This project is funded by the European Union

GCRT The Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims

Reforming prison mental health services in Ukraine

report on a monitoring and assessment visit & recommendations to the Ukrainian penitentiary service

October 2019

Human Rights in Mental Health

Federation Global Initiative on Psychiatry

Frans Douw (NL)
Gavin Garman (UK)
Rob Keukens (NL)
Algimantas Liausedas (LT)
Robert van Voren (NL/LT)
Wendy Weijts (NL)

This report has been produced with the assistance of the European Union.
Its contents are the sole responsibility of the Georgian Center of Psychosocial and Medical Rehabilitation of torture Victims-GCRT and do not necessarily reflect the views of the European Union.

I. Introduction

In October 2019, a group of six foreign experts traveled to Ukraine to visit penitentiary institutions as part of an effort to support the penitentiary service of Ukraine to develop a reform plan for prison mental health care services. The visit was a follow-up to an earlier visit in June 2017 conducted under the auspices of the Office of the Ombudsman for Human Rights of the Verkhovna Rada. The 2017 visit formed part of a project financed by the Royal Netherlands Embassy, during which serious shortcomings in prison mental health services were highlighted.[1]

Following that visit, discussions were initiated with the penitentiary service, which led to the signing of a memorandum of understanding on June 3, 2019, with the desire to work together to develop and improve services to be more in line with European standards of care.[2]

This second monitoring and assessment visit was carried out in close cooperation with the Ukrainian penitentiary service, and the delegation was accompanied by the Chief Prison Psychiatrist of Ukraine, Dr. Tetyana Dergach. The foreign members of the group included a former prison director, a forensic psychiatrist and director of a forensic psychiatric hospital, a clinical psychologist / psychotherapist, two psychiatric nurses and an expert on Ukrainian mental health care services, each looking at facilities from a different point of view.[3]

Our mission was to collect information that would help us to formulate a way forward that will support the penitentiary service in developing a realistic plan of reforms. This resulting report is critical of the current situation but is intended to be a tool for change to be used to reform the existing system, and bring it in line with international standards in psychiatric practice.

We would like to use this opportunity to thank the directors of the facilities for their willingness to allow us to carry out our visit. We also thank them for the frank discussions during our visit, and their willingness to discuss our "outsider's view".

In the report "he" refers to both male and female prisoners and personnel.

[1] Bleeker, C. et.al.: Review of prison mental health services in Ukraine and the development of a Plan of Action, FGIP, June 2017
[2] The Memorandum of Understanding is added to the report as an appendix (English translation)
[3] For a short curriculum of the four experts see the appendix to the report.

I.a. Overall assessment and initial remarks

The judicial system in Ukraine has recently undergone many changes. With a political reorientation within European countries, new legislation was introduced in 2013. Although the prison population of Ukraine has decreased significantly from 218,000 in 2000 to 53,100 in 2019 (according to information from official sources) it is expected that this decrease might be coming to an end.

I.b. Systemic aspects

I.b.1. Prison Mental Health

Recent research has repeatedly confirmed a 2002 original and impressive study's analysis of 23,000 prisoners in 12 western countries that concluded that worldwide several million prisoners have serious mental disabilities.[4] The World Health Organization (WHO) estimates that as many as 40 per cent of prisoners in Europe suffer from some form of mental disability, and are up to seven times more likely to commit suicide than people outside of prisons.[5] According to the United Nations Committee on Economic, Social and Cultural Rights, public health and health care facilities and services have to meet the following standards:

- **Availability:** facilities, services and goods have to be available in sufficient quantity, including the underlying determinants of health, such as safe and potable drinking-water as well as adequate sanitation facilities, hospitals, clinics and other health-related buildings, trained medical and professional personnel and essential drugs;
- **Accessibility:** facilities, services and goods and health-related information have to be physically and economically accessible (affordable) without discrimination, especially to vulnerable or marginalized populations;
- **Acceptability:** facilities, services and goods must respect medical ethics, respect confidentiality and improve the health status of those concerned;
- **Quality:** facilities, services and goods must be scientifically and medically appropriate and of good quality that, according to the Committee, requires (among other things) skilled health care staff, scientifically approved and unexpired drugs and equipment, safe and potable water and adequate sanitation.[6]

[4] Fazel S., Danesh J. (2002) Serious mental disorder among 23,000 prisoners: systematic review of 62 surveys. Lancet, 359, pp. 545-550. See also reference 22.

[5] Penal Reform International, Penal Reform Briefing No. 2, 2007 (2), Health in prisons: realizing the right to health, p. 3.

[6] Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights. General Comment No. 14 (2000). The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights). New York, United Nations, Committee on Economic, Social and Cultural Rights, 2000

According to the United Nations Office on Drugs and Crime (UNODC) handbook on prisoners with special needs, the promotion of mental health, physical health and social well-being should be key elements of prison management and health care policies. The development of comprehensive policies and strategies aiming to protect the mental well-being of all prisoners and to ensure that those with mental disabilities have timely access to suitable treatment, equivalent to that in the community, is essential to the effective management of mental health care in prisons. These policies and strategies should include the protection of the mental well-being of all prisoners (improving conditions, providing a safe and positive prison environment) and adequate treatment of prisoners with mental health care needs.[7]

I.b.2. Prison environment

Achieving and maintaining a humane and stimulating living environment in penitentiary institutions is crucial for a number of reasons.[8] A humane living environment that minimizes the damage caused by detention is an important starting point for the imposition and execution of custodial sentences.[9] In addition, creating a decent and stimulating living environment can have an impact on the safety and well-being of prisoners and staff, and consequently on the safe management of penal institutions. For example, research among male, female and juvenile detainees has shown that aspects such as fair treatment by staff, regular visits by family or friends, the number of hours of activity, the content of the day program in detention and good interaction with fellow detainees are associated with fewer cases of misconduct and fewer psychological problems among prisoners.[10]

[7] The United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) state the following:
Rule 109: 1. Persons who are found to be not criminally responsible, or who are later diagnosed with severe mental disabilities and/or health conditions, for whom staying in prison would mean an exacerbation of their condition, shall not be detained in prisons, and arrangements shall be made to transfer them to mental health facilities as soon as possible;
2. If necessary, other prisoners with mental disabilities and/or health conditions can be observed and treated in specialized facilities under the supervision of qualified health-care professionals;
3. The health-care service shall provide for the psychiatric treatment of all other prisoners who are in need of such treatment.
Rule 110: It is desirable that steps should be taken, by arrangement with the appropriate agencies, to ensure if necessary the continuation of psychiatric treatment after release and the provision of social-psychiatric aftercare.

[8] Beijersbergen et al., 2016; Brons et al., 2013; Van der Laan & Eichelsheim, 2013 ; Wright, 1991.

[9] Netherlands Justicial Services DJI, 2013

[10] Beijersbergen, Dirkzwager, Eichelsheim, Laan, & Nieuwbeerta, 2013; Beijersbergen, Dirkzwager, Eichelsheim, Van der Laan, & Nieuwbeerta, 2015; Bronze, Dirkzwager, Beijersbergen, Reef, & Nieuwbeerta , 2013; Gover, MacKenzie, & Armstrong, 2000; Molleman, 2011; Reisig & Mesko, 2009; Slotboom, Menting, & Bijleveld, 2009; Van der Laan & Eichelsheim, 2013; Wooldredge, 1999; Wright, 1991).
There are also indications that aspects of the living environment during detention influence the risk of criminal behavior after detention (Beijersbergen, Dirkzwager, & Nieuwbeerta, 2016; Chen & Shapiro, 2007; Dowden & Andrews, 2004; Schubert, Mulvey, Loughran, & Losoya, 2012).

A study by Boone and colleagues (2016) provided an overview of the various aspects of the living environment in judicial institutions in terms of findings from national and international literature. The authors distinguished six aspects of the living environment: (1) autonomy, (2) safety, (3) contacts within the institution (contacts between staff and detainees, and between detainees themselves), (4) contacts with the outside world, (5) meaningful daytime activities (including reintegration) and (6) physical well-being (such as food, sleep and exercise).

Increased autonomy and freedom for prisoners promotes responsibility and self-reliance.[11] Being able to learn and making choices is an important condition for the process of preventing further crime.

Feelings of fear among prison employees can lead to a too rigid or over-controlled climate. The paradox is that more physical safety measures in an establishment are not a guarantee of more safety. Security measures can have a negative impact on the living environment and a negative impact on autonomy.

Good contacts between staff and detainees, in which there is a certain degree of openness and trust (no matter how difficult this is in a closed institution), have a positive effect on perceived security. Maintaining the regime and security by maintaining good relationships with detainees is preferable to maintaining security through the exercise of authority or the implementation of physical security measures, in what the literature refers to as "soft power".

Research in several sectors shows that staff must be able to maintain a difficult balance between involvement and distance. Training is an essential means to increase the use of de-escalation skills and make them more available at times of crisis, which can then reduce or prevent isolation or restraint.

One cannot build a good prison without investing in good staff. This report mainly speaks about the situation of the inmates. However, if one wishes to bring about any significant change for them, improving the situation of the staff is an absolute precondition. Creating a better prison-system has to be combined with creating better trained, qualified and paid prison staff.[12] Furthermore, a less repressive prison system, which is more directed towards rehabilitation and recovery and alternatives for pre-trial detention, could reduce the number of prisoners.[13] Sentences could be reduced and alternative sanctions imposed. This will not only lower the costs of maintaining the vast prison system, but will also make the work of the staff more interesting and rewarding.

[11] (De Jong, Willems & Van Burik 2015)

[12] According to Rule 76d of the United Nations Standard Minim Rules for the Treatment of prisoners (the Nelson Mandela Rules) "training for prison staff like first aid, the psychosocial needs of prisoners and the corresponding dynamics in prison settings, as well as social care and assistance, including early detection of mental health issues" is required.

[13] United Nations Standard Minimum Rules for Non-Custodial Measures (The Tokyo Rules)

I.b.2. Meaningful daily activities.

Whenever incarcerated people can use their energy in a positive and active manner, this will combat the destructive consequences of detention on their (mental) health.
It will enable the men and women to maintain and develop their skills and talents, and to prepare themselves for their return to society. Mentally disturbed people need specialist medical treatment, part of which is support and stimulation to actively use their strengths and abilities.[14]

It is a widespread misunderstanding that one needs a lot of money to activate incarcerated people. The biggest challenge is to change the attitude of everybody involved, and to start, explore and use the possibilities already there. The majority of inmates have professional skills as construction workers, drivers, farmers, cooks, or teachers, while some are highly educated or have leadership-talents. These skills and talents could be applied in a way that benefits both themselves and the prison-system.

[14] United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) rule 5

II. Institutions visited

The Ukrainian penitentiary system fully agrees that the psychiatric treatment currently available to inmates with psychiatric disorders does not meet the requirements of modern quality standards. Hospital staff who work with psychiatric patients are not specially trained and do not have sufficient knowledge to carry out such work. This knowledge formed the prime basis for our assessment visit and subsequent reporting.

During our visit to Dariivka and Volyansk prison hospitals, we met and talked with hospital and security staff, as well as with patients under treatment. We also had access to the existing medical facilities of the institutions. The aim of the visit was to study the current situation, and, after summarizing the information obtained, to develop recommendations that would allow our Ukrainian counterparts to reform the currently inadequate system.

Both prison hospitals in Dariivka and Volyansk are subordinate to the Ministry of Justice and carefully controlled by the prison security staff and prosecutor's offices. They must perform their activity in accordance with the normative legal acts of the penitentiary system, particularly in relation to security and protection. It should be noted that there are no universally applicable rules, procedures or criteria for psychiatric treatment to be followed by prison medical institutions. Nevertheless, neither of the hospitals we visited appeared to use any instruments or evidence based methods to assess and manage the risks of aggressive behavior.

Both hospitals we visited had low levels of staffing. Psychiatric patients, even if they were willing, are not able or motivated to get involved in the process of their own treatment. Moreover, because of the lack of space, the patients spend long periods of the day in bed. The essence of psychiatric treatment is to get patients out of their beds and help them to gradually prepare for a return to normal life .

It is important to create a well organized continuous treatment process that involves not only medical professionals of various disciplines but also the active participation of patients, resulting in more effective treatment and a reduced length of stay.

The aims of a psychiatric unit should be clearly defined so that there is a shared understanding of the objectives and function of the service. Currently, most of the patients watched in the ward were not able to explain why they were there and what was in their treatment plan.

The security guards wear military uniforms and carry special instruments or even weapons inside hospital, making the clinical departments look more like prisons than medical institutions conducting therapeutic procedures.

The current situation is more focused on patient isolation and control, and the treatment process is secondary. It was noticed that the environment in the hospital departments was very hostile and unfavorable to the patients' treatment and their well-being, although a positive therapeutic environment in psychiatric departments is an absolute necessity. Such an environment must include, in particular, adequate living space, optimum lighting, heating and ventilation, good maintenance, easy observation, adequate furniture (including individual lockers for patient belongings) and well-controlled standards of cleanliness and hygiene.

The efforts to start conducting employment and socio-rehabilitative therapy in the hospitals is welcomed, but it is clear both the staff and the administration severely lack the necessary specialized knowledge. The main treatment for patients, especially those lying in bed for a long time, is medication.

The medical institutions must be difficult places in which to live and work. The grim environment, beds placed side by side in rows and the barbed wire fences protecting the courtyards create an oppressive atmosphere. Though in some cases the sanitary units were in the living quarters, they all needed immediate repair. Patients could not freely enter the bathroom when needed. No one from either the medical staff or the security workers could logically explain why as well as a cell door there is a barred gate across each bedroom doorway; or, equally odd, why there were three rows of bars on the outside windows overlooking the prison yard.

When visiting both hospitals, it was evident that they were part of a very old (and still very Soviet) penitentiary system, and that the system itself was based on a strict hierarchy of fear and coercion, not only among staff but also among prisoners. In such a system, each member knows their place, their responsibilities, feels safe, and has no motivation or ability to change anything. On the other hand, top-down orders are executed without consideration and the ability to take any initiative is very limited. After communicating with the staff of both hospitals, we have the strong feeling that the situation in the hospitals will change only as much as the prison director will allow. If such a decision were to be issued, a psychiatric department made up of three rooms can be established at Dariivka Hospital, but a good quality of service will be much harder to achieve.

Travelling without the power of the Ombudsman for Human Rights made the visits more superficial. We could only see what staff wanted to show us and speak to whom they selected. We did not interview the staff to get a picture of the rules and working of the units. Patients were not free to talk without being overheard.

II.1. Dariivka penal colony № 10, Belozersky district, Kherson region

The hospital is set up as a separate two-story prison unit, divided into somatic and surgical units. The security staff controlled the visit effectively. They were with us and in large numbers at all times. They selected which cells to open when we spoke to patients and remained present whilst we talked to them. We imagine there might normally be less of them on duty in each unit, but their presence was oppressive. The military uniforms and batons on some belts do not belong in a hospital. When we tried to close the doors and see patients without security staff present, they shouted and prevented us from doing so.

Rooms were bare, but they did have working televisions and radios. There were usually only 4-6 men in each cell. The men we spoke to towed the line in terms of not being negative about the institution. When asked if they were able to complain, one man motioned in a way that could not be seen to the security guards in the room and smiled. The men said they got out of the room for one or two hours a day. This happened less as the weather got colder. The rooms had toilets and sinks behind partitions.

During our visit we had a working meeting with both security personnel and medical staff. It was at the end of the working day and the bus to town would soon be passing by, so half of the staff group left our meeting after ten minutes; the rest stayed for 90 minutes more. Resistance was clear from the answers to questions asked. Two doctors, including the part time psychiatrist, were open to change but they were fairly quiet.

The Chief Warden appeared to speak for the group when he asked questions such as, why would we make any changes, what is the evidence that change works (he requested articles to be sent to him) and that changes would make things worse. However, he seemed more interested than the medical staff and could be a "change maker" if properly supported.

The Chief Warden explained that mentally ill prisoners were identified every month or so and sent to the psychiatric hospital (in Volyansk) and this seemed a sufficient system that worked. Clinical staff accepted that many of their patients had mental disorders, but not that there should be more done to help them. The concept of 'no health without mental health' was new to them.

The staff were clearly frightened of the possibility of increased violence against them. The existence of, and our offer of training in the management and prevention of aggression, was outlined to them several times. The unit is so controlled that there is probably little violence and there will be an increase in incidents if men circulate and associate more with staff and each other.

II.2. The prison hospital of the Ukrainian penitentiary services, Volyansk

The Volyansk prison hospital №20 is a 150 hospital beds and has 2 departments. Each department includes patient rooms, public sanitary rooms, showers, a dining room, and the offices of the medical staff. There is a laboratory capable of conducting some biochemical tests[15]. The building is rather worn-down, but has flowerbeds around its compounds.

The psychiatric facility is only used for post-trial detainees with a mental disorder. During the first nine months of 2019 a total of 344 patients were hospitalized in Volyansk, of whom 42 were women and 302 men[16].

The facility is also used to protect vulnerable prisoners from problems with other inmates, as well as being a logistic "hub" for people who need to stay separated for other reasons, e.g. drug-trafficking. Admission takes place on the instructions of a prison doctor in half of the cases, or on request of the prisoner himself. We were informed that the patients had mainly neuroses and organic disorders, seldom a psychotic disorder with aggression. Therapy mainly consists of tranquillizers, and neuroleptics (such as aminazine); there is no follow-up treatment after release.

Most rooms held 12 men each in very austere conditions with little room between beds. The rooms had no electrical points, only a light over the door and no sink, toilet or running water. Men lay on their beds 23 hours a day. Some looked to have severe mental health problems, staring at us with confusion and fear. Others appeared to have very little 'wrong' with them, it wasn't clear what the admission criteria or assessment process was for either unit. A hand full of men had books on their beds so they were available, but most did nothing all day, only leaving their rooms for meals and for an hour or so of television in the evening.

For us it seemed inhumane how the patients were being treated. The unit only housed them and dispensed medication. As mentioned earlier, rooms had an inner barred gate so staff would still be separated from the men when the door was opened. We imagine medications are passed through the bars without any engagement. The separation of staff and patients as different levels of human being was total. Men were thin and pale. Staff said there were board games but we did not see them in use. We spoke to a 16 year old boy who shared a cell with a man from a maximum security hospital. Both said they were there for their nerves and that it was a helpful place.

[15] The hospital holds a license that provides the authority to conduct medical practice and is accredited after the second category.

[16] According to diagnosis (ICD-10): F01-09 - 101 patients; F10-19 - 45 patients; F20-29 - 19 patients; F30-39 - 5 patients; F40-49 - 55 patients; F60-69 - 70 patients; F70-79 - 48 patients; F90-99 - 1 patient;

The staff consists of six psychiatrists. There is no psychologist, no social worker and no occupational therapists. Nurses get training courses every five years to update their knowledge. Convicted prisoners had roles of orderlies ("sanitary" in Russian). Patients were sometimes strapped by orderlies to control them.

Here we managed to speak in private with several patients, perhaps as this was our second visit, and during our previous visit in 2017 (under the auspices of the Ombudsman) we had full access to speak freely to anyone. Staff may have assumed we had the same rights this time.

Hospital security is ensured by the prison guard service which is subordinate to the Ministry of Justice, like the entire prison. It is not subordinate to the administration of hospital and operates according to its own internal regulations. Security workers have their premises in the hospital, they wear military uniforms, control the doors and let the employees enter and exit rooms. During the day, the patients cannot freely leave their residential premises without being accompanied by security staff. According to the Chief Warden, a security guard working in the hospital is responsible for the security of the staff. In the event of danger or incidents, security guards call for help by pressing an alarm button. More security guards are available in case of any incidents. Security workers are equipped with rubber sticks and handcuffs which they are entitled to use at their own discretion, without the permission of a physician, though only under extreme circumstances. However, there is no written procedure for the use of these special measures.

The staff in the hospitals did not describe an evidence based treatment strategy,
Treatment is not based on individualized care plans for each patient.
Such plans should specify treatment goals and staff's responsibilities and interventions. Treatment plans should also contain regular reviews of progress and the use of prescribed medicines, and a re-assessment of the risk of aggressive behavior.
In practice, no psychological or social assistance is provided to the patients, and there are no individual treatment programs. The hospital has a procedure for examining patients' complaints, but they are rarely logged.

As at the first prison, we had a working meeting which included both security personnel and medical staff. The staff did not seem to understand the need for change.
Our vision about humane treatment in detention was not shared and there was a fear of change. A procurator from Zaporizhe joined the discussion, asking what would happen if all the cell doors were opened tomorrow. Apparently this was the second time he had visited and demanded that the doors be opened, but the question was still met with shock and anxiety.

The staff felt that the unit was a break from normal prison conditions and said that patients liked to be there to 'rest.' There is a potential that the unit is 'better' than the conventional blocks and patients could malinger to be transferred and stay there.

There appeared to be no recognition of the austere conditions and lack of therapeutic activity. Patients stayed there a month and then returned to their prisons, irrespective of whether any change had occurred or if they were more able to cope with prison life.

Staff did not see a real need for change, let alone what change might look like. They did appear open to the idea of training in therapeutic interventions and strategies they could use with patients, but clung to their custodial and reactive roles. When asked to talk through a typical day, they could only describe reviewing notes, talking to the doctor, dispensing medication and observing men from a distance at meal times.

III.Reforming prison mental health services

As described in the introduction, the goal of our visit was not just to assess the current situation with regard to the currently available prison mental health care services, but rather to follow-up on our assessment visit of June 2017. Our goal is to support the Ukrainian penitentiary service to reform their current system to meet international standards that meet the needs of prisoners with mental health issues.

III.1. Overarching recommendations

The prison mental health system needs to be decentralized and a three-tier system put in place:

1. Each colony or prison must have its own psychiatric service that is capable of identifying prisoners in need of specialized care.
2. Subsequently, in each region of the country a crisis intervention unit should be established with at least ten beds, that is able to provide short-term assessment and treatment to prisoners who cannot be helped effectively in their place of detention.
3. The third tier is then the central prison psychiatric hospital in Volyansk, which should care for only the most severe cases. However, as the newly introduced system would result in less prisoners winding up in Volyansk, the balance between medical treatment and security should be fundamentally changed in favor of treatment.
   The establishment of a therapeutic environment where work with patients is focused on rehabilitation should be the heart of the service.

III.2. Systemic recommendations

A medical treatment institution, providing treatment to prisoners with psychiatric illnesses must be specialized with a clear vision and model for the care for which it is fully responsible. The statute of the institution, as well as operational mechanisms, should be approved by the Minister Of Health, and the head of the medical institution should be directly responsible for its implementation.

The head of the medical institution should approve all internal work regulations, including security and supervision procedures, the organizational structure (composition of hospital staff) and internal processes to oversee financial and clinical governance and accountability. He should secure the continuous treatment of patients and agree all these processes with the Ministry of Health and Ministry of Justice. It would therefore be useful to start with inter-departmental meetings with all stakeholders (the Prosecutor's Office and the Ministries of Justice and Health) to create a written vision with regard to the desired changes.

As far as security requirements are concerned, the hospital is part of the prison and must

operate in accordance with the prison statute set by the Ministry of Justice. The institution must have clear written procedures. This would help the new employees get acquainted with the activity of the institution, learn its regulations and how they direct their work, and would ensure the internal control of the institution's operation and hopefully help to begin the process of change. The next step is to establish the organizational structure and operational plans, taking into account the available financial resources, the potential for new posts and staff training.

It would be optimal, if the process of patient assessment, treatment and recovery in prison hospitals was part of a continuous pathway to out patient treatment on return to normal prison units. This would make it much easier to specialize and train staff, ensure continuity of care and also shorten hospital treatment. Of course, creating a therapeutic environment in prison is very difficult, but even small changes can have a very positive effect on the treatment process. Unlocked ward doors, replacement of military uniforms on security guards, removal of bars from interior doors and windows, installation of CCTV (closed circuit TV) and even painting walls in lighter colors can have a significant positive impact on the whole treatment process.

Finally, to ensure the effectiveness of treatment, it is necessary to make a gradual transition from a biological treatment model to a considerably more effective biopsychosocial (BPS) one. In this way not only the treatment of illness but also the holistic functioning of the patient in a changing environment can be addressed. To adopt this model of treatment, a coherent therapeutic process must be organized, consisting not only of the work of a psychiatrist, but including a multidisciplinary team composed of a psychiatrist, a psychologist, nurses, a social worker, and, when required, other specialists. Of course, specialized psychiatric treatment requires more staff, more room and more time, but it is possible to see acute care as taking place as close to 'home' as possible and, once psychiatric stabilization has taken place, patients transferring to a specialized out-patient clinic to maintain their care.

We realize that the potential for any change will depend on the key stakeholders - the Prosecutor's Office, the Ministry of Justice and the Ministry of Health - as changing the current situation requires not only goodwill but also financial investment and people who are aware, ambitious and persistent in their quest to reform.

III.3. Organizational recommendations

In order to develop adequate prison mental healthcare, attention should be given to the following issues:

Roles
Redefine the role of the prison psychiatrist or prison psychologist as an equal partner with the prison director when the diagnosis and treatment of mentally ill inmates is concerned. The director is responsible for making treatment available; the psychiatrist is responsible for the type and the quality of the treatment provided. This dual management makes it possible for a doctor to fulfil his/her professional responsibility in the strong hierarchy of the prison.

Security measures
Staff in military uniforms should not enter units unless called to assist with an emergency. Security staff spending time on wards should wear a less threatening uniform and not carry weapons, or male nursing assistants should replace security staff inside units.

Both medical and security staff should be trained in aggression management. Units should have improved alarm systems so that staff can summon assistance and importantly, so that they feel safer as they currently fear men being allowed out of their cells.

Physical environment
Rooms should not be overcrowded dormitories. All rooms should have TVs and radios. Books and magazines and self-help information must be readily available. Walls should be decorated (with patients choosing and part of planning refurbishments). The environment must be enriched (with plants, posters, photo board of staff, activities schedule, news from the prison and the outside world). Computers should be provided for staff, pre-loaded with e learning packages.

Training
Multi-disciplinary staff should be properly trained in the assessment, ethics (attitude) and treatment of mental illness. Increased empowerment and training of medical personnel and staff should result in increased competence and responsibility. All guards should be trained in mental health awareness.

Staffing levels
Staffing levels should be reviewed in light of the need to provide more activities. Once men are allowed out of rooms, there need to be places they can go, things they can do there and staff to help them do it. There should be rooms for one to one sessions and small groups. Some groups require very little resources (e.g. a group to discuss what is in that day's paper) and some require training and manuals (for example anger management or problem solving). There should be rooms with exercise equipment.

Screening
Templates and training for individualized assessments, risk assessments and care plans must be introduced. According to international studies the prevalence of mental health problems is significantly higher in detainees than in the general population.
Also the protection of vulnerable detainees from repressive sub-cultures and the abuse of power is an urgent need. Therefore, it is important to screen detainees on arrival for mental health issues.[17] Where it is needed, this must influence which detainees are placed together in cells.

Continuity of care
There is no continuity of psychiatric care. Identification of mental health problems, acute in patient care and follow up on return to conventional prison unit should be part of one seamless pathway. This requires improvements in the transfer of patient records between prison facilities.

Adolescents
Adolescents should not share hospital rooms with adults and should have more input from staff with specialized training.

III4. Specific recommendations regarding Dariivka

Introducing separate rooms for psychiatric patients in Penitentiary Number 10 should be done carefully – there is no point in separating psychiatric patients and then leaving them there with no additional support. The rooms could become where the 'lunatics' are put. If one patient was noisy, they could become the target of verbal abuse.
These rooms must only be set up once it is clear what the staff will be doing for the occupants that is different.

Another important issue to consider before establishing a psychiatric unit at this prison hospital and providing treatment for psychiatric patients is the question of what type of care will be provided. If the unit is to treat patients with acute psychosis or other serious psychiatric conditions, this will require 24-hour professional care from staff with adequate psychiatric training who can provide continuous monitoring of a patient's condition. There are serious doubts as to whether this will be economically viable. Meanwhile, there is currently only one part-time psychiatrist working at the hospital.

[17] According to UNDOC (standard minimum rules no. 24) every prisoner should undergo a medical examination on admission. The screening should include assessment to determine mental disabilities and be undertaken by qualified medical professionals. The early diagnosis of any mental disabilities and the provision of timely and appropriate treatment are vital to reduce the possibilities of existing mental health problems developing into more serious disabilities.

If the hospital is going to treat mild and moderate mental disorders only, then providing additional training to the current staff would be sufficient for this purpose, with wards being changed from the current treatment profile, though the hospital currently has neither premises nor specialists for the psychological and social treatment of such disorders.

Prisoners must not have to wait several weeks for travel to the specialist unit as is now the case. Patients with acute psychosis must not spend so much time without professional supervision and treatment!

III.5. Some practical recommendations

(Mental) health screening assessments must be carried out by a competent mental health professional with experience of working with people within the criminal justice system with mental health problems and include questions relating to learning disabilities and neurodevelopmental disorders.
Recommendation: Refresher course for psychologists and psychiatrist and monitor.

There is a clear and consistent process for staff to refer individuals directly to the mental health service.
Recommendation: Develop and implement guidelines, then monitor practice.

The team discusses the purpose and outcome of the risk assessment with each patient and a management plan is formulated. The team receives training consistent with their roles on risk assessment and risk management.
Recommendation: Train staff in risk assessment and multidisciplinary teamwork

Professionals communicate clearly, avoiding the use of jargon so that people understand them.
Recommendation: Train nursing staff in basic communicative skills. (No emphasis on psychopathology but how to deal with psychological issues such as guilt, grief, anger, shame, sadness, hopelessness, hearing voices etc.)

Patients are given information on:
- Their rights regarding consent to care and treatment;
- How to access advocacy services;
- How to access a second opinion;
- How to raise concerns, complaints and compliments;
- How to access their own health records;
- How to give feedback on their treatment.

Recommendation: Train staff in clients rights. Develop a leaflet for clients that describes their rights and a protocol that ensures staff inform patients of their rights and this is recorded.

The team has a timetabled meeting at least once a week.
Recommendation: Train staff in multi-disciplinary teamwork, implement and monitor.

There are processes in place to support staff health and wellbeing.
Recommendation: Provide a structure for individual and group supervision and monitor.

Activities are provided seven days a week. This can include occupational therapy, art/creative therapies, gardening, non-therapeutic activities and in cell activities.
Recommendations: Provide space and means for such activities. Train staff to support the activities and implement.

Each patient receives a pre-arranged session at least once a week with their key professional. Moreover, every patient is engaged in active conversation at least twice a day by a team member.
Recommendation: Develop a system of assigning a patient to a specific staff member. Implement and monitor performance.

There is a clear policy agreed with the establishment concerning the management of violence and aggression within the unit.
Recommendation: Develop guidelines and train staff in non-violent behavior. Implement and monitor.

Staff acknowledge that mental health is inextricably linked with general health (there is no health without mental health)
Recommendation: Introductory training in the importance of mental health and the need for a paradigm shift.

Appendix I: Memorandum of Understanding

MEMORANDUM OF COOPERATION

Kiev **June 3, 2019**

Intending to improve treatment, rehabilitation and diagnostics of persons with mental and behavioural disorders in the institutions of the State Penal Service of Ukraine, and, in particular, to jointly coordinate validation and implementation of certain diagnostic and screening tools, training, advocacy and consultation activities, the State institution **Health Center of the State Penal Service of Ukraine** (hereinafter - **Party 1**), represented by its Director Sergey Visilyev, who acts on the basis of the Regulations, on the one hand, and the non-profit organization **"Human rights in Mental Health – Federation Global Initiative on Psychiatry, FGIP** (hereinafter – **Party 2**), represented by its Executive Director Robert van Voren, who acts on the basis of the Charter, on the other hand, hereinafter referred to as the **PARTIES**, have stated their intentions regarding cooperation and agreed on the following.

Article 1. SUBJECT OF THE MEMORANDUM

1.1. The subject of this Memorandum is the cooperation between the two partners to achieve joint goals.

1.2. Guided by the joint interest in the reform of mental health care conducted by the Party 1 in accordance with existing European standards for the provision of this type of care, based on international and national documents and the accepted system of values for the protection of human rights and freedoms;
agreeing that the signing of this Memorandum is in the interest of both PARTIES, the PARTIES have agreed to use all available opportunities and resources to effectively achieve joint goals, taking into account the clear adherence to the principle of scientifically proven and practical effectiveness of all proposed initiatives, namely:
conducting expert and analytical work in certain areas of mental health care, training for employees, providing advice on the policy of change, the overall concept and the actual phased implementation of initiatives.

Article 2. INTENTIONS OF THE PARTIES

2.1. Joint implementation of the activities envisaged under this Memorandum, through the coordinated work by the PARTIES.

2.2. Round tables, working meetings, other events in order to discuss the mechanism of interaction and development of the algorithm of providing comprehensive services in the framework of prevention, diagnosis and treatment of mental and behavioral disorders, taking into account the penitentiary context.

2.3. Development and implementation of instructive, methodical, diagnostic, educational and medical-preventive technologies agreed and well-proven by the PARTIES.

Article 3. INTERACTION OF THE PARTIES

3.1. Within the framework of this Memorandum, the PARTIES are guided by the legislation of Ukraine and interact in accordance with the principles of equality, openness and integrity.
3.2. The PARTIES cooperate through authorized representatives delegated by the PARTIES to consider emerging issues and conduct joint action.
3.3. To properly address issues within the framework of this Memorandum, meetings of representatives of the PARTIES will be held.
3.4. For appropriate coordination and resolution of current issues, the PARTIES delegate the persons responsible for ensuring regular interaction
3.5. If necessary, the PARTIES may establish appropriate working groups to discuss issues arising under this Memorandum.
3.6. In implementing this Memorandum, the PARTIES guarantee confidentiality of information that is passed to each other and compliance with legislation on the protection of personal data. They also agree not to disclose and not to pass any information received in the course of interaction to third parties, except as provided by the legislation of Ukraine and with written consent of both PARTIES.

Article 4. OTHER CONDITIONS

4.1. Disputes and disagreements between the PARTIES on issues that belong to the scope of this Memorandum shall be resolved through negotiations or consultations between the PARTIES. Dispute resolution procedure within contracts that are concluded for the implementation of this Memorandum, is established under the corresponding contracts.
4.2. Changes or additions to this Memorandum shall be made in writing, signed by the authorized PARTIES, and are an integral part of this Memorandum.
4.3. This Memorandum shall enter into force on the date of its signature by both PARTIES and is valid until terminated by both PARTIES by common consent, or at the request of one of the PARTIES by prior notice to the other PARTY at least 14 days in advance.
4.4. The text of this Memorandum is made in two copies, one for each PARTY.

Article 5. SIGNATURES OF THE PARTIES

PARTY 1:

State Institution "Health Center of the State Penal Service of Ukraine"

V.G. Vasilyev
Director

Signature

PARTY 2:

Non-profit organization "Human Rights in Mental Health - Federation Global Initiative in Psychiatry"

Robert van Voren
Director

Signature

Appendix II: The members of the evaluation team

Frans Douw can be described as a self-made man who worked for forty years in closed institutions e.g. facilities for juveniles, forensic psychiatric clinics and prisons. The last 27 years he was general director of prisons for all categories of incarcerated people, including the Forensic Psychiatric Treatment Clinic of the Dutch Prison System. When he retired in 2015 he was the general warden of four prisons in the North of Holland. Since 1998 he is also intensively involved in international knowledge exchange on prisons and forensic psychiatry in Russia, former Soviet States, England, the US and the Caribbean. In Ukraine he worked as a consultant for the Council of Europe, Mainline and the Global Initiative of Psychiatry. He is also known as a promoter of Restorative Justice and he is Chairman of the Board of the Foundation for Recovery and Return and board member of Dutch Cell-dogs and also for the network-organization of families of incarcerated people in the Netherlands "Achterblijvers na detentie".

Dr. Gavin Garman is a mental health nurse from the UK with a doctorate in psychology. He has 23 years professional experience in forensic psychiatry, including wide experience of service development work and the strategic planning, creation and expansion of psychiatric services. Formerly the Deputy Director of Nursing in two regions for the provision of mental health care, he is currently the Director of Operations for a health care provider. He has worked for the Council of Europe in Turkey and Georgia and with NGOs in Croatia and Moldova. He has published on the topics of managing forensic services, the care of women forensic patients, spirituality in mental health care and patient involvement.

Rob Keukens has been since 1985 a mental health lecturer at a University of Applied Sciences and at the Master Mental Health Nurse Specialist education in the Netherlands. He is an advisor at GGZ Ecademy - a foundation that produces e-learning for mental health care providers - and a consultant to FGIP.

Dr. Algimantas Liausedas, a psychiatrist by profession, is director of the Rokiskis psychiatric hospital, the only forensic psychiatric institution in Lithuania. The hospital has all three security levels and an extensive rehabilitation and resocialization department. Before becoming director of the facility in 2003, he worked in Vilnius as a psychiatrist, last being head of a department at the Vilnius psychiatric clinic in 2001-2003. In the course of his sixteen years as director of Rokiskis psychiatric hospital he implemented a dozen projects funded by the Dutch Ministry of Foreign Affairs, the European Union and the Lithuanian government focusing on forensic psychiatric services, occupational and social rehabilitation, vocational rehabilitation, increasing staff qualifications, and the development of social services. Dr. Liausedas is a board member of the Association of Hospital Management and the Lithuanian psychiatric Association, and a founder member of the Association of mental health management.

Prof. Robert van Voren is Chief Executive of the NGO "Human Rights in Mental Health-FGIP", an international foundation for mental health reform. In that capacity he has worked in Ukrainian mental health for the past 30 years. He is also Professor of Soviet and Post-Soviet Studies at the Vytautas Magnus University in Kaunas (LT) and the Ilia State University in Tbilisi (GEO). He is also Executive Director of the Andrei Sakharov Research Center on Democratic Development. He is Honorary Fellow of the British Royal College of Psychiatrists and Honorary Member of the Ukrainian Psychiatric Association.

Wendy Weijts clinical psychologist - psychotherapist and consultant trainer (prison) mental health care. She worked for fourteen years in the Dutch national prison crisis intervention unit of the Ministry of Justice. Since 2000 she is on regular base consultant and trainer for international health organization mainly for Human Rights in Mental Health-FGIP. In 2010 she edited the Prison Mental Health and Penitentiary Psychiatry practical handbook for the staff of penitentiary facilities. Published by Human Rights in Mental Health-FGIP. She is currently working in specialist mental health care for personality disorder and trauma. She is member of supervisory committee Pieter Baan Centrum (forensic observation clinic), EMDR Europe practitioner and teacher for post-master healthcare psychologist.


The European Union
for Georgia


GCRT
The Georgian Center for
Psychosocial and Medical
Rehabilitation of Torture Victims


Human Rights
in
Mental Health


GIP
Federation Global
Initiative on Psychiatry