



**HUMAN RIGHTS AND  
EQUALITY INSTITUTION  
OF TÜRKİYE**

# **THE REPORT ON THE VISIT TO HIGH SECURITY FORENSIC PSYCHIATRY HOSPITAL IN ADANA**

**Report No:  
2019/16**

**Accepted unanimously as per  
the Human Rights and Equality  
Board of Türkiye's resolution  
no.2019/53.**

## İçindekiler

A. INTRODUCTION .....	1
A.1. VISIT METHOD.....	2
B. GENERAL INFORMATION .....	2
B.1. GENERAL INFORMATION ABOUT THE HOSPITAL .....	2
B.1.1. Material Conditions Of The Hospital.....	3
B.1.2. Hospital Staff.....	4
B.2. PERSONS DEPRIVED OF THEIR LIBERTY .....	4
C. FINDINGS, OBSERVATIONS AND INTERVIEWS .....	5
C.1. Material Conditions And Hygiene .....	5
C.2. FINDINGS, OBSERVATIONS AND INTERVIEWS ABOUT ATTITUDES, BEHAVIORS AND SERVICES REGARDING PERSONS DEPRIVED OF THEIR LIBERTY.....	6
C.2.1. Procedure at the Time of Admission to the Hospital .....	6
C.2.2. Prevention of Torture and Ill-treatment .....	7
C.2.3. Complaint Procedures .....	8
C.2.4. Control Methods.....	8
C.2.5. Treatment and Care Services.....	10
C.2.6. Nutrition .....	12
C.2.7. Daily Life and Activities .....	13
C.2.8. Communication with the Outside World, Visit and Interaction with the Families....	14
D. RECOMMENDATIONS .....	15

## A. INTRODUCTION

1. The Human Rights and Equality Institution of Türkiye (HREIT) was established as per Law no.6701 in order to protect and promote human rights based on human dignity, guarantee the right of individuals to be treated equally, prevent discrimination in the enjoyment of legally recognized rights and freedoms, operate in line with these principles, and effectively fight against torture and ill-treatment.
2. Türkiye signed Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) on 14 September 2005. The objective of OPCAT, which took effect following its approval in 2011 and became binding on Türkiye, is: "to establish a system in which independent international and national bodies pay regular visits to places where people are deprived of their liberty in order to prevent torture and other cruel, inhuman or degrading treatment or punishment."<sup>1</sup>
3. As per subparagraph 9/1-1 of Law no.6701, acting as a National Preventive Mechanism (NPM) is included in the assignments of the Institution pursuant to the provisions of OPCAT. As per subparagraph 2/1-k of the Law, NPM refers to *"the system established to make regular visits to places where persons are deprived of their liberty pursuant to the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment"*.
4. Subparagraph 1-j of Article 9 of HREIT Law No. 6701 says the Institution has the duty to carry out regular visits, with or without notice, to the places where persons deprived of their liberty or placed under protection are located. Accordingly, visiting high security forensic psychiatry hospitals is included in the scope of duty and jurisdiction of HREIT. High Security Forensic Psychiatry Hospital in Adana is one of the institutions visited by the Institution in the context of OPCAT.
5. The visit delegation under the supervision of Institution's Second President M... K... comprised Coordinator M... B..., Human Rights and Equality Experts B... M... D... T... and M... S... and Psychologist A... Ö....
6. This report includes an assessment in the context of national and international norms of findings, observations and complaints obtained as a result of a monitoring visit without notice to High Security Forensic Psychiatry Hospital in Adana on 8 April 2019,

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<sup>1</sup> Amnesty International, Combating Torture: A Manual for Action, 1st edition, London, 2003, p. 141-142.

conducted upon HREIT's resolution no.16949670-050.01.04-E.5 on the frequency of Human Rights and Equality Board of Türkiye's visits, passed under article 9/1-j of Law no. 6701 and article 96/3 on the Regulation of Principles and Guidelines on Application of the Law no. 6701, NPM Unit Visit Calendar and the Presidency's Assignment Order no.16949670-660-E.163 of 03/04/2019.

#### **A.1. VISIT METHOD**

7. The visit started with the first meeting with Deputy Chief Physician in charge of the hospital. Then, visitor meeting room, lawyer meeting room, all floors where the patients are accommodated (3 floors), patients rooms, common rooms, common activity areas, all restraint and seclusion rooms and hospital garden were inspected by the visit delegation. During the visit, individual and collective interviews were made with the patients, and efforts were made to understand the issues about which the patients are or are not happy. Randomly selected 6 patient files and identification register were examined. Interviews were also held with staff working the services to get information about the functioning of the services, and opinions were exchanged about any problems the staff have had. Following on-site inspection of the hospital, a final meeting was held with the Administration to share the initial findings and observations about the hospital.

#### **B. GENERAL INFORMATION**

##### **B.1. GENERAL INFORMATION ABOUT THE HOSPITAL**

8. High Security Forensic Psychiatry (HSFP) Hospital in Adana, located inside Adana City Hospital, which has been providing service since 23 January 2018, is the first hospital in Türkiye that has begun to provide service in this area.
9. HSFP Hospital accommodates patients brought in under article<sup>2</sup> 57/1 of Turkish Criminal Code (TCC). The hospital is a rehabilitation and treatment center for those detained in the institution, rather than a place where they spend the period of detention. Necessary treatments are conducted in order to ensure that the detainees get back together with their families and social environments.

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<sup>2</sup> Article 57 of Turkish Criminal Code (TCC) is as follows: "(1) In respect of a person who was suffering from a mental disorder at the time of the offence, a security measure for the purposes of protection and treatment shall be imposed. A mentally disordered person subject to security measures shall be accommodated and treated in a high security health institution."

The aim of HSFP Hospital in Adana is to provide a standard care pursuant to scientific rules and recognized approaches under Material conditions suitable for patients detained in the hospital who receive healthcare service in the area of forensic psychiatry and ensure that they join rehabilitation programs during and after their detention.

### **B.1.1. MATERIAL CONDITIONS OF THE HOSPITAL**

10. HSFP Hospital was established on an area of approximately 12,000 m<sup>2</sup>. It's entirely surrounded by 6 meter high garden walls. It's a high-tech security hospital equipped with electronic door and alarm systems, external security cameras, fire alarms and emergency phone lines. 269 security cameras in the control room on the ground floor monitor the hospital from exterior walls to interior corridor and social areas 24 hours a day.
11. The hospital, comprising 3 floors with a total of 100 beds, has three 20-bed adult services, three 10-bed adult services and a 10-bed adolescent and pediatric service. At the time of the visit, 5 services were actively used.
12. The services consist of 3 identical floors. There are 20 rooms in each main corridor. There is a terrace at the end of the corridors where the rooms are located in each service. The terraces are surrounded by high walls and the windows facing the outside are made of unbreakable glass.
13. All patients stay in single rooms of 20 m<sup>2</sup> with a bathroom and toilet. Each room is equipped with a bed, a table and a chair as well as a cabinet with a shelving system and without doors, in which the patients can store their personal belongings. Furniture has rounded corners. Rooms have high ceilings. Rooms have natural and artificial lighting. The equipment in the toilet and bathroom are arranged in such a way as to prevent the patients from inflicting self-harm. There are no bars on the room windows, however, necessary security measures have been taken on the windows. The windows are made of unbreakable glass, and the glass on doors is of the same quality.
14. Each door has a window that allows one to see the inside of the room without opening the door and will not disturb privacy. A clover image is posted on the doors of patients with a fall risk as a reminder of this situation.
15. There was no room specially designed for people with physical disabilities at the time of the visit.
16. Each service has a nursing station, where the files of the patients are kept, and announcements to the patients are made from call centers located in there. Footage of 16 security cameras in the corridor can be watched from the nursing station.
17. There are visiting rooms in the services for patients to meet their relatives, in which there're armchairs arranged in such a way as to allow three or four families to have a meeting at the same time, a sink and a securely framed TV.

18. There's a room used as a dining hall and TV room in each service. In that room, there're tables and chairs, a TV covered with unbreakable glass and a sofa group.
19. Each service has an indoor gym accessible during the day.
20. There is an elevator in the Hospital. Stairwells are equipped with metal mesh to prevent patients from falling and jumping over the railing.
21. Heating and ventilation of the hospital are provided through a central system.
22. The hospital has a basketball court, seating areas and an external garden with a hobby garden in which patients can engage in agricultural activities.
23. The Institution is monitored by security cameras 24 hours a day. Security Camera footage can be stored for a month, and if there's an emergency, footage can be downloaded and stored.

### **B.1.2. HOSPITAL STAFF**

24. 12 specialist psychiatrists, including 5 male and 7 female, 26 nurses, including 9 male and 17 female, a psychologist, a social worker, and 4 assistant service staff work in the hospital. In addition, there is an occupational therapist and a sports teacher assigned by the Public Education Center in the hospital. If consultation is required, dentists and specialists from other medical departments also come from the general hospital.
25. Both internal and external security of the hospital is provided by a private security company so law enforcement officers aren't employed in the hospital. There are 12 external security and 24 internal security (service security) officers in the hospital.
26. There're nurses who speak Arabic and sign language in the Institution.
27. The staff receive in-service training on coping with psychiatric patients, communication, crisis management training, which are deemed appropriate by the quality legislation as well as specific training for HSFP.

### **B.2. PERSONS DEPRIVED OF THEIR LIBERTY**

28. Patients brought in under article 57/1 of TPC stay in HSFP Hospital, and some of the patients have been transferred from Ekrem Tok Mental Health Hospital in Adana. Moreover, there are also people who are kept under observation in order to identify whether they have criminal capacity.

- Since a separate place is not reserved for observation patients, these people stay with other patients.
29. At the time of the visit, there were 70 adult male patients treated at the Hospital, and there were no female, disabled, foreign national, adolescent or pediatric patients. However, we learned that the establishment of the adolescent patient unit has been completed and that patients will be admitted soon.
  30. Total number of patients followed up since the day of opening of the service is 134.
  31. Patients who come to the hospital under article 57/1 of TCC stay in the hospital for a minimum of 6 months. In addition, there are also patients who have been treated since the hospital started to serve. Observation patients are hospitalized for 3 to 6 weeks and these people are submitted to the physician committee in that period for them to decide whether they have criminal responsibilities.
  32. There's no patient objecting to the court's application of security measures.
  33. It was stated that under article 57/1 of TPC, in order for patients with a report, stating that the danger to society no longer exists or is considerably diminished, to be discharged, their status is reported to the court, that the public prosecutor's decision is received within no longer than 1 week to 10 days, and that necessary measures are taken to expedite the process unless an official letter is received within a week as from giving notice of the patient's status.

## **C. FINDINGS, OBSERVATIONS AND INTERVIEWS**

### **C.1. MATERIAL CONDITIONS AND HYGIENE**

#### *Material Conditions*

34. It was observed that the hospital has very good material conditions in general. During the interviews made, the patients stated that they are happy about the material conditions of the hospital and that they're comfortable in single rooms.
35. Despite the signboards, the service hasn't been divided by the degree of safety (low security service, moderate security service and high security service) within itself. The administration stated that all current patients are in high security service regime, that over time, moderate and low security services may be established.

#### *Hygiene*

36. Services are cleaned by the staff on a daily basis and also in case of need. It was observed that the hospital is clean in general.

37. Hot water is available in the hospital 24 hours a day. No one complained about hot water and the patients stated that hot water is available 24/7.
38. Two days a week are designated as bathing days. In addition, each room has its own private bathroom so patients can also take a bath anytime.
39. It was stated by the administration that the patients are not given razors in order to prevent them from harming themselves, and the personal cleaning of the patients is done by the staff. In addition, a barber regularly comes to the hospital to give patients a haircut. It was observed that the patients' have a good level of self-care.
40. Some patients stated that they are only given hand soap and complained that they are not given materials such as bath soap and shampoo; some of them said that once such materials are used up, they're not supplied immediately; and they stated that they want hygiene materials, such as shampoo, razor, etc. to be put at their disposal. The administration stated that the personal cleaning materials that the patients will need are requested with a list from the relatives of the patients at the time of admission to the hospital, that such materials are provided by the company when necessary, but these materials are given to patients in a controlled manner for safety reasons.
41. Laundry is done twice a week. The laundry of the patients is collected in bags bearing their names, washed in the laundry room and returned to them. Patients place their belongings in their cabinets with the help of staff.
42. There are no clothing restrictions for patients, and patients can wear their own clothes. However, some patients stated that the clothing given to them by the hospital doesn't fit their bodies, that their clothing needs aren't adequately met, and that the clothes provided are second-hand. The administration stated that the clothes of the patients are provided by the probation office in the province, that some clothing sizes may not be available.

## **C.2. FINDINGS, OBSERVATIONS AND INTERVIEWS ABOUT ATTITUDES, BEHAVIORS AND SERVICES REGARDING PERSONS DEPRIVED OF THEIR LIBERTY**

### **C.2.1. Procedure at the Time of Admission to the Hospital**

43. It was stated by the Administration that once admitted, the patient is welcomed by a service nurse and a health officer in the service, that the patient's file is taken by the health worker who has welcomed him, that information about the patient is obtained from the person who accompanied the patient (the commissioned officer) at the time of admission, that once admitted to the service, the patient undergoes a health screening conducted by the health staff,

that it's checked whether the patient has any signs of assault and infectious body parasites, that personal hygiene needs of the patients, when deemed necessary, are met, that once the patient is admitted to the service, history of the patient's condition is obtained and he is body searched, and that any medications and items he brought with him (belts, ties, watches, mobile phones, money, valuable jewelry items, piercing and sharpening tools, etc.) are received against signature and recorded on the inpatient deposited items delivery form and medication delivery form<sup>3</sup>, that upon admission, the treatment team and the service are introduced and functions and rules are described to the patient, that the staff and the patient go through the service and a room and a bed are identified for the patient, who is then referred to such room, that the patient is shown the TV room, smoking room, dining room, work rooms, and nurse's room.

44. Patients recently admitted to the hospital stated that they received a warm welcome from the staff, that their belongings were placed in a deposit box, that they toured the service with the staff, that they were introduced to the hospital, that they were taken to their rooms, and that information about the operation of the service was shared with them.

### **C.2.2. Prevention of Torture and Ill-treatment**

45. In psychiatric centers, torture and other cruel, inhuman, derogatory and degrading treatment occurs not only by psychological and/or physical violence and coercion, but also by inadequate material conditions in the detention setting, defects in applied control methods, the use for non- therapeutic purposes of medications or other types of treatment to be administered to patients, and the failure of complaint mechanisms to function properly. In this context, for prevention of torture and ill-treatment in psychiatric hospitals, it's essential that services have adequate material conditions and facilities, that internationally recognized treatment methods are used and that a functional complaint mechanism is present.
46. During the interviews with patients, no one made any claim about ill-treatment, on the contrary, the patients stated that they are satisfied with the staff's attitudes towards them and that the staff are friendly and help them.
47. The Administration stated that none of the patients made any claim about torture and ill-treatment since the day the hospital started to serve, that in such a case, all security camera records will be watched retrospectively, and that there hasn't been any staff against whom proceedings have been initiated for alleged torture and ill-treatment.

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<sup>3</sup> During discharge, the patient receives his money and items in the deposit against signature in the presence of the officers.

48. The administration stated that 2 patients died over the last one year, that the first of these patients was taken to the intensive care unit in the City Hospital and died a month later under intensive care conditions, that the other patient had a heart attack in the service and died although he received immediate medical care, that Adana Forensic Medicine Institute performed an autopsy for the deceased patient and that the autopsy result is kept in Adana Forensic Medicine Institute.

### **C.2.3. Complaint Procedures**

49. The Administration stated that the patients verbally express their complaints and requests to their doctors and that “the patients are unable to write a petition”. During the inspection of documentation, it was observed that in general, it's recorded that the patients can verbally convey their complaints to their doctors and that they are responded to. An official letter received from the administration says there's a petition written by a patient and patients have access to the management with their own hand writings through their doctors.

50. Some of the patients who were interviewed stated that they could verbally complain to the administration of the institution about their concerns and that they receive an immediate response, while others stated that they couldn't get a response to their petitions addressed to the administration or the court. Some of the patients claimed that they cannot write a petition because they aren't given a pen.

51. The Administration stated that the requests and complaints of the patients are responded to as soon as possible, and that the issues are discussed and efforts are made to resolve them at the monthly meeting of the administration and the HSFP hospital doctors. For example, in the case of the patient who submitted a petition (para. 49), it was stated that the patient's request subject to his complaint was resolved within 2 days.

### **C.2.4. Control Methods**

52. Methods used in psychiatric centers to prevent harm to patients and staff are called "Control Methods". Most important of such methods are seclusion and restraint (mechanical and chemical restraint). Seclusion and restraint involve immobilization and isolation so they are considered one of the highest restrictions on individual freedoms.

53. Seclusion refers to involuntary placement of a patient alone in a locked room in order to control a clinical condition. The most important feature of seclusion is to keep the patient separate from the crowd in the service and to make sure he stays in a place with not stimulants, called a padded room. Restrained patients are restrained by mechanical and/or chemical means and are not kept in the seclusion room, the so-called padded room.
54. Physical, mechanical and chemical restraint and seclusion are used as a control method in the hospital. During the visit, there was no patient on whom control methods are applied.
55. In each service, there are restraint and seclusion rooms in a section separate from the area where the patient rooms are located. Large services for 20 patients have 2 restraint and 2 seclusion rooms, and one of each is available for use, whereas small services for 10 patients have a restraint and a seclusion room. Doors of both seclusion and restraint rooms have unbreakable glass windows for observation. Such sections, also called psychiatric intensive care, also have a psychiatric intensive care room<sup>4</sup>, and the entire section is visible from the nursing station.
56. In order not to harm the patients, the feet and heads of the beds in the restraint rooms are covered with a soft material and the beds are fixed to the floor. Restraint rooms have artificial lights.
57. Seclusion rooms have natural and artificial lights. The walls of the seclusion rooms are covered with a soft material, however, their floors are made of a hard floor material. For this reason, the administration stated that when the seclusion room is used, a throw is laid on the floor.
58. The administration stated that in the event of a patient exhibiting aggressive attitudes, he's first advised to go to his room and stay there for a while and act calm, that if he doesn't respond to verbal suggestions, the staff begin to operate physical restraint rules and to apply white code, that accompanied by the security guards, the relevant patient is taken to the restraint room and physical restraint is provided, that if patients do not calm down after physical restraint, chemical restraint is applied, that since the hospital is a high-security service, it should be kept in mind that each patient may have behaviors that may inflict self-harm or harm to others, that previous history of the patient and the behaviors he exhibited may serve as a warning that he will harm himself or others, that if the patient is agitated, efforts are made to communicate with the patient with clear expressions by keeping him physically at a distance and avoiding arguments.

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<sup>4</sup> It was stated that such rooms are used to clear the patient's body from medications intensely administered during restraint.

59. It was stated that the restraint is used upon the decision of the physician according to the patient's condition following application of the white code in case of an emergency, that a control examination is made every 15 minutes in physical restraints and every 30 minutes in chemical restraints, and that any complications that may occur due to the patient's behavior, level of consciousness and inactivity are recorded in the nurse observation form.
60. It was stated that 22 restraint and 2 seclusion procedures were applied in the last 6 months. All applications are in the patient restraint book. When such records were examined, it was observed that restraint was used for a maximum of four hours, and patients were checked every 15 or 30 minutes. All restraint and seclusion rooms are monitored with security cameras and the camera recordings are kept for 2 months.
61. During interviews with the patients, they said control methods are applied to patients with aggressive attitude, that such patients are brought back to the service after a period of approximately one hour.
62. The crisis management training given to the staff includes training on control/restraint methods.

#### **C.2.5. Treatment and Care Services**

63. Each patient has the right to receive the least restrictive or intrusive treatment in accordance with his health needs in the least restrictive environment and to be protected physically. The care and treatment services in mental health institutions should be of the same standard as the care and treatment services provided in other health institutions, and the general health needs of those held in these institutions should be met.
64. It was stated that all procedures to be applied to the patient are determined by the doctor's visit, that individual treatment and care plan is created for each patient, that the care plan is prepared by the relevant disciplines in a coordinated manner in line with the needs of each patient, that patients are informed about when and how to take medication before treatment.
65. The Institution uses the Pharmacy affiliated to Adana City Hospital. It was stated that the medications are prepared individually for each patient from the pharmacy and brought to the service, that medications are checked before the treatment is administered, that medications are placed in the boxes in accordance with their time of administration and administered to patients by healthcare professionals, and that the date and time of any treatment administered by healthcare professionals during the patient's hospitalization is recorded.

66. It was stated that good morning meetings are held every day in addition to pharmacological treatment, and that supportive group psychotherapies are applied by the psychologist. The patients stated that they have a good morning meeting every day, that they have a psychologist meeting once a week, that they can see their doctors once a week and did not complain about their treatments.
67. In the hospital, a separate department has been established for electroconvulsive therapy (ECT). An anesthesia technician works in the hospital 24 hours.
68. In cases where the patient's signature cannot be obtained for ECT, an informed consent form was prepared on behalf of the patient's relative/legal representative. It was stated that to date, the physician had decided to apply ECT to only one patient, that the treatment couldn't be applied because consent couldn't be obtained from the patient's guardian under the Electro Convulsive Therapy Application Directive, and therefore none of the patients received ECT treatment.
69. It was stated that there is a portable x-ray device and an ultrasound device in the hospital, that in case of physical ailments of the people staying in the institution, doctors from the relevant units of the city hospital come to the Institution and perform the necessary examinations or the patients can be taken to the City Hospital to be checked, and that in case of an emergency, immediate medical intervention is provided.
70. There is a dental unit in the institution. It was stated that the registration of the dental unit has been obtained one week before the visit, that a dentist will be assigned to the institution, that tooth extraction, filling and x-ray procedures can be performed.
71. Patients are discharged if they recover. It was stated that it is obligatory for them to be followed up in the Community Mental Health Center (CMHC) or a fully equipped hospital, and that the prosecutor's office is informed about any patient who didn't follow up.
72. It was stated that CMHCs make significant contributions in helping patients live on outside the institution, that there has been no one who was discharged with recovery from the institution and who was then involved in any incident and re-admitted to the Institution.

### **C.2.6. Nutrition**

73. According to European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), individuals staying in psychiatric hospitals should be given adequate, nutritious and delicious meals, and they should have access to clean drinking water. Food must be not only adequate in terms of quantity and quality, but also provided to patients under satisfactory conditions and patients should be able to eat with proper utensils whilst seated at a table.<sup>5</sup>
74. Patients are given a total of 5 meals, including 3 main meals and 2 snacks. Services are procured for meals. Fruit, milk, yoghurt, etc. are given as snacks. A different menu is prepared under the control of a dietitian for patients who need to follow a specific diet. The patients stated that they are generally satisfied with the taste, quantity and variety of the meals.
75. Meals are eaten in the halls used as common areas in each service, which have enough tables and chairs for patients. In line with the request of the staff of the company providing food service, patients are taken out before the meal is served, and after their meals are served by the staff, patients are allowed in.
76. Meals are served in food containers made of foam material, and only spoons are provided to prevent patients from harming themselves or others. While packaged water is provided during meals, potable water is supplied by tap water at other times. The Administration stated that tap water is sampled and analyzed by provincial health directorate every month, and that the analysis results show that the water is healthy.
77. The hospital doesn't have a canteen that patients can use. It was stated that there used to be a canteen (cafeteria) in the institution, but it was closed by the operator because it wasn't productive and profitable due to the low number of patients and that it wasn't reopened and that the canteen goods brought by the families of the patients are allowed to be purchased. However, the majority of patients complained about not having a canteen. Although the Administration placed a food dispenser in the hospital, the patients complained that there is no variety of products in the food dispenser and that the products are expensive. Moreover, it was stated that due to the lack of a canteen, people who have been diagnosed with a psychiatric condition have problems in supplying some products such as cigarettes.

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<sup>5</sup> CPT, 8th General Report [CPT/inf (98) 12], para.35

### **C.2.7. Daily Life and Activities**

78. Patients can move freely in their own services during the day. Patient rooms are also not locked during the day and patients can spend time in their rooms any time. At night, the doors of the rooms are locked.
79. The terraces in each service are open from 7 am to 10 pm. On the terrace, there are sitting areas, small green areas and a window made of unbreakable glass that allows patients to watch the outside of the institution. Patients can go out to the terrace without any restriction at specified times.
80. Each service has an indoor gym equipped with fitness tools such as treadmills, stationary bikes, as well as table football and ping pong table. Patients have access to the gym throughout the day. Patients use the gym and sports equipment under the supervision of a security guard to prevent them from inflicting self-harm or harm to the environment. During the visit, it was seen that the gym is accessible to patients. In addition, a sports teacher comes to the hospital and gives 30 minutes of exercise lesson every day.
81. Support is received from the Public Education Center for occupational therapy for patients. Currently, a board painting course is organized for patients. It was stated that the patients are generally not interested in these activities. It was stated that it's planned to exhibit the handmade products made in the course, which has been going on for three months with the participation of 3-4 people, by organizing a charity sale. In the interviews with the patients, it was stated that anyone can participate in the courses.
82. It was stated that there is a cinema hall with a capacity of 100 people, the walls and the floor of which are covered with soft materials, and that movie screening is done once a week. It was stated that patients in the same service who are in a suitable condition and want to watch a movie can attend movie screening, that patients can also be taken to the cinema in groups in case of high demand, and that the films are determined according to the patients' own preferences.
83. The hospital has a library. Patients who want to read books cannot go to the library, instead the books are taken to them by the staff. In addition, patients' relatives are also allowed to bring books from outside, and patients are also given the opportunity to read daily newspapers. However, it was observed that the number and variety of books in the library are insufficient. The library was established using books that the employees brought with their own means.

It was stated that there are patients who want to read books and that more books are needed.

84. There is also an outside garden where the hospital's hobby gardens, basketball and football fields are located. There is no barbed wire on the walls surrounding the garden. Instead, ditches were made at the bottom of the walls to prevent patients from leaving the institution without permission.
85. The administration stated that patients can benefit from the hobby gardens, basketball and football fields once or twice a week when the weather is nice. However, even patients saying they've been staying in the institution for a long time said the garden is not used. The Administration stated that the situation is caused by bad weather conditions and that the open sports fields will be cleaned and opened for use once rainy days are over.

### **C.2.8. Communication with the Outside World, Visit and Interaction with the Families**

86. People staying in psychiatry centers should be able to communicate with the outside world, especially with their family and counsel, and accept visitors. Accordingly, the patients in HSFP hospital have the right to meet their visitors and communicate by phone. In addition, a separate room is allocated for patients to meet their counsels.
87. 2 days a week are designated as visiting days. Visiting time starts at 13.30 and ends at 15.00. The visit is made in the visitor room accompanied by a security staff and a nurse in order to prevent the patient from inflicting self-harm or harming others. Patients can only meet their next of kin.
88. It was stated by the administration that patients are allowed to speak on the phone if they're called from outside between 17.00 and 20.00 and that patients are allowed to call their relatives between 13.00 and 15.00. The patients stated that they had been told that if they want to make a phone call with their families, their families should call them. Moreover, they stated that the Institution's phones have a five-minute limitation, that the line goes off at the end of such time, and that the conversation continues after the families call back.
89. Patients coming from various provinces in the institution stated that their families have difficulty in coming to the institution on the date and time of the family meeting and that they want to be transferred to an institution close to the place of residence of their families. The Administration stated that necessary applications have been made regarding the subject, that the transfer couldn't be performed because the relevant institutions are completely full.
90. Patients may receive a disability pension depending on their disability. It was stated by the Administration that some patients' disability pensions are received by their guardians and that some guardians may refrain from giving it to the patient, that such patients have difficulty in meeting their daily needs.

91. Although all services have a lawyer meeting room, only a few of the patients stated that they have a lawyer. Some of the patients complained that although they came to the institution by a court decision, they haven't received any judicial help. Another patient stated that he had received a negative response to his request for a lawyer.

#### **D. RECOMMENDATIONS**

##### *D.1. Recommendations to the Institution's Administration*

92. According to CPT, effective complaints procedures are basic safeguards against ill-treatment. In this context, it's essential that persons deprived of their liberty as well as their family members or legal representatives should be able to file complaints to the retaining establishment's administrative system and independent bodies.<sup>6</sup> During the visit, it was observed that patients can usually communicate their internal wishes and requests to the administration. However, in order for patients to access these mechanisms more effectively, we're of the opinion that effective means of complaint should be established within the institution, that at the time of first admission, patients should be informed about the methods of communicating their wishes and requests about the institution.

93. CPT stated that patients should have the possibility to take outdoor exercise on a daily basis in sites where people are deprived of their liberty. It was observed that in the HSFP Hospital, patients are allowed to go out to the areas called terraces all day and enjoy open air. It was observed that patients cannot go to the outside garden of the institution and that they cannot sufficiently benefit from doing sports outdoors. In this context, it is recommended that necessary precautions should be taken to allow patients regularly benefit from the outside garden and outdoor sports fields.

94. It was stated that in some cases, guardians may not act in favor of the best interests of the patients. In this context, it would be appropriate to inform the relevant authority about any guardians found to have conducted malpractice pursuant to articles<sup>7</sup> 466, 483 and 484 of the Turkish Civil Code (TCC).

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<sup>6</sup> CPT, Means of restraint in psychiatric establishments for adults, CPT/Inf(2017)6.

<sup>7</sup> As per article 466 of TCC, "Guardianship bodies and other persons assigned with guardianship affairs are obliged to show the care required by good management while performing their duties."

95. It was observed that the floor of the seclusion room is made of a hard material. It was observed that the administration took some action to prevent any damage that situation may cause. However, CPT states that such rooms in which patients are placed should ensure the safety of the patient.<sup>8</sup> Therefore, we think that it would be appropriate to cover the floors of seclusion rooms with a material that will ensure safety of the patients.
96. As per the Convention on the Rights of Persons with Disabilities, in which Türkiye is a state party, the relevant units and buildings should be accessible so that persons with disabilities deprived of their liberty are kept under conditions compatible with human dignity. There is no room specially designed for persons with disabilities in the Institution. For this reason, it would be appropriate to make the necessary arrangements for people with disabilities to avoid grievances in the event that a disabled individual is admitted to the hospital.

#### *D.2. Recommendations to the Ministry of Health*

97. It was stated that a psychologist and a social worker work in the Institution. CPT states that staff working in psychiatry institutions should be adequate in terms of numbers and categories of staff. CPT notes shortage of personnel qualified to conduct social therapy activities in psychiatric institutions in some countries, stating that a greater emphasis on social therapy would have a considerable impact upon the quality of care, in particular, they would lead to the emergence of a therapeutic setting less dependent on drug-based and physical treatments.<sup>9</sup> Accordingly, we think that increasing the number of psychologists and social workers would be appropriate.
98. It was observed that HSFP Hospital in Adana doesn't have any canteen available for patients, and that this situation causes some problems for both patients and staff. In this context, it is considered that it would be appropriate to open a canteen containing all products psychiatric patients may need.

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As per article 483 of TCC, "the guardian is dismissed by the guardianship authority if he neglects his duties severely, abuses his authority or acts in disbelief or becomes incapable of paying the debt." As per article 484 of TCC, "The person under the guardianship who has the power of discernment or any related person may request the dismissal of the guardian. The guardianship authority is liable to ex officio dismiss the guardian if it learns the presence of a reason requiring dismissal otherwise.

<sup>8</sup> CPT, Means of restraint in psychiatric establishments for adults, CPT/Inf(2017)6.

<sup>9</sup> CPT, 8th General Report on the CPT's activities covering the period 1 January to 31 December 1997, para.42- 43.

99. It was observed that there aren't enough books in the hospital library and that the institution staff bring books by their own means. In this context, we're of the opinion that it would be appropriate to provide books with quality and number suited to the patients kept in the institution.

*D.3. Recommendations to the Ministry of Justice*

100. Some of the patients stated that they couldn't benefit from legal aid. As per article 13 entitled "Access to Justice" of United Nations Convention on the Rights of Persons with Disabilities "States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages." In this context, we think that it would be appropriate to develop clear, practical and effective methods for psychiatric patients deprived of their liberty in order to prevent unintentional violations and ensure that patients have effective access to justice.

*D.4. Recommendations to the Ministry of Family, Labor and Social Services*

101. It was stated that from time to time, conflicts of interest occur between the persons placed under guardianship and their guardians and situations against people with disabilities may arise. We think that legislative studies should be conducted in order for the mentally disabled individuals who are restrained and placed under guardianship to fully and effectively benefit from their rights recognized in international and national law.