Human Rights in Mental Health

Уповноважений Верховної Ради України з прав людини

GIP Federation Global Initiative on Psychiatry

FINAL REPORT

REVIEW OF PRISON MENTAL HEALTH SERVICES IN UKRAINE AND THE DEVELOPMENT OF A PLAN OF ACTION

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CONTENTS

I. Assessment of existing prison mental health services

In May 2017, a group of four foreign experts toured penitentiary institutions in Ukraine together with two representatives of the Office of the Ombudsman for Human Rights in order to assess the quality of prison mental health care services.[1] The foreign members of the group included a former prison director, a penitentiary psychiatrist, a psychologist and an expert on Ukrainian mental health care services, each looking at facilities from a different point of view.[2] The visits took place under the auspices of the Ombudsman for Human Rights of the Verkhovna Rada, allowing us to have free and unrestricted access to all facilities and speak to anybody we liked, whether in groups or in private.

Our mission was not to uncover abuses, but rather to collect information that would help us to formulate a way out of the current situation, and come up with a reform plan. This report is the result of our endeavor. Although the report provides a critical assessment of the current situation, it is meant to be a tool to be used to reform the current system, and bring it in line with international standards in forensic psychiatric practice.

We would like to use this opportunity to thank the directors of the facilities visited for their willingness to allow us to carry out our visit unobstructed, even though our visit was unannounced, and might have been perceived as an audit rather than an attempt to gather necessary information to come up with well-founded recommendations for the future.[3] We also thank them for the frank discussions following our visit, and their willingness to discuss our "outsider's view". We fully understand the occasional feelings of discomfort, but hope our assurances of a positive approach were accepted.

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

I.a. Overall assessment and initial remarks

Over the last years the judicial system in the Ukraine has undergone many changes. With a political reorientation on the European countries, new legislation was introduced in 2013. Although the prison population of Ukraine decreased significantly since 2000 from 218.000 toto 60399 in 2016 (according to information from official sources)) it is expected that this decline might be coming to an end and possibly a growth of the prison population can be foreseen. One of the reasons is the planned abolishment of an old law stating that in a sentence, time served in a pre-trial facility instead of in a regular prison/colony), counts double.

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[1] The visit took place on May 15-19, 2017

[2] For a short curriculum of the four experts see the appendix to the report.

[3] Only in one case did we have the impression that our visit was expected, probably the result of a phone call from an earlier visited facility nearby.

In general the detainees we met were reasonably satisfied about the conditions they were kept in. The cells were, in most cases, sufficiently equipped, and the detainees have the possibility to keep some personal belongings like clothes and food (provided by family). In one colony the authorities offered a special health education program about HIV/AIDS for all inmates.

I.b. Systemic aspects

I.b.1. Prison Mental Health

Recent research time and again confirmed the 2002 original and impressive study conducted among 23,000 prisoners in 12 western countries, concluding that worldwide probably several million prisoners have serious mental disabilities.[4] The World Health Organization (WHO) estimates that as many as 40 per cent of prisoners in Europe suffer from some form of mental disability, and are up to seven times more likely to commit suicide than people outside of prisons.[5]

According to the United Nations Committee on Economic, Social and Cultural Rights, public health and health care facilities and services have to meet the following standards:

- *Availability*: facilities, services and goods have to be available in sufficient quantity, including the underlying determinants of health, such as safe and potable drinking-water as well as adequate sanitation facilities, hospitals, clinics and other health-related buildings, trained medical and professional personnel and essential drugs;

- *Accessibility*: facilities, services and goods and health-related information have to be physically and economically accessible (affordable) without discrimination, especially to vulnerable or marginalized populations;

- *Acceptability*: facilities, services and goods must respect medical ethics, respect confidentiality and improve the health status of those concerned;

- *Quality*: facilities, services and goods must be scientifically and medically appropriate and of good quality that, according to the Committee, requires (among other things) skilled health care staff, scientifically approved and unexpired drugs and equipment, safe and potable water and adequate sanitation. [6]

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

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

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

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

I.b.1. Prison environment

One cannot build a good prison without investing in good staff. In the way the staff spoke about their working-situation we noticed quite a few parallels with how detainees assessed their situation: "Our work has no status, is not respected and considered important, we are underpaid, salaries are diminishing, and we feel neglected. Our training, working-circumstances and conditions are bad and it is impossible to find enough colleagues: nobody wants to work in a prison unless there is no other choice"[8]. This report mainly speaks about the situation of the inmates. However if one wishes to bring about any significant change for them, improving the situation of the staff is an absolute precondition. Creating a better prison-system has to be combined with better trained, qualified and paid prison staff.[9]

Furthermore, a less repressive prison system, which is more directed towards rehabilitation and recovery and alternatives for pre-trial detention, could reduce the number of prisoners.[10] Sentences could be reduced, and alternative sanctions imposed. This will not only lower the costs of maintaining the vast prison system, but it will also make the work of the staff more interesting and rewarding.

I.b.2. Contact with the outside world

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

[8] United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) rule 8

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

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

Communication with loved ones is one of the most important issues for incarcerated people, but also for their children, parents, and other relatives. Detention cuts a person off from his responsibilities and of the possibility to make a difference in his essential roles in life: being of value to his family, especially his children and parents. When somebody can have regular contact with his children and parents, he can show love and affection and try to contribute as much as possible to their wellbeing.[11] Regular contact during detention is also a precondition for successful return in society. The prison should facilitate contact as much as possible. This is not only in the interest of the incarcerated person, but also of society and the wide circle of innocent people who suffer the consequences of the detention.[12]

What we have seen is that this principle is not at all recognized and operationalized within the Ukrainian penitentiary system. Sometimes, like in a labor camp, a prisoner can ask to use a telephone-card, but it is the director who decides whether the behavior of the person is adequate to allow him to make a call. Communication with family is used as a reward, and refusing it as a punishment. Sometimes staff says that communication limitations are imposed for security reasons. However, daily practice in prisons all over the world, even very high-security-ones e.g. death row in the United States, prove that this argument is not at all valid. Communication facilities within the penitentiary in Ukraine are not or only very limited available. We met only one prisoner (serving a life sentence) who had his own mobile phone, which was kept by the guards.[13]

An additional and painful problem is contact with family-members who live in Crimea and in territories held by separatists in Eastern Ukraine (DNR and LNR). The same counts for family members who fled to Russia after the start of the military conflict. In those cases communication is virtually absent and no extra facilities are provided to solve that predicament.

Also detention facilities are located in remote areas, and several incarcerated people mentioned a policy in which authorities place people from the East in the West and vice-versa.

The confrontation with numerous people incarcerated in Lukyanivka prison, who are deprived of any family contact for years (up to more then three years), was heartbreaking. No mail-contact, no visits, no telephone calls. Mothers with young children,

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[11] For clarity sake once again, "he" refers to both male and female prisoners and personnel.

[12] According to rule 58 of the United Nations Standard Minim Rules for the Treatment of prisoners (the Nelson Mandela Rules) with regard to contact with the outside world "prisoners shall be allowed, under necessary supervision, to communicate with their family and friends at regular intervals (a) by corresponding in writing and using, where available, telecommunication, electronic, digital and other means; and (b) by receiving visits.

[13] In the brochure of the communication system "Email-a-prisoner" in the United Kingdom is written: "There is evidence that maintaining family ties within prison reduces the likelihood of prisoners reoffending after release and increases their chances of rehabilitation. Unfortunately close to half of prisoners lose contact with their family while in prison. This creates enormous costs for society: 46% of adults in the UK are reconvicted within one year of release; each prisoner who reoffends adds to a total cost of reoffending of £10B per annum (National Audit Office). The main benefits derived by the prison are increased security; reduced contraband; reduced paper handling and manual delivery; automatic handling and scanning of electronic correspondence and all messages are scanned for suspicious words and phrases. From the senders' point of view the benefits are; fast two-way communication for less than the cost of a stamp; better communication for everyone: friends and family, mentors, probation, solicitors, police etc; improved chances of rehabilitation…"

an old woman with a son at the front worried to death, and no contact allowed whatsoever for three and a half years! According to the Bangkok Rules the prison service needs provide contact between mothers/fathers in prison and their children[14].

It looks as if prosecutors with these limitations use their almost unlimited power to put pressure on people, which without doubt can be seen as a severe form of torture.

The technical and organizational measures necessary to change this situation immediately are simple and cost very little if anything. The underlying problem is the attitude towards incarcerated people in general, and that this attitude is operationalized in rules and regulations resulting in repeated violations of human rights. Inmates often told us that the system makes them feel "totally worthless" and "hardly human". We return to this issue in our recommendations.

I.b.3. Meaningful daily activities.

Whenever incarcerated people can use their energy in a positive and active manner, this will combat the destructive consequences of detention on their (mental) health. It will enable them to maintain and develop their skills and talents, and to prepare themselves for their return to society.

Mentally disturbed people need specialist medical treatment, part of which is support and stimulation to actively use their "healthy side" [15].

In the prisons we visited there was no attention whatsoever for these needs of incarcerated people. They where locked up for 23 hours a day, in total inactivity[16]. Even in the labor camp there was hardly any work (only for 10 percent of the population), and most of the work was dirty, and even a threat for the health, with materials that sprayed dust-parts in dark spaces without ventilation. A group of incarcerated engineers repaired cars of the staff. They told us that they had imported their own tools to be able to do their job. In the repressive and very austere environment of the Lukyanivka pre-trail prison a deputy-director stated: "Inmates do not want to work. We have 110 jobs for inmates, with a better pay then some of the staff-members (more then 3,000 hrivnya a month), but only 70 people are willing to work!" We considered his statement as an expression of his view on incarcerated people, an uninspiring and passive approach of inmates in this prison.

It is a widespread misunderstanding that one needs a lot of money to activate incarcerated people. The biggest challenge is to change the attitude of everybody involved, and to just start and explore and use possibilities, which are already there. We noticed that in Ukraine incarcerated people form communities in which they take care of each other. Like in any country they have their own hierarchy and rules, but their

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[14] United Nations Bangkok rules on women offenders and prisoners

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

[16] Living space per prisoner in prison establishments: CPT standards CPT/Inf (2015), p. 44

remarkable and social cohesion is a valuable competence, which may be used in a positive manner by well-trained prison staff. The majority of inmates have professional skills as construction workers, drivers, farmers, cooks, and teachers, while some are highly educated or have leadership-talents. These skills and talents could be applied in a profitable way for themselves and for the prison-system. Also, there is a lot of space available within and around the facility. People could work the land, grow food, cook their own meals, maintain buildings and premises, and build facilities for work, exercise and study. Incarcerated people with special knowledge, skills and talents should become the teachers and foremen.

Considering the fact that investing in the prison-system has no priority in Ukraine, it is important to look at the financial side. Self-supplying activities could either diminish spending on food and maintenance, or be financed by selling products and services. Prisoners can be compensated for their work by obtaining a better quality of life, more freedom to move within the facility and by earning earlier release or leave facilities. We are convinced that giving people the opportunity to rehabilitate within the facility should lead to a shorter stay in prison, and diminish the amount of incarcerated people, and lower the costs.

II. Institutions visited

II.1. The prison hospital of the Ukrainian penitentiary services, Volyansk

The Volyansk prison hospital №20 includes 150 hospital beds and is located in a separate building that has 2 departments. Each department includes patient wards, public sanitary rooms, showers, dining room, and the offices of the medical staff. The laboratory is capable of conducting some of the biochemical examinations.[17] The building is rather worn-down, however with many flowers all over the compound.

The psychiatric facility has a capacity of 40 patients (of whom 6 female, in a separate corridor) and is only used for post-trial detainees with a mental disorder. The facility is also used to protect prisoners in case of problems with other inmates, as well as a logistic "hub" for people who need to stay separated for other reasons, e.g. drug-trafficking. Admission takes place by a prison doctor in half of the cases, or on request of the prisoner himself in the other half. We were informed that the patients had mainly neuroses and organic disorders, seldom a psychotic disorder with aggression. Therapy mainly consists of tranquillizers, and neuroleptics (aminazine); there is no follow-up treatment after release.

The staff consists of six psychiatrists. There is no psychologist, no social worker and no activation therapists. Nurses get training courses every five year to upgrade their knowledge. The orderlies ("sanitary" in Russian), convicted prisoners who perform the function of orderlies, were given staff-competences, also in violent situations. Patients were sometimes strapped by orderlies to control them.

We spoke in private with 6 patients (two women, three men wearing prisoners' uniform, and one man in a disciplinary cell for having a mobile phone). Few of the prisoners had contact with family.

The task of the hospital is to provide specialized stationary psychiatric help to prisoners with psychiatric problems. According to an official report by the hospital, in 2016 the hospital was staffed with equipment by 93%. The medical staff was equipped by 80%,[18] the nursing staff was equipped by 100%.

According to the same official report, in 2016 a total of 672 patients were hospitalized, which was 4 % less in comparison with the previous year (701). The total number of hospital days spent in 2016 was 24,616, which is in 5,8% less in comparison with the previous year (26,123). The average length of stay was 34 hospital days, which is in 2 % less in comparison with the previous year (38).

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[17] The hospital holds a license that provides the authority to conduct medical practice (series AE № 197397, the term of the license is from 18.07. 2013 and is unlimited), the medical institution is accredited after the second category (accreditation certificate № 012504, series MZ since 17.07.2015 to 17.07.2018).

[18] Vacancies reported were a neurologist, a psychiatrist, and 0,5 vacancy for a physician specializing in infectious disease

Indexes of the average duration of patient hospitalization depending on the disease (average hospital day stay)

Disease	2015	2016
	Average hospital stay (days)	
Organic, including symptomatic and mental disorders	40	33
Personality disorders in adults	32	27
Acute and transitional manic disorders	55	65
Neurotic disorders caused by stress	30	26
Mild to moderate mental retardation	40	45
Schizophrenia	35	40
Schizoaffective disorders	39	40
Schizotypal	70	38
Affective disorders	52	46
Chronic and other psychotic disorders	62	52
Mental disorders resulted in using psychoactive substances	33	33
Mental development disorders	42	20
Mentally healthy	0	0

The longest average hospital stay was 65 days, in the case of an acute and transitional manic disorder; the shortest was 20 days, dealing with behavioral and emotional disorders of the children and adolescents.

Stationary patients in comparison with 2015.

Disease	Years			
	2015		2016	
	Absolute numbers	% from the total numbers	Absolute numbers	% from the total numbers
Organic, including symptomatic and mental disorders	204	30	2017	30
Personality disorders in adults	152	22	165	24
Acute and transitional manic disorders	29	4	24	4

Neurotic disorders caused by stress	108	16	85	12,8
Mild to moderate mental retardation	84	12	84	12
Schizophrenia	1	0,1	5	0,7
Schizotypal	6	1	15	2
Schizoaffective disorders	8	1,2	9	1,3
Affective disorders	31	4,6	29	4,2
Chronic and other psychotic disorders	10	1,6	4	0,6
Mental disorders resulted in using psychoactive substances	38	5,6	44	6,4
Behavioral syndromes connected with physiological disorders and physical factors	1	0,1	1	0,1
Disorders of mental development	12	1,8	13	1,9
Mentally healthy	0	0	0	0

In comparison with the previous year the percentage of the patients with the following diseases increased: personality disorders in adults (+ 2%), mental disorders as a result of using psychoactive substances (+ 0,8 %), schizotypal disorders (+ 1%), and schizophrenia (+ 0,6%). A decline was noticed in chronic and other psychotic disorders (- 1%), and neurotic disorders (- 3,2%). All in all, organic and symptomatic mental disorders form 30% of the conditions, personality disorders in adults 24%, and neurotic disorders caused by stress 12,8%.

In 2016 medical drugs and medical equipment provision increased by 34 %, whereas financing for purchasing drugs increased by 16%.

Most of the patients with mental disorders were sent from the institutions of the districts of Zaporizhia (134), Poltava (63), and Dnipropetrovsk (53). Least of the patients were sent from the institutions of the districts of Chernivtsi (5) and Zakarpattia (1). In 2016 one person was released from imprisonment according to the article 537 of the Criminal Code of Ukraine.[19]

Conclusion: this is a psychiatric facility for patients in post-trial phase of detention only. It is a low threshold facility, where self-referral is possible. The main function is to be a shelter for prisoners with mental health problems or

[19] The person concerned was diagnosed as suffering from a behavioral disorder of organic etiology presenting severe symptoms of anxiety and depression and single psychotic attacks and hepatic cirrhosis.

mental retardation. In general we had to conclude that the quality of care and treatment was low, mainly focusing on psychopharmacology[20].

II.2. Zaporizhzhe pre-trial prison

The Zaporizhzhe pre-trail prison is a facility in urban setting for 650 pre-trial detainees. The director received us in civilian dress, accompanied by uniformed members of his staff. His suggestion is to guide us on our visit, which we accept. The facility is toured in two separate groups, yet it looks like our visit was expected and well prepared (all things considered, the administration must have been 'tipped' by the staff of the institution we had just been to). We seem to have limited access, examples of which are: one cell that cannot be opened for us, because there is an officer detained in it; another cell cannot be opened because our other group is already visiting another cell in the same corridor. Also, we are strongly advised not to visit a corridor of cells because the prisoners have open TB.

The only psychiatric patient we meet in the medical department is a well formulating man who suffers from posttraumatic epilepsy. He graduated in civil law, and plans to work as an adviser of prisoners and their families, after his release expected in the near future. He is positive about the personnel in this facility. The director adds that according to him only 1% of the prisoners have mental health problems.

***Conclusion*:** We did not meet staff members dealing with inmate's mental health. The alleged incidence of mental health problems is lower than to be expected in the population of the facility.

II.3. Dnipro pre-trial prison

The pre-trial prison offers no psychiatric care, and no treatment is possible. A doctor of the medical unit told us that they had started to invoke Article 508 Para 1.2 some time before, a new option for transfer of a psychiatric patient to a general psychiatric hospital.[21]

There were two psychiatric patients in the medical unit at the moment of our visit.

The first patient is in a cell together with two other inmates. He is depressed and unable to leave his bed. His medication consists of a big plastic bag with an un-orderly mass of different pills, among them anti-depressants. The family supplies the medication on recipe of the prison doctor, but the intake of medication is not under control or

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[20] United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) rule 2

[21] Article 508. Measures of restraint
1. The court may apply to a person in whose respect it is provided to apply compulsory medical measures or the matter of applying was considered the following measure of restraint:
…
2) placement in a psychiatric institution under the regime which excludes their dangerous behavior.

supervision. Type and volume of medication at the patient's disposal poses a serious risk of suicide in his depressed mood. His roommates take care of his needs. He is unable to enjoy the daily hour of fresh air, as the staff cannot provide the necessary wheelchair, or a cell closer to the inner court.

The second patient has one roommate. Both declare themselves mentally healthy. In our conversation he appears to be obsessed with his process, now going on for 4 years. According to the representative of the Ombudsman's Office, who is a member of our team, he has submitted numerous complaints since the beginning of his detention. Against all regulations he has written a Bible text in very large letters covering a whole wall of their cell.

On leaving their cell the patient tells us that on the next floor of the building, which is not an official part of the medical unit, cells hold many mentally ill inmates. Indeed, on that floor a guard confirms the presence of at least 30 mental patients in a total of 20 cells with 6 inmates each. We select randomly 4 doors and ask the guards to open them. In each of them there are inmates with apparent mental conditions or retardation.

When talking to a guard he expresses his unhappiness with the lack of information on the condition of the inmates. He would like to attend multidisciplinary meetings with members of the medical staff, in the first place for his own safety. Recently he rescued an inmate from strangulation with a rope he had applied round his neck. He was subconscious already and blue in the face. He succeeded lifting him and removing the rope all by himself. It was a shocking experience for him. As usual, he didn't receive any aftercare, or support from the management after this traumatic experience.

And, as we notice only later, the juveniles department is silently omitted from the tour. One of the groups meets two juvenile delinquents, two sixteen-year-old boys. One of them faces a sentence of more than five years. From the conversation it becomes clear that he has an incredibly bad perspective, no family, and there are no efforts by the system to avoid further damage.

Some of the experts met for several hours with a prisoner serving a life sentence. The prison recently opened a new department for these prisoners and when we visited the facility half a dozen had already arrived. We selected one at random, who was having his one hour exercise, and later continued our conversation with him in his cell. He gave us a gruesome overview of his odyssey through the Ukrainian prison system during the past seventeen years, describing the conditions in each prison he "visited" throughout the country, ranging from daily beatings to terrible living conditions. He repeatedly protested against maltreatment and bad living conditions by cutting his wrists or cutting his belly open, and showed us his huge scars. He considered the facility in Dnipro as one of the best he had been incarcerated in. During his time in prison he studied law and supported others as "legal consultant". He gave the impression of being a wise and recovered person.

***Conclusion*:** In line with published international data there is a substantial amount of mentally ill and handicapped inmates in this pre-trial prison. However, we had to find them ourselves, and the head of the medical unit did not mention them. They are insufficiently recognized and their needs are not met.

II. 4. Borispil Colony No. 119

The labor colony is located near Borispil airport, the main airport of the Ukrainian capital. The facility holds some 750 male prisoners serving their sentence. According to the director, only 10% of them work in the available workshops. Working is not mandatory; the other inmates play games, read books, or mainly hang around doing nothing. Upon visiting the barracks we find most of them in the dormitories, huge areas with two-storied bunks closely put together. In one dormitory we find some 110 men; the air is stale, the smell reminds us of social care homes that we visited earlier for an assessment. During a group discussion with the men in one of the big dormitories it becomes clear to us that daily life in this facility is left to the incarcerated people themselves. Their main complaint is that they are totally left to themselves and that nobody cares.

Upon touring the territory we find some of the prisoners who are at work. Most work with wood, cutting trees and producing pallets. Others are mechanics repairing cars of members of the staff and neighbors living in the vicinity of the colony. Working conditions are unsafe – no protection against dust and heavy machinery, in one corner a huge pile of coal awaits packaging in bags, again without any protection offered to prisoners to safeguard their lungs.

The facility has one psychologist, but prisoners we meet and speak to in groups, away from the guards, tell us they don't trust him. He is seen as an extension of the camp administration. "If the psychologist has a problem he can come to us to talk," the prisoners say mockingly, confirming that they solve psychological problems among themselves and take care of each other. On the other hand, in general prisoners are positive about the director and consider him a nice man.

If a prisoner develops a serious mental health problem he can be admitted to the Volyansk prison hospital. The doctor on the medical unit says there are at present three psychiatric patients. One of them we meet. He has returned from the prison hospital today, a man with mental retardation and emotional instability, who was repeatedly admitted to the hospital. This time he was there for a month. A second patient is currently in Volyansk. The doctor does not have his medical record. A third patient is also in the Volyansk prison hospital. He went outdoors, naked, in mid- February when it was minus 16 degrees Centigrade; the man was psychotic, according to the doctor.

The doctor states that circumstances in the colony are less stressful than in pre-trial facilities. This results in less mentally disturbed inmates, which was confirmed when we toured the facility, randomly choosing dormitories and cells for inspection.

Salaries of prison personnel, including medical staff, are low, leading to vacancies all over the organization. Psychiatrists are supposed to pay themselves for postgraduate training, which is necessary for periodic re-registration as a medical specialist.

***Conclusion*:** In general, compared to pre-trial prisons, mental health in the colony is less of a problem. There is less stress in daily life, there are less mentally disturbed inmates, and doctors as well as inmates themselves may opt for admission in the prison hospital if needed. A matter of concern in the colony is lack of meaningful activities and social stimulation. This is a mental health matter, as successful reintegration in society after release depends on skills that may even be lost during passive incarceration.

II.5. Kyiv Lukyanivka pre-trail prison

Lukyanivka is Kyiv's main pre-trial prison, an old and dilapidated building that is in fact unfit to be used for any purpose. Living conditions are harsh, worse than in other penitentiary facilities we visited, reminding us of Kresti prison in St. Petersburg in the beginning of the century. The prison holds 2,000 inmates.

The medical unit has a psychiatrist, who has been working here since 2010. He is responsible for 15 mentally ill patients in the medical unit, and treats around 50 patients on outpatient basis all over the complex. In the medical unit patients' diagnoses are schizophrenia (3), depression (10), epilepsy, alcohol related depression, mental retardation and dementia. The 'out-patients' mainly have diagnoses of insomnia, substance abstinence, depression and suicidal intentions.

As long as the court has not sentenced an inmate, the psychiatrist cannot admit him to a mental hospital. The conversation with him is not optimal, partly due to language differences, but also because of the rather exalted mood and inadequate behavior of the psychiatrist.

The psychiatrist mentions to us that there are several very aggressive patients, and advises not to visit them for our own security. We suggest having extra guards around for the visit. While he is out to organize some extra guards, an officer comes in and again urges us not to go to the patients, and then an elderly lady, who works in his administration, emotionally discourages us as well, and stresses that we should stay away from these aggressive patients.

When we finally get to the cells and see the 15 patients locked up, we understand why. The patients have serious psychiatric conditions, functional and organic, and are kept under living conditions that are very primitive and unhygienic. Cells are run down, bedding is wholly insufficient. Patients have no activities outside the cell. They are allowed outside for fresh air only one hour a day.

One psychotic patient, a strong man and allegedly very dangerous, becomes increasingly excited when talking with the psychiatrist. Their interaction is perceived as comical by the staff that is present, as well as by the psychiatrist himself. The patient's mood normalizes when he is distracted by a question from one of us about his situation. His talking is associative and difficult to follow.

Cell no 3 is in an appalling condition. It is located in a low, dark and isolated corridor. It takes some time for the warden to find the locks and open the door. The cell has an observation camera and visits by personnel seem to be rare.

We are again warned against aggressive behavior of the three inmates. On entering the cell we see a big bearded old man standing on the toilet, loudly shouting. Afterwards we heard he was welcoming us but we couldn't understand him. On his right hand he has an ulcerating wound of 5 cm diameter. According to the psychiatrist he is demented. A conversation with him indicates disorientation and grandiose thinking.

Care for these patients is absolutely minimal. According to the psychiatrist inmates can be assisted in washing themselves if necessary, but they don't want to. The patients are wearing very dirty cloths. The cell itself is dirty and badly smelling. Bed clothing is dirty and damaged. There are only two beds for three patients. The demented patient has torn his bed and mattress apart and no more than a bended iron skeleton is left, standing up against the wall. At our request it is put on the floor and the patient demonstrates how he lies down at night, somehow hanging on the twisted skeleton of his bed, while touching the floor with his back. This situation exists already some time, and is not new for the guards, yet nothing has been done to alter it.

***Conclusion*:** Like in all facilities we visited, mental health care in the Lukyanivka prison is of low quality in general, but totally absent for the seriously ill and most dependent inmates. Afterwards we discussed the situation of these patients with the psychiatrist, however he did not seem to realize that according to medical ethics he is responsible and should actively bring their unacceptable situation to the attention of the prison authority. The conditions are absolutely inhumane and it is quite shocking to find this in the capital of Ukraine.

III. Conclusions

III.1. Therapeutic aspects

Prison mental health care in Ukraine does not meet the WHO (2005) standard of (1) at risk screening of inmates on entry, (2) staff training in prison mental health, (3) availability of a prison psychologist, (4) in-prison care facilities and shelter for mental patients and vulnerable inmates, (5) crisis intervention, and (6) follow-up treatment after release.

Prison mental health is about the way the system deals with inmates with mental health issues: noticing them, diagnosing them and treating them in an environment which supports their recovery, continuity of care and return into society. But talking about prison mental health is also talking about the prison in general. The prison has to have a humane climate in which incarcerated people in general are noticed, taken care of and stimulated to take their lives in their own hands, and bend it into a positive, non-criminal direction. Good prison mental health can only take place in a humane system for all people involved.

Ukraine has only one national facility dedicated to psychiatric treatment of psychiatric detainees. During our assessment visit we saw time and again that detainees with psychiatric problems/disorders were not recognized or acknowledged. This leads to under detection and under treatment of psychiatric disorders.[22] The medical units in every prison facility are mainly focused on somatic illnesses. Detainees suffering from psychiatric problems are seen there as well, even when no psychiatrist or psychologist is available. There is a lack of medical staff with specific training or expertise in mental health issues, and no mental health awareness training is offered to the staff. It is unclear whether medical records/files are present and/or properly filled out. As far as we could assess, no evident registration or quality control system is in place.

III.2. Communication

Discussing prison mental health issues is impossible without looking at general conditions in penitentiary facilities, in particular those that can have a negative effect on the convict's mental state. One of the key aspects is, as noted earlier, communication with the outside world, in particular with family and friends. A convict loses his social environment during imprisonment and communication is a vital element in trying to limit the damage and make sure he can return to a social environment once his sentence is served.

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[22] Trestman R.L.: Oxford Textbook of Correctional Psychiatry p.174 (2015): "One of the most extensive and still cited publications on psychiatric disorders in prison remains a systematic review that pooled 62 studies from 12 countries to estimate rates of serious mental disorders among 23.000 prisoners (Fazel & Danesh, 2002). The authors included studies that captured diagnoses in the last six months, while personality was considered along the lifespan. It found that personality disorder (predominantly antisocial personality disorder) was the most common mental disorder among prisoners, accounting for 65% of male and 42% of female prisoners. Estimated rates of psychosis were 3,7% for males and 4% for females, while major depressive disorders were found among 10% of male and 12% of female prisoners. The authors concluded that the rates of psychosis and major depression were several times higher than those found in the general population, but that antisocial personality disorder had the most marked overrepresentation – roughly 10 times higher among prisoners than in the general community."

Our contact with prisoners has shown that such communication is limited, and sometimes completely absent, and also that Ukrainian law is rather ambiguous and contradictory. While prisoners according to the law have the right to telephone communication without a restriction on the number of calls,[23] an internal regulation stipulates that calls are limited to 15 minutes.[24] Also, with regard to the use of laptops and tablets there are several references in the Ukrainian legislation. Ukrainian legislation provides for certain categories of prisoners a right to keep their own portable personal computers, mobile phones (subject to due registration by the administration) and relevant accessories. That said, the majority of convicted persons are deprived of the opportunity to have their own communication devices and may only use those that are property of the institution.

According to convicts we spoke to, every person convicted of using (a forbidden) mobile phone pays 300-500 hrivnya fine, plus 500-1000 hrivnya for getting the phone itself back. Periodically all phones are taken away, and for their return has to be paid. All these costs are an additional burden on the shoulders of relatives and friends who support the convict.

III.c. Life imprisonment

Special mention deserves the situation with regard to prisoners with a life sentence. Like in The Netherlands, Ukraine is one of the very few European countries where "life" means "life" – there is no parole, not even after 25 years.

In 2010, the Ukrainian legislation on execution of sentences was amended to provide that persons sentenced to life may be transferred from the cells for two inmates to high occupancy cells in a maximum security penal colony and be allowed to participate in group activities of educational, entertainment, fitness and recreational nature, provided that they have spent at least 15 years of their sentence time in the cells of the former type and, after spending 5 years in such cells to progress from high occupancy cells to regular living quarters of a maximum security penal colony.

In 2014, the period that a convicted person sentenced to life must spend [in two-men cells – Translator's note] before they are eligible for transfer to high occupancy rooms was reduced from 15 to 5 years.

To date, no person sentenced to life imprisonment has been transferred to regular living quarters yet as none has spent enough time in high occupancy cells.

Also, at the moment there is no involvement of a psychologist to determine the mental state of the prisoner, the degree of dangerousness, his level of aggression and whether

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[23] Art. 107,110 PECs of Ukraine

[24] Paragraph 14, paragraph 2, of the Internal Regulations (TAC)

the person is ready to be transferred to a lighter regime. In addition, psychological support could assist the prisoner to alter his behavior and start the load road to recovery, even though this will not ultimately lead to his release under the current Ukrainian legislation regarding life imprisonment.

IV. Recommendations to the Ukrainian authorities

IV.1. General recommendations

In order to develop adequate prison mental healthcare, attention should be given to three fundamental conditions in the prison system:

1. Redefining the role of the prison psychiatrist as equal partner of the prison director when diagnosis and treatment of mentally ill inmates is concerned. The director is responsible for making treatment available; the psychiatrist is responsible for type and quality of treatment. This so-called dual management makes it possible for a doctor to take his/her professional responsibility in the strong hierarchy of the prison.

2. Enlarging the professional approach of the patient by multidisciplinary input in treatment planning and follow up.

3. Prisoner's influence on circumstances of living, and on treatment when ill.

IV.2. Healthy lifestyle

4. Motivate and stimulate work, art activities and sports.

5. 'Demilitarize' the prison system, stimulate a proactive (instead of reactive) style of thinking and acting.

6. Intensify the probation service; they can start their work in assisting the prisoner to prepare his release and return to society already inside the prison. Release from prison without adequate preparation and post-release support presents an additional challenge to prisoners' mental health. Many offenders with mental health problems come from poor backgrounds and will have been homeless and unemployed at the time of arrest. As a result they not only face mental health care needs, but often also require support in finding housing and employment. If such support is not provided there is a high probability of recidivism.

IV.3. Communication

7. Review and adjust procedures of family visits regarding prisoners under investigation.

8. Allow inmates to have their own mobile phone (kept by themselves or by the guards to be used regularly), or allow only one or several inmates to have a phone that can be used by other inmates who pay the "real costs without profit" to the owner of the telephone.

9. Allow a provider to be the "mail-service" that offers an e-mail service to the families of incarcerated people.[25]

10. Families often do not have the financial resources to visit their loved ones in prison. That's why it has to become a right to be detained as close to your family as possible. Also the organization of cheap or free transport to facilities from train-stations or bus stops is very much advisable.

IV.4. Health

11. Promote healthy activities in places of detention. To protect human dignity of the detainees it is important to provide meaningful activities. Motivate and stimulate detainee's health behaviour activities;

IV.5. Prison mental health

12. Screening in detention: according to international studies the prevalence of mental health problems is significantly higher in detainees than in the general population. Therefore it is important to screen for mental health issues in detainees. Also protection of vulnerable detainees for sub-culture repression and abuse of power is an urgent need. For that reason improve mental health screening on admission and review periodically the mental health condition of the detainees.[26]

13. Improve the transfer of patient records between prison facilities. There is no continuity of psychiatric care.

14. Improve supervision on pharmacotherapy.

15. Empowerment and training of medical personnel and staff should result in more competence and responsibility. Increase awareness of medical staff regarding medical ethics and confidentiality. Nurses and all guards should be trained in mental health awareness.

16. Implement multidisciplinary meetings concerning mentally disturbed prisoners, including security staff (eyes and ears for medical staff).

17. Create specialist professional capacity and earmarked beds on the medical unit for vulnerable and psychiatric detainees.

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[25] Examples of such services are www.prisonmail.eu, www.Jpay.com or www.emates.nl). The family can go to a site on internet, pay for digital stamps and email their loved ones in prison. This service can be used from all over the world, even in occupied territory in Ukraine or from Russia. Prison-staff does the same as they do with regular mail: censoring the printed mail and deliver it to the inmate. The provider needs to put internet-computers and printers in the prison. These computers can eventually also be used for Skype or free internet-telephone-facilities.

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

18. Inform the Ukrainian Psychiatric Association about the need for adequate prison mental health care, and invite them to assist and advise regarding reforms.[27]

[27] A valuable almost encyclopedic source of international studies and literature on Prison Mental Health Care is: Trestman et.al.: "Oxford Textbook of Correctional Psychiatry" Oxford University Press, Oxford 2015. See also footnote 22.

Appendix: The members of the evaluation team

Co Bleeker (1940) MD, PhD, is a psychiatrist. He worked for fifteen years in the Dutch national crisis intervention facility of the Ministry of Justice (2000-2015). He contributed to the program to modernize the system of prison mental health care in the Netherlands during the period 2006-2010. As a consultant and auditor he contributed to the activities of Human Rights in Mental Health-FGIP in Eastern Europe and Africa.

Frans Douw (1955) can be described as a self-made man who worked for forty years in closed institutions e.g. facilities for juveniles, forensic psychiatric clinics and prisons. The last 27 years he was general director of prisons for all categories of incarcerated people, including the Forensic Psychiatric Treatment Clinic of the Dutch Prison System. When he retired in 2015 he was the general warden of four prisons in the North of Holland. Since 1998 he is also intensively involved in international knowledge exchange on prisons and forensic psychiatry in Russia, former Soviet States, England, the US and the Caribbean. In Ukraine he worked as a consultant for the Council of Europe, Mainline and the Global Initiative of Psychiatry. He is also known as a promoter of Restorative Justice and he is Chairman of the Board of the Foundation for Recovery and Return and board member of Dutch Cell-dogs and also for the network-organization of families of incarcerated people in the Netherlands "*Achterblijvers na detentie*".

Robert van Voren (1959) is Chief Executive of the NGO "Human Rights in Mental Health-FGIP", an international foundation for mental health reform. In that capacity he has worked in Ukrainian mental health for the past 25 years. He is also Professor of Soviet and Post-Soviet Studies at the Vytautas Magnus University in Kaunas (LT) and the Ilia State University in Tbilisi (GEO), and teaches in Kyiv at the Tavrida University. He is currently Vice-President of the World Federation for Mental Health (WFMH). He is Honorary Fellow of the British Royal College of Psychiatrists and Honorary Member of the Ukrainian Psychiatric Association.

Wendy Weijts (1973) clinical psychologist - psychotherapist in training and consultant trainer (prison) mental health care. She worked for fourteen years in the Dutch national prison crisis intervention unit of the Ministry of Justice. Since 2000 she is on regular base consultant and trainer for international health organization mainly for Human Rights in Mental Health-FGIP. In 2010 she edited Prison Mental Health and Penitentiary Psychiatry practical handbook for the staff of penitentiary facilities. Published by Human Rights in Mental Health-FGIP.

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Kingdom of the Netherlands