

**Conclusions of the 1st South-East Europe (SEE) NPM Network in 2023
on “Monitoring Mental Health Units in Correctional Facilities”**

hosted by the NPM of Greece [The Greek Ombudsman – Independent Authority]
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1. Mental health conditions are prevalent in the prison population and pose significant challenges to the relevant authorities regarding the provision of equivalent medical treatment.
2. Prison psychiatric hospitals, psychiatric wards inside correctional facilities or forensic units inside hospitals are called to combine penal custody with individualized psychiatric care. Steps should be taken to ensure that security concerns do not prevail over medical treatment. Special attention should be given to juveniles and other persons facing double risk of vulnerability.
3. Prison mental health units should assure adequate material conditions and a therapeutic environment. The facilities should also be properly equipped, well-staffed and apply rules compatible to medical liability and scientific ethics. The placement or the hospitalization of a mental ill detainee in the aforementioned institutions should never occur without a medical assessment. Psychosocial, rehabilitative and recreational activities (counseling, psychotherapy, occupational therapy, outdoor physical activity, etc) should be part of the treatment plan.
4. Strict boundaries and clear division of responsibilities between healthcare staff and custodial staff should be guaranteed. Restrictive measures and resolution to confinement/isolation must be applied as a last resort and always be subject to a doctor’s approval. The detainee must be thoroughly informed about the measure’s punitive or protective character.
5. The medical, nursing and custodial staff must be sufficient, qualified, permanent and multidisciplinary (healthcare professionals, psychologists, occupational therapists, social workers, etc). The staff should undergo lifelong training, namely with regard to de-escalation techniques, handling of mental ill patients, avoiding self-harm and suicide risk. The interdisciplinarity of diverse procedures in prison psychiatric units calls for collaboration and coordination between the competent ministries, including the Ministry of Health.
6. Free and informed consent to the psychiatric treatment, restraint from over-medication as a means to control the prison population, proper medical documentation/record keeping and confidentiality are issues of priority concern when monitoring mental health units for detainees.

7. The surveillance from external monitoring bodies must be constant. The conduct of on-site regular inspections and follow-up visits to examine the implementation of the recommendations is a favorable way for the National Preventive Mechanisms to fulfill their competences. The SEE NPM Network members have repeatedly argued that a doctor's participation in the inspection team would strengthen the NPM's capacity to effectively monitor places of detention.
8. Prison authorities and other stakeholders should firmly take into consideration that the provision of inadequate level of mental health care for prisoners may -and often does- constitute inhuman and degrading treatment.