



**HUMAN RIGHTS DEFENDER
OF THE REPUBLIC OF ARMENIA**



LEGAL STANDARDS

**OF THE HUMAN RIGHTS DEFENDER
OF THE REPUBLIC OF ARMENIA
AS THE NATIONAL PREVENTIVE MECHANISM**

YEREVAN 2019



EU for Armenian Citizens Promotion and Protection of Human Rights Project

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Acronyms

PHAP	Place for Holding Arrested Persons
UN	United Nations
HIV	Human Immunodeficiency Virus
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
PI	Penitentiary Institution
PS	Penitentiary Service

PREFACE

The 18 December 2002 Optional Protocol to the 1984 United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (hereinafter “OPCAT”) provides for the establishment of an independent National Preventive Mechanism that will have broad powers, unrestricted access to and the possibility of conducting examinations in all the places where people may be deprived of their liberty.

After ratifying OPCAT, a 2008 amendment to the Republic of Armenia Law on the Human Rights Defender (adopted on 21 October 2003) designated the Human Rights Defender of the Republic of Armenia as the independent National Preventive Mechanism stipulated by OPCAT. Subsequently, due to the Constitutional Amendments of 6 December 2015, the National Assembly of the Republic of Armenia adopted (on 16 December 2016) the Republic of Armenia Constitutional Law on the Human Rights Defender, Paragraph 2 of Article 2 of which vested with the Human Rights Defender of the Republic of Armenia the status of the National Preventive Mechanism stipulated by OPCAT.

According to Article 27 of the said Constitutional Law, the aim of the Defender’s activities in the capacity of the preventive mechanism is to prevent torture and other cruel, inhuman or degrading treatment in places of deprivation of liberty.

To safeguard the unrestricted exercise of the Defender’s power to visit places of deprivation of liberty in the capacity of the National Preventive Mechanism, Article 28 of the Constitutional Law defines the following scope of “places of deprivation of liberty”:

- 1) Places for holding arrested and detained persons;
 - 2) Penitentiary institutions;
 - 3) Psychiatric organizations;
 - 4) Garrison disciplinary isolators;
 - 5) Vehicles designated for transporting persons deprived of liberty;
- and
- 6) Any other place in which a person has or may be deprived of liberty by a decision, order, or instruction of, or with the consent or permission of a state government or local self-government body or

official, as well as any place that a person is not free to leave without a decision or permission of a court or an administrative or other authority or official.

After entry into force of the Republic of Armenia Constitutional Law on the Human Rights Defender, an effective mechanism has been adopted on the basis of the internationally-accepted principles for the Defender to combine the functions of the National Preventive Mechanism and the Ombudsman.

The examination of individual complaints and the *ex officio* examination of issues by the various subdivisions of the Staff of the Human Rights Defender reveals the problems related to specific situations in places of deprivation of liberty, while the monitoring by the Department for the Prevention of Torture and Ill-Treatment allows examining the whole system irrespective of the existence of complaints.

Moreover, the individual cases that transpire during the monitoring are transferred to the subdivision that examines them and *vice versa*—systemic issues that are revealed through individual complaints are presented to the subdivision responsible for the preventive mechanism, thereby ensuring a flexible system for information sharing.

To safeguard the performance of the National Preventive Mechanism's functions, a standalone subdivision—the Department for the Prevention of Torture and Ill-Treatment—operates within the Staff of the Human Rights Defender.

The Department engages in its activities lawyers, as well as a doctor. The Defender has engaged in the work of the preventive mechanism certain independent experts from the academia and non-governmental organizations (a psychologist, a sociologist, and doctors, including a psychiatrist).

The monitoring related to places of deprivation of liberty is carried out using special methodology and on the basis of guidelines developed specifically for such monitoring. The information and documents collected by representatives of the National Preventive Mechanism in the course of the monitoring visits are analyzed and compared to the legislative framework on the sector in order to reveal practical problems as well as legislative regulation gaps and shortcomings.

To address the identified problems, discussions are held in the Staff of the Human Rights Defender. A brief overview of the results of each visit is presented to the competent authorities, which are then demanded to provide clarifications in connection with the visits made. The brief overviews not only describe the identified problems, but also, based on professional analysis, propose legal and practical remedies some of which contain recommendations to amend and supplement the legal framework on the sector.

Information collected in the course of visits during the year, as well as the analysis performed and the recommendations on addressing the identified problems are subsequently reflected in the annual and *ad hoc* reports and statements of the Human Rights Defender of the Republic of Armenia.

Furthermore, the format of *ad hoc* reports is often chosen for presenting problems identified in the course of the Human Rights Defender's work in the capacity of the National Preventive Mechanism with respect to specific places of deprivation of liberty. This approach enables a more comprehensive and thorough presentation of the identified problems, presenting clear legislative and practical proposals on reforming the sector.

Through the National Preventive Mechanism activities of the Human Rights Defender, various principles and recommendations on the rights of persons deprived of liberty have been developed and streamlined to a rather high degree. It has, thus, become necessary to have a compilation of the legal standards of the Human Rights Defender on all forms of ill-treatment in places of deprivation of liberty.

This Paper will help to consolidate the ill-treatment assessment grounds and approach, and overall, meet the requirements of certainty of the National Preventive Mechanism activity of the Human Rights Defender for law-enforcement agencies, as well as professionals and society at large.

The prohibition and prevention of torture and inhuman or degrading treatment or punishment imply comprehensive, continued, and coordinated legislative and practical measures in line with the international requirements. Well-coordinated and mutually-reinforcing work of all the competent state bodies, carried out through an adequate

toolkit, is key to the effective prevention of torture and the effective investigation of the allegations. Elaboration and public dissemination of clear legal standards and assessments, too, contributes greatly to respect for the absolute ban on torture.

To this end, independent experts were commissioned to carry out a comprehensive study of the legal standards developed through the annual and *ad hoc* National Preventive Mechanism reports of the Human Rights Defender, the legal analysis performed, and the decisions adopted in respect of violations of rights of persons deprived of their liberty in specific cases. The outcome brought together all the findings reached by the Human Rights Defender in the capacity of the National Preventive Mechanism, which were systemic and contained legal standards and principles.

The study used a particular methodology for classification according to the types of places of deprivation of liberty: 1) Places for Holding Arrested Persons in the Police (PHAPs), 2) Penitentiary institutions (PIs), 3) Cells in courts for holding persons deprived of liberty, 4) Vehicles designated for transporting persons deprived of liberty, and 5) Psychiatric institutions.

Each of the six sections of the Legal Standards of the Human Rights Defender in the capacity of the National Preventive Mechanism contains several subsections. All the sections, subsections, and paragraphs are numbered to facilitate practical use. Some paragraphs are accompanied with relevant examples or commentaries to the standard contained therein.

Hence, this compilation brings together the legal standards developed by the Staff of the Human Rights Defender in the capacity of the National Preventive Mechanism.

The legal standards will be of practical use to not only the Staff of the Human Rights Defender, but also other competent state bodies, international and non-governmental organizations active in the sector, persons deprived of their liberty, and all citizens in general.

1. PLACES FOR HOLDING ARRESTED PERSONS IN THE POLICE (PHAPs)

1.1. The Minimum Rights of Persons Deprived of Liberty

- 1.1.1. From the moment of *de facto* placement under custody until the moment of entering the building of the body vested with the power to conduct the proceedings, a person deprived of liberty shall have the right to know the reason for his deprivation of liberty and to remain silent.
- 1.1.2. From the moment of entering the building of the body vested with the power to conduct the proceedings, a person deprived of liberty shall have the right:
 - To be notified immediately of the reasons for his deprivation of liberty;
 - To remain silent;
 - To notify immediately a person of his choosing about the deprivation of liberty, such as family members, friends, the consular service, and others;
 - To meet with an advocate; and
 - To undergo a medical examination if he so demands, including medical examination by a doctor of his choosing.
- 1.1.3. The right to have an advocate shall include communication and confidential meetings with the advocate, as well as the presence of the latter during activities such as interrogations.
- 1.1.4. Medical examinations shall be performed outside of the PHAP staff's sound and, unless the doctor demands the opposite, the PHAP staff's sight.
- 1.1.5. The examination results shall be properly documented by the examining doctor and made available to the person deprived of liberty and to his advocate.

1.2. Unrestricted Access of the Advocate

- 1.2.1. The right of an arrested person to meet, privately and without restriction, an advocate or defender who has come to visit such person for the purpose of undertaking his defense shall be safeguarded without any limitation of the number or duration of visits, or due to working days or hours.
- 1.2.2. The requirement to present a letter of engagement to the PHAP shall be presented to a defender, but not an advocate who has come for the purpose of undertaking the defense, because such advocate objectively does not have the possibility of presenting the documents required by law for the organization of a visit.

1.3. Contacts with the Outside World

- 1.3.1. The visit of a person held in a PHAP with his family members shall be conducted without physical separation. A visit granted with a partition shall be the exception, used only when there is a security threat. The PHAP administration shall assess the individual risk level of the person deprived of liberty.
 - *Communication via a telephone or holes on a glass partition may result in a violation of the right to respect for private life safeguarded by Article 8 of the ECHR.*
- 1.3.2. The right of a person deprived of liberty to contact with the outside world shall be safeguarded irrespective of the duration of deprivation of liberty, except for cases of reasonable and justified necessity of restricting the exercise of the right to contact with the outside world.
- 1.3.3. Sufficient light shall be secured in the visitation rooms. The rooms shall be in a proper condition.

- *It is unacceptable, for example, when there are electrical wires that stick out of the walls and have no insulation.*
- 1.3.4. Separate rooms shall be designated for investigative actions and for medical assistance or the granting of visits.
 - 1.3.5. The pay phones installed for contact with the outside world shall be in proper working condition. Instructions on the use of the pay phone and the hotline number of the Human Rights Defender shall be posted next to them.

1.4. The Conditions of Detention

Cell Conditions

- 1.4.1. The cells designated for holding arrested persons shall need to have sufficient penetration of natural light, and in some cases, when natural light penetration is not sufficient, additional artificial lighting shall be secured.
- 1.4.2. In the cells in police stations, the electrical lighting shall be switched off during the night hours, except when, for example, there is a need for special surveillance of the person deprived of liberty due to such person's conduct, which cannot be performed in the absence of lighting in the cell during the night hours.
- 1.4.3. There shall be call buttons in the cells for holding arrested persons.
- 1.4.4. The cells shall contain a table and chairs equal to the number of persons in the cell for the purpose of making the food intake convenient.
- 1.4.5. The cells shall have proper ventilation.
- 1.4.6. The PHAP cells shall be equipped with radio receivers.

1.4.7. The cells shall comply with the minimum 4 square meters' requirement for space per person, which is prescribed by the legislation.

Conditions for Laundry, Bathing, Sanitation, and Hygiene

- 1.4.8. Clean bedding should be secured for arrested persons.
- 1.4.9. Laundry shall be organized in such a manner as to secure its proper disinfection for the purpose of preventing contagious illness. The PHAP administration shall conclude written contracts with the relevant organizations, and such contracts shall prescribe the disinfection requirements and standards.
- 1.4.10. The bathroom shall be renovated and heated.
- 1.4.11. Hot water and other conditions necessary for bathing shall be secured for arrested persons.
- 1.4.12. Properly usable toothpaste, toothbrush, and soap shall be provided to arrested persons.
- 1.4.13. It shall be necessary to secure that documents confirming the performance of sanitation and disinfection activities in the PHAP are prepared, specifying the day, month, and year of performing such activities.
- 1.4.14. Every day, the solitary cells and other rooms in the PHAP shall undergo wet cleaning using disinfectants, and all the rooms and solitary cells in the PHAP shall undergo essential cleaning not later than once a month.

The Organization of Food

- 1.4.15. Necessary, sufficient, and diverse food shall be provided to persons held in a PHAP.
- 1.4.16. The food supply contracts concluded for the organization of food shall specify the amount paid for each daily ration of food, the list of the main meals,

the weekly menu, and the main requirements on the food.

- 1.4.17. The PHAP shall have an appropriate procedure for accepting deliveries and passing deliveries. The procedure shall be posted in a visible place. The list of objects and foodstuffs permitted in deliveries needs to be reviewed.

Outdoor Exercise

- 1.4.18. The PHAP exercise yards shall have benches and equipment for physical exercise.
- 1.4.19. Trash bins shall be installed in the exercise yard.
- 1.4.20. For the organization of outdoor exercise in bad weather conditions, the exercise yards shall have cover of appropriate size.

1.5. Provision of Health Care and Documenting the Results of Medical Examinations

- 1.5.1. Anyone entering a PHAP shall mandatorily undergo an external medical examination irrespective of such person demanding to undergo a medical examination and irrespective of the existence of visible bodily injuries.
- 1.5.2. The medical examination of a person deprived of liberty (upon arrival or later) shall be carried out by a doctor only, outside of sound of the PHAP staff, and unless the doctor demands the opposite for reasons of his own security, then also outside of sight of the PHAP staff. To this end, measures shall be taken to safeguard medical secrecy.
- 1.5.3. The medical examination of persons deprived of liberty shall be performed individually, ensuring a proper doctor-patient relationship.

- 1.5.4. It is necessary to ensure the professionalism and independence of the doctors and other medical personnel dealing with persons deprived of liberty. Doctors shall properly find and document any fact, allegation, or suspicion of torture or ill-treatment.
- 1.5.5. Medical personnel in the PHAP shall prepare a proper professional protocol on the health care or the medical examination, without deletions and corrections. The accuracy and professional soundness of such protocol may not be assessed or confirmed by a signature of a representative of the PHAP administration.
- 1.5.6. The result of each medical examination, including any torture or ill-treatment allegation made by an arrested person, as well as the doctor's opinion, shall be officially recorded by the examining doctor and provided to the arrested person and his advocate.
- 1.5.7. The places for medical examinations and the provision of health care within PHAPs shall be separated from the rooms designated for investigative actions and for visits.
- 1.5.8. The rooms designated in PHAPs for medical examinations and the provision of health care shall be properly equipped and renovated.
- 1.5.9. Record of any medical intervention, including the provision of medication, shall be made in the medical examinations and health care register.
- 1.5.10. The existence of expired medication in the PHAPs shall be precluded. The medication that expires shall be documented and discarded in accordance with the prescribed standards.
- 1.5.11. PHAPs shall have also female police officers in order to organize the external examination or search of females upon admission to the PHAP. The results of the external examination shall be properly documented.

2. PENITENTIARY INSTITUTIONS

2.1. Access to Legal Remedies

- 2.1.1. Persons deprived of liberty shall have a fully-fledged possibility to send applications and complaints to the PI warden or any other competent authority.
- 2.1.2. To safeguard the effective exercise of the right to complain, persons deprived of liberty shall be provided with the relevant objects necessary for writing a complaint, which shall be freely accessible to them in special places.
- 2.1.3. As a means of exercising the right to lodge a complaint in confidential conditions, persons deprived of liberty shall be given the possibility of lodging a written complaint at any time and leaving the complaint in small boxes designated for complaints, which shall be placed in areas that are accessible to persons deprived of liberty.
- 2.1.4. As a means of exercising the said right to lodge a complaint, the mechanism for filing complaints and applications shall be organized in such a manner as not to obligate persons deprived of liberty to personally pass the envelope to the institution's administration.
- 2.1.5. Persons deprived of liberty shall have the possibility of lodging a complaint not only in confidential conditions, but also without censorship.
- 2.1.6. The correctional institution administration shall ensure the external examination of a letter to be performed without becoming familiar with the content of the correspondence, and only for preventing the transfer of prohibited objects or materials.
- 2.1.7. Upon admission to a PI, persons deprived of liberty shall be informed, in a language that they understand, about their rights and obligations, including the complaint procedures.
- 2.1.8. Complaints and other documents sent from a PI by a pre-trial detainee or a person deprived of liberty to the Human

Rights Defender shall not be subject to censorship. Immediately after receiving them, but not later than within 24 hours, the competent bodies or organizations shall send them to the Defender.

2.2. The Complaint Mechanisms

- 2.2.1. The Republic of Armenia Penitentiary Code needs to prescribe a clear procedure for complaining against the actions or inaction of or decisions adopted by the PI administration and other competent bodies, by setting the deadlines, the requirements on complaints, and the procedure of examining and resolving complaints, as well as clarifying the scope of bodies that are authorized to examine such complaints.
- 2.2.2. It is necessary to prescribe the maximum deadlines for examining complaints, specifying deadlines for both starting the examination of a complaint and adopting a final decision as a result of such examination, with a view to preventing unnecessary delays.
- 2.2.3. Furthermore, it is necessary to amend the legislation with respect to judicial complaints by persons deprived of liberty against the actions or inaction of or decisions adopted by the PI administration or other competent bodies, including the determination of their jurisdiction.
- 2.2.4. In connection with the foregoing, it is necessary to make appropriate amendments to the Republic of Armenia Criminal Procedure Code to prescribe clear rules and procedures for judicial complaints against the actions or inaction of or decisions adopted by the PI administration or other competent bodies during sentence execution or during pre-trial detention, as well as deadlines for complaints by persons deprived of liberty, deadlines for the examination of the matter by the court, the type of the judicial act rendered and the respective time of entry into

force of the judicial act, the procedure of lodging appeals and cassation appeals, and so on.

2.3. Health

Institutional Independence of the Medical Personnel

- 2.3.1. Oversight of the adequacy and quality of the services provided by the medical personnel shall not be performed by the PI management or the PS; it shall be performed by an organization closely related with the public health system outside the PS—thereby ensuring the institutional independence of the doctors and their unconstrained work.
 - *With such institutional subordination, there is a high level of trust in the medical personnel. Inmates will not perceive the doctor as a penitentiary officer, and the medical personnel will not perceive the patients as persons deprived of liberty.*
- 2.3.2. The necessary financial and social safeguards and other mechanisms shall be put in place to secure the institutional independence of the medical personnel.
- 2.3.3. Medical interventions or clinical decisions and professional conclusions with respect to persons deprived of liberty shall be based only on medical criteria. The reason is that the medical personnel shall operate independently, on the basis of their professional qualification, and within the limits of their authority.

Protection of Medical Confidentiality

- 2.3.4. Information on the health condition of a person deprived of liberty, the medical tests performed in relation to such person, the medication prescribed, and dosage, as well

as other information containing medical secrets shall not be accessible to the PI's non-medical personnel—thereby securing the confidentiality thereof.

Filling the Positions of Medical Personnel

- 2.3.5. It is necessary to ensure that the vacancies in the health care and services sphere within the penitentiary system are filled, and flexible mechanisms for recruitment of specialists shall be implemented in order to prevent such vacancies.
- 2.3.6. The positions designated in the PI shall be filled, and their quantity shall be allocated reasonably—taking into account the PI's capacity, disease prevalence, and the nature and volume of health care and service needs in the specific PI.
- *Otherwise, there may be a situation in which PIs with different capacities and loads have the same number of staff positions, which shall cause the medical services to be overloaded and, consequently, perform inadequately.*
- 2.3.7. A PI's medical personnel shall include at least one qualified general doctor—preferably specializing as a general physician or a family physician.
- *Otherwise, narrowly-specialized doctors will have to provide non-competent advice or call the ambulance service.*
- 2.3.8. A PI shall have 24-hour medical services, including during the evening and night hours, as well as non-working days.
- 2.3.9. At least one doctor shall stay on duty at night in the PI's in-patient ward.
- 2.3.10. Persons deprived of liberty shall have access to specialized dental and psychiatric services.

- 2.3.11. Medical records, including journals, cards, and disease histories, shall be filled with utmost precision, without omissions, deletions, and other shortcomings.

Medical Equipment and Tools

- 2.3.12. A PI's medical services shall be equipped with the equipment and tools necessary for primary health care.
- 2.3.13. The medical equipment and tools shall be state-of-the-art and of sufficient quantity.

Availability of Medication

- 2.3.14. A PI shall have a sufficient quantity and broad range of the necessary medications. A PI should not have scarcity of the quantity and types of medication.
- 2.3.15. If necessary (as indicated by a doctor), the procurement of medication shall take place as fast as possible and without delays. The provision of medication shall not be untimely.
- 2.3.16. The admission to penitentiary institutions of medication purchased by persons deprived of liberty or through their close relatives shall be subject to clear mechanisms, led by the respective medical indications and the “do no harm” principle.
- 2.3.17. A PI shall have proper oversight of the circulation, including use of expired medication and medication without known date of expiry, and shall preclude any such practice.
- 2.3.18. The process of collecting and safely disposing of medical waste in a PI shall be carried out in accordance with the Republic of Armenia legislation.

Organization of Medical Examinations; Transfer to a Medical Correctional Institution or a Medical Institution of the Healthcare Authorities

- 2.3.19. A PI shall have proper possibilities of undergoing medical examinations or clear mechanisms for organizing them. Narrowly-specialized counseling or lab-instrument tests shall be organized in a timely manner and without undue delays. In case of inadequacy of the health care and services of a PI's medical service, persons with health issues shall, for the purpose of undergoing the necessary examinations, be transferred to a medical institution of the healthcare authorities or to the correctional medical institution.
- 2.3.20. In case of need for in-patient treatment, a person deprived of liberty shall be transferred to the in-patient ward of the medical services unit of the PI, and if the in-patient ward cannot secure all of the necessary in-patient treatment (for example, due to not having narrowly-specialized doctors, the required medical equipment, or an appropriate license), then the person deprived of liberty shall be transferred to the correctional medical institution or medical institutions of the healthcare authorities.
- 2.3.21. The transfer of a person deprived of liberty to a medical institution of the healthcare authorities or to the correctional medical institution shall be performed on the basis of the relevant medical indication, on time, without unnecessary or excessive delays.
- 2.3.22. A person deprived of liberty shall have the possibility of unrestricted access to the services of a doctor of his choosing at his expense. If the person chooses to use the services of another specialist doctor at his expense, the PS and the PI shall be obliged to ensure the person's transfer to a medical institution of the healthcare authorities.
- 2.3.23. The PS and the PI may not reject the transfer of a person deprived of liberty to a medical institution or to the correctional medical institution on the ground of resource scarcity.

- *For example, there were cases when a person's application was rejected on the ground that there isn't a sufficient number of security officers.*
- *In another case, the PS allowed a person deprived of liberty to use the services of a doctor of his choosing at his expense (to undergo coronarography and computer tomography), which had to be organized in a medical subdivision of the healthcare authorities. The performance of the indicated examinations was, however, delayed on the ground that the number of security officers was insufficient for the additional post.*

Access to Free Health Care

- 2.3.24. Sufficient state funding shall be provided for the necessary medical interventions to be performed in respect of persons deprived of liberty.
- 2.3.25. Medical examinations or other medical interventions indicated to persons deprived of liberty, which are carried out as part of the state-guaranteed free-of-charge and concessional health care and services, shall be organized and delivered in a reasonable period and without unnecessary delays.

Preliminary (External) Medical Examination

- 2.3.26. Persons deprived of liberty shall, upon their entry into a PI, undergo a mandatory medical inspection, the results of which shall be properly documented.
- 2.3.27. Proper conditions shall be secured for carrying out medical inspections of persons deprived of liberty.
- 2.3.28. Medical inspections shall be carried out by a doctor only, outside of sound of the PI staff, and unless the doctor

demands the opposite, then also outside of sight of the PI staff. To this end, measures shall be taken to safeguard medical secrecy.

- 2.3.29. A person deprived of liberty may be inspected by a doctor of his choosing.
- 2.3.30. The external medical inspection of persons deprived of liberty shall be organized in each case of entering or exiting the PI.
- 2.3.31. It is necessary to ensure the professionalism and independence of the doctors and other medical personnel dealing with persons deprived of liberty. Doctors shall properly find and document any sign, allegation, or suspicion of torture or ill-treatment.
- 2.3.32. To ensure the consistent and effective performance of medical inspections and to prevent and detect torture and other forms of ill-treatment, it is necessary to develop and adopt in legislation the form of the medical examination protocol for persons deprived of liberty and guidelines on filling out the form.
- *Such documents should be developed in accordance with the forms, anatomic charts, and guidelines, as well as principles and standards prescribed by the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UN, 2004) and its annexes.*
- 2.3.33. Regular training of the PI medical personnel shall be carried out in order to ensure proper finding of physical and psychological symptoms.

Specificities of Organizing Medical Care and Services for Women and Juveniles Deprived of Liberty

- 2.3.34. In the Abovyan Penitentiary Institution, it is necessary to ensure proper access to gynecological, pediatric, dental,

psychiatric, and other narrowly-specialized medical services as necessary.

- 2.3.35. For women held in the isolator, it is necessary to ensure proper access to health care and services in the in-patient facilities of the PI.
- 2.3.36. If the care of a child under the age of three is organized in a PI, it is necessary to ensure legislative and practical mechanisms for the mother, who is deprived of her liberty, to accompany the child to the medical institutions of the healthcare authorities.
- 2.3.37. Regular visits of a pediatrician to the Abovyan Penitentiary Institution shall be secured.
- 2.3.38. For each child living in the PI with the mother, a separate personal medical record shall be prepared, which shall contain information on the child's health condition, as well as its developments and records of any examination or inspection. In case of the person's transfer to another institution, this record shall be sent to the doctor in the accepting institution.
- 2.3.39. A scheme for screening tests of women deprived of liberty shall be developed. Women deprived of liberty shall be offered preventive health activities, such as Papanikolau tests, breast cancer and gynecological cancer screening tests on an equal basis as those provided to same-age women that are in freedom.
- 2.3.40. Screening tests of women's health condition upon admission to a PI shall include comprehensive screening for determination of the primary health needs, which shall detect:
 - a) *The existence of sexually-transmitted or bloodborne diseases and, depending on the risk factors, women deprived of liberty may be offered an HIV test, including pre-test and post-test counseling;*
 - b) *Mental health needs, including post-traumatic stress disorder and the risks of suicide and self-harm;*

- c) *The reproductive health history of women deprived of liberty, including current or recent pregnancies, delivery, and any issue related to reproductive health;*
- d) *The existence of drug dependency; and*
- e) *History of sexual violence and other types of violence prior to admission, etc.*

2.3.41. Screening tests shall be carried out also for the children living in the PI together with women deprived of liberty.

2.3.42. If necessary, women, juveniles, and young children deprived of liberty shall be provided a special diet or dietary ration; the general prohibition of eating raw foods, including vegetables in the PI shall be revised for such cases.

Access to the PI for a Doctor Chosen by the Person Deprived of Liberty

2.3.43. A person deprived of liberty shall be secured the possibility of using the services of other specialist doctors of his choosing at his expense.

2.3.44. The list of necessary documents presented by a doctor chosen by the person deprived of liberty and the procedure and timeframes for its organization shall be clearly regulated.

2.3.45. The visit of a doctor or a medical specialist for the purpose of providing health care to a person deprived of liberty shall not be viewed as a visit; therefore, it may not be subject to the legal regulations and restrictions applicable to visits.

Release from Pre-Trial Detention or Sentence Execution of a Person Deprived of Liberty, Who has a Grave Illness

2.3.46. The decision to release from pre-trial detention or sentence execution a person deprived of liberty, who has

a grave illness, shall be based on a justified professional opinion.

- 2.3.47. The key principles and criteria for inclusion of illnesses in the list of illnesses deemed incompatible with serving the sentence should be revised taking into consideration, among other things, the diseases that are prevalent in PIs and cause mortality, as well as the high prevalence of illnesses in the region.
- 2.3.48. When releasing from pre-trial detention or sentence on this ground, it is necessary to take into consideration the person's overall health condition in the wider context of securing dignified care and holding conditions for the person, even when none of the illnesses taken alone corresponds to the list of illnesses prescribed by the legislation.
- 2.3.49. It is necessary to revise the powers of the competent bodies and to prescribe more clear legal procedures of operation, as well as the deadlines of and entities responsible for sending the personal file of a person deprived of liberty, who has a grave illness, from the PI to the relevant medical commission, and whether the convict has the right to apply to the said commission personally or through a lawful representative, etc.
- 2.3.50. It is necessary to revise the composition and formation principles of the said commission, their powers, and the legal regulation of their activities.
- 2.3.51. It is necessary to prescribe the said medical commission's operating procedures, decision-making procedure, deadlines, criteria, the mandatory requirement to prepare a professional opinion, and a clear requirement to substantiate them, always to prepare them in writing, and to inform the person deprived of liberty thereof.
- 2.3.52. A legal act should regulate the process and timeframes for consideration of the question of release from pre-trial detention due to a grave illness.

2.3.53. It is necessary to prescribe an effective procedure for the judicial examination of cases concerning the release of a convict serving a prison sentence from the sentence due to a grave illness.

Provision of Care

2.3.54. If necessary, sufficient care shall be provided to a person deprived of liberty, as well as special dietary food, physiotherapeutic treatment, rehabilitation and other necessary medical interventions, which are accessible in the framework of public health care.

2.3.55. When it is impossible to provide a sufficient volume of medical care, the care shall be organized in a specialized medical institution of the health care authorities.

2.3.56. Medical care shall be organized by a person who has appropriate professional training. The care of a person may not be organized by a cellmate who has not been appropriately trained, and who is concurrently not subject to proper oversight by the PI's medical personnel.

Organizing the Medical-Social Expert Assessment

2.3.57. Persons deprived of liberty that have health issues shall be provided complete information on the process of determining the disability category, i.e. the mechanisms that apply and the documents that are required for determining the disability category, the appeal mechanisms, and the performance of the repeat expert assessment.

2.3.58. The process of determining disability shall be organized without delays, in the framework of the state-guaranteed free-of-charge health care.

Medical Oversight of Persons Refusing Water or Food

- 2.3.59. The issue of hunger strikes shall be viewed from a therapeutic, rather than punitive standpoint.
- 2.3.60. Proper medical oversight shall be established, with personalized treatment, of a person who is on a hunger strike. As per medical indications, necessary tests shall be performed, including regular blood pressure tests, heartbeat count, weight control, blood sugar determination, etc.
- 2.3.61. A person who is on a hunger strike shall be held in conditions in which the person can be under appropriate medical oversight. Moreover, the person shall not be held in conditions that are worse than the conditions of other persons deprived of liberty.
- 2.3.62. The transfer of a person who is on a hunger strike to a special separated cell designated for such purposes shall pursue the aim of performing medical oversight of the person and shall not be accompanied with elements of punishment (such as the absence of any furniture or heating or a water closet or water supply in the cell).
- 2.3.63. A person who is on a hunger strike shall each time be informed of the negative consequences inflicted upon health by the hunger strike.
- 2.3.64. In case of not providing the regular medication to a person who is on a hunger strike and has a chronic illness, such non-provision shall be substantiated by an appropriate medical opinion. In such case, the possibility of reducing the medication dosage for the purpose of preserving the patient's health shall be determined through special medical oversight.
- 2.3.65. In cases of refusing food, when the person deprived of liberty has mental health symptoms, it shall be necessary to organize without any delay the person's counseling by a psychiatrist and follow-up medical oversight of the patient taking the required medication on time.
- 2.3.66. In case of fading or loss of consciousness of the person who is on a hunger strike, as well as in case of a coma,

the necessary medical care and services shall be provided to the person without the person's consent (including artificial feeding) only in case of a threat to the person's life and in case of illnesses that are dangerous for the surroundings.

- 2.3.67. Such decision shall be based on medical necessity and carried out in proper conditions, which shall reflect the medical nature of the intervention. Moreover, the decisions shall be adopted through a procedure that provides proper safeguards, including the adoption of independent medical decisions. Furthermore, legal protection shall be safeguarded, and decision execution shall be properly overseen.
- 2.3.68. During the hunger strike, the PI administration need to be actively involved in securing proper communication between the hunger-striker and other persons, as well as permanent dialogue between the hunger-striker and persons that, upon such person's wish, represent his interests.

Medical Oversight of Persons Deprived of Liberty while in a Disciplinary Cell

- 2.3.69. When applying the disciplinary penalty of placement in a disciplinary cell, safeguarding the right to health for the person deprived of liberty shall be primary consideration.
- 2.3.70. Daily proper medical oversight shall be ensured over persons deprived of liberty, which have been transferred to a disciplinary cell.
- 2.3.71. A penalty of transfer to a disciplinary cell may not be applied in respect of a person who committed a disciplinary violation, if the person continues to receive in-patient treatment. In such case, the application of the disciplinary penalty shall be postponed until the end of the in-patient treatment.

2.3.72. The application of a disciplinary penalty of transfer to a disciplinary cell may be discontinued due to the health condition of the person deprived of liberty as per an appropriate opinion of the doctor.

The Organization of Psychological Work with Persons Deprived of Liberty

2.3.73. The number of psychologists in a PI shall correspond to the criteria required for a particular number of persons deprived of liberty.

2.3.74. In a PI, persons deprived of liberty shall receive qualified and professional psychological assistance.

2.3.75. Methodological guidelines shall be available for the proper organization of the psychological services.

2.3.76. The psychological work shall be organized through a special procedure. Admission shall be voluntary. Upon the end of an admission, a record of the admission shall be made in the personal file of the person deprived of liberty.

2.3.77. Psychological work with persons deprived of liberty in a PI shall be organized through three phases: 1) preliminary, 2) current, and 3) final. In each phase, psychological diagnosis, adaptation, and prevention activities, and in some cases, counseling and psychological therapy activities shall be available.

2.3.78. Targeted psychological programs shall be carried out for persons deprived of liberty that are high-risk or for persons that have early signs of mental illness that does preclude criminal culpability and persons that have self-harm or suicidal inclinations.

2.4. Prevention of Suicide and Self-Harm

- 2.4.1. The competent state bodies shall have the positive obligation to implement clear mechanisms and procedures for preventing cases of suicide and self-harm.
- 2.4.2. The competent state bodies shall be obliged to take preventive operative measures in case of early signs of suicide or self-harm.
- 2.4.3. Upon admission to a PI, all persons deprived of liberty shall be given individual counseling by a psychologist, which will enable detecting persons at risk of suicide and placing them in cells or other places that have conditions corresponding to the specificity of their condition—thereby carrying out appropriate preventive work.
- 2.4.4. To prevent cases of suicide or self-harm, access to psychological assistance shall be secured for persons deprived of liberty.
- 2.4.5. The administration of the PI shall carry out constant surveillance of potential suicide by a person held in isolation—with particular attention paid to the person's suspicious behavior.
- 2.4.6. Means that can be used for taking away life (window bars, broken glass, belts, ties, and so on) shall not be accessible for persons deprived of liberty, which have self-harm or suicidal inclinations.
- 2.4.7. Persons classified in the suicide risk group shall be under special surveillance for as long as it is necessary.
- 2.4.8. The PI shall carry out courses dedicated to self-harm and suicide prevention, in which the social and psychological officers of the penitentiary system, representatives of non-governmental organizations, and independent experts shall participate.
- 2.4.9. In any place of deprivation of liberty, including PIs, awareness-raising measures shall be organized.

- *For example, courses for persons deprived of liberty shall be developed, which shall contain advice and instructions on various actions, including the provision of medical assistance to victims.*
- *Rewards may be applied in respect of persons deprived of liberty also when they participate in such courses or prevent a suicide attempt or otherwise facilitate its prevention.*

2.4.10. For each case of suicide, proper investigation shall be carried out. Internal investigation proceedings may be initiated, as well, based on penitentiary officers' non-criminal negligence or failure to perform their duties.

2.5. Overcrowding and Allocation

- 2.5.1. Every person deprived of liberty shall be provided an individual sleeping place (bed) and bedding.
- 2.5.2. The area of living space allocated to every person deprived of liberty may not be less than four square meters.
- 2.5.3. Flexible mechanisms shall be prescribed for transferring persons deprived of liberty to correctional institutions with a lesser degree of isolation.
- 2.5.4. Placement of a person deprived of liberty to a correctional institution with a lesser degree of isolation may not be conditioned by a requirement to participate in housekeeping and technical maintenance works.
- 2.5.5. Applications of convicts to be transferred to an open correctional institution may be rejected on objective grounds, such as past conduct, the appropriateness of the degree of isolation, and the Republic of Armenia Penitentiary Code rules on keeping convicts separated in a correctional institution.

- 2.5.6. Persons deprived of liberty shall be allocated evenly between cells and living areas.

2.6. The Allocation Commission

- 2.6.1. The penitentiary legislation shall prescribe criteria that shall serve as a basis for determining the correctional institution for serving the sentence, whilst meeting to the extent possible the person's needs and ensuring individualization of the sentence execution.
- 2.6.2. The legislation should prescribe the criteria that should guide the Allocation Commission operating in the headquarters of the Penitentiary Service of the Ministry of Justice of the Republic of Armenia in determining the specific PI (from among correctional institutions of the determined type) in which the convict shall serve the sentence.
- 2.6.3. It is necessary to prescribe a requirement that decisions of the Allocation Commission be reasoned, namely that the content of the decisions of the Allocation Commission on choosing the correctional institution or transferring the person to another correctional institution reflect the results of considering the primary consideration of safeguarding the person's right to have contact with his close relatives.
- 2.6.4. The consistent application of the rule on the transfer of a convict from a penitentiary institution prescribed by the Penitentiary Code to another institution of the same type shall be ensured, and any unjustified differentiation shall be precluded.

2.7. Holding Non-Smokers in the Same Place with Smokers

- 2.7.1. If possible, measures shall be taken for non-smokers deprived of liberty to be held separately from smokers deprived of liberty.
- 2.7.2. Based on medical indication due to the person's health condition, it is mandatory that smokers deprived of liberty be held separately from non-smokers deprived of liberty.
- 2.7.3. Training courses shall be organized for PI staff, which shall discuss the internal legal acts (if any) that restrict the holding of non-smokers deprived of liberty in the same cell (living area) with smokers deprived of liberty.

2.8. Sanitation, Hygiene, and Living Conditions

- 2.8.1. Persons deprived of liberty shall be held in adequate material and living conditions that do not humiliate human dignity. The following conditions have, accordingly, been found to be inadequate:
 - *High degree of humidity in the cell and/or bathroom, or the walls, ceiling, and floor of living areas and other accommodation being damp or plaster having fallen off;*
 - *Cell windows being broken or absent;*
 - *Artificial ventilation systems not existent or not working or not being used;*
 - *Cells not having sufficient natural light;*
 - *Penetration of sewerage water into the cell, and dirt a foul odor spreading in the living areas and other accommodation;*
 - *The presence of insects (cockroaches, bed bugs, and others) and the inadequate performance of disinfection and parasite elimination activities;*

- *The water closet not being separated from the cell's living area with a complete wall or the water closet lacking a door;*
- *Wooden or makeshift toilets located outside the cells or living area;*
- *Difficulty of accessing the water closets and lack of reasonable accommodation for persons with mobility limitations (persons with disability); or*
- *The absence of a permanent and centralized water supply system.*

2.9. Holding Conditions in the Quarantine Wards

- 2.9.1. Each PI shall designate a separate quarantine ward (or cell), and persons deprived of liberty shall, upon admission to the PI, be immediately placed there, having undergone a medical examination and having had an opportunity to become familiar with and to adapt to the conditions in the correctional institution.
- 2.9.2. A person deprived of liberty shall be held in the quarantine ward in at least the same conditions as the conditions in which a person deprived of liberty is held in another cell or living area of the correctional institution or the place where pre-trial detainees are held. The cells in the quarantine ward shall be in proper condition, with bedding and a water closet, and shall comply with the minimum requirement on the living space area per person deprived of liberty.
- *The following conditions in quarantine cells, for example, have been found to be inadequate: absence of natural light, high degree of humidity and the walls being damp, or the absence of bedding.*

- 2.9.3. The quarantine cells shall not be used as a punishment and/or isolation cell when the possibility of having a quarantine cell or having it serve its purpose is limited.
- 2.9.4. A person deprived of liberty shall, immediately after placement in the quarantine ward, be informed of his main rights and obligations and the internal regulation of the correctional institution, and a protocol confirming that the person has been informed shall be attached to his personal file.
- 2.9.5. Information on persons held in the quarantine ward shall be recorded properly, including in particular who was there and for how long, and when they were transferred to the designated cell.

2.10. Securing Bathing and Laundry

- 2.10.1. Persons deprived of liberty shall be provided the possibility of bathing at least twice a week.
 - *In Pls, bathing is normally organized once a week, which causes persons deprived of liberty to often have to bathe inside the cell water closets.*
- 2.10.2. The bathroom shall be renovated and in a sanitary condition, and provide the possibility of changing and storing clothes.
- 2.10.3. The bathroom shall have artificial ventilation and heating systems. Showers shall be present there.
- 2.10.4. The bathrooms shall be accessible for persons with mobility limitations (persons with disability), and reasonable accommodation shall be made if necessary.
- 2.10.5. Hygiene supplies (special care supplies for women) of sufficient quantity and quantity shall be supplied to persons deprived of liberty.
- 2.10.6. The proper organization of laundry shall be ensured.

2.11. Food

- 2.11.1. Food corresponding to the standards of quantity and quality shall be provided to persons deprived of liberty, and the food rations and diversity prescribed by the legal act regulating this sector shall be secured.
- 2.11.2. The quality of the food and the diversity of the meals prepared shall be secured. Samples shall be taken from the ready dishes in accordance with the procedure and conditions prescribed by law. The meal types provided to persons deprived of liberty shall correspond to the menu.
- 2.11.3. The presence of quality certificates for the food shall be secured. The food tasting and quality control shall be performed in a proper manner by making appropriate records in a register designated for such purpose.
- 2.11.4. A special diet shall be provided to persons deprived of liberty that suffer from chronic illnesses (such as diabetes) and need a special medical diet.
- 2.11.5. Appropriate food shall be provided to persons deprived of liberty on the basis of their religious beliefs and cultural specificities.
- 2.11.6. Additional food shall be provided to pregnant women and breastfeeding mothers deprived of liberty.
- 2.11.7. A special diet shall be provided to persons deprived of liberty that have in their care a child under the age of three, as well as to children.

2.12. The Conditions in Kitchens and Canteens

- 2.12.1. The canteen space and the number of tables and benches in a PI shall correspond to the number of persons deprived of liberty.

- 2.12.2. The canteen of a PI shall have appropriate furniture and proper conditions for food processing, preparation, storage, and separate and adapted sinks for washing dishes.
- 2.12.3. Proper sanitation and hygiene conditions and the safety rules for use of disinfecting materials shall be ensured in the kitchen. In the kitchen, the staff shall work wearing outer clothing designated for such purpose.
- 2.12.4. Proper oversight of the sanitation and hygiene conditions of places where food is kept shall be performed. It is necessary to renovate the storages as necessary in order to secure proper conditions of food storage, including the appropriate temperature regime.

2.13. Contacts with the Outside World

- 2.13.1. The administration of a PI shall create appropriate conditions for safeguarding contacts with family and the outside world for persons deprived of liberty. To this end, properly-furnished rooms for short and long visits, various communication devices, and conditions for use of the news media shall be secured in the correctional institution.
- 2.13.2. Persons deprived of liberty shall be given the opportunity of communicating with the outside world, including maintaining correspondence, having visits, and using the telephone, literature, and the news media.
- 2.13.3. The scope (limits) of contacts with the outside world shall not be determined as a part of the imposed sentence, depending on the gravity of the sentence and the regime in which the person is serving the sentence.
- 2.13.4. For a convict who has a child in a difficult situation of life, the possibility of granting short leave shall be foreseen for the purpose of placing the child in an orphanage or with a relative. A convict may, irrespective

of the gravity of the committed crime, be granted short leave in case of exceptional personal circumstances (death or life-threatening grave illness of a close relative, or a natural disaster that inflicted significant material damage to the convict or his family). Leave also plays a great role for the purpose of social rehabilitation, which should be encouraged to the extent possible.

- 2.13.5. The possibility of long visits shall be foreseen for persons deprived of liberty, including pre-trial detainees.
- 2.13.6. Adequate light, temperature, furniture, and sanitation and hygiene conditions shall be secured in the visits designated for short and long visits.
- 2.13.7. The visit rooms shall have separated water closets.
 - *In a PI, for example, only the four new rooms for long visits have separate water closets. The other five rooms for long visits in the same building do not have separate water closets.*
- 2.13.8. When short visits are organized, the visits room shall have the possibility for persons to separate themselves.
- 2.13.9. Special separated waiting halls shall be secured for close relatives.
- 2.13.10. Persons coming for a long visit, including minors, shall have access to outdoor exercise, for which there shall be separate exercise yards.
- 2.13.11. A children's room shall be separated for children coming for a visit.
- 2.13.12. The competent authorities shall secure regular and accessible transportation to and from the PI.
- 2.13.13. Proper possibility of calling the 116 hotline of the Human Rights Defender shall be secured.

2.14. Securing Outdoor Exercise

- 2.14.1. To ensure proper exercise of the right to outdoor exercise or physical exercise, the PI exercise yards shall have installed benches and trash bins, as well as

- cover of appropriate size for the organization of outdoor exercise in bad weather conditions.
- 2.14.2. The exercise yards designated for juveniles shall be equipped the supplies necessary for physical exercise, games, and sports, as well as cover of appropriate size for the organization of outdoor exercise in bad weather conditions.
 - 2.14.3. The duration of outdoor exercise for persons deprived of liberty shall be at least one hour per day, and the frequency shall be daily.
 - 2.14.4. It is necessary to secure a consistent legislative approach to the outdoor exercise of women deprived of liberty by enabling women, including both pre-trial detainees and convicted women, to exercise the right to daily outdoor exercise lasting not less than two hours per day.

2.15. Safeguarding the Right to Education

- 2.15.1. Proper exercise of the right to education shall be secured for persons deprived of liberty, including juveniles, especially by means of taking measures to solve the legislative and organizational issues related to the education process for persons deprived of liberty.
- 2.15.2. Measures should be taken to secure the proper exercise of the right to education (including secondary) for juveniles deprived of liberty, and organizing regular, coordinated, and targeted courses and activities (educational, cultural, athletic, and other) for juveniles that are deprived of liberty.
- 2.15.3. The education of persons deprived of liberty shall in practice be, to the extent possible, integrated with the country's existing education and vocational training system, so that after being released, they can continue their education and vocational training without difficulties.

2.16. Work and Occupation

- 2.16.1. The level of occupation in PIs needs to be increased by engaging persons deprived of liberty in various types of purposeful occupation. Educational courses and cultural, athletic, information, and other activities should be regularly organized in a PI. Occupation programs should be developed and participation therein should be encouraged.
- 2.16.2. Conditions should be created in correctional institutions for efficient management of the convicts' free time. To this end, a library, a reading hall, a gym, and other pastime venues should be created and different education programs implemented in the correctional institution.
- 2.16.3. Persons deprived of liberty shall be engaged in housekeeping and other potential work taking into account the scope of their abilities, their profession, sex, age, and other relevant circumstances.
- 2.16.4. The desire of persons deprived of liberty to engage in creative work should be encouraged in PIs, and to the extent possible, supported by creating the necessary preconditions.
- 2.16.5. Convicts should be, if possible, secured for convicts.
- 2.16.6. For the purpose of effective reintegration in social life after serving the sentence, it is necessary to organize in the PI such courses that will help convicts to have, to some extent, predictable opportunities in the labor market in the future.

2.17. Specificities of the Holding Conditions for Women and Juveniles Deprived of Liberty in Penitentiary Institutions

- 2.17.1. Personal space shall be designated for persons held in the accommodation in the Abovyan Penitentiary Institution, and convicted women shall have the possibility of separating themselves from the others. In other words, minimum conditions for women's privacy shall be secured.
- 2.17.2. The 24-hour surveillance of women shall not be performed by male guards.
- *For example, the first dormitory in the women's section of the Abovyan Penitentiary Institution was separated from the guard station by a glass partition, and the women had to change their clothes, sleep, and wake up in sight of the guards (including male ones).*
- 2.17.3. The surveillance of women deprived of liberty shall be performed only by female representatives of the PI administration.
- 2.17.4. The specific needs of women deprived of liberty shall be taken into consideration for the purpose of practical implementation of the non-discrimination principle.
- *For example, some persons deprived of liberty are allowed to have and use an electrical hairdryer, an iron, and an electrical heater in the cell, while others are not allowed to have those objects on the ground that they are prohibited items.*
- 2.17.5. In the Abovyan Penitentiary Institutions, the guards, security officers, and social-psychological service personnel that come into direct contact with persons deprived of liberty shall be regularly trained on youth psychology, women's psychology, social work with young people and women, stress management, and other relevant areas.
- 2.17.6. Special cells shall be designated for juveniles with conditions appropriate to their age and special needs.
- 2.17.7. Places of deprivation of liberty, which are designated for juveniles, shall exert special efforts to reduce the risks

of long-term social isolation. It requires a multidisciplinary approach using the skills of a number of specialists (including teachers, trainers, and psychologists) for meeting the juveniles' individual needs in a safe educational and social-therapeutic environment.

- 2.17.8. Proper exercise of the right to education (including secondary) shall be secured for juveniles deprived of liberty.
- 2.17.9. Regular, coordinated, and targeted courses and activities (educational, cultural, athletic, and other) shall be organized for juveniles deprived of liberty.
- 2.17.10. In PIs, if there are no other juveniles deprived of liberty, the necessary human contacts of juveniles deprived of liberty, which are held in isolation, shall be secured.
 - *For example, the transfer of food to a juvenile by a penitentiary officer or the observation of the cell for surveillance purposes cannot be deemed sufficient human contact.*

2.18. Identification Cards and Marriage Registration

- 2.18.1. The right to receive an identification card with the support of the PI's administration shall be stipulated for pre-trial detainees, as well.
- 2.18.2. The procedure regulating the registration of marriage between persons deprived of liberty shall be stipulated and clarified.

2.19. Early Conditional Release from the Sentence

- 2.19.1. Legislative changes need to be implemented for prescribing a requirement that, in each case, a court shall examine the question of early conditional release

- from serving the sentence or replacing the sentence remainder with a more lenient type of sentence.
- 2.19.2. The legislation shall remove the implicit obstacles to a convict's access to judicial appeal of the question of early conditional release from serving the sentence or replacing the sentence remainder with a more lenient type of sentence, and equal time periods shall be prescribed for the new examination in case of both appealing and not appealing the final act.
 - 2.19.3. Appropriate legislative and practical solutions shall be designed for securing the separate discussion of the question of early conditional release from serving the sentence and the question of replacing the sentence remainder with a more lenient type of sentence.
 - 2.19.4. Legislative changes need to be made to secure accessible and predictable procedures and criteria for early conditional release from serving the sentence.
 - 2.19.5. Steps need to be taken for developing the capacity of the State Probation Service if the latter becomes engaged with respect to early conditional release from serving the sentence or replacing the sentence remainder with a more lenient type of sentence.

2.20. Issues Related to the Application of Amnesty in the Context of Crime Prevention and Resocialization of Persons Who Committed a Crime

- 2.20.1. To reduce the perpetration of repeat offences after an amnesty, resocialization of persons who committed a crime shall be a key focus of the state's penitentiary policy in the penitentiary and post-penitentiary phases.
- 2.20.2. Resocialization shall be carried out by means of implementing sufficient education programs and elaborate and targeted courses in the PIs and practical

mechanisms to boost the competitiveness of former convicts in the labor market.

- 2.20.3. It is furthermore necessary to secure that the social needs of persons subject to post-penitentiary legal enforcement are met, including through sufficient support in employment.

2.21. Key Measures to Tackle the Criminal Subculture in Penitentiary Institutions

- 2.21.1. In tackling the criminal subculture, it is necessary to safeguard the proper realization of human rights and respect for the fundamental principles of lawfulness and everyone's equality before the law.
- 2.21.2. Proper efforts shall be made and resources invested in filling vacancies in the administration, having sufficient staff positions, providing social guarantees and proper employment conditions for the staff, and organizing professional training for them.
- 2.21.3. To form an atmosphere of mutual trust and to promote the resocialization of persons deprived of liberty, it is necessary to carry out regular social, legal, and psychological work with them with a view to promoting respect towards humans, society, coexistence rules, and traditions, and encouraging law-abiding behavior.
- 2.21.4. Taking into account the impact of holding conditions on the conduct of each person deprived of liberty and on the penitentiary system, the following principle shall be applied: the main needs of persons deprived of liberty shall be met by the state.
- 2.21.5. Moreover, it is necessary to rule out the granting of any unlawful privilege to persons deprived of liberty and to comply strictly with the principle of everyone's equality before the law.

- 2.21.6. To prevent the negative consequences of deprivation of liberty, it is necessary to review the legislation and to implement new and more flexible legal mechanisms, especially with respect to the use of alternative sentences and preventive measures. These consequences have particularly negative consequences for juveniles deprived of liberty.
- 2.21.7. Clear criteria need to be prescribed in legislation for the competent authority to take an effective decision for choosing a PI for execution of the sentence of the person deprived of liberty, for changing the correctional institution type, and for allocation between cells. In choosing the PI, in particular, the place where close relatives of the person deprived of liberty live shall be taken into account. The mechanism for changing the correctional institution type from a higher to a lower level of isolation should be clear and predictable for persons deprived of liberty.
- 2.21.8. A stable mechanism for permanent monitoring of the behavior of persons deprived of liberty and assessing their level of risk on the basis of clear criteria should be introduced in the penitentiary legislation.
- 2.21.9. Taking into consideration that not all persons deprived of liberty in PIs accept the criminal subculture, and some actively rebel against the informal leaders within that subculture, it is necessary to introduce a flexible system of rewards and penalties: the rewards and penalties shall be clear and predictable for persons deprived of liberty. The reward or penalty applied shall play a key role in choosing the correctional institution type (regime) for sentence execution or for promoting or restricting the decision to move the person to a lesser degree of isolation or to consider early conditional release from serving the sentence.
- 2.21.10. To refrain from offending and to stay uninfluenced by the criminal subculture, opportunities for staying in touch

with the outside world shall be secured for persons deprived of liberty.

- 2.21.11. The penitentiary legislation needs to prescribe an effective and functional mechanism for early conditional release from serving the sentence, which too will help to forge a desire of the person deprived of liberty to demonstrate conduct that is conducive of becoming eligible for early conditional release from serving the sentence.

2.22. Legitimate Restrictions of Respect for Private and Family Life of Convicts and Pre-Trial Detainees Transferred to a Disciplinary Cell; Legitimate Restrictions of the Freedom of Communication

- 2.22.1. For persons deprived of liberty, which are transferred to a disciplinary cell, restrictions of the right to respect for private and family life and of the right to communication shall be the measure of last resort.
- 2.22.2. Such measure shall be individualized, purposeful, justified, and proportionate, rather than mechanical or arbitrary, regardless of the nature and dangerousness of the offence. Such restrictions shall be linked directly with the offence committed by the convict or pre-trial detainee, and restrictions of their main rights and freedoms shall be reasonably necessary for furthering a legitimate aim.
- 2.22.3. Penalties or restrictions shall not include a ban on contacts with the family. Means of contact with the family may be restricted only temporarily and only when they are necessary for security and keeping the order.
- 2.22.4. It is furthermore necessary to focus on situations in which a convict or pre-trial detainee who is transferred to a disciplinary cell is, regardless of the basis for such

transfer, deprived of contacts with the outside world, because such deprivation may negatively affect the mental health of such person.

2.23. Isolation of Persons Deprived of Liberty

- 2.23.1. The legislation needs to clearly prescribe the circumstances justifying isolated holding of persons deprived of liberty, the maximum duration thereof, and the obligations of the PI administration to address the circumstances that led to such isolation.
- 2.23.2. For persons deprived of liberty, which are held in isolation, the necessary human contacts and the regular and coordinated organization of social-psychological activities, outdoor exercise, and access to other meaningful programs of education, sports, and occupation shall be secured.
- 2.23.3. Moreover, it is necessary to preclude the practice of isolated holding of persons deprived of liberty without a reasoned decision of the PI warden.

2.24. Temporary Isolation for 24 Hours

- 2.24.1. Legislative safeguards need to be prescribed, so that a decision on isolating a person deprived of liberty is taken only by an official who has such authority.
- 2.24.2. The holding conditions for the period of isolating persons deprived of liberty shall be prescribed, including in particular a rule whereby a temporarily isolated person may not be held in the conditions of a disciplinary cell.
- 2.24.3. A rule should be prescribed, whereby the time spent in isolation in the conditions of a disciplinary cell shall be counted as time spent in a disciplinary cell when the

person gets transferred to a disciplinary cell as a penalty.

- 2.24.4. It is necessary to prescribe a prohibition of successive decisions on up-to-24-hour temporary isolation of a person.

2.25. Issues Related to Registering and Deregistering Convicts and Pre-Trial Detainees as Persons Having Negative Inclinations

- 2.25.1. The procedure of registering and deregistering convicts and pre-trial detainees as persons having negative inclinations by decision of a PI warden should be revised.
- 2.25.2. The term “negative inclination” should be defined. It is necessary to reconsider whether certain inclinations (self-harm, aggression, conflict) should be classified as negative in light of the individual risk factors of the person.
- 2.25.3. It is necessary to reconsider whether therapy, its effectiveness, and the treatment progress should be significant considerations when classifying and declassifying convict and pre-trial detainees as having “negative inclinations” such as drug addiction or alcoholism.

2.26. PI Staff and Work Conditions

- 2.26.1. PIs shall have sufficient staff and take effective measures to fill the vacancies.
- 2.26.2. A reasonable 1:4 ratio shall be secured between the number of penitentiary officers and the number of persons deprived of liberty.

- 2.26.3. A sufficient percentage of female penitentiary officers coming into direct contact with women deprived of liberty shall be secured in PIs.
- 2.26.4. The allocation of penitentiary staff positions according to the PI capacity should be revised.
- 2.26.5. The system of social guarantees for penitentiary staff, including wages, should be fundamentally improved.
- 2.26.6. Adequate work conditions shall be secured for PI staff, including offices with adequate conditions, proper conditions for food intake, and water closets with adequate sanitation and hygiene.
- 2.26.7. Additional duty shifts and overtime work shall be organized in accordance with the relevant provisions of the Labor Code of the Republic of Armenia. The legislative requirements on the maximum duration of work shall be complied with.

3. CELLS IN COURTS FOR HOLDING PERSONS DEPRIVED OF LIBERTY

- 3.1. The cells in courts shall have proper living conditions, including lighting, ventilation, and heating systems.
- 3.2. The water closets in the cells shall be separated from the living area by a complete wall.
- 3.3. Access to drinking water shall be secured in the cells.
- 3.4. During escort that lasts four hours or more (lengthy escort), which includes the escort travel or the procedural action, the PHAP or PI, respectively, shall provide food to the person deprived of liberty.
- 3.5. Persons deprived of liberty shall be evenly allocated between the court cells.
- 3.6. All of the court cells shall be used for the designated purpose.
 - *In one case, for example, one of the cells in a courthouse was found to be used as a warehouse.*
- 3.7. The legislation should properly and clearly regulate the allocation of persons deprived of liberty in court cells, the adequacy of the holding conditions, including access to food and medical services, health care, and security of such persons while in the courthouse.

4. VEHICLES DESIGNED FOR TRANSPORTING PERSONS DEPRIVED OF LIBERTY

4.1. Handcuffed Transportation and Security

- 4.1.1. The transportation of persons deprived of liberty may require the use of handcuffs in view of security concerns; however, handcuffs may not be used unconditionally as routine practice.
- 4.1.2. In each case, the use of handcuffs in a vehicle shall be due to and linked with certain justified risk, which shall be clearly stated in the personal file of the person deprived of liberty.
- 4.1.3. A person deprived of liberty may be transported with handcuffs or leg cuffs if there is reasonable doubt that the person may try to flee or damage himself or the escorting persons or other convicts or pre-trial detainees.
- 4.1.4. The use of handcuffs shall not pose a threat of inflicting additional physical harm to the person.
- 4.1.5. The practice of handcuffing a person in the trunk of a vehicle shall be ruled out, considering that accidents and injuries are possible during driving.
- 4.1.6. The vehicles shall have security devices (such as security belts or a solid protection system) in order to protect persons deprived of liberty in case of an accident or sharp breaking.
- 4.1.7. Specially-furnished and accommodated vehicles shall be available for transporting persons with health problems.
 - *When a person cannot, due to his health condition, for example, be transported in a seated position, or the person's seated transportation is counter-indicated.*
- 4.1.8. When transporting pre-trial detainees in cells in the back of a vehicle, the requirements of the relevant legislation on holding them separated shall be complied with.

4.2. The Conditions in the Vehicles

- 4.2.1. Persons deprived of liberty shall be transported only using vehicles designated specifically for such purpose.
 - *There have, for example, been cases when persons deprived of liberty were transported using the personal vehicles of PHAP staff.*
- 4.2.2. The surface area per person in a cell of the vehicles designated for transporting persons deprived of liberty shall exceed the minimum of 0.8 square meters. To this end, the transportation of persons in vehicles containing cells with a surface area of 0.5 square meters or 0.4 to 0.5 square meters shall be ruled out.
- 4.2.3. The cells inside vehicles shall have ventilation, natural light, and temperature appropriate to the weather conditions.
- 4.2.4. The domestic legislation shall prescribe criteria on the surface area, lighting, ventilation, and other aspects of cells inside special vehicles, and their practical implementation shall be secured.

5. PSYCHIATRIC ORGANIZATIONS

5.1. Organization of Mental Health Care: Deinstitutionalization and Consistent Policies

- 5.1.1. In the Republic of Armenia, the psychiatric service shall not be concentrated primarily around the provision of outpatient and inpatient medical care and services by psychiatric organizations. Alternative services of community-based mental health care and support shall be accessible, and persons shall not be isolated from the family, relatives, surroundings, and society in order to receive psychiatric care.
- 5.1.2. The creation and development of a care and services system as an alternative to psychiatric medical services should be adopted as a priority of state policy on mental health.
- 5.1.3. State policy in this sector should aim at creating a number of pillars (general hospital care and community-based care in the form of alternative services) providing mental health care and services, which will be accessible for the whole population.
- 5.1.4. The work of competent bodies in this sector and the cooperation between them should be coordinated in such a manner as to enable the performance of proper oversight and to have the possibility of effectively responding to the challenges in the sector.
- 5.1.5. One of the priorities of state policy on mental health should be to secure the accessibility of mental health service in line with the social situation of the population.

5.2. Medical Coercive Measures Used in Criminal Procedure

- 5.2.1. Placement of a person in a hospital within the frames of criminal proceedings cannot be an end in itself: it shall pursue the aim of treating the person or providing inpatient care to the person. Hence, the legislation should clarify the provision of treatment or inpatient care when a person who committed a criminal act in a state of criminal insanity is placed in a psychiatric hospital as a security measure.
- 5.2.2. The Criminal Procedure Code of the Republic of Armenia should prescribe a mechanism for regular judicial review of the security measure of placement in a psychiatric hospital.
- 5.2.3. Whenever a patient no longer needs coercive treatment, or when such treatment can be provided in a general or outpatient setting, measures shall be taken to secure that a court motion for reviewing the medical coercive measure is lodged by the relevant psychiatric organization.
- 5.2.4. Court motions for reviewing medical coercive measures, which are lodged by psychiatric organizations, shall be dealt with diligently and shall be subject to appropriate oversight.

5.3. Voluntary and Involuntary Treatment in a Psychiatric Organization

- 5.3.1. A person admitted to a psychiatric organization based on his application or his lawful representative's application (i.e. voluntarily) shall be informed about his rights, including the right to give consent to treatment and the right to refuse treatment at any time, as well as the involuntary treatment procedure.

- 5.3.2. The practice of obtaining informed consent to the hospitalization and treatment of persons with mental health issues shall be secured.
- 5.3.3. Consent to hospitalization and consent to treatment are separate questions, and the patient shall be provided with an opportunity to express a position on each of these questions separately.
- 5.3.4. When in a psychiatric organization, a person with mental health issues or his lawful representative may refuse or discontinue the proposed medical care.
- 5.3.5. In case of refusing or discontinuing treatment in a psychiatric organization (even when the person earlier gave consent to hospitalization and/or treatment), the person shall be immediately discharged from the psychiatric organization, unless an appropriate procedure is initiated when grounds for involuntary treatment are present.
- 5.3.6. For involuntary treatment, the following shall be confirmed:
- a) *That the person poses a threat to himself or other persons or failure to provide treatment or discontinuing treatment may deteriorate the patient's health condition;*
 - b) *That the circumstances specified in sub-paragraph "a" above have been confirmed by a conclusion of a psychiatric commission;*
 - c) *That after a psychiatric commission has confirmed that hospitalization is justified from a professional point of view, the director of the psychiatric organization has applied to court for involuntary treatment of the person in a psychiatric hospital; and*
 - d) *That the court has granted the director's application.*
- 5.3.7. In light of the logic of the aforementioned procedure defined by the lawmaker for involuntary treatment, it is unacceptable to perform medication interventions upon the person unless the court has issued an appropriate

decision, unless medication interventions are used for necessary tranquilization.

- 5.3.8. The practice of hospitalizing a person with mental health issues without his consent or the consent of his lawful representative or without an appropriate court decision shall be ruled out. Violations of the involuntary treatment procedure prescribed by law shall be ruled out.
- 5.3.9. Measures shall be taken to promote awareness raising of the medical personnel of psychiatric organizations on the legal grounds and procedures of voluntary and involuntary treatment so as to prevent violations of the rights of persons with mental health issues.
- 5.3.10. The Civil Procedure Code of the Republic of Armenia should prescribe the timeframe for compulsory treatment, specifying its maximum duration and a requirement for ex officio court review of the need to continue involuntary treatment of the person in a psychiatric organization prior to the end of the prescribed period.
- 5.3.11. The domestic legislation should prescribe the procedure of delivering psychiatric care and services for a person declared legally incapable, including requirements on prior and posterior judicial review of the prescription and progress of coercive (involuntary) treatment.
- 5.3.12. The domestic legislation should prescribe the possibility for juveniles to express an opinion and to give informed consent when delivering psychiatric care and services (in accordance with the juvenile's age and level of maturity), as well as a mechanism for judicial oversight of involuntary treatment of juveniles.

5.4. Restraint Measures

Physical Restraint Measures

- 5.4.1. Restraint measures shall include the use of physical force, physical restraint, medication tranquilization, and isolation.
- 5.4.2. A psychiatric organization shall have the mechanical means of physical restraint prescribed by the legislation.
 - *Psychiatric institutions may not use mechanical means not prescribed by the relevant legal act. In some cases, psychiatric institutions were found to be using rubber cords, bed linen, or belts made of hard cloth (not leather) or synthetic material.*
- 5.4.3. It is impermissible to use compression [Esmarch's] bandage (tourniquet used for stopping bleeding) as a means of mechanical restraint.
- 5.4.4. The mechanical means of physical restraint shall be easy to release and shall not inflict pain upon the patients. Means limiting harmful impact, which will minimize the continued pain or suffering of persons with mental health issues, are the only means that may be used for mechanical restraint.
- 5.4.5. The measures of restraint shall be used skillfully and with care in order not to pose a threat to the patient's life and health and not to inflict pain upon the patient, and not to violate the patient's basic vital functions such as breathing, speaking, eating, and drinking abilities.
- 5.4.6. A psychiatric organization shall have separated rooms for physical restraint. Physical restraints shall not be used in patient rooms or within sight of other patients.
- 5.4.7. As a rule, security staff performing guard service shall not take part in the restraint activities. They may, as an exception, take part in such activities only in exceptional circumstances, when demanded by the medical personnel, and only insofar as indicated by the medical personnel.
- 5.4.8. The security staff shall not wear special (for example, police uniforms or similar) uniforms, because it can intimidate the patients.

5.4.9. A psychiatric organization shall maintain appropriate registers on the use and discontinuation of use of physical restraints or isolation or tranquilization methods. The registers shall be maintained properly, with their pages bound together and sealed, without deletions and omissions, and shall contain the justifications for the use of restraint measures, information on their effectiveness, information on injuries sustained by the patient or the medical personnel, and the psychological assistance provided.

Medication Tranquilization

5.4.10. The methods and application procedure of medication-based tranquilization are defined in the relevant legal act. Types of medication not specified in such legal act may not be used.

5.4.11. Registers shall be maintained, documenting the justification of a decision to use or to discontinue the use of medication-based tranquilization methods.

5.4.12. When medication-based tranquilization is used, such use shall be registered, including the medication use frequency and duration and the person's consent.

Use of Physical Force

5.4.13. Physical force can be used for restraining or immobilizing a patient.

5.4.14. Sometimes, the use of physical force may precede the use of a physical restraint or medication-based tranquilization.

- *Physical force may be used in a limited number of cases, for example to remove a patient from an unauthorized area, or to ensure the safety of other persons with mental health issues or the safety of*

visitors or the medical personnel, or to prevent a real threat of inflicting physical harm.

- 5.4.15. The medical personnel shall undergo special training on the use of physical force in order to ensure that physical force is used proportionately and to minimize the risk of inflicting physical harm upon a patient.

5.5. Medical Personnel

- 5.5.1. The needs of psychiatric organizations shall undergo a comprehensive assessment, and the results shall help to define the optimal ratio of patients to medical or support personnel, and to clarify the scope of work of each one.
- 5.5.2. The necessary professional staff position shall be designated for the psychiatric care of persons with mental health issues, as well as their rehabilitation treatment and preservation and reintegration of social ties.
- 5.5.3. The vacant positions in psychiatric organizations shall be filled, and the necessary specialists and sufficient numbers of staff shall be engaged in their work.
- 5.5.4. The designated staff shall be sufficient for individualized treatment of each person, especially if a ward has persons confined to bed or persons with mobility issues or persons in need of special care.
- *For example, one psychiatric organization was found to have one psychiatrist per night duty shift, while the number of beds was 350.*
 - *In some cases, a ward treating 60 persons with mental health issues was found to have only one nurse and two orderlies per shift.*
- 5.5.5. A mechanism for round-the-clock duty shifts of psychiatrists shall be designated in the regional psychiatric organizations.

- 5.5.6. Female overseer-orderlies shall serve on duty in women's wards, and male overseer-orderlies shall serve in men's wards.
- 5.5.7. The relevant training programs for the medical personnel should be revised, including their duration, frequency, and content, and their conformity with the international requirements shall be secured.

5.6. Medication; Lab Tests

- 5.6.1. The use of expired medication is impermissible. Proper oversight shall be established in psychiatric organizations over the use of medication with unknown expiry date and expired medication, including the use thereof, in order to preclude any such practice.
- 5.6.2. Overdue medication and medical supplies shall be properly disposed of. Violating this rule may be dangerous for not only persons held in psychiatric organizations, but also the environment.
- 5.6.3. The legislation should prescribe the procedure according to which a psychiatric organization shall provide psychotropic (psychoactive) substances to a person held in a psychiatric organization during the time when such person is receiving treatment for a somatic illness in another medical institution.
- 5.6.4. Proper and safe conditions for storing medication, including psychotropic medication shall be ensured in psychiatric organizations.
- 5.6.5. When patients are able to purchase medication from pharmacies that are located outside a psychiatric organization, their use shall be controlled. Regulations shall be developed on the introduction of such medication into psychiatric organizations and the safety of keeping and using such medication inside such organizations.

- *Considering that persons with mental health issues may have suicidal inclinations, taking medication without proper control may have irreversible consequences for their health or endanger their life.*
- 5.6.6. Consistent practice of performing lab tests shall be secured in psychiatric organizations.
- *The mandatory requirements on the minimum scope of lab tests are not consistently met. Some psychiatric organizations perform mandatory monthly surveillance of the body weight of persons with mental health issues, while lab tests are performed when indicated, whereas other organizations perform mandatory lab surveillance on a monthly or quarterly basis, and body weight control only when necessary.*
 - *General tests of blood and urine are performed in all the organizations, but consistent frequencies are not prescribed. In one organization, for example, they are performed once every 15 days, and in another—once every six months.*
- 5.6.7. To ensure the consistency of lab tests performed in psychiatric organizations, appropriate criteria and guidelines should be developed in accordance with the diagnosis and the treatment progress.

5.7. Keeping Medical Records and Documenting Injuries

- 5.7.1. Proper medical histories shall be recorded, and consistent criteria thereon shall be prescribed.
- 5.7.2. Medical documents (medical histories, registers, and the like) shall be maintained properly and without omissions; otherwise, it will be hard to assess whether proper treatment is provided to the person or whether the person's rights have been violated.

- *In one case, physical restraint was found to have been used on a person, but nothing was recorded in the person's medical history.*
- *In another case, the register in which psychotropic medication is recorded (as per the list of narcotic substances, psychotropic (psychoactive) substances and their precursors subject to control in the Republic of Armenia, approved under the Republic of Armenia Government Decree 1129-N dated 21 August 2003), the records had been made using a pencil, which is unacceptable as it may lead to abuse.*

5.7.3. In the absence of a consistent regulation developed by the competent state authority, psychiatric organizations apply different principles for recording injuries and notifying law-enforcement agencies thereof. Hence, steps should be taken to develop a regulation on proper recording of injuries in psychiatric medical care and service organizations and on notifying law-enforcement agencies thereof, so as to ensure the consistency of legal rules and practice.

5.7.4. In all case of injuries sustained in psychiatric organizations or admission with injuries, they must be recorded in the medical histories, and the local police station shall be immediately notified thereof.

5.7.5. It is necessary to document all the injuries, and not only the injuries as a result of which the person was transferred to a medical institution or died.

5.8. The Ambulance Service; Access to Narrowly-Specialized Medical Services

5.8.1. In all of the Republic of Armenia, only the Yerevan City ambulance service has a psychiatric brigade. Hence, it is necessary to put in place mechanisms for the transfer of persons to psychiatric organizations and the provision of

appropriate medical care and services for urgent cases when members of the general public require inpatient psychiatric medical care and services.

- 5.8.2. Different psychiatric organizations have doctors with different narrow specializations. Moreover, the legislation does not provide a clear list of narrowly-specialized doctors and medical personnel that psychiatric organizations must have. Therefore, it is necessary to define a clear mechanism for psychiatric organizations to use the services of various specialist doctors, as well as the narrow specialists that must be present in such organizations in order to ensure consistency in the delivered services.
- 5.8.3. Vehicles with proper accommodation shall be available for transferring persons with mental health issues to other medical institutions.
- 5.8.4. Steps should be taken for properly organizing dental care, including prosthetic care for persons with mental health issues in psychiatric organizations.
- 5.8.5. Psychiatric organizations should ensure access to regular preventive services and gynecological services when necessary.

5.9. Health Screenings

- 5.9.1. Mechanisms should be in place for health screenings of persons with mental health issues.
- 5.9.2. Persons who are in psychiatric organizations for long-term care and treatment shall benefit from the health screening programs implemented in the country.
- 5.9.3. Fluorographic screening of patients and care recipients shall be organized in psychiatric organizations.

5.10. Non-Medication Treatment and Psychological Assistance

- 5.10.1. Patients in psychiatric organizations shall have access to alternative treatment such as art therapy, sand therapy, assistive therapy, and the like.
- 5.10.2. The wards of psychiatric organizations shall have facilities for individual and group work, special furniture, arrangements, and interior, which are therapeutic factors for improving the mental state of the patients.
- 5.10.3. Psychiatric organizations shall have a prescribed procedure for the organization of psychological activities, in accordance with which a psychologist shall carry out scheduled visits to the wards and have a specified list of duties.
- 5.10.4. Psychiatric organizations should have regulations delineating and specifying the functions of psychiatrists, psychologist, and psychotherapists. The comprehensive patient treatment strategy should include psychological and social-psychological interventions.

5.11. Holding Conditions

Overcrowding

- 5.11.1. The area of living space allocated to every person in the residential accommodation of psychiatric institutions may not be less than six square meters.
- 5.11.2. When building or renovating patient rooms in psychiatric organization wards, attention should be paid to their structure and furnishing, because patient rooms have a therapeutic effect and influence the behavior of persons with mental health issues.
- 5.11.3. The number of beds in each psychiatric organization should be revised in order to ensure individual living space for each person with mental health issues.
- 5.11.4. Measures should be taken towards gradually converting the large patient rooms in psychiatric organizations to smaller rooms.

5.11.5. In the patient rooms in psychiatric organizations, beds shall under no circumstance be arranged immediately next to one another.

Necessary Conditions and Living Conditions

5.11.6. The patient rooms in psychiatric organizations shall be properly renovate and furnished.

- *For example, cement floor and water leaking on the beds from the ceiling are unacceptable.*

5.11.7. Persons with mental health issues may not be placed in the ward hallways. Any such practice shall be ruled out. Surveillance of persons with mental health issues that required constant surveillance shall be performed only inside the patient rooms.

5.11.8. In a psychiatric hospital, a separate ward for juveniles shall be designated, which will prevent any cohabitation of adults and juveniles.

5.11.9. To safeguards the patients' right to sleep, artificial light in the patient rooms shall be switched off during the night hours, and doors shall be installed at the room entries.

5.11.10. The wards shall have proper temperature.

5.11.11. Clean bedding of proper quality and clean clothes shall be secured for all patients.

5.11.12. Lockable personal space shall be secured for patients, where they will be able to store their personal items.

5.11.13. A sufficient number of diapers or polyethylene-covered mattresses shall be available for patients that urinate at night.

5.11.14. A sufficient number of disposable cups shall be secured, so that they are not used multiple times.

5.11.15. A separate canteen shall be present in the wards of a psychiatric organization.

- *For example, in the hallways that serve as a place for rest and pastime, there are tables and chairs for dining, and no separate canteen is designated.*

5.12. Organization of Bathing and Laundry

- 5.12.1. Proper access to bathing shall be secured for persons with mental health issues, including more frequent access to bathing in order to comply with the hygiene needs, but not less than twice a week.
- 5.12.2. Hygiene supplies of sufficient quantity shall be provided and proper conditions (individual towels, bathing sponges, and the like) shall be secured for the bathing of persons with mental health issues.
- 5.12.3. The bathrooms in psychiatric organizations shall be separated from the toilets.
- 5.12.4. The clothes and bed linen of persons with mental health issues held in psychiatric organizations shall be properly washed and stored, ensuring that their underwear is washed separately and individualized.

5.13. Ensuring Proper Food

- 5.13.1. In the food storage warehouses, as well as in all the places in which food is kept, proper conditions shall be secured, including proper sanitation and hygiene.
- 5.13.2. Expired food and food of unknown origin or food canned in home conditions may not be provided to persons with mental health issues.
- 5.13.3. Persons with mental health issues shall be provided with proper food rations in line with the rations specified in the menu. The diversity of the provided food shall be secured, and the provision of monotonous food shall be ruled out.

- 5.13.4. Proper working conditions, including access to hot water, shall be secured for the staff that works in the canteens of psychiatric organizations.
- 5.13.5. The dining halls of psychiatric organizations shall be improved, ensuring furniture to match the number of persons held in the wards, which will rule out the practice of persons with mental health issues eating in shifts or standingly.

5.14. Outdoor Exercise and the Possibility of Free Movement

- 5.14.1. Patients shall have access to daily outdoor exercise. Such right may not be restricted on the sole ground that the person has a mental health issue or at some point in the past has committed an act prohibited by law.
- 5.14.2. Every restriction of the rights of persons held in psychiatric organizations, including restrictions of the right of access to outdoor exercise, shall be recorded in the medical histories, and shall include the respective justification for the restriction.
- 5.14.3. Patients shall not be subject to restrictions of daytime stay in the patient rooms or access to the beds.
- 5.14.4. A psychiatric organization shall have ramps and be accommodated for persons with disabilities, wheelchair users, and patients with mobility issues.

5.15. Contacts with the Outside World

- 5.15.1. For persons with mental health issues, full enjoyment of the right of access to a telephone shall be safeguarded. Whenever the right of access to a telephone is restricted, it shall be properly reasoned and documented in the respective document (such as the medical history), ensuring that such restrictions of the

right of access to a telephone for persons with mental health issues are the shortest possible and used only in exceptional cases.

- 5.15.2. In the wards, boxes shall be installed for applications and complaints. The procedure of opening them and recording and forwarding the applications and complaints shall be prescribed, ensuring that patients with mental health issues are able to send applications and complaints confidentially. Information on how to send applications and complaints shall be posted on such boxes or another visible place.
- 5.15.3. Visits with persons with mental health issues shall be organized in properly-furnished, separated, and decent rooms.
- 5.15.4. The participation of the psychiatric organization's staff in such visits without proper cause shall be ruled out.

5.16. Personal Identification Documents; Pensions

- 5.16.1. A process of obtaining a passport shall be carried out for persons with mental health issues that do not have a passport.
- 5.16.2. Mechanisms shall be developed for providing a pension to persons with mental health issues and allowing them to manage their pension autonomously, ruling out any potential abuse.

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