

MONITORING ON PSYCHIATRIC INSTITUTIONS IN GEORGIA

Problems, Needs, Recommendations



Tbilisi, 2013

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Human Rights Center

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Photo on the cover: Kutiri Hospital

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Introduction

Monitoring in psychiatric institutions in Georgia was carried out by Human Rights Center in the frame of the project (“Strengthening the advocacy & institutional capacity of HRIDC”). Although the small grant did not allow conducting large-scaled monitoring, we tried to present all urgent problems in the final report, which we observed in psychiatric institutions of Georgia.

This report is based on the results of visits and monitoring in mental hospitals by the group of representatives of Human Rights Center. The group included following professionals: two lawyers, pathopsychology specialist, human rights defender (who is also user of the service) and a journalist along with the operator. Due to the amount of grant, the monitoring was carried out only in part of the mental hospitals.¹

Two-part documentary film – “Rejected” was prepared in the frame of the project. The film was uploaded on the video-portal of Human Rights Center².

The monitoring was conducted with the support of Georgian Public Defender Ucha Nanuashvili. During the monitoring, group members used special warrants of the Ombudsman when entering closed institutions that allowed them to pay unexpected visits to the psychiatric institutions and make more impartial analysis. Besides that, monitors of the Human Rights Center were interested whether situation had changed in mental hospitals after Public Defender’s Office prepared a special report about the situation in psychiatric institutions in 2012³. Thus, we had to pay particular attention to the issues which were raised by the monitors of the Public Defender’s National Prevention Mechanism when working on the below-stated report.

In 2010 Human Rights Center implemented eight-month project Free Legal Assistance to People with Mental Problems. Project was financed by the Abilisis Foundation. Within the project frameworks, except for providing free legal assistance, visits were made to mental hospitals, as well as systematic meetings with NGOs working in the sphere of mental health. Ultimately, report was prepared which depicted problems discovered within the project frameworks and included several examples.⁴

On the basis of visits and monitoring made in the mental hospitals, recommendations were developed to defend rights of people going through treatment in mental hospitals. During the

¹ #21 Kavtaradze St. Tbilisi, JSC Clinic of M. Asatiani Scientific/Research Institute; Ltd #5 Clinic Hospital Tbilisi; Rustavi – Ltd Rustavi Psychic Health Center; Ltd Academician Nanishvili National Center of Mental Health, Kutiri; Aleksandre Kajaia Surami Mental Hospital; Association of Mental Health located on Nutsbidze St; Mental Health Department of Gldani Penitentiary Department; Ltd Mental Health Center of Tbilisi.

² See Rejected Part I <http://www.hridc.tv/index.php?a=view&id=810&lang=eng>
Part II: <http://www.hridc.tv/index.php?a=view&id=814&lang=eng>.

³ Public Defender of Georgia, National Prevention Mechanism – “Report on Conditions in Psychiatric Establishments in Georgia,” 2012 <http://ombudsman.ge/files/downloads/ge/qiqepqqfnpckmebvdkhu.pdf>

⁴ Human Rights of People with Mental Problems. 2010
http://www.humanrights.ge/admin/editor/uploads/pdf/Report_Final.pdf

monitoring, the administration of mental hospitals did not create problems and mostly they answered our questions. It should be taken into account that the members of our group had warrants from Public Defender of Georgia to make visits to closed types of health departments.

In some cases, we came across difficulties when communicating with the administration. On the one hand, they tried to show good will and provide help, but there were range of issues (mainly related to non-voluntary placement of patients in mental hospitals, maximal terms for placement of patients with severe mental problems, issues related to finances) which were quite difficult to clarify. It was quite difficult to find out the details, because administration members tried not to provide monitors with full information.

General Review

According to official data, in 2011, 67 736 people were registered in Georgia with mental or behavioral disorders.⁵ But in reality this number is a lot bigger. 12 083 people are registered in Georgia with the diagnosis of schizophrenia⁶. However, considering frequency (prevalence) of schizophrenia in the world population, this number in Georgia must exceed official data at least by twice.⁷

For years, mental hospitals were visited only by poor and homeless people or people with the most severe forms of illnesses. They were treated in the hospitals and stayed there for years as the medical treatment outside of hospital was not developed.

Sometimes, people with mental problems receive medical treatment abroad. Sometimes, they refuse to receive treatment; they do not register and receive medical treatment at home which is considered to be an alternative form of treatment outside of hospital and reflects necessity for relevant community services.

The monitoring group of Human Rights Center had to tackle similar problems when they met IDP woman in Rustavi hospital who was in the state of remission. She has told the group that because she does not have a house, she is forced to live in various mental hospitals for years. However, she also underlined that she is satisfied with the conditions in new hospital. With her in the room there was a patient with chronic form mental illness whose house was destroyed by a natural disaster.

Some facts of charity from the side of the heads of Kutiri and Surami mental hospitals cause surprise. These are acts of covering expenses for funerals of the deceased patients. All acts of charity should be welcome indeed. However, we think that this procedure which is quite expensive should be financed by the state.

⁵ http://www.ncdc.ge/uploads/statistics/cnobar/cnobar_2011.pdf, p. 127.

⁶ *ibid*

⁷ <http://www.schizophrenic.com/articles/schizophrenia/prevalence-schizophrenia>

One of the reasons of uncertain statistics for people with mental problems is social stigma. Often patients of mental hospitals are called crazies which stigmatizes them. Therefore, people with mental illnesses and their relatives avoid mental hospitals and often choose to treat patients at home creating additional problems for family members and the patient. These instances happen quite often in regards with children. There are instances when next-door neighbors do not even know about the existence of a child with mental problem as parents isolate them from others.

During the monitoring, director of Surami hospital noted with us that often people on excursion in summer come to the gate of the hospital and request “to show them crazy people” as if these people were aliens. Director noted that instead of compassion these people feel entertained by seeing them.

As of today, six mental hospitals provide mental help programs in Georgia. There are more than thousand beds in such hospitals approximately. The monitoring showed us that beds are often used for citizens who do not need to be placed in mental hospitals but need shelters and other community help services.

Reforms going on in the system are mainly oriented on development of infrastructure which is important matter indeed. However, it is not of less importance to move on to modern methods of medical treatment and change old medical practices with new, western-based methods of medical treatment.

Moreover, new system of financing also represents quite a significant problem. In these kinds of new hospitals people with chronic and severe illnesses are falsely separated and expenses for medical treatment are determined accordingly.

Though almost all mental hospitals have psychologists and a social worker, their number is insufficient. In some new mental hospitals there are psychotherapists but they rarely use modern methods and their work standard is not determined on the state level.

During the monitoring we asked employees about work conditions and salaries. Most of the doctors and chief nurses showed discontent that after fulfilling their main duties they do not have enough time to organize documents of patients and are forced to exceed their working hours. The doctors of Gldani Prison Mental Hospital also talked about the same problem. According to them, because of frequent visits of prisoner patients who do not give notice about visitation, they have to stay up until late at night to organize the relevant documentation. The fact that they do not have any computer in the hospital makes it harder, they note.

Like previous years, the problem of due payment for medical staff still exists. The existing payment does not ensure attraction and maintenance of qualified staff. Psychologist of Asatiani Scientific-Research Institution also complained that his salary is lot lower than doctors’ salary even though his work schedule is no lighter than of those working in similar hospitals.

We would like to draw special attention to the disturbing situation existing in Gldani Prison Mental Hospital where the monitoring group discovered prisoner-patients in severe psychotic state equipped with cutting items in front of four hospital employees. They could endanger lives of patients as well as medical personnel any time.

Legal Aid for People with Psychic Problems

People with psychic problems belong to one of the most vulnerable parts of society whose rights need particular protection. They easily become subject of violence and fabrication; lose right to property and property itself. Very often, when relatives are not willing to live together with people with psychic problems, they try to send them to mental hospitals for long term or forever based on the registration as their guardians and by provoking the triggers of the illness.

People with psychic problems need and have right to enjoy legal aid when court acknowledges their legal incapability, involuntary hospitalization, appealing court judgments. In accordance to the 2012 Report of Public Defender of Georgia, all these procedures have very formal character and patient does not participate in it in fact.⁸

Interview with the patients of the mental hospital prove the urgency of this problem. Only several patients told us that their lawyers were actively involved in court procedures. However, they added that they could not have confidential conversation with their lawyers before trials.

These circumstances significantly breach human rights to enjoy valuable defense at the trial and demonstrates full ignorance of the patient's personal opinions and proves that aforementioned trials mostly have formal character.

One patient, who was taken to mental hospital from prison, did not know what kind of trial was underway about his case; if he had known that people intended to move him to mental hospital, he would not have agreed on that. Patient said stigma associated with the mental hospital and suspended contact with relatives was reason for his negative feelings about the hospital. It shows the person was not provided with significant information. Moreover, his official lawyer did not envisage the client's real interest. Furthermore, allegedly the lawyer intimidated him and warned that unless he would not agree to take treatment at mental hospital, the judge would have declared him a mentally disabled and would have "forcibly locked him in the psychiatric hospital forever". As we see, people manipulate with the patients' will because they do not have information and

⁸ Extracts from Public Defender's Report – "Report on Conditions in Psychiatric Establishments in Georgia" 2012, P. 9,38 (<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>): **Patient noted that he could not understand anything at the trial because he was under influence of medicines... patient of the (hospital #5) said he could not invite his own lawyer. State lawyer said only once sentence during the trial..." "patients allege participation of state lawyer in trials has formal character. Judges share the opinion of the doctor and are less interested to listen to patients..."**

threatening in order to receive desirable decision as soon as possible. Similar facts of intimidation of people with psychic problems were reflected in the report of the Public Defender.⁹

Aforementioned facts put the effectiveness of state sponsored attorneys under question when they represent real needs of the people with psychic problems and expose different violations like intimidation, low access to information and ignorance of personal position and interests of the client.

It should be noted that administrations invite state sponsored attorneys to the hospital and patients cannot enjoy their aid according to their own desire. Lawyers working in the hospital depend on the administration and cannot assist patients if he/she complains about the hospital.

It is noteworthy that in accordance to the Resolution 46/119 Principle 18.1 of the UN General Assembly, patient who takes treatment in mental hospital shall have access to free legal aid.¹⁰

An interesting process started with regard to UN Resolution in our neighboring country. On January 16, 2013 governmental session of Armenia discussed package of legislative amendments to the Laws on Psychiatric Care and Advocacy.¹¹ Authors of the legislative initiative were Members of the Armenian Parliament Ara Babloyan and David Kharutinyan. The proposed to clarify the mechanisms which will allow patients of mental hospitals to get free legal aid from the state.

Members of the Armenian Parliament proposed the government to add to the law that a lawyer will assist a patient in mental hospitals based on his personal or his legal representative's request and the lawyer will be appointed by the Public Defender's Office subordinated to the Armenian Bar Chamber.

It is desirable to start similar process in Georgia too and to regulate the appointment of the lawyers for the patients of mental hospitals by the law. Besides that, lawyers, who perform this service, shall not subordinate to mental hospital's administration; they should have free mandate to enter hospital, their service shall have permanent character and be available equally for each patient of the mental hospital both in Tbilisi and beyond.

Apart from free legal aid, group of lawyers can carry out monitoring to identify and promptly respond to the violation of the patients' rights by the hospital administration and control implementation process of the Public Defender's recommendations. Besides that, the group can conduct consultations with the administration or personnel about the rights of patients that will increase the level of their awareness.

⁹ "Report on Conditions in Psychiatric Establishments in Georgia" 2012 p. 9, 38

<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

¹⁰ <http://www.un.org/documents/ga/res/46/a46r119.htm>

¹¹ <http://www.hra.am/en/events/2013/01/16/psychiatry>

Ill-treatment

One of the main elements of our work was to evaluate the treatment of patients. We interviewed patients of various hospitals as well as their parents/guardians and employees. We can say that in this regard, there have been significant positive changes lately. If practice of ill-treatment from the side of medical staff was widespread practice in the past (for instance, tying up with special clothing, physical and verbal abuse and etc...) and nobody was held responsible for these kinds of actions except for few exceptions, nowadays this problem is mostly eradicated in mental hospitals.

In the communist past there have often been instances of ill-treatment from the side of orderlies and it was caused by lack of professionalism and preparedness. Recently the approach changes and psychiatry acquires new methods. The assistants of nurses and other staff of hospital have gone through trainings which change their attitudes towards the patients.



However, it should be noted that in the hospitals (mainly in the regions) where the service staff has not gone through training, in certain instances, patients have noted on the ill-treatment from the side of orderlies (assistants of nurses). However, none of the patients have addressed superior authorities presumably due to the fear factor. There have been instances of ill-treatment in Kutiri mental hospitals both in men and women departments where, according to the patients, there are instances when the employees yell at them and address them disrespectfully. One patient from #7 women department told us that an orderly hit a patient with a stick who was constantly asking her for cigarettes.

One patient of women department complained that one of her roommates hits other patients for no reason. When we asked her how the staff reacts on it, she said that they try to calm her down.

Also, several patients, both in women's and men's departments noted that they are forcefully given injections in muscles. However, none of them talked about physical assault.

Some patients state that they cannot contact their family members because they do not have opportunity to do so. The medical staff of Surami hospital told us that it is possible to call only the numbers inside the town.

We would like to draw special attention to one instance: in Kutiri hospital boarding department we found a patient Mrs. N.P. who had both legs amputated. We found out from her that she crawls on the floor made out of concrete because she does not have a wheelchair (old wheelchair does not work). As we found out, she also crawls in the toilet and bathroom where there is a big problem of dampness and smell of fecal wastes. The director of hospital “explained” that the patient was “used to move this way” and added that the medical staff tries its best to help her. According to the roommate of this lady, she often helps her; particularly she takes the bucket, helps her to sit on the bucket and then takes the bucket to the toilet. According to the administration, they have requested to provide a wheelchair, but have not received answer yet.



Though these tendencies have been observed both in women’s as well as men’s departments, patients in the boarding department deny any kind of violence from the side of the employees of the hospital. As for the special department existing in the separate building, its patients openly indicate about instances of screaming, threatening and psychological pressure from the side of the employees.

In general, most of the patients inquired during the monitoring do not complain about ill-treatment from the side of medical staff. Patients, in general, deny the facts of verbal abuse. Representatives of Human Rights Center did not receive any written complaints about degrading or inhuman treatment from the patients. However, in private talks they expressed some concerns.

In some hospitals, especially in the regions, the facts of performance of work duties of medical staff by the patients have been revealed. For instance, one patient was taking out garbage in Surami with a hand-cart. When we asked medical staff about this, they told us that this patient liked doing this work. A patient in Kutiri Hospital Women Department for chronic patients told us that if a patient with mental illness defecated on the floor during night hours, he/she was forced to clean it.

Procedures of Restrictive Physical Intervention

Method of restrictive physical intervention is widespread medical manipulation in mental hospitals in Georgia. This method is often used in the process of aggravation of mental illnesses. The goal of our group was to examine the compliance of this procedure to the law.

Incorrect use of restrictive physical intervention can cause physical or other kind of damage to the patient. Therefore, restrictive physical intervention – isolation of patient represents a topic which is regulated both by Georgia's as well as international and European legislation. According to relevant legal regulations, restrictive physical intervention can be used in the instances when the patient represents a danger for himself/herself or for other persons. Considering the nature of this procedure, it must be used only through compliance of preliminary determined detailed procedures in the special place by using special equipment.

Unlike regions, in new hospitals in Tbilisi the beds are equipped with the special metal loops for restrictive physical intervention. Special cloths are used as attachments.

The restriction procedure must be applied only in exceptional circumstances when less restrictive measure does not manage to control patient. Restriction procedure is allowed for short time, by prescription or consent of a doctor. The patient to who the procedure is applied must be under constant medical surveillance. Every instance of restrictive physical intervention must be noted in a journal. As soon as the necessity of restriction no longer exists, psychiatrist makes decision to stop the procedure and make note describing the medical procedure and the time dedicated to it. The psychiatrist observes the state of patient in every 15 minutes in order to provide help in case of necessity. New note must be made in every 4 hours.

Patient must have an opportunity to appeal against doctor's decision regarding the restrictive physical intervention. Restrictive physical intervention must be in no way used for the punishment of patient. Besides, it is necessary to properly prepare the doctors as well as nurses and their assistants for managing hard situations in such a way that neither the patient nor the employees are damaged. As for selecting and preparing staff, in this regard, the situation in the regions is a lot harder because, for instance, for the position of assistant of nurse, due to low salaries, the competition is very low and it is not possible to find people with necessary qualities. Perhaps, this causes the facts that in some instances medical staff asks patients to help them in the process of restrictive physical intervention of patient.

For instance, a patient told us that in Surami she periodically helps the medical staff to take care of people with severe state if they "do not take their medicine and throw it away". She gives them this information and helps them in the process of restrictive physical intervention. The patient mentioned concrete recent instances when the employees had not made the note in the document. On the other hand, the medical staff stated that during the process of restrictive physical intervention they only can use sedative medicines (diazepam, cinnarizine) and not the neuroleptics without which it is not possible to remove symptoms of delirium.

The goal of the monitoring group was to check the compliance of this procedure with the law. In rare instances, presumably, the restriction is used in order to punish the patient. In some instances, the journal where the time and length of restrictive physical intervention of the patient is indicated is not filled in; neither the responsible person is known. As the observation demonstrated, in the departments where such journals exist, some instances of restrictive physical intervention are not registered at all. For instance, in Rustavi mental hospital, there was only one instance registered. However, while double-checking with patients we found out that in recent period two people went through such procedure there. In Kutiri mental hospital, the medical staff did not have such journal at all. Director told us that according to the law, it is not necessary to have such journal. According to him, notes about the procedures of restrictive physical intervention are made in the medical history and it is completely sufficient. Director also denied the facts of usage of restrictive interventions with drugs, but according to the patients, instead of restrictive physical interventions, they use injections.

In the mental hospitals, in most cases, in order to control severe anxiety of the patient, restrictive physical intervention and pharmacologic interventions are used. Human Rights Center received a complaint on the abuse of power during physical restriction from the patient of Surami mental hospital. Medical staff mainly the ones working in the old mental hospitals, have not taken special training about restrictive physical interventions. It should be noted that part of the interviewed staff (middle positions and their subordinates), compared to previous years, is better informed about methods of restrictive physical intervention.

According to the results of interviews of those patients towards who the restrictive physical intervention or pharmacologic injections have been used, obviously, they perceive these measures as punishment. Our recommendation is to introduce the practice of meeting with patients after the procedure and giving explanations and information. This will improve communication and opportunity for cooperation between the patient and medical staff. Also, it should be noted that patients of monitored mental hospitals noted that often the medical manipulations had been conducted without their consent in the presence of other patients. This represents violation of patient's right.

Voluntary Placement of Patients in Mental Hospitals

In accordance to the Georgian law on Psychiatric Aid¹², patient is placed in mental hospital for voluntary medical treatment based on his personal request or/and informed decision (except underage and legally incapable persons). In accordance to the same law, a patient placed in mental hospital for voluntary medical treatment shall be dismissed from hospital based on the patient's request at any stage.¹³ If the person does not want to continue treatment but is dangerous for himself, other people or property, the hospital shall apply to necessary procedures for involuntary treatment that is regulated by the court.¹⁴

¹² Law of Georgia on Psychiatric Care Article 8, Paragraph 1

http://www.gmhc.ge/en/pdf/Law_of_Georgia_on_Psychiatric_Care_sit.anal-eng.pdf

¹³ The same: article 17, Paragraph 3

¹⁴ The same: article 18, Paragraph 7

Big part of patients of mental hospitals take “voluntary treatment,” whilst they are eager to leave hospital in fact. There are two main reasons:

1) Procedures of placement patients for involuntary treatment are very complicated; it requires court procedures and periodical review of the judgments.

It is serious problem for the mental hospitals located in the regions.

For example, director of Kutiri hospital said they have to hire lawyer and car for each trial after Khoni court was moved to Samtredia; on that purpose the hospital spends a lot of fuel and money on it. The budget does not fund those expenses. So, money from main budget is incorrectly spent on it.

2) Patient is placed in hospital against his/her desire because has nowhere to go.

Main problem of many patients of mental hospitals is not illness itself but lack of accommodation. Mentally disabled people in mental hospitals need care but do not have anybody who can take care of them. Leaving those people in mental hospital contradicts the law¹⁵ but there is no real alternative for this option in Georgia. There are no accommodations and services relevant to the community in the country. Although they have nowhere to go, people locked in hospitals often want to leave it. A doctor of one of the mental hospitals said: “If we call a judge in this case, he will ask me whether the patient needs treatment in hospital. What shall I answer? In fact those patients do not need treatment. In similar cases, the court passes decision to dismiss patient but where should he go?! We worry about our patients.”

Besides, doctors are afraid that if patient does not have anywhere to go and dismisses him/her from hospital, there is large possibility that the patient’s psychic problems will worsen and he might even commit a crime or die for what the doctor will be held responsible for having dismissed the patient in such a risky situation.

Due to aforementioned causes, according to the Public Defender’s report, “hospitals do their utmost to minimally decrease the number of involuntary patients.”¹⁶ Besides that, the recommendations from the Report are not followed, which require to review the status of all voluntary patients in mental hospitals and formulate it in accordance to real requirements of the patient and the law.

In accordance to the Public Defender’s report, there is a practice in many mental hospitals when patients are told that unless they sign notification documents, they will have to stay in hospital at least for six months; if the patient signs the document, they will be able to leave the facility within several weeks.¹⁷ A patient said he refused to sign the document and decided to appeal to the court. Based on the court decision he was placed in hospital for involuntary treatment and the sanitarian

¹⁵ Law of Georgia on Psychiatric Care, Article 15, Paragraph 5 “Keeping patient in the hospital above the time necessary for examination and treatment is inadmissible.”

¹⁶ Report on Conditions in Psychiatric Establishments in Georgia, 2012, p. 37

<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

¹⁷ The same report, pa. 38 <http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

told him: “Why did you do that?! If you had signed it, we would have dismissed you within a week but since you have not signed, you will have to stay here several months.” So, patients are threatened against demonstrating their own desire in future.

One of the interviewed patients was sure that he had not signed notification document but confirmation letter on his being in hospital. “It was not notification letter” – the patient said – “if I had known that it was notification document, it could have worked as notification.” Unfortunately, person being in critical situation, particularly under influence of psychotropic medicines, cannot read long texts and understand its content. The personnel take advantage of it and receive the patient’s signature on the notification letter through providing them with false information.

Majority of interviewed patients do not remember the fact of signing document at all. It might be caused by critical conditions or influence of medicines. One patient said he had to sign the document because he did not want to degrade his reputation by participation in trial.

One more category of “voluntary” patients will be described in details below; they are people declared legally incapable. Their notification is not necessary to place him/her in hospital. It is enough if the guardian agrees on it. In fact, these people do not wish to be in mental hospital. In most cases, they do not need placement in mental hospital due to medical criteria but in accordance to the law¹⁸ they are considered to be “voluntary” patients that is not right, in our opinion.

Uninformed Patients

In accordance to the 2004 recommendation of the Committee of Ministers of the Council of Europe, Persons subject to involuntary placement or involuntary treatment should be promptly informed, verbally and in writing, of their rights and of the remedies open to them as well as of the reasons for the decision and the criteria for its potential extension or termination (Recommendation # 10, 2004, Article 22).¹⁹

In accordance to the same recommendation, Persons treated or placed in relation to mental disorder should be individually informed of their rights as patients and have access to a competent person or body, independent of the mental health service, that can, if necessary, assist them to understand and exercise such rights.(Recommendation # 10, Article 6)

In accordance to the UN Principles, “A patient in a mental health facility shall be informed as soon as possible after admission, in a form and a language which the patient understands, of all his or her rights in accordance with the present Principles and under domestic law, and the information shall

¹⁸ Law on Psychiatric Care, Article 17, Paragraph 1 – “c”

http://www.gmhc.ge/en/pdf/Law_of_Georgia_on_Psychiatric_Care_sit.anal-eng.pdf

¹⁹ <https://wcd.coe.int/ViewDoc.jsp?id=775685&Site=CM>

include an explanation of those rights and how to exercise them” (Resolution 46/119, Principle # 12)²⁰

Law of Georgia on Psychiatric Care states that Patient shall be guaranteed: The right to get complete, objective, timely and comprehensible information about his/her disease and proposed medical intervention. In case the patient is incapable or has a diminished decision-making capacity, a legal representative, or, in case of absence of the latter, a relative of the patient shall be informed on the above-said (Article 5, 1 “c”).²¹

In accordance to the same law, Patient shall be guaranteed: The right to familiarize with relevant medical records; scope and form of the information issued to the patient and the third person shall be specified by doctor (Article 5.1. “d”).

Majority of interviewed patients did not know their diagnoses and details about their treatment. About one third of patients of the Unit for Chronic Cases at Mental Hospital located in Kavtaradze street in Tbilisi did not know the name of their doctor. Several patients of Kutiri Mental Hospital said they were given injections without asking permission. A patient from Surami Mental Hospital said he was given injection during three days and cannot get up from bed now. Besides that, the doctor did not inform him about the reasons for having changed the treatment methods and new medicines or their side effects. Some patients had information about their diagnosis but did not know anything about medical treatment. Only a few of them knew diagnosis and details about treatment but they were patients who had been placed in hospital several times. Majority of them said they had received information about the treatment methods and impact of medicines not in hospitals but outside it, in the Crisis Intervention Center and Day-Time Rehabilitation Center during group or individual therapies.

Lack of information about diagnosis and treatment does not allow a patient to feel himself a real patient and instead they feel themselves as prisoners. Due to lack of information patient cannot make informed decision about his treatment and play active role in the selection of relevant dosage and medicines for his illness. Being informed and active involvement in the treatment process will farther assist the patient to continue treatment outside hospital and keep active role in the society.

Unfortunately, due to lack of time (doctors systematically have to fill in large number of documents) or in order to avoid potential problems, treatment details, illness symptoms and effects of medicines are not still clarified to patients. In most cases, neither family members have information about the effects of the medicines, particularly about their side effects like dizziness, trembling, worsened memory, problems related with concentration, decrease of potential and menstrual cycle. Because of these symptoms family member might conclude that patient has symptoms of crisis or might be incorrectly evaluated by the spouse - as indifference.

In many cases patients do not have information about their rights. It mostly refers to the patients taking “voluntary treatment”, who in fact want to leave hospital but are not sure they have right to

²⁰ <http://www.un.org/documents/ga/res/46/a46r119.htm>

²¹ http://www.gmhc.ge/en/pdf/Law_of_Georgia_on_Psychiatric_Care_sit.anal-eng.pdf

leave. Many of them believe that until their family member calls for them, they cannot leave a hospital. So, both categories of patients placed in the hospital – voluntary and involuntary ones – have their right to movement equally restricted. Consequently, there is no difference in the treatment regime for these two groups of patients.

As a result of current practice, when placed in hospital patients do not get information about their rights, about the hospital's regulations. Information boards on the rights of patients (if they exist in hospitals) are mostly placed in the areas unavailable for patients. For example, the board is placed outside the unit in Kutiri hospital where patients do not get at all. The administration explained that patients use to remove notice-papers from the boards. Consequently, there is an impression that boards are designed for monitoring group or other guests instead patients.

Boards are placed outside the facility in Gldani prison too. The administration made the same clarification – patients damage papers. If this problem exists, administration shall apply to different methods of disseminating the information. Namely, papers can be pasted on the walls and then cover them by something; or administration can think of some other methods too. The point is that this method shall be implemented in every mental hospital throughout Georgia in order to guarantee access of the information about the rights and hospital's regulations for every patient.

Involuntary Treatment

On March 5, 2013 UN Special Rapporteur Professor Juan E Mendez presented a Report on Torture and Ill-Treatment in Healthcare Settings to the UN Human Rights Council.²²

Report and official statement²³ of Mr. Mendez is innovative benefit for public effort to spread Standards of the UN Convention for the Rights of Disabled People (CRPD)²⁴ over all mechanisms of human rights. First in the history, UN High Expert in the field of torture (and not in the field of psychic health or disabilities) concluded that:

- It is inadmissible that law allows doctors to provide a person with forcible psychiatric treatment when he refuses to take it.

It means laws shall give preference to the person's notification on treatment.

- Any form and duration restriction and isolation shall be immediately prohibited everywhere, wherever it happens including mental hospitals;
- Psychiatric healthcare shall be oriented at voluntary, community-based services and not on involuntary placement and treatment of people in mental hospitals.

²² http://www.per.ge/document/mendez_report.pdf

²³ http://mdac.info/sites/mdac.info/files/march_4_torture.pdf

²⁴ <http://www.un.org/disabilities/convention/conventionfull.shtml>

In accordance to the Law of Georgia on Psychiatric Care, patient has right to reject treatment (Article 5.1 “e”). This right is restricted by the cases regulated in Articles 16 and 18 of the same law. Namely, if patient took involuntary treatment (Article 18) or there are criteria for the implementation physical restriction methods (article 16). Juveniles and legally incapable persons do not have right to reject treatment.²⁵

Georgian law does not differentiate involuntary hospitalization and involuntary treatment. An involuntarily hospitalized person loses right to reject psychic care. The law unifies these two notions. Law on Psychiatric Care refers to not only involuntary hospitalization but also to involuntary psychiatric care that logically means treatment too. But if a patient takes voluntary treatment and is adult and capable person, he has right to reject psychiatric treatment.

In fact, patient taking voluntary treatment, as well as the patient taking involuntary treatment, does not have right to reject treatment. As the Public Defender’s Report states, in several settings, a patient might be tied up because of his refusal to take medicines.²⁶ Several patients said they were threatened with injections if they refused to take medicines.

Several patients told us they were injected without asking permission. Others said if the patient gets aggressive, he is not tied up but injected. It is interesting that director of the same hospital denied that medicines are used to calm patients down in his facility.

Patient of the unit for acute cases in mental hospital in Kavtaradze Street, who did not wish to go to trial “to save his reputation”, emotionally demonstrated his attitude towards involuntary treatment. “This isolation regime and forced treatment is survival of Gestapo. Before coming here, I had no idea that similar things still happened here.”

One patient, who spent one month in hospital and was about to leave it, and felt himself more relieved, told us that during his stay in hospital he had not observed any facts of ill-treatment by hospital personnel. However, he noted that “they mostly oppressed patients to get medicines. When patients disobeyed them, they injected them by force. Having seen that, a person might have his depression more aggravated.”

We believe, involuntary treatment and non-informing patients about their diagnosis and treatment are closely linked with each other. When a person is not informed about illness, does not know symptoms of the disease and treatment methods, cannot detect his illness, he cannot be aware of the necessity of treatment and make informed decision about treatment. Also, psychotropic medicines have many side effects. Long-term receipt of those medicines might cause grave somatic diseases: decrease of eyesight, memory and coordination, etc.²⁷

²⁵ Law of Georgia on Psychiatric Care, Article 5, Paragraph 1 – “e”

http://www.gmhc.ge/en/pdf/Law_of_Georgia_on_Psychiatric_Care_sit.anal-eng.pdf

²⁶ Report on Conditions in Psychiatric Establishments in Georgia, 2012 p. 40

<http://ombudsman.ge/files/downloads/ge/qiqepqqfnpckmebvdkhu.pdf>

²⁷ For example: <http://psychcentral.com/lib/2006/common-side-effects-of-psychiatric-medications/>

Due to aforementioned circumstances, it is urgently important to protect human rights:

- 1) Patient shall get full and unbiased information about medicines he takes and their side effects in a language he understands;
- 2) Patient shall have possibility to reject the proposed treatment according to his own wish having realized the provided information.

Inadequacy of Appeal Mechanisms

In accordance to the Article 18 Paragraph 14 of the Law of Georgia on Psychiatric Care, A patient, his/her legal representative, or, in case of absence of the latter – a relative, as well as hospital's administration, in accordance with the rule established by the Administrative Procedure Code of Georgia shall have the right to appeal a court's decision on prescribing an involuntary inpatient psychiatric care as well as a court's decision on prolonging the hospitalization of the patient for providing involuntary psychiatric care or refusal on prolonging hospitalization for providing involuntary psychiatric care.

According to the Public Defender's Report, cases of appeals against involuntary hospitalization were observed in Kutiri mental hospital in 2011 where 36 out of 100 decisions on involuntary hospitalization were appealed; 5 out of 65 cases were appealed at Asatiani Mental Hospital in Tbilisi. According to the report, the court did not satisfy any of those appeals.²⁸

Director of Kutiri Mental Hospital expressed his opinion about the right to appeal against involuntary hospitalization in his conversation with us. He believes a patient shall not have right to appeal against either involuntary hospitalization or against the guardian-to-be. Patient shall be grateful to the person, who took responsibility of his/her guardianship and care. As for involuntary hospitalization, director said there are patients, who appealed against court judgments three and four times and "wasted time and hospital resources on it."

Situation about appealing against court decision on involuntary hospitalization is same as during the court process on involuntary hospitalization. That means, the litigation procedures are rather formal process and judge usually agrees with the doctor.

In accordance to the Public Defender's Report, litigation against involuntary treatment is complicated for patients due to late delivery of the court decisions.²⁹ Lawyer of M. Asatiani Mental Institute spoke about this problem with us. He noted that in some cases, patient was already dismissed from hospital, when court decision was delivered. Due to aforementioned circumstances,

²⁸ Public Defender's Report - Report on Conditions in Psychiatric Establishments in Georgia 2012, p. 43

<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

²⁹ Public Defender's Report on Conditions in Psychiatric Establishments in Georgia, 2012: p. 44

<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

patient is unwilling to appeal against the decision because it is urgent problem for him at the moment when he is placed in hospital against his will and not when he is already dismissed from there.

Internal appeal mechanism: boxes for complaints – some units do not have them at all, or patients do not actively use them. Several of the interviewed patients did not know anything about complaint box and their purpose. A patient from Rustavi mental hospital said he did not need to write a complaint so did not pay attention to it. Another patient of the hospital said he knew about the box but is not going to write a complaint. He said it is better to go to the doctor and complain with him.

Since complaint box is opened once per month in several hospitals, it is not mechanism for rapid response and is less useful for patients. However, it should be noted that general attitude of the personnel has changed for better recently. Patients said cases of physical assault or other rude treatment were almost eradicated in mental hospital that is appreciable. We can assume that patients did not wish to write complaints and they rarely use box of complaints.

Another issue is appeal mechanism for legally incapable persons. If guardian does not implement his/her duties or otherwise breaches the rights of the patient, the latter does not have right to appeal against it. Guardianship and Care Agency is authorized to appoint and change guardian. However, incapable persons do not have contact with this agency. There is no appeal mechanism based on which incapable person could file a complaint against his guardian.

Guardianship

Guardianship system in Georgia can be evaluated as one of the huge sources of the human rights violation because when a person is found incapable, he loses almost every right and cannot appeal against the activities of the guardian at the court. Every chain of the Georgian guardianship system needs serious revision in order to reduce human rights violation and unjustified restrictions of human rights.

The practice shows that procedure of finding a person incapable simplifies hospitalization process of a patient or his placement in asylum. According to the current law, an incapable person can be placed in mental hospital against his will even in non-aggravated situation without court decision only based of the application of the guardian. Patient's placement in hospital is "voluntary treatment" even if the treatment and hospitalization happened without the content of the incapable person. Real reason of hospitalization might be and in most cases is social conditions instead medical conclusion. For example, guardian cannot live with the person with psychic problems and wants to place him/her in hospital. Not only guardians but also family members and relatives have similar desire. Some of them do not work and cannot pay attention to sick relatives; others have children and are afraid that mentally disabled person might injure them; others just want to live in comfort without extra problems. Becoming guardian is an effective method to allow the person to

have full control on the sick person, his pension and send him to mental hospital for treatment without problems.

Lawyer of the M. Asatiani Psychiatric Institute said the main reason of signing guardianship agreement is to have control over the person, to have access to his pension and other property and opportunity to place him in mental hospital. Lawyer said hospital refrains from finding a person incapable to protect them from human rights violation and consequently, no cases were sent from the psychiatric hospital to the court to grant the incapability status to their patients.

When person is found incapable, the mentally disabled person does not receive information about the importance of the procedure; namely he does not know that he will lose right to manage his property, marriage, to vote, to appeal to the court and protect his rights in general. Consequently, he cannot have relevant position and actively protest his breached rights during the trial. The situation gets complicated by the fact when expertise is conducted to conclude the incapability of a person and patient does not attend the process and the decision is made based on the “conclusion”. The incapable person does not have information about his real rights even afterwards and about appeal mechanisms; he does not have contact with the Guardianship and Care Agency. Interviewed incapable persons did not know about this agency at all.

In accordance to the Public Defender’s report, “social workers working in mental hospitals are authorized to supervise guardians.”³⁰ Social workers often receive questionnaires about guardians, based on which conclusions on the honesty of guardians are made. Besides that, Guardianship and Care Agency does not contact guardians. Neither the latter has chance to contact with the agency and cannot express his position in case of necessity.

For example, patient from Kutiri mental hospital noted that he wants to change the guardian: he has two sisters and one of them is his guardian but the latter does not contact her at all whilst the second sister takes more care of him. In this case, the biggest problem is that incapable person cannot directly contact the Guardianship and Care Agency and does not have information about the procedures to change the guardian. In order to fully control the guardians, a mechanism to accept complaints from incapable persons shall work; hotline is the simplest source, where every incapable person will have right to call, express their opinions and receive necessary information and support. Creation of similar complaint-accepting mechanism is important because incapable person cannot appeal to the court. As for the guardian, who shall mediate the patient with the court, in most cases violates the patient’s rights and cannot appeal to the court against himself.

It is also doubtful that guardian will assist the patient if the latter requests to cancel his incapability status. Health conditions of the person with psychic problems temporarily change. The person, who could not make informed decisions for some time, might recover from it. However, losing the status

³⁰ Report on Conditions in Psychiatrist Establishments in Georgia, 2012 p. 48
<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

and restoration of the capability status is related not only with losing control on the person but also requires serious expenses.

In accordance to the Public Defender's report, "[legally incapable persons] can appeal the court decision but alongside the appeal expenses they need to take repeated expertise that costs 250 lari."³¹

Majority of people with psychic problems are socially vulnerable and get only pension that is 70 lari for the second group of disability. Legally incapable persons do not get pensions personally; it is within responsibility of guardians. As a rule, if a person is in mental hospital, guardian does not spend the pension on the patient. In accordance to the existing criteria of the guardian's honesty, it is enough if he regularly visits patients and take some presents to him. Nobody checks how much money was spent on the patient. In several cases, patients received only cigarettes and little sugar from guardians; the rest of the pension is not spent on the patient. So, it is clear that it is almost impossible to restore the capability if he once lost it and his rights are really breached during all his/her life. Thus, the procedures must get simpler for example free expertise to revise the incapability status of the patient.

In some cases, patient does not contact the guardian and does not get his pension at all. For example, patient N.B of Kutiri mental hospital has not contacted her son since she was placed in the hospital; the son is her guardian and lives in Tbilisi. As patient said she does not complain about the son because he is also retired person and cannot move properly. Consequently, the woman in Kutiri asylum is left without her pension.

Patients with the incapability status also have problem in getting pension because they do not have guardians. For example: 30-year-old young man N.M. was taken to mental hospital from the orphanage. He does not have relatives, has status of incapability but does not have guardian. Consequently, he cannot get pension. In the frame of the current system, N. M will never get pension because the law does not regulate other issues related with the pension except via guardians.

Based on aforementioned circumstances we can conclude that it is urgently necessary to take some measures and reform guardianship system. As for long-term perspective, it is desirable to completely change the guardianship system and establish other sort alternative services. When Georgia intends to ratify the European Convention on People with Disabilities, we should remember that laws on guardianship contradict Article 12(2) of this Convention, according to which: **"States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life."**

³¹ Report on Conditions in Psychiatrist Establishments in Georgia, 2012 p. 49
<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

Housing Conditions and Outside Environment

For the recent years one of the most significant achievements in the sphere of mental health has been improvement of housing conditions in new hospitals. Mostly the patients expressed satisfaction with the housing conditions existing in these hospitals.



However, conditions vary with different hospitals. State of infrastructure in the hospitals represents a general problem. Particularly, patient wards where they spend most of the time are in unsatisfying state. Due to lack of ventilation systems, there is strongly unpleasant smell in the hospitals; the lightning is insufficient; the heating conditions are unsatisfying. The

state of toilets and bathrooms are clearly unsatisfying. Lack of private space in the boarding departments represents significant problem – the patients do not have sufficient space to keep their items, they do not have seasonal clothes, private space and chance to stay alone.

In this regard, the problems in Kutiri and Surami boarding departments are especially alarming. The housing conditions for patients are clearly unsatisfactory. These buildings are meant to locate tens of patients. The beds are huge and often the plasters are falling down. The renovation is old and does not ensure comfort and protection of hygiene which hinders therapy as well.

In the women's department of Kutiri hospital there is a floor made of concrete. In the men's department it is mixed with linoleum which is coming off the floor. In the halls of almost all departments cellophanes and veneers are placed in the windows instead of glass. The door and window are old made of wood. In winter, electric heaters are put in the wards. However, according to the patients, it's still not enough. The wards of women's department have no door for some reason. Thus, the wards are not duly warmed. Considering the fact that the building has high ceiling and there is constant double wind flowing inside, the patients are forced to spend most of the time in the bed. Most of patients do not have means of private hygiene – towel and soap (it is given when

taking bath), also – they do not have tooth brush and toothpaste. They do not have private chest of drawers. When we asked a lady why she had a bucket full of water standing on the floor, she said that her neighbor, who is close with the medical staff, does not let her use her chest of drawers. During the monitoring, we found out that bed sheets of some patients are of better quality than others and they also have “private” chest of drawers. This indicates that the patients are in unequal conditions.

In the toilets of Kutiri hospital as well as in the hall, there is toxic smell of chlorine. The toilet (Turkish type), wash-stands and bathroom are old and need to be fixed. There are electric water heaters in the bathrooms. The floor is covered with old mosaic, the walls with tiles of low quality. The renovation is needed. Sanitary-hygiene state is unsatisfactory. The patients take shower only once in a week. 5-7 people are brought together to shower. Many patients share the shower sponges. Some of them noted that they are given chance to shower only once in a month.

In regards with the housing conditions and sanitary-hygiene state, the situation is almost the same in Surami hospital. The only difference is that the floor is wooden in Surami and also, though insufficiently, there are central heating batteries installed in the wards. For patients with chronic mental illnesses, administration managed to renovate separate housing on the opposite of central building. There is a dining-room nearby with piano and musical center. Thus, this place unofficially has a function of rehabilitation place as well. The celebrations also take place here. We did not notice TVs anywhere in the hospital. The telephone usage is restricted. There is no library. Patients were requesting a pen and a paper from the members of Human Rights Center monitoring group.

We also discovered other problems in this hospital. According to patients, they get hot water only once in a week – on Thursdays for men and on Fridays for women. One lady told us that due to taking cold showers and washing the floors, she is chronically cold, but she is still thankful because as she states, in Gldani hospital where she was treated before, there were lice bothering her. Here she does not have this problem and also food is better, she notes.

We asked director of Surami hospital to comment on this issue. He stated that due to the fact that the hospital has a status of Ltd, they are forced to pay higher price for gas which is 83 tetri instead of 50 tetri. Summed up with other communal fees, the monthly fees amount to 5-6 thousand GEL. If we add up expenses of cosmetic renovation to this expense, there is no more money left for comfort, - Director notes.

We should positively estimate the tendency of opening small sized mental hospitals to replace big mental hospitals. In these hospitals housing and medical conditions are much better; patients are provided with personal hygiene items and have every day hot water.

On the other hand, we should highlight the advantage that the Surami mental hospital has which is its green landscape and recreational environment surrounding the hospital. The yard with fresh grass and fruits where the patients spend significant time on a good weather has effective therapeutic and rehabilitative purposes. We underline this fact due to the problem of lack of oxygen

in new mental hospitals where the windows do not have bars. In some instances (Temka hospital), the patients are prohibited to open the window (the window is closed with bolts). Administration of Asatiani hospital names the facts of suicide by falling from windows as a reason of closing the windows. In this hospital, there are metal straps attached to the windows and patients still have chance to slightly open them.

In Rustavi hospital, presumably because of lack of space, the leadership decided to locate smoking corner and visitors place in the same room which is a big discomfort for non-smoker patients and their relatives.

In new hospitals, private companies provide food. As for the old hospitals, the food was made inside the hospital. As the patients living in the new hospitals noted, they have four meals a day with diverse menu. The menus do not include fruit in spring time which is probably related to low finances for spring season. It should be concluded that current management for meal provision does not ensure correct, healthy, rational and balanced nutrition.

Somatic and Dental Problems

In mental hospitals of Georgia diagnosing and treatment of somatic illnesses remains to be a problem. Though in some hospitals there are therapists, neurologists and surgeons hired as consultants, in case of somatic illnesses, adequate medical help is still not accessible. This problem is mainly caused by the lack of financing.

Though according to the Law on Mental Assistance of Georgia, the patient has right to receive non-mental medical treatment, this issue is mainly unsolved both in old and new hospitals. According to explanations of directors, within the frames of the financing they have, it is impossible to comprehensively regulate this problem. However, the patients who regularly take psychotropic medicines constantly have this issue.

According to directors, despite the low financing, through friends and private contacts, they still manage to overcome these problems in some level. For instance, according to the director of Rustavi mental hospital, it is not a problem for them to invite doctors of other specialties from nearby city hospitals. They even have relevant contracts made with them. If a patient needs urgent surgical or other type of assistance, after making agreement with the Ministry, he/she is transferred by the ambulance car to one of the hospitals which have won in the relevant tender, specifically – Temka or Ghudushauri Clinics. As for dental problems, they have opportunity to ask for the dentist of crisis service existing in the same mental hospital.

These problems are not well managed in Asatiani and Temka mental hospitals either. However, the director of Temka hospital told us that according to the consultation with the therapist of the hospital, it is possible to invite the doctors of other specialties and do certain blood tests. As for the dental problems, he stated that his patients have not had mental problems yet.

Thus, in the mental hospitals which are located on the base of multi-profile clinics, diagnosing and medical treatment of patients is possible till certain stage. However, none of the directors could explain who and through what programs provides medical treatment.

According to director of Surami hospital, before the regional hospitals were bought by IC Group, it was possible to transform patients with somatic problems to multi-profile clinics. Now they do not have this opportunity. He recalled a recent episode when a patient had peritonitis and needed urgent surgery. They could not get help anywhere in the region. The patient was finally treated in Tbilisi when his brother registered a health insurance for him. In the same hospital there is a person with a tumor on the face and needs urgent surgery. However, the hospital is unable to solve this problem with its own finances.

This issue is more or less solved in the Medical Department for Convicts and Prisoners. However, the department also has problems which we will talk about in a separate report.

Flaws of System of Financing

Medical treatment of mentally ill people is free in Georgia. State budget finances both hospital and ambulatory services, including provision of medicaments. During recent years, state financing has been significantly increased in this sphere. However, we are still far from the desirable. Besides, system of financing of certain services by the Mental Health Protection Program which is envisaged by the budget causes diverse reactions of specialists and their beneficiaries.

Financing of hospital and ambulatory component is not balanced as financing of hospital sphere by far exceeds expenses allotted for ambulatory assistance. As for rehabilitation programs, its share amounts only 1 % in general estimate. Also, there is a new system of financing hospital service which divides sphere of hospital service in two types of service. One of them is based on short-term hospital service (on average, its length is 18-21 days) and it means halt of severe psychotic state. In certain instances it is possible to prolong them, but when asked for how long, the directors found it hard to precisely answer and after hesitation, some would say one month, others would say two months was maximal reach.

Nowadays, "service of severe psychotic state in hospital" (18-21 days) is funded with 840 lari from the state budget. It includes salaries of the hospital personnel according to their positions alongside the treatment expenses for patients.. As for long-term hospital service, it is financed by one-month voucher by 450 GEL which means 15 GEL for one day. As the director of Rustavi hospital stated, from this money approximately 5 GEL was used for meals and the rest was used for salaries. According to him, rehabilitative activities were not included in this sum. The hospital survives based on the financing of those six patients who do not belong to the category of severe.

As for distribution of money received from short-term hospital assistance, according to directors, approximately one third represents the salary fund for the whole sums which is divided by 18 or 21 days which represents the approximate time the patients of this category spend in the hospitals.

This money is distributed on the whole staff. If the treatment continues longer than that and the expenses increase, salaries for staff decrease accordingly. Thus, the medical staff tries its best to maintain the abovementioned terms not to have salaries decreased.

It should be noted that State Regulation Agency of Health Ministry controls the instances of artificially expedited medical treatment. It permanently checks instances of repeated placements of a patient in the mental hospitals. If it turns out that the patient who was discharged from the hospital came back during 7 days, then it is considered that the treatment was not comprehensive and the leadership of hospital has to give money back.

The director of Surami hospital also talked about this problem. He told us that a while ago they treated a patient with chronic state of illness who went to Tbilisi and as he did not have a place to spend night he addressed a mental hospital requesting medical treatment. He was registered there as a patient in a severe state. After this fact, Surami Clinic had to give back expenses for treatment. Director of Surami hospital accuses his colleagues in Tbilisi that they intentionally disregarded the fact that the patient was in a satisfactory state and because they wanted to receive money for medical treatment they accepted him to the clinic.

As it turned out, in order to avoid re-hospitalization, some “severe” patients are transferred to the department of chronic patients to avoid the sanctions. While talking to the guardian of one of the patients we found out that it is not rare when the doctor makes agreements with the caretaker of patients with severe state and after 21 days pass, they reregister acceptance of the patient to the hospital as if he/she came back after seven days passed.

The heads of those hospitals which are entirely dependent on the state financing are also dissatisfied with this news. According to Georgian Law on Purchases, the Ltds which win the tenders and other Ltds provide them with food and medicaments. According to them, compliance with the laws causes the fact that they receive low priced food and medicaments. Often, they have to give double dose of low quality Indian medicaments to the patients. The director of Surami hospital noted that there have been instances when he returned back low-quality vegetables to the distributor which had won in the tender. According to him, purchaser buys the vegetable in the winter according to increased price of spring and presumably gets income this way. In this regard, the situation is different in Temka hospital which is a private Ltd and independently decides number, title and quality of the food.

In regards with financing with state voucher, the head of Mental Health Association had certain complaints. We found out from him that in reality for each patient he has to spend 25 GEL (staff salaries including), when he gets only 11 GEL from the Ministry. And this happens in case of 100 % financing. However, many socially vulnerable citizens do not have complete financing and thus, are deprived opportunity to cover the rest of service expenses. These expenses, as a rule, are covered by donors just like the space rent. At this stage, financing from donors stopped and the existence of Center is under question.

As for 100 % private hospital departments, according to our information, there are only 2 or three departments like that. Human Rights Center representatives had an opportunity to talk to the parent of young patient whose son goes through treatment in the hospital Mentalvita. Though the cost of the treatment is rather expensive for Georgia's reality and the clinic has low capacities to provide rehabilitative assistance (placement in the hospital costs 190 GEL a day, ambulatory treatment 165 GEL, single medical manipulation 70 GEL and etc...), mother of patient thinks that her son was intentionally treated unprofessionally so he would be returned to treatment in the hospital and the hospital would get extra money. When the patient was discharged from the hospital, he was prescribed to take haloperidol tablets which are prescribed only to patients who are under full surveillance. Also, as she stated, she found out that this medicament must be given to teenagers only in the form of drops. After this happened, according to her, the doctor came to their home and apologized.

Community Based Services

The main purpose of the community based service is to provide patients with psychiatric assistance or treatment without being isolated from society and family. In different countries, the list of community based services is different. Psychiatric service provider might be nongovernmental organizations and specialized groups of professionals like, for example, assertive groups and early-psychic response groups. Also, private and charity organizations, where former patients are often involved, can act as service providers.

Based on the arguments of the World Health Organization, community focused services are more effective and are available for the customers. They reduce social isolation and risks of marginalization or becoming victim of ill-treatment that might occur in mental hospitals. Simultaneously, according to the World Health Organization, development of community-based services was not going on in many countries where mental hospitals were closed down; for that reason many people remained in service-vacuum without any psychiatric service.³²

Community based services are: protected hostels; home-care service; crisis intervention, psychiatric units in the hospitals of general profile, centers of psycho-social rehabilitation, self-assistance groups, etc. Development of community based services will assist people with psychic problems to stay in the society and to receive necessary treatment and support on the place. In similar conditions, patients are rarely hospitalized and it lasts for a short time. Consequently, beds are more effectively used in hospitals because patients occupy them only when their treatment in hospital is reasonable.

In Georgia, treatment in mental hospitals and community based services are not balanced. Share of hospitalization funding is about 70%, whilst inpatient component reaches 30% and rehabilitation

³² World Health Organization press release (2007) "Community mental health services will lessen social exclusion"
<http://www.who.int/mediacentre/news/notes/2007/np25/en/index.html>

component takes only 1%. According to the Public Defender's recommendation, it is necessary to change these shares into more balanced and equal funding.³³

The budget of psychiatric care program is 13 725 lari in the 2013 State budget.³⁴ However, the new funding program has not been launched yet and every institution works with the old system.

In the frame of the old system, only three psycho-social rehabilitation providers function throughout Georgian territory: Psychiatric Health Association (Tbilisi), Kutaisi Psychiatric Health Center and Telavi Psycho-Neurological Dispenser³⁵. Among them, only 40 people visit Tbilisi based Psycho-Social Rehabilitation Center that is too small number for the city. This center might also be closed down since they do not have their own space. Space rent is not envisaged in the state funding and the foreign grant is due to finish at the end of May.

As for community based other services, we can mention one positive example: namely crisis intervention service, which was launched in 2012 in Georgia.

Crisis Intervention Service – A new service in Georgia

Crisis Intervention Service (CIS) is complex of medical treatment events (based on biological, psychological and social approaches), which was spread in the USA and western European countries in 1990s. In 2012 similar services were launched in Tbilisi and some other towns (Kutaisi, Batumi and Rustavi).

Like other community based services, the main purpose of crisis intervention is to avoid hospitalization of patient/or to reduce hospitalization duration. For that purpose, integrated crisis intervention service in the day center ensures non-stop psychiatric service during short hospitalization in the follow-up period for the stabilization of the psychic condition and timely service of people at home, who need rapid response service – for example have increased risk of suicide. Tbilisi Crisis Intervention Service provides about 50 patients with the service and regional offices – 25 patients.

In 2012, 645 cases were managed by the Tbilisi Crisis Service. In 2013, the intervention team of the Tbilisi Crisis Service has been working very hard. The popularity of this service in the society and number of applicants has been increasing every month. However, the only crisis-intervention team cannot meet the increasing demand of the people in the city with million and half population.

CIS has inpatient service, day center, mobile group, rehabilitation activities. There is also a hotline and patient can call the number any time. Center works with one patient during two months. The patient has individual timetable, he knows whom to apply to and when; he also knows phone numbers of the service office. Some patients are employed and can go to work too but as we were

³³ Public Defender's report, Report on Conditions in Psychiatric Establishments in Georgia, 2012 p. 16

³⁴ http://www.moh.gov.ge/index.php?lang_id=GEO&sec_id=29&info_id=1281 - http://www.hrh.ge/pictures/dfltcontent/gallery/73_2.pdf

³⁵ https://matsne.gov.ge/index.php?option=com_ldmssearch&view=docView&id=1677035&lang=ge

told at the CIS, these are exceptions. Interviews with patients showed that they are satisfied with the service they get at the CIS and with kind, attentive personnel.

Administrations of Tbilisi and Rustavi Crisis Intervention Services said funding of similar services is more balanced than of other psychiatric services. The funding includes rehabilitation which cannot be provided for the patients in hospitals. The funding also covers activities of multi-disciplinary groups. Consequently, the patient receives the service of not only psychiatrist and nurse but of psychologists and social worker that is very important for them. As a rule, psychological crisis develops based on the complicated social conditions (unemployment, domestic conflicts, and debts, death of a close relative or grave disease). Only medicine-based treatment is not enough in all these cases. So, multi-disciplinary team works with the patient and his/her family, who assist them to cope with not only psychiatric but psychological and social problems too.

Administration members of the M. Asatiani Psychiatric Institute said that funding of Crisis Intervention Service includes laboratory analysis that was previously included into inpatient services. Consequently, if patient needs laboratory analysis, he is sent to the crisis-intervention service. Director of Rustavi Mental Hospital said due to lack of funding of inpatient and hospital services, multi-disciplinary team of the Crisis-Intervention Service has to implement the work for the patients of inpatient service and hospitals too. Consequently, the Service assists other patients with their resources too. Every service shall have adequate funding for normal functioning because it is necessary to establish multidisciplinary approach and rehabilitation for the patients of inpatient and hospital treatment.

In general, launch of Crisis Intervention Service in the country can be evaluated as a very positive start of the community-based services. It is necessary to wide-spread similar services and makes it available in every district of Tbilisi and in every region of Georgia.

Lack of Service Coordination and Quality Control

During our interviews, administration and personnel of the mental hospital named several facts which demonstrated lack of service coordination and lacks in the quality control.

Director of the Rustavi mental hospital said there is no service which will distribute patients in psychiatric institutions. Some hospitals are always overcrowded while others usually have vacant places. Also, the number of places for acute and chronic patients is different. Some patients need treatment of somatic diseases alongside psychiatric care. Directors personally have to forward patients and settle farther hospitalization issues. Also, hospitals face problems in the transportation of patients. For example, if patient applies to the Rustavi mental hospital and every place is busy there, the patient must be taken to Tbilisi mental hospital. Medical emergency service charges transportation with 60 lari because their service outside the town is paid. Patients cannot pay this money due to grave social conditions. So, there is a question: in similar case, who should pay the transportation fee and what kind of medical assistance can be provided to the patient left without hospitalization?

Lack of coordination is observed in other sorts of services too. In accordance to the Public Defender's Report,³⁶ there is no well-established coordination between social workers and civil society for what they have to visit Justice House or other institution together with patient in every individual case. Also, social workers do not have information about guardians and pensions for what their activities are less effective.

Regional mental hospitals face problems in granting pensions to patients. For example, several patients of Surami mental hospital lost their pensions because they could not take annual commission. In the eastern Georgia, patients can take this annual commission only in Tbilisi but patients of Surami mental hospital cannot independently go there. It is necessary to resolve the transportation problem and relevant supervision on patients during travelling that is very problematic as the hospital director said. Moreover, if we take into consideration that their transportation expenses are not envisaged in the hospital budget. Until this problem is resolved, these patients will be left without the status of the disabled person and pension.

In accordance to the Public Defender's Report, problems were observed in the activities of notaries: notaries do not approve the warrant of people with psychic problems.³⁷ Consequently, family members could not get psychotropic medicines based on warrants from the dispensary that created additional obstacles for the people with psychic problems. Our interviews showed that similar obstacles were observed by the lawyer of Asatiani Psychiatric Institute. The lawyer said that notaries did not approve warrants if the following purpose of the document was indicated in it – “getting psychotropic medicines from dispensary.” Later this phrase was changed into – “getting medical documents from dispensary.” As a result of these changes the problem was resolved – notaries already approve similar warrants.

As for the quality control:

The quality of medicines is not a priority [in the country]. The company which imports products at the lowest price usually wins the bid competition. The amount of active substances is meager in cheap medicines. Consequently, medicines are less effective for patients and in most cases it causes serious side effects. In the frame of similar bid competitions, doctors do not have right to decide which medicines are better to import based on their practice and knowledge. Only economic criteria play key role that is inadmissible in medical service.

Level of medical treatment quality is monitored based on the history. Doctors said quality of the medical treatment is monitored only based on the medical histories. The sample recordings are made in the history book. Doctors write the name and dosage of the medicine; as for other information, it is up to the doctor what he will write in it. Evaluation of the treatment quality that is same as level of the doctor's work, is evaluated based on information which is recorded by doctor

³⁶ Public Defender's Report – Report on Conditions in Psychiatric Establishments in Georgia, 2012 p 48

<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

³⁷ Public Defender's Report – Report on Conditions in Psychiatric Establishments in Georgia, 2012 – p. 49

<http://ombudsman.ge/files/downloads/en/qiqepqqfnpckmebvdkhu.pdf>

and it is illogical. Also, a doctor said they have to fill in same form # 100 every month and send them to social service agency. This form shows only the diagnosis, medical prescription and conditions of the patient that is not changed in main part. Doctor said he has to write one and the same information every month that is waste of time. Besides that, he is sure this procedure is just formality and in fact nobody pays attention to documents.

There is no common standard of living conditions in mental hospitals. As a result, one part of patients are placed in renovated units with central heating, illumination, in most cases there are two beds in the chamber, there is a library, music center, TV-set, piano, special room for rehabilitation and patients freely use everything whenever they want. Interviews with Human Rights Center's representatives showed that they are satisfied with the conditions and attitude of personnel with patients.



Second part of patients lives in the old, demolished buildings, where concrete floor is covered with linoleum. Patients shiver of cold in beds; toilets do not work properly; 6-9 beds are placed in one chamber and no rehabilitation activities take place. We think, it is not justified to offer such a contrastive conditions to patients; patients have right to equal service regardless their place of residence and hospitals they take treatment. Common standard shall work in psychiatric care which will refer not only living conditions but also with treatment and rehabilitation activities and other hospitals.

Psychosocial Rehabilitation

According to the results of the monitoring, the biggest challenge of one of the most important spheres of Georgia's health system is psychosocial rehabilitation. Rehabilitation component perhaps has a decisive significance for patients with mental illnesses. It can be said that the environment in the mental hospitals are not therapeutic, are degrading and hampering restoration of health of a patient. The needs of those who need clinical mental assistance and those who need housing and other supportive services are not determined.

Besides, the number of clinic psychologists, psychotherapists, occupational therapists and social workers who must provide multi-discipline treatment to the patient is insufficient. Recreational activity of patients who go through hospital treatment is very low. An ordinary day of a long-term hospitalized patient is not well structured and mainly involves taking meals, medicines and sometimes watching TV.

Though Kutiri mental hospital has a big green yard, directors show no interest and desire to involve patients in labor therapy and have their own garden or flower-bed. "If they want, nobody prohibits them!" – Director answered to our question. According to him, there are courses of art-therapy in the hospital; they have library, drama circle which periodically holds performances in Kutaisi and Khoni. They also have a joint soccer team of employees and patients which hold matches with other teams. However, when we were there, art-therapy room was closed. We did not notice anybody doing sports either. According to patients, often they have problem to walk alone out in the air.

As for the labor therapy, the situation in Surami should be positively assessed where the patients have opportunity to harvest the vegetables, take care of fruit and cattle, and walk in green, ecologically clean environment. However, in the hospital where there are about hundred patients, they do not have any psychologist as the one who works as a full time staff is on a maternity leave and they have not found new one. In the territory which covers several hectares, there is a church where some patients go sometimes. However, according to director, the priests rarely come there to do service and talk to patients. The director also noted on the need of having a narcologist as there are people with alcoholism syndromes among the patients diagnosed with psychotic state. There have been instances when patients who were discharged after being treated for psychotic diagnosis came back in the state of alcoholic delirium. As it was found out, the administration tried to open narcology center in the hospital territory as the problem of alcoholism and drug addictions is severe in the region, but their initiative was not supported by the Ministry.

Opportunity to walk and rest in green environment is restricted due to lack of territory. Small size yard circled by the fence of Rustavi hospital can be an exception. The head of this hospital noted with concern that in the hospital which serves whole region of Kvemo Kartli, nothing is done for the purposes of psycho-rehabilitation. This problem is relevant for other hospitals as well. Patients do not do any type of physical activity. They do not have access to books, newspapers and magazines.

However, some newly renovated hospitals have rather comfortable rehabilitation room where patients only watch TV, sleep in the couch and play board game at times.

Thus, the monitoring showed that mental assistance mostly involves pharmacotherapy. Services of psycho-social rehabilitation are few. In reality there are a lot more patients who need this kind of service. Besides, during the process of medical treatment, individual treatment plans are not used. Pharmacotherapy, psychotherapy, psychological assistance and rehabilitation programs are not coordinated around one purpose for treatment of a patient.

We think that in old hospitals, when planning next renovation works, the possibility of remaking wards and departments in smaller, differentiated units should be considered so the patients will be treated in more dignified, personified and therapeutic environment.



This approach will promote efficiency of services of psycho-social rehabilitation. It is necessary to significantly increase staff of clinical psychologists, psychotherapists and social workers who must be part of multi-discipline approach of treatment of patient. Also, we think it is necessary to train them to learn modern methods of treatment and relevant capacities.

Living in Hospital Due to Social Problems

Significant part of patients in mental hospitals does not need treatment in hospital. For example, about 40 beneficiaries of the Surami mental hospital need living in shelter rather than in hospital. There are five similar patients in Rustavi mental hospital as its director said. It is noteworthy that patients of the boarding house unit in Kutiri mental hospital, who are beneficiaries of the shelter program, in fact need real shelter instead placement in the closed space.

Personnel of Surami, Rustavi, Gldani and Asatiani Psychiatric Institute spoke about necessity of creation of shelters. Hospital administration members said plans of launching shelters in Rustavi and Surami were not realized and one of the reasons was changed government. Patients still occupy places of other patients when they stay in hospitals due to social problems.

The reasons of keeping patients in mental hospitals during many years are the following:

Absence of living place

Because of psychic problems people often lose properties. It might be caused by sick person himself – during crisis they might burn their house or become a victim of financial machination, register his flat on dishonest relative or sell it. Due to social problems in Georgia, many people remained without flats. On that ground, person might face psychic problems and become patient of the mental hospital. There are different reasons why patients lose properties. However, in all cases there is one outcome – person has nowhere to go. In addition to that, people lack skills for what similar person cannot earn his living when they get homeless. In better situation, he will get back to the mental hospital.

Patients need caretaker at home but they do not have one at home. Patients might not have a relative or have them abroad or relatives do not want to take care of the sick person. Every family has different priorities. For example: growing up children, work, etc. Disabled person with psychic problems is a burden for the family. This problem might be resolved through development of the community based services like: day centers, assertive groups, rehabilitation services, shelters where patients get necessary assistance, support. Family members need psychic education and state support that will promote the care of patients at home and their stay in the society.

Conflict with relatives

Doctor of the Gldani mental hospital said there are families who purposefully aggravate the health conditions of the patient when he is dismissed from hospital in order to send him back. Some patients prefer to stay in hospital because they have conflict with relatives. There are cases that patients are inhumanly treated at home. For example: a case of Ms. A. B. whom relatives kept bounded to the bed during one month. At this stage, prosecutor's office is investigating her case but it is not single case when patients are inhumanly treated at home. Many of similar cases are kept in secret. Consequently, nobody protects the rights of these people.

Thus, we can state that person has to stay in mental hospital mostly because of lack of accommodation or/and lack of skills to earn his living, because of lack of caretaker and unavailable community based services. Keeping people in hospitals, who no longer need it, contradicts the law but sending them to the street puts their life and health under risk. So, creation of shelters and other community based services and their development is urgently necessary.

Prisoners in Hospital and Mentally Ill in Prison

During the monitoring we got acquainted with 11th and 12nd departments of Kutiri Court Mental Hospital where there were 260 patients. The hospital is isolated from other buildings with metal and concrete construction. It has its own yard where there is an isolated walking territory. This space is also isolated with metal construction and is covered with metal bar construction. There is basketball basket constructed in the yard. The yard has asphalt floor and a table. There are no chairs. According to patients, they can take a stroll once in two days. We did not see anybody in the yard while we were there.



The hospital takes up two floors of the building and is separated into two departments. The departments do not have system of central heating and ventilation. The rooms are heated with electric heaters. One ward has one electric heater. There are three beds in small rooms. There are nine in big rooms. All wards have isolated toilet with wash-basins. The tiles are constructed on the floor. The ventilation does not work. There is smell and heavy air in the wards. The metal door is firmly closed. There are chests of drawers in every ward. Patients can have TVs (of their own) and radio in the wards.

When we entered hall we saw a patient lying alone. The employees told us that he could not get used to living with others and they allowed him to stay in the hall. We met a patient who was isolated from others and stayed alone in the ward. When we asked for the registration of isolation procedure they told us that they do not keep such journal. We noticed that security service dominated more when communicating with patients than the medical staff. There are no orderlies

in the hospital and security service fulfills their functions. As the patients told us, some security service employees yell at them and threaten them and it happens quite often. Most of the security service employees stated that they do not know the methods of treatment and diagnosing.

Prisoners with mental problems are mainly taken to prison hospital from where they are transferred to Samkharauli Center for Expertise. However, there are instances when they are placed in new hospitals in the city. For instance, employees of department of severe mental illnesses of Asatiani Center told us that for several days they treated a prisoner in severe psychotic state who did not even have right to go alone to the toilet and this affected other patients quite negatively.

As for the penitentiary departments, except for Gldani Prison Mental Hospital existing in the territory of Gldani penitentiary department, most of the penitentiary departments do not have conditions for adequate treatment and rehabilitation for people with mental problems. They do not have wide range of medicaments or special programs to support mentally ill. Thus, placing mentally ill people in these penitentiary departments should be assessed as ill-treatment. There have been instances when there were several tens of mentally ill prisoners serving sentences in these kinds of penitentiary departments.

We paid special attention to the prison mental hospital which is located on the same floor along with therapeutic department. There are 31 patients in the department with various mental illness diagnoses. The wards have iron door characteristic for prison cells. The window is mostly open during the daytime and the patients can easily communicate with the prison hospital employees. However, this fact also has its negative sides: patients who are in severe psychotic state scream and impose demands on prison employees. This is well heard in the hall of both departments and is very disturbing for other patients. Due to the fact that the beds are put very near, there is lack of free space in the wards. However, the windows can be opened and there is no lack of oxygen. There are individual toilets everywhere. Patients take shower once a week. They have private chest of drawers. The bed sheets are in normal state.

Treatment of various somatic diseases takes place in the prison hospital. Almost all patients have some chronic disease. Mostly they are satisfied with the quality of treatment. Many patients have various head injuries inflicted by the violent acts of employees of penitentiary in the past. Since then they have migraine headaches and ask for electromagnetic tomography. Besides, patients have political requests. Particularly, some noted that they voted for Georgian Dream because they wanted to get rid of "prison butchers" but some of them still remained on their posts.

In one of the cells we met I.K. who is using wheelchair, has final form of Hepatitis C and other severe diseases. Considering his extreme psycho-physiological state, we think that he must be released according to the rules. In the next cell, a patient with severe tuberculosis is placed with other prisoners. Medical staff communicates with him with special masks. However, his inmates are not protected in this regard.

According to doctors, there are patients who should be transferred to Kutiri clinic. But the decision whether or not to transfer them to Samkharauli Center for Expertise must be made by the Commission existing in the Ministry. This usually takes up long time. It should be noted that there are many patients with the diagnosis of psychopathic disorder in the department who are especially aggressive towards other patients and their own self. Some of them refuse to take medicaments, but the medical staff restrains to use procedures of restrictive physical intervention (in this case, sedative injections) either due to fear of patients or to avoid submission of complaints.

The chief doctor of the department told us that there are several patients placed non-voluntary. She noted that the judges do not come to the hospital and she is unable to conduct relevant procedure and treat patients comprehensively. Regarding this problem, at a trial held in Asatiani Center of Psychiatry, representative of Human Rights Center asked judge a question. Judge stated that in similar cases, according to the law, prison escort must bring patient to the court.

We would also like to pay attention to one disturbing problem: While Human Rights Center representative visited mental department of prison hospital, suddenly a patient naked from the waist up ran into the hall and started to cut his body. He freely went in the rooms for giving injections and cabinets of doctors. He screamed and threatened to let him meet one of the doctors to be given sedative medicament. We were astonished by the fact that nobody, (including the officer equipped with transmitter), even a male assistant of a nurse, tried to take measures to calm him down. When we expressed our astonishment, they had a very illogical answer – “if we restricted him physically, he would have shed more blood”.

As we found out later while talking with the medical staff, these problems are quite frequent in the mental department of prison hospital. It turned out that unlike ordinary mental hospital where patients have right to use razor under the surveillance of orderly, it is more available in prison department. Prisoners prone to drug addiction sometimes scare staff with razors hidden under their tongue. This way they try to force them to give medicaments. According to doctors, employees are scared that if they oppose illegal requests of some patients, the prisoner might submit complaint against them. In these instances, completely unprotected ladies, often find shelter behind the metal door of toilet hiding from the oppressor.

As the head of the department told us, “the situation is really very dangerous because the prisoner who did this fuzz, murdered several people in the prison (including one prison employee) and is sentenced to 32 years imprisonment. Thus, by using every means, threat of suicide and injuring others, he tries to obtain diagnosis of “defective schizophrenia” and be liberated by so-called “Aktirovka””.

We spoke with the local psychologist regarding this problem. She has spent numerous years in the system of penitentiary. She thinks that it is necessary to find “golden middle” in the relationship between employees and prisoner-patients which will be based on rule of law, mutual respect and principles of humanity.

Psychiatric Services for Children and Adults

Nowadays there is only one ten-bed psychiatric unit in Georgia and it hosts children under 18. This unit was created on the basis of the fifth hospital.

According to the Public Defender's Report, the unit was designed for the children under 15 that left adults of 16-18 in a vulnerable situation. However, the unit doctor said the situation changed and now they serve adults up to 18 too. The doctor said, mostly children of 14-16 take treatment in their hospital but there are children of other age categories too starting from the age of 5. Doctor said if the psychiatric program for children is improved, [children of different ages have different needs and requirements], it is desirable to create separate units for three age categories – up to 10 years, from 10 to 14 and from 14 to 18.

During our visit eight patients were taking treatment in the hospital. The doctor said the number of places is enough and they have never sent any child back because of overcrowded unit. On the one hand, large wave of patients is not observed in this hospital because parents are not informed that unit for children is also functioning and on the other hand patients are rapidly circulated. Doctor said parents do not leave children in hospital for a long time like it happens in case of elder patients. Also, children do not occupy places in the hospital due to lack of accommodation and caretaker.

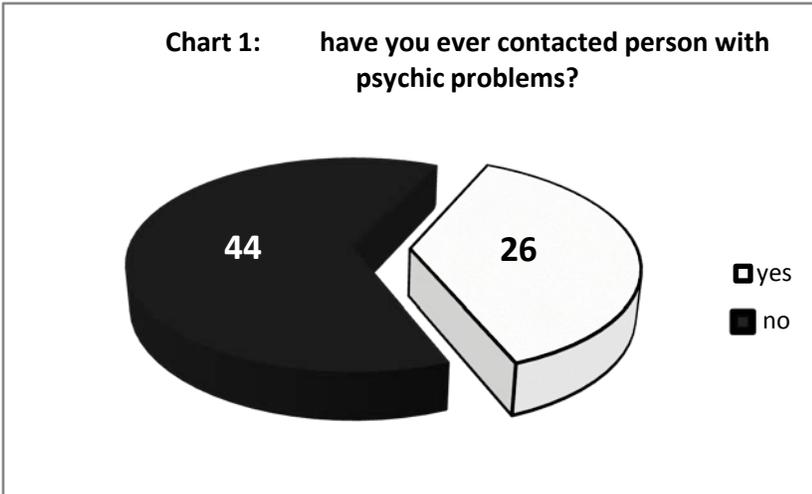
It is a pity that children's program does not envisage psycho-social rehabilitation for what child cannot take complete treatment. Also, there is no community based services for adults. Yard of the children's mental hospital is not well furnished for what children cannot walk in it. The doctor said children go to walk together with medical personnel and parents but as we found out, several children still stay in the closed unit due to crisis situation.

It must be noted that in the mid-adolescence age and later, at the age of 16-18, it is high risk of development of psychic disorder. At this age children need timely and valuable assistance in order not to aggravate psychic problems originated in the early age and to reduce chances of suicide and disability. For that purpose, it is necessary first of all to develop community based services for children, like crisis-intervention service and psycho-social rehabilitation programs. Also, public awareness raising shall be conducted to mitigate the stigma and social integration of the children with psychic problems.

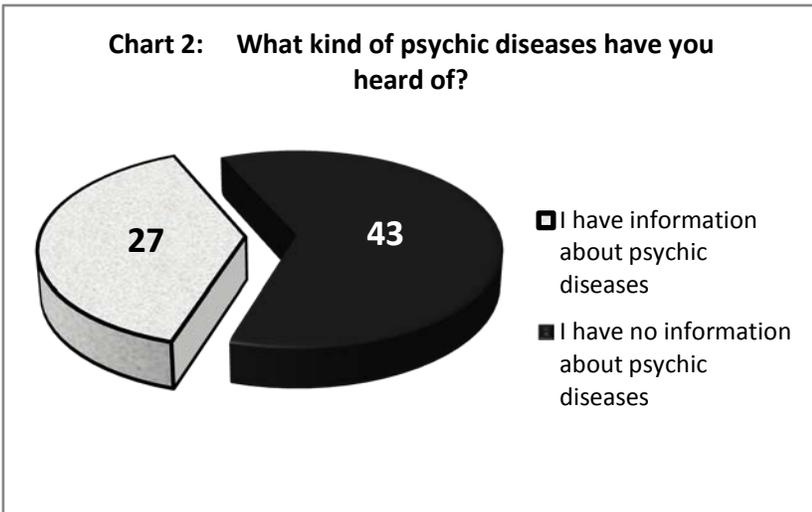
Results of Surveys

The surveys were conducted in order to find out about public opinion towards people with mental illnesses as well as to reveal the stigmas and stereotypes existing in the society in this regard. 70 adults were interviewed based on principle of random sampling considering gender balance and involving diverse age groups. Majority of the interviewed have received complete or incomplete higher education. There were several students and respondents with secondary educations.

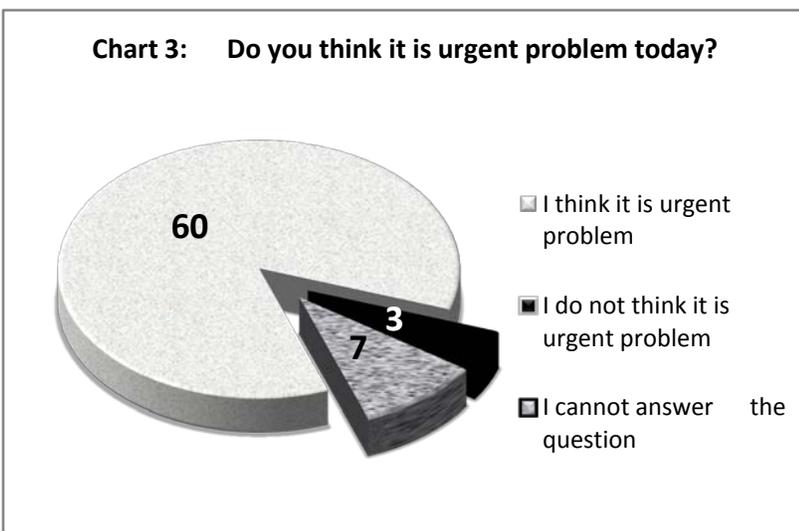
The first question – “Have you ever had any kind of contact with mentally ill people and what kind of mental illnesses have you heard about? (Please say two or three)” gave us following picture:



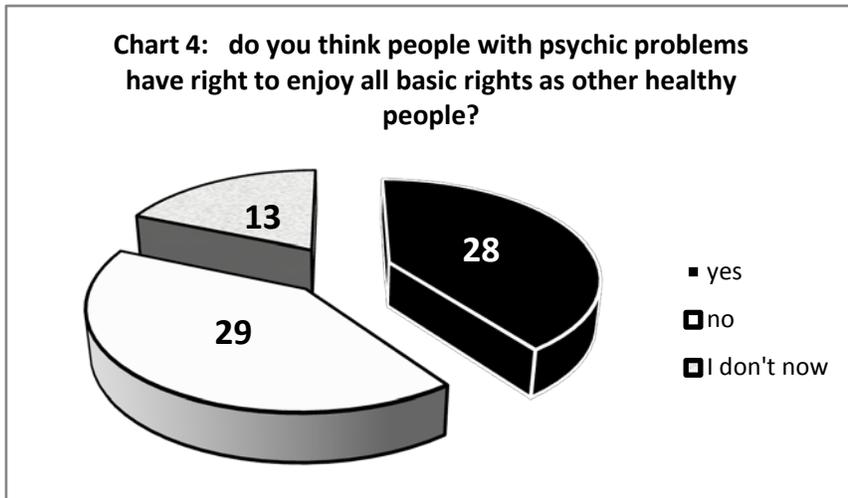
26 people from 70 interviewed had contact with mentally ill people. 44 people gave negative answer to the question(**Chart 1**).



43 respondents had only certain kind of information regarding mental illnesses. 27 people could not name any illness at all (**Chart 2**).



On the second question – “Is this problem relevant today?” – 60 respondents answered positively, 3 gave negative answer and 7 people said they have not formed opinion on this matter(**Chart 3**).



The third question: “Do you think that patients with mental illnesses should have all basic rights which are entitled to mentally healthy people (right to have property, right to get married, right to vote and etc...)?” 28 respondents gave positive answer to the question, 29 respondents answered negatively, 13 people restrained to answer the question(Chart 4).

On the fourth question – “there is opinion that private organizations refrain to employ people with mental illnesses (despite their high professionalism)” – 27 respondents did not agree with this approach, 26 people agreed more than disagreed, 7 people did not agree, 10 people disagreed more than agreed.

On the question – “if you were the head of the organization, would you refrain to employee person who was going through treatment in mental clinic (even if it does not hinder him/her to perform his/her work duties currently)?” – 16 respondents stated that they would refrain, 26 people said they would refrain more likely, 10 respondents noted that they would employe them, 18 people said they would more likely employe them.

Chart 5: There is an assumption that owners of private organizations refrain from employing people with psychic problems.

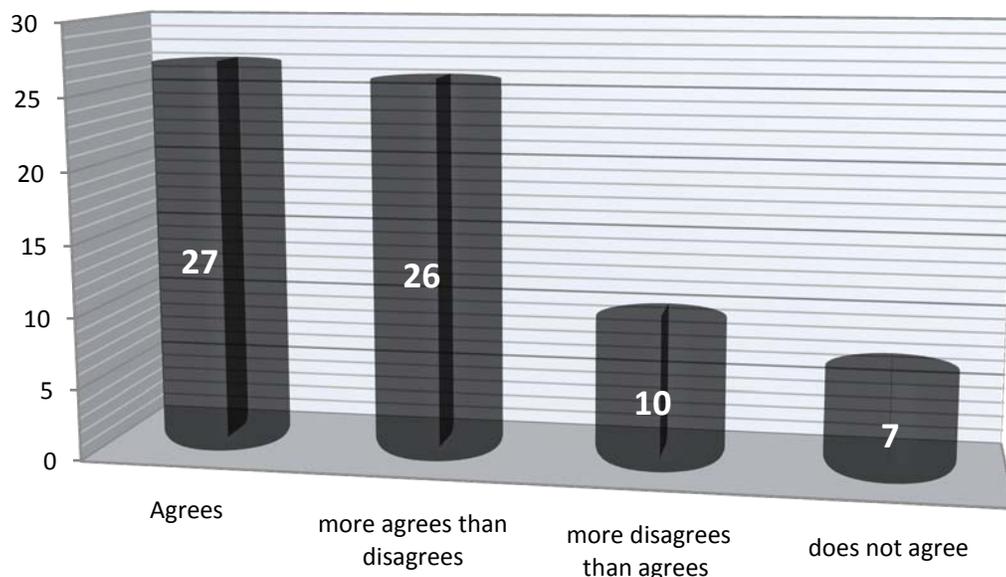
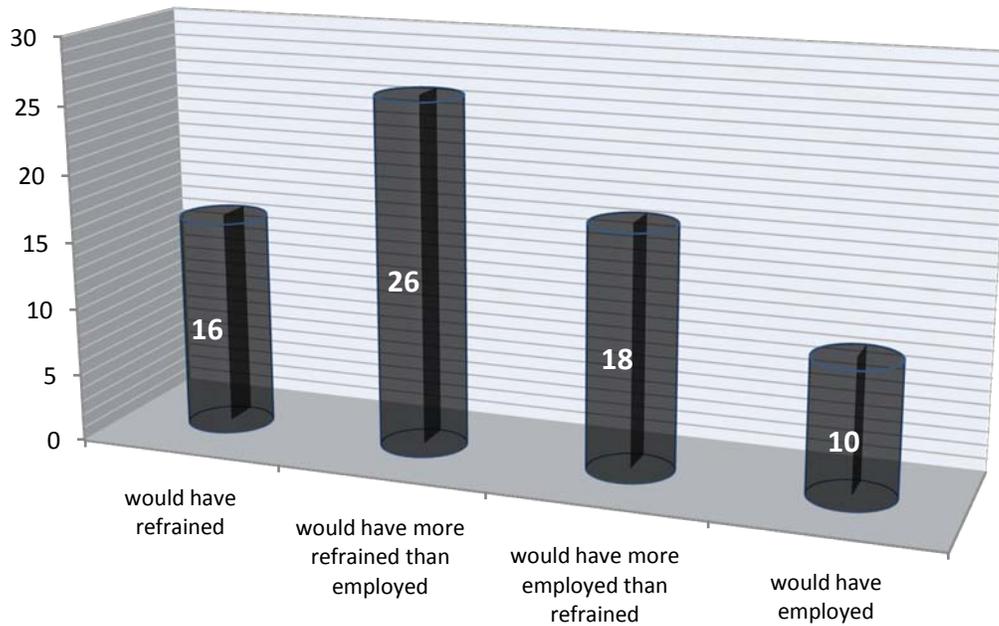


Chart 6: if you were an employer, would you have refrained from employing a person who took treatment at mental hospital?



The results showed that big part of society does not have sufficient information regarding this problem. The stereotypes which stigmatize mentally ill people and impose risk of discrimination dominate in social moods. This hampers their integration in society.

According to the most widespread stereotype, if a person is mentally ill, this automatically means that he/she does not have capacity to work. Thus people do not see problem if he/she is not employed.

It is interesting that even the respondents who stated that they have certain information about mental illnesses, except for schizophrenia, almost nobody mentioned other serious mental illnesses. Responses – stress, depression, neurosis – were frequent.

Recommendations

To Health Ministry

As a result of the monitoring, following recommendations have been drawn out to the Health Ministry:

- Develop community based services for children and adults with mental illnesses; form service of critical intervention
- Develop services supporting parents of children with mental disorders; pay attention to education about psychology and provide certain financial assistance to avoid risk of child abandonment
- Develop services for restrictive intervention, psychosocial rehabilitation and other community based services in the whole country
- Provide space for only psychosocial rehabilitation center existing in Tbilisi - Association for Mental Health
- In the process of reconstruction of old hospitals, the possibility to remake departments and wards in smaller, differentiated units should be envisaged. It is necessary to create personified housing and treatment for patients; to give them minimal private space to ensure their treatment in personified and therapeutic environment.
- Pay attention and increase diagnosing and treatment expenses of somatic illnesses through relevant state programs
- Ensure palliative care for mental patients in terminal stage and meet necessities of persons with limited capacities who are staying in the mental hospitals
- Give opportunity to the board of directors to independently purchase all necessary products and be responsible for any consequences after determining necessary medicaments and food products
- Create possibility for legally incapable individuals to contact the Guardianship and Care Agency through phone calls to ensure that their complaints regarding guardianship are taken in timely.
- For legally incapable individuals who do not have guardian, alternative method of receiving pensions should be worked out.
- Re-examination of status of legally incapable should not be initiated only by guardian, but by Guardianship and Care Agency as well. Court and expertise expenses for the legally incapable person must be free.
- For social workers employed in the mental hospitals, information regarding the status of legal incapability of patient must be accessible, as well as information regarding the guardians. Relationship between the social workers and civil registry must become smoother and information regarding the pension of patients who are going through treatment in hospital must be accessible.
- Develop more adequate system of controlling quality of medical treatment

- The state must ensure regular trainings and various activities to ensure professional development of employees in mental hospital
- Patients who are going through treatment in mental hospital must have opportunity to receive free legal assistance according to their will
- To urgently tackle problem of sudden dangerous situations in mental hospitals to give medical staff chance to work in peaceful environment for the benefit of patients

Recommendations to Directors of Mental Hospitals

- Ensure housing conditions according to modern requests: ensure relevant temperature in the wards, toilet and kitchen; provide hot water and necessary means of hygiene for the patients; ensure provision of proper ventilation and natural gas; construct light metal bar on windows which will not be burdensome for patients and will ensure their safety
- Provide proper items to the libraries, regularly provide books and new magazines and newspapers; arrange cabinets for labor and art therapy
- Regularly take patients out in the fresh air any time during the year; involve them in different kinds of physical activities according to their desire
- It is necessary that the patients know about their rights. They should be duly informed about the course and length of the treatment, as well as the side effects of the medicaments
- After applying procedure of restrictive physical intervention, the necessity and the goal of the procedure must be explained to the patient so he/she does not perceive that as a means of punishment
- Visiting room must be equipped with proper furniture and smoking room must be separated from it. Access to telephones must be ensured for the patients
- Plant practice of meetings with patients after the crisis, giving explanations and information. This will improve communication between patients and medical staff and will create opportunities of cooperation
- Administration must regularly get acquainted with the material collected in the box of complaints and react upon adequately
- Administration must take measures to ensure adequate payment for the medical staff; promote their professional growth and protect their rights
- Increase staff of psycho-social rehabilitation service and social workers and ensure them with the relevant payment without any discrimination

About Human Rights Centre

Non-governmental organization the Human Rights Center, formerly Human Rights Information and Documentation Center (HRIDC) was founded on December 10, 1996 in Tbilisi, Georgia.

The Human Rights Center is dedicated to protection and promotion of human rights, rule of law and peace in Georgia. It is free of any political and religious affiliation.

New Initiatives

- South Caucasus Network of Human Rights Defenders
- Human Rights House - Tbilisi
- Sorry Campaign
- Black Sea Region Peace building Platform Initiative(BSPPI)
- An International Practitioner Network for Casualty Recorders

HRIDC is member of the following international networks:

- International Federation for Human Rights (FIDH) www.fidh.org
- World Organization Against Torture (SOS-Torture OMCT Network); www.omct.org
- Human Rights House Network; www.humanrightshouse.org

See more: <http://humanrights.ge/index.php?a=main&pid=6&lang=eng>