

CPT/Inf (99)18

**FOLLOW-UP REPORT OF THE TURKISH GOVERNMENT
IN RESPONSE TO THE REPORT OF THE
EUROPEAN COMMITTEE FOR THE PREVENTION OF
TORTURE AND INHUMAN OR DEGRADING TREATMENT
OR PUNISHMENT (CPT) ON ITS VISIT TO TURKEY
FROM 5 TO 17 OCTOBER 1997**

The Turkish Government has authorised the publication of this follow-up report. The CPT's report on its visit to Turkey in October 1997 (CPT/Inf (99) 2) and the interim response of the Turkish Government were made public on 23 February 1999.

Strasbourg, 16 December 1999

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INTRODUCTION

The criticisms, recommendations and measures set out in the report of 3 July 1998 (reference (98)4) drawn up by the European Committee for the Prevention of Torture (CPT) on its visit to Turkey from 5 to 17 October 1997 have been examined in detail by various units of the Ministries of Justice, Interior and Health. The Turkish Government is pleased to state that the CPT's findings contribute to the work of the authorities concerned: they have made it possible to review shortcomings in prisons, detention facilities, medical establishments accommodating sentenced prisoners and centres for the treatment of mental and psychological disorders and bring a substantial proportion of practices in these establishments into line with CPT standards.

The Turkish Government has already provided the CPT with the interim report of 3 February 1999 and now submits the follow-up report as a sequel to the interim report. The follow-up report is essentially organised along the lines of the interim report. It reflects the competent Turkish authorities' viewpoints on matters relating to the CPT's mandate and the measures they have taken and policies they have developed in these areas.

It will be seen from the appendices to the report that the Turkish Government displays a determined and steadfast approach to human rights. The various circulars appended in full to this report should be assessed with this in mind. The following circulars are of particular importance:

- Prime Minister's Circular N° B.02.0.KKG/101-1335/923 of 26 February 1998 designed to secure protection of human rights and prevent practices inconsistent with human rights (*Appendix 1*),
- Ministry of Justice Circular N° KS-17-21837 of 6 May 1999 designed to secure compliance with the CPT's recommendations (*Appendix 2*),
- Prime Minister's Circular N° B.02.0.PPG.0.12-320-8689 of 25 June 1999 on the subject of respect for human rights (*Appendix 3*).

It should be noted that among the legislative amendments re-submitted to the Turkish Parliament by the Turkish Government after the early general election of 18 April 1999, the two proposals listed below are of special interest in terms of the CPT's mandate:

- amending the Proceedings against Civil Servants Act to place investigations concerning civil servants in the hands of the competent public prosecutors;
- amending Articles 243 and 245 of the Turkish Criminal Code to provide for the penalties of heavy imprisonment and disqualification from service in respect of civil servants and other public officials engaging in torture or cruel, inhuman or degrading treatment.

In addition, the legislative amendment altering the composition of State Security Courts was published in the Official Gazette and came into force on 22 June 1999.

The full text of the amendment, which provides for the military judge to be withdrawn from State Security Courts, appears in *Appendix 4*.

It was considered advisable to inform the Committee members of this development too.

Lastly, the competent Turkish authorities are confident that cooperation with the CPT in the context of their work on human rights will develop still further.

MINISTRY OF THE INTERIOR

***(Research, Planning and Co-ordination Unit,
Central Command of the Gendarmerie)***

The information received from the Ministry of the Interior in response to the recommendations, comments and requests for information set out in the report on the visit to Turkey conducted by the European Committee for the Prevention of Torture from 5 to 17 October 1997 is submitted below.

1. ACTION AGAINST TORTURE AND ILL-TREATMENT

Recommendations

1. In cases where there is no definite risk of the subject of the investigation being revealed, it has been made compulsory to inform their relatives when suspects are apprehended. As regards offences falling under the jurisdiction of the State Security Courts, this is applied when the custody period is extended by court decision; informing their relatives when suspects are actually apprehended requires legislative steps to be taken.

Where ordinary offences are concerned, a person who has been apprehended has access to his lawyer at all times and out of anyone's hearing, without a power of attorney being sought. All implementing units were again informed of this by the "Regulations on Apprehension, Custody and Interview" which came into force on 1 October 1998. The provision made in the instructions for the right of access to a lawyer is considered to be explicit and to require no further explanation. To remedy any defects and misunderstandings that might arise during implementation of the regulations, information courses are being organised for all Ministry of the Interior units. The initial training process aimed at the entire central unit has now been completed, and information courses are now being held at provincial police headquarters with the aid of officials who have already taken the course and have been appointed for the purpose by the central authorities.

Persons apprehended and/or taken into custody as required by law first hear their rights read out to them; they are asked in this connection whether they wish to have a lawyer, and told that if they do not have the financial means to appoint a lawyer, a lawyer may be appointed for them by the Bar Association (except in the case of offences falling under the jurisdiction of the State Security Courts). Requests for a lawyer are immediately forwarded to the Bar Association by the law enforcement agencies. As required by the Regulations of 1 October 1998, the "Form on the Rights of Suspects and Accused Persons" stating that the person apprehended has been informed in writing of his rights and that he has understood them is completed and a signed copy is given to the person apprehended. This enables the person concerned to see his statutory rights in writing, including the right to appoint a lawyer. It is believed that giving detained persons a signed copy of the form will put an end to allegations to the contrary.

Under the new regulations, if the person apprehended is to be taken into custody or is apprehended by force, it is compulsory for his state of health at the time of apprehension to be determined by a medical examination (as was already done in the past). A medical report is also drawn up when a detained person changes location for any reason, when the custody period is extended, when the person is released, when he is brought before a court and when his state of health deteriorates or causes doubt for any reason during custody.

As regards offences falling under the jurisdiction of the State Security Courts, provision has been made for the interval between two medical examinations not to exceed 4 days in the event of an extension of the custody period.

As is known, the units concerned were instructed by the Ministry of Health circular of 13 July 1995 to ensure that where there is no forensic medical institute or forensic doctor in the province, persons held in custody by the law enforcement agencies for extensive periods, especially those taken into custody for collective offences falling under the jurisdiction of the State Security Courts, are regularly examined (at least every 48 hours) by a health centre doctor (*Appendix 5*). However, owing to circumstances such as the large number of suspects and the impossibility of finding a doctor at the required time, it is felt that it will not be possible at this stage to implement as desired the Committee's proposal of an examination every 48 hours.

As indicated in the introduction, the latest Prime Minister's Circular, issued on 25 June 1999 and reproduced in *Appendix 3*, requests all the institutions concerned to take care to comply meticulously with the provisions of the "Regulations on Apprehension, Custody and Interview" and requires regular reports on the application of the regulations to be submitted to the Ministry of Justice and Ministry of the Interior, which are likewise required to submit three-monthly reports on the application of the regulations to the Higher Co-ordinating Council for Human Rights attached to the Prime Minister's Office.

Comments

Under the "Regulations on Apprehension, Custody and Interview", persons detained for offences falling under the jurisdiction of the State Security Courts have access to a lawyer only when the custody period is extended by a court. Giving them access to a lawyer during the first 4 days, i.e. the time preceding extension of the custody period by a court, requires legislative steps to be taken. However, it is believed that as offences falling under the jurisdiction of the State Security Courts constitute organised crime, if the practice of allowing access to a lawyer from the outset of the custody period is introduced, it will jeopardise the soundness of the investigation and diminish its effectiveness.

The regulations include the provision that "where there is no objection with regard to the soundness of the investigation and the security of the doctor or the suspect or accused, the doctor and the person being examined shall be left alone", which meets the Committee's recommendation.

As will be remembered, the project included in the "Police and Human Rights 1997-2000 Programme" initiated by the Council of Europe was started in January 1998 at the request of the Turkish police force itself.

A working group was first set up, comprising representatives of Turkey, a representative of the Netherlands Cirqest training firm Jaap Van der Steen and the head of the "Police and Human Rights 1997-2000 Programme", Ms Anita Hazenberg. The working group drew up the "Draft project for the reorganisation of the content of basic, specialist and management training in the Turkish Police".

In addition, two separate agreements for the conduct of the project, between the Council of Europe and the Turkish police and between the Turkish police and the Cirquest firm, were signed in Amsterdam on 7 October 1998. The primary aim of the project, which provides for radical changes to the Turkish police force's basic, in-service and management training, is to develop a training programme for a professional police force, using modern, problem-centred audio-visual methods and techniques. The key ideas behind the development of the programme are the professionalisation of the Turkish police force and respect for human rights. The content of the basic training provided in Turkish police schools will accordingly be revised, with human rights as the axis and in line with the standards approved by the Council of Europe.

The first phase of the project was completed in May 1999. Work on the second phase is continuing at regular meetings with representatives of the Council of Europe and the firm concerned.

A feasibility report and action programme containing the findings recorded since the beginning of the project and detailed plans for the second phase have been drawn up in cooperation with the Council of Europe and Cirquest officials. The feasibility report contains a comprehensive plan for the reorganisation of the Turkish police force's training system as part of the project, whose first phase is about to be completed, and in line with the standards approved by the Council of Europe.

During the first phase of the project a model interactive training CD-ROM was developed. To present the CD-ROM and demonstrate the progress made in Turkey under the project, the project co-ordinator was specially invited in June to a conference attended by representatives of all the Council of Europe member countries on "Human Rights and the Police - Empowering by Cooperation and Exchange".

As stated by Ms Hazenberg, the Council of Europe representative on the project co-ordinating group, satisfactory progress has been made in the project we have started under the Council of Europe's "Police and Human Rights 1997-2000" Programme.

The fact that the Turkish police force has voluntarily embarked on this project on human rights, a subject included in its existing basic and in-service training programmes and closely monitored, indicates the importance it attaches to human rights. This is a comprehensive human rights training project aimed at the entire police force: it is being carried out in such a way as to include in-service and management training as well as basic police training.

The police force is approximately 180,000 strong. In-service training courses are being organised to provide its members with up-to-date information on their sphere of duty and increase their efficiency, under the supervision of the relevant central units and the provincial police headquarters in the provinces. In providing information on their sphere of duty, the course addresses topics from a human rights angle and lessons are designed according to this framework. In addition, courses such as the anti-terrorism course taught by the Anti-Terror and Operations Department include human rights as a separate subject and endeavour to heighten staff's awareness.

Requests for information

The points referred to in the Prime Minister's Circular of 3.12.1997 are dealt with in a broader, more comprehensive manner and in greater detail in the "Regulations on Apprehension, Custody and Interview". Persons apprehended and taken into custody are given the information sheet on their rights, which they sign. Information concerning persons taken into custody are recorded on the comprehensively revised custody register, and a copy of the records drawn up at the time of apprehension and release respectively is given to suspects and accused persons. Detailed provision has been made for notifying the person's relatives and bringing the person before a court.

The latest Prime Minister's Circular dated 25 June 1999 requests all organisations to apply the "Regulations on Apprehension, Custody and Interview" comprehensively and effectively, drawing special attention to the salient provisions of the regulations. (*Appendix 3*)

The work started in 1997 on standardising detention facilities continues at an intensive pace. However, the fact that a number of police buildings containing detention facilities are old and have insufficient space or cannot be rebuilt is causing difficulties. Nevertheless, where premises are rebuilt, attention is systematically paid to detention facility standards. In 1997 and 1998 appropriations amounting to 316 billion TL were allocated for repairs and alterations to detention facilities, and 600 detention facilities were brought up to the international standards indicated in the Prime Minister's Circular of 3.12.1997. In the 1999 budget 276 billion TL have been set aside for the refurbishment of detention facilities. In the provinces refurbishment is being carried out with the local resources available. This scheme, designed to complete the modernisation of all detention facilities, will continue over the coming years.

Expenditure on food for detained persons is met under provision "850 - Quarantine and Police Custody Expenditure" of scale R of the Budget Act; the entire 89.9 billion TL appropriation included for the purpose in the 1998 budget was spent. An appropriation of 151.8 billion TL has been earmarked in the budget adopted for 1999 by Parliament's Plan Budget Committee. "Regulations on meeting expenditure relating to persons in custody" are also in preparation.

Detention facilities and other police units are inspected by civil service inspectors, senior administrative officials and police inspectors and the inspection findings are set out in reports.

Work continues with a view to video recording the statements of suspects and accused persons in all provincial capitals in the case of organised crime, terrorist offences and other situations considered necessary by public prosecutors and senior law enforcement officers.

An "anti-terror course" is provided for personnel newly appointed to the Anti-Terror and Operations Department units responsible for taking statements; it teaches methods and tactics for taking statements and the curriculum includes a human rights course.

Police units are continuously inspected by civil service inspectors, police inspectors, line officers and public prosecutors. The reports received by the General Directorate of Security as a result of the inspections are sent to the Head of Security of the province concerned in person, with a request for the defects found to be remedied. The defect noted in most of the reports received is the low standard of detention facilities. As indicated above, this shortcoming is due to the buildings being old and the impossibility of rebuilding them. Despite these drawbacks, efforts to bring detention facilities up to standard continue.

The report drawn up as a result of the investigations conducted by civil service chief inspectors on the equipment found under the basement stairs in B Block during the CPT delegation's visit to Istanbul Police Headquarters and alleged to be of possible use for torture purposes adopts the view that there are no steps to be taken because no evidence was found requiring a disciplinary or criminal investigation in respect of Istanbul Police Headquarters officials.

Between **1.01.1995** and **30.04.1999**, under Article 243 of the Turkish Criminal Code, which contains provisions on "torture", judicial investigations were opened in respect of 568 officials and administrative investigations in respect of 558 officials. Under Article 245, which contains provisions on "ill-treatment", judicial investigations were opened in respect of 2,736 officials and administrative investigations in respect of 4,640 officials. Statistics on the officials in respect of whom judicial and administrative investigations have been opened under Articles 243 and 245 of the Criminal Code, specifying the year, the stage reached in the investigation, the type of penalty given and the official's unit (Anti-Terror Department staff and other staff), are supplied in **Appendix 6**). In some provinces there is no breakdown of these statistics.

The Anti-Terror and Operations Department organises an "Anti-terrorism and interrogation course" and endeavours to equip the staff actually working in interrogation units with the skill and awareness required to interrogate in a spirit of respect for human rights. These courses seriously address human rights training in parallel to vocational training. Human rights have also been included as a separate subject in the curricula. A two-part "anti-terrorism and interrogation course" was held at the beginning of 1999 and attended by 102 officials. In 1999, continuing the same course, at least 150 more officials are expected to take part. If account is taken of those who attended these courses before 1999, it is clear that training activities are being intensively pursued.

The Turkish police force has embarked on an intensive process of structural, managerial, legislative and technological renewal, and in its work in this area has reached a level at which it serves as an example to other institutions. Information on the modernisation process over the past two years in particular is provided in **Appendix 7**.

2. CONDITIONS OF DETENTION

Recommendations

Efforts continue with a view to finding the necessary land for the construction of a building to accommodate - pending completion of the procedures required for their departure from Turkey - foreign nationals apprehended for various offences committed in Istanbul province and brought to the Foreigners' Department pending deportation from Turkey as a result of proceedings against them, or apprehended as a result of the Department teams' efforts and housed in the Foreigners' Department detention facility pending proceedings against them. Attention will be paid to the standards set by the CPT in the construction of the new premises; meanwhile work on providing a more spacious detention facility continues.

Under aliens legislation, persons accommodated in the detention facility are allowed to receive visits from their relatives, their lawyers and representatives of relevant organisations at all times of the day. When they come to the Foreigners' Department they are given an information sheet setting out their rights (in English, Farsi, Romanian and Russian) and an interpreter is provided where necessary.

Rule 6 of the Regulation on Apprehension, Police Custody and Interrogation is effectively applied throughout Turkey.

Persons accommodated in the Foreigners' Department detention facility have been given mattresses and blankets. Open-air exercise is impossible owing to the facility's location. It will be possible once a new location is secured. In addition, detainees without resources are provided with food and medicines free of charge.

Foreign nationals apprehended for various offences and brought to the Foreigners' Department as a result of proceedings against them are taken by the unit dealing with the proceedings to a medical establishment for the necessary examination before being handed over to the Department; those who become ill during their stay in the detention facility are taken for treatment to a medical establishment without delay by the Foreigners' Department staff. The facility is inspected every week and disinfected every two weeks by health care staff from the Police Medical Office.

All police units have been instructed to make alternative plans for extra accommodation in case of need. Work accordingly continues on reorganising detention facilities in the Foreigners' Department and other units and bringing them up to standard.

Statements in police units are taken as prescribed by the Code of Criminal Procedure and the relevant legislation. The requisite judicial and administrative proceedings are brought against persons who occasionally, in isolated cases, resort to prohibited methods of taking statements.

Comments

To ensure that foreign nationals taken into custody are not further wronged, that they spend the shortest possible time in police stations and that in accordance with aliens legislation they are not further deprived of their liberty, the district police headquarters and departments under the authority of the Istanbul Police Headquarters and the gendarmerie stations dealing with proceedings against foreigners have been notified and instructed in writing to hand over foreigners in respect of whom proceedings have been completed to the Foreigners' Department within 24 hours. Care is taken to ensure that staff working in the detention facility for foreign nationals are qualified and have adequate knowledge of aliens legislation.

Requests for information

As indicated above, persons detained in the Istanbul Police Headquarters Anti-Terror Department are questioned in the Headquarters' new interrogation rooms. The taking of their statements is sound and video recorded as far as possible.

As of 4 May 1999, a total of 38 foreign nationals - 15 women and 23 men - were held in the Foreigners' Department detention facility, which measures 117 m² and is divided into five separate sections: a children's room (13 m²), two women's rooms (one measuring 28 m² and the other 20 m²) and two men's rooms (each measuring 28 m²). There are separate toilets and bathrooms for men and women.

Foreign nationals accommodated at the Department are given mattresses and blankets at night. As indicated above, open-air exercise is impossible. The procedures concerning these persons are therefore speedily completed and they are not held for long periods.

Those among them who lack resources are provided with the amount of food determined by the Police Headquarters' Supplies Department; those who become ill are taken without delay by the Foreigners' Department staff to a medical establishment for the necessary treatment, and are given the requisite medication.

Persons brought to the Foreigners' Department by units dealing with proceedings against foreign nationals involved in the commission of various offences are given a medical examination before being handed over and are taken in by the Department together with a medical certificate. Those who remain in ill-health and are in need of supervision receive treatment.

Foreigners in respect of whom procedures are conducted under the 1951 Geneva Convention relating to the Status of Refugees and other legislation on asylum are not taken into custody, but required to remain in the province where they are staying. Procedures concerning foreigners who have not requested asylum come under the general provisions of aliens legislation. Those taken into custody as required by law are held for no more than 24 hours. Apart from this, efforts are made to accommodate them in the province where they are staying, in places complying with the conditions indicated, and their basic needs are met. If the procedures concerning those required to leave the country take a long time (e.g. obtaining travel documents, visas and tickets), they are required to remain in the province where they are staying, and leave the country on completion of the procedures concerning them.

If non-Europeans apply for asylum to the competent authorities under Turkish law, steps are taken to ensure that they reside in the province in which they applied; there is no question of returning them to a country where they run a risk of ill-treatment.

There is no question of sending those whose requests for provisional asylum are turned down by the Ministry back to the country from which they came. These persons are notified that they must leave the country within 15 days; no other deportation measures are taken.

Foreigners who claim, without applying for asylum, that they will be oppressed and cruelly treated in their own country are secured an interview with the UNHCR official in Istanbul, who investigates the accuracy of their claims. Those whose claims are borne out by the UNHCR official's report are not returned to their country.

MINISTRY OF JUSTICE

***(İzmir Buca Prison, İzmir Reformatory for Juveniles,
Ünye Closed Prison, Mersin E-type Closed Prison,
Institute of Forensic Medicine)***

In line with the comments and recommendations made in the report drawn up by the European Committee for the Prevention of Torture (CPT) after its visit to Turkey from 5 to 17 October 1997, extensive improvements have been made to İzmir (Buca), Ünye and Mersin E-type Closed Prisons and İzmir Reformatory for Juveniles.

The reports on the visits conducted by the relevant Chief Public Prosecutors' Offices to record and inspect these improvements on the spot are set out below.

İZMİR CHIEF PUBLIC PROSECUTOR'S OFFICE
İZMİR (BUCA) PRISON

It is not considered possible at this stage to redesign Buca Prison, İzmir, in terms of either its location or its architectural layout. Changes and adjustments consistent with the Committee's recommendations have therefore been made in the use of the building to the extent permitted by the prison's existing layout.

Initially, a 15-dormitory area to the right of the prison entrance was set aside for prisoners remanded in custody or sentenced for offences under the Anti-Terrorism Law, to prevent riots, escapes and organisational activities. Later, some of these people were transferred to various other prisons after the end of their trials; as a result, the corridor was partitioned off with iron bars and the area accommodating prisoners covered by the Anti-Terrorism Law was reduced to 9 dormitories; 2 dormitories were vacated and the remaining 4 were allocated to common law sentenced prisoners. This made it possible to substantially relieve overcrowding in the dormitories.

The area set aside for prisoners held for offences under the Anti-Terrorism Law currently accommodates 82 people. The total number of people held in the dormitories reserved for common law sentenced prisoners has been reduced to 60.

In line with the Committee's findings and requests for improvements, all the dormitories have been whitewashed and painted, the prison's electricity and water supply networks have been renewed, prisoners' cupboards in the dormitories have been repaired and painted, cupboards have been installed where they were lacking, all dormitories have been supplied with TV sets, an additional TV set has been provided in some dormitories and new hobs for making tea, coffee and similar drinks and cooking simple meals have been distributed to remand prisoners' dormitories, thus remedying the imbalance between dormitories in these matters. Old bunk beds and similar items have been repaired and painted.

The sanitary facilities in daily use in all dormitories - WCs, washbasins and showers - have been overhauled and brought up to adequate standards. Inmates are allowed showers in the central bathroom at least once a week, and the pipes supplying hot water from the boiler have been extended so that dormitories receive hot water every day.

Unit 15 which generally accommodates foreigners and civil servants and unit 3 accommodating prisoners remanded in custody or sentenced for sexual offences consist of front-grilled cells measuring 7.7 m². These units include sections originally defined as observation rooms, whose doors are kept open at all times. Under the new arrangements, the WCs in these rooms have been removed and the rooms at the end of the units have been equipped with WCs and washbasins and brought into service. Washbasins and showers have also been installed to meet the needs of the remand prisoners held at the entrance to the corridors of these sections.

The number of prisoners held in the observation and settling-in dormitory for newly arrived prisoners fluctuates according to the conditions of the day. The regulations require prisoners to be reallocated every three days. The necessary tables, chairs and other equipment have been provided. Showers have been installed to meet prisoners' daily sanitary needs. As those accommodated in this area are held there in isolation for no more than three days, they are not allowed out into the yard, the intention being to prepare them for prison conditions.

By way of personal hygiene products, soap has been distributed to prisoners. Efforts to replace old and broken down washing machines in the laundry are being pursued.

Conditions of cleanliness in the prison kitchen have been improved and three separate cold storage rooms were installed in 1998.

To make use of vacant accommodation facilities, six dormitories in the terrorist offences area have been allocated to common law prisoners.

From time to time items such as quilt covers and sheets are obtained via the Ministry and distributed. Owing to the fluctuating number of remand prisoners, however, it is not always possible to meet demand. The dormitories have been equipped with a sufficient number of lockers for these prisoners.

While the needs of persons accommodated in the isolation dormitory have been met by the provision of items such as tables and chairs, it has not been possible to build a yard as recommended by the CPT, given that accommodation here is temporary.

The doors of the cells seen by the CPT delegation in the basement of the prison have been removed, thereby making them unusable. These cells had in fact not been in use for some time; their doors gave the delegation the impression that they were in use.

According to the prison's original layout, the yards were designed for use by two dormitories. It is therefore impossible to make physical changes to the yard system. Prisoners take open-air exercise in the yards on a rota basis.

Although the prison has a 400-seat cinema hall, the use of television is known to be preferred under present-day conditions. The prison administration attempted to reactivate the cinema hall, but this initiative aroused no enthusiasm among the inmates.

From time to time instructors provided by the community education centre hold vocational training courses and conduct skills development activities, especially for juveniles. Apart from this, inter-dormitory sports competitions are held, subject to the necessary security measures.

As a result of cooperation between the Ministry of Justice and the Ministry of Health, the prison currently has a full-time health care staff of two general practitioners, a feldsher and a psychologist. A general practitioner appointed by the Provincial Health Directorate is also on duty in the prison. Pending the appointment of a dentist, prisoners' dental health problems are dealt with by the dentist at the İzmir (Şirinyer) Reformatory for Juveniles.

Every year the Anti-Tuberculosis Clinic's mobile teams conduct a periodic medical screening session in the prison, as a result of which the few prisoners found to be in need of treatment receive it.

Remand and sentenced prisoners from both Buca Prison and prisons outside İzmir receive treatment in the specially equipped prison ward of Atatürk Training and Research Hospital, İzmir.

Mentally ill prisoners are transferred to Manisa Psychiatric Hospital after a doctor has been consulted.

When newly-arrived remand and sentenced prisoners are taken to the isolation dormitory for their first three days, they are initially given a medical examination by the prison doctor. Their family background is established, and any illnesses they have and their criminal characteristics are periodically recorded. The medical reports drawn up by the doctor are placed in the prisoners' files.

As Buca Prison has the status of a remand prison, there is no question of its accommodating long-term sentenced prisoners. Those admitted as sentenced prisoners and those who receive their sentences are soon transferred to other prisons; the files compiled as a result of their medical examinations are sent to the prison to which they are transferred, together with the execution enforcement document, and are therefore not kept (at Buca Prison).

Under the prison regulations, remand and sentenced prisoners' contacts with other units in the prison are subject to the authorisation of the governor or deputy governor. Visits to the doctor are arranged through hierarchical channels. When prisoners see the doctor the necessary security measures are taken and there have been no objectionable occurrences in terms of the confidentiality of the examination.

The needs of remand and sentenced prisoners who lack the means to purchase medical supplies and medication are met by the prison administration in accordance with the regulations.

Sick inmates of both Buca Prison and other prisons in the region are transferred to Atatürk Training and Research Hospital in İzmir, and are cared for in a special section under permanent supervision. This section is staffed by nurses and health care staff day and night, and patients are seen in groups by specialist doctors. This procedure has never given cause for complaint. A TV set has been installed in the section for patients' leisure time. Various newspapers and books are allowed into the hospital.

Prisoners remanded in custody or sentenced for offences under the Anti-Terror Law do not receive open visits from their families. Once a month they are allowed open visits from their children up to the age of ten.

The prison has closed visiting facilities in three separate areas; one of these has been set aside for prisoners remanded in custody or sentenced for offences under the Anti-Terror Law. For security reasons this area has been partitioned off from the adjacent sections. The unit comprises 56 visiting booths.

Prisoners receive visits from their families on religious and national holidays under the conditions prescribed by the Ministry of Justice. Open visits other than these are not allowed on account of the regulations and material conditions in the prison.

Among the disciplinary sanctions imposed on prisoners, and in view of the results produced by the combination of education and discipline, the withdrawal of rights to visits and correspondence for up to 3 months proves an effective deterrent. Restricting contact with the outside world for those who breach the rules designed to ensure prison discipline concerns only those subjected to this sanction.

Cells in the prison measure 7.7 m²; prisoners subjected to the sanction of cellular confinement are alone in the cell. Given the nature of this sanction and its purpose as a deterrent, persons subjected to this sanction are not allowed daily outdoor exercise.

The bunk beds in the cells in Buca Prison have been removed and replaced with beds. The cells have been equipped with plastic tables and chairs. All remand and sentenced prisoners entering the prison are issued with a copy of the "Guidelines for Sentenced and Remand Prisoners" setting out the rules they must observe, which they sign for. They are also given verbal instructions. A sufficient number of copies of the guidelines have also been distributed to each dormitory.

Disciplinary sanctions are recorded in the decisions register. A cell entry and exit register is also kept, and when prisoners enter or leave their cells they are examined by the doctor.

Complaints by remand and sentenced prisoners who claim to have been ill-treated at Buca Prison are sent to the Chief Public Prosecutor's Office. Representatives of various institutions and the press are able to visit the prison from time to time, with the permission of the Ministry of Justice. However, the Turkish legal system does not include a "visiting committee" or a judge empowered to carry out inspections. Two public prosecutors empowered to monitor and inspect the terrorist and common law sections are currently assigned to the prison. The provincial Chief Public Prosecutor and his Deputies also carry out continuous inspections, and steps are taken to deal with any hitches that may arise in the prison's various units.

Prisoners are allowed to engage in all forms of correspondence. Letters of complaint are taken from the complaint boxes and forwarded directly to the Ministry of Justice without being checked or inspected.

It is not possible to agree with the allegation that the complaints system has not yielded the result sought. Basically, common law prisoners - those not covered by the Anti-Terror Law - are known to have confidence in the system.

İZMİR REFORMATORY FOR JUVENILES

The necessary steps have been taken to enable young sentenced prisoners placed in the disciplinary cells for disciplinary offences to make use as they wish of the books and magazines available in the library.

Material improvements have been made to the disciplinary cells, which have been painted and whitewashed. They have been equipped with plastic tables and chairs. During the repairs and alterations to the reformatory it is planned to install a call system between the cells and the Chief Prison Officer's office. A mechanical bell and call button is thus to be installed in the disciplinary cells.

The institution's 4 isolation cells measuring 150x200 cm have been extended and converted into 2 isolation cells measuring 350x450 cm; the old sanitary facilities have been refurbished, with tiled floor and walls. The isolation cells' old bricked up windows have been removed and replaced with glass windows and frames, thereby letting the daylight in. Central heating has also been installed in these rooms by connecting pipes to the central system.

A system for recording details of sentenced prisoners placed in the disciplinary unit has been introduced, specifying the date and time when those subjected to disciplinary sanctions entered the unit, the date and time of their departure, the grounds for detention in the unit and the cell occupied.

Steps have been taken to enable all remand and sentenced prisoners in the institution to take part in sports activities. Table tennis facilities have also been acquired for the purpose.

As recommended by the CPT, a nurse was appointed to the reformatory on 6 January 1998. Likewise, a newly appointed psychologist started work on 1 April 1998.

A scrutiny of the institution's records shows that there have been no complaints of ill-treatment of prisoners and that no proceedings have been brought against any officials as a result of such complaints.

The recommendations concerning the reformatory's material conditions generally concern points that need dealing with. However, it should be borne in mind that the main reason for the negative features observed in this respect is the fact that the establishment has been in service since 1960. Given that it functions as a regional prison, its population changes constantly as a result of transfers and it therefore does not accommodate longer-term sentenced prisoners; that is why efforts to provide education and vocational training as recommended by the Committee have been unsuccessful. Preference is consequently given to short courses.

In the wake of the CPT delegation's visit material conditions were improved in the reformatory, which was painted and whitewashed. Equipment such as tables, chairs and TV sets was acquired and steps were taken to develop sports activities.

The sanitary facilities were overhauled, dormitories were equipped with showers and steps were taken to meet inmates' daily hygiene requirements.

In the so-called "new unit" which houses prisoners remanded in custody and sentenced for terrorist offences, 6 dormitories have been allocated to common law prisoners and the dormitories have been brought up to standard. In the near future, after alterations to the area known as the semi-open prison, it is planned to accommodate juvenile remand and sentenced prisoners there. This will be the first step towards bringing the educational and sports activities and social and cultural events planned for juvenile remand and sentenced prisoners up to the required standard.

ÜNYE CLOSED PRISON

Shortly after the CPT delegation's visit, the necessary alterations were made to the prison kitchen and cold storage area. The entire kitchen was marble-tiled.

The prison inmates are put to work on the ongoing alterations to the room system. Fruit and vegetable crates are also produced. Information, skills development and vocational training courses are taught continuously. Efforts are made to arouse an interest in small-scale handicrafts, and a 60-member models dormitory has been established. It is currently pursuing its activities.

The inmates have the right of direct access to the senior administration of the prison (the Governor, Deputy Governor, teacher, doctor, psychologist and Chief Prison Officer). In the case of prisoners who have enemies or are hostile to others, these interviews are conducted on a programmed basis. As regards contact with staff, the line taken is that of the binding circulars issued by the Ministry of Justice.

Prisoners placed in the isolation/disciplinary cells spend an hour and a half in the open air yard in front of the kitchen every day. The yard is also used for a variety of other purposes such as sports activities and social events.

A doctor in post in the prison and a subsequently appointed feldsher provide a round-the-clock health care service. Two skilled prison officers have also been appointed to assist the Health Care Unit staff. There are no restrictions on contact between prisoners and the Health Care Unit; however, prisoners wishing to make use of the health care services provided in the medical examination room are taken from their dormitories by the prison administration. This is to ensure the safety of those who have enemies or hostile relationships to others. The prison doctor is sufficient for the treatment of sick prisoners.

Each shift includes an execution officer experienced in health matters, who provides first-aid; where necessary the feldsher or the doctor is called in.

Pending transfer to the appropriate hospitals for initial diagnosis and treatment, prisoners suffering from mental disorders are held in the isolation unit, on the recommendation of the prison doctor and psychologist, to prevent them causing injury to themselves or others. Once their hospital treatment has been completed, these prisoners return to their own dormitories.

Remand and sentenced prisoners admitted to the prison are systematically examined by the Health Care Unit staff, then taken to their dormitories.

Individual medical cards have been prepared for all remand and sentenced prisoners in Ünye Closed Prison. The cards are filled in by the Health Care Unit in accordance with standard procedure. In order to prevent the habit of unnecessary visits to the doctor, requests are made in writing and referred by the prison Governor or Deputy Governor. This rule does not apply in emergencies.

Medication is procured by the prison. There are no impediments or complaints in this respect, and indeed no restrictions in the matter.

Visiting facilities at Ünye Closed Prison are the same as those in similar prisons. The prison administration provides elderly and disabled visitors with stools to sit on. This is not considered to be a situation calling for criticism.

Prisoners subjected by the Disciplinary Board to the sanction of cellular confinement are taken out into the exercise yard for at least an hour and a half a day and are individually allowed to do sport and spend time in the yard.

The prison's disciplinary units have been refurbished and the lighting system has been renewed. In addition to the bunk beds, each cell has been equipped with a table and chairs.

Where disciplinary sanctions are concerned, prisoners are reminded that they have the right of appeal, irrespective of the sanction given. However, this right will henceforth be mentioned in the Board's decisions.

The CPT report states that many prisoners have no faith in the existing complaints system. However, this criticism cannot be considered justified. The existing complaint boxes are opened only by the public prosecutor and all the letters in them are forwarded to the authorities unopened. To date, no administrative investigations have been opened in respect of any prisoners who have made complaints.

The part that authorities at local level such as the public prosecutor's office and the prison governor can play in resolving prisoners' problems should not be underestimated. Prisoners' correspondence with other authorities is subject to scrutiny, in order to provide control over correspondence. It is considered unwise to make concessions with regard to this practice.

Among local chief public prosecutors' duties, the importance of visits to prison accommodation facilities and those held there is well known. From time to time the local Chief Public Prosecutor visits not only the accommodation facilities but all the prison's annexes, inspecting them and taking an interest in the prisoners' problems.

On admission to the prison, prisoners are informed of their rights by the prison Governor or the deputy governors. In addition, the "Guidelines for Sentenced and Remand Prisoners" issued by the Ministry of Justice have been distributed to each dormitory.

MERSİN CHIEF PUBLIC PROSECUTOR'S OFFICE
MERSİN E-TYPE CLOSED PRISON

Some of the work on implementing the plan and projects drawn up under orders from the Ministry of Justice to make full use of the material possibilities of Mersin E-type Closed Prison has been completed.

Some of the dormitories have been converted to the room system, thereby slightly relieving overcrowding in the existing dormitories.

Repairs have been made to the central bathroom to the extent permitted by the prison's resources. To enable it to function more effectively, the necessary survey report has been obtained from the Mersin Housing and Public Works Directorate and efforts are being made to secure funds.

The existing kitchen's cold storage room has been renovated to ensure that prisoner's meals are prepared and distributed with more attention to health requirements. The entire kitchen has been tiled and equipped with marble surfaces; the hot water system has been overhauled and brought into service; and various necessary items of kitchen equipment have been acquired.

Prisoners have been provided with clean mattresses, sheets and blankets. They are periodically issued with personal hygiene products and the necessary cleaning products are distributed so that the dormitories may be kept cleaner. A survey report has been issued by the Mersin Housing and Public Works Directorate with a view to refurbishing the prison laundry. Efforts are being made to secure the requisite funds and it is planned to make the machines and the equipment in the laundry operational and bring them into service without delay.

The necessary efforts are being made to furnish the women's and children's dormitories in a more suitable fashion. As regards the care and protection of young children accommodated with women prisoners, and thanks to co-ordinated efforts with the Mersin Provincial Health Directorate, these children are looked after in a day nursery under the supervision of the prison psychologist.

Prisoners newly admitted to the prison are allowed open-air exercise on a daily basis.

To increase and diversify the sports activities available to remand and sentenced prisoners, sports such as volleyball, table tennis and basketball have been introduced thanks to the efforts of the Mersin Community Education Directorate and the Provincial Directorate of Youth and Sport. Handicraft classes (macramé, flower-making, painting) and music classes (teaching the "bağlama") are being held to improve manual skills and make use of leisure time. For children, in addition to literacy classes and tuition for primary, secondary and college examinations, the prison instructors are organising physical health activities.

In response to complaints about the heating problems that occur particularly in winter, a survey report has been obtained from the Mersin Housing and Public Works Directorate with a view to operating the existing central heating boiler with fuel oil. Work is in progress with a view to making the heating and bathroom facilities function more efficiently, bearing in mind the prison's security requirements.

As the prison doctor was performing his military service at the time of the CPT delegation's visit, the remand and sentenced prison inmates were being examined and treated by general practitioners appointed by the Mersin Provincial Health Directorate. This gap has been filled now that the prison doctor has completed his military service and taken up his duties; an additional general practitioner has also been appointed to the prison and taken up his duties.

Where prisoners are referred to other medical establishments by the prison doctor, a gendarmerie escort has been secured to transport them rapidly to the establishments in question. The requisite care is taken in the matter.

The necessary plans and projects have been drawn up to bring observation and isolation cells up to the required standards. It is planned to carry them out when building work in other parts of the prison is completed. The material shortcomings in the disciplinary cells are to be remedied and the required plastic tables and chairs supplied to the units concerned. The Disciplinary Board's decisions expressly indicate that remand and sentenced prisoners to be held in the disciplinary unit by decision of the board are entitled to appeal against the sanction, and the prisoners concerned are notified of the decision in writing. A register indicates the grounds on which prisoners are placed in the disciplinary unit and details of their entry to and departure from the unit.

The necessary care is being taken to provide the prison with a tidy and orderly environment. The kitchen and washing up facilities in each dormitory have been tiled or equipped with marble surfaces and hot water facilities have been installed for general cleanliness purposes. To cope with insects, periodic dis-infestation is performed in co-ordination with the Provincial Health Directorate. The requisite plastic cupboards have been distributed to protect remand and sentenced prisoners' food.

Efforts to provide the prison inmates with a healthier environment are being pursued. Maximum care is taken over nutrition. All dormitories have been equipped with items such as TV sets and refrigerators, and a sufficient number of plastic tables and chairs have been distributed.

INSTITUTE OF FORENSIC MEDICINE

There are two Forensic Medical Institutes (Adli Tıp Enstitüsü) in Turkey, one in Ankara University and the other in Istanbul University; they bear no relation to the Institute of Forensic Medicine (Adli Tıp Kurumu). Both operate as training (graduate and postgraduate) and research units. It was considered advisable to confirm this point before answering the recommendations, comments and requests for information made by the CPT following its visit to the Institute of Forensic Medicine.

The term "ultimate authority" used by the Committee in this section remains obscure. If, with the "ultimate authority" of the Ministry of Justice over the Institute of Forensic Medicine, there are doubts as to the independence of appointments to the Institute and its reports and opinions, it must be pointed out that under the Institute of Forensic Medicine Act (N° 2659), the Head of the Institute, the Deputy Head, the heads of departments and the members are appointed by decree bearing four signatures; that importance is attached to the views of the Head of the Institute in all other senior appointments and that all staff such as junior officials, secretaries and employees are appointed by the Head of the Institute, who is himself appointed by a decree bearing four signatures; and that this safeguards the autonomy of the Institute's decision making.

Under Article 74 of the Code of Criminal Procedure, the courts may of their own free will refer cases (i.e. persons placed under observation) to the units of their choice for "psychiatric examination". These units may be private or state hospitals, non-hospital doctors and/or the Observation Unit of the Institute of Forensic Medicine or the Fourth Committee of Experts of the Institute of Forensic Medicine. The aims and mode of administration of the Observation Unit of the Institute of Forensic Medicine, which is the state's official expert institution, are set out in the Institute of Forensic Medicine Act (N° 2659).

The cases referred to the Observation Unit of the Institute and/or the Fourth Committee of Experts are as a rule cases in which, despite the existence of treatment documentation and reports drawn up by hospitals and/or private doctors, the court felt the need for an opinion from another expert or institution in reaching its decision. Not all judicial cases are referred to the relevant units of the Institute of Forensic Medicine, and even if they were, our Unit does not have the capacity to satisfy all these requests. These points were explained to the CPT delegation members during the visit.

Care is taken to ensure that living conditions in the Observation Unit's rooms are satisfactory from the point of view of cleanliness, ventilation and lighting, and the Committee itself stated that they were adequate.

While persons placed under observation in the Observation Unit may be genuinely suffering from a mental disorder in the form of a mental illness or deficiency, it is an observed fact that they may also be simulating (feigning a non-existent illness) or hypersimulating (attempting to exaggerate an existing illness). In this situation, either as a symptom of their mental disorder or in an attempt to prove that they are suffering from a mental disorder, they constantly tend to inflict damage on themselves, those around them or the surrounding objects. Last year, in order to prevent this type of damage, steel gratings were affixed to the windows in all rooms and the armatures of the lighting fixtures were changed. This year, as it was established that a few cases had pulled out the horizontal bars on the metal parts of their beds and inflicted damage on each other, and a guard on duty in the institution had had his arm broken as a result, the metal parts of all the beds have been renewed and the bars have been welded with a metal framework to the metal ring on the inner face of the wooden part.

Care is therefore taken to ensure that people do not have objects with which they could inflict damage on themselves or others in their rooms. In a unit where a shirt, a trouser belt and even shoelaces may sometimes be used to strangle someone, it is obviously impossible to run the risk of having too many objects in rooms occupied by persons who tend to pull out the metal bars of every bed they lie on and use them to inflict damage. It is a fact that the forensic medical experts take care even to ensure that the spoons in the refectory are made of wood and that the edges of the plates are blunt. That is also why there are no call buttons in the rooms, the purpose being to prevent persons from inflicting damage on themselves or others.

The Committee clearly tends to compare the Observation Unit of the Institute of Forensic Medicine with rehabilitation units designed to bring patients who are not bedridden or are in the recovery phase back to life in society.

The Observation Unit is not a rehabilitation unit; it is a unit for investigating whether or not persons charged with an offence, the great majority of whom are remanded in custody, are suffering from the mental disorders alleged. The fact that these are accused persons and that the majority are remanded in custody is not mentioned in the report.

Under these circumstances, straightforward prison conditions, straightforward hospital conditions or the conditions applied in rehabilitation centres will obviously not be viable. The unit endeavours first and foremost to prevent persons from inflicting damage on themselves and those around them and to keep them away from all objects and equipment that they might use for the purpose.

No pressure is exerted on cases referred to the Observation Unit to wear clothes belonging to the Institute of Forensic Medicine. They are free to wear indoor garments of their own such as tracksuits, pyjamas, underwear, slippers and socks. But very few of them wear their own clothes; they generally prefer the clothes provided by the Institute. This is because they do not want their clothes to be spoiled by the destructive behaviour displayed by many of them during the observation period. In actual fact it is in the Institute's interest for them to wear their own clothes.

We would point out here that in our view it would be more appropriate for the Committee to use the phrase "persons placed under observation" rather than the phrase "patients placed under observation" on which it insists; and we should like to record that this year, in order to enable these persons to take open air exercise, the ground floor of an inner courtyard suited to the structure of the building has been laid out and cemented over. As a result of discussions with the prison Public Prosecutor and Governor, the security measures to be taken with regard to the roof and gutters and the alterations to be made for the purpose have been decided. The requisite preparations for these alterations and security measures are in progress. Naturally, as efforts are being made to carry out all these procedures with the Institute's existing staff and financial resources, they are taking time.

It must be borne in mind that in addition to hospital conditions in the Observation Unit of the Institute of Forensic Medicine, it is very important to establish the security conditions appropriate to a prison.

Last year a TV set was installed in the refectory and steps were taken to observe people's reactions. When everyone in the common area wanted to watch the channel of their choice, or the programme being broadcast aroused positive reactions in some persons and negative ones in others, brawls broke out and the TV set was wrecked. A metal cage was then manufactured for the TV set, which was placed high up. However, the reactions remained the same, the TV set was again wrecked and persons inflicted injuries on one another because of the programmes or the choice of channels. As a result, the TV set was removed.

As persons placed under observation are either attempting to simulate or hypersimulate, or are mental patients whose treatment has been suspended, their destructive behaviour cannot be prevented. Furthermore, as this behaviour is assessed at the diagnosis stage, the acts they exhibit or are seen to engage in must be observed. As a result of this behaviour, however, since radio sets may also be used to inflict damage or may prompt destructive conduct, they are considered inadvisable.

Persons placed under observation may communicate with their relatives by letter or written notes. Under an arrangement introduced in 1998, persons referred to the Observation Unit of the Institute of Forensic Medicine are given an information sheet on their first day setting out their rights and indicating what they are allowed and not allowed to do. This used to be done verbally; it is now done in writing. The information sheet is also posted up on the corridor walls.

There is an undeniable shortage of doctors and trained staff in the Observation Unit. Likewise, the greatest problem facing the Institute of Forensic Medicine is that of permanent staff. It is very difficult to replace departing staff members. As far as transfers are concerned, high-quality staff can be secured only at senior levels and in small numbers. Also, the types and number of permanent posts existing in the Institute's expanding structure are insufficient. The main improvements carried out in the Institute of Forensic Medicine in compliance with the CPT's proposals and recommendations are listed below.

- a.* As requested by the CPT, efforts are being made to enable persons held in the Institute to take open air exercise; work in this area is nearing completion.
- b.* To relieve the staff shortage to some extent, stand-by doctors* are appointed at night and at weekends.
- c.* Compliance with proposals such as providing a personalised atmosphere in rooms and an association room is considered undesirable under present conditions.
- d.* Cases who so wish are not prevented from wearing their own indoor clothes. This is a matter of personal preference.
- e.* A means of enabling those accommodated in the Institute to see their relatives and lawyers will be sought, within the limits of available resources, after serious consideration of the legal situation and the facilities afforded by the building.
- f.* Psycho-social therapy is not conducted in the Observation Unit of the Institute of Forensic Medicine and is not considered consistent with the Unit's purpose. However, reference is made above to the staffing problems that need to be solved in order to improve psycho-social communication.
- g.* Persons are informed in writing of their rights as regards correspondence and written communication.
- h.* The problem of qualified nurses is referred to above in connection with the overall problem of permanent staff.

Persons placed under observation in the Observation Unit are given breakfast, lunch and an evening meal. Breakfast is prepared in the unit's kitchen, while the midday and evening meals are brought to the unit once a day from the central unit where they are cooked.

As you know, the value of the meals provided to persons placed under observation in the Observation Unit, as in prisons, is determined by the State. As a result of efforts undertaken in the spring, all possible improvements have been made to the value of meals and new menus including basic nutritional elements have been drawn up. Under the new arrangement, which has been in force for almost a year, meals include, where possible, items such as meat and eggs as well as fresh vegetables, and care is taken to ensure that the midday and evening meals feature at least one different dish. Breakfast and the midday and evening meals are served at proper times in any case; morning and afternoon tea are also served.

Direct contact with the outside world is considered likely to help persons conceal their real symptoms. Moreover, the observation period normally lasts only 21 days. This is very rarely extended. Nevertheless, the necessary steps will be taken to enable persons to see their relatives, as indicated above, while access to their lawyers will require assessment from a legal point of view.

* i.e. on duty doctors who wait for calls at their homes or surgeries

MINISTRY OF HEALTH

***(Bakırköy Mental and Psychological Health Hospital,
Samsun Mental and Psychological Health Hospital)***

In April, May and June 1999, in response to the report drawn up as a result of the CPT's visit to Turkey from 5 to 17 October 1997, a delegation composed of officials from the Ministry of Health Directorates of Basic Health Services, Care Services and Personnel again visited Bakırköy and Samsun psychiatric hospitals. Observation and assessment visits were also conducted at Manisa, Adana and Elazığ psychiatric hospitals in order to standardise the services provided.

The delegation visited Samsun Mental and Psychological Health Hospital on 11 and 12 May 1999 and Bakırköy Mental and Psychological Health Hospital on 31 May and 1 June 1999. The reports on these visits are set out below.

It will be seen from the report that substantial positive changes have taken place between the delegation's two visits to Bakırköy Mental and Psychological Health Hospital. They include the four hospitalisation forms introduced in January 1999 by the hospital administration and reproduced in *Appendix 8* (1. consent to voluntary hospitalisation; 2. consent to involuntary hospitalisation; 3. information for persons hospitalised by court order; 4. consent to electroconvulsive therapy).

In the judicial psychiatry units criticised by the Committee for the lack of rehabilitation services, and especially the hospital's admission unit, "Dr Mazhar Osman" Unit (Unit 33), an information sheet setting out the hospital rules has been issued to patients on admission since January 1999. A copy of the information sheet appears in *Appendix 9*.

As regards the ECT practices described and criticised in the CPT report, standard "ECT monitoring forms" were found to be in use in the judicial psychiatry units of the hospital. The forms, which were seen during the visit to be completed with great care, are considered adequate and of good quality. A copy of the "ECT monitoring form" appears in *Appendix 10*. Records of patient restraint, one of the points on which the CPT placed particular emphasis, were found to be carefully kept in the hospital's judicial psychiatry service. A copy of the "restraint monitoring form" used in the hospital appears in *Appendix 11*.

During its visits to other psychiatric hospitals, the Ministry of Health delegation showed officials the forms reproduced in *Appendix 9*, *Appendix 10* and *Appendix 11*, and requested that they be brought into use in these hospitals as soon as possible in order to standardise service provision. The necessary instructions will also be given for the information sheet, ECT form and restraint form reproduced in *Appendix 9*, *Appendix 10* and *Appendix 11* to be used in all five psychiatric hospitals under the Ministry's authority.

The CPT particularly requested confirmation that Ward 13 was no longer in use. As will be seen from the photocopies of 12 photographs of Ward 13 reproduced in *Appendix 12*, the building has been set aside for conservation, as it stands, by the hospital administration. Comments on and an assessment of Ward 13 are included in the report on Bakırköy Mental and Psychological Health Hospital. Photocopies of 7 photographs of Unit 22, to which Ward 13 has been moved, appear in *Appendix 13*. Comments on and an assessment of this unit are also included in the report.

As will be seen from the report on the visit to Samsun Mental and Psychological Health Hospital, the other hospital discussed in the CPT report, the Ministry of Health delegation does not on the whole take a very positive view of this hospital. The necessary steps will be taken at once to raise the quality and standard of service in this hospital and the hospital team's work will be closely scrutinised. The work done and positive changes effected at Bakırköy Mental and Psychological Health Hospital will be closely monitored and these changes will be passed on to Samsun, Elazığ, Manisa and Adana psychiatric hospitals in order to bring service provision up to standard.

The Ministry of Health delegation's main observation with regard to Bakırköy Mental and Psychological Health Hospital is that the hospital's administrative approach and quality of service are changing in an increasingly positive direction. Despite financial and staffing difficulties, the hospital administration has privatised services that do not require medical knowledge or skills such as kitchen work, gardening and cleaning and has opted for remedying at least part of the staff shortage by transferring staff working in those areas to the medical services area. Expenditure on the privatised services is met by the hospital's working capital, and the hospital administration has taken steps to increase this capital, for instance by having the hospital's bread manufactured and starting to sell it to the public. As a result of the positive relations established by the administration with the local authorities and voluntary organisations, the hospital has begun to receive some practical contributions. Photocopies of the photographs of 2 vehicles purchased with the aid of the Rotary Club in April 1999 are shown in *Appendix 14*. As the hospital covers quite a wide area, with 70 separate buildings, the vehicles fill a significant gap in transporting patients and staff between units.

Bakırköy Mental and Psychological Health Hospital has ceased to be a place where mental patients are "shut away" and has turned into an institution for the treatment of psychiatric patients. An explanatory note on the "Regulations on Patients' Rights", which came into force on 1 August 1998 when published in the Official Gazette, has been posted up in a manner clearly visible to patients both in this hospital and in the other hospitals visited. (*Appendix 15* and *Appendix 16*).

Bakırköy Mental and Psychological Health Hospital is not only an institution for the treatment of patients, but also a training centre. It is a member of all the scientific organisations to which a modern training centre should belong and also hosts scientific meetings of this nature.

Various activities are carried out to publicise the hospital's services and make it a more open institution. The "Glass House Meetings" organised in this context aim to establish a regular, ongoing and organised basis for press relations, which are an important aspect of public relations. It is planned to develop this project further.

The most important point observed by the Ministry of Health delegation during its visit to the Bakırköy and Samsun psychiatric hospitals is the fact that despite various difficulties due primarily to the shortage of staff and financial resources, services are provided in a spirit of great self-denial. Despite the shortcomings, which were seen to have diminished much more substantially in Bakırköy Mental and Psychological Health Hospital than in Samsun Mental and Psychological Health Hospital, neither hospital presented a situation suggestive of human rights violations.

Despite the adverse material conditions prevailing in Samsun Mental and Psychological Health Hospital, partly owing to the fire that took place there on 1 April 1999, conditions are expected to improve in the planned new building. The Health Ministry's chief purpose is to improve the quality of service provision in the Bakırköy and Samsun hospitals and also in the other 3 psychiatric hospitals (Elazığ, Manisa, Adana). It is planned to repeat the newly introduced assessment visits at least once a year, to introduce new arrangements on the basis of an evaluation of adverse conditions found during the visits and to raise the quality of service provision in these hospitals and keep it under constant supervision.

Information is provided below on some of the points referred to in the CPT report which are of direct concern to the Ministry of Health.

1. *Mental Health Act:*

It was not possible to enact the "Mental Health Bill" drawn up in 1993 because it was considered inadequate by the Health Ministry's relevant subordinate units and the universities. This time it is planned to take a more comprehensive approach to the Mental Health Bill and complete work on it in the near future.

2. *Training of specialised psychiatric nurses:*

Nursing training in Turkey does not include any programmes for the training of qualified psychiatric nurses. Efforts are being made to overcome this drawback by providing nurses working in the psychiatric field with in-service training programmes.

3. *Developing the profession of occupational therapist:*

The rehabilitation services are given, in conformity with a special programme, by the therapists of the health establishments. In Bakırköy Mental and Psychological Health Hospital, in particular, activities which may be defined as occupational therapy can be carried out, after a preliminary training phase, with patients who have been treated in groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), healthy volunteers wishing to work in the hospital and temporary staff appointed from among the Community Education Centre teachers.

4. *External support for staff:*

Under personnel regulations in Turkey, staff working in psychiatric hospitals do not receive support and stimulation on a different basis from other staff. In Bakırköy Mental and Psychological Health Hospital, however, as part of a collective quality management programme, work has started on implementing a project for staff participation in management.

In addition, a 50% contribution is paid towards fares on staff buses, the emphasis is placed on reward rather than punishment, 4 annual payments are made from the hospital's working capital and improvements have been made to facilities such as the staff cafeteria and restaurant in order to stress the importance attached to staff. The Ministry of Health encourages all institutions with working capital to ensure that staff regularly receive a share of the revenue from working capital. All the steps taken to raise the overall standard of service provision in all hospitals have been brought together in a set of regulations which will soon be put into effect.

5. *ECT practices (form and extent)*

Detailed information on existing ECT practices in Bakırköy and Samsun psychiatric hospitals, which the CPT delegation visited and whose ECT practices it observed, is provided in the reports on the visits. The Ministry of Health has started the requisite correspondence process to ensure that the forms developed by Bakırköy Mental and Psychological Health Hospital to standardise records of ECT use, and reproduced in **Appendix 8**, are brought into service in Samsun, Elazığ, Adana and Manisa psychiatric hospitals. The planned assessment visits will also serve to verify whether or not these activities are being properly conducted. The extensive use of ECT referred to in the CPT report is taken to mean extensive in numerical terms. As the report supplied no figures on this point, the issue has not been fully clarified. The indications for ECT are being steadily restricted worldwide. They are as follows:

- a.* serious suicidal and homicidal psychotic patients,
- b.* psychotic patients exhibiting catatonic motor behaviour,
- c.* psychotic patients refusing nourishment,
- d.* depressive patients for whom medication remains ineffective.

The Ministry of Health takes considerable care to ensure that the use of ECT in our hospitals complies with these universal scientific indications, which are adopted worldwide. However, for a wide range of reasons including the fact that patients and their relatives have lower levels of education and awareness than one would wish and that they do not take the necessary care over medication, patients fail to appear for their medical checks after being discharged from hospital and later apply to the hospital in an even worse state than they were initially. The relatively large proportion of patients in the group referred to under *b.* above in Turkey gives the impression that ECT is in frequent use. Proper completion of the "ECT monitoring form" in use in the Bakırköy Mental and Psychological Health Hospital judicial psychiatry service, a copy of which appears in **Appendix 10**, will put an end to unscientific approaches to the use of ECT. The matter will be closely monitored during the planned inspections of psychiatric hospitals.

Another point to which the Ministry of Health is paying close attention is the discontinuation of the practice of unmodified ECT and the shift to modified ECT in psychiatric establishments, likewise mentioned in the CPT report. The fact that the staffing structure of psychiatric hospitals was established many years ago is an obstacle to the use of a modern scientific method such as ECT under anaesthetic. The absence of anaesthetics equipment, anaesthetist posts and anaesthetics technician posts in specialist hospitals which lack a surgery department and consequently anaesthetics specialists is delaying the shift to modified ECT. In Bakırköy Mental and Psychological Health Hospital, which possesses a surgery (neurosurgery) department and consequently the above-mentioned posts, work on setting up a centre for the administration of ECT under anaesthetic has reached its final stages and a scientific team has been formed to deal with the subject. In the 70-bed, state-of-the-art ECT centre which the Ministry of Health delegation saw during its visit to this hospital, EEG and scientific work on sleep are planned in addition to modified ECT. The Ministry of Health will make every effort to ensure that this centre, which is due to open at the end of July 1999, performs a leadership function for other hospitals. It will also review the above-mentioned staffing structure, which prevents ECT from being practised in a modern and scientific manner.

On the subject of seclusion and other means of physical restraint, referred to in the CPT report, the Ministry of Health will issue instructions for the "restraint monitoring form" reproduced in *Appendix 11* to be introduced in all psychiatric hospitals in order to initiate the standardisation process in this area too.

**REPORT ON BAKIRKÖY MENTAL AND
PSYCHOLOGICAL HEALTH HOSPITAL**

With the Minister's authorisation, a four-member delegation composed of Hümeýra PINAR, Head of Department, Dr Özge ARSLAN and Ayla GÜMRAH, Head of Division, from the Directorate of Basic Health Services and Süleyman DEMİREL, Head of Division, from the Directorate of Care Services, visited Bakırköy Mental and Psychological Health Hospital on 31.05.1999 and 1.06.1999 and carried out on-the-spot meetings and investigations.

During this second visit, investigations were conducted (confirming the positive and negative changes observed) in the areas discussed in the report drawn up by the Ministry of Health after the first visit (14-16 December 1998) and forwarded to the CPT through the Ministry of Foreign Affairs, and the issues on which the CPT requested comments were discussed with the Head Consultant and administrators of the hospital, which is the Health Ministry's oldest, largest and most experienced psychiatric establishment.

The hospital's judicial psychiatry service consists of 5 units containing 350 beds. They are staffed by 12 specialist doctors, 7 assistant doctors, 2 general practitioners, 4 psychologists, 1 social work specialist, 26 nurses, 23 feldshers and 25 orderlies.

One of the wards dealing with judicial cases, Ward 13, which was the subject of intensive criticism in the report drawn up by the CPT after its visit from 5 to 17 October 1997, was found during a previous visit to have been completely closed down. Ward 13 is a building designed for 120 patients, where all the patients were held in adverse conditions in 2 large 60-bed "wards", with unsatisfactory facilities for meeting patients' basic needs such as kitchen, refectory, toilets and bathrooms. It has a yard almost twice the size of the building and is surrounded by a wall the height of 3 people. Ward 13 was completely closed down on 12 January 1998. The Head Consultant's Office is keeping the building in its former state, as an open-air museum, simply in order to demonstrate the hospital's development process and the progress made by mental health services in Turkey; the door is kept constantly locked. Twelve photographs showing the state of Ward 13 are appended(*Appendix 12*).

The terms "mental hospital" (akıl hastanesi) and "ward" (koğuş) used in the CPT report will hereafter be replaced by "psychiatric hospital" (Ruh ve Sinir Hastalıkları Hastanesi) and "unit" (servis), and as these buildings have been named by the hospital administration after doctors who have worked in the hospital, they will be referred to by their proper names.

Unit 22 (Dr Zati Dokuz Unit):

Unit 22 was opened on 12 January 1998 by the then Minister of Health. The patients from Ward 13 were moved there. It accommodates patients covered by Article 46 of the Turkish Criminal Code (persons who have committed offences but have not been sentenced because they are not criminally responsible and have been hospitalised for treatment of their illness). As a clinic for the protective custody and treatment of patients, this 2-storey unit has 3-bed, 4-bed and 5-bed rooms, with enough bathrooms and toilets on each floor. Patients are monitored round the clock by 18 security cameras and 5 monitors installed at various points in the clinic, yard and rehabilitation centre, and when necessary these images are recorded. The unit had 118 patients on the day of the visit and normally operates to full capacity; it is staffed by 1 specialist doctor, 1 general practitioner, 4 day nurses, and 2 feldshers and 2 orderlies at night. Its rehabilitation unit is located in another building in the same yard and accommodates an average of 12 to 15 patients every day, who do pottery, bead work, macramé (an activity conducive to manual skill development) and painting in the company of an occupational instructor from the Ministry of Education and a nurse with experience of occupational activities. Patients in this unit receive treatment for at least one year by court decision; the remainder of the treatment process is decided by the hospital administration; patients who have been discharged continue to be monitored and treated on an out-patient basis. Copies of 7 photographs of the unit are appended to the report (*Appendix 13*).

Unit 34 (Dr Adil Üçok Unit):

This unit is for the protective custody and treatment of male patients covered by Articles 46 and 47 of the Turkish Criminal Code, who are not criminally responsible. Here patients benefit to a greater extent from rehabilitation services and, as they are in the final stage of their treatment, efforts are made to start the process of social integration that will enable them to live in the outside world. The unit is staffed by 1 specialist doctor, 1 psychologist, 4 nurses, 4 feldshers and 2 orderlies. It consists of 16 3-bed and 4-bed rooms and normally operates to full capacity. As in the other older buildings, the roof leaks when it rains, so the ceilings and walls showed damp patches and blistering. The hospital authorities indicated that this building was on the list of those due for alterations under the current refurbishment project. The unit was quite clean and all services geared to the patients' own needs, such as food distribution, tidying and cleaning the rooms and preparing hot drinks, were seen to be performed by the patients themselves. The unit's purpose is to prepare patients for life outside the hospital, and patients were observed to be working in harmony with the therapy team, to take an active part in their own treatment and to be happy with this situation. The unit's two major problems are the fact that there is only one social work specialist for all the judicial psychiatry units and that the patients' relatives provide insufficient support to both patients and the therapy team.

Unit 40 (Simtel Unit):

This unit is for the protective custody and treatment of female patients covered by Articles 46 and 47 of the Turkish Criminal Code, who are not criminally responsible. It has 3-bed, 4-bed and 5-bed rooms, with 36 beds for normal care and 5 for intensive care. At the time of the visit it housed 33 patients receiving normal care. It is staffed by 1 specialist doctor, 7 nurses (1 night nurse and 6 day nurses) and 6 orderlies. It accommodates both women patients not remanded in custody who are referred for observation by the courts and women patients whose trial has ended with a final court order for treatment. It provides both treatment and rehabilitation services; by way of rehabilitation activities, patients do painting and handicrafts such as macramé and lace making; at the same time they take an active part in providing services that meet their own needs such as cleaning the premises, serving meals and preparing hot drinks. The bathroom and toilet facilities were found to be quite clean; the 3 bathrooms have hot water round the clock and patients are allowed to take showers whenever they wish, provided that this is during normal hours. The unit's roof, which was quite new, was observed to be made of plasterboard; in one room, a 20x20 cm area of the ceiling had collapsed owing to the rain and was completely open. Officials indicated that this would be repaired as soon as possible.

A patient suffering from dementia and chronic psychosis, who is in a position to pay the fee, is accommodated in a private room. This arrangement was considered advisable because a patient of this type might disrupt the atmosphere in the unit. Patients in a position to pay the fees are able to stay in this room when it is vacant. The unit is permanently serviced by a psychologist and an educational service is provided for patients and their relatives.

It has a separate ECT and observation room for use when necessary. The length of patients' stay in the unit ranges from 3 weeks to 3 years. The one social work specialist appointed to the judicial psychiatry service provides a social service for this unit's patients and their relatives twice a week on a rota basis.

Unit 33 (Dr Mazhar Osman Unit):

Male patients in respect of whom a protective custody order has been given are referred by the courts to this unit, where they are placed under observation but not under arrest. Patients remain in the unit for 3 weeks to 3 months. At the end of the first 3-week observation period, the court decides whether the period will be extended or not; at the end of three months patients are transferred to a suitable unit. Patients admitted to the unit are initially placed on the first floor, which has the facilities for protective custody and intervention in acute cases; those whose condition evolves suitably in the course of the observation process are then brought down to the ground floor, where they can easily go out into the yard. The unit has a capacity of 55 beds; at the time of the visit it accommodated 49 patients, 27 on the first floor and 22 on the ground floor. It is staffed by 2 specialist doctors and 1 full-time psychologist, together with 8 nurses, 6 feldshers and 6 orderlies.

This is the hospital's oldest building and has not been renovated since 1991. It is named in memory of Dr Mazhar Osman, a psychiatrist who has come to be identified with the hospital throughout Turkey. Conservation arrangements are planned for this unit too. The building is in a worse state than any of the other judicial units. Some of the bathrooms and toilets are out of order and cannot be used. The doctor in charge indicated that as there was no water on the upper floor, patients on this floor had to either wash on the ground floor or in the Turkish baths in a separate building, where they were taken under staff escort twice a week. The Head Consultant's office was requested to give priority to repairing the 2 toilets and bathroom on the first floor.

Arrest Unit

This judicial psychiatry unit accommodates patients remanded in custody and patients whose illness does not prevent them from being sentenced. At the time of the visit the 8-bed women's section contained 6 remand patients and the 49-bed men's section contained 31 remand patients. The unit was criticised in the CPT delegation's report because conditions there were not conducive to its therapeutic function, and conditions were observed to be poor at the time of the first visit in December 1998. The problems found at the time, besides those relating to the building, included understaffing and minimal provision for social activities. Those concerning the building were found during the latest visit to have been fairly well dealt with as a result of the refurbishment carried out in the past 3 months. The whole unit had been painted light blue, the toilets and bathrooms had been repaired and the rooms in which health care staff catered for patients' relatives had been equipped with furniture painted in cheerful colours. The unit is permanently staffed by 2 specialist doctors, 1 psychologist, 3 nurses, 4 feldshers and 4 orderlies, and a social work specialist covering the judicial psychiatry units on a rota basis works with patients and their relatives one day a week. Rehabilitation activities have not yet been fully introduced. The unit is U-shaped and it is planned to make alterations to the vacant central area to let the sunlight in. Patients are allowed out into the open air in the guarded inner courtyard, which is now uncovered, at specified times and in rotation. The unit is staffed by employees of the Health, Justice and Interior Ministries. During an interview with the Health Ministry staff, it was learned that the three teams worked in harmony, that their communication with patients was good and that the two other teams placed no restrictions on patients' treatment.

In each unit of Bakırköy Mental and Psychological Health Hospital ECT is administered in a special room set aside for the purpose and records are kept of all ECT treatments. Work on centralising ECT procedures in a single centre and shifting to modified ECT was found to have reached its final stages. The delegation visited the new 70-bed unit being built for the purpose, which will open at the end of July 1999. The ECT unit is located beside the newly built, quite clean and well kept unit for chronic women patients; in addition to modified ECT, it is planned to conduct sleep-related research there. However, as the hospital covers an area of 78,000 m² and comprises 70 buildings, it is a fact that various difficulties will arise, particularly the transport of patients in need of ECT.

Bakırköy Mental and Psychological Health Hospital has 2,000 beds and also provides out-patient services. Staff numbers are as follows. Deputy head consultants: 10 posts, 9 posts filled; psychiatry consultants: 16 posts, 11 posts filled; deputy psychiatry consultants: 12 posts, 12 posts filled; senior assistant psychiatrists: 32 posts, 38 posts filled; psychiatrists: 39 posts filled; assistant psychiatrists: 128 posts, 88 posts filled.

Psychologists: 40 posts, 25 posts filled; social work specialists: 24 posts, 7 posts filled; nurses: 1250 posts, 522 posts filled; orderlies: 502 posts, 230 posts filled. The Ministry of Health has taken the necessary steps to fill the vacant posts as far as possible.

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REPORT ON SAMSUN MENTAL AND PSYCHOLOGICAL HEALTH HOSPITAL

1. VISIT:

NAME: Samsun Mental and Psychological Health Hospital, fact-finding and assessment visit.

PURPOSE: *To assess the points that the CPT identified as a result of its appraisal and recommended remedying, to find out whether the deficiencies identified during the fact-finding visit in December 1998 have been remedied and to bring the quality of service provision in the 5 regional psychiatric hospitals up to standard.*

DATE: 11-12 May 1999

PLACE: Samsun (Provincial Health Directorate/Psychiatric Hospital)

2. PROGRAMME OF THE VISIT: Inform the Provincial Health Directorate of the general aims of the visit and investigations, obtain information about the hospital from the hospital's Head Consultant and conduct a tour of the hospital.

PARTICIPANTS: Dr Kemal ATALAY, Ministry of Health, Directorate of Basic Health Services, Mental Health Department; Ali ŞAKAR, Personnel Directorate, Doctor Appointments Department; Yener TANTOĞLU, Appointments Department; Süleyman DEMİREL, Directorate of Care Services, Head of People with Disabilities Division; Dr Ziya ÖNDER, Deputy Head Consultant of the Hospital; Sultan SEYHAN, Director of the Hospital; Numan SARAÇ, Deputy Director of the Hospital; Neşe ŞAHİN, Head Nurse.

CONDUCT OF THE VISIT: As the Head Consultant of the hospital was on leave, the Deputy Head Consultant, the Director of the Hospital, the Deputy Director and the Head Nurse assisted the delegation in their investigations.

As a regional establishment, the hospital caters for 18 provinces. Although its standard capacity is 300 beds, the delegation was told that at the time of the visit the hospital was caring for 345 patients. Fire broke out in the hospital about a month ago when a patient's bed caught fire in the area used as a closed unit; no lives were lost but a great deal of material damage was caused. During the visit it was apparent that repairs and alterations were being carried out to the premises damaged by the fire. It is planned that this part of the hospital will serve as an "observation facility" for patients admitted to the hospital before their transfer to a given unit. It is also planned to install the hospital archives here. The hospital consists of a historical main building, to which 2 annexes were later added, and shed-type buildings used for laundry purposes.

Material conditions in the buildings were seen to be inadequate. After the recent fire damage, it is thought that if the hospital is moved to larger premises built with its hospital functions in mind, services will be provided with greater ease. The ceilings of the main building and the annexe are made of wood and the floors tiled and covered with linoleum. However, as the tiles and linoleum are broken, the floors are unsound. The annexe's wet floors and some parts of the unit are made of concrete. Generally speaking, the hospital's central heating system and other sanitary facilities were said to be in good working order and no requests on the subject were forwarded to the delegation.

The building housing the Alcohol and Drugs Treatment and Education Centre (AMATEM) was seen to be clean and tidy throughout. The general cleanliness and state of repair of all of the other buildings, toilets and bathrooms were found to be thoroughly inadequate. The toilets and bathrooms due to be completed by 1 January 1999 had not yet been brought into service; they had no taps and the toilets were still full of building materials. Cleanliness and ventilation in the closed women's and men's units and toilets were seen to be inadequate. The bathrooms must be cleaned and maintained with greater care. Owing to the current refurbishment of many toilets, the number of available toilets is inadequate, and washbasins were found to be out of order or lacking taps. The hospital authorities were told that this state of affairs was unacceptable and requested to take steps to remedy it.

The sheets and quilt covers used in units other than the Alcohol and Drugs Treatment and Education Centre were found to be old and out of shape. In the closed units, some patients were observed to have no sheets on their beds and to be lying directly on the mattress. The authorities were told that patients' sheets and quilt covers must be changed more often.

The 3 washing machines used in the hospital laundry were said to be new and sufficient for the hospital's needs. As the single dryer was insufficient, a new machine was requested. The delegation was told that nothing was lacking in the hospital refectories. Some of them had air conditioners for ventilation purposes, but these were seen to be out of order and the authorities were requested to have them repaired.

The abandoned mentally retarded patient remaining alone in poor conditions in the closed men's ward, to whom the CPT delegation had drawn particular attention in its 1997 report, was found to be still accommodated in the same conditions and the hospital authorities were alerted to the situation. It was proposed to place him under protection and take steps to transfer him to a facility under the authority of the Social Services and Child Welfare Institution.

The hospital's general conditions of hygiene and cleanliness were found to be inadequate and the closed units and refectories were seen to be kept insufficiently clean, despite the authorities' assertions that they were washed every day. During the visit the closed units were seen to be sprayed with insecticide.

The fact that a substantial proportion of the toilets and bathrooms are out of order and that the taps and washbasins that are working have no soap is a factor preventing patients from keeping themselves clean. Although shower facilities have been installed in the bathrooms, they are insufficient in number and inadequately fitted out. The hospital authorities stated that patients could wash in the presence of the staff. The toilets and bathrooms were seen to be equipped with PVC half-length doors.

Some patients' beds have shelves next to them. Though patients in the closed units have no cupboards, patients in the open units and the Alcohol and Drugs Treatment and Education Centre have cupboards, albeit not enough of them. The delegation was told that in the closed units patients' personal possessions and clothes were kept in cupboards under the nurses' supervision and that they were handed out from there when necessary.

The very small windows in both closed and open units make lighting and ventilation inadequate. In the closed units there are also isolation rooms and these were seen to be in use during the visit.

The hospital authorities said that it was not possible to provide patients with social, cultural and sports activities. They added that there was no social work specialist in the hospital and that there was no professional social service provision for patients. The delegation was told that in the open units and the Alcohol and Drugs Treatment and Education Centre psychologists did group work and "good morning" meetings with patients. Entertainment was said to be arranged every 2 weeks for patients in the closed units.

There is an occupational activity room in the Alcohol and Drugs Treatment and Education Centre, but the delegation was told that it could not operate at the desired level owing to the lack of equipment and professional staff. Psycho-social rehabilitation services, which would contribute to the treatment of patients, are not provided because of the lack of professional staff.

Psychology services in the hospital are provided by 3 psychologists. One is appointed to the out-patient department and another to the Alcohol and Drugs Treatment and Education Centre. The third cannot be given clearly defined and full-time duties owing to illness. Most of the psychology services provided are aimed at the patient group in the Alcohol and Drugs Treatment and Education Centre.

The Regulations on Patients' Rights drawn up by the Ministry of Health and brought into force on publication in the Official Gazette were seen to be posted up in all units at points where patients could see them. In the closed units they were posted up in the nurses' rooms.

The delegation was told that the hospital had 2 ECT machines, but that one was out of order and therefore could not be used, while the other could be operated from time to time. The frequency of ECT administration was said to vary according to doctors' indications. However, there were no registers for recording ECT procedures.

The hospital authorities said that modified ECT, to which particular attention was drawn, could not be provided because the hospital had no anaesthetist. ECT is only administered on certain days. Units do not have a separate ECT room. When it is decided to administer ECT, the ECT machine is taken to the unit in which the patient is located and ECT is administered on the spot. The delegation was told that screens were used to do this out of sight of other patients. It informed the hospital authorities that a separate room had to be set up to administer ECT out of the sight of other patients. The situation is the same for patients in the prison unit. The hospital authorities were told that a separate ECT room had to be set up to administer ECT out of the sight of other patients. They said that the new building would include separate ECT rooms.

During its visit the delegation did not see any of the oxygen bottles which may be needed at any time during ECT procedures, and was told by the authorities that the hospital had 2 bottles. The hospital authorities said that there were not enough bottles and that the hospital needed one ECT machine, 3 oxygen bottles and one X-ray machine.

The "*patient hospitalisation forms*" drawn up by the Bakırköy Mental and Psychological Health Hospital authorities and now in use in that hospital (1. consent to involuntary hospitalisation; 2. consent to voluntary hospitalisation; 3. consent to electroconvulsive therapy; 4. information for persons hospitalised by court order) were given to the Samsun Regional Psychiatric Hospital authorities, who were asked to record information on patients' hospitalisation, particularly ECT procedures.

The prison unit is separate from the other hospital buildings and consists of 2 rooms containing 8 beds. It has no bathroom. Patients are taken to other units, under gendarmerie escort, to wash. They cannot watch television and there is no sports area for them.

By comparison with the previous visit, the staffing situation in Samsun Regional Psychiatric Hospital is as follows.

There has been no change in the number of doctors (16, of whom 7 are specialists and 9 general practitioners). The number of psychologists has been increased from 3 to 4, while the number of nurses has dropped from 98 to 88 and the number of nursing auxiliaries has risen from 45 to 47. The necessary procedures have been started to remedy the staff shortage as far as possible, particularly where nurses are concerned.

The Alcohol and Drugs Treatment and Education Centre is housed in a separate building. It has a capacity of 12 beds and was accommodating 5 patients at the time of the visit. The patients' profile was said to be largely alcoholics. The unit had a room equipped with 2 ECG machines including monitors. It was found to be quite clean and tidy, with flowers and decorations on the walls; the sheets and quilt covers in all the rooms were new, clean and tidy. All the windows had curtains and efforts were clearly made to give the unit a homely atmosphere. It was staffed by one psychiatrist and one psychologist.

There is also an open unit in this building, in which the delegation was told that group work was done with groups of 5 or 6 patients, who received tuition on subjects such as alcohol, dependency, etc. It was added that all patients attended general meetings at which they were allowed to talk about all their problems, of whatever kind.

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CONCLUSION:

In the interim report dated 3 February 1999 submitted by the Turkish Government to the European Committee for the Prevention of Torture concerning the Committee's report adopted on 3 July 1998 on its visit to Turkey between 5 and 17 October 1997, information was provided on the steps taken and improvements made from October 1997 to December 1998 in connection with the views and recommendations set out in the CPT report.

This follow-up report sets out the improvements it is considered appropriate to bring to the CPT's attention in order to supplement the information already given in our interim report on the points mentioned in the report adopted on 3 July 1998 and submitted by the CPT to the Turkish Government on 23 July 1998; it also states the views of the relevant Turkish organisations.

The information provided in this report covers the fruitful results of the close, sincere and constructive cooperation developed between the Turkish Government and the CPT, particularly over the past few years.

The Turkish authorities sincerely hope that this cooperation will continue in the same fashion in future. It is a fact that in the context of the concept of human rights, which has developed with great speed in our country in recent years, great progress has been made in terms of both attitude and structure on the matters falling within the CPT's mandate. It is also a fact that these positive developments are restricted by limited budgetary resources. However, we are convinced that this obstacle will be overcome by the CPT's constructive observations and cooperation as well as the Turkish authorities' goodwill and determination.

The publication of the interim report and this follow-up report together with the CPT reports is a further indication of the Turkish Government's goodwill and resolution in this area.

It is a fact that Turkey still has many shortcomings in the matters covered by the CPT's mandate. However, it is one of the Turkish Government's primary aims to remedy these shortcomings in the coming years, to the extent permitted by the conditions prevailing in the country, through its own determination and through constructive cooperation with the CPT.

Appendix 1

**PRIME MINISTER'S OFFICE
DIRECTORATE OF LEGISLATION AND DECISIONS**

Ref: B.02.0.KKG/101-1335/923

Ankara

26/2/1998

**TO: MINISTER OF STATE AND DEPUTY PRIME MINISTER
MINISTER OF DEFENCE AND DEPUTY PRIME MINISTER
MINISTRY OF JUSTICE
MINISTRY OF THE INTERIOR**

To ensure that judicial services are performed fairly, speedily and effectively, and to protect human rights and prevent practices inconsistent with human rights, you are requested to take the necessary steps on the following points and complete them as a matter of urgency:

1. make the necessary legal arrangements, as a matter of urgency, for the procedure whereby, when the professional records of senior law enforcement officials (at provincial level the provincial head of security, heads of department with judicial functions and central district gendarmerie commander; at district level the district head of security and district gendarmerie commander) are drawn up by their administrative, professional and military superiors, the latter consult the chief public prosecutor to whom the official is attached about his success and competence in performing his judicial duties and complete the record after receiving the chief public prosecutor's written opinion on the subject;
2. ensure that together with the law enforcement officials concerned, public prosecutors are empowered to continuously monitor all detention facilities and are responsible for doing so;
3. equip public prosecutors with the technical facilities enabling them to monitor police and gendarmerie radios on the same wavelengths and on all channels;
4. draw up legislative amendments under which the gendarmerie's function of providing prisons with external protection will be regarded as a judicial function instead of an administrative one;

5. repeal the Proceedings against Civil Servants Act and make legislative arrangements for investigations concerning civil servants to be placed in the hands of the competent public prosecutors, while providing however for the commencement of an investigation in such matters to be subject to the permission of the civil servant's superior, in accordance with the last sub-paragraph of Article 129 of the Constitution, and if such permission is not granted, for proceedings to be brought before the administrative courts;
6. introduce the procedure whereby, when persons are apprehended and taken into custody, a form is completed at the time of their apprehension and at the time of their release and a copy is sent to the chief public prosecutor's office, thus putting an end to allegations of persons disappearing while in custody;
7. in each chief public prosecutor's office, set up a small co-ordination unit made up of selected staff members - the number of staff to be determined according to the location of the chief public prosecutor's office - in order to maintain the office's relations and communication with law enforcement agencies in the course of its judicial activities and to ensure the speedy transmission of instructions.

Mesut YILMAZ
Prime Minister

Distribution:

For action:

Minister of Justice
Minister of the Interior

For information:

Minister of State and Deputy
Prime Minister
Minister of Defence and Deputy
Prime Minister

Appendix 2**MINISTRY OF JUSTICE
DIRECTORATE OF PRISONS****No: Ks-17-21837
SUBJECT: CPT's recommendations****06.05.1999
ANKARA**

TO: ... CHIEF PUBLIC PROSECUTOR'S OFFICE

The 1997 report published by the European Committee for the Prevention of Torture as a result of its investigations in our prisons contains a number of recommendations with which this Directorate considers it appropriate to comply.

You are accordingly requested to take the necessary steps on the following points, to bear in mind that these points may be the subject of inspections during the Committee's subsequent visits and to forward this circular to the chief public prosecutors' offices and prison governors' offices under your authority so as to ensure that the staff concerned are informed of the matter.

1. Remand and sentenced prisoners to be notified in writing of the disciplinary sanctions imposed on them, and the text of the decision to systematically specify the authority to which they may appeal and the time limit for appeal;
2. A register to be kept concerning the disciplinary sanction of cellular confinement, recording the grounds for the sanction, the cell in which prisoners subjected to it are placed, the date and time at which they are placed there, the duration of confinement and the date and time at which they are released;
3. Both initial medical examinations of newly admitted prisoners and subsequent medical examinations of prisoners to be conducted out of the hearing of prison staff and, unless the doctor requests otherwise, out of their sight;
4. Prisoners' requests to see the doctor to be forwarded on a confidential basis to the prison infirmary;
5. Prisoners who are to remain for long periods in hospital prison wards to be provided with recreational facilities (e.g. books, magazines, newspapers, radio, television);
6. First aid training to be given to prison staff who will be able to provide first aid in emergencies arising in prison in the evenings and at weekends, and such staff members to be present on each shift.

(signed)
Ali Suat ERTOSUN
Judge
Director

Appendix 3**MINISTRY OF FOREIGN AFFAIRS**

CIRCULAR

1999/39

- Ref: a. circular n° B.02.0.PPG.0.12-383-6863(1997/17) of 9.4.1997
- b. circular n° B.02.0.PPG.0.12-383-27691(1997/73) of 3.12.1997
- c. the Instructions on Apprehension, Custody and Interview published in the Official Gazette of 1 October 1998 (issue no 23480)

As is known, protecting and developing human rights and fundamental freedoms in the universal sense and securing them for everyone without distinction has become a necessity for the democratic societies of the civilised world and a common ideal for humankind as a whole. Failure to show full respect for these rights and freedoms arouses sensitive reactions on a global scale thanks to the facilities afforded by the growth of communication technologies.

The cardinal aim of many international organisations is to make human rights the focus of worldwide interest, to safeguard these rights and freedoms, to develop them further and to ensure that they are not violated. In order to achieve this aim, numerous international instruments have been drawn up and put into force in these organisations and various supervisory mechanisms have been established.

Turkey regards the protection and development of human rights and fundamental freedoms as a requirement of the principle of a democratic, secular welfare state governed by the rule of law and respectful of the human rights enshrined in the Constitution.

As stated in the 57th Government Programme, our government considers that on the eve of the 21st century its priority tasks include remedying the deficiencies of our democracy, developing human rights, broadening freedom of expression and at the same time, as a requirement of our attachment to the principle of the rule of law, enabling the courts to work more productively and more effectively.

In this context the duties, powers and responsibilities of the security forces will be reviewed, legislative measures will be taken to guarantee the provision of effective and impartial law enforcement respectful of human rights, and training for the security forces will be developed.

As is known, the Higher Co-ordinating Council for Human Rights set up under circular a. has secured the adoption of numerous legislative and administrative measures aimed at fulfilling the obligations undertaken under international instruments to which Turkey is a party and protecting and developing the fundamental rights and freedoms enshrined in the Constitution; circular b. on respect for human rights and prevention of torture and ill-treatment was issued as part of this process.

On 1 October 1998 the Regulation on Apprehension, Police Custody and Interrogation, referred to under c. were published in issue no. 23480 of the Official Gazette and came into force in place of the Police Custody and Interrogation Instructions referred to in paragraph 1 of circular b. Subject to the provisions of other relevant legislation, it is very important that these instructions be fully and faultlessly complied with, particularly on the following points:

- a. meticulous compliance with the points specified in Article 6 entitled "Apprehension procedure", especially unflinching and faultless completion of the "Form concerning the rights of suspects and accused persons" provided for in the last paragraph of that article;
- b. full compliance with the obligations provided for in Article 9 entitled "Notification of relatives";
- c. observance of the rules and procedures listed in Article 10 entitled "Medical checks";
- d. meticulous keeping of the "Register of persons taken into custody" in accordance with the provisions of Articles 11 and 12 entitled "Custody procedures" and "Register of persons taken into custody";
- e. compliance with the periods specified in Article 13 entitled "Custody periods";
- f. compliance with the requirements of Article 18 entitled "Special provisions governing minors";
- g. compliance with the provisions of Article 23 entitled "Prohibited methods for taking statements";
- h. uninterrupted pursuit of the works designed to improve detention facilities as indicated in Article 24 entitled "holding cells and interview rooms";
- i. faultless performance of the inspection duties provided for in Article 25 entitled "Inspection of holding cells and interview rooms";
- j. compliance with the provisions of Article 26 entitled "Secrecy of preliminary investigations";
- k. compliance with Article 29 entitled "Staff training" and with the points relating to staff training contained in Provisional Article 1.

However, by decision no. 1998/7266 of 14.4.1999 and decision no. 1998/7108 of 17.2.1999, the 10th Division of the Supreme Administrative Court has set aside the following provisions of these instructions:

- a. the words "if likely to offend feelings of decency" in Article 8, paragraph 1, sub-paragraph a.,
- b. sub-paragraph c. of Article 18 and paragraph 2, sub-paragraph 3 of the same article, which provide that "preliminary investigations relating to persons between the ages of 15 and 18 may be conducted by the law enforcement agencies",
- c. the last sentence of Article 21.

The relevant legislation shall therefore be applied with regard to these points until further measures are adopted.

The requisite statutory procedures shall be initiated without delay in respect of allegations of torture and ill-treatment. This will prevent further criticisms to the effect that allegations of this kind are not investigated seriously enough, that investigations are not opened in respect of public officials alleged to have engaged in torture and ill-treatment or that the investigations opened are not conducted effectively, and prevent our country's reputation being damaged in this way.

Human rights education is of decisive importance in building awareness, among individuals and in society at large, of the need to protect and develop human rights. More time will accordingly be devoted to human rights education in the in-service training programmes carried out in public institutions and organisations. In addition, as regards the training of candidates for the civil service, an amendment to the General Instructions for the Training of Candidates for the Civil Service, published in issue no. 23250 of the Official Gazette on 6.2.1998, introduced "Human Rights" as the 13th subject in basic training. Under this amendment, the necessary steps will be taken to ensure that the subject of human rights is dealt with in detail in the training of candidates for the civil service.

To ensure faultless compliance with the above points and with circular b. and instructions c., provincial governors, district governors and public prosecutors, as well as territorial inspectors, other officials empowered to conduct inspections, gendarmerie commanders and police chiefs, shall carry out unannounced checks and inspections in their own statutory areas of responsibility, shall speedily take the necessary steps to remedy deficiencies found during these inspections and shall apply the requisite procedures in respect of officials found to be at fault; they shall provide information in writing to the Higher Co-ordinating Council for Human Rights attached to the Prime Minister's Office, via the Ministry of Justice and the Ministry of the Interior, every three months as from 1 October 1999, on the conclusions of the reports drawn up on all these checks and inspections.

Please take note and take the necessary action.

Bülent ECEVİT
Prime Minister

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