, because there is no legal justification for it. When a person is brought in from a temporary detention isolator, he is examined, also every time when a person is taken away from the prison territory and returns to it (investigation procedures, Court). If bodily injuries are found, these are entered in the person's medical card. The prison has an investigator who investigates the cause of the injuries. This staff job was established after the Council of Europe Committee for Prevention of Torture pointed out that a specific case of this type had not been sufficiently investigated. Injuries sustained outside the prison are merely noted on the person's medical card; injuries sustained in the prison, accidents and cases of death – in a special journal.

The Head of the medical section maintains that he examines all persons prior to placing in the punishment cell and gives his opinion whether their health condition permits this type of disciplinary punishment (if the person is ill, medicines are provided). Documentation confirming health condition is also important. The doctor also considers the degree of the

violation for which the punishment is given. For their part, prisoners maintained they were not being examined prior to being placed in the punishment cell, but a regular doctor's examination takes place once a week, on Mondays. In the case of an illness, it is possible to make appointment for a doctor's call and he comes. The prison has one diabetes patient. His relatives provide insulin for him through the town endocrinologist's office.

Jēkabpils prison

Medical personnel is available to sentenced prisoners six days a week. The doctor may be visited after making an appointment. The prison has the following half-time specialists: a general practitioner, X-ray technician. The Head of the medical section is a dentist and works full time. Nine sentenced prisoners have TB in open form. They are housed in a separate room in the partially closed regime under conditions similar to a hospital ward. There are no HIV/AIDS infected, because they are sent to another prison to serve their sentence. Two or three people have mental disorders. In the event prison medical personnel is unable to provide necessary assistance, it is provided at the Jēkabpils regional central hospital. Units have information available on prevention of various diseases. According to acting deputy Head Warden of the prison, Bajārietis, medical confidentiality is observed. Since 2005, the prison will have to pay for emergency medical assistance. According to acting deputy Head Warden of the prison, Bajārietis, prisoners may consult a doctor at the town health centre at their own expense. In this case, they must also pay for transport. It is also possible, at own expense, to call a doctor of ones choice to come to the prison.

Pārlielupe prison

Medical personnel is available to sentenced prisoners six days a week. A doctor may be visited by making an appointment. The prison has an X-Ray office. About 10% of sentenced prisoners visit a general practitioner, for the most part there are the following illnesses: ATS, influenza, pneumonia, high blood pressure, duodenum ulcer, sugar diabetes. Half of the sentenced prisoners visit the dentist, half – X-ray, one prisoner – a psychiatrist. Cases of illness are registered in a journal, indicating the date when the prisoner has visited the doctor, name, surname, complaints, diagnosis and doctor's recommendations. Injuries are registered separately – most often incurred are burns, caused by scalding hot water, and bruises. None of the sentenced prisoners has TB in open form, 125–130 people in a year are HIV/AIDS infected, many are C hepatitis infected. About two thirds of the sentenced prisoners have a narcotics or psychotropic substance dependency and mental disorders related to it. Many persons have intellectual development deficiencies, many have been declared partially incompetent. The AIDS Centre, doctors and other prison staff provide health education, telling of infection risk. To reduce risk, the prison shop sells preservatives.

However, only those prisoners are able to purchase these who have money in their account. According to the Head of social rehabilitation, prisoners may call a doctor of their choice. To do so the prisoner must apply to the Head of the unit.

Mental health

Although Latvia is one of the five countries having the highest number of suicides in the world, official statistics did not include suicides and attempted suicides committed in prisons until May 2005.

Statistics compiled by the Prison Administration for 1999–2003 which was for the first time published on 18 May 2005 at a seminar organised jointly by the Latvian Human Rights Centre and the Prison Administration, "Suicide prevention in prisons" shows that altogether during this period of time 45 suicides had been committed in prisons (including 1 juvenile) and 619 attempted suicides (including 117 juveniles), including cases of self-harm. However, even these statistics, especially concerning attempted suicides, could be incomplete, as has been admitted by a number of prison staff.

Suicides and attempted suicides in Latvian prisons 1999 to 2003
(except Cēsis juvenile prison)

Prison	**Total suicides**	**%**	**Total attemptes suicides**	**%**
Brasa prison	4	9	21	4.2
Central prison	16	36	26	5.2
Daugavpils prison	4	9	78	15.5
Grīva prison	3	7	71	14.1
Iļģuciems prison	0	0	11	2.2
Jelgava prison	2	4.4	9	1.8
Jēkabpils prison	1	2.2	21	4.2
Liepāja prison	3	7	98	19
Matīss prison	1	2.2	55	11
Olaine prison	0	0	0	0
Pārlielupe prison	4	9	0	0
Šķirotava prison	2	4.4	52	10.3
Valmiera prison	4	9	57	11.3
Vecumnieki prison	0	0	1	0.2

Source: Prison Administration of the Ministry of Justice of the Republic of Latvia

Although the statistics do not separate remand prisoners and sentenced prisoners, both in the number of suicides and attempted suicides leader position is held by investigation jails holding remand prisoners - Central prison and Liepāja prison.

6. Security

Pārlielupe prison

Order in the prison is the responsibility of the Regime section. The regime section draws up the daily agenda of the sentenced prisoners and checks that it is observed. A count of the sentenced prisoners is taken several times a day. Undercover work is carried out. **There is violence among sentenced prisoners in the prison.** There have been cases when sentenced prisoners wearing masks attack and cause bodily injuries. Prisoners dependent on narcotics are used to carry out violence. There are categories of prisoners in the prison who are endangered. Prisoners endangered by other prisoners are initially moved to another unit. If the situation does not improve, they are moved to the living block housing unit 2 (employed prisoners), so that all endangered prisoners are in one place and in one block with employed prisoners who are not prone to violence. There is an informal disciplinary practice among the sentenced prisoners in the form of fines. Special measures are used at Pārlielupe prison as provided by law. In cases of resistance, handcuffs are used. Security uses dogs.

Jēkabpils prison

Order in the prison is maintained by the Security and Regime Section, This section draws up a daily agenda for the sentenced prisoners and checks that it is observed. A count is taken several times a day. According to acting deputy Head Warden Bajārietis, violence among prisoners is rare, earlier it was encountered more often. The latest murder in the prison was in 1993. There are categories of prisoners in the prison who are endangered. Prisoners endangered by other prisoners refuse to live in dormitory type blocks and are moved to cells. In individual cases endangered persons are moved to another prison. Jēkabpils prison uses special measures as provided by law, most often for disobeying legal demands of wardens. In cases of resistance handcuffs are used. Special measures are used each month and are registered.

7. Disciplinary Punishment

In the case of violation of rules of internal order and regime a disciplinary punishment is imposed. At the time of the visits the law provided for six types of disciplinary punishment:

a warning, a reproof, forbidding for a period of up to one month to purchase food items, ban on parcels, ban on regular meetings, placing in the disciplinary cell for ten (juveniles) or fifteen 24 hour periods (adults). Disciplinary punishment is imposed as provided in the Instructions for imposing disciplinary punishment, published in June, 2004.

Brasa prison

The Duty section reports violations to the Head of Security.

Procedure for imposing disciplinary punishment

- ✓ The sentenced prisoner receives a written decision indicating appeal opportunities – within ten days the imposed disciplinary punishment may be appealed to the prosecutor and Head of the Prison Administration of the Ministry of Justice of the Republic of Latvia;
- ✓ The sentenced prisoner signs that he has read the decision to impose disciplinary punishment;
- ✓ The warden who had observed the violation writes a report and gives it to the orderly. For example, sentenced prisoner X while in his cell, talked to the prisoner in the next cell;
- ✓ prior to imposing disciplinary punishment, the violator is called out and writes his explanation or refuses to do so (the form for explanations has been approved by the Cabinet of Ministers);
- ✓ the warden gives his report and the prisoner's explanations to the orderly who registers it;
- ✓ next day Head of the unit receives the warden's report and the violator's explanation;
- ✓ within ten days Head of the unit discusses the matter with the sentenced prisoner;
- ✓ Head of the unit writes his recommendations, for example, "after the discussion the sentenced prisoner understood his guilt, I believe a warning should be given" or alternatively – "does not admit his guilt, accordingly, a stronger disciplinary punishment must be imposed";
- ✓ Head of the unit hands the material to the Deputy Head Warden who considers it and either agrees or disagrees;
- ✓ The Head Warden reviews it and either signs or does not sign it. Prior to making a decision the Head Warden talks to each violator;
- ✓ The punishment is entered on the prisoner's card – the shop card or meeting card, depending on the punishment;
- ✓ The duty section and bookkeeping section are advised of the disciplinary punishment and attaches it to the person's case file;

The punishment cell is a single unit, about 3 sq.m. There is an electric bulb above the door behind a wire mesh. The light is sufficient for reading. Ventilation is the same as in the cells. Persons placed in s may bring with them items of personal hygiene and two books or the Bible. A mattress and bedding are issued at night. A doctor visits the isolator if called. Persons placed in the punishment cell may not go out for a walk or smoke.

Daugavpils prison

According to the Head Warden, the punishment cell is used as a disciplinary punishment only in extreme cases of gross or systematic violations of discipline. Earlier, usually a duration of fifteen 24 hour periods were imposed, now the duration is decided differently. At the time of the visit there were 4 people in the punishment cell, placed separately. A disciplinary punishment may be appealed to the Head of the Prison Administration or a prosecutor. There has been a case when the prosecutor revoked the punishment. According to the Head Warden, there have been cases when three disciplinary punishments - the isolation cell – are imposed: three terms without interruption, but not maximum terms (about thirty five 24 hour periods). Prisoners of all categories may be placed in the punishment cell: remand prisoners (may bring with them criminal case material), sentenced prisoners, juveniles (are taken for 1.5 hour walks) and also life prisoners. Conditions in the punishment cell are relatively good: the prison has 6 double s located on a separate floor, their space is large – about 12 sq.m., intended for two persons, but as a rule only one person is placed there, the room has a toilet behind a screen, a sink, a chair, Murphy beds that are lifted up during the day and fixed to the wall, glass block windows (3 x 2 panes). Good artificial light, the rooms are recently redone and painted in a pleasant light colour, good ventilation, sufficient heating. Mattresses, blankets and bedding are issued at night (23.00–7.00).

Jēkabpils prison

Imposing of disciplinary punishment is initiated and the decision made by the Head of the unit, accepted by the Section Head and imposed by the Head Warden or, in his absence, Deputy Head Warden. At the Jēkabpils prison ban on parcels or meetings is not imposed as a disciplinary punishment. Placement in disciplinary cell is imposed for a week or ten days. Disciplinary punishment is imposed depending on the attitude of the sentenced prisoner, frequency of violations, previous behaviour – if a light punishment had been imposed before, in a repeat case a stronger punishment is imposed. Sentenced prisoners take advantage of the right to appeal disciplinary punishment.

The punishment cell has seven double or four single cells of a size of 2 sq.m. per person. Cells are furnished with Murphy beds. During the day the beds are raised to the wall and

are taken down only for sleeping at 22.00. At night a mattress and bedding are issued in the cell. Persons placed in the punishment cell may bring with them items of personal hygiene and religious literature. They may not go for walks and may not smoke. At the time of the monitoring visit there were 8 sentenced prisoners in the punishment cell. Doctors visit the punishment cells every day, and more often at the request of the prisoner.

Pārlielupe prison

In the case of a violation of rules of internal order or the regime the Head of Security is advised. Disciplinary punishment is imposed depending on the attitude of the prisoner, frequency of violations, previous behaviour – if a lighter punishment had been imposed before, in a repeat case a stronger punishment is imposed.

The Pārlielupe prison punishment block has 40 places with double or four place cells of a size – 13–14 sq.m. Cells are furnished with Murphy beds. During the day the beds are raised to the wall and are taken down only for sleeping at 22.00. At night a mattress and bedding is issued in the cell. Persons placed in the punishment cell may bring with them items of personal hygiene and books. They may not go for walks and may not smoke. At the time of the monitoring visit there were 15 sentenced prisoners in the punishment cell. A doctor visits the punishment cell at the request of the prisoner.

8. Complaints, Checks

On 15 January 2006 under the EC funded project "Monitoring Human Rights and Prevention of ill-treatment in closed facilities: prisons, police cells, and mental health hospitals" the Latvian Human Rights Centre organised a seminar/round table discussion on 'Review of complaints of prisoners – success, problems and a summary of perspectives'. A summary of the seminar on the problems and possible solutions found is available in the LHRC home page http://www.humanrights.org.lv To advise prisoners of the jurisdiction of their complaints, opportunities for appeal and institutions reviewing complaints, the LHRC in cooperation with the National Human Rights Office, published a brochure 'Information for prisoners on review of complaints" in 5000 copies (Russian and Latvian). In turn, independent monitoring of closed facilities, including prisons, may be learned in the study "Independent monitoring of closed facilities in Latvia". These publications, too, are available in the LHRC home page.

Amendments to the Prison Law equalised rights of remanded and sentenced prisoners concerning confidentiality of correspondence with various institutions.

	Remand persons	Sentenced persons
Confidentiality of correspondence at the expense of the prison	Process officer	
	Prosecutor's office	Prosecutor's office
	The Court	The Court
	Defending counsel	Defending counsel
	Diplomatic representations, consulates (foreign nationals)	Diplomatic representations, consulates (foreign nationals)
	National and international human rights institutions, Saeima Commission of Human rights and public affairs	NHRO Saeima Commission of Human Rights and Public Affairs UN institutions
	Appeals/cassation/collateral complaint	
At the expense of the prison	Head of Prison Administration of a decision of the Head of a remand prison	

Brasa prison

Sentenced prisoners may approach prison administration in writing or verbally. To speak to the Head Warden, appointment must be made. The Head Warden is available every day. Prisoners hand in written applications to the Head of their unit. Prisons are checked by the Prison Administration in accordance with the Instructions, for example, a complex check is done once every two years. A representative of the Prosecutor's Office comes once a month – to attend a meeting of the administrative commission. The supervising prosecutor arrives at the prison and works with the Security or Supervisory section, prisoners may meet with the prosecutor if they have first written a request.

Daugavpils prison

All complaints of prisoners are forwarded to the addressee. ("According to the Instruction, everything must be sent away.") Every month the prison spends about LVL 125.00 on postage. The Instruction, to which a procedure for reviewing complaints is attached, is kept by Heads of units. The Instruction provides that complaints may be submitted in three ways: in writing, verbally and in a closed envelope. Prisoners may submit their written complaints in two ways: – at 20.00 during the evening check hand it to the duty orderly or place it in a locked box located on the way to the outdoors exercise area. Hand over or drop in the box – the prisoner's choice. The night shift duty orderly sorts the complaints.

Complaints addressed to the Head Warden of the prison are registered by the administration section in the journal of submissions of sentenced and remand prisoners. The administration section ensures that a reply is given in time. The journal was established in October 2004 and entries are still continued. Submissions of 2005 are counted with submissions in 2004 (Oct., Nov., Dec.), thus it is not possible to find out the number of submissions in 2005. The total to the end of 2005 was 1,257 submissions. To some of the submissions the Head Warden replies himself, others are forwarded to deputies or Section Heads. Replies of other officials are appealed to the Head Warden, also prisoners write to him concerning issues within his competence. The original complaints are kept in a file started on 1 November.

Other submissions addressed to other sections of the prison, are not registered, but are sorted in files and the relevant section gives a reply, stamping a resolution on the submission. If the prisoner has asked for a written reply, the reply is given in writing, in other cases verbal replies are given to the written submissions. Since the submissions are not registered, a number could not be given, but apparently they are more numerous than those to the Head Warden. Submissions are kept for five years and it can be seen whether a reply was given and who gave it.

Submissions to the Court, the prosecutor's office and other institutions are not registered either, but are forwarded with an accompanying letter. The accompanying letter is written in duplicate. To check whether it was sent, the accompanying letter is looked for. Head of the Administration and Personnel Section advised that the deadline for replying to submissions is regulated differently by different normative acts: the Instruction of the Prison Administration: "as soon as possible", but another normative act, within 15 days. Submissions addressed to the Prison Administration prisoners forward through the prosecutor. If a prisoner wants to send it to the Prison Administration but has no money, he writes a submission and asks that it be sent at the expense of the prison, but there are few such cases – usually submissions are forwarded through the prosecutor. Submissions are sent to the Constitutional Court, some of which are not within its competence. About 10 submissions a month are sent to the European Court of Human Rights without observing the procedure for submission. One submission with attachments had weighed 3 kg.

One of the institutions mentioned in the Penal Code correspondence to which is not censured, is the Court. The Daugavpils prison, having verbally consulted the Prison Administration, interprets the Court as meaning any Court – from first instance to the European Court of Human Rights. However, human rights institutions mentioned in the internal orders are more narrowly interpreted – meaning only the National Human Rights Office. The prison administration believes that it is not important that correspondence with

institutions mentioned in the Penal Code and rules of internal orders of investigation jails is not subject to censure, since the letters are sent at the expense of the prison, they are handed to prison administration open. Earlier, the Court or the Prosecutor's office sent their correspondence to the Court or the Head Warden to give to the prisoner. Now correspondence is more often addressed to the prisoner himself. If a letter from an institution mentioned in the Penal Code is addressed to the prisoner, it is handed over closed.

On the last Thursday of every month the administration, going on inspection, accepts verbal submissions. Verbal submissions are registered in a special Journal for Acceptance of Submissions, indicating: No., time of acceptance, official, sentenced prisoner, contents of the submission and decision made.

Causes of complaints

Prison administration considers the main cause of complaints the fact that the law permits prisoners to write both justified and unjustified complaints. In 90% of cases the administration believes that the complaint is unjustified and prisoners take malicious advantage of their rights. There are many prisoners who write many complaints and frequently. Prisoners write right to higher institutions and fail to initially approach prison administration because they do not trust or respect them or their opinion. The prison has information on how to write to the European Court of Human Rights, but prisoners write without observing the procedure.

The administration believes that the law should regulate exactly that by the Court should be understood only the Court of the specific person's criminal case. By prosecutor should be understood only the prosecutor working with the specific criminal case, and by lawyer only the lawyer defending in the specific case. Letters to all other Courts, prosecutors and lawyers should be sent at the prisoner's own expense, this will reduce the number of complaints.

Jēkabpils prison

Sentenced prisoners may approach prison administration with a written or verbal submission. Complaints of prison staff may be directed to the Section Head. The next instance is the Deputy Head Warden then the Head Warden, Prison Administration and the Prosecutor's office. Written submissions are dropped in a common box intended for all outgoing correspondence of sentenced prisoners and is located in an easily accessible location – at the building where the dining room and canteen are located. Submissions are registered by the office, then they are received by the Head of Security and Regime. The

Head of Security and Regime delegates by means of the office a person competent in the specific question to reply to the submission. The Head Warden of the prison accepts verbal submissions once a week – on Mondays. Meetings with the Head Warden of the prison are made by appointment. Head of Security and Regime also meets with prisoners on Mondays, on general issues – Thursdays and Fridays. Twice a month sentenced prisoners may meet with the prosecutor at the prison. Complaints to other institutions may be sent by mail. Complaints to law enforcement agencies are not censured, they may be handed in for forwarding in a closed envelope and they are mailed at the expense of the prison. The Prison Administration of the Ministry of Justice of the RL makes regular checks at the Jēkabpils prison. Twice a month the prosecutor comes to meetings of the administrative commission.

Life prisoners

Daugavpils prison

In order to establish a separate unit for life prisoners, premises were reconstructed and remodelled and double cells were constructed on two floors. All the cells are similar: there are two single beds, a table, two chairs, a wardrobe in two sections. The cells have glass block windows, barred on the inside. The windows cannot be opened, airing is ensured by ventilation. Walls of the cells are painted in light shades, equipment is new. The cells have a toilet behind a screen and a metal sink. Above the sink – a mirror in a wooden frame, a small shelf on the wall. Heating system – pipes along the wall. This unit has two prison owned TV sets and one video player which the cells receive in the morning according to a schedule and return in the evening. At the time of the visit there were 8 life prisoners in the unit. Two of them live in the same cell by choice, the rest – by themselves.

The prison provides for this category of prisoners a common uniform including footwear, underwear, socks and all the hygiene items prescribed by CM regulations. In specific cases and at the request of the prisoner administration permits the wear of a personal item, for example, while engaged in a sport in the cell – own training suit. Life prisoners have practically no contact with their next-of-kin. During the period from October 2004 to March 2005 there had been one short visit and one longer visit had been requested.

To provide life prisoners with the opportunity to earn and spend time outside their cells, the administration has signed an agreement with a Daugavpils firm to fold cartons. Beginning on 9 March 2005, all life prisoners are offered this work. Some have refused to work, according to the prison administration, because the pay is too low and they receive money from their next-of-kin. The prisoners work in pairs. Four employed prisoners were

interviewed during the visit. One of these pairs gave up their walk for work, the other couple said they took advantage of the opportunity to walk for an hour. Walks are taken singly. Life prisoners are brought out of their cells in handcuffs, escorted by two guards and a dog. They may meet with medical personnel, the chaplain and others (for example reporters) in a separate room where their seat is divided by bars, and which has a door and a small window. Medical personnel may go behind the bars. While in this room, handcuffs may be removed.

According to prison administration, all life prisoners plan to be pardoned after 25 years and return to freedom. However, at present they all have violations and disciplinary punishments which prevent a transfer from the lowest stage of regime to the medium. The chaplain also visits life prisoners. Out of eight sentenced prisoners of this category, seven wish to meet with him. Meetings are held in a special room, where the prisoner and the chaplain are separated by bars. In cooperation with prison administration, the chaplain wants to establish a separate church and film room for this category of sentenced prisoners.