



Special Report of the Public Defender of Georgia

National Preventive Mechanism

Visit Report on the Bediani Psychiatric Hospital of East Georgia Mental Health Center Ltd

(September 26-28, 2018)

The document was prepared in accordance with article 21 (g) of the Organic Law of Georgia on the Public Defender of Georgia

2019

Contents

1. Introduction	3
2. Ill-treatment	4
3. Physical and chemical restraints.....	5
4. Sanitary-hygienic conditions, therapeutic and safe environment.....	9
5. Legal remedies	11
5.1. Hospitalization and informed consent.....	11
5.2. The problem of prolonged hospitalization	13
5.3. Complaints procedure and inspection	15
6. Psychiatric assistance.....	16
6.1 Medical service.....	16
6.1.1 Management of psychiatric cases with drugs (pharmacotherapy)	16
6.1.2. Maintenance of medical documentation.....	17
6.1.3. Treatment of somatic (physical) diseases	17
6.1.4. Threats to smooth delivery of medical services	19
6.2. Psychosocial rehabilitation, psychological and social services	21
7. Food	24
8. Contact with the outside world.....	26
9. Prohibition of communication between patients	27

1. Introduction

This document is a visit report following a visit paid by the National Preventive Mechanism of Georgia to Bediani Psychiatric Hospital on September 26-28, 2018. The technical reports¹ of members of the Special Preventive Group participating in the visit were used during the preparation of the report, along with other material. The documentation obtained during the visit, as well as the reports of the members of the monitoring team, are kept in the Public Defender's Office of Georgia. The report contains the main findings of the monitoring team and excludes the possibility of identifying the respondent patients, given the confidential nature of interviews with them. During the visit, members of the monitoring team were able to move around the facility without obstacles and there has not been any hindrance by the administration.

According to the Public Defender, like previous years, overcrowded bedrooms is still a problem at Bediani Psychiatric Hospital, as well as the lack of patients' private space and privacy, non-adapted environment, poor sanitary norms and personal hygiene, practice of application of physical and chemical restraints, lack of access to timely and adequate treatment of somatic diseases, absence of relevant psychosocial rehabilitation and support services, prolonged hospitalization due to negligence and involuntary medical intervention. The Public Defender termed all of the above in the 2015 Annual Report as inhuman and degrading treatment of patients and issued a number of recommendations for the protection of patients' rights at Bediani Psychiatric Hospital. The recommendations have not been implemented and the situation has not been substantially changed in the institution.

It is worth noting that patients, who do not need active treatment, have remained at Bediani psychiatric institution for many years; they cannot leave the hospital against their wish, because of the lack of services in the community. The Public Defender emphasizes that placement of people with mental health problems in large institutions cannot be considered as a high quality of protection of their rights.

Therefore, the Public Defender calls on the agencies in charge of determining the state policy to take effective steps to facilitate the deinstitutionalization process and the development of community-based services in the shortest possible time. Inter alia, active steps should be taken to build group homes in order to facilitate the integration of beneficiaries into the community. In addition, until the end of the deinstitutionalization process, the Government of Georgia should take immediate steps to ensure a minimal therapeutic environment for patients at Bediani Psychiatric Hospital.

The European Committee for the Prevention of Torture, in a report issued following a visit to Georgia in 2018, called on the State to make every effort to fully implement the obligations under the mental health development strategy and action plan for 2015-2020 and, in this context,

¹ Members of the Special Preventive Group: Daniel Mgeliashvili, Meri Samsonia, Khatia Kheladze, Olga Kalina, Maia Archvadze, Natia Tsereteli and Giorgi Kakachia, Head of the Department for the Protection of the Rights of Persons with Disabilities: Irine Oboladze.

substantially develop psychiatric care in the community in order to improve the quality of life of patients and reduce the risk of ill-treatment. The Committee also said that community accommodation should be provided in small living units, ideally located in towns, with all the relevant facilities close at hand.²

For detailed observations identified by the Special Preventive Group as a result of monitoring, see the chapters below.

2. Ill-treatment

During the visit, members of the Special Preventive Group received no allegations of physical violence against patients by staff. However, the Group was informed that there were certain instances, when the medical personnel yelled, threatened, verbally abused or mocked patients.

Conflicts occur sometimes among patients, which are mainly related to personal issues (e.g., cigarettes, use of others' personal belongings). In one of the cases, the patient was physically restrained in the presence of other patients, who also helped the medical personnel to document the case. The Public Defender believes that the management of the institution should not allow such practices of physical restraint, as the above not only violates the patient's rights, but also facilitates conflicts among patients and increases the risk of violence.

According to the Special Preventive Group, overcrowded rooms and lack of patients' privacy are one of the risk factors of violence among patients. Conflicts in similar situations can often be caused by patients invading each other's personal space. There was a case, when one of the patients no longer wanted to stay in his ward because of having conflict with other patients, but he could not be transferred to another ward because there was no enough space. The Group believes that other important risk factors of violence are: insufficient number of qualified staff; absence of system for assessing the risks coming from patients; lack of a timely and adequate intervention system in case of danger or proper supervision of patients by staff.

It should be noted that the Georgian legislation does not provide for the obligation or procedures for documenting incidents/instances of violence in psychiatric institutions or responsive measures. Therefore, systematized documentation of incidents and bodily injuries remains a problem at Bediani Psychiatric Hospital. There is no journal of such information; neither the nurses' journals include this information. In some cases, information about incidents and injuries is recorded in the patient's medical history, but only generally, without a detailed description of circumstances.

Recommendations

To the Minister of IDPs from the Occupied Territories, Labour, Health and Social Affairs of

² Visit report of the European Committee for the Prevention of Torture following a visit to Georgia (CPT/Inf(2019) 16), para. 106, September 10-21, 2018, available in English at: <<https://rm.coe.int/1680945eca>> [last accessed: 06.06.19].

Georgia:

- In 2019, compel the psychiatric inpatient institutions, on the basis of a relevant legal act, to fully document the cases of conflicts and violence and the measures taken in response;

To the Director of Bediani Psychiatric Hospital:

- In 2019, take all measures to implement active policy of attracting new staff, including sanitarians, caregivers, psychologists and social workers; to achieve this:
 - Actively inform the public about the employment opportunities and working conditions in the institution;
 - Increase the remuneration of the staff in order to make the working conditions favorable and ensure adequate remuneration for the difficult and time-consuming work;
 - Train staff in the direction of job burnout and stress management;
 - Provide transportation of staff to the institution;
- In 2019, develop detailed instructions for communication with patients, which should include standards of ethics, care and protection of psychiatric patient's rights;
- In 2019, develop a strategy for the prevention of conflict and violence, which, among other important components, should include:
 - Examination of causes and risk factors of violence against patients and conflict among patients;
 - Measures to be taken to reduce violence and risks of conflict;
 - Pre-assessment of risks coming from patients;
 - A consistent list of actions to be taken in case of conflicts and violence.
- In 2019, establish internal system for monitoring violence among patients and situation of safety;
- In 2019, ensure systematic recording of conflicts, violence, injuries and responsive measures, by indicating the time of incidents, identities of those involved in the conflict, causes of conflicts, injuries sustained and responsive measures taken.

3. Physical and chemical restraints

Taking into account the spirit of the Convention on the Rights of Persons with Disabilities³ and the approach of the World Health Organization towards the mental health rights, which is rights-

³ Guidelines on article 14 of the Convention on the Rights of Persons with Disabilities, available in English at: <<https://www.ohchr.org/.../GC/GuidelinesArticle14.doc>> [last accessed: 17.05.19].

based and recovery-oriented,⁴ the Public Defender considers that the State should facilitate reduction and ultimately elimination of the use of physical and chemical restraints towards inpatients. In this regard, it is important to implement the document developed by the World Health Organization – “Creating mental health and related services free from coercion, violence and abuse”⁵ – in institutions.

It is worth noting that the Bediani Hospital still uses physical and chemical restraints⁶ and the approaches of the State and the institution fail to ensure reduction and eventually elimination of the use of physical and chemical restraints. According to the Special Preventive Group, this is due to the following factors: absence of regulations on alternative methods of physical and chemical restraints (verbal de-escalation); absence of legal regulation of chemical restraints⁷ and the problem of recording the use of chemical restraints; the problem of monitoring the protection of patients' rights and the state supervision of the provision of adequate psychiatric care in psychiatric institutions; the problems of supporting and informing patients about their right to appeal against the unjustified use of physical restraint to the court and lack of staff.

It is worth mentioning that no alternative methods of physical and chemical restraints (de-escalation⁸) are determined at the legislative level. Accordingly, the facility does not use alternative (de-escalation) methods of physical and chemical restraints. In contrast, they apply the methods of physical and chemical restraints.⁹

According to the Special Preventive Group, although the use of chemical restraints is common in the institutions, neither the Law on Psychiatric Care nor the guidelines for the use of physical restraint methods refer to chemical restraint as a measure of restraint. Consequently, chemical restraint is not recognized as means of restraint in the facility and its use is not recorded. Given this, it is difficult to determine the frequency and circumstances of the use of chemical restraints, or whether or not its use is justified.

Under circumstances of the lack of state supervision of the provision of adequate psychiatric care or monitoring of the protection of patients' rights, no legality or justification of the use of physical and chemical restraints is examined. The Special Preventive Group identified the following

⁴ World Health Organization (WHO), WHO Initiative, Quality and Rights aimed at improving access to quality mental health services and promoting the human rights of people with psychosocial disabilities, 2017, available at < http://www.who.int/mental_health/policy/quality_rights/en/ > [last accessed: 17.05.19].

⁵ World Health Organization (WHO), Quality and Rights, “Creating mental health and related services free from coercion, violence and abuse”, available at: <<https://bit.ly/2XhF0qZ>> [last accessed 21.05.19].

⁶ Monitoring report of the Public Defender’s National Preventive Mechanism of Georgia on psychiatric institutions, 2015.

⁷ Neither legislation nor regulations of the institution prescribe alternative methods of physical and chemical restraints.

⁸ The de-escalation techniques may include: immediate assessment of potential crisis and rapid intervention; orientation to problem solving; empathy and persuasion; stress management or relaxation techniques, such as breathing exercises; allocation of personal space; variety of options; time to think;

⁹ In 2018, there were 14 cases of physical restraints. Physical restraint was applied only in the women's unit, namely patients were fixed in a bed with canvas/sheet for an approximate period between 20 and 60 minutes. Data on chemical restraints is unavailable.

violations in this regard: The staff of the facility do not use physical restraint methods in accordance with the objective indicated in the instructions for the use of physical restraint methods towards patients with mental disorders;¹⁰ The staff of the facility do not assess whether the patient's physical restraint is the only way to avoid immediate and unavoidable harm to the patient or others, or whether the harm may be otherwise avoided (for example, by the use of verbal de-escalation method).

Monitoring showed that physical restraint is used in the facility not for the purpose of avoiding real and immediate danger, but because of the patient's "neurological condition". Patients say that physical restraint is used even when patients touch staff members in a non-aggressive manner and annoy them. This was also proved by the doctor's explanations in the medical documentation.

The staff of the facility do not document or substantiate the use of physical restraint, despite the fact that this obligation is provided for in article 16 (5) of the Law on Psychiatric Care.¹¹ The reasons for the use of physical restraint were not mentioned in the journal of restraints examined by the Special Preventive Group or patients' medical files.¹² The journal of physical restraints does not contain a section referring to the reasons for the use of restraints.

According to the Public Defender, it is important that the use of physical restraint be recorded in the journal of physical restraints, as well as in the patient's medical files and nurse's journals.

Examination of documents by the Special Preventive Group showed that patient's medical files did not include records of 11 cases that took place in 2018. Information in the daily observation journal (nurse's journal) was also incomplete, with 6 cases of the use of physical restraints omitted.

In addition, monitoring showed that the facility uses the method of physical restraint in the presence of other patients, in a shared (overcrowded) room, which contradicts the standards established by the European Committee for the Prevention of Torture (CPT), according to which, physical restraint should not be used in the presence of other patients.

The patients placed in the facility are not informed or supported with regard to their right to appeal against the use of physical restraint to the court.

In addition, the Public Defender is concerned about the fact that, just like during the visit paid in 2015, physical restraint is equally used in relation to both formally voluntary and involuntary patients, which is contrary to the CPT's position, according to which, no physical restraint should

¹⁰ Order No. 92/n of the Minister of Labour, Health and Social Affairs of Georgia, "Physical restraint of a patient is permissible only when this is the only way to prevent immediate and unavoidable harm to the patient or others", available at: < <https://matsne.gov.ge/ka/document/view/69838?publication=0> > [last accessed: 17.05.19].

¹¹ Law on Psychiatric Care, "The decision on the use of physical restraint shall be made by the doctor treating the patient or the doctor on duty on that particular day, the justification of which shall be provided in the medical documentation."

¹² The justification shall provide a description of reasons which conditioned the necessity of the use of the means of restraint.

be used towards formally voluntary patients. If it is deemed necessary to restrain a voluntary patient, the procedure for re-examination of his/her legal status should be initiated immediately.¹³ The above was discussed by the Public Defender as well in her Parliamentary Report 2018.¹⁴

According to the administration, the facility is overcrowded so that there is no space for isolation rooms. Consequently, no isolation is used in the facility

Recommendations

To the Minister of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia:

- In 2019, in order to amend the rules and procedures for the use of physical restraint towards patients with mental disorders, determine the obligation of the use of alternative methods in case of critical intervention and determine the procedure of documentation of the use of such methods, as well as provision of explanations of why these methods did not turn out to be effective and why it became necessary to use physical restraint;
- In 2019, ensure that the State Regulation Agency for Medical Activities¹⁵ examines the justifiability and legality of the use of restraints.

To the Minister of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia and to the Director of Bediani Psychiatric Hospital:

- In 2019, develop and approve binding guidelines in accordance with the document developed by the World Health Organization – “Creating mental health and related services free from coercion, violence and abuse”¹⁶, which would provide the following strategies for eliminating coercion, violence and restraints:
 - Identification of triggers and warning signs and adequate response;
 - Comfort rooms and sensory approaches;
 - Establishment of the culture of saying 'yes' and 'I can do it';
 - Development of individual plans for the prevention and management of tense situations;
 - Communication techniques;
 - Formation of response groups;

¹³ Report of the European Committee for the Prevention of Torture to the Government of Georgia to Georgia following a visit paid to the country on 1-11 December 2014, para. 151.

¹⁴ Report of the Public Defender of Georgia on the Situation of Human Rights and Freedoms in Georgia 2018, p. 76, available at: < <http://ombudsman.ge/res/docs/2019042620571319466.pdf> > [last accessed: 03.06.19].

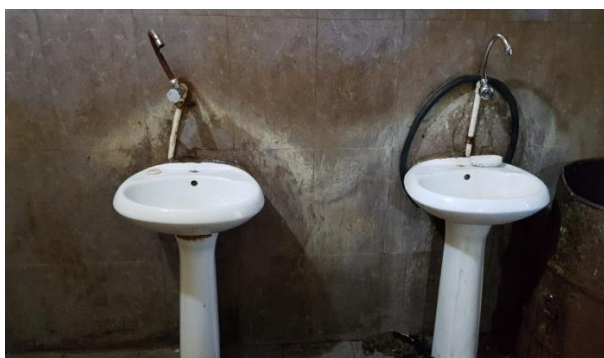
¹⁵ Subparagraph 331 of paragraph 3 of article 2 of the provisions of State Regulation Agency of Medical Activities – legal entity of public law approved by Decree N01-64/N of the Minister of Labour, Health and Social Affairs of Georgia, December 28, 2011.

¹⁶ World Health Organization (WHO), Quality and Rights, “Creating mental health and related services free from coercion, violence and abuse”, available at: <<https://bit.ly/2XhF0qZ>> [last accessed 21.05.19].

- In 2019, ensure that the State Regulation Agency for Medical Activities¹⁷ examines the relevance and legality of the use of restraints.
- In 2019, develop a verbal de-escalation method as an alternative to physical and chemical restraints and train staff in: verbal and non-verbal de-escalation, prevention and management of aggression
- Ensure that complete description of reasons and circumstances of the use of physical and chemical restraints is immediately provided in the medical documentation
- Immediately eliminate the practice of the use of physical restraint in common space, in the presence of other patients
- Take immediate measure to ensure that the use of physical restraint, if any, is recorded in the journal of physical restraints, as well as in the patient's medical documents and nurses' daily journals.

4. Sanitary-hygienic conditions, therapeutic and safe environment

The visits to Bediani Psychiatric Hospital showed that in terms of living conditions and sanitary-hygienic conditions, the problems are: old infrastructure of the clinic, adaptation of the environment to the needs of persons with disabilities, hygiene and adequate temperature, overcrowding and lack of private space, patients' personal hygiene and provision of seasonal clothing.



No sanitary-hygienic standards are observed in the men's or women's units, including in the bathrooms. In addition, the toilet doors are out of order and cannot be locked, which creates a problem

in terms of protecting patients' privacy while using the toilet. Bathrooms and toilets are not adapted to the needs of persons with disabilities. In addition, the facility does not have any special

¹⁷ Subparagraph 331 of paragraph 3 of article 2 of the provisions of State Regulation Agency of Medical Activities – legal entity of public law approved by Decree N01-64/N of the Minister of Labour, Health and Social Affairs of Georgia, December 28, 2011.

aids, so patients with mobility problems need the assistance of the staff and other patients to take a shower. The floor in the bathrooms has a glossy surface and, if wet, patients sometimes slip and sustain injuries.

The visit also made it clear that the wards were overcrowded. Patients are not provided with the standard space of 8 sq. m. In addition, beds are located so that the distance between them is less than 1.2 m. (about 60-70 cm).¹⁸ Most patients have no closets or any other place for storing personal belongings. In the men's unit, wards are interconnected, which creates the problem of maintaining the desirable temperature or protecting privacy.



The facility uses wood heaters, which cannot maintain stable temperature. The facility does not have air conditioning system either.

In terms of organizing patients' personal hygiene, it is difficult to provide adequate supply of toiletries (toothpaste, toothbrush, soap, shampoo, single-blade razors, etc.). During the visit it was found out that only a small percentage of patients had toothbrushes or toothpaste. Patients' personal soaps and shaving brushes were kept in a shared bathroom and they lacked signs identifying their owners. It was also found out that single-blade razors were used by the patients many times. In addition, the facility does not supply patients with bath sponges, and when taking a shower, patients have to use a shared sponge. Sometimes patients take a shower together, which violates their privacy.



Patients' bed linen and underwear are washed together, and after washing, patients cannot

¹⁸ According to the Inpatient Facility Permit approved by the Government's Decree N385 of December 17, 2010, space in a ward shall be at least 8 sq. m. per patient and the distance between beds shall be at least 1.2 m.

identify their own items, so they have to wear each other's underwear. In addition, the facility cannot adequately provide patients with seasonal clothing or footwear.



According to the Public Defender, the above-mentioned situation of patients' hygiene creates the danger of spreading contagious diseases and represents a degrading treatment of patients.

Recommendations

To the Director of Bediani Psychiatric Hospital:

- In 2019, ensure full renovation of the Bediani Psychiatric Hospital and create therapeutic environment, including:
 - Arrange toilets and showers, change doors and repair floors so that its surface reduces the risk of slipping;
 - Install central heating and ventilation system.
- In 2019, adapt toilets and showers to the needs of persons with mobility disability;
- In 2019, ensure that distance between beds is no less than 1.2 m. and provide each patient with a standard living space of 8 sq. m., by reducing the number of beds in the wards;
- In 2019, provide all beneficiaries with closets for storing their personal items;
- In 2019, ensure that all patients are provided with personal toiletries;
- In 2019, ensure that all patients are provided with seasonal clothing and footwear.

5. Legal remedies

5.1. Hospitalization and informed consent

Informed consent of the patient should be a precondition for providing psychiatric care in a mental health system based on person's dignity and personal integrity.¹⁹ According to the

¹⁹ Dignity must prevail" – An appeal to do away with non-consensual psychiatric treatment World Mental Health Day – Saturday 10 October 2015, United Nations Special Rapporteurs on the rights of persons with disabilities, Catalina

European Committee for the Prevention of Torture, consent to treatment can be called free and informed only if it is based on complete, accurate and detailed information about the patient's condition and the treatment offered.²⁰

According to the Law on Psychiatric Care, inpatient psychiatric care shall be voluntary, although the law allows exceptions.²¹ Unlike voluntary psychiatric care, where patients are placed on the basis of their own request and/or informed consent, involuntary inpatient psychiatric care requires the conclusion of the doctor-psychiatrists' commission and the court warrant. The law also provides for specific procedures for reviewing the decision.²²

All patients admitted to Bediani Psychiatric Hospital have the status of a voluntary psychiatric patient, although they actually cannot leave the facility voluntarily. According to the observation of the Special Preventive Group, the procedure for admitting patients to the hospital is formal. In particular, patients sign a document on informed consent so that they do not have proper information about the service and are not properly involved in the treatment process. As a result, formally voluntary patients, who are actually involuntarily placed at the hospital, some of which constantly ask for permission to go home, remain outside the control of the court, are unable to protect their rights and are subject to medical intervention and physical restraint against their will, which violates their personal freedom and right to integrity, and under arbitrary detention they often become victims of inhuman and degrading treatment.

The legislation does not provide for the obligation to obtain separate informed consents for hospitalization and treatment. Accordingly, the patient's consent to hospitalization is identified with the consent to treatment, which contradicts international standards.²³

According to the Special Preventive Group, it is important to inform patients of their rights, as well as the essence, methods and duration of treatment, both at the initial stage of hospitalization and at later stages. If the patient wishes to be discharged from the hospital and there is no court warrant for the involuntary placement, the patient should be discharged immediately.²⁴ As for treatment, medical intervention should be based on the patient's consent.²⁵

Devandas-Aguilar, and on the right to health, Dainius Pûras, available in English: < <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16583> > [Last accessed: 27.03.2019]

²⁰ Standards of the European Committee for the Prevention of Torture, para. 41.

²¹ Cases under articles 16 (methods of physical restraint of a patient), 18 (involuntary inpatient psychiatric care) and 22¹ (forced psychiatric treatment) of the Law on Psychiatric Care.

²² Involuntary inpatient psychiatric care shall be provided to the patient until all the criteria for involuntary inpatient psychiatric are used, but this period shall not exceed 6 months. The commission of doctor-psychiatrists is obliged to consider the reasonability of continuation of involuntary inpatient psychiatric care each month.

²³ Standards of the European Committee for the Prevention of Torture, para. 41.

²⁴ See the Public Defender's Monitoring Report 2015 on Psychiatric Institutions, p. 89

²⁵ Dignity must prevail" – An appeal to do away with non-consensual psychiatric treatment World Mental Health Day – Saturday 10 October 2015, United Nations Special Rapporteurs on the rights of persons with disabilities, Catalina Devandas-Aguilar, and on the right to health, Dainius Pûras, available in English: < <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16583> > [Last accessed: 27.03.2019]

Recommendations

To the Minister of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia:

- Instruct the State Regulation Agency for Medical Activities to study the cases of formal voluntary psychiatric care of patients, when they are actually hospitalized against their will, and take all necessary measures in order to ensure that patients are immediately discharged, if there is no legal basis for their involuntary psychiatric care;
- Ensure that a unified consent form for placing patients in inpatient psychiatric facility is developed and approved by the Minister's order, which would provide complete, accurate and detailed information about the essence of psychiatric care, as well as patients' rights, in an understandable language;
- Amend the Minister's Order²⁶ so that to ensure that filling in the №IV-300-12/a form,²⁷ approved by Appendix 13 of Order #108/N of the Minister of Labour, Health and Social Affairs of Georgia, be mandatory at all stages of initiation, continuation or modification of patient's treatment.

To the Director of Bediani Psychiatric Hospital:

- Immediately discharge the recipients of formally voluntary psychiatric care, if this is requested by them and if there is no legal basis for the use of procedure of involuntary psychiatric care.

5.2. The problem of prolonged hospitalization

The UN Committee on the Rights of Persons with Disabilities is concerned about the lack of support services in the community and institutionalization of persons with disabilities. It recommends that States develop support services in the community and accelerate deinstitutionalization strategies in consultation with organizations of persons with disabilities.²⁸ In addition, the Committee recommends that States allocate more financial resources to provide relevant community-based services.²⁹

²⁶ Order # 87/N of the Minister of Labour, Health and Social Affairs of Georgia on Approval of the Rules of Placement of Patients in Psychiatric Hospital, March 20, 2007, Tbilisi.

²⁷ Patient's informed consent to medical care in writing.

²⁸ Inter alia, the concluding observations of the UN Committee on the Rights of Persons with Disabilities on Azerbaijan, (2014), para. 29; available in official languages of the UN: < <https://bit.ly/2XtS64D> > (last accessed 27.03. 2019).

²⁹ Concluding observations of the UN Committee on the Rights of Persons with Disabilities on China, para. 26; Concluding observations of the UN Committee on the Rights of Persons with Disabilities on Austria (2013), para. 31; Concluding observations of the UN Committee on the Rights of Persons with Disabilities on Sweden (2014), para. 36.

Prolonged hospitalization remains a serious problem at Bediani Psychiatric Hospital, as well as in other psychiatric institutions.³⁰ 64 out of 158 patients, who were placed in the hospital during the visit of the Special Preventive Group, had been there for more than 5 years, half of them (32 patients) – for more than 11 years. The above, according to the Special Preventive Group, is conditioned by the lack of proper patient support system, geographical inaccessibility of outpatient psychiatric services, lack of shelters and social support.

Prolonged hospitalization deprives the beneficiaries of their life skills, due to which, their return to/reintegration into the community is associated with severe barriers and is a lengthy process, as a result of which, their family members refrain from receiving them back.

Unfortunately, the only shelter across the country is located in Acad. B. Naneishvili National Mental Health Center and is intended for 100 beneficiaries. The shelter is located on the territory of the Center and is isolated from the community. The Preventive Group believes that a boarding house should be arranged in the community, with appropriate living conditions, and that the integration of beneficiaries into the community should be facilitated.

The Special Preventive Group believes that in 2019, the Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs should at least ensure assessment of needs of those patients who have been placed in the psychiatric institutions for longer than 6 months, for the purpose of discharging them and referring them to community services, which would make it possible to calculate the necessary financial resources.

It should be noted that if long-term inpatients are discharged, the financial resources intended for their long-term treatment would be saved and it would be possible to direct these resources at patient's social allowances, which might encourage families to socially support patients, or when the above is not available, the financial resources could be spent on providing a shelter for the patient (according to the Special Preventive Group, the shelter component should be considered as a community service). It is necessary to develop a plan for the provision of shelters by taking into account the number of future beneficiaries.³¹

Recommendations

To the Minister of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia:

³⁰ During the visit of the Special Preventive Group paid on September 26, 27, 28, 2018, 158 patients were placed at the hospital in all. All of them were receiving voluntary psychiatric care. 1 out of 158 patients has been in the clinic since 1999, 1 patient - since 2000, 1 – since 2001, 2 - since 2002, 8 - since 2003, 4 - since 2004, 2 - since 2005, 2 - since 2006, 5 - since 2007, 6 - since 2008, 2 - since 2009, 9 - since 2010, 4 - since 2011, 13 - since 2012, 4 - since 2013, 8 - since 2014, 8 - since 2014, 8 - since 2015, 9 - since 2016, 23 - since 2017 and 46 - since 2018. These figures do not include those who were temporarily removed from the psychiatric hospital due to somatic health problems by the family or the hospital, or the persons transferred from other psychiatric establishments. Upon return/transfer of all such persons, a new medical document is opened and a new date of the start of the inpatient treatment is indicated.

³¹ See the Public Defender's Monitoring Report on Psychiatric Establishments, 2015, pp. 92-96, available at: < <http://www.ombudsman.ge/res/docs/2019040514175256340.pdf> > [last accessed 20.03.2019].

- Ensure monitoring of the needs assessment of the patients who have spent more than 6 months in the facility, as well as the process of discharging and referring them to the community services.

To the Director of Bediani Psychiatric Hospital:

- Ensure the needs assessment of the patients who have spent more than 6 months in the facility in order to facilitate the process of discharging and referring them to the community services.

5.3. Complaints procedure and inspection

Effective complaints and inspection procedures are particularly important in psychiatric establishments, as there is a high risk of violence and violation of fundamental human rights.³²

Like previous years, the Bediani Psychiatric Hospital³³ formally has an internal complaints and feedback procedure, as well as complaints boxes, but patients rarely use the boxes.³⁴

Large percentage of the interviewed patients are not aware of their rights.³⁵ Consequently, by considering the patients' special needs, the facility should introduce an easy and available complaints procedure in relation to care-related issues and human rights violations. It is also necessary to draft a normative act that would determine binding, uniform internal complaints and feedback procedure for the institutions. The Public Defender considers that easily understandable information about patients' rights, as well as complaints mechanism and procedure, should be posted at a place accessed by patients. It is also necessary that the Social Service arrange information meetings with patients to provide detailed information to them about their rights and complaints mechanisms.

Recommendation

To the Director of Bediani Psychiatric Hospital:

5. In 2019, provide information to patients about their rights, including by providing information documents at places easily accessed by patients and explaining this

³² General Comment No. 2 of the Committee against Torture (2007), para. 15. Article 13 of the Convention on the Rights of Persons with Disabilities, as well as article 15, paragraph 2.

Paragraph 14 of article 18 and paragraph 6 of article 16 of the Law of Georgia on Psychiatric Care.

³³ Like in other psychiatric hospitals.

³⁴ According to the written response of the Director of the clinic (reply No.180 of October 22, 2018), no statistics are maintained on the beneficiaries' applications or complaints at the facility on the motive that the process is of constant nature.

³⁵ On September 26, 27, 28, 2018, during the visit to the Special Preventive Group, no list of patient's rights were posted anywhere in the facility.

information to beneficiaries/patients in an understandable language.

6. Psychiatric assistance

6.1 Medical service

6.1.1 Management of psychiatric cases with drugs (pharmacotherapy)

Psychiatric care is reduced to pharmacological therapy at Bediani Psychiatric Hospital, which is incompatible with modern biopsychosocial approaches and evidence-based health care principles.³⁶ According to the Special Preventive Group, it is impossible to provide appropriate psychiatric care without biopsychosocial approach, which means that in addition to pharmacotherapy, individual needs-based psychosocial rehabilitation of the patient is needed. During the visit of the Special Preventive Group, problems were identified not only in the direction of psycho-rehabilitation,³⁷ but also in the process of treatment with drugs, namely in terms of informing patients during treatment with drugs and managing the side effects of antipsychotic drugs.

The interviews with patients made it clear that a doctor visits wards in the morning, but does not talk to patients. In addition, patients cannot get information from the doctor about the prescribed medications and their side effects. The staff of the facility checks whether the patient took drugs or not, as it is mandatory to take drugs. If it turns out that the patient has not taken drugs or refuses to take them, they are injected against their will.

All antipsychotic drugs have side effects, the manifestation and clinical significance of which vary and depend on the individual characteristics of the drug and the patient. In addition, it is important to periodically conduct laboratory examinations to manage the side effects of antipsychotic drugs.

The inpatient psychiatric facility should be able to carry out laboratory examinations 24 hours a day.³⁸ Unfortunately, the lab of Bediani Psychiatric Hospital has not been functioning since 2018. Accordingly, laboratory examinations are no longer conducted. According to the Director of Bediani Psychiatric Hospital, the lab room has been repaired, but they have no financial resources to buy the equipment.

³⁶ Report of the European Committee for the Prevention of Torture following the visit paid to Georgia on 1-11 December 2014, para. 144.

³⁷ See the details in the chapter on psychosocial rehabilitation, psychological and social services.

³⁸ Decree N385 of the Government of Georgia of 17 December 2010 on Approval of the Provisions on the Rules and Terms for Granting Medical Activity Licence and Inpatient Facility Permit, Appendix 21.

6.1.2. Maintenance of medical documentation

Patients should be admitted, placed, discharged and monitored, and medical records should be maintained in accordance with normative acts developed by the Ministry of Labour and Social Affairs of Georgia.³⁹ Numerous deficiencies were detected in the maintenance of medical documentation at Bediani Psychiatric Hospital. Medical records do not include information about the individual treatment plan. Some records cannot be read because of bad handwriting. Medical records do not contain information about the patient's somatic health status either.

It is important doctors to indicate the tactics of treatment along with the patient's complaints in the medical records, properly treat the patient, evaluate the dynamics of treatment, and if necessary, review the treatment plan together with the patient. Medical records should be clear and understandable in order the patient to be able to receive medical care continuously and smoothly.

The psychiatrist's monitoring results indicated in the medical record only reflect the patient's mental state and treatment with drugs, but do not include the list of consultations with doctors or clinical-laboratory examinations for managing the side effects or associated somatic diseases. The records do not include information about the activities aimed at enhancing psycho-education of the patient, raising their awareness of mental problems or getting their consent.

The patient's medical record does not contain information on the cost of the drugs purchased by the patient or his/her family member either. If the patient takes a drug purchased by him/her, the above should be indicated in the "patient's drug" cell.⁴⁰

6.1.3. Treatment of somatic (physical) diseases

Physical/somatic complications are quite frequent in people with mental disorders. Although the link between metabolic problems and antipsychotic medications is not completely clear, all agree that patients who take long-term antipsychotic medications should undergo regular physical health examinations.⁴¹

The National Guidelines for the Management of Schizophrenia⁴² emphasize the importance of monitoring the antipsychotic drugs for early detection of somatic problems, assessment of severity and proper selection of antipsychotic treatment strategies. An approximate frequency

³⁹ Order №108/n of the Minister of Labour, Health and Social Affairs of Georgia of 19 March 2009 on Approval of the Procedure for Maintenance of Inpatient Medical Documents in Medical Institutions.

⁴⁰ Order №108/n of the Minister of Labour, Health and Social Affairs of Georgia of 19 March 2009 on Approval of the Procedure for Maintenance of Inpatient Medical Documents in Medical Institutions, article 4.

⁴¹ Treatment and management of schizophrenia in adults – the clinical practice recommendation (guideline), chapter 4.2.

⁴² Treatment and management of schizophrenia in adults – the clinical practice recommendation (guideline), chapter 4.7.

table of the study of patients' physical and biochemical parameters is also provided in the document.

The psychiatric clinic has employment contracts with a surgeon, therapist, pulmonologist, dermato-venereologist and gynecologist. Examination of documentation showed that consultants go to the clinic once a month. As for the neurologist, he goes to the facility once in every two months. According to the facility doctor, if necessary, they call doctor-consultants and receive recommendations by the phone.

When medical documentation does not include information about somatic health problems, it is not possible to determine how long the patient has had a somatic health problem or whether any treatment has been provided. Information about the patient's somatic health can be obtained if the patient was taken to another hospital for somatic health problems and the medical record includes the form N100 (assessment of patient's health condition).

Interviews with patients made it clear that despite the service of doctor-consultants, there are occasions when medical care is delayed or not provided at all. For example, one patient had been suffering from arm pain for 4 months, although no doctor-consultant examined him, nor radiography was provided. One of the patients lost his hearing and had pustule in the ear, but no medical aid was provided. Another patient was in urgent need of an ophthalmologist's consultation for his visual impairment, but no consultation was provided.

The men's units has three patients with diabetes. The nurse of the unit explained that they had a glucometer, but blood sugar levels were monitored once a month, which is not enough. As for other patients, the above is done only in case of need.

Provision of dental services is also a problem. Most of the interviewed patients have dental problems. Majority of them have no teeth and need prostheses. In case of toothache, they are given painkillers and in case of emergency, they are taken to Tetriskaro for tooth extraction.

Three deaths were reported in the hospital in 2018. In all three cases, the cause of death was "cardiac arrest due to cardiovascular failure, unspecified." Examination of one of the deceased patients' medical record made it clear that the patient had been in the psychiatric clinic since 2002. On December 12, 2017, he was discharged from the clinic with the diagnosis of paranoid schizophrenia, respiratory failure. His somatic/physical health had worsened due to the viral infection a month before being discharged. The patient returned to Bediani Psychiatric Hospital on December 29, 2017, with the form N100 indicating that he needed repeated laboratory examinations and ultrasound examination of the pleura. According to the pulmonologist's recommendation of 9 January 2018, he needed radiography. It is worth mentioning that there was no information about the implementation of these recommendations in the patient's medical record. Thereafter, the patient was referred to another clinic for somatic/physical health problems, where he died.

The above clearly shows that monitoring and management of somatic (physical) health problems

remains problematic at Bediani Psychiatric Hospital. In the absence of a lab and regular visits of doctor-consultants, as well as due to cost-related medical care, appropriate medical care is delayed, which can lead to the complication of patients' physical health condition.

6.1.4. Threats to smooth delivery of medical services

The patients placed in inpatient care should receive proper and smooth medical care. In this regard, the examination/assessment of the situation and threats to smooth delivery of medical services in the East Georgia Mental Health Center Ltd by the Internal Audit Department of the Ministry of IDPs from the Occupied Territories of Georgia, Labour, Health and Social Affairs is worth mentioning. As a result of the study, the following violations were identified: The institution fails to comply with the general permit requirements of Decree N385 of the Government of Georgia (17 December 2010) on Approval of Provisions on the Rules and Terms for Granting Medical Activity Licence and Inpatient Facility Permit. Because of this, as early as 3 April 2018, the facility was fined by LEPL State Regulation Agency for Medical Activities, but the management had not taken steps for improving the fulfilment of permit terms even by February 2019, when the Internal Audit Department of the Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs completed the audit.

According to the Internal Audit Department's report, the incorrect financial policy of the Center's management resulted in a debt of GEL 165 615 towards providers. Investigation of the causes of the debt revealed that the Center failed to implement the business plan approved by LEPL National Agency of Property, in which the food and drug expenses were artificially reduced, while salaries and other expenses were increased.⁴³ The management of the facility spent on salaries GEL 81 624 more than it was envisaged in the business plan, which resulted in debts. Thus, the Centre's 2018 business plan was devised by the management so that it failed to meet the Centre's needs. The planned income of 2018 ignored the needs identified by LEPL State Regulation Agency for Medical Activities. The management of the Center failed to plan and implement preventive measures to avoid the risks of delay in delivering medical services, as a result of which, the institution faced the real threat of revocation of its permit and suspension of its activities.

Based on the identified violations, the Internal Audit Department made the following recommendations: 1. The report on the examination/assessment of the situation of smooth delivery of health care and related threats in the East Georgia Mental Health Center Ltd should be sent to LEPL National Agency of State Property; 2. LEPL State Regulation Agency for Medical Activities, considering the violations and shortcomings identified in the report, should consider the issue of responsibility of the Director General of the Center; 3. The following issues should be

⁴³ 30% instead of 38% of the projected income was estimated for the food and drug costs, the reason for which cannot be substantiated by the Center's management. The costs amounted to 34%, i.e. GEL 78 913 more than it was planned and GEL 80 067 less than projected.

raised before LEPL State Regulation Agency for Medical Activities: a) When considering sanctions for the violation of terms by the Center, the financial situation of the Center (credit debt of GEL 165 615 towards the providers), as well as the fact that the re-imposition of the fine on the permit holder will likely have no real result in terms of improving the fulfillment of permit terms, should be taken into account and the option of fulfillment of permit terms by the assistance of a third party on the basis of paragraph 13 of article 34 of the Law on Licences and Permits should be considered; (B) The assistance rendered in "urgent cases" by the Center through August 2018 should be examined within the framework of revision of the mental health component of the State Health Care Programme.

Due to the non-compliance of Bediani Psychiatric Hospital with the permit terms and the incorrect financial policy, it is important to eliminate the dangers to the smooth delivery of medical services available in the clinic as soon as possible.

Recommendations

To the Minister of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia:

- Ensure, as soon as possible, elimination of obstacles to the smooth delivery of medical services at the hospital

To the Director of Bediani Psychiatric Hospital:

- Ensure that information about treatment is provided to patients on a regular basis in an understandable language and that the above is considered as part of the therapeutic process
- Ensure that the medical personnel of the facility respects the patient's refusal of treatment, and at the same time, provides detailed information to the patient about the importance of treatment, side effects of drugs and their management
- In order to manage the side effects of drugs, ensure clinical-laboratory, dynamic assessment of risk factors of agranulocytosis,⁴⁴ metabolic processes and especially hyperglycemia,⁴⁵ as well as control of leukocytes⁴⁶
- Fasten medical records in an orderly manner and provide complete information about the patient's mental and somatic health condition in medical records
- Provide timely and adequate dental care by ensuring the presence of a dentist in the institution or timely transportation of the dentist
- Provide adequate treatment of patients' somatic health problems by ensuring timely diagnosis and access to the family doctor in the institution

⁴⁴ Decrease in the number of leukocytes (white blood cells) in the blood, see the link: <<http://www.medgeo.net/2009/06/30/agranulocytosis/>> [last accessed 27.03. 2019].

⁴⁵ High blood sugar levels, see the link <<http://gh.ge/ka/disease/900/>> [last accessed 27.03. 2019].

⁴⁶ White blood cells, see the link <<http://www.nplg.gov.ge/gwdict/index.php?a=term&d=13&t=7368>> [last accessed: 27.03. 2019].

6.2. Psychosocial rehabilitation, psychological and social services

Psychosocial rehabilitation

According to the Law of Georgia on Psychiatric Care, a system of measures aimed at improving mental health includes medical and psychosocial interventions. The purpose of the latter is to maintain the patients' social and labour contacts and develop skills that determine their ability to live independently in the community.⁴⁷

Monitoring of Bediani Psychiatric Hospital showed that the extent of psychosocial rehabilitation in the clinic is still extremely limited, management of mental disorder is based on pharmacotherapy and no biopsychosocial approaches are provided;⁴⁸ the clinic does not have a multi-disciplinary team that would assess the beneficiaries' individual needs, develop individual plans or ensure their implementation. There is no therapeutic environment in the hospital⁴⁹ and no recovery care is provided. All of the above is due to the lack of sufficient and properly qualified staff. In particular, the hospital does not have an occupational therapist (ergotherapy).⁵⁰ At the time of the visit of the Special Prevention Group, one position of a social worker was vacant, while the professional qualifications of the employed social worker failed to meet the requirements of article 42 (c) of the Law on Social Work, namely, the social worker did not have any of the following: bachelor's degree, master's degree/equalized degree or doctor's degree in social work. The social worker did not have a social worker certificate either. In addition, the professional qualifications of the labour therapist (labour therapy instructor) failed to meet the requirements of Technical Regulations - Psycho-Social Rehabilitation Standard.⁵¹ Although the hospital's psychologist⁵² was trained in psychotherapy and art therapy, her resources were not used in this direction.⁵³ According to the Special Preventive Group, it is important to attract properly qualified staff and to use the resources of the employed psychologist in the direction of psychotherapy and art therapy.

Due to the inadequate number and qualifications of the staff, psychosocial activities are extremely limited at the hospital and it is also difficult to plan a day so that to enable patients to relax and entertain. The patient's day regimen is not diverse. **According to the interviewed patients, all days spent at the hospital are alike and they cannot remember a different day.** No sport

⁴⁷ Law of Georgia on Psychiatric Care, article 21.

⁴⁸ According to article 4 (c) of the Law of Georgia on Psychiatric Care, the above implies a set of measures aimed at examining and treating persons with mental disorders, preventing complication of disease, promoting social adaptation and reintegration of the patient into society.

⁴⁹ See the chapter on physical environment in the same report.

⁵⁰ Technical Regulation - Psychosocial Rehabilitation Standards adopted by Decree N68 of the Government of Georgia on January 15, 2014, article 7, paragraph 1.

⁵¹ Approved by Decree N68 of the Government of Georgia on 15 January 2014, article 7, paragraphs 2 and 3.

⁵² The psychologist does not have a working room and meets with patients in doctors' rooms.

⁵³ The psychologist only diagnoses beneficiaries once a year, 1-2 months after the patient is admitted to the hospital, and then annually.

competitions or entertainment events are organized, no physical activity is encouraged.⁵⁴ Cultural events are rarely held, only on big holidays, and only few patients participate in them. According to the Special Preventive Group, the activities organized under the name of "art therapy"⁵⁵ and "occupational therapy"⁵⁶ cannot be considered as art therapy or occupational (ergo) therapy, since they are not targeted activities and are not supervised by the properly qualified staff (occupation therapist).

The rate of patients' involvement in the above-mentioned activities is quite low (about 19% of the total number of patients). In addition, the process of ergotherapy is not structured and does not include step-by-step activities for patients.⁵⁷ According to the Special Preventive Group, in addition to attracting qualified staff and making a reasonable day schedule, it is important that the staff motivate patients to engage in various activities.

Due to the inadequate number (one position of a social worker is vacant) and qualifications of the staff (social worker) of Bediani Psychiatric Hospital, it is problematic to meet the beneficiaries' social needs. In this regard, the Special Preventive Group negatively evaluates the activities of the social worker employed at the hospital. Due to the problem of low qualifications of the social worker, the process of social work cannot be planned or implemented with the direct involvement of beneficiaries,⁵⁸ problems in the direction of social welfare cannot be identified, professional initiatives or solutions cannot be found; cooperation is weak with representatives of other professions employed in the social field, as well as with private and public institutions.⁵⁹ Given all the above, the social worker employed at the hospital cannot care for the welfare of beneficiaries or protection of their best interests, including their rights.⁶⁰

It should also be noted that the Law on Social Work does not explain in detail the functions of the social worker employed in the psychiatric clinic, which grants the clinic administrator broad discretion to draw up the job descriptions of the social worker of the clinic according to his/her wishes, so it is important that the Law on Social Work be amended so that to describe the functions, rights and obligations of the social worker employed in the psychiatric clinic in detail.

⁵⁴ There is a volleyball court in the yard. Board games are available for the patients: chess, dominoes and backgammon. Although both men's and women's units have a shared television set, the patients do not have the opportunity to watch desired television programmes, as the staff decides which TV channels they should watch.

⁵⁵ There is a department of labour therapy, but only 30 out of 158 patients go there. They, according to their wishes, paint, knit, embroider, etc.

⁵⁶ Sometimes patients, voluntarily, in exchange for cigarettes, lemonade or extra food, clean up wards, take care of other patients, clean the yard, and bring food from the shop or kitchen for other patients.

⁵⁷ Technical Regulation - Psychosocial Rehabilitation Standards adopted by Decree N68 of the Government of Georgia on January 15, 2014, article 3, paragraph 5.

⁵⁸ The social worker does not devise an individual action plan to prevent or respond to a threat, even though such an obligation is provided for in the Law on Social Work (article 39).

⁵⁹ E.g. in July 2018, a letter was sent to the Social Service Agency, stating that 2 patients no longer needed inpatient care and requested response. Although more than 3 months have passed since then, neither the Agency has responded to the letter, nor has the hospital taken any additional measure.

⁶⁰ Law on Social Work, article 15, paragraph 2, subparagraphs (b) and (c).

As mentioned above, the issues of appointing guardians⁶¹ for beneficiaries and managing their social packages are problematic at the hospital. Specifically, the guardian of 9 patients⁶² of the hospital is the head of the hospital, which according to the Public Defender, is in conflict with the principles of the Convention on the Rights of Persons with Disabilities.⁶³ It should be noted that the European Committee for the Prevention of Torture also referred to the same problem. According to the report published by the Committee following a visit to Georgia in 2018,⁶⁴ granting guardianship to the staff of the very same establishment in which the patient concerned is placed may easily lead to a conflict of interest. The Committee calls upon the Georgian authorities to find alternative solutions, which would better guarantee the independence and impartiality of guardians.

Patients⁶⁵ receive social packages⁶⁶ in the hospital, but the money is given to the staff of the psychiatric hospital, who buy various items for the patients.⁶⁷ According to the Convention on the Rights of Persons with Disabilities (article 12 (5)), States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property. The patients interviewed during the visit do not know what their pensions were spent on, or whether they were fully or partly spent. The monitoring results showed that the hospital does not have a transparent procedure on how to manage the beneficiaries' finances. Consequently, before the elimination of the existing vicious practice, the Special Preventive Group calls on Bediani Psychiatric Hospital to ensure development of a transparent procedure for managing the beneficiaries' social packages.

Proposal to the Parliament of Georgia:

- Ensure that amendments are made to the Law on Social Work so that the functions, rights and responsibilities of the social worker employed in a mental health institution is set forth in detail.

Recommendations

To the Minister of IDPs from the Occupied Territories of Georgia, Labour, Health and Social

⁶¹ A person appointed by the court, who will assist the beneficiaries in realizing their rights and protecting their legitimate interests.

⁶² 11 patients at the hospital are of the retirement age, 12 are persons with severe disabilities and 132 are persons with significant disabilities. During the visit of the Special Preventive Group, guardians were appointed for 40 patients, while one beneficiary had a temporary guardian; in addition, the procedure for appointing guardians was ongoing in relation to 12 beneficiaries.

⁶³ Convention on the Rights of Persons with Disabilities, article 12.4

⁶⁴ Available at: <<https://rm.coe.int/1680945eca>> Fri 144 [last accessed: 26.05.2019]

⁶⁵ Except for 31 patients, whose guardians are members of their own families.

⁶⁶ Social package, according to article 6 of the Law on Social Assistance, is one of the types of social assistance.

⁶⁷ With this money, the staff mainly buy cigarettes, sweets, clothes, hygiene pads and other necessary items for the patients. In addition, individual funds are allocated to fund common needs.

Affairs of Georgia:

- Ensure regular monitoring of psychosocial rehabilitation process at Bediani Psychiatric Hospital

To the Social Service Agency:

- Study the fulfilment of obligations by guardians at Bediani Psychiatric Hospital, especially in terms of managing the social packages

To the Director of Bediani Psychiatric Hospital:

- For the establishment of multidisciplinary work:
 - Recruit specialists with appropriate qualifications, in particular an occupational (ergotherapy) therapist, or retrain the existing personnel (labour therapists) in employment, occupational, ergotherapy
 - Use the psychologist's resources in psychotherapy and art therapy or recruit one additional psychologist with relevant training in art therapy and psychotherapy
- Provide training for the social workers, who does not have a bachelor's, master's/equivalent or doctor's degree in social work
- Ensure that the position of a social worker is not vacant any more in the hospital
- Develop a reasonable day schedule for the patients, which would include leisure and entertainment activities
- Ensure that the staff motivate all patients to engage in various activities
- Provide an individual desk and a computer for the psychologist
- Arrange appropriate spaces at the hospital in accordance with (articles 4 and 6) of Technical Regulations -Psychosocial Rehabilitation Standards approved by the Government's Decree N68 of 15 January 2014
- Provide a transparent procedure for managing beneficiaries' social packages.

7. Food

Food shall be served for patients at least three times a day, including a three-course dinner.⁶⁸ At the Bediani psychiatric institution, food is served four times a day. The staff of the hospital includes a diet-nurse, though no dietary menu is provided for patients with diabetes or gastro-intestinal problems, or patients with other health problems.

⁶⁸Decree of the Government of Georgia, article 3, paragraph b.d.d., part 1
<<https://matsne.gov.ge/document/view/4444992?publication=4>> [last accessed 27.03. 2019].

An audit⁶⁹ was carried out in the East Georgia Mental Health Center Ltd⁷⁰ in February 2019. According to the audit report, the Center had estimated the approximate daily cost of food at GEL 5.7 per beneficiary⁷¹ and the cost of drugs - at GEL 1.95 per beneficiary. According to this, the Center's food and drug costs in 2018 should have been greater than that envisaged⁷² in the business plan.⁷³ It should be noted that the Center spent on products GEL 78 913 more than it was planned, without adjusting the plan, which became one of the reasons for getting into debts. According to the audit report, the financial policy of the Center failed to meet the Center's needs, which led the Center to debts and endangered the delivery of medical services. According to the same report, the Investigation Department of the Ministry of Finance of Georgia is investigating a criminal case concerning the justifiability of patient's food costs.

Some of the interviewed patients said that the food was of poor quality and unpleasant. The food menu is not diverse. The facility's diet-nurse noted during the interview that the amount of calories to be taken during a day had not been determined, though patients were given about 3 000 calories a day. 400-gram bread is intended per patient per day, which is divided into three portions and provided throughout the day; if the patients wish more, they get more food, but not bread. The menu does not include fruits. Interviews with the patients and the administration showed that patients have watermelons in summer, but provision of only one type of fruit, only in summer, is not sufficient.

The infrastructure of the dining rooms fails to ensure proper process of feeding. The furniture and dishes are not enough for every patient, so they have to enter the dining room and get food in turn.

According to the documentation available at the hospital, the quality of drinking water was last checked in 2015 by the Etaloni Ltd test lab located in Tbilisi, which concluded that the hospital's drinking water was in compliance with standards. It is unknown how safe and drinkable the facility's water currently is. When electricity supply is suspended to the clinic, the second floor of the women's unit remains without water. Patients fetch drinking water from the toilet, the environment of which is not hygienic, and they store water in plastic bottles. It is important that the drinking water tap be placed so that patients be able to get water in a clean and hygienic

⁶⁹ Examination/assessment of the situation and threats to smooth delivery of medical services in the East Georgia Mental Health Center was carried out by the Internal Audit Department of the Ministry of IDPs from the Occupied Territories of Georgia, Labour, Health and Social Affairs in February 2019 and a report was prepared.

⁷⁰ The Center combines psychiatric medical facilities of two regions - Kvemo Kartli (Tsalka municipality, Bediani settlement) and Shida Kartli (Khashuri municipality, Surami settlement), where medical services are intended for 255 beds.

⁷¹ The patients' menu is approved by the Director of Bediani Psychiatric Hospital in accordance with the nutrition norms established by the 5 December 2000 order N237/n of the Minister of Labour, Health and Social Affairs of Georgia on Approval of Measures for the Improvement of Healing Nutrition in Medical Institutions.

⁷² According to the audit report, in 2018, the food and drug costs was estimated at 30% instead of 38% of the planned income.

⁷³ The business plan is drawn up by the institution in accordance with the requirements of order N1/1-284 issued by LEPL Regulation Agency for Medical Activities on 2 February 2017 and it includes the specific objectives of the development of the institution and the measures to be taken for their achievement.

environment.

Recommendations

To the Director of Bediani Psychiatric Hospital:

- Ensure inclusion of fruit in the patients' menu
- Take all necessary measures to ensure that patients get drinking water in a clean and hygienic environment

To the National Food Agency:

- Inspect the food and water quality at Bediani Psychiatric Hospital without prior notice

8. Contact with the outside world

The patient placed in the inpatient service has the right to receive visitors at a pre-defined time and place, without any third party.⁷⁴ The European Committee for the Prevention of Torture pays particular attention to the contact of patients of mental health institutions with the outside world. The Committee explains that maintenance of contact with the outside world is essential, not only for the prevention of ill-treatment but also from a therapeutic standpoint. Patients should be able to send and receive correspondence, to have access to the telephone, and to receive visits from their family and friends.⁷⁵

There are no meeting rooms in the men's or women's unit at Bediani Psychiatric Hospital. In many cases, patients meet with their family members for a few minutes in the yard. Meetings with family members is complicated due to the Bediani public transport schedule as well. In particular, throughout a day, only one minibus arrives in Bediani and leaves it soon. Visitors have to meet with patients for a short period in order to avoid the problem of going back home.

The patients undergoing inpatient psychiatric treatment have the right to enjoy telephone calls and correspondence,⁷⁶ but they do not typically send or receive any correspondence because of the lack of information about this right and procedure. As for the phone calls, both units in the clinic have phones intended for patients. According to the Director of the hospital, phone calls are free and all costs are covered by the institution. Several patients have their own cell phones and are allowed to make calls.

Recommendations

⁷⁴ Law on Psychiatric Care, article 5, subparagraph f.

⁷⁵ See the link < <https://rm.coe.int/16806cd43e> >

⁷⁶ Law on Psychiatric Care, article 15, part 2.

To the Director of Bediani Psychiatric Hospital:

- Arrange meeting rooms
- Provide patients with complete information about the right to correspondence and ensure that they smoothly enjoy this right

9. Prohibition of communication between patients

Female and male patients are prohibited from communicating with each other in the hospital's walking yard, the motive of which is prevention of sexual relations, according to the administration.

Walking yards for female and male patients are separated by a narrow road for vehicles, without any barrier. Beneficiaries walk in the walking yard under the supervision of medical personnel. According to the patients, if the medical personnel see that patients of the opposite sex try to communicate with each other, they yell at them and thus prevent them from talking to each other. It should be noted that patients have been living under similar conditions for years. According to paragraph 1 of article 22 of the Convention on the Rights of Persons with Disabilities, no person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy. The desire for social relations and communication with people is part of their privacy.

According to the Special Preventive Group, restrictions on communication on the ground of preventing possible sexual relations is an unjustified interference with the patients' privacy. Obviously, the patient's right to privacy may be restricted, if the purpose of this restriction is to prevent sexual harassment and/or violence among patients. It should be noted that supervision of patients during their walk, carried out by the medical personnel of Bediani Psychiatric Hospital, should be aimed at protecting the patients and preventing crime. Accordingly, the supervision should eliminate the instant risk of sexual abuse, while the practice of Bediani Psychiatric Hospital - the general prohibition of communication between the male and female patients, without explaining the specific need, represents an unjustified interference with the patients' privacy. In view of the above, we call on the administration of Bediani Psychiatric Hospital to eliminate the general and unjustified practice of prohibition of communication between the female and male patients.

Recommendation

To the Director of Bediani Psychiatric Hospital:

- Eliminate the general and unjustified practice of prohibition of communication between the female and male patients.