Human Rights of Children and Adults in Georgian Psychiatric, Social and Child Institutions

2007-2008 Monitoring outcomes and recommendations

The project is implemented with the financial support of the European Union

The project is implemented by the “Global Initiative on Psychiatry – Tbilisi”
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The present work represents the report of the “Global Initiative on Psychiatry – Tbilisi” project “Protection of Human Rights of Children and Adults in the Closed Psychiatric, Social and Child Institutions”.

According to the mentioned above project, the organizations unified within the Public Monitoring Council of closed institutions existent at the Ombudsman Office conducted the monitoring of psychiatric hospitals, child and social institutions with the purpose of studying human rights protection throughout Georgia in 2007 – 2008. The monitoring results and recommendations elaborated on the basis of the given outcomes are represented in the present report that should, in our opinion, be interesting for all the organizations or representatives of various professions studying human rights and searching ways for the solution of the existent problem in Georgia.

At the time of the project implementation the partner organizations of the GIP-Tbilisi were: “Human Rights Informational and Documentation Centre”, The Georgian Centre for Psycho-Social and Medical Rehabilitation of Torture Victims”, the union “Cooperation for Equal Rights”, “Alliance of People with Special Care Needs”, “Georgian Association of Mental Health”. We would like to express our gratitude towards the given organizations for their cooperation and the project support.

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The considerations presented in the given publication do not express official position of the European Union
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I. INTRODUCTION

It is impossible to evaluate the ongoing processes in the human rights sphere in Georgia without studying rights of the people hospitalized in psychiatric and social care institutions. Over years these institutions were closed for “unauthorized” persons and the community was showing less interest in the conditions existent in these institutions. The situation has changed since 2005, when on the Public Defender’s own initiative the non-governmental organizations started monitoring process of psychiatric hospitals. In the same year Georgia joined the United Nation Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment\(^1\) that aims at prevention of torture and inhuman and degrading treatment for the imprisoned individuals deprived of liberty\(^2\) by elaborating regular monitoring system in the custodial institutions. In the given context, establishment of the Public Monitoring Council responsible for human rights monitoring in the psychiatric institutions at the Public Defendant Office in 2006 that unified different non-governmental organizations was very important. Carrying into effect the new law “On Psychiatric Aid” from January 2007 was also a very important step from the viewpoint of psychiatric patients’ rights protection. Global Initiative on Psychiatry – Tbilisi Office was actively involved in the elaboration of the mentioned above law.

The monitoring carried out during 2005-2006, revealed hard living conditions existent in the psychiatric hospitals that were beneath criticism and degraded human dignity. The hard hygiene and sanitary conditions, tumbledown buildings, out of date, outworn equipment, absence of heating, problems with water and electricity, delay of patients’ discharge from the hospital for years represented the typical picture, which was reflected in the first reports prepared by the Monitoring Council\(^3\).

In 2006-2008 Global Initiative on Psychiatry – Tbilisi Office in cooperation with the Public Defendant Office and with financial support of the European Commission carried out regular monitoring of the psychiatric hospitals, children and social homes. The aim of the given monitoring was to study children and adults’ rights in closed institutions; in particular, living conditions, medical service, observance of involuntary treatment procedure, humane treatment, rights to respect private life, to express opinions, lodge a complaint, right of participation, non-discrimination and other fundamental rights. In some of the institutions the repeated monitoring was conducted over observation on the recommendation implementation. It should be mentioned that during the regular monitoring process many painful issues started to be regulated and some positive dynamics can be noticed.

2007-2008 monitoring revealed that in the mentioned above institutions living conditions have been partially improved, in particular, nutrition, supply with medicines, electricity and partially heating problems have been regulated; the Tbilisi psychiatric hospital being in unbearable condition was moved to the newly repaired building, but repair and equipment of the most institutions, negative consequences of long-term isolation of individuals, lack of methods oriented towards social integration and rehabilitation, lack of professional personnel, issues of non-aggressive and human treatment still remains the problem.

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\(^1\) Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), New York, 18 December 2002

\(^2\) Deprivation of liberty means any form of detention or imprisonment or the placement of a person in a public or private custodial setting, from which this person is not permitted to leave at will by order of any judicial, administrative or other authority (OPCAT, article 4, part 2)

The monitoring outcomes and recommendations were presented at the briefings and Round Table meetings held in the Public Defender Office and the Parliament Healthcare and Social Affairs Committee of Georgia in which professionals, the individuals interested in mental health care issues, human rights specialists and media representatives participated.

The present report was prepared by Global Initiative on Psychiatry – Tbilisi Office within the project “Protection of Human Rights of Children and Adults in the Closed Psychiatric, Social and Child Institutions” financed by the EC on the basis of the monitoring materials carried out in 2008.

The following associations represented the partner organizations at the time of project implementation: “Human Rights Informational and Documentation Centre”, The Georgian Centre for Psycho – Social and Medical Rehabilitation of Torture Victims”, the union “Cooperation for Equal Rights”, “Alliance of People with Special Care Needs”. Public Monitoring Council of closed institutions existent at the Ombudsman Office was the associated partner.

We believe that protection of human rights of the individuals held in institutions and support of deinstitutionalization process is possible to be effectively implemented by strengthening public control that in the first place implies regular visits to the mentioned above institutions and supervision on implementation over the given recommendations.
II. THE MONITORING REPORT

HUMAN RIGHTS IN PSYCHIATRIC HOSPITALS AND SOCIAL CARE INSTITUTIONS

General Overview

According to 2007 data, 72,588 individuals having mental disorders are registered in Georgia, among them 1,496 children aged – 0-14. Inpatient psychiatric aid, according to the State program, is carried out by 6 psychiatric hospitals for 1,190 beds, 2 boarding type institutions for 155 beds. 15-15 beds are registered in three psychoneurological dispensaries. Currently there are 2.7 psychiatric beds per 100,000 general population in Georgia (social care beds are not reckoned among these figures) that is considered to be a sufficiently low index for the country where community-based service is not developed.

Average index of retention in the institutions for individuals with mental disorders during 2007 was 82.39 days. The rate of involuntary in-patient hospitalization reaches 61%.

It should be noted that in accordance with the new law, from 2007 the decision about a person’s involuntary in-patient hospitalization is made by the court. The given procedure has been already implanted in all the hospitals.

During 2005-2008 the state financing of psychiatric service is being increased and if in 2006 it made up 5,200,000 GEL, in 2008 it makes up 8,350,000 GEL.

28.7% of the psychiatric state program budget is provided for out-patient treatment, 70.5% – for in-patient care and 0.8% – for children and adults’ rehabilitation outside hospital. Psychiatric in-patient service budget provides 5,517,558 GEL, bed per day makes up on average 12-15 GEL (that is approximately 8-10 USA dollars).

During 2007-2008 we visited the following institutions:

- The M. Asatiani Psychiatry Research Institution;
- The B. Naneishvili Mental Health National Center (Qutiri);
- The Surami Psychiatric Hospital;
- The Bediani Psychoneurological hospital;
- The Batumi Republican Psychoneurological Hospital;
- The Tbilisi A. Zurabashvili Psychiatric Hospital Boarding Department.
- The Dzevri Boarding House for Persons with Disabilities

The goal of the monitoring

The goal of the monitoring was to study human rights of the people being hospitalized in the psychiatric and social care institutions: in particular, their living conditions, the provided medical service, observance of involuntary treatment procedure, rights for humane treatment, private life, expression of opinions, lodging a complaint, right of participation, non-discrimination and other fundamental rights. In some of the institutions the repeated monitoring was conducted in order to supervise the implementation of the given recommendations.

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5 WHO-AIMS Mental Health System in Georgia, Tbilisi, Georgia, (2007) /under publishing
During the monitoring process we used method of general observation and patients’ questionnaire (see the appendix). The method of obtaining information was semi-structured interview, observation and photo-documentation. The advocacy group was involved in studying particular cases of human rights violation.

Nowadays psychiatric in-patient service in Georgia may be briefly characterized as follows:

**The majority of hospitals is situated in massive, amortized, old buildings, far from patients’ families and their places of residence, and provides, mainly, medicament treatment.**

Under conditions of increased financing, living conditions have been partially improved, clinical departments in some of the hospitals have been reconstructed, the Tbilisi psychiatric hospital, being in unbearable state, was transferred to the newly repaired building;

**Nutrition and medicine supply have been significantly improved; electricity and partially heating problems have been settled;**

Repair and equipment of the most institutions, negative consequences of long-term isolation of individuals, lack of methods oriented towards social integration and rehabilitation, lack of professional staff, qualification level of personnel, issues of non-aggressive and humane treatment, patients’ participation, and guardianship issues still remains the problem.

#### Positive Dynamics

In comparison with the conditions of the previous years:

- The Tbilisi A.Zurabashvili psychiatric hospital has been transferred to the reconstructed new building;
- In the majority of hospitals the reconstruction works have been completed or are going on in clinical departments, problems with heating and electricity have been solved;
- Supply with medicines and drug choice has been significantly improved;
- Art therapy room has been opened in the B. Naneishvili Mental Health Centre;
- Social workers have been employed as the staff members in Qutiri, Batumi and Bediani hospitals; Social service has been established in the Qutiri Mental Health Centre;
- Patients are more satisfied with medical service;
- Patients are more informed about their own rights, in almost all institutions the internal regulations and information about patients’ rights are put up on the wall;
- Patients’ discharge dynamics has been improved; relationships with guardians / relatives are regulated by social workers and advocacy office.

#### Existent problems

The problems existent in the psychiatric hospitals today are mainly of systemic nature, predetermined mostly by absence of adequate out-hospital network service in Georgia and out of date institutional system.
Despite positive improvements massive psychiatric hospital management is inflexible, infrastructure – non-effective, equipment – out of date and out of order;

Treatment is mainly medicamental, psycho-social abilitative / rehabilitative concept is not developed;

There is an acute shortage of new professions (social workers, occupational therapists, ergo therapists and etc.), without which modern psychiatric service is unconceivable;

Personnel has no information about modern approaches and services in psychiatry;

Patients are still complaining about aggressive and rude treatment from staff members;

The rights such as receiving information, respect for private life, right to property, communication with outside world and other fundamental rights are frequently violated.

Wherever monitoring was conducted, patients had to work for the institution needs without any fair compensation;

Patients often carry out the job of low medical staff. It is apparent from the interrogation that this kind of labour does not have compulsory character but if we take into consideration the fact that patients are in unequal conditions in comparison with the personnel, use of their labour is an obvious violation of patient's rights from the side of a staff member.

Patients with mental disorders stay in the hospital for ages; among them those, who do not need in-patient treatment any more, but cannot be discharged from the hospital because they have no family, or relatives refuse to take them from the hospital.

Owing to the long-term isolation, patients have already lost social and labour skills and abilities and therefore their reintegration into society is even more difficult.

The medical personnel salary is still very low and provokes their displeasure and absence of motivation. Staff members’ low salary in psychiatric institutions represents one of the acute problems because under conditions of such compensation qualified personnel cannot be attracted that affects quality of treatment as well as care.

Patients are not sufficiently informed about their rights. The mechanism of internal complaint does not exist. Attitude of staff members toward individuals with mental disorders is paternalistic.
THE RIGHT OF ACCESS TO INFORMATION

Individuals having mental disorders should also enjoy the rights to receive information as much as other citizens. A patient with mental disorder should be informed about his disease and treatment – the given information enables him / her to participate in treatment planning and decision-making process.

Information delivery practice in mental hospitals is ineffective and depends on the medical personnel's good will. For its part, patients' activity to access information is also low. The patients in psychiatric institutions are not provided with information about their own diagnosis, treatment, treatment alterations and prognoses in user-friendly terms. The mentioned above situation is common for all hospitals where monitoring was carried out.

THE RIGHT FOR PRIVATE LIFE

Patients' rights for private life in psychiatric hospitals are restricted, there are ten and sometimes more patients in the wards, and they do not have possibility to privacy, they cannot use the bath when they want to. There is no individual illumination in the wards (for example, the Tbilisi A. Zurabashvili Psychiatric Hospital and the Batumi Republic Psychoneurological Hospital).

Patients do not have safe closets for their personal belongings. Stealing is frequent among the patients.

Use of the telephone represents a problem for the patients; telephones are not installed in the units that violates the right of the patients with mental disorders to communicate with the outer world. In order to settle the given problem, the administration should install telephones in the units and define the usage regime in accordance with the internal regulations.

DISCRIMINATION

Encouragement of “assistant” patients is practiced within psychiatric institutions. Those patients who help the personnel in carrying out daily duties enjoy different privileges – they are provided with extra food, tobacco, freedom of movement and others.

The mentioned above problem represents a particularly burning issue in the Bediani Psychoneurological Hospital and the Qutiri Mental Health Centre.

TORTURE AND INHUMAN TREATMENT

While talking about torture and inhuman treatment within psychiatric institutions, it is important to take into account the fact that certain part of patients spends significant period of their lives in the mentioned above institutions. These patients consider their own state as imprisonment.

As a result of interrogation in some of the institutions the facts of patients' physical restriction,
threatening and physical insult are frequent. Also there are facts of patients’ prolonged isolation. Often the appropriate records are not made in the patients’ case history.

In case the patient does not obey the existent regime properly, the personnel’s attitude towards him / her is particularly strict and rude. The interrogated patients report about facts of punishment via injection. According to the personnel, patients get neuroleptic injections in crisis situation against their will, but in accordance with their explanation, it is the constituent part of treatment, and patients perceive this method as a punishment because they are often given injections in case of regime disobedience or other conflict situations.

According to the International Conventions on Human Rights⁶, "medicamental prolonged sleep therapy" is considered as inhuman and degrading treatment method; using sedative medicines with the purpose of patient’s punishment is also prohibited.

➢ UTILIZATION OF PATIENT’S LABOUR

In no circumstances shall a patient hospitalized in psychiatric medical institution be subject to forced labour. Every such patient shall have the right to receive the same remuneration for any work which he or she does as would be paid for such work to a non - patient.

Principles for the Protection of Persons with Mental Illness, the United Nations resolution, 1991

According to the results of the monitoring in the psychiatric institutions conducted in 2007-2008, utilization of patients’ labour is a common practice.

The monitoring revealed the facts when the patients carry out the job entrusted to low medical personnel – look after enfeebled patients, clean the wards, corridors, take part in cleaning the toilets, carry the food containers, conduct hygienic procedures for other patients. According to the patients’ reports, they also participate in reconstruction activities, work on nearby farms.

The interrogation shows that the patients carry out the mentioned above work voluntarily, though patients and medical personnel in psychiatric institutions are in unequal conditions and the patient unambiguously depends on medical personnel. Owing to this fact, utilization of patients’ labour, despite their consent, can be considered as their exploitation.

The monitoring made it clear that different institutions have different arguments concerning utilization of patient’s labour and the administration representatives call the revealed facts either a labour therapy, a human desire to help others or a voluntary labour.

It should be noted that none of the given institutions have formal contract with the patients whose labour they use. The interrogated patients report that as a reward for such work they get some cigarettes, coffee, chocolate, extra portion of food, right to walk outside and other encouragements.

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⁶ General Assembly Resolution 46/119 United Nations Principles for the Protection of Persons with Mental Illness; Convention on the Rights of Persons with Disabilities; Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment
Until now the psychiatric hospital administrations have not established effective mechanism with the purpose of eradication the facts of patients’ exploitation. None of the hospitals have labour therapy workshops or other programs concerning patients’ employment.

Utilization of patients' labour in psychiatric institutions in such way cannot be considered as rehabilitative measure because the labour that is used with the rehabilitation purpose needs organization and substantiation.

For the mentioned above purpose the institution has to elaborate a special program for patients’ labour rehabilitation that will regulate types of labour, its volume, objective consideration of the patient's free will at the time of his / her participation in working process, the patient's right - to choose one or another type of labour, necessary working environment and schedule, adjustment of labour rehabilitation to the patient’s treatment plan, realization of the labour product and transparent and fair expenditure of the earned income and others.

Only in the mentioned above case the patient's labour can be considered as rehabilitative measure, as:

“Labour therapy represents a type of rehabilitation that aims at reduction or overcoming the patient’s psycho-physical disability by utilization of real life activities. The goal of labour therapy is to provide the patients' better functioning, by means of maximal use of their own abilities and possibilities”.

Psychiatric rehabilitation
Jaap Van Weeghel

Patients’ labour in psychiatric institutions should be of voluntary character and it should serve for only therapeutic purposes.

- THE RIGHT OF FREE MOVEMENT

The part of patients (among them the patients being under voluntary treatment) are not allowed to walk in the yard.

Patients’ rights of free movement are violated in the M. Asatiani Psychiatric Research Institute, the Qutiri Mental Health Centre and the Batumi Republic Psychoneurological Hospital. The patients’ walk has discriminatory character and is available for only the part of them; in Qutiri Mental Health Centre the patients are taken for a walk inside the yard within the area specially enclosed by iron nets that at a glance reminds of prison. Walking within the best part of the large green yard is prohibited for them.

No exact procedure exists that will regulate the patients’ temporary leave out of the institution (taking a leave). Frequently patients are not given the right to visit their own relatives, family members even while undergoing treatment in the hospital for years. In this context, indifference of the patients’ relatives plays certain role.

According to personnel's consideration, restriction of patients' right for free movement is set to the patients’ advantage – letting them out endangers their own lives – in cold weather they may catch cold, enfeebled patients may lost their way or sustain a trauma.
The monitoring revealed that patients’ property is unprotected. Their houses are often misappropriated or sold by their relatives without their permission and owing to the given facts, the patient has nowhere to go and they cannot be discharged from hospital.

During the monitoring, conducted in the Tbilisi A.Zurabashvili psychiatric hospital, we spoke to a lady who was left homeless after her own flat had been sold designingly by her relatives; some patients of the Quiti Mental Health Centre, the Surami Psychiatric Hospital and the Bediani Psychoneurological Hospital during their long-term hospitalization have lost their property too.

During the interview in the Tbilisi A.Zurabashvili Psychiatric Hospital, the patients were attending the interview with their personal belongings and food supplies brought by their relatives because facts of stealing are frequent among patients, and they have to carry their belongings with them all the time.

TREATMENT AND PSYCHO-SOCIAL REHABILITATION

Taking into account the fact that the majority of patients stays in the psychiatric hospitals for a long period of time, it is important, the institution to care about reintegration of these patients into society. Psychiatric institutions, apart from the cases of exception, do not have elaborated individual plans for the patients’ psycho-social rehabilitation - for the development of their social and working skills and abilities.

No methods and approaches, which support patients’ independent life in the society, are reflected in the institution activity.

Psychiatric institutions are oriented towards medicamental treatment.

In Surami Psychiatric Hospital as well as in Bediani Psychoneurological Hospital alternative methods of treatment are not implanted at all.

The patients are not practically involved in planning and implementation process of their own treatment. They get little information about their treatment that is provided, as a rule, only when a doctor considers it necessary.

Specialized non-psychiatric medical service is not available for patients with mental disorders. The monitoring revealed a case in Bediani Psychoneurological Hospital when a patient with a severe leg trauma was waiting for surgical consultation for 4 months.

THE RIGHT TO VOTE

Since the majority of patients were not allowed to participate in local elections of 2006, the Public Defender applied to the Central Electoral Commission and the administrations of psychiatric hospitals with the recommendation to protect voting rights of the patients with mental disorders. As a result, the Central Electoral Commission took the appropriate measures and the hospital managers timely provided the Electoral Commission with patients’ list and settled the problem with identity cards.
In January of 2008 special presidential elections were conducted in much more organized way within the psychiatric hospitals. The directors appointed the persons responsible for elections who were entrusted to collect identity cards and establish connections with the Electoral Commission.

For the first time during the last decade the patients were given the possibility to vote. All patients who were not recognized as disabled (legally incapable) and expressed their desire to vote took part in elections in Asatiani and Qutiri Psychiatric Hospitals.

It turned out to be difficult for the patients to observe the election procedure and handle the bulletins in the first place because they participated for the first time and did not have necessary skills and, secondly, they did not have the necessary information. All the mentioned above left an impression on one of the Electoral Commission member that participation in the elections for this category of people is mainly formal and pointless therefore he expressed his loud protest.

The attitude and statements of the Commission members was offensive and disparaged constitutional rights of these people. It should be mentioned that many patients participated in the given process enthusiastically and, after appropriate explanations, adhered to the voting procedure.

Despite various flaws, people with mental disorders were given the possibility to take part in election process that is very important for strengthening the rights of the people with mental disabilities.

➢ THE RIGHT OF APPEAL

The interrogation showed that the hospital managers have not worked out the internal mechanism of lodging a complaint; therefore the administration is less informed about the problems, which the patients come across in the departments. Accordingly, patients’ rights are violated more frequently during the night hours. There are cases when patients are fixed without doctor’s instruction and corresponding notes in the medical history; or when personnel on duty bring alcohol in the unit and then behave aggressively.

The hospital managers point out that a patient can always make a complaint to the head of department or directorate but the terms of response to the complaint or procedure of consideration do not exist. As a rule, the practice of written response to the complaint is nonexistent. 40% of patients suppose that their complaint will result in nothing and, on the contrary, they avoid complications with medical personnel.

The monitoring showed that in some hospitals the existent mechanism of appeals - boxes for complaints that are installed for the guests from outside rather for familiarization with the patients and their guardians’ critical opinion, - is ineffective and needs elaboration of more efficient internal monitoring system.

➢ DISABLED PATIENTS AND THEIR RIGHTS

Disabled patients are especially unprotected that represents not only a hospital problem. Problem of relation with guardians is particularly acute. The hospital managers try to solve the patients’ social
problems. For this purpose social workers were employed by some of the hospitals to work on establishment of relations with guardians, issues of patients’ private documentation and their own income.

Those patients who are recognized as incapable and have guardians often face various problems from their guardians owing to their indifference and property interest. In the given cases these patients are not given possibility to choose their guardians or replace them as incapable patients hardly have option to lodge a complaint against their guardians, and the guardianship control bodies actually do not function.

Batumi Republic Psychoneurological Hospital came across the similar problem and the institution certainly succeeded in solving the patients’ social problems. The hospital administration more than once applied to the municipal care authority with the request concerning a guardian’s replacement as the guardian refused to perform his duties; however, until now the given issue has not been settled yet that makes it apparent that control over execution of the duties by guardians’ is not the usual practice and their dishonest performance is not responded properly.

Incapable patients are deprived the right of marriage that represents an important restriction of the right for private life.
CONCLUSIONS

The outcomes of the monitoring carried out in psychiatric institutions clearly point out that traditional, institution-oriented service and centralized psychiatric service cannot provide absolute protection of interests and rights for individuals having mental disorders, as the mentioned above system is mainly created for a person’s isolation;

- Money spent on rehabilitation of the mentioned above system is ineffective if, in parallel, approach towards a patient’s treatment is not changed, when the goal is to return the patient back to society and preserve his / her skills and abilities for his / her independent life;

In contrast to previous years, when psychiatric financing was tied to bed per day, from the end of 2008 in-patient service financing is provided by means of global budget method. The advantage of the mentioned above alteration is that motivation of the hospital managers to keep the individuals with mental disorders for a long period of time in the institutions with the purpose of loading the hospital beds, will disappear and stimulus to reduce the in-patient treatment duration will appear;

- There is a danger that within global budget financing, treatment of the people with mental disorders in the hospital will be shortened unjustifiably and the individuals having complicated mental disorders will be discharged without completion of treatment;

Improvement of in-patient service is impossible without development of community-based psycho-social services. Lack of services outside hospital today significantly predetermines prolonged hospitalization;

- Establishment of continuous psychiatric service, which will provide patient’s treatment and further rehabilitation under minimally restricted conditions, is necessary;

Prolonged hospitalization and only pharmacological therapy deepens social incompetence of these people and causes formation of the “learning disability” syndrome. To solve the given problem it is necessary to support preservation and development of patient’s skills and abilities, to organize patient’s daily and sporting activities, labor therapy and to implant other activities within the hospital;

- Implanting new forms of psycho-social service, involving people with mental disorders in the rehabilitation process is necessary;

Nowadays child and adolescent psychiatric beds do not exist in Georgia and owing to the given fact; children are admitted to adults’ unit of psychiatric hospital. Admission of children under 14 to the adult department comes into collision with the law “On Psychiatric Aid”. Child department with certain amount of beds should be founded immediately;

Insufficient level of professional staff qualification and lack for knowledge of modern approaches, low motivation of personnel influences treatment and care quality;

- Retraining of the existent personnel and preparation of new professionals, without which modern mental services are inconceivable, is necessary
Issue concerning information on patients’ disease, treatment and their own rights is still problematic. It is necessary the institution administration to implant the patients’ informing practice and take additional measures for their better informing.

It is possible to define the procedure of mandatory provision of the patients with the given information within specified time from their admission to the institution in accordance with the inner regulations;

### Providing patient with relevant information is indispensable with the purpose of his / her co-participation in the treatment process in order to perceive the patient not only as the care object but also as a partner.

- The administration should institute stricter control over use of patients’ labor by low medical personnel. It should be noted that none of the hospitals have labour therapy workshops or other programs providing the patients’ employment;

- Social workers should be entrusted with settling patients’ social problems, such as documentation, pensions, property disposal, relations with guardians;

The monitoring revealed that the existent mechanism of appeals – boxes for complaints - are installed more for the guests from outside rather for study the patients and their guardians' critical opinion;

- It is necessary to introduce and use efficiently the internal system of complaints – as the feedback mechanism between the institution and its patients.

Supporting participation of the incapable individuals in the elections is necessary in order to realize their constitutional right. Providing information preliminarily, familiarization of the individuals having mental disorders with election procedure and bulletin content, delivery of the information about candidates in time represents important precondition for the mentioned above;

- It is necessary the Central Electoral Commission to carry out appropriate work among its staff members concerning the rights of the incapable individuals and ethical code of conduct;

It is indispensable to improve availability of non-psychiatric medical services for patients with mental disorders. Violation of rights of individuals with mental disorder to use non-psychiatric service requires immediate response;

Introduction

The monitoring of Tbilisi (Gldani) Psychiatric Hospital within the EC project “Protection of Human Rights of Children and Adults in the closed psychiatric, social and child institutions” was conducted on November 27 – 29, 2007. Only boarding department for 100 patients is functioning now at the hospital.

During the monitoring, two types of questionnaires were used: for the administration and for the medical personnel / patients. Method of obtaining information was semi-structured interview, observation, case study of particular violations, familiarization with medical documentation and photo-documentation. The monitoring lasted for 3 days.

The goal of the given monitoring was to study the present conditions and protection of human rights in Gldani Psychiatric Hospital, and also supervise implementation of the recommendations given to the institutions administration during the previous monitoring.

The main outcomes of the monitoring

The City Psychiatric Hospital moved to a new, repaired building. The main reconstruction works have been completed but the fate of the hospital still remains uncertain (whether it will be closed or remain), therefore the repairing has been stopped, only two - so called boarding unit for 100 patients and dispensary unit are functioning. As the hospital is not fully loaded, the managers have to limit supplies of water, gas and electricity.

Today it is obvious that the hospital will not be able to cover the heating expenses with the sum allotted by the state program. 2 400 GEL is allotted per month for communal expenses by the boarding department financing, whereas in case of turning on heating system only gas fee makes up 5 000 - 6 000 GEL.

As a result of recent reconstruction, living and sanitary conditions in the hospital has been greatly improved, the hospital has been provided with special wheelchairs for physically handicapped patients. Medicine supply is provided unimpeded.

Taking into account the Monitoring Council recommendations, the hospital administration provided the institution with boxes for the patients' complaints. A special commission studies the patients' letters placed in the boxes on regular basis and responds to the complaints when considers it necessary. The commission consists of mainly the hospital administration representatives that apparently reduces possibility of impartial consideration of the complaints and effective response to them.
Despite providing the mentioned above appeal mechanism, attitude of the staff members, particularly low personnel, towards patients still remains inhuman. It can be proved by patients’ reports that shouting, rudeness, patients’ fixation and threatening from the hospital personnel is a usual practice.

The personnel salary is low therefore they lack for motivation. The paramedical personnel’s qualification is a problem; owing to low salaries, they cannot afford to employ social worker.

The patients, generally, express their discontent with food that is according to them, tasteless, unsalted, unsweetened and non-fat. The given assessment is repeated with one exception in the interviews of all the patients. At the same time, according to the medical personnel, nutrition is excellent.

Stealing among the patients represents a serious problem in the hospital, therefore the patients have to carry their belongings with them or hide them under their mattresses. The hospital has purchased the cupboards to keep the personal belongings but they have not been furnished everywhere yet. According to the administration, they are waiting for the completion of reconstruction works to equip the wards entirely.

The patients are fixed (restricted / tied) contrary to the law, for a long period of time and without appropriate medical records. In particular, the order N92/n of the Minister of Healthcare on carrying out the regulations and procedures of using physical restriction methods upon patients with mental disorders is not observed.

There is a telephone in the unit but the patients have almost no possibility to use it. According to them, only some of the patients have this right. The personnel report that the patients can use the telephone at any time when they need it that is unreal if we take into account that the patients, as a rule, require the phone very often and occupy it for a long time.

In accordance of the administration explanation, those, who were allowed to use the phone, “required it thousand times a day” and the line was engaged for indefinite period of time, therefore the management had to limit use of the telephone.

The patients still work for the department needs, perform the hospital attendants’ duties, tidy, clean toilets, look after bedridden patients and get some cigarettes and coffee for the completed job as a reward. Although the staff members deny the patients' labour, this fact is confirmed by all the patients without exception. Labour is not compulsory, but if we take into consideration the patients’ dependent condition and the fact that they do not really have alternative way of daily activity, the mentioned above fact may be considered as exploitation of the patients’ labour.

The majority of the patients mentioned that those patients, whose relatives pay certain amount of money to the personnel, are treated better. The staff members refuse categorically the fact of payment by the relatives.
In general, it is apparent that the answers of the medical personnel and the patients on the same questions are contrary, for example, concerning use of telephone, labour utilization, physical restriction and money payment; this points out that at the time of interrogation the staff members were not sincere and tried to conceal the existent problems.

Taking into consideration the recommendations, prepared as a result of previous monitoring

- The patients living conditions have been significantly improved;
- There are boxes for the patients’ complaints in the units and according to the administration, the patients complaints represent an important source of gathering information;
- The administration has worked out the inner regulations, there is an informational board in the unit;
- The administration tries to restore the patients’ identity cards with their own resources;
- The hospital has a lawyer who helps the patients in protection of their rights and dealing with the problems connected with guardianship.

The monitoring group recommendations

To the Ministry of Labour, health and Social Affairs –

- Additional financing of the boarding department for payment of communal expenses should be decided urgently, otherwise heating of the hospital will become impossible;
- Owing to poor financing, employment of necessary amount of personnel and rising their salary cannot be provided that is directly reflected on the patients’ care conditions.

The hospital administration

- According to the order of the Ministry of Health, provide four meals a day, pay special attention to the quality of preparing meal and its taste properties
- Elaboration of inner mechanism for appeal is necessary. Information obtained only by means of boxes for complaints is not sufficient for internal monitoring;
- Carry out the activities in order to reveal rudeness and aggression of the personnel;
- Intensify control over use of the patients’ labour;
- The rules of using telephone by the patients’ should be regulated (set up limits, determine reasons for refusal);
- Require from the personnel strong adherence to the law in case of the patients’ fixation and making appropriate records in the medical documentation;
- Senile and physically enfeebled persons represent major part of the patients staying in the hospital, therefore it is necessary for them to install special handrails in toilets and bathrooms;
- Furnish cupboards to keep the patients’ personal belongings in the functioning departments, take measures to prevent theft;
- Better informing of the patients’ about their treatment and rights is necessary, the information should be provided in user-friendly terms;
- Arrange social space for the patients;
- Pay attention to provide the patients’ with a regular walk in the yard;
- Pay attention to introduce non-medication treatment methods (art therapy, labour therapy, psychotherapy);
It is necessary to increase number of low medical personnel as the present number of staff members is not sufficient to look after the patients properly;

- The medical personnel should be better informed about their own rights, particularly, realization of their rights to participate in working out the internal regulations and make amendments in it.

**Particular recommendation to the administration:**

It is necessary to study the existent information concerning payment for a patient’s admission to the department and his / her further care by the patients' relatives.

**Description of the cases on human rights violation**

**A patient Magda**

A patient has a privatized flat in Tbilisi; she does not know who lives there and who possesses it now. She is not allowed to use the phone, she does not receive a pension, and nobody visits her. She wears old, torn clothes.

**Follow-up action for advocacy group:** ascertainment of the flat owner in the property registration bureau, finding relatives, finding out the issues around her pension.

**A patient V.’s case**

According to the patient, he / she is frequently tied to the bed with a rope. The monitoring group examined the medical documentation and there were no records made concerning physical restriction, though the group found a piece of rope near the patient’s bed by means of which the personnel used to fix the patient. With the purpose of finding an explanation, the unit hospital attendant (the patient’s mother) was interrogated who elucidated that because of the patient’s aggressive behaviour, she often ties the patient to the bed with a rope on the ground of her own decision. She also mentioned that during the previous week the patient had been fixed 2 times for a long period of time. The restriction fact is not registered in the appropriate medical documentation.

**Follow-up action:** the administration was given an instruction to control the patient’s physical restriction that should be carried out on the ground of a doctor’s decision and special notes should be made in the medical documentation in accordance with the order of the Minister of Healthcare.
A patient L.’s case

At the time of the patients’ interrogation, they asserted that L. is often tied to the bed. The monitoring group members found a cord on the chair where the patient used to sit and the patient had a trace of the cord on his feet. Doctor I. Chkadua was interrogated. According to him, the patient periodically develops disphoric state and as purposeful contact with him is impossible, it becomes necessary to fix him physically (tie him to the bed with the cord) and give the injection. The doctor explained that physical restriction lasts for 10-15 minutes. But after studying the medical documentation, it turned out that no records are made concerning the facts of physical fixation.

Follow-up action: the administration was given an instruction to control the patient’s physical restriction that should be carried out on the ground of a doctor’s decision and special notes should be made in the medical documentation in accordance with the order of the Minister of Healthcare.
TBILISI A. ZURABASHVILI PSYCHIATRIC HOSPITAL

Ward

Dining - hall

Corridor
**Introduction**

The monitoring was conducted on February 28 – 29, 2008

Global Initiative on Psychiatry-Tbilisi Office, the Public Monitoring Council existent at the Ombudsman Office and the partner non-governmental organizations participated in the given monitoring. The monitoring was carried out within the EC project “Protection of Human Rights of Children and Adults in the Closed Psychiatric, Social and Child Institutions”.

During the monitoring, questionnaires for patients and personnel and observation form were used. The method of obtaining information was semi-structured interview, observation, case study of particular violations, familiarization with medical documentation and photo-documentation. 36 respondents, among them 25 patients, were interviewed.

The goal of the monitoring was to study the present conditions and protection of human rights in Surami Psychiatric Hospital, also supervise implementation of the recommendations given to the institutions administration during the previous monitoring.

**Main outcomes**

The mentioned above psychiatric hospital is situated in a settlement Surami, with the territory up to 4 hectares, the institution is easy to get to by transport. The yard is well looked after, fruit trees are planted and vegetable garden is farmed in spring.

Electricity supply is permanent, is rarely switched off for a short period of time. During the monitoring process, the hospital did not have water – in winter as a result of frost, the pipes were damaged and water was brought from the well and supplied in the reservoirs. Clinical block is provided with gas heating system and it is warm enough inside.

The kitchen is kept clean. Laundry was functioning, washing powder, soap, disinfectants were supplied. Bathhouse is provided once a week.

There are women, men and dispensary departments in the hospital. 7 – 8 square meters of space are provided for each patient in the wards. The units were repaired last year; the wards are clean and warm. Furniture, bed linen, living conditions satisfies the average requirements. One cupboard is provided for two beds for the patients’ personal belongings. Toilets are kept clean; they are tidied up on regular basis. Majority of the patients did not have soap; they denoted that soap is given only on the bathing day. Part of the patients had toilet paper.

Patients are dressed satisfactory; they are allowed to walk in the yard in good weather.

The medical treatment room, doctor’s and personnel’s rooms are poorly equipped with out of date equipment and satisfy minimal requirements.

TV set is placed in the hall, the patients can watch it only in the standing position; there is no day room for rest or art therapy room, smoking space is arranged at the end of the corridor. There is no
information board in the department, as personnel reports, they provide the patients with necessary information themselves.

At present, 54 men and 37 women are receiving treatment in the hospital. In total, there are 91 patients. All the patients are under voluntary treatment. Among them, 87 patients are chronics. 25 female and 22 male patients stay in the hospital for more than a year.

**Financing**

Monthly financing according to the State program - 26,918 GEL
In-patient program budget item allocation:
- Salary - 11,575 GEL
- Nutrition – 7,268 GEL
- Medicines – 3,768 GEL
- Other expenses – 4,307 GEL (Communal)

Average salary for doctor – 200 GEL, for nurse – 105 GEL

5 psychiatrists, 1 psychologist, 1 social worker, 14 nurses work at the hospital.

**Medical service**

The hospital is supplied with medicines satisfactory and without delay. Medication therapy still represents the only type of treatment, no rehabilitation service is provided. The patients do not have art therapy or even the day room to rest, no activities are organized, and no work in order to develop / restore the patients’ skills and abilities is provided.

A psychologist comes to the hospital 2 times a month to visit the patients – ss it seems with the purpose of psychological assessment.

The hospital has consultants, at the time of somatic exacerbations, the patients are transported to the in-patient institution, using private contacts. In 2007 two patients needed to be operated on.

In 2007 two patients died diagnosed with acute cardiovascular collapse.

**Nutrition**

According to the personnel, meal is served 4 times a day and it is satisfactory enough. The interrogation of the patients revealed that for the last 1 - 2 months meals are served only 3 times a day and it is not sufficient, meals are monotonous, unvarying, unsalted, meat is not served at all, canned fish is provided once in two weeks. Only 3 patients reported that nutrition is satisfactory enough.

During the monitoring days the patients were provided with meat and fish. The patients emphasized that as usual they were not served the meals like that. They did not eat meat during the winter and meat was served for the first time on the monitoring day.

The directorate noted that as the world food program was interrupted in January and they have not been able to provide 4 meals a day since then.
The patients’ treatment

The personnel as well as patients report that staff members and patients have benevolent relationships towards each other. The interviewed patients were emphasizing warm, human attitude of the personnel. According to the interrogated people, rude and aggressive attitude towards the patients is very seldom.

“At worst we fix the patient for an hour under supervision of the medical personnel” – stated a nurse during the interview.

Labour therapy is not provided, the patients in accordance with their desire, tidy up the wards and rarely - the toilets, they also bring water. As the patients are without any activity during all day, sometimes they agree to clean something with pleasure.

The majority of patients reported that the toilets are tided up by a cleaner that points out that the situation has been changed from this viewpoint, and the patients do not have to clean the toilets.

The patients did not report about discrimination from the personnel and denied the fact of paying money by relatives.

The right to access information and the right of appeal

The internal regulation formally exists but it is not placed on the wall and the staff members as well as the patients are not very well familiarized with it.

The monitoring showed that nothing has changed in regard to the patients’ provision with information. The personnel states that if a patient expresses his / her interest, he / she will be provided with all the necessary information. The patients generally know their diagnosis and name of one or two medicines. They know nothing about their rights.

The patients do not participate in working out their treatment plan, though several patients denoted that asked the doctor to replace the medicines and the doctor agreed.

No appeal mechanism has been elaborated. The administration states that the patients can apply directly to the directorate or tell a doctor / a nurse about their problem during the round. Part of the patients considers lodging a complaint to the administration pointless.

“We have the right to express our opinion but nobody listens to us”.

The fact that most of the patients complain about low-quality food and the administration and the staff considers nutrition as satisfying, is the consequence of absence of strategy to obtain information from the patients.

Some patients are visited by their close people, but generally the patients stay in the hospital for more than a year and they are often never visited. At this point, results of social worker activity are not seen; also the hospital was not able to change the patients’ discharge strategy.

The patients can use the hospital telephone to dial only local numbers and as the patients are from
different regions of Georgia, they ask the staff members to allow them to call via mobile phones. As it was mentioned earlier, the personnel are understanding towards the patients and often allow them to use the phone. Sometimes they even send letters to their families. The monitoring showed that the patients lack the communication with outer world; they asked us to phone their families, help them with the problems concerning their discharge from the hospital.

75 % of the interrogated patients denoted that their family members have their identity cards at home, and the family receives their pension. The patients are rarely visited by their relatives, sometimes they are not visited at all. 15 % of the interviewed do not have identity cards at all, the administration has no possibility to restore them, and accordingly, these patients do not have any pension and cannot receive any aid from the state. Among all interrogated patients, only 3 of them reported that they have their identity cards with them and receive the pension themselves.

Taking into consideration the recommendations, prepared as a result of the previous monitoring

- The units have been repaired, living conditions have been improved, the institution is kept clean, the furniture is renewed;
- The hospital has employed a social worker;
- The patients almost do not clean the toilets any more;
- The heating problem has been solved;
- The patients' non-psychiatric medical service has been relatively settled;
- The personnel treat the patients humanly; hardly any cases of aggression and punishment exist.

The problems existent in Surami Psychiatric Hospital

- In winter because of frost the pipes burst and water is not supplied;
- The personnel has low salary, a doctor’s salary is 200 GEL;
- Nobody takes control over guardians who often abuse their own power, the relatives do not visit the patients for years and misappropriate their pensions and property;
- Nutrition has became worse, the patients have 3 meals a day for months that does not satisfy the patients requirements;
- The patients’ provision with means of hygiene represents a problem;
- 47 patients (that is more than a half) stay in the hospital for more than a year;
- Restoration of the patients’ identity cards is frequently connected with expenses and the hospital lacks for these charges. And without the identity cards the patients cannot receive their pensions and their other civil rights are also violated;
- The majority of patients is not informed about their rights and treatment;
- The appeal mechanism does not exist;
- There are no rehabilitation treatment methods worked out in the hospital, there is no corner allotted for the patients’ entertainment or rest, the patients watch television in the hall in standing position;
- The patients ask the staff members to use their mobile phones to call their families;
- All the patients are under voluntary treatment and they, in accordance with the law, can require their discharge from the hospital at any time. During the interview, 6 patients reported that they are in the hospital against their will because the relatives refuse to take them home.
General recommendations

To the Ministry of Labour, Health and Social Affairs –

- Participation in public assistance program of the homeless / helpless patients and those who stay in hospital for a long period of time should be settled;

To the guardianship and care supervisory bodies

- Intensify control over guardians’ activity;

To the Surami Psychiatric Hospital administration

- Apply to the guardianship and care supervisory bodies in the written form in the concrete case when the guardian does not perform the duty entrusted to him / her;
- In accordance with the provided law on “Psychiatric Aid”, apply to the court in regard to those patients who need supervision about their recognition as incompetent and appointing the guardian to them;
- Intensify control over food quality;
- Pay attention that the patients to be provided with information about their diseases and rights;
- Implanting alternative rehabilitation treatment methods (art therapy, labour therapy, psychotherapy, organizing the patients leisure time) is necessary in accordance with the requirement provided by the psychiatric in-patient state program;
- Social worker should be involved in solution of the patients social problems more actively; the administration should have the elaborated strategy concerning issues of the patients discharge from the hospital;
- The administration should allot certain sum of money to allow the patients to phone their families. The administration should work out the limits on use of telephone.

Special note: absence of the patients’ identity cards represents a serious problem; therefore the patients’ civil and social rights are violated. The given problem cannot be regulated by the psychiatric institutions with their own resources. It is necessary to solve the mentioned above problem on the state level. The Ombudsman Office should apply to the government with the appropriate recommendation.

Description of cases on human rights violation

Case 1
A patient M.

Has his / her own flat in Tbilisi, nobody receives the patient’s pension; it is accumulated on the patient’s private account. The patient does not know how long he / she will stay in the hospital, she requires to be discharged. The patient applied to a doctor more than once but the doctors are waiting for a relative and are not going to discharge her alone. At the same time, according to the doctors, the patient’s mental state is stable and she does not need the in-patient treatment.

The monitoring group recommendation: a social worker of the hospital should send a written request for information to the Tbilisi Psychiatric Dispensary concerning the patient’s relatives. It
is also possible a social worker to accompany the patient home and hand over the information about the patient to the psychiatric dispensary according to the patient’s place of residence. The administration was pointed out that the patient M. undergoes treatment in the hospital on voluntary basis and in accordance with the law on “Psychiatric Aid” she can leave the hospital at any time.

**Case 2**
A patient G.

Does not want to be in the hospital but under pressure of his family members still stays in the institution. The family refused to take care of him / her.

**The follow-up action:** a social worker should contact the patient’s family, clarify the situation and help the patient to settle the problem.

**Case 3**
A patient V.

The patient has an ulcer on his / her leg and the patient states that he / she is not treated properly. After examination it was proved that the patient has a small ulcer on the inner surface of her thigh, the doctor denoted that she had the similar ulcer on her abdomen. The patient’s blood and urine were tested and other analyses according to the patient’s medical history were not assayed. The patient undergoes treatment with antiseptic ointments and simple bandaging. Surgical consultation was not provided. According to the doctor, the mentioned above instituted treatment was successful, granulation tissue is being developed. The bandaging procedures are registered in the nurses’ diary. For nearly two months the patient has been suffering from the mentioned above problem. **The personnel phoned the family more than once but nobody visited the patient.**

**Case 4**
A patient N.

The patient has his / her identity card at home; his / her aunt who looks after his / her children receives her pension. The patient also has a flat in Tbilisi that his / her relatives rent out but nobody visits the patient and sends her money. He / she has a private house in the village, which is locked. He / she wants to be discharged from the hospital but is not allowed to because nobody visits her.

**The monitoring group recommendation is the same as in the first case.**

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**The case analysis shows that patients’ problems concerning their property and social issues represent acute problems and results of social worker activity are not seen.**
THE HUMAN RIGHTS MONITORING OF THE BEDIANI PSYCHONEUROLOGICAL HOSPITAL - APRIL, 2008

Introduction

The monitoring of Bediani Psychoneurological Hospital was carried out within the EC project “Protection of Human Rights of Children and Adults in the Closed Psychiatric, Social and Child Institutions” in April of 2008.

Global Initiative on Psychiatry-Tbilisi Office, the Public Monitoring Council existent at the Ombudsman Office and the partner non-governmental organizations participated in the given monitoring.

During the monitoring observation form and questionnaires were used. The method of obtaining information was semi-structured interview, observation, case study of particular violations, familiarization with medical documentation and photo-documentation.

The conclusions of monitoring carried out in Bediani Psychoneurological Hospital in previous years state that the road to the hospital is damaged, the living conditions are hard, the personnel’s salary is low, the hospital lacks of staff members, non-psychiatric medical service represents a problem, the patients are not visited for years, the treatment alternative methods are not implanted.

The goal of the monitoring was to study the present conditions and protection of human rights in Bediani Psychiatric Hospital, also supervise implementation of the recommendations given to the institutions administration during the previous monitoring.

The monitoring main outcomes

Living conditions

The hospital was built in 1960, since 80-s it has not been reconstructed. The hospital is situated in one of the most spectacular gorges of the East Georgia and occupies 5 hectares. It has a large, well looked after green yard. More than half of the buildings are amortized, half ruined and useless for treatment activities. From 17 blocks only 7 are functioning today, among them 2 are clinical blocks, the buildings need to be reconstructed. The road leading to the hospital also needs repair.

At present 114 patients undergo treatment in the hospital. According to the criminal court decision, 10 patients undergo involuntary treatment, according to the administrative court decision, 7 patients undergo involuntary treatment. There are men and women departments.

During the last month 35 patients were admitted and discharged, in comparison with 2006 when 2 – 3 patients were discharged from the hospital per month.
The wards are large rooms giving access into others where 10 and more patients are placed. The wards need to be redecorated, the beds are standard, and part of the patients has cupboards to keep their own belongings. Few days previous to the given monitoring the women unit was transferred from the block that had been damaged, therefore organizational issues are being settled urgently (water supply, toilet, patients’ allocation, arrangement of doctors’ consulting rooms).

Problems with clothes, bed linens, and means of hygiene are more or less solved. In the storeroom we saw supplies of toilet papers, soap. The patients have a bathe minimum once a week, they can have additional bath according to their wish, the unit is provided with electric water heaters. In 2006 bed linens, blankets and mattresses were entirely renewed by the hospital, nowadays there are in normal state, the hospital director stated that by the end of the year they are planning to renew them again. The heating problem has been settled too.

**The meal is served 4 times and the patients are satisfied.**

In windy weather or at the time of snowfall, electricity is often switched off owing to damaging of electric cables. Although the hospital has its own generator, but switching off electricity is a serious problem as water, heating, kitchen and laundry - all the facilities run on electricity. Bediani is not supplied with gas.

Rehabilitation of electric cables has not been settled because of ongoing arguments between the distributor energocompany and provider hydroelectric power station. Until the present argument is not settled, the hospital administration frequently has to straighten the interlaced cables itself. The situation has been improved someway after the clinic director applied to the Energo Georgia regional administration.

**On the day of the monitoring electricity was switched off and the hospital could not be provided with water.**

The hospital needs a car because keeping and servicing the old car being in the hospital possession costs 10 000 GEL a year. Possession of the car is vital for the hospital.

**The hospital financing makes up 29 900 GEL a month, among this:**

- Medicine expenses - 3 000-3 500 GEL
- Nutrition – 6 000 GEL
- Salaries – 14 000 GEL
- Communal expenditures – 5 000 GEL (in winter).

- Doctor’s salary – 570 GEL
- Nurse – 250 GEL
- Hospital attendant - 120 GEL

New director of the hospital managed to raise personnel's salaries; as a result of this measure, the hospital could employ 2 doctors and a junior doctor. Since October of 2008 a social worker has been employed as a staff member. Although the social worker did not undergo a special preparatory course, but owing to enthusiasm and good communicational skills, the social worker can work. The social worker has the desire to undergo the social work course training.
There are 2 boxes for complaints, which are opened every Monday by a special commission consisted of 4 people, the social worker studies the letters and in case of need, considers them together with the hospital director for response.

According to the director, the patients can use mobile phones; with this purpose certain sum of money is allotted to the each department per month.

If the weather is good, the patients walk in the yard. Sometimes they are visited by the nuns from the neighboring monastery.

The hospital has bee hives, fruit and vegetable garden. They gather 150 - 200 kilograms of honey and give it to patients. The patients help in looking after bees, orchard and vegetable garden. According to the director, since February 2008 the patients have not been leaving the hospital territory and, accordingly, the village dwellers have not been using them for work on their farms.

Medical service

The hospital is supplied with medicines. The patients' non-psychiatric service has been settled too.

The directorate concluded a contract with the Tetritskaro hospital and a specialist can be brought to the institution for the consultation at any time or the patients can be taken to the hospital. The Tetritskaro local administration covers the medical service expenses.

During 2007 3 patients died of cardiovascular diseases.

The alternative methods of treatment are not implanted in the hospital. According to the director, the financing is not sufficient for the purpose in order to provide rehabilitation room. Each of the departments has a television set that represents the only means of entertainment. Sometimes the newspapers are provided too.

The interrogation showed that the patients still work and perform the hospital attendants’ duties; clean the toilets, corridors that is considered as labour therapy by the personnel. “The bedridden patients are looked after by the patients themselves, hospital attendants do nothing”.

The patients denote that the staff members behave themselves rudely towards them, abuse them physically, using physical force and threaten with the aminazine injection. However, the personnel refuse the fact categorically but the patients also report that the patients are fixed sometimes for a long period of time.

The patients are not informed about their own rights, diagnoses and treatment. The internal regulation exists and it was hung up on the walls of the wards during the monitoring.

The majority of patients deny the fact of paying money by the relatives for their admission to hospital or treatment.
Social problem

Half of patients do not have identity cards therefore they cannot receive pension, whereas owing to the diagnoses and mental state, the patients are supposed to receive pension. 45 patients are granted a pension, but only 3 of them receive it in the hospital. Supposedly, their relatives use their pension however they do not consider it necessary to spend the money on the patient and thus do not visit them for years. Therefore, timely discharge of the patients represent a problem.

15 patients have guardians but they do not visit them on the regular basis, and above all, they do not have the desire to take the patient home, despite the doctors’ requirements. According to the doctors, the guardians often threaten and insult them when they ask them to take the patients from the hospital.

Taking into consideration the recommendations, prepared as a result of the monitoring of 2007

- Together with the increase of financing, the administration has raised the personnel’s salaries and has been able to employ the new staff members;
- The hospital has employed a social worker who tries to settle the patients social problems and is effective enough;
- The box for the patients’ complaints has been provided in the unit and the patients complaints are considered weekly;
- The patients do not work on the village dwellers’ farms any more;
- The heating problem has been settled;
- The patients non-psychiatric medical service has been regulated;
- The hospital tries to discharge the patients timely owing to this fact the patients’ movement has been increased.

The problems existent in Bediani Psychiatric Hospital

- The buildings are amortized; the patients’ living conditions are hard. According to the hospital sector development state plan, Bediani Psychiatric Hospital has been placed in the list of facilities offered for sale; therefore the hospital infrastructure rehabilitation is not being financed. The hospital privatization process is being prolonged and the patients living conditions are becoming worse;
- Electricity is frequently switched off that creates the serious problem to the functioning of the hospital because heating, water supply, kitchen, laundry and bathhouse - everything works on electricity;
- No control is taken over the guardians activity, they often abuse their own power, the relatives do not visit the patients for years and misappropriate their pensions and property;
- 13 patients in the hospital have no relatives and they receive no social aid;
- Restoration of the patients’ identity cards is frequently connected with expenses and the hospital lacks for these charges. And without the identity cards the patients cannot receive their pensions and their other civil rights are also violated;
- The majority of the patients are not informed about their rights and treatment;
- There are no methods of alternative treatment in hospital;
- The patients complain that the staff members are rude towards them and report about the facts of the patients’ fixation, however, the personnel denies the mentioned above facts categorically;
BEDIANI PSYCHONEUROLOGICAL HOSPITAL

Ward

Wash basin

Road to the hospital

Toilet

The Bediani Psychoneurological Hospital
A box for complaints

The buildings are amortized

The monitoring group in the process of hospital inspection
General recommendations

To the ministry of Labour, Health and Social Affairs –

- Decide timely the hospital fate within the hospital sector development state plan or allot the definite sum of money with the purpose of the hospital rehabilitation;
- Participation in public assistance program of the homeless patients and those who stay in hospital for a long period of time should be settled;
- Help the institution administration in solution of the continuous electricity supply problem;

To the guardianship and care supervisory bodies

- Strengthen control over guardians’ activity;

To the Bediani Psychiatric Hospital administration

- Apply to the guardianship and care supervisory bodies in the concrete case when the guardian does not perform the duty entrusted to him / her;
- In accordance with the provided law on “Psychiatric Aid”, apply to the court in regard to those patients who need supervision about their recognition as incompetent and appointing the guardian to them;
- Implanting alternative rehabilitation treatment methods (art therapy, labour therapy, psychotherapy, organizing the patients leisure time) is necessary in accordance with the requirement provided by the psychiatric in-patient state program
- Pay attention to provide information to the patients about their diseases and rights
- Intensify control over the personnel’s rudeness and use of patients’ labour.

Special note: absence of the patients’ identity cards represents a serious problem; therefore the patients’ civil and social rights are violated. The given problem cannot be regulated by the psychiatric institutions with their own resources.

It is necessary to solve the mentioned above problem on the state level. The Ombudsman Office should apply to the government with the appropriate recommendation.
**THE MONITORING OF THE ACAD. B. NANEISHVILI MENTAL HEALTH NATIONAL CENTER – APRIL, 2008**

**Introduction**

The monitoring of human rights in Qutiri Mental Health Center was carried out within the EC project “Protection of Human Rights of Children and Adults in the Closed Psychiatric, Social and Child Institutions” in April of 2008.

Global Initiative on Psychiatry-Tbilisi Office, the Public Monitoring Council existent at the Ombudsman Office and the partner non-governmental organizations participated in the given monitoring.

During the monitoring observation form and the patients’ questionnaires were used, the method of obtaining information was semi-structured interview, observation, case study of particular violations, familiarization with medical documentation and photo-documentation.

The conclusions of monitoring carried out in Qutiri Mental Health Center in previous years, state that the administration tries to improve the hospital infrastructure and management methods. The personnel salaries have been raised, the computers have been purchased, there are such means of communication as fax and internet, the institution electronic management program is being implanted, the patients living conditions have been improved, the internal regulation has been elaborated, the information concerning the patients rights is put up in the wards, the boxes for complaints exist.

At the same time the issue of the patients’ timely discharge from the hospital still remained unsettled, the patients were not informed about their rights properly, the majority of the patients did not have the identity cards, therefore could not receive their pension. Non-medication treatment methods were not implanted; the personnel used the patients’ labour.

The goal of the monitoring was to study the present conditions and protection of human rights in Qutiri Mental Health Center, also supervise implementation of the recommendations prepared by the monitoring group in 2007.

**Main outcomes of the monitoring**

Qutiri Mental Health Center represents the largest psychiatric institution in Georgia, it occupies 19 hectares with the buildings of 21 000 square meters. The road leading to the hospital is being repaired; the yard is green and looked after. Reconstruction of the forensic psychiatric block (for the patients sentenced for criminal cases being under involuntary treatment) has not been completed; only internal redecoration needs to be done, but it is being provided very slowly, the reconstruction works are almost stopped and it is uncertain when they are going to be resumed. The hospital is provided with water and electricity supply continuously.

After closing the Poti Hospital the patients were transferred to Qutiri, despite the decision not to transport the patients from Poti Hospital until the forensic psychiatric block is not be finished. As a result:
The units are overcrowded; the living conditions became worse, it is almost impossible to keep the units clean, it is difficult for the medical personnel to take care of the departments where there are 70-95 patients, the patients’ discontent has increased.

**Financing:**

The state psychiatric program makes up 170 000 GEL per month,
Guard expenses - 30 548 GEL
43% is provided for salaries
7-8% - for medicines
23% - for nutrition
The rest – for other expenses
The communal expenses: electricity 12 000 GEL per month, water expenses - 1 500 GEL.

**Medical staff:**

17 doctor psychiatrists, among them 4 junior doctors
14 consultants, 1 psychologist, 43 nurses

Minimal salary for doctor – 645 GEL, for nurse – 280 GEL

During 2007, 17 patients died (of cardiovascular acute collapse).

7 departments operate in the hospital, 3 men units for the patients sentenced for criminal cases being under involuntary treatment, 2 women units (acute and chronic), 2 men units (acute and chronic), and the dispensary unit, which serves the Khoni district.

**Total number of the patients is 547 (sometimes it reaches 570 patients); the number of criminal patients being under involuntary treatment makes up 254. The patients, sentenced for criminal cases in general undergo involuntary treatment in Qutiri (only 10 patients undergo treatment in Bediani).**

From among the rest 293 patients, in accordance with the administrative court decision, 12 undergo involuntary treatment, and the rest are on voluntary treatment. Despite the mentioned above fact, 90% of the interrogated respondents report that they want to be discharged but are not allowed to. The patients are not allowed to use the short-term days off. According to the social service, these are mainly the patients who are not taken home by their relatives.

**During the last month approximately 75 patients were admitted and discharged.**

The patients walk in the yard when the weather is fine within specially enclosed territory that produces painful impression. While walking, the patients are required to sit down and not walk around – that is done, according to the director, because the hospital is overcrowded and lacks of personnel – so the staff members cannot pay attention to all patients.
The wards represent large rooms, where 10 or more patients are placed. There are 70 – 95 patients in the units. The half of the wards in the hospital needs repairing, beds are in normal condition, and the part of the patients has cupboards to keep their personal belongings.
Problems with clothes, bed linen, and means of hygiene are more or less settled. In the storeroom we saw supplies of toilet paper, hygienic napkins, soap. The patients can have bath minimum once a week, though in most of the units they can have bath according to their desire at any time.

All the units are provided with television sets (in one unit it was broken), the telephone is available, the newspapers are given periodically, they also can borrow books from library.

Non-psychiatric medical service

The hospital is supplied with all necessary medicines. The hospital has 14 consultants, in case of need, the patients are provided with different tests and necessary consultations but compensation of expenses concerning the patient’s transportation to the general hospital and his / her treatment represents a problem. 10–5 times a month the patient’s hospitalization is necessary. The given problem is regulated using personal acquaintance with colleagues.

The problem: as a result of legislative amendments inserted in July of 2007, prolongation of treatment for criminal patients (254 patients) being under involuntary treatment is considered by the administrative court every 3 month. There are 17–18 judicial proceedings a day that causes expenses up to 300 GEL (petrol, business trips).

“As the doctors are very busy with writing conclusions, treatment process in the hospital is practically collapsed, so they have no time for other activity” – states the director of the Center.

Leaving the patients unattended from their relatives and misappropriation of the patients’ property also represents a problem. 40 patients are homeless, without any relatives. 30-35 patients have not been visited by anyone for years.

Every department is provided with boxes for complaints, which are opened and considered every three days by social service representatives, the complaints are shown to the director and appropriately responded. All measures and activities carried out are recorded in the form of the protocol.

The Qutiri Mental health Center, taking into account the recommendation of the previous monitoring, has opened art therapy room, which is equipped with all necessary materials and conditions, the results are impressive. There are the patients’ art works put up on the walls, the patients’ creative almanac is going to be issued. 10-15 patients take dancing lessons, 10 patients are involved in drama circle.

A library for the patients also represents an innovation. The education resource center presented the hospital with 5 000 books.

There is no possibility for patients’ physical activity, labour therapy, indoor sports and games.

The interrogation showed that the patients still work and perform the hospital attendants’ duties: clean the toilets, corridors that the staff members call labour therapy.

“Mainly the patients clean toilets and tidy up the units, the hospital attendants help them” – from the patient’s interview.
The majority of the patients deny the fact of money payment by the relatives.

The internal regulations as well as the patients’ rights are put up in the units; half of the patients are well informed about their rights. Participation of the patients in the treatment process is still minimal.

Meals are provided 4 times and the patients’ absolute majority is discontented, they denote that meals are tasteless, (served without sugar or salt) and always the same.

“You are not starving to death but food is tasteless and unvaried” – the extract from a patient’s interview.

The monitoring members saw storerooms full of products (fish, meat, vegetables, cereal), as it seems, the kitchen works dishonestly.

The patients’ treatment

The patients report that the personnel is mainly benevolent, polite, “sympathetic and they are good professionals”, part of them states that they are treated rudely.

The quarter of the interviewed patients reported about rudeness of the security personnel representatives towards them, in particular, they abuse them physically and hit them with different things. The personnel confirmed that sometimes the security guards from the forensic psychiatric department are called to help them; however, they deny their rudeness.

The patients’ fixation is carried out approximately twice a month for a short period of time and under the doctor’s observation. Sometimes the patients undergoing involuntary treatment are placed separately, in the isolation wards. These cases are recorded in the medical history.

The patients deny the fact of their discrimination on the basis of any sign.

Social service, which has been functioning since September 2008, deserves to be mentioned separately.

The social service consists of 5 members, 3 social workers and 1 PR worker. The head of social service is a jurist by education.

The social service works on such issues as renewal of the patients’ personal identity documentation, relation with their relatives and guardians, problems connected with the patients’ pensions and private property, the patients’ discharge and social factors concerning the given procedure.

Social worker visits the departments daily, he / she attends admission of new patients in hospital reception, tries to meet relatives, study social problems. Opening of the library represents their merit, the patients are provided with newspapers on weekly basis. The boxes for complaints are opened on every third day, the protocols of the carried out work are present. The social service representatives require providing them with training on social work and social work manual.

The administration wants to open a small enterprise for patients, for example candle moulding.

Based on the analysis of the social service working documentation, three main directions of their activity can be identified:
1. **The patients and their relatives’ relationship problem.** The cases studied by the social service reveal that the patients’ relatives frequently refuse taking care of the patient in the written form (or orally). Social poverty, fear and disagreement are named as the reasons of the rejection. The social service tries to regulate these relationships and often visits the patients’ families at home.

2. **The patients and social assistance** – the patients’ relatives frequently visit the hospital to receive special authority from the patients, according to which they will be able to receive their pensions. During previous years this kind of authority could be given out routinely. **Nowadays the social service has increased the possibility of taking into consideration the patients’ will during the process of giving out the authority certificate.** Also, the service is going to introduce short-term period of giving out an authority certificate for the family members in order to increase the relatives’ motivation and frequency of their visits to the patient. Owing to the mentioned above direction, the social service has enlarged activity of the patients’ family members.

3. **Issues connected to the patients’ private property** – in the social service members’ business trip reports the facts of the patient’s property alienation or misappropriation are registered more than once. It is apparent that individuals with mental disorders are totally unprotected from this point of view.

The social service work is supported by introduction of the inner complaint mechanism, which also represented one of the recommendations given by the Monitoring Council.

**Taking into account the recommendations, prepared as a result of 2007 monitoring**

- The social service, which quite effectively tries to solve the patients’ social problems, has been founded;
- 200 patients’ identity cards have been renewed;
- The internal complaint mechanism has been improved;
- The hospital intensively works on the issue of the patients’ timely discharge;
- Art therapy, as the alternative treatment method, has been provided;
- The patients are better informed about their own rights.

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**In order to organize the patients’ leisure time better, the library has been created, drama circle and dance class are functioning, the patients are preparing for the concert.**

- The internal regulations have been elaborated and the personnel as well as the patients are familiarized with them;
- Supply with means of hygiene has been improved.

**The problems existent in Qutiri mental Health Center**

- The forensic psychiatry new building has not been opened, as a result of this, the hospital departments are overloaded, the patients’ living conditions became worse, it became almost impossible to keep the units clean, it is difficult for the medical personnel to take care of
Qutiri Mental Health Center, clinical bloc

Patient’s bed

The hospital yard

The patients walk within the enclosure territory
Art therapy room

Library

Product supplies in the storerooms

Informational board
the units where 70-95 patients are olaced, the patients' discontent has also increased; the building reconstruction has been postponed for indefinite period of time;

- The judicial proceedings of the criminal patients undergoing involuntary treatment every 3 months for 254 patients, apart from economic costs, require considerable time from doctors, which is taken away from the patients’ treatment and care; 17-18 legal trials a day paralyzes the hospital activity;
- Almost all patients express their dissatisfaction with nutrition, they complain about tasteless and unvaried meals, although the storerooms are full of products;
- Almost all interrogated patients require their discharge but because their relatives do not visit them or do not want to take them home, the hospital cannot discharge them;
- The guardians are not being under control, they often misuse of their own power; the relatives do not visit the patients for years and misappropriate their pensions and property.

As it seems, facts of rudeness towards the patients and their beatings from the forensic psychiatric department security guards’ represent a new problem.

General recommendations

To the Ministry of Labour, Health and Social Affairs

- Decide timely the problem with completion of the forensic psychiatric building;
- Participation of the homeless patients and those staying in the hospital for a long time in the aid program for the individuals being beyond poverty level should be settled;

To the guardianship and care supervisory bodies

- Intensify control over guardians’ activity;

To the Parliament of Georgia

- Work out the appropriate package of legislative changes, which will regulate the issues of treatment prolongation and cessation for the criminal patients undergoing involuntary treatment;

To the Qutiri Mental Health Center administration

- Apply to the guardianship and care supervisory bodies in the concrete case when the guardian does not perform the duty entrusted to him / her;
- Increase control over quality of food and kitchen performance;
- Intensify control over use of patients’ labour by the personnel;
- Not to allow the security guards to be involved in the internal affairs of the units and, all the more, to expose violence towards the patients.
General information

The monitoring in M.Asatiani Psychiatric Research Institution was conducted by the group consisted of 9 members; the method of obtaining information was semi-structured interview, observation and photo-documentation. During the monitoring the principles of voluntary participation and confidentiality were observed. Observation forms and questionnaires for patients as well as medical personnel were used.

The monitoring main outcomes

M.Asatiani Psychiatric Research Institution is the leading psychiatric institution in Georgia as the qualified specialists having medical degree are working there, medical institution departments are functioning and residency programs are being carried out.

The institution is situated in Tbilisi central district (Saburtalo); it occupies 3 hectares of green territory.

240 patients undergo treatment there. Three departments work in the institution: acute, sub – acute and chronic, that are financed differently, correspondingly, 32 GEL per patient a day, 15 GEL per patient a day and 8.6 GEL per patient per day.

The number of doctors is 39, nurses - 60; average salary for doctor is 140 GEL, for nurse – 110 GEL.

The hospital reception department has its own separate staff.

The departments are overloaded; there are 10-15 patients in each ward, in some of the departments patients are placed even in the corridors.

The monitoring revealed that increase of financing during recent years has affected significantly the nutrition quality and supply with medicines. The meals are served 4 times a day in the hospital, menu is varied, and meat is served almost daily. The departments are generally supplied with medicines without delay.

The building capital repair has not been carried out, therefore despite face-lift carried out in some departments, bathroom and toilet units are in unbearable conditions, walls are moist, many wash basins and toilets are out of order. Water is heated with electric heaters. In some departments reconstruction works are still being carried out. The bathhouse is provided on average once a week. The bed linens are changed according to provision with bath. There are no means of personal hygiene such as toilet paper, toothpaste, tooth brush, hygienic napkins, towels. The mentioned above items are mainly brought by the patients’ relatives. The wards are not well arranged, the furniture is old, and matrasses are worn out. During the monitoring days the hospital was clean.

The art therapy unit has been operating in the hospital where the patients have comfortable, cozy environment, they are involved in art therapy, computer study program and study fancywork.

The hospital is located in the city center, and owing to this fact, the connection with outer world is being maintained. Accordingly, it is not difficult for the relatives to visit patients, apart from the cases when they do not have money for transport.

The interrogation showed that despite the fact that the majority of patients undergo voluntary treatment, they are restricted from moving freely within the hospital territory.

During their two days of work the monitoring group saw only a couple of patients walking in the yard
who also have possibility to go out to the hospital neighboring territory and buy cigarettes, food and other necessary things.

The patients’ “voluntary labour” for the department needs is the acceptable practice. Instead of compensation, the patients are given cigarettes or “granted with favour”. The medical personnel consider that this type of labour is useful for patients.

The advocacy group is functioning on the hospital territory, which, on the ground of agreement with the institution director, has possibility to visit the patients’ in the wards and consider their complaints. Also the advocacy group members work in order to solve the patients’ social problems, issues concerning their relations with relatives and guardians, personal property, receiving social assistance and regulation of other problems.

The interrogation showed that goodwill between the patients and medical personnel exists. The majority of patients are satisfied with the staff members’ qualification and the rendered service. The patients come across rudeness and insult mainly from hospital attendants.

Living conditions

The buildings are massive and amortized, despite the annual face-lift of the separate departments, the walls are moist, toilet and bathroom units are out of order, the pipes are often damaged. During the monitoring days the clinical unit was being reconstructed, therefore the patients lived in the corridors. The departments are overloaded, there are 10-12 patients in the wards, and the equipment in the wards is out of date. Most of the patients do not have bed linens. The mattresses are in most cases torn and moist. The patients do not have cupboards for keeping their private belongings.

Taking the bath is not limited. The patients have bath once (or twice) a week.

The yard is disordered, dirty, the desks are broken, there is no sports ground. There are no conditions for sport activities.

The interrogated patients express their pretention regarding walking in the yard. It seems that only small part of the patients has possibility to walk in the yard. The personnel name several reasons for this – weather (heat), danger of escape and shortage of hospital attendants.

The patients eat 4 times a day. The food quality and taste is dissatisfactory.

The patients reported that the wards are not ventilated; the corridors and toilets are illuminated at nights. The heating system works improperly. More than half of the patients stated that in winter it is cold in the units “the air is just a little warm”. Warm clothes are brought either by relatives or provided by humanitarian aid. Sometimes the medical personnel bring clothes from their homes.

Rights for private life

The patients have possibility to meet the visitors. Television sets are placed in the halls of all units. The telephones are available. All the patients can use the telephone within certain limits.

According to the patients, their personal belongings are unprotected because there is no furniture to keep them. The patients themselves or their relatives receive their pension. No claims concerning the pensions are being registered.
Medical service

Cases of emergency medical aid represent particularly acute problem when the hospital applies to emergency medical service. In most of cases general hospitals refuse to admit the patient from mental institutions by the reason of having no free places. Often as a result of the Public Defender Office intervention, it becomes possible to transfer the patient to the non-psychiatric in-patient facility.

Inhuman and degrading treatment

At the time of interview the patients denoted that the staff members are benevolent towards them. The patients deny facts of abuse, degrading treatment from doctors.

Some of the patients confirm that low medical personnel use the patients to tidy up the corridors and halls and clean the toilets and bathrooms.

In the cases of involuntary hospitalization, in accordance with the law, judicial session has to be held. There are from 5 to 7 processes a month. The judicial definitions are delayed, therefore the doctors frequently have problem with patients and their relatives.

The patients’ physical restriction is rare; the staff members observe the instructions concerning utilization of compulsory measures.

The patients, especially in the chronic departments, work for the hospital needs, they mainly clean toilets and look after the bedridden patients, the labour is voluntary but the patient is in unequal position and tries to obtain the personnel's benevolence. At the same time there is no possibility of art therapy, so the patients have no other choice.

The patients’ rights are put up the walls in the units; the patients often apply to the patients’ advocacy office (situated on the hospital territory) with different complaints. The advocacy office reports annually to the administration about the work carried out; that represents a certain feedback mechanism between the patients and the administration.

Rehabilitation

The rehabilitation department, which offers the patients art therapy course, is functioning in the institution. The patients’ participation in the rehabilitation program on the hospital scale is very low. Sometimes only 2 patients from the unit visit the department.

Positive dynamics

- Together with increase in financing, nutrition and supply with medicines has been improved;
- The departments are kept clean;
- Benevolence between the patients and medical personnel exists;
- Art therapy unit works in the hospital;
- The patients’ advocacy group functions in the hospital;
- The nurses have undergone a special training;
- The information concerning the internal regulations and patients’ rights are put up in the department;
- The patients are better informed about their diseases and medicines;
- The judicial sessions are held on patients’ involuntary admission to the hospital.
Toilet

The bathroom redecoration process

The bed in the men’s ward

Hall with television
The existent problems

- The hospital is overloaded, the patients are held in the corridors;
- The toilet and bathroom units are in unbearable conditions;
- The children under 14 are admitted in the adult units;
- Mattresses, blankets, bed linens are worn out and have to be changed;
- The patients are not allowed to walk in the yard;
- There is no sports ground;
- There are no means of hygiene (toilet paper, hygienic napkins and etc);
- The patients do not have places to keep their personal belongings;
- The hospital attendants’ rudeness towards the patients remains unpunished;
- The patients work for the hospital attendants’ needs.
The Batumi Psychiatric Hospital repeated monitoring was interrupted because of the beginning of the August military operations. It was only possible to inspect the hospital and interrogate the administration. The patients’ interview was not conducted.

General Information

The Batumi Republic Psychoneurological Hospital represents one of the first institutions where the administration has taken into account the human rights conception – has elaborated the internal regulations, introduced alternative therapy methods, consulted non-governmental organizations working in the psychiatry sphere from the viewpoint of human rights, improved the patients’ living conditions, allowed the social worker position and has taken effective steps towards settling the patients’ social problems.

The hospital was reconstructed in 2006, though nowadays it needs the new repairing. 91 patients undergo treatment in the hospital; the hospital provides 110 beds. At the moment all patients are on voluntary treatment.

The last judicial proceedings on involuntary treatment were held 3 weeks ago.

The average delay duration of the patients in the hospital makes up 45 days.

About 25-30 patients undergo treatment without being discharged and really need care and supervision in the social care institution. According to the administration, a patient’s timely discharge is a significant problem because the relatives often refuse to take the patient from the hospital. The hospital social worker works on the issues of the patient and his / her family relations.

There is no television in the units, it is out of order. The units are not provided with refrigerators; therefore, the patients cannot keep food products.

Bathhouse is provided on regular basis.

The hospital has a telephone; use of the phone is limited for the patients.

Supply with medicines is satisfying; the hospital buys neuroleptics, as well as non-psychiatric medicines.

Art therapy – alternative treatment method is suspended owing to absence of financing. Even so, the patients gather in art therapy room every day, paint, make adornments under a psychologist’s observation. However, the work is not structured and well integrated in the treatment scheme.

In September the hospital is going to organize an exhibition together with the Asatiani Psychiatric Hospital art therapy unit.

The patients’ fixation is rare. The medical personnel reports that physical restriction rules are observed.

The other profile doctors’ consultations are provided on the basis of personal relations. The emergency teams arrive timely and do not create problems at the time of transportation.

In general, the chief physician complains that management system is bureaucratic and rigid. For example, write-off of out of date equipment or a car is a very complicated and prolonged procedure.
The problem list

- Staff shortage represents a serious problem. Nobody wants to come to work in the hospital because of low salary. It would be preferable if working in regional hospital within the residency program was considered an option that would partially fill the deficiency;

- Owing to the fact that a patient with the purpose of suicide jumped out of the window, the campaign requiring the necessity of installation the window bars from the side of law enforcement bodies and society / media was started. The chief physician demands support to familiarize the society with negative attitude of the international society towards iron bars in psychiatric hospitals;

- Guardianship and disposal of property represents the problem. The guardian often receives pension, uses the patient’s property and does not pay attention to the patient. Moreover, does not take patient from the hospital despite the doctors’ demand. No effective mechanism concerning controlling guardians’ activity and appropriate response exists.

**Organization of the patients’ leisure time – walking, sport activities, watching television, reading and etc., is necessary.**

The partner organizations carried out thyroid hormone analysis and study in the hospital, and the outcomes are worth to think about: if 20 – 25 % of healthy population is denoted to have thyrotoxicosis symptoms, 60 – 75 % of the patients with mental disorders had increased symptoms; it was especially obvious in female patients.
Batumi Psychiatric Hospital

Ward
Wash basin

Isolation ward

Smoking room
General overview

In general, abrupt decrease in number of institutionalized children in the country from 2004 up to date (from 5200 children to 2693 children) is noticeable. Among them are 1287 children with mental retardation.

The number of the state social workers who provide family assistance, reintegration and adoption service has increased from 51 (in 2006) to 135 (in 2008). Also, there is an increasing amount of alternative forms for children assistance and care, being on government financing (the adopted children care, day aid centers, small family type homes), available for the children who cannot live with their own parents or extended families.

The Government financing of children well-being total sector (according to data provided by the Ministry of Education and Science) was increased by 14% from 2007 to 2008, and within the same period, percentage of financing total expenditure, allotted for the community-based assistance increased from 22% to 38%.

Within the “Global Initiative on Psychiatry-Tbilisi” project - “Protection of Human Rights of Children and Adults in the Closed Psychiatric, Social and Child Institutions”, in 2007-2008 the monitoring of children educational institutions throughout Georgia was carried out. The Public Defender Office Children Rights Protection Center and the project partner organizations participated in the monitoring.

The monitoring group consisted of a psychiatrist, a psychologist, a human rights specialist and a jurist.

The monitoring goal was to study children’s rights in the closed institutions, such as:

- Living conditions;
- Medical service;
- Development possibilities;
- Protection from discrimination;
- Humane treatment;
- Participation – expression of opinions, access to information
- Social integration.

The conversation and interviewing methods were used with three groups: the administration, service provider personnel and beneficiaries - children. The form of the interview was individual and group, observation form was also used.

Agreement on conducting the given monitoring was concluded with the Ministry of Sport, Education and Science.

The monitoring was conducted in the following institutions:
- Kachreti Public Boarding School N 2
- Zemo Bodbe Public Boarding School
- Tbilisi Public School N 200 with boarding service
- Senaki Boarding Institution for Handicapped Children
Repeated monitoring was carried out in Senaki Children Home and Bodbe Public School in order to supervise implementation of the recommendations given during the previous monitoring.

Main conclusions and recommendations

- Living conditions in the children’s homes / boarding houses do not satisfy not only children care institution standards, but elementary needs; most of the buildings are amortized and needs capital rehabilitation, the bathroom and toilet units are out of order;

- In most of buildings the furniture is out of date, there is no soft furniture, after school the children sit in the educational units at the desks again;

- All the educational institutions are for children under 18, employment of the school graduates and their fate after school represents a problem. A school graduate, who has nowhere to go, is often left at school to perform different work – technical personnel, security guards, hairdressers.

- It is a problem that parents frequently do not want to take their children from the institutions on holidays and celebrations. Sometimes the reason of this is extreme poverty, but often it is lack of attention. As a result, a child suffers from deficiency of emotional relationship.

- Children medical service is also a problem. Service provision for children under 14 is provided by the state program, but the children over 14 remain without medical assistance;

Among the medical problems children enuresis that is widespread at children’s homes should be noted; it needs psychological and medicamentous assistance, for the present, enuresis treatment programs have not been developed yet in any of the schools monitored by us.

- In the recent years so called “subsidiary schools for children with special needs” have been transformed into public schools that means that school has to follow the national curriculum from 1 to 9 grade. That is very difficult in the existent circumstances when the pedagogues have not undergone the appropriate training, school does not have enough resources. The children contingent has not been changed and school does not have special programs and methodology to work with the mentioned above contingent;

- The pedagogues need to be taught nonviolent methods of behavioral management. In general, the personnel preparation level is unsatisfactory, the salary is very low;

- The pedagogues – teachers need to be retrained in order to become familiar with modern methods of working with children, new literature. It is necessary to have specially trained staff to work with children having psychological problems.

- The beneficiaries’ individual development plans mainly are not being elaborated / implemented / as well as the environment, oriented towards beneficiaries’ development is not being created;

- Taking into account beneficiaries’ opinions in the process of service delivery and provision of their participation / adequate consideration of the beneficiaries’ complaints and appropriate response is necessary;

- Working with those parents who do not allow their children to go to school or delay their
coming back to school from holidays also represents the separate problem. At the time, the child’s constitutional right to get education is violated and the question of parents’ legal liability should be brought up. But in the similar situation, as a rule, the pedagogues are powerless.

- The society does not pay relevant attention to the given institutions. Certain activity can be noticed only on holidays.

The report of the monitoring psychological group

The psychologists participating in the given monitoring aimed for monitoring over the implementation of the basic tenets of the Convention on the Rights of the Child - development, protection and participation principles within the state institutions in order to solve the following tasks:

- Familiarization with the real situation
- Emphasize the problems and needs
- Methodological assistance
- In case of need, conduct the qualification training

Meeting and interlocution were carried out with three groups: the administration, service providers and beneficiaries – children. Conversation and interview method was used.

The administration as well as personnel providing service reported that they had a psychologist and qualified and experienced pedagogues; that the children are well cared for and they have all conditions for worthy development. During inspection of the living area, the real situation was outlined: the children do not have their individual corner where they can relax, have good time or devote themselves to their hobbies. Articles of personal consumption, clothes and toys are locked in one room. The walls are empty.

There are neither studios, nor rooms for artistic activity where it would be possible to start activities for developing living and artistic skills. Rhythm of living community (leisure time, weekends, holidays and celebrations) is worked out by the personnel without the children’s participation.

After informal conversation with the administration and staff members, several problems were emphasized. The administration and the personnel practically do not have resources to settle the mentioned above problems owing to the following reasons:

- Standard, unqualified personnel;
- Because of low salary the personnel providing service is not motivated to perform their duties qualitatively;
- There are no adequate refresher training courses;
- Equal relationships towards children do not exist – only possessory (paternalistic) policy.

Expressing opinion, full involvement and participation in common causes, even expressing different opinion from beneficiaries is not motivated – perhaps is frequently inadmissible – by the staff.

As for the position of a psychologist existent at schools, the given duty, as a rule, is performed by unqualified staff members (librarian – a library science specialist, a logopedist, a history specialist
and etc.) who are personally very positive people but cannot provide not only comprehensive but even partial service delivery for the beneficiaries.

The children's psychological portraits, individual development plans, action plan for correctional measures are not elaborated; conversations with children are not recorded and so on. No psycho-diagnostic materials exist. The personnel do not possess children mental function, adaptation, socialization and other developmental methods.

During conversation, psychologists of all institutions comprehended the imposed responsibility and stated about lack of appropriate basic knowledge and experience. They asked for professional educational assistance, which, in fact, does not exist in Georgia and especially in the regions.

Based on the obtained information, one-day qualifying training program that was agreed with the Monitoring Council was elaborated and conducted on the basis of Kachreti Boarding School. The pedagogues, teachers, nannies and two psychologists from Kachreti and Qvemo Bodbe Boarding Schools attended the given training.

The training goal:

Delivery of qualifying - recommendation information and techniques to the service provider personnel with the purpose of increasing their motivation and professional responsibility that will help them in the future productive work.

The training tasks:

- Analysis of their work specificity and their own profession in the institutional facilities;
- Increase of motivation; comprehension of the profession moral side and responsibility;
- Recognition of problems and needs, sorting them out;

The training topic:

- Deprivation and its interpretation;
- Deviant behaviour and its correction methods;
- Mental retardation (definition) and its correction methods;
- Children development phases, age- related crises and tasks;
- Practical working methods with children;
The following methods were introduced and delivered:

- Techniques directed towards raising children’s self-appraisal;
- Methods for acknowledgement of children’s personal resources and their activation;
- Methods for creation the appropriate environment for child’s personal realization and concrete examples;
- Methods for conflict situation analyzing and techniques of showing alternative ways for conflict solution;
- Mental functions training methods;
- Initial methods of psycho-diagnostic study;

During the monitoring process, separate meetings with the institution psychologists were conducted and the following issues were being considered at deeper level:

- Definition of psychologist’s role;
- Familiarization with simple methods of psycho-diagnostic study and their processing;
- Interpretation of retardation phenomenon and familiarization with the working methods used with the children having mental retardation;
- Sharing experience of group work with children having deviant and hyperactive behaviour problems;
- Familiarization with the initial stages of correctional methods.

Recommendations

- Methodological assistance of service provider personnel with the purpose of improving their qualification and self-confidence quality (working out consultation training courses or organizing field training courses);
- Creating psychological consulting room on the basis of the institutions;
- Supplying the personnel with the necessary methodological literature;
- Setting up labour and art studios;
- Planning and implementation of individual as well as group work with children;
- Supporting development of living and social skills and abilities in children;
- Using the living day rhythm from the viewpoint of children development;
- Increasing children’s participation and involvement quality in the community life (they must not be only passive participants);
- Providing children’s participation in discussions and decision-making.
TBILISI PUBLIC SCHOOL N 200 WITH BOARDING SERVICE – MAY, 2008

The monitoring was conducted within the EC project on May 17–19, 2008.

**General Information**

The school was built in 1963 and was called subsidiary boarding school. Children with mental retardation (within moronism), who could not master the curriculum at ordinary school, represented the main contingent of the school.

From September 2007 the mentioned above school was transformed into public school, which means that study process should be performed in accordance with national curriculum from I to IX grades.

The school is oriented towards children aged 6-18. Nowadays there are 170 pupils. The leading diagnosis: learning disability.

Children are admitted to school with the referral of the educational resource center, the conclusions of social worker and doctor are attached to the referral.

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**At present moratorium is declared and the children admission is suspended. Reduction in number of children is being planned within the deinstitutionalization program. Only 70 children should be left in the boarding institution in accordance with the children care standards.**

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The school was reconstructed in summer, the windows were replaced, bathroom and toilet units were repaired, heating system was installed. **The reconstruction is of low quality, the director did not sign the completion of the object.** All the faucets are out of order; the ceiling in the toilets gets wet, the heating system does not work properly (cannot heat up the boarding block).

In summer full rehabilitation of the school is being planned, including internal reconstruction and renovation of the façade.

**Staff**

- 27 pedagogues
- 33 teachers
- 2 logopedists
- 2 psychologists
- 1 doctor
- 2 nurses

**The pedagogues’ salary is low. The annual budget makes up 350 000 GEL, approximately 9 GEL are allotted per child per day in the boarding institution**

The institution needs a social worker, an occupational therapist, a masseur but the administration cannot afford to employ them because of poor financing. They frequently need a psychiatrist and have to call acquaintances.
Study program (curriculum)

Current year was special because the national teaching plan - curriculum was to be implanted. According to the school director, the pedagogues as a result of their great effort and experience could adjust the given curriculum to school taking into consideration their specific needs. The school study plan was prepared, for example, in Georgian history, Georgian language, mathematics. Now the pedagogues are working on other teaching programs. It should be noted that the preparation of the programs became possible as a result of the director’s activity and the efforts of the experienced pedagogical collective.

The school is actively working on elaboration of the new programs, their introduction, assessment and improvement.

A multidisciplinary team is working at school, which evaluate, set priorities, elaborate individual care plan.

According to the director, although the Ministry of Education provides with knowledge and other necessary information concerning the curriculum implantation, the specific educational needs are not identified and defined, and schools have to work on the basis of their own experience. They do not have manuals and textbooks.

Teachers’ certification issue has not been clarified yet; in the director’s opinion, taking into account their school specific is also necessary.

After lessons the pedagogues, a logopedist, and a psychologist work with children.

The non-governmental organization “Georgian children” work at school on the behavior management module.

Activities

The following circles work at school: dressmaking, wood carving, thick felt. It is projected to open Georgian enamel studio.

The children’s artworks are exhibited in the headmaster’s office.

The school has particularly succeeded in sport. It has been taking part in the World Special Olympiad for years. The school has earned silver medals in volleyball; it has the world champion in table tennis. The school has football teams of boys and girls, 3 children go to the swimming pool.

At football week competition held in Tbilisi, two school football teams won the first place.

The children organize concerts, attend the dance lessons. The school study departments arrange demonstrative activities.

The children attend concerts, go to excursions.
Problems

Like in other schools, the children employment and their future fate after school remains a problem. All graduates who have nowhere to go are left at school on different positions – technical personnel, security guardians, hairdressers.

The problem is also that parents often do not want to take their children from school on holidays or celebrations. Sometimes the reason of this is extreme poverty, but frequently it is just inattentiveness. As a result of this, a child suffers from deficiency of emotional relationship. The director thinks to include in the contract the paragraph about parents’ obligatory visit to their children.

Medical service for children is also a problem. The state program takes into account service delivery of children under 14, but children over 14 are left without medical assistance.

The pedagogues need to be taught about nonviolent behaviour management methods.

The school does not have a car.

The furniture is out of date, there is no soft furniture, after school lessons the children sit at the desks in the educational unit again.

The society does not pay proper attention to the mentioned above institutions. Apart from very rare exceptions, the society representatives do not appear there at all. From time to time, particularly on holidays, the businessmen help the school.

The university youth club is especially active, the club members often visit the school, celebrate the New Year with children, bring presents for them.

The monitoring group observation

In the educational unit the furniture is out of date, and not comfortable. The bedrooms are tidy and clean, the children have arranged their own corners, there are some pictures of their own choice on the walls, and there are toys at the bedsides.

The beds, bed linens are according to standards, in normal state, the children have tooth brushes, pegs for clothes.

The school door is open, the children play in the school yard, they are dressed satisfactory, they do not seem to be suppressed, come into contact easily and meet us with smile. It seems that there are warm, friendly relations between the pedagogues and the children.
TBILISI PUBLIC SCHOOL N 200

The wards

The bathroom unit
THE SENAKI CHILDREN’S HOME

The entrance of Senaki Children’s home

Tennis table “out of action”

Dinning hall is light

Toilet
THE SENAKI CHILDREN’S HOME – JUNE, 2008

The monitoring was conducted within the EC project on 2–3 June, 2008.

About the institution

Senaki Children’s home is situated in the regional center. 103 beneficiaries are registered there. For the last time the building was reconstructed in 2003. The institution has a minibus, which often breaks down, the infrastructure is amortized.

According to the headmaster’s information, the institution complete rehabilitation plan exists and will be implemented through the UNICEF investment (400,000 US Dollars) in 2008. The investment should provide complete rehabilitation of the infrastructure and equipment of the institution, purchase of a transport vehicle.

Admission of the beneficiaries into the institution is carried out by the referral of the Ministry of Education Resource Centre. The admission criteria are: the age group - 6-18, different forms of mental disorder, mainly mental retardation, neurological disorders (epilepsy, paresis, hydromicrocephaly) and physical malformations.

Here should be noted that more than 50% of the beneficiaries admitted to the institution are over 18, as there is no efficient mechanism of social protection for the mentioned above contingent in the country.

The beneficiaries over 18 stay at the institution because they have neither a shelter, nor means of subsistence or livelihood. Limited possibilities impede their integration and independent life in the society.

7 pedagogues – teachers and 21 nannies work in the institution. Including the administration and technical personnel, there are in total 78 staff members. The institution does not have a psychologist and a social worker.

Average salary for pedagogues makes up 80 GEL;

The pedagogues and nannies have medical insurance. The medical staff (a pediatrician, a psychiatrist, a neuropathologist, nurses) serves children’s home. During the night shift 2 nurses, 7 nannies and 2 security guards are on duty for the beneficiaries.

The personnel have not undergone the professional retraining. Majority has secondary education. At present the vacancy for pedagogue’s position is announced where one of the criteria represent higher or secondary special education. As a result of the given concourse, the institution will have 30 pedagogues. Employment of a psychologist has also been planned. According to the director, with the UNICEF support, the organization “First Step” is planning to retrain the renewed personnel in accordance with the need.

The institution budget for 2008 made up 262 000 GEL that approximately is 16 000 GEL more than the previous year budget.
The allotment of the budget is as follows:

- Salaries - 112,668 GEL;
- Communal expenses - 148,372 GEL;
- Medical service - 20,000 GEL;
- Nutrition - 80,490 GEL;
- Financing of one beneficiary makes up 7,56 GEL per day.

The children’s home is subordinated to the Ministry of Education system.

**Living conditions**

The living conditions do not satisfy the established standards. There are 8-10 beds in one bedroom; the equipment is insufficient and amortized; the beds and bed linens are relatively in order. The children with moving difficulties are provided with wheelchairs. All beneficiaries’ clothes and personal belongings are kept in one closet; there is no furniture in the bedrooms where the personal belongings can be stored. The windows are broken here and there; in winter, according to the beneficiaries, it was cold in most of the rooms (among them in the bedrooms). In some rooms the sawdust stoves are installed. In winter the beneficiaries spend most of the time in these rooms.

The bathroom and toilet units are out of order. The sewerage system is not functioning properly - fecal masses pour into the yard. The number of toilets is not sufficient; one bathroom in the institution serves 24 beneficiaries; the children stated that taking a bath and changing bed linen is provided once a week – on Mondays; in some parts of living block there is no bathroom at all and the children are bathed in the educational room with warm water brought in buckets. The institution is supplied by water and electricity uninterruptedly.

There are no soap bars, toothpastes and other means of hygiene in the washrooms. According to the children, these things are kept together. Part of the beneficiaries points out that means of hygiene is available for them. The beneficiaries are supplied with hygienic packets.

The clothes are second hand and not enough; generally, shoes are deficit. The bed linen is clean in all bedrooms. According to the beneficiaries, the linen was changed before the monitoring group visit. The monitoring coincided with Monday, the bath day.

**According to the directorate’s statement, they did not receive financing for 2 months, owing to the fact they could not afford to buy detergents. Part of the staff members confirms that they changed the bed linen for the first time during these 2 months.**

In the beneficiaries’ opinion, nutrition has been improved to compare with the previous years, however, during the monitoring some stale foodstuffs and not fresh products were found in the storerooms. Meals for adults are provided 3 times a day, and for younger children – 4 times a day. The kitchen is clean and light. The kitchen utensils are sufficient. The laundry is amortized. The number of washing machines is not sufficient. The personnel’s working environment is the same as the beneficiaries’ living conditions.

The beneficiaries, particularly of older generation, walk freely in the yard. For the younger groups there is a specially scheduled time for going for a walk. The gym hall exists but it is abrogated at present. There is no sports ground in the yard. No treatment and rehabilitation program is elaborated for the physically disabled children.
Right for private life

Parents rarely visit part of the beneficiaries, though a special room is singled out for the purpose. The beneficiaries can use their leaves or days off, send letters and use telephone. All educational groups have a television. According to the beneficiaries, their only entertainment is watching television serials. The administration tries to regulate the problems with identity cards. The beneficiaries have possibility to arrange their own corners. There is no furniture to keep their personal belongings.

Care conditions

During days and nights 2 nurses, 7 nannies and 2 guards serve the beneficiaries. During the day 7 pedagogues and medical personnel join them. The beneficiaries are substantially satisfied with the personnel’s service provision. They deny the facts of punishment from the staff members, with the rare exception (pulling hair, pushing, shouting, threatening). The staff members are generally benevolent towards the beneficiaries. The administration has prepared special instructions with the description of the personnel's rights and responsibilities – job descriptions, rules of carrying out procedures;

The medical service is provided by the following staff: a pediatrician, a psychiatrist, a neuropathologist, a group of doctors and a laboratory assistant. For specialized medical assistance the administration applies to Senaki Children's Hospital. The service is paid by the institution (on preferential terms).

During the monitoring, it turned out that one of the educational groups did not have a nanny / pedagogue and one of the older beneficiary looked after the disabled, physically challenged young beneficiaries for 7 days. The senior pedagogue and the deputy director did not have the answer on the monitoring group question - why was not anybody put in charge of the pedagogue / nanny?

During 2007 3 death cases and during 2008 only 2 cases were registered; in most cases cardiovascular acute collapse is named as the reason of death.

According to the group of pedagogues, a beneficiary Amo who died of respiratory system disease in January of 2008 was left by the nanny in wet clothes for hours in the toilet, where window was opened several days previous to his death. As the older children report, the nannies’ negligence and inattentiveness became the reasons of the child’s death.

This version is indirectly confirmed by the director who exclaimed: “How could I know that the child would be left with the open window in winter?!"

Internal regulations

At present, juridical status of the children’s home is being changed, the children’s home has been formed as juridical person of public law, the vacancies has been announced, as a result of which the staff members will be selected. The monitoring group was familiarized with the contest selection conditions, which were worked out together with the organization "First Step".
The internal regulations are in the process of elaboration in connection with the changes of the juridical status of the institution. The mechanism of inner complaints is not introduced. The beneficiaries' opinion during the service delivery process is not even formally taken into consideration in any sphere. Response over violations is not effective.

**Development - education**

According to the director, the beneficiaries' portfolios are not being provided, owing to the poor resources, the institution cannot afford working with families. They have no information about the parents. Resulting from the mentioned above, the family activity is low and most of them reject guardianship over beneficiaries. The social workers of the resource centre at the Ministry of Education and Science carry out the work with families.

| The beneficiaries age limits are not observed. There are children over 18 in the institution. The separate sleeping block is not provided for the individuals over 18. |

The individual development plans for beneficiaries do not exist but as the director stated, after employing the new staff members as a result of the announced contest, active work together with them in the mentioned above direction is being planned. Some of the pedagoge, on their own initiative, use adapted program during the educational process. As the majority of staff members do not know if they are going to continue working in the institution after the contest or not, interest and motivation is low, accordingly, their activity is not oriented towards long-term outcomes.

**Although there is a library in the institution, the books are out of date and inadequate for the beneficiaries. Appropriately, the beneficiaries do not use books, only in the cases of rare exception. The institution is not provided with even a single computer.**

The cultural programs are almost not functioning. According to the administration, the beneficiaries were taken to the excursion several times. The children's home has its musical group "Dedis Nana". The administration states that embroidering, drawing and joinering circles are functioning; however, at the time of the monitoring, the monitoring group saw neither any of the circle instructors, nor the working environment arranged for the given purpose. Therefore, the activities are of sporadic character.

Leisure time is neither planned, nor development-oriented. The sporting activities are not encouraged. During two days, the monitoring group could not see the beneficiaries playing in the yard. The tennis table stands in the entrance hall out of action.

The part of beneficiaries over 18, work for the institution needs on the ground of the contract and perform the duties of gardeners, cleaners and guards. Several days ago the Ozurgeti musical school visited the institution and gave a concert. Such visits in the life of the children’s home are rare exceptions.

| 3 beneficiaries are involved in the village school inclusive education process, among them one beneficiary has not been able to attend school lately because does not have shoes. |
Conflict in the institution

A serious conflict situation between the administration and part of the beneficiaries is obviously noticeable in the institution. In the given conflict the personnel, which is dissatisfied with the announcement of the contest and contest conditions, also represents the interested party.

The personnel's influence / support of the beneficiaries with the purpose of conflict escalation is evident.

The beneficiaries’ complaints, which are ignored by the administration, became the reason of the given conflict. The conflict has developed into personal confrontation that significantly impedes the children’s home management and functioning. During the conflict verbal insult from the beneficiaries, as well as the administration is taking place. One of the administration representatives verbally offended the beneficiary that became the main pretention of the beneficiary at the time of monitoring. The administration did not react to the mentioned above fact.

The beneficiaries’ complaints concerning stale foodstuffs were confirmed during the monitoring process. According to their claim, they permanently bring up the given problem to the administration. No administrative sanctions were imposed to the persons responsible for the food product quality and safety.

The leader beneficiaries with excessive emotionalism report about keeping the coffin in the institution closet, they consider it as insulting circumstance that they regard as psychological pressure. But the directorate thinks that the institution paid certain amount of money for the coffin and it cannot be burnt. The coffin topic constantly appears at the time of mutual disagreement and provokes excessive emotional tension.

“Will they keep a coffin at home, and this is our home too, isn’t it?” – ask the children.

Despite the mentioned above negative and tense influence, the institution directorate obstinately keeps the coffin from economical viewpoint. It should be mentioned that keeping coffin in educational institutions is completely unreasonable and unadvisable from the psychological point of view, as well as in terms of respect to human dignity.

It is noticeable that the administration ignores the beneficiaries’ complaints and hopes that the given problems can be settled with the support and consultations from the outside. The beneficiaries do not participate in the decision-making process. Their complaints are not discussed objectively and publicly that aggravate the conflict even more. For example, the pedagogues leave the institution at night that is not responded.

As most of the beneficiaries have psycho-emotional problems, they can be easily involved in any kind of conflict under the influence of the interested parties that provokes stress. Resulting from the present situation, it can be apparently seen that neither the administration, nor the beneficiaries’ actions are directed towards the conflict resolution.

The director thinks that the problem can be solved by discharging the beneficiaries over 18 from the children’s home.
In our opinion, introduction of the effective communication mechanism, provision of the beneficiaries’ participation and searching for alternative ways of conflict resolution represent not the least important factors.

The beneficiaries have the possibility to express their opinions freely that often exceeds ethical norms. The fact that the beneficiaries loudly insult and threaten the director in front of his office, and the director’s face is erased from all the stands and notice boards can serve as an example of the stated above.

Recommendations

- Improve living conditions in accordance with the children care institution standards;
- Elaborate / implement the beneficiaries’ individual developmental plans and create the development-oriented environment for the beneficiaries;
- Retrain the personnel;
- Establish psychologist and social worker’s service;
- Take into account the beneficiaries’ opinion in the service process and provide their participation / adequate consideration of the beneficiaries’ complaints and response to them;
- Search the alternative ways for resolution of the existent conflict;
- Intensify control over suitability / safety of the products;
- Take control over the nannies performing their duties;

Note: It is necessary to elaborate the effective strategy in order to provide support, development and social protection of the independent life for the beneficiaries over 18;
Bedroom

Television – the only entertaining

Meeting room
SENAKI CHILDREN’S HOME

Reconstruction in the Senaki Children’s Home
THE OUTCOMES OF SENAKI CHILDREN’S HOME MONITORING

General information
105 beneficiaries are registered in the Senaki Children’s Home at present moment. The institution is considered to provide service for 78 beneficiaries and, accordingly, receives funds for the mentioned above number of beneficiaries.

Nowadays the reconstruction works are being carried out. The reconstruction is planned to be completed by December 15 and includes capital repair of the living block and inventory. The construction works are provided with the donors’ support.

There are 33 caregivers and nannies in the institution. The nannies’ salary makes up 86 GELS.

Among the beneficiaries admitted in the institution, only 48 are under 18, the rest residents represent the individuals of older age – over 18.

Living conditions

Hard living conditions that were described in the given institution by the monitoring group in July of current year will be changed after the repair works. At present the significant part of the building is emptied and is under reconstruction. The total number of beneficiaries is housed in the other buildings. Owing to this fact, there are 9–10 beds for beneficiaries in each room. The rooms are overcrowded.

The beneficiaries report that nutrition conditions were improved after the previous monitoring visit.

By the given time the heating problem has not been settled yet. It is cold in the rooms and at night the adolescents have to sleep in cold rooms.

According to the beneficiaries’ stories, they asked to use the timber-based material left as a result of reconstruction (old parquetry, planks and other) for heating but the administration refused. Later, as they report, some people took these materials away.

During the monitoring conducted in July the groups, which did not have a nanny for a while and where the beneficiaries were looking after each other were discovered. For this time the mentioned above problem has been already solved.

Education / development

Only 3 beneficiaries are involved in the inclusive educational process.

At the time of the monitoring conducted in July the individual development plans for the beneficiaries were not worked out. Now individual development plans for 48 beneficiaries have been elaborated. The mentioned above plans are being implemented according to the group principle and the administration takes regular control over the process.

The problem of the elder beneficiaries is still unsettled. Part of them (5–6 persons) requires to be
transferred to the other institution or adapted environment that cannot be provided for the given period.

Six of the beneficiaries over 18 are occupied with the reconstruction works. The other part of the beneficiaries is also employed in the institution and performs different duties.

Although many beneficiaries have speech problems, the institution does not have a logopedist.

The library of the children’s home is out of date. The literature collected in the library does not correspond to the beneficiaries’ age and abilities.

The institution does not have occupational therapy instructor. The beneficiaries do not have the possibility to take part in the activities oriented towards physical development.

Only one psychologist, who is involved in the implementation of individual development plans, is employed in Senaki Children’ Home; at the same time she also works with the beneficiaries in individual regime.

**Medical service**

The institution has a medical room, six doctor-therapists and a nurse. Also psycho-neurological dispensary, located nearby, provides a psychiatrist for the institution beneficiaries.

The institution beneficiaries are not provided with the service of a child psychiatrist, one of the beneficiaries over 18 has mental disorder – according to the personnel, the beneficiary calls himself “typhoon” and threatens the children with strangulation. He even tried to realize his threat on several occasions. His treatment is carried out inadequately because dynamics is not positive. As the monitoring group was informed, the institution for more than once brought up the question about the given issue to the superior bodies but in vain.

Also the staff members denote that after the August events aggravation of the psychoneurological background became apparent. In the subsequent period only a psychologist worked with the beneficiaries from this angle. It should be noted that one of the beneficiaries developed epileptic convulsion cycle as a result of the August events. The parents took the beneficiary from the institution to undergo an appropriate treatment course for a month.

In case when specialized medical assistance is necessary, the beneficiaries are taken to Senaki, Zugdidi or Qutaisi hospitals.

Routine preventive tests are provided for the beneficiaries once a year.

After the monitoring conducted in July 2 death cases were registered in the institution.

**Conflict between the beneficiaries and the administration**

At the time of the monitoring carried out in July the conflict, in which the children’s home personnel was involved, between the administration and part of the beneficiaries was apparent.

The living conditions, nutrition problems, abuse of the beneficiaries and other violations revealed by
the beneficiaries themselves in the institution working process, represented the reason of the given conflict. In the beneficiaries’ opinion, the administration was responsible for these violations.

The Public Monitoring Council familiarized the children’s home director and the Ministry of Science and Education with the recommendations in order to resolve the mentioned above conflict.

For today most part of the given recommendations concerning the objective study of the violation and participation of the beneficiaries in the management process have been taken into account.

Regular meetings with the beneficiaries are held; during them the chief pedagogue (the beneficiaries are especially satisfied with her work) collects the beneficiaries’ complaints. After studying them the chief pedagogue informs the beneficiaries what the consequences and the responses to these complaints were. The chief pedagogue showed the monitoring group members a special register where each complaint, the consequences of study and consideration process and response to each of them is registered. The beneficiaries are satisfied with such feedback mechanism.
General information

The boarding school is located in the village Kachreti, Gurjaani district; it occupies 4 hectares of open vast territory. It was built in 1978, and has been functioning as the public boarding school since 2003. 3-storeyed residential block, dining hall, the administration and school buildings are situated within the territory.

The living rooms mainly consist of 12-15 beds.

The boarding school is provided for problem (difficult to bring up), asocial and deprived of parental care children aged from 6 to 18.

The boarding school receives children throughout Georgia; mostly on the ground of the education resource centre referrals.

The boarding school has nine-year general comprehensive school and educational circles:
- cookery / housework
- Wood carving
- Agricultural / farming circle
- Stylist-hairdresser training circle
- Computer group
- “Out boarding” circles: for example: karate, dancing (in the village)

7 children study at the lyceum opened in the village of Kachreti.

Personnel

There are 19 teachers, 6 nannies on the staff at the boarding school; also they have 1, 5 staff for psychologist’s position and 2 persons are employed - although they are not child psychologists, but as the director reports “they are handling the job well”. The staff members are mainly locals; most of the personnel have long working and teaching experience.

Nanny’s / pedagogue’s salary makes up 144 GEL.

In the director’s opinion, the school necessarily needs a social worker who will settle the children’s problems with their parents. At present the director himself has to find and bring back to school the children taken by their parents.
Internal regulations

The director has worked out the school internal regulations, concluded the contracts with the staff members, appointed the deputy director. The director is eager to assign the duties and responsibilities correctly in order to make implantation of the new study methods and different innovations at school his main functions.

Financing

149 000 Gel represents the annual budget. It makes up to 7 GEL per child per day.

Financing is provided for 72 children, but as the parents take the children away from time to time, there are mostly 60 children at school.

With the saved money, the director managed to renew sewage system, reconstructed the bathhouse. The rehabilitation of the concert hall has been started. It is planned to repair the children’s rooms.

The library needs to be reconstructed, renewed and filled up with books.

In winter heating represented the problem, the school has 40 wood stoves, they needed 10 cars of firewood. The kitchen works on gas but the village was turned the gas off because of indebtedness, therefore, the school firewood expenses increased.

From time to time different organizations / businessmen help the school with money, clothes or other items.

Provision the adolescents with accommodation and finding work for them after school represents a serious problem. About 2– 3 adolescents graduate from the boarding school every year.

The director’s citation: “We put so much effort into our job, the state invests money in order to tear these children away from street and improper environment and after school we practically leave them again in the street without any care. Our work as well as the invested money is thrown down the drain”.

Two 16-year-old sisters study at school. Their only uncle has been released from prison recently. In fact, the adolescents have nowhere to go, their house is destroyed.

The monitoring group observation

The rooms are clean and tidy; the children have arranged the day room for rest to the extent possible.

The toilets are separated for girls and boys, they are clean, toilets are tiled but there is one whole room with several toilet sinks of Turkish type, and one is not separated from another. It is recommended to partition them by sections.
The children are dressed satisfactory, look well, are not suppressed, study at the liceum, and are involved in different circles, sometimes the concerts are given at school. The collective is cohesive and the director supports creation of healthy atmosphere at school.

The director is eager to create study atmosphere and warm native environment at school.

**Existent problems**

- The rooms that need to be repaired, poor equipment, old and out of date furniture make painful impression;
- The children’s clothes, bedroom furnishing, day room and other facilities, furniture and bed linen, everything needs to be renewed, refreshed, changed. The boarding school also needs a car.
- The school has territory occupying 4 hectares, the director wants to establish study subsidiary enterprise – plant a vineyard, fruit trees; the school needs a mini-tractor for this purpose.

As the director does not have the experience in mentioned above project implementation, he needs the consultation and looking into juridical and financial issues.

- The pedagogues and teachers need retraining in order to be familiarized with modern methods of working with children, new literature. Specially retrained professionals are necessary to work with children having psychological problems.
- Also special work on mastering deinstitutionalization and inclusive studying principles by the pedagogues is to be carried out;

Among medical problems children’s enuresis that is rather widespread in children’s homes and needs psychological and medicamental assistance should be noted.

During the monitoring it was revealed that the pedagogical staff needs special training on strengthening psychological corrective-rehabilitative approach towards children. It was decided that by the second half of April the monitoring group psychologists will conduct the training for the pedagogues and educational personnel concerning children mental functions, adaptation, socialization and other developmental methods.
KACHRETI BOARDING SCHOOL N 2

The washbasin

The yard

The hall
ZEMO BODBE PUBLIC BOARDING SCHOOL – MARCH, 2008

Repeated visit on November 29-30

General overview

The school is far from the village, the road to school is ruined. The boarding school occupies 10 hectares of territory, the yard gives a painful impression, there are no trees and plants, or even a sports ground. **When asked why they do not plant any fruit trees or make even a vegetable garden, the personnel answers that the children will ruin them anyway?!**

The school building is amortized; the school equipment is old and out of date. At present one block in under reconstruction (repair works are financed by the non-governmental organization Beteli).

The German organization **GTZ** is repairing the children’s living block. One wing of the residential block has been already reconstructed but the walls are empty, there are no personal belongings or toys in the children’s room.

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The children’s toys are locked in the teacher’s room. As the pedagogues state, they allow the children to play every day but do not allow them to have toys in their rooms not to provoke fights for toys between children.

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The sports gym hall needs to be repaired but sports kits and equipment are partially stored; the children, according to pedagogues, enjoy the physical culture lessons very much.

The school is provided for the children aged 6-16. Earlier the school housed the children having minor mental retardation. The children were taught by the program provided for 4 grades.

In September of 2007 the given school was transformed into public school that means that the school should follow the national curriculum from 1 to 9 grades, which is very difficult because the pedagogues have not undergone the corresponding training, the school does not have enough resources. The children contingent has not changed and the school does not have special programs and methodology in order to work with the mentioned above contingent.

65 children are registered at school, on the day of monitoring there were 34 children, at weekends parents take the part of children from school.

According to the director, working with those parents, who do not allow their children to attend school to study, represents a problem. At the time the child’s constitutional right to get education is violated and the parents’ legal liability should be brought up. But in similar situation, as a rule, the pedagogues are helpless.

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One of the pupils did not come back to school from holidays, the school director visited the child at home and the child’s father refused categorically to bring the child back to school because he needed the child in the family for spring works.
Financing and staff

The annual financing makes up 136 000 GEL - 6 GEL per child per day.

There are 20 teachers, 6 pedagogues, 1/2 staff for a psychologist.

Average salary for teachers makes up 180 GEL, for pedagogues – 160 GELS.

The goal of the repeated visit was to see if the school building rehabilitation works had been completed, if the living conditions existent in the boarding school had been improved, whether the programs and methods oriented towards personal development had been started to be introduced by the pedagogues and educationalists, especially after the monitoring group psychologists had conducted a one-day qualification training in March 2008.

Education

After the previous monitoring the pedagogues and educationalists’ salaries have not been changed, a psychologist, who shows interest and enthusiasm but lacks of qualification and experience, has been employed part-time, the psychologist’s salary is also very low – only 40 GEL. In the mentioned above conditions it is impossible for a qualified psychologist to work.

In April the monitoring group psychologists provided the one-day training for the pedagogues and educationalists concerning the methodology of working with children. They were given some advices about working out portfolios and children’s day rhythm, individual and group work introduction, without which it is impossible to carry out the work oriented towards children development.

The monitoring group registered that the mentioned above methodology has not been implanted and the collective continuous working by means of old inertia. Multidisciplinary team work principles have not been elaborated; observation over child development has not been provided, the children’s individual development plan has not been worked out, only individual pedagogues make daily records but these notes are not structured and implanted into the whole educational process.

Circles do not work at all. According to the personnel, the ongoing reconstruction is named as the reason.

The reconstruction works have been interrupted since summer, construction waste is left and spread around and the date of completion of the repair is indefinite.

The repairing should have been completed in September but in summer it was suspended for indefinite period of time, delay of money transfer by the sponsoring agency (the British donor) is named as the reason, however really nobody knows exactly. Reasoning from the mentioned above, the study process is provided in the half-ruined classrooms where the floor is laid-up, there is no electricity, and the environment is absolutely unsuitable for study process.

The teachers report that they thought they would stay in the given conditions temporarily and that is why did not take care of arranging classrooms in due time. They only hope that the reconstruction will be eventually completed and the donor also promised to equip the classrooms and they are just waiting for this day.

The floor in the sports hall is also laid-up and left as it was. The children have no possibility to do exercises or play indoor sports. Although the gym hall was old and poorly equipped but in bad weather the children used it, now it is impossible.
ZEMO BODBE PUBLIC BOARDING SCHOOL

The school building

Repair works have been suspended for indefinite period of time

Teachers’ room

Classroom
Former physical training hall

Tennis table
Toilet and wash basin

Dinning hall

Bedroom
Repaired shower room

Room for toys
According to the director, every year he raises the question in the Ministry of Education about the building reconstruction but the building has not been included in the “Jacob Gogebashvili” program, which provides for rehabilitation of the school buildings. At present, as the director stated, he brought up the school reconstruction question again, and again the Ministry representatives promised that for the next year the school repair would be financed.

The monitoring group thinks that in the given conditions it is impossible to carry out the study process normally.

Living conditions

The residential block is in relatively better condition, the reconstruction is mainly completed, the monitoring group recommendation about arranging the children’s own corners has been taken into account and the walls are decorated and painted. The younger age group still does not have their toys and personal favourite things in the bedroom until now, whereas the room where children play is full of toys and still locked. The children have enough clothes, are looked after, it is warm in their rooms but ventilation is a problem - all the children are together in the room, which is heated and the room is stuffy.

The toilets are situated only on the ground floor, there are no toilets on the first floor where bedrooms are situated and therefore using toilets at night represents the problem for children. The toilets are cold, all windows are broken. The faucets are out of order, water is not provided in wash basins.

The kitchen leaves a painful impression. It is cold and dark in the dining hall, smell is unpleasant.

In summer 15 volunteers arrived to school from the United States for two weeks. They lived together with children, entertaining them, playing with them and teaching fancywork, making small articles together with the children.

Recommendations:

- The educational personnel and pedagogues need qualification training and retraining;
- The school management has to be changed from the viewpoint of fund raising and obtaining and disposal other resources;
- New ideas and raising motivation of the collective, quality-orientation are necessary in the management;
- The school repair problem should be settled because it is impossible to carry out study process in the current conditions;
- It is strongly recommended to use school territory either for tree planting or sporting activities, or it should be simply decorated as the place for rest in order the yard was not so depressing;
- Living and skill development circles, necessary for the 24-hour type service institution, do not function;
- The toilet problem in the residential block should be settled, providing toilets upstairs near bedrooms is strongly recommended;

The study process should be changed; multidisciplinary team work, individual development plans and portfolios should be introduced.
Global Initiative on Psychiatry believes that every person in the world should have the opportunity to realize his or her full potential as a human being, notwithstanding personal vulnerabilities or life circumstances. Every society, accordingly, has a special obligation to establish a comprehensive, integrated system for providing ethical, humane and individualized treatment, care, and rehabilitation, and to counteract stigmatization of, and discrimination against, people with mental disorders or histories of mental health treatment. An enlightened services system promotes mutually respectful partnerships between persons who receive services and those who deliver them, protects the human rights of users and the ethical autonomy of service providers, and facilitates the engagement of users, families, and all other stakeholders in advocating for and achieving improvements in the quality of care.

A concern for the human rights of people facing mental health or behavioral problems remains at the core of GIP’s mission and work. This stems from a belief that upholding human dignity is indispensable and a de facto pre-condition for mental health. Moreover, any action that degrades human dignity touches the core of the human being and has a far-reaching and harmful influence on both the individual and society.

Recognizing that these aspirations remain everywhere unfulfilled, and that the rights and needs of persons with mental disorders and/or intellectual disabilities are particularly vulnerable to infringement and neglect, the mission of Global Initiative on Psychiatry is to promote humane, ethical, and effective mental health services.

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