RCT/Empathy

SPECIAL ANNUAL REPORT 2006 - 2007

The Rehabilitation Centre for Victims of Torture "EMPATHY" (RCT/EMPATHY, Georgia)

IMPLEMENTATION Of INTERNATIONAL STANDARDS ON PREVENTION OF TORTURE IN GEORGIA

Project is funded by the European Union and The International Rehabilitation Council for Torture Victims "Rausing Trust New Initiatives"

This project is funded by the European Union

IRCT

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IMPLEMENTATION Of INTERNATIONAL STANDARDS ON PREVENTION OF TORTURE IN GEORGIA

Tbilisi 2007

Content:

Chapter I: Introduction

This report is prepared by the Centre "EMPATHY" President and project director Dr. Mariam Jishkariani; Deputy Director of the Centre and project coordinator – Dr. George Berulava; Case Managers: Psychologist Kakha Mikadze, Psychiatrists Ketevan Gelashvili, and Shorena Bekauri. All other staff members of the project were involved on preparation of this report.

The partner organization in this project was the Society of Georgian Psychiatrists who provided analysis and recommendations for reform of Psychiatry in Georgia.

Associated partner organizations that supported the implementation of this project were: Prison Department of the Ministry of Justice of Georgia, Probation Department of the Ministry of Justice of Georgia and Public Defender of Georgia, Penal Reform International (South Caucasus Office), the International Rehabilitation Council for Torture Victims (IRCT, Copenhagen),

The RCT/EMPATHY specially thanks the Partner and Associated Partner organizations for support in the Implementation of this project.

Period covered by this Report: **From October 1, 2006 till October 1, 2007.**

Title of the Project of the RCT/EMPATHY, Georgia:

Implementation of International Standards on Prevention of Torture in Georgia

This project is funded by the: European Union, IRCT/Rausing Trust New Initiatives Grant, Penal Reform International (South Caucasus Office) and UNDP Project "Capacity Building of the Public Defender's Office in Georgia".

The RCT/EMPATHY, Georgia especially thanks the Donors of the Programme, Partner and Associated Partner Organizations, as well as all staff and consultants involved in the implementation of this project.

Location of work:
Georgia: including Tbilisi and surrounding areas, Tbilisi , Kutaisi, Zugdidi, Batumi (Pre – Trial Detention Centres, as well as Women and Juvenile Pre – Trial Prison, Women Colony, and Central Prison Hospital); Rustavi Male Colony and Prison);

Aim of the Programme

The overall goal of this proposal is monitoring and support on implementation of the international standards on prevention of torture in Georgia; to develop a model (pilot project) rehabilitation programme for specific vulnerable groups in Georgia.

This overall goal includes the following themes: (1) To promote implementation of the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment; (2) To elaborate recommendations for necessary legislative changes in the Code of Imprisonment of Georgia, according to international standards for imprisonment (CPT, EPR, UN etc), as well as urgent recommendations for health, and especially mental health reform in the penal system in Georgia; (3) To promote changes to the criminal code of Georgia on prison alternatives and conditional sentences (Development of Probation System in Georgia). (4) To set up a special monitoring and support programme for specific groups of prisoners – prisoners with mental illness and other severe chronic mental health problems; as well as juveniles in the new pre – trial prison in Tbilisi (Women's and Juveniles Facility #5) (5) to sent up a new model rehabilitation programme for probation service users; (6) to implement a specific Torture Prevention Training Programme for representatives of monitoring agencies, governmental and non – governmental representatives.

Main target groups were: (1)Torture and Ill – treatment victims – specific vulnerable groups – Prisoners with mental illness that in breach of international standards still are in the prison facilities and are subject of ill – treatment, beating and other inhuman or degrading treatment.(2) Specific group – juveniles in the Pre – Trial prison (new opened facility) in Tbilisi (#5) – with experience of torture, ill – treatment, lack of medical aid and psychological or social support in the prison, with "street child ", or violence and other inhuman treatment experience.
(3) Target group for the Training programme were the representatives of the MoJ Prison Monitoring Commissions; Public Defender's Office and Probation Department of MoJ representatives. Total # 34 persons were trained during this project.

Specific objectives of this programme were:

- Creating a Day Rehabilitation Centre (Outpatient clinic type) for the Probation Service's users in close collaboration with the Probation Bureau of Tbilisi;
- Creating and Operating the Art Salon (Workshop) for this contingent (re – socialization).
- Providing a specific monitoring and documenting programme for prisoners with mental illness who should not be inside prison institutions, but still are in prison/ correction facilities; Providing legal support and forensic psychiatry expertise for this target group.
- To develop a specific medical and psycho – social rehabilitation programme for juvenile prisoners in Pre – Trial Prison (Facility #5 of the Prison Department of MoJ).
- To develop specific recommendations for changes in the law on imprisonment, especially regarding medical services in prison; also regarding the Juvenile Justice and Probation System.
- To develop specific recommendations and necessary plan of action for health care system reform in the prison system of Georgia (currently operating outside the law), especially for prison psychiatry reform; as well as for forensic expertise reform in Georgia.
- To develop a plan of action, recommendations and guidelines for implementation of the Optional Protocol to the UN Convention against Torture.
- To submit these recommendations to the governmental agencies and international organizations; To provide public awareness campaigns and lobbying actions for implementation in Georgia.
- To elaborate a specific training programme for monitoring institutions, for prevention of torture, reporting and documenting.

Methodology Used

The new model programme for rehabilitation of probationers was set up (Centre for Rehabilitation of Former Prisoners and Probationers); this innovative project was approved during the RCT/EMPATHY Pilot Project Funded by PRI in July 2005. The project is implemented according to the conception of the RCT/EMPATHY regarding a Nationwide Rehabilitation System for Prisoners and Former Prisoners also presented in this report.

The services were provided strictly on a voluntarily basis and interviews were strictly confidential. The individual questionnaires completed were also confidential.

Selection of the target beneficiaries - women and children – juveniles – users of Probation Service were conducted together with the Tbilisi Probation Bureau.

A specially elaborated questionnaire was used for this target group. This questionnaire is published as an Annex of this report.

First time interview method includes:

- to establish mutual trust and contact between therapist and client.
- to introduce the programme goals and possibilities of delivered services.
- In case of informed consent to identify the existing problems of the client
- to discuss together with client the future plan of action and future visits and consultations.
-

Needs assessment:

- The individual problem analysis method was used for identification of the needs of clients.
- The problem analysis was provided together with client and with a multi-disciplinary team (MDT) of specialists working on elaboration of a plan of rehabilitation for this client.

- The problems of each individual were grouped around four items: (1) Social; (2) Legal; 3) Psychological and 4) Medical;
- An individual plan of rehabilitation was developed in each case;
- The developed rehabilitation plan was introduced to the client and after informed consent rehabilitation activities were started.
- This plan of action was coordinated with each participant of the MDT or with coordinators of other contracting services (Probation Service; Treatment Centre or others).

Psychological investigation:

- For Children: Lusher and Hand Tests were used; in cases of forensic psychiatry the Wechsler IQ Scale was used as well.
- For Adults: PTSD tests (Watson, Mississippi, Harvard Trauma Questionnaire), Bass – Durkey Aggressive Scale; Hamilton Depression and Back Depression Scales); Shikhan Anxiety Scales were used.

Rehabilitation

The main method of rehabilitation was based on Multidisciplinary Rehabilitation provided by the MDT group of specialists including: Psychologist - psychotherapist, Social Worker, Psychiatrist, Doctor Physician, Doctor Neurologist, Legal Advisor and other needed specialist consultations, in with close collaboration with Probation Officers.

To deal with "Stigma" a detailed explanation method of the positive aspects of rehabilitation and positive obvious results for the client was used.

Rehabilitation Services included – short term and long term psychological social and medical rehabilitation:

- Psychological Consultations
- Individual and Group psychotherapy
- Family Consulting
- Social Therapy – case management and environmental support.
- Legal assistance
- Several doctors, among them psychiatrists' consultations
- Clinical and para - clinical diagnostic investigations
- and treatment, if needed.

The Art Studio established for re – socialization of Probationers.

Methods used for Art Work

- Art therapy – Individual and Group
- Training on Clay Modelling
- Working in the Art - Studio
- Preparation and holding of charity actions – Art Works Sale – Exhibition

<u>Re–Evalution of the Client's Health Condition, Post-Treatment :</u>

- Clinical and as needed para - clinical methods.
- Re–evaluation using psychological questionnaires
- PTSD tests
- Depression and anxiety evaluation questionnaires
- Using EMPATHY's Client's Subjective Evaluation Questionnaire

Crisis Intervention Programme in Juvenile's Pre – Trial Prison, and Programme for Prisoners with mental problems

A Clinical/Structural Interview method was used in accordance with international standards contained in the Istanbul Protocol and the RCT/EMPATHY Client Monitoring and Rehabilitation Programme. The

specially elaborated RCT/EMPATHY medical file: “Card for Investigation of Mental Health Problems of Prisoners” was used for observation and study of the existing problems, especially among prisoners with mental problems.

The diagnosis was provided in accordance with ICD – 10 Revision (International Classification of Diseases).

Specific methods include:

- identification of medical and psycho – social needs
- several doctors’ consultations
- external investigations and laboratory and instrumentary investigations, if required;
- psychological investigation by using the following tests: Lusher and Hand
- Short – term psychological consultations – crisis intervention activities
- conflict resolution activities and social and legal consultations, if required
- treatment and rehabilitation in needed cases

Training Methodology

- The international training programme on torture prevention was used for monitors of Human Rights.
- This training included the following thematic areas:
- Torture definition and history;
- Methods of Torture
- Binding and non- binding international instruments for prevention of torture;
- Local national Torture Prevention Mechanisms;
- Documenting and Reporting on Torture
- Healthcare Standards for Prisons
- Istanbul Protocol
- Optional Protocol to the UN Convention against Torture
- Probation service - .aims, European practice etc

Training Modules were developed with materials.

- Lectures
- Group activities with use of role play and other methods.
- pair work or one to one working group
- multi - media activities
- visualisation
- research
- presentations
- Exercises (written and case studies), etc.
-

For implementation of the international standards on torture prevention in Georgia the following methods were used:

- Comparative study regarding differences and similarities of the national and international Torture Prevention Mechanisms.
- Analysis of Georgian legislation
- Elaboration of recommendations and plan of action on implementation of the international instruments on prevention of torture in Georgia;
- Elaboration of special Declarations and Letters and submission to official agencies – responsible for Protection of Human Rights and torture prosecution.
- Holding public awareness campaigns, press – conferences etc;
- Networking with NGOs and International Agencies, as well as governmental agencies working on this issue;
- Submitting reports on the situation and request immediate reaction from Government

It should be mentioned that the RCT / Empathy have 10 years’ experience using the listed methods; they are academic methods for prevention and rehabilitation of torture victims and internationally recognized methods for the relevant project activities.

In addition, all methods used are based on international standards; ICD – 10; Istanbul Protocol; International Principles of Medical Ethics and international standards for treatment and medical and psycho – social rehabilitation of victims of torture. For selecting the methodology used RCT/EMPATHY was also guided with international instruments for prevention of torture as well, such as the UN Convention Against Torture, Torture Monitoring guidelines of CPT; UN Standard Minimum Rules for the Treatment of Prisoners; Optional Protocol to the UN Convention against torture etc.

For each activity of the RCT/EMPATHY the following approaches are particularly important:

- Voluntarily investigation, treatment and rehabilitation;
- In accordance with the client's wishes, treatment shall be anonymous and confidential.
- Follow international medical ethical principles: Client's informed consent and confidentiality, medical confidentiality guaranteed and respected; professional independence etc.
- Multidisciplinary approach as the basis for rehabilitation activities, held by an MDT group of specialists with the Case Manager in the leading role;
- An individual client oriented approach, based on client needs assessment will be used in each case and individual case management will be implemented and rehabilitation plan of action elaborated for solving addressed problems.

Offices and Services

The following programmes and offices were operated during the project activities presented:

- Day Centre for probationers and former prisoners
- Art Studio for probationers and former prisoners
- Crisis intervention Centre in the Pre – Trial Prison for Juveniles
- Monitoring, reporting and client advocacy programme for prisoners with mental problems.

Services:

- ***Medical***
- ***Psychiatric***
- ***Psychotherapy (Individual, Group and Family)***
- ***Art Therapy and teaching***
- ***Physiotherapy, Laser therapy and Acupuncture***
- ***Counseling***
- ***Community visits***
- ***Referrals***
- ***Financial assistance (support for travel and accommodation for out patient type treatment for torture victims)***
- ***Social assistance***
- ***Family – based treatment***
- ***Psychological consultations***
- ***Legal assistance***
- ***The centre provides independent forensic expertise, medical and psychiatric/psychological, in accordance with Istanbul Protocol guidelines and based on international guidelines in psychiatry.***
- ***Assistance includes: long and short term rehabilitation services for victims of torture and their family members.***
- ***Training – Educational Programme on International Standards and mechanisms for prevention of torture for the Human Rights monitoring groups and client advocacy groups.***

Partner Organizations and Associated Partners:

It should be indicated that the partner organizations in this project was the "Society of Georgian Psychiatrists" (WPA Member Association), which was responsible for analysis and elaboration of recommendations for reform of psychiatry in Georgia. Members of this organization provided psychiatric and forensic consultations to prisoners with mental problems and together with RCT/EMPATHY member psychiatrists participated in forensic psychiatry expertise.

Associated partners in this project were several governmental and non – governmental agencies:

The Ministry of Justice of Georgia Probation Department, especially the Tbilisi Probation Bureau, which operated in this project as an expert organization on awareness campaigns for distribution of information regarding the project among users of the probation service. Together with the RCT/EMPATHY staff they conducted selection and identification of the target groups, and elaboration of the plan of rehabilitation. Experts of these agencies acted as invited experts in the project and especially actively participated in elaboration of the training modules, selection of participants for training, and preparation and delivery of relevant presentations during the training.

The Ministry of Justice of Georgia Prison Department and Facility #5 of this Department were involved on the implementation of the project in prison facilities and the project was implemented in close collaboration, especially, with medical representatives of these facilities. As a result of the collaboration of RCT/EMPATHY and the Prison Department, the Crisis Intervention Centre was opened in the Juveniles' Pre – Trial Prison.

The Public Defender's Office of Georgia actively use the RCT/EMPATHY project services and opportunities with regard to relevant target groups. They have sent relevant cases to the RCT/EMPATHY for preparation of professional reports and for consultations. The Office was involved in preparation of the training – seminar. The venue for the training – seminar was offered by the Office free of charge, and representatives of this institution actively participated in the training – seminar.

Co – funding and organizational support for the training – seminar was provided by Penal Reform International and UNDP Project "Capacity Building of the Public Defender's Office in Georgia".

The International Rehabilitation Council of Torture Victims (IRCT) provided advisory support (International Manuals, Training methodology etc) during this project, and also provided co – funding.

In the Implementation of this project several sub contractor organizations participated:

- Multi Profile Treatment Centre
- National Centre of Therapy
- National Centre of Urology
- Dermatology Outpatient Clinic
- Research Center of Gynecology
- Pharmaceutical firms "PSP Richter", "GPS", "Titani"
- Other individual consultants of the RCT/EMPATHY
- In patient treatment was provided by different Hospitals and Clinics

Chapter II – Activities and Results

(1) The Rehabilitation Centre for Probationers and Art Studio (Women and Juveniles and their family members)

It should be mentioned that the Day Centre for Probationers - Women and Juveniles has operated since November 2006. In the first month of the project a timetable of collaboration with Tbilisi Probation Bureau was established. A Social Worker and psychologist of the Centre visited the Office of the Probation Service of Georgia and together with probation officers provided an introduction to the project's possibilities; Posters and information documents were distributed among probation service users and among probation officers. This activity was implemented in close collaboration with the Tbilisi Probation Bureau.

During the period October 1, 2006 to October 1, 2007 (2006 – 2007) a total T N = 72 persons applied to the programme for support as direct beneficiaries of the programme, including probationers, their family members and community members, also former prisoners.

In October 2006 the Art Studio was established and it has operated since November 2006;

Assessment of the results of this activity:

- Out patient type rehabilitation centre operates in the RCT/EMPATHY Office;
- An Art Studio is established and operates as a separate office for probationers, their family members and community representatives, and former prisoners;
- Art Studio work: 15 persons are permanently working in the art studio and after a 6 month study programme received specific certificates. An award Ceremony was conducted with participation of the Head of Tbilisi Probation Bureau; Press releases on activities of the programme were presented on the web page of the MoJ Probation Department.
- Several organizations applied to the Art Studio for preparation of art works:

1. Georgian Patriarchy Shop "Ksenoni" order – clay glasses N = 50; price of one glasses – 1 GL; Received income was distributed among authors of these art works.

2. In accordance with order received from Mr. Antadze small statuettes were bought: N = 40; Price of one statuette, depending on size, was 2 – 3 GL; income was distributed among authors of these works.

3. An order was received from Photo – Design Firm "Nergebi" for landscape design accessories: ceramic, jars, small statuettes. The price of these works, depending on size, is from 2 – to 6 GL; Income received from this order was handed to the authors of the work; this order is an ongoing activity of art studio.

Activity implemented at the art studio includes daily sessions for probationer women and former prisoners, and three day-sessions for juveniles. To take into consideration their educational responsibilities, juvenile sessions were conducted on Saturday. It should be mentioned that day sessions includes lunch for users and travel costs.

Daily activities in the Centre include a medical and psycho – social rehabilitation programme for probationers and their family members, as well as former prisoners and community members. These activities consist of psychologist consultations – investigation, medical consultations and social – environmental and legal assistance; as well as family consulting, community visits – including probation service of Tbilisi Bureau. Also several medical para – clinical investigations in the contracting health care institutions.

(2) Medical and psycho – Social Rehabilitation Programme for Juveniles in Pre – Trial Prison - Crisis Intervention Programme (This activity is implemented in collaboration with the MoJ prison Department)

Assessment of the results of this activity:

The Crisis Intervention programme that includes medical, psycho – social and legal support for Juvenile – prisoners in the Pre – Trial Prison began in November 2006 in the MoJ Prison Department facility for Women and Juvenile' #5; The Crisis Intervention Centre for permanent short and long term rehabilitation sessions was opened and operated since 2007 March in accordance with agreement from MoJ Prison Department.

Permanent sessions include: Medical Consultations; medical para – clinical investigations as required; psychological, psychiatric support and individual psychotherapy; client advocacy programme that contains social, environmental and legal assistance. In these activities the family members and lawyers of the detainees were also involved; the family counseling and conflict resolution activities take place in the framework of the client advocacy programme. Total # of beneficiaries in this facility = 71 persons.

(3) Specific Client Advocacy Programme for Prisoners with severe mental illness

It should be mentioned that the most vulnerable group and group at risk of torture and ill treatment are prisoners with mental illness. Lack of articles and definitions in Georgian legislation create difficulties in providing adequate assistance to prisoners with mental problems, and in creating a torture prevention system, causing frequent cases of torture and ill treatment toward this category.

This activity of the RCT/EMPATHY is new in the post soviet region and as a result a new target group of torture was identified: prisoners with mental problems that are under inadequate medical care and as a result of misunderstanding and maltreatment often are subjects of beating, illegal isolation and humiliation.

The programme was implemented in the Women's and Juvenile's facilities, as well as in the Prison Hospital's Psychiatric Department; Tbilisi Prisons #1 and #5, in Rustavi Prison #6, Rustavi Men's Colony # 1. Monitoring visits were also provided in Kutaisi, Zugdidi and Batumi prisons.

Client advocacy assistance included medical, psychological, social and legal support, including to family members and their lawyers. Consultations and applications were submitted to the Prison Department and relevant prison facilities, to the Public Defender, General Prosecutor's Office, the Courts. Total # of beneficiaries = 97 persons.

(4) Training – educational programme for monitoring of torture

Networking relations were established with prison monitoring commissions, and international standards, especially on medical care in prison, were presented to them during roundtable meetings and conferences held by the RCT/EMPATHY and partners on torture prevention in the framework of the RCT/Empathy's activities. As well as the International standards on medical ethics, relevant standards and violations in Georgia in prison and forensic psychiatry were presented to them during the above meetings. The specific manual for monitors of prison medical services monitoring was elaborated (second edition) and distributed during the roundtable meetings among prison monitoring commissions and, during the training – Seminar, among participants. The training – Seminar **"International instruments and Mechanisms for Prevention and Documentation of Torture"** was held on September 29 – 30, 2007 at the public Defender's Office. The training – educational programme included topics on international standards for prevention of torture and was held for the Public Defenders' Office representatives, MoJ Independent prison monitoring commissions and probation officers.

Specific activities included:

- Selection of the Training Facility for two days training; taking into consideration some specifics of the training, and cost effectiveness, the Training – Seminar was held at the Public Defender's Office, several facilities were used and this was free of charge.
- As the partner and co – founder organizations the UNDP Project "Capacity of Public Defender's Office in Georgia" , PRI and Public Defender supported this training – seminar, aslo actively participated the Probation Department of MoJ.
- The participants of the training were selected by the relevant agencies: 18 persons from Public Defender's Office, Probation Department – 5 persons, and prison monitoring commission members (Invited by the PRI) 11 persons. It should be mentioned that 5 persons were invited from Prison Department of MoJ of Georgia, but this agency did not participate in the training.
- Total number of participants was 34, including several professional specialists.
- International and local trainers were selected during the preparatory work: All trainers were professionals trained at the ToT programme on prevention and documentation of torture according to the Istanbul Protocol. Two medical experts (one mental/psychological, and one specialist on medical ethics were selected as trainers and one legal expert). The programme of the Training – Seminar was provided by an international trainer with coordination of the other trainers. All workshops and group work exercises were provided by the international Trainer, pre-training and post training questionnaires were prepared. Manuals that were distributed during the training and Power – Point presentations on relevant topics were prepared during the preparatory work by the trainers. As the expert on probation services the Head of the Probation Department of MoJ was invited by the RCT/EMPATHY.
- The International Manual prepared by the IRCT "International Instruments and Mechanisms for the fight against torture" was translated into Georgian and distributed among training participants; the adaptation of this manual in Georgian was provided by the selected trainers. Two additional manuals: "Torture Outcomes, Diagnostics, Documentation and Rehabilitation" and "Medical Services in Prison" prepared by the international Trainer were distributed during the Training – Seminar.
- Specific cases were prepared by the International Trainer with collaboration of the other trainers for seminar group work.
- A specially prepared CD with all relevant documents, manuals and power – point presentations was distributed during the Training – Seminar.
- Certificates were prepared and distributed among participants at the end of the training – seminar.
- The programme and modules of the training seminar include Total N = 12 sessions, as well as opening and closing and awarding ceremony.

- Among 12 sessions, 5 sessions were plenary and another 7 sessions were parallel workshops.
- Session 1 – Plenary - Introduction included introduction of the trainers, objectives and methodology of the training, as well as interactive introduction of the participants and pre – evaluation of the training participants (using the specially elaborated pre – training questionnaires).
- Session 2 – Torture – included plenary lectures (power point presentations) Torture Definition and History, Methods of Torture (Physical and psychological).
- Session 3 involved parallel workshop on national preventive mechanisms and included group work in 3 mixed groups (including public defender's office representatives, probation officers and prison monitoring commission representatives), and group work presentations and summary discussions.
- Session 4 plenary – international instruments for prevention of torture) included three power point presentations (lectures): UN and CoE instruments and mechanisms and international standards on health care in prison, as well as international principles of medical ethics.
- Session 5 parallel workshop on national legislation included group work (4 mixed groups) and group work presentations and discussions:
- Relevant National Laws
- FAQ – (Frequently asked questions)
- Violations in Georgia – Results of Monitoring
- Session 6 – Plenary included Day 1 evaluation and plenary discussion.
- Session 7 – Plenary – Istanbul Protocol (IP) - included two power point presentations – introduction of IP and physical and psychological outcomes of torture.
- Session 8 Parallel included workshop on General Considerations for Interviews and was held using the role play method (one to one working groups). Part 1 of the Case Study was used – Interview. For that part the participants volunteered as victims and part as interviewers, part of the participants were observers, after the interview – group work presentations were made around the following topics: positive and negative aspects and recommendations on the interview according to the victim's position, and according to the Interviewer's position. All presentations were summarized by the Trainer after group discussions that finally summarized the general international guidelines and standards for the interview.
- Session 9 Plenary – Reporting, including reporting of torture according to the Istanbul Protocol Principles, legal and medical parts.
- Session 10 – Parallel workshops on preparation of reports included group work (4 mixed groups), and the second part of the Case was given to the Groups for preparation of reports. After the group work presentations and discussions of the presented reports were held.
- Session 11 – Parallel, included group work on aims of probation services and recommendations. After the group work a plenary presentation was made by the Head of the MoJ Probation Department on the aims of probation services and European practice, followed by plenary discussion.
- Session 12 – Plenary, included evaluation of day 2 of the training – seminar. Final evaluation of the training was made using post – training questionnaires. Future plans and coordination between target groups of the training was discussed and a plan of activities was elaborated.
- After the sessions the closing and awarding ceremony was held. (All training materials are attached to this report, including the summarized post training and pre – training questionnaires and registration list of participants, and the CD distributed during the training).

(5) Elaboration of specific recommendations and lobbying for implementation

Analysis of Georgian legislation, as well as practice in the field of forensic and prison psychiatry, was elaborated and presented at roundtable meetings, with specific recommendations on prevention of torture, which included: set up standards on prevention of torture in accordance with the UN Convention Against torture and OPCAT, to set up the Istanbul Protocol in Forensic Expertise and as a guideline for legal investigation, make changes in the forensic and prison psychiatry field etc. These were included in a declaration that was elaborated by the RCT/EMPATHY. Partner organization in the Project, the Georgian Psychiatrist's Society, is working on preparation of specific analysis on Psychiatry Reform in Georgia that will be published at the end of the programme; Several letters and recommendations on violations in forensic psychiatry and prison psychiatry were presented to public officials, the Public Defender and

General Prosecutor's Office. As a result several changes were made in the Law on Psychiatry and in the procedural and criminal code of Georgia on the issue of forensic psychiatry, but unfortunately it is not sufficient. Regarding the Juvenile Justice System RCT/EMPATHY participated in several TV discussions and press – conferences and conveyed its opinion regarding changes in the Criminal Code of Georgia concerning offenders less than 12 years of age. The RCT/EMPATHY provided analysis of Georgian legislation and practice in accordance with the UN Riyadh Guidelines on Prevention of Juvenile Delinquency, as well as in accordance with the Convention on Rights of Child and presented them during the 26 June 2007 conference. These were published in the Annual Report of the Programme.

Results

Indicators of results:

Total number of beneficiaries who applied to the programme was 322 persons; among them, direct beneficiaries were 213 persons and 109 persons were family members, community members and lawyers.

Table 1. Total N of beneficiaries = 322 persons

Target Groups	Probationers # 35			Former Prisoners # = 10			Prisoners with Mental/psychiatric Problems # = 97		Juveniles in Pre – Trial Prison # = 71		Family members, Lawyers, Community members # =109	
	W	J	M	W	J	M	Women	Men	W	M	W	M
Total # of Consulted persons	16	19		4	1	5	44	53	1	70	67	42
Direct Beneficiaries	16	19		4	1	5	44	53	1	70		
Family members, Community members, lawyers	21	-	4	1	-	2	40	19	5	17	67	42
Crisis intervention	5	10	-	-	-	1	23	38	1	48		
Long term rehabilitation	11	9		4	1	4	21	15		22		

Result:

Based on table 1, the total number of beneficiaries who applied to the Centre during 12 months were 322 persons; Among them 45 persons were probationers and former prisoners (14 %); 71 persons juveniles in the juvenile pre – trial prison (22 %), 97 persons were prisoners with mental problems (30 %) and 109 persons were family members, lawyers and community members of these target groups (34 %).

Among total N = 213 direct beneficiaries (66 % from Total N = 322), women were 65 p (30 from T N = 213), Juveniles and children were 91 persons (43 % from T N = 213), and men 58 persons (27 from T N = 213).

Table 2 ***Who appied to the RCT/EMPATHY Project***

Applications	N = 213	%
Familly members and Lawyers	24	11,27
Identified by the RCT/EMPATHY staff during monitoring visits	117	54,93
Ombudsman's Office	6	2,82
NGO Applications	4	1,88
Self – supporting groups	9	4,22
Applications made by Prison Doctors, Prison Administration	44	20,66
Applications made by the Probation service	9	4,22

Obsevation reveals that in most cases (54, 93%) the target beneficiaries, especially prisoners with mental problems, were identified by the RCT/EMPATHY project staff during monitoring and first time identification visits. In 20,66 % of cases the information was received, in order to provide adequate care, from the prison administration and prison doctors, which indicates a high level of involvement in project activities and good networking of the RCT/EMPATHY sevices. In 11, 27 % of cases the applications were from family members and lawyers. In most of these cases information regarding the project activities was distributed by the Probation Department of the Ministry of Justice, as well as by the RCT/EMPATHY public relations, networking and torture prevention activities.

Table 3. Ages Total N of Direct benficiaries = 213

Age	Under 14	14 - 18	18 - 60	Up to 60
	1	89	119	4

Average age:

Target Groups	E
Probationers	E = 17,75
Former Prisoners	E = 33
Prisoners with mental problems	E = 34,64
Juveniles - Prisoners	E = 16, 2

Total average age = 25.4

Based on Table 3, under the age of 18 were 90 persons – 42, 25 % of beneficiaries from T N = 213. 55, 87 % of beneficiaries were from age categories 18 – 60 and 1,88 % - up to 60 years old.

Based on data analysis regarding the average age of target groups, it should be mentioned that in most cases where beneficiaries needed adequate social, legal, medical and psychological support, they were under 40 years old. The above mentioned can be used for planning preventive measures in several directions: Probation, Education, Social and Legal. (See the recommendations Chapter.

Table 4. Nationality (Ethnicity) Total N = 213

Georgian	Russian	Armenian	Azeri	Ukrainian	Kurd	Other (Shri – Lanka, Uzbekistan, France) (was not Citizens of Georgia)
194	-	6	2	4	4	3

Based on the above mentioned Table, main beneficiaries were of Georgian nationality, amounting to 194 (97,9%) persons from T N= 213. 2,1% were of a different nationality. For that reason, during the project activities several languages were used by staff: Georgian, Russian and English. Most persons with non-Georgian nationality had specific problems relateing to language skills, including obtaining asylum seeker status and/or information on how to return to the country of origin.

Table 5: Status: Total # = 322

Probationer	Former Prisoner	Juvenile - Prisoners	Prisoners with mental problems	Family members + Community members + Lawyers
35	10	71	97	109

It should be mentioned that because of non-use of procedures for conditional release from prison, the number of probationers with prison experience decreased;

In connection with stigma about psycho – social rehabilitation, many parents of probationer juveniles have did not understand the necessity of psycho – social rehabilitation.

The reason for a decreasing number of probationers in Georgia and increasing number of imprisoned persons was a zero tolerance attitude declared by Georgian officials towards persons in conflict with the law. As a result number, of the probationers applying to the Centre decreased and the number of incarcerated persons applying to the programme increased.

It should be mentioned that the number of prisoners with mental problems assisted by the RCT/EMPATHY increased due to existing problems in psychiatry reform in Georgia in general, and especially social welfare issues. The reason for this is an incorrect State Psychiatry Programme analysis, which will be described below in a separate Chapter.

Table 6. Torture and other, cruel, inhuman or degrading treatment or punishment in accordance with UN CAT Article 1 and Article 16 among Direct # 213

Torture Description	Probationers + Former Prisoners N = 45	Juvenile Prisoners T N = 71	Prisoners with mental problems T N = 97
Physical methods of torture	8	23	30
Psychological methods of torture	8	28	38
Inhuman treatment	8	60	77
Necessity of adequate medical care	21	49	92

As it appears from table 6: among total N 213 direct beneficiaries of the project, 61 persons (28,64 %) declared that they were subjected to torture and physical ill treatment, in most cases beating. Psychological methods of torture (threatening), lack of adequate sanitary – hygienic conditions etc, were used according to their accounts in 34, 74 % cases; Inhuman treatment was noted in 68, 07 % of cases (facts), among them, in most of cases, towards prisoners with mental problems and prisoners or probationers with imprisonment experience. In 76, 06 % of cases adequate medical and psycho – social care was needed.

Total N of cases of torture, ill – treatment and other forms of inhuman treatment were 207.51 %, which means that several forms of ill – treatment were used in the same case (average 2, 07 fact in one case).

The following problems that indicate violations of international standards on prevention of torture, and can be considered as allegations from the above statistical data are described below:

Problems revealed regarding patient – prisoners with mental illness

- It should be mentioned that Georgian legislation regarding psychiatric care and the Criminal and Procedural Code of Georgia do not adequately reflect and describe all necessary measures relating to persons – prisoners with mental illness, especially those who are under involuntary (according to new terminology indicated in the updated legislation on psychiatric care in Georgia – compulsory) treatment in accordance with a court order and should be treated in penal system institutions (patients with partial irresponsibility);
- Legislation does not reflect differences between out – patient type involuntary (compulsory) or voluntary treatment and in patient treatment, and possible measures and procedures for such patients;
- Not clear in the new psychiatric care law of Georgia are differences between involuntary and compulsory treatment, as well as regarding emergency psychiatric care, and outpatient and inpatient voluntary and compulsory treatment in penal institutions, creating legislative problems for prison doctors and the prison administration, and even for the court system.
- The legal obligations of forensic psychiatry are not clear, and standards of state psychiatric expertise are not relevant to international standards;

- The same situation exists regarding drug addiction problems and court orders regarding involuntary treatment inside the penal system.
- As a result all forensic and prison psychiatry analysis and practice need immediate changes and reform.
- Unfortunately the responsible state agencies and persons do not have the intellectual resourses for preparation of adequate reforms in this field.
- It is not clear who is obliged to apply for forensic expertise in the case of prisoners with severe mental illness who have no lawyers, relatives or close friends.
- It is not clear what procedures and measures should be implemented toward prisoners with chronic severe mental illness who, in accordance with international standards, should not be in prison and should be presented to the Acting Committee on Severe Illness created by the MoJ and MoH. Should such a person be released from prison or have an order issued for involuntary admission?
- In addition, lack of reform in psychiatric care in Georgia, and lack of social – environmental protection mechanisms for persons with mental problems, is in most cases a reason for increased level of crime among this target group and the ensuing level of incarcerated mentally ill patients.

Problems among Juvenile prisoners in pre – trial prison

- It should be mentioned that problems of overcrowding exist in this prison that creates inhuman living conditions for prisoners;
- It should be mentioned that the Prison Health Care Reform which is the responsibility of the MoJ and MoH has not yet been presented. In connection with this, the Centre "EMPATHY" medical support is a great opportunity for Juvenile prison medical services, but its programme and staff have limited possibilities and cannot cover all the requirements of this facility.
- It should be mentioned that legislative problems exists toward juveniles with mental/psychological problems, as well as in general regarding the Juvenile Justice System in Georgia.
- It should be mentioned that in the Penal System of Georgia there is no specific inpatient psychiatric treatment facility for juveniles and women. This creates difficulties in providing adequate care for this contingent, and sometimes the attitude towards such patients is inadequate and could even be qualified as torture or inhuman treatment.
- The main problem that creates a fertile environment for violations of human rights, especially torture and ill – treatment, is gaps in Georgian legislation. It should be mentioned that CPT recommendations, Istanbul Protocol Guidelines and other international standards are not reflected in Georgian legislation, creating problems of prevention of torture and ill – treatment in close facilities, and violations of binding documents, such as UN CAT articles, especially articles 1, 11, 12, 10, 14, 16.

Table 7. Provided assistance Total # = 322 (Beneficiaries = family and Community Members, Lawyers): Direct Beneficiaries #213.

Para – Clinical Investigations and several doctor's consultations

Type of assistance	Place	N of investigations and consultations	N of clients
ECG	"Gia Guli" Clinic and in Clinic "Joeni"	6	4
ECG with Holter method	Research Centre of Therapy	4	4
Cardio – Exoscopy Investigation	"Gia Guli" Clinic and in Clinic "Joeni"	3	2
Coronarography Investigation	Research Centre of Therapy,	1	1
Exoscopy investigation	Tatishvili Diagnostic Centre, Multiprofile Treatment Centre	27	19
Cytocolposcopy	Tatishvili Diagnostic Centre	1	1
XR Investigation	Multiprofile Treatment Centre	30	15

EEG Investigation	Portative Investigation with RCT/EMPATHY Consultant	35	27
Urinary Common Analysis	Multiprofile Treatment Centre	17	14
Blood Common Analysis	Multiprofile Treatment Centre	21	18
Blood Bichimical analysis	Multiprofile Treatment Centre	8	8
Blood Imunology Expres Diagnostic	Imunology Centre	1	1
Serology Investigation	Centre "Bacteriophage" – Diagnostic Centre	2	1
CT Investigation	TSMU Central Clinic; Todua Diagnostic Centre	9	9
MR Investigation	Todua Diagnostic Centre	4	4
Coagulogramme	Multiprofile Treatment Centre	6	5
Level of Glucosae	Multiprofile Treatment Centre	5	4
Cardiology Consultations	RCT/EMPATHY Office Consultant; Office,	15	9
Urologist Consultation	Pre – Trial Prison for Juveniles, RCT/EMPATHY Urologist's Consultation	13	10
Proctologist's consultation	TSMU Central Clinic (Juveniles Colony)	8	2
Endocrinologist's Consultation	Tatishvili Diagnostic Centre	5	5
Gynaecologist's Consultation	Chachava Research Centre	14	10
Gynaecology Analysis	Chachava Research Centre	8	5
Opthalmologist's Consultation	Clinic "Ophtalmiji"	5	5
Gastro – Duodeno - scopie	TSMU Central Clinic	1	1
Oto – laryngology investigation	Multiprofile Treatment Centre	5	3
Angiologys's consultation	Centre EMPATHY Office	2	2
Surgery Consultation	Pre – Trial Prison for Juveniles, Central Prison Hospital	17	9
Pulmonologist's Consultation	Multiprofile Treatment Centre	10	6
Rectoromanoscopie	TSMU Central Clinic	4	1
Colonoscopie	TSMU Central Clinic	2	1
Physician's	RCT/EMPATHY	39	23

Consultation	Office		
Neurologist's Consultation	RCT/EMPATHY Office; Pre – Trial Prison for Juveniles, Central Prison Hospital	106	61
Traumatologist's Consultations	RCT/EMPATHY Office; Pre – Trial Prison for Juveniles, Central Prison Hospital, Traumatology Centre	20	12
Laser Therapy sessions	RCT/EMPATHY	40	1
Hormone Analysis	Tatishvili Diagnostic Centre	8	6
HIV / Hepatitus B, C markers	Venero – Dermatology Out Patient Clinic	6	6
Dermatologist Consultations	Dermato – Venerology Outpatient Clinic	3	3
Endoscopy Surgery Intervention	Todua Radiology Research Centre	1	1
Forensic Medical Expertise	Independent Forensic Medicine Centre "Vektori"	3	3

Table 8. Centre EMPATHY project staff work assessment for Total # 322 persons

Staff work – Type of Sessions	Place	# of sessions and visits	# of Hours	# of Clients
Case Manager (Psychiatrist) and other staff members involved in case management.	Office, Pre – Trial Prison, Central Prison Hospital, Women's Colony and Prison	1330	2400	322
Psychiatrists	Office, Pre – Trial Prison for Juveniles, Women Prison and Colony, Central Prison Hospital; Rustavi Men Colony #1, Rustavi Prison #6, Zugdidi, Batumi, Kutaisi Prisons. Tbilisi Pre – Trial Prison #5, Prison #1.	340	2410	144
Psychologist/Psychotherapist	Office, Pre –	406	798	107

	Trial Prison for Juveniles, Probation Service in Tbilisi			
Individual Psychotherapy sessions	Office, Pre – Trial Prison for Juveniles	235	566	112
Group Therapy	Office	16	30	12
Family Consultations	Office, Women Colony	506	669	109
Art Therapy (training) individual sessions	Art Studio	88	234	15
Art Therapy Group Sessions (Work – Training)	Art Studio	88	470	15
Social Worker's sessions	Office, Probation Bureu, Art Studio, Several medical institutions	663	1880	154
Lawyers' Consultations	Office, Pre – Trial Prison for Juveniles, Central Prison Hospital, Women Colony and Prison	370	1950	68
Nurse service	Office	192	946	64
Forensic Psychiatry Expertises	Office, MoJ National Forensic Expertise Psychiatry Department	6	4 Stationary expertise + 2 Ambulatory	5
Applications submitted to the Relevant State Authorities	General Prosecutor's Office, Prison Department, Several Prison's Administrations	170		66
Adequate answers on this applications were received		109		42
Inadequate answers from State institutions or no answers		60		27
Medical conclusions or medical records were made	Office	52		45
Orders for art studio	Art Studio	3		11

Cases that are under Court – N = 11
Pharmacology medical threatment was provided among 64 patients.
Stationary treatment was provided in 9 cases; in 3 cases among them was made surgery operation, in two cases treatment was co – financed from MoH.
Family rehabilitation were conducted in N = 57 of cases.

Study of the data regarding assistance provided (Table 7 and Table 8) reveals the necessity of multi faceted treatment and rehabilitation for the listed target groups. Needs identified and services provided

were based on a multi – disciplinary approach, including medical, mental/psychological, social – environmental and legal support, not only for direct beneficiaries, but for their family and community members.

Based on this data we can conclude that the model programme we implemented can be used by state officials in planning reforms in medical and psycho – social rehabilitation, not only for incarcerated persons, but for probation service users and former prisoners. All the medical facilities in the prison system should have minimum medical examination equipment and capacities on place, several doctor consultants and subcontractor in patient and out patient type medical organizations. Medical and social unit staff of the prison facilities should be adequately trained and should provide strong support for solving the legal and social problems, especially for juveniles and women and for prisoners with mental problems.

Table 9: Somatic disorders by systems among total N = 322 ***Somatic Disorders are revealed in cases # = 150***

Diagnosis	Adult Prisoners with Mental Problems Total N = 97 Among them with somatic problems were N = 63	Juvenile Prisoners Total N =71 With Somatic Problems Were revealed # = 65	Former Prisoners and Probationers / N/F N = 45		Other (family members) 109	All N / F Among #322
			Adults N/F26 Among them with Somatic Problems 13	Juveniles 19 With somatic problems 6 p.	3	150 persons with somatic problems
Cardio – Vascular System	4	7	1	1	1	14/9,33 %
Respiratory System	2	6	2	3	2	15/ 10 %
0.Allergic Disorders	-	5	1	1	-	7/4,67 %
Infection Disorders TB Meningitis ; Hepatitis C, HIV	8	5	-	-	-	13 / 8,67 %
Tumor	4	1	1	-	-	6 / 4 %
Abdominal System	1	8	-	2	1	11/7,33
Uro – Genital System	11	8	3	1	1	24/16 %
Ocular System	1	2	2	3	-	8/5,33 %
Otto - Laryngological	1	2	1	2	-	6/4%
Endocrine System	6	2	3	-	-	11/7,33 %
Osteo – Muscular System	8	6	4	1	1	20 / 13,3 %
Central Nervous System Disorders (Organic (Epilepsy etc) and functional), Neural Disorders	43	54	9	3	-	109 / 46,58
Infected Injury	2	8		1	-	11/7,33 %
Dental System Problems	1	1		1	-	3 / 2 %
Dermato – Venerology Disorders	4	7	1	-	-	12/ 8 %

Based on table 9 regarding revealed somatic problems, we can conclude that among the total number of clients who applied to the Centre (- 322 persons) 150 persons had somatic problems (amount 46, 58 %). Among them only 3 persons were family members (2 %) and 98 % were direct beneficiaries. Among prisoners with mental illness 63 persons from T N = 97 (64,95 %) had somatic problems together with mental problems. Among juvenile prisoners 65 persons from TN = 71 (92,31%) had somatic problems. Among the listed problems the most common disturbances were Central Nervous System and other neurological disorders among all categories (72,67 %) 109 persons from TN = 150; Especially should be mentioned that among 71 examined juveniles in pre – trial prison 54 persons have several neurological problems. Among juvenile prisoners was also revealed a high level of abdominal and urological

disturbances in 11,27 % from T N = 71, and the same index was revealed toward infected injuries; Dermato – Venerology problems were revealed in 9,86 % of cases. A high level of osteo – muscular system disorders were revealed among juveniles in the pre – trial prison (8,45 %) as well as cardio – vascular system problems (in 9, 85 %); and infection disorders (TB and Hepatitis C) were revealed in 5 cases 9two among them were with Hepatitic C (3,25 %).

Based on the above analysis we can conclude: among juvenile prisoners special attantion should be paid to the CNS disturbances (epilepsy and other organic and functional disorders), infection disorders, dermatology, urology, cardiology and abdominal system problems.

Among prisoners with mental problems the most common disturbances, together with CNS system (44,33 % from TN = 97), were the following: infection disorders: TB, Hepatitis C (8,25 %); Uro – genital system (11, 34 %), especially should be mentioned gynaecology system problems among women prisoners, and osteo – muscular problems in 8, 25 % of cases, as well as endocrine system problems – 6,18 % of cases.

Based on a study of the outcomes of the research conducted, we can conclude that the main problems revealed among all target groups were CNS system problems (109 persons from T N 150 – 46, 58 %), Uro – Genital problems – 24 persons (16 %), Osteo – muscuilar system problems – 20 p/ 13,3 %; endocrine and abodominal system problems – 11 p (7,33 %); Infected injuries – 11 p, 7,33 %; Cardio – Vascular sytem disorders – 14 p / 9,33 %; Respiratory system – 15 p / 10 %. Infection disorders – 13 p/8,67 %, Dermato – venerology problems 12 p/8 %.

Total number of percentage is 143, 87 % that means that one person in most cases had more then 1 disorder.

Based on the above conclusions we can say that the all listed vulnerable categories should be included in a state programme of community healthcare and should have a free of charge health insurance policy.

Table 10. Mental (Psychological) Problems Revealed (In accordance with ICD 10) and psychological tests used.

For Adults (All 123 persons _ Direct Beneficiaries)

Diagnosis	Code (ICD – 10)	Prisoners with mental problems Total # 97	Probationers and Former Prisoners Total # = 26	All P. / N = Among 123
PTSD	F 43.1.	-	2	2
PTSD with Depression 1 person with Drug Addiction	F43.1 ; F43.22 F19.2.	1	2	3
Anxiety – Depression reaction	F 43.22	2	6	8
Prolonged Depression Reaction	F 43.21	-	2	2
Severe Depression Episode with Psychotic Symptoms	F 32.3.	3	-	3
Moderate Depression Episode	F 32.1.	3	-	3
Moderate Depression Episode, Epilepsy	F 32.1. G 40	2	-	2
Chronic Changes of personality	F 62.8.	1	-	1
Dissocial Personality Disorder	F 60.2.	2	-	2

Emotional Personality Disorder	**F60.3.**	**3**	**1**	**4**
Explosive – Aggressive Personality Disorder	**F 60.30.**	**-**	**1**	**1**
Paranoid Personality Disorder	**F 60.0.**	**1**	**-**	**1**
Organic Personality Disorder (Epilepsy) with PTSD	**F07.0. F43.1.**	**1**	**-**	**1**
Organic Personality Disorder with Alcoholism	**F 07.0. F 10.**	**-**	**1**	**1**
Other non – organic Psychotic Disorder	**F 28**	**1**	**-**	**1**
Acute or Transitory Psychotic Disorder (Other previously Delusional psychotic Disorders)	**F 23.3**	**6**	**1**	**7**
Organic Personality Disorder (Epilepsy)	**F07.0. G.40 F 07.2.**	**15**	**-**	**15**
Schizophrenia	**F 20**	**12**	**1**	**13**
Schizo – Affective Disorder	**F 25**	**1**	**-**	**1**
Schizotype Disorder	**F 21**	**1**	**-**	**1**
Chronic Delusion Disorder	**F 22**	**-**	**1**	**1**
Chronic Delusion Disorder with Drug Addiction	**F 22.0. F 19.21.**	**1**	**-**	**1**
Organic Depressive Disorder	**F 06.32**	**2**	**-**	**2**
Organic Halucinosis	**F 06.0.**	**1**	**-**	**1**
Organic Delusion Disorder	**F 06.2**	**3**	**-**	**3**
Conversive – Dissociated Disorder	**F 44**	**8**	**-**	**8**
Dementia Caused by organic Epilepsy	**F 02.8**	**1**	**-**	**1**
Dementia Non – Specified	**F 03.**	**4**	**-**	**4**
Organic Genesis Anxiety Disorder	**F 06.4**	**1**	**-**	**1**
Mental Retardation (minor level)	**F 70.0**	**1**	**-**	**1**
Mental Retardation (Minor level) with severe behavior disturbances	**F 70.1.**	**3**	**-**	**3**
Dissocial Personality Disorder, with drug addiction	**F 60.2 F 19.21.**	**8**	**-**	**8**
Sexual Disorder with Insomnia	**F 66.2. F 51.0.**	**1**	**-**	**1**
Problems associated with release	**Z 65.2.**	**-**	**1**	**1**
Imprisonment and other incarceration;	**Z 65.1.**	**4**	**-**	**4**
Problems associated with	**Z 65.3.**	**-**	**7**	**7**

conflict with law				
Mental Retardation Severe (Epilepsy) with PTSD	**F 71.** **F43.1.**	**1**	**-**	**1**
Mental Retardation Severe, With severe behavior disturbances	**F. 71. 1.**	**3**	**-**	**3**
Additional Diagnosis in all 123 persons				
Drug Addiction and Alcoholism with Remission	**F 10.25**	**17**		

It should be mentioned that 123 adults applying to the Centre had several mental/psychological problems. Most of them were prisoners with several mental problems. Among them the most common diagnoses were organic personality disorder and schizophrenia. Dependency problems were revealed in 17 cases.

Table 11. For Adult Prisoners

Mental Problems	**N of Patients 97**	**With Severe Mental Problems. Need in patient treatment and should not be in prison**	**Need out patient treatment or psycho – correction and rehabilitation**	**Special treatment and rehabilitation programme for drug users**
Psychotic Register Disorder	**46**	**46**	**-**	**-**
Neurotic register and other psychological problems	**18**	**-**	**18**	**-**
Personality Disorders	**25**	**-**	**9**	**16**
Mental Retardation	**8**	**6**	**2**	**-**
Total N	**97**	**52**	**29**	**16**

Among a total 97 persons (prisoners) with mental/psychological problems, the disorders were grouped around several main topics: persons with psychotic register disorders were revealed in 46 cases among TN = 97 (47,42 % of cases), persons with neurotic register disorders and other psychological problems were revealed in 18 cases (18,56%); Persons with mental retardation - 8 cases (8,24 %) and with personality disorders – 25 cases (25,78 %). According to our data and international standards, persons with psychotic disorders or severe personality disorders and middle and severe levels of mental retardation should not be in the penal system. Based on international standards we can conclude: 52 persons with severe mental problems should not be in the penal system; they need specific treatment and care in specialized psychiatric hospitals; About 29 persons need professional psycho – social rehabilitation and out patient type correction, and 16 persons need special treatment and rehabilitation due to dependency problems. Monitoring of places of detention reveals that the system of professional psychiatric, narcology and rehabilitation services is not adequate in the penal system of Georgia and should be reformed immediately. All prison facilities have only one in patient treatment department consisting of only 40 beds that does not operate according to international standards. This facility cannot provide adequate assessment in all cases. There was no in patient type department for women, nor any specific medical rehabilitation programme for persons with dependence problems.

Table 12: For Adolescents (Al Total N = 90)

Juvenile Prisoners N = 71 + Probationers and former prisoners N = 19

Diagnosis	Code	Former Prisoner And Probationers Total # = 19	Prisoners # 71	Total N 90
Socially Integrated Behavioral Disorder	F 91.2.	-	7	7
Socially Disintegrated Behavioral Disorder	F 91.1.	1	4	5
Behavior Depression Disorder	F 92.0.	-	6	6
PTSD	F 43.1	6	6	12
Schizophrenia	F 20.	-	2	2
Organic Personality Disorder	F 07.0.	-	6	6
Organic Personality Disorder with Epilepsy	F 07.0 (G 40)	-	7	7
Mental Retardation with Epilepsy severe attacks and disturbances of behavior	F 71.1.	-	1	1
Mental Retardation and behavior disturbances	F 70.1.	-	7	7
Organic Disorder with Epilepsy Psychosis	F 06.8.	-	1	1
Other (Mixed Etiology) Mood and Behavior	F 92.8.	-	2	2
Chronic Changes of Personality after Torture and war conflict	F 62.0.	-	1	1
Problems associated with conflict with Law	Z 65.3.	11	-	
Problems associated with Release	Z 65.2.	1	-	
Imprisonment and Other Incarceration ; Absence or Inaccessibility of adequate medical treatment	Z 65.1 ; Z 75.3.		21	21

Among juvenile prisoners with experience of drug addiction and alcoholism Total #22

Among imprisoned juveniles the most common disturbances were behavioral disorders and organic disorders with epilepsy. Experience of dependence problems was revealed in 22 cases.

Table 13: For Adolescent Prisoners

Mental Problems	N of Patients 71	With Severe Mental Problems. Need in patient treatment and should not be in prison	Need out patient treatment or psycho – correction	Special treatment and rehabilitation programme for drug users
Psychotic Register Disorder	3	3		
Neurotic register and other psychologica problems	46		46	
Personality Disorders	14	4	10	4
Mental Retardation	8	8		
Total N	71	15	56	4

Based on the above tables 12, 13, we can conclude that 15 persons among a total number of 71 juvenile prisoners should not be in prison and need in patient type treatment (21,13 %), while other categories need specific rehabilitation and out patient type assistance. It should be mentioned that the high level of problems with conflict with the law, and stress related disorders, indicates high level experience of stressful events and violence as well as ill – treatment experience. In addition, there does not exist any special hospital department for juveniles with mental problems in the penal system of Georgia, nor does such a hospital department exist outside the penal system. It should be mentioned that no specific preventive programme for children and adolescents with delinquency and problems with law exists. An inadequate attitude on the part of state officials towards the specific mental/psychological and social problems experienced by juveniles creates a good environment for increasing the level of juvenile crime in Georgia.

According to psychological examinations provided among adolescent –Juvenile Prisoners the following conclusions were made:

1. **PTSD (Post Traumatic Stress Disorder)**

It could be indicated that questionnaires was not useful among child – prisoners because of the high level of distrust and some widespread 'criminal ideology' ; for this reason this scale was not used among this population and only projective tests were used.

2. **Lusher Test T.N. =24**

Psychological investigation according to this test was conducted for 24 juvenile prisoners from Juvenile Institution #5. As a result of the investigation, a high level of anxiety and emotional strain was revealed. According to test indicators, the average Level of Anxiety at first try is 55.6%, and by the second tries – 61.8%; Total Average Level of Anxiety was equal to 58.7 %. It should be mentioned that the indicators of the Level of Compensation in both tries were also high, (By the Lusher Test specificity, this component also points to the anxious condition of the probationer). The average of Level of Compensation during the first tries was 51.4%, and during the second tries – 48.6%, the Total average of Level of Compensation according to both tries was 50%. The Total Divergence from the Autogenic Rate is very high and presents 72.4% in the first tries, and 74% in the seconds. Accordingly the average of Total Divergence from the Autogenic Rate is 73.2% by both tries. The Vegetative Coefficient in the first tries is 26.1% and 26.2% in the second. Accordingly, the average Vegetative Coefficient for both tries is 26.15%.

The following psychological problems among adolescents were also discovered:

- The essential influence of the existing situation on juveniles' psychological state: the source of stress is an environment which from its side demands strict regulation of behavior; is perceived as humiliating, a source of threat and restriction, and as an obstacle on the way to reaching the life goal;
- The sense of overstrain; hopelessness, overfatigue and distrust are notable. In the majority of cases, decreasing abilities of attention concentration are presented;
- Frustration in relations and contacts that is caused by a higher level of distrust to another person or society, itself caused by traumatic stress experienced in their lives;
- The high level of irritability, emotional strain, watchfulness, impetuosity is significant;
- The lack of full-fledged interpersonal relationships, lack of skills needed to support these relationships, sense of isolation caused by the above.
- Needs for self – realization ; self – confidence ; self – respect ; self – affirmation were discovered;
- In most cases were revealed a high level of realization of the existing multiple obstacles on the way to fulfilling life-goals, causing a sense of helplessness, inferiority complex and a depressive mood.
- The contradiction between a low level of self-appraisal and simultaneously strong need for acknowledgment, recognition, increasing sphere of influence is one of the important components of internal conflicts. In a number of cases, the mentioned contradiction results in negative attitude, demonstratively self-confident behavior.
- In most cases there were revealed too strong needs for a safe environment, and stable, friendly interpersonal relationships, as well as for attention and affiliation.

3. Hand Test T.N. = 24

K< 1 The number of answers implying tendencies of «revealing» aggression is high, which presumably points to the fact that aggressive, dominant attitudes prevail over the attitudes of social collaboration. The aggression is presented as expressed behavior and is directed to the environment. A higher level of aggression and hostility were observed among this target group. The two following parts were defined in revealed aggressive tendencies: 1. Aggression directed to other persons and other world and 2. Self – aggression tendencies, which is more common in this population than 1. In addition, a high level of fear regarding expected violence and aggression is revealed, which is a reason for permanent inner tension, distrust, permanent arousal feelings and permanent waiting for something bad, unusual situation, violence etc.

a. Presumably, the demonstrative behavior is frequent, which, together with visibly self-confident and careless behavior is the mask covering a sense of isolation and loneliness, fear, the need for support and acknowledgment;
b. In a number of cases, the possibility of expressing aggressive behavior is increased by the threat coming from the environment, the fear of violence and aggression, the situation of constant readiness for self-defense.

The following problems were also revealed:

- Sense of physical inadequacy;
- Lack of fully-fledged interpersonal relationships and lack of skills needed to support these relationships;
- Emotional strain, fear, strong dissatisfaction with the self and with the existing situation.

Based on this data, we can conclude that juveniles with problems with the law need a specific system of rehabilitation not only in the penal system, but outside it. Examination of psychological problems reveals that in most cases the reasons for developing the behavior and psychological problems are an inadequate attitude towards the problems of juveniles, not only in the prison system, but outside. The main problems existing in the penal system are: lack of educational and skill based training possibilities for juveniles in pre – trial prisons, strong and aggressive attitude to juveniles in conflict with the law from the side of the legal system and society. A high level of experience of street and family violence before imprisonment, retardation of intellectual development and lack of education and social skills, hypo control and inadequate attitude in the family and schools were identified as the main social problems among this target group. The problems of overcrowding existing in pre – trial prisons for juveniles are created by the inadequate juvenile justice system in Georgia. All this system's components are directed mainly to prosecution of crime using imprisonment measures, not considering any crime prevention or rehabilitation measures that should be based on international standards. These measures should include several kinds of mechanisms at micro, mezzo and macro level, including family, educational facilities, probation services or other social – psychological protective measures and structures.

Chapter III: General Conclusions and Recommendations

General Problems in prison and forensic psychiatry in Georgia

Introduction and historic review

Georgia is a post Soviet country and became independent in 1991, but democratic reforms regarding forensic and prison psychiatry have not been implemented in a major way.

During the Soviet period the FP bureaux and all institutions were under double administration of the MoH and the Ministry of Internal Affairs (MoIA). All psychiatric experts were official staff members of the "KGB" or MoIA. As a result the psychiatric expertise provided expert reports in accordance with directions and orders given by the MoIA or Prosecutors. The principles of independence and confidentiality were violated. All forensic psychiatric hospitals and departments were under the MoIA and were called "Special Psychiatric Hospitals".

In 1988 – 1989 the Forensic Psychiatry Hospital in Poti was transferred from the MoIA to the MoH and was renamed "Strong Regime Psychiatric Hospital". The responsibility for Forensic Psychiatry from 1989 to 2004 lay with the MoH.

Current Legislative Situation

In Georgia in November 2004, after the "Rose Revolution" responsibility for all forensic services in the country, among them psychiatric services, was transferred from the MoH to MoJ in accordance with order #482 issued on November 4, 2004 by the President of Georgia "On Creation of a National Forensic Expertise Bureau".

In accordance with Order #1549 issued on December 8, 2004 by the MoJ, the statute of the National Forensic Service Bureau was established. In accordance with this statute the National Forensic Service Bureau is a Legal Entity of Public Law and is under the Ministry of Justice.

All medical forensic activities, among them the psychiatric and narcology service, are also under the National Forensic Service Bureau. The bureau is not independent, but under the MoJ, and the Head of this Bureau must be appointed by the Minister of Justice (Chapter 3 "Structure of Bureau and Administration" Article 6. Point 1 of this Statute).

Chapter 1. "General Conditions", Article 1, Point 4 defines as one of the main principles of the work of FP: independence of the experts.

Chapter 4. "Structural Sub Departments of the Bureau" In Article 14 "the Psychiatric Expertise Service` is defined. The main task of the psychiatric expertise service is: `to define the forensic psychiatric status of a person in accordance with the law, to define his capabilities and to provide in-patient and out-patient psychiatric examination`.

In July 2006 a new updated Law on Psychiatric Care was accepted by the Parliament of Georgia. This law was neither adequate nor relevant to the problems and needs existing in prison and forensic psychiatry in Georgia. For this reason in 2007 several changes were made in this Law and in the Criminal Code and Criminal Procedural Code of Georgia, but unfortunately many aspects of this law and relevant articles in the Procedural and Criminal Codes of Georgia are not clear or satisfactory. This created serious problems in the prison and forensic psychiatry reform in Georgia. Below is an analysis of some problems in these legal documents.

Problem analysis - legislative and practical issues (common and significant violations):

Prison psychiatry

It should be mentioned that the national and international standards for psychiatric care in the prison system are violated in the Georgian penal system on each level of need: In patient type treatment, Out patient treatment, Compulsory Treatment or specialized in-patient treatment.

- According to the Georgian Law on Psychiatric Care (July, 2006) Chapter 1 (general considerations) Article 4 paragraph d) a psychiatric facility is a Licensed Medical facility or department of a medical facility whose aim is to provide psychiatric assistance to a person. In contradiction of this decision no medical facility of the penal system of Georgia has a specialized medical license; one psychiatric department of the penal system of Georgia existing in the framework of the Prison Hospital has no updated license. The same decision regarding the necessity of a Medical License for psychiatric facilities is described in Ministry of Health Order #87/N (2007, 20 of March, Tbilisi) Article 1.
- There is no psychiatric in patient type facility or department for women and juveniles in the penal system in Georgia, nor is there a relevant facility for juveniles and children outside the penal system.
- Most medical facilities in the penal system of Georgia have no psychiatrists or other possibilities to provide out patient type psychiatric care.
- According to the Law on Psychiatric Care only in patient type compulsory treatment is available (Article 18. Law regarding Psychiatric Care), and the decision on such measures should be made by the psychiatrists' commission. After this, information should be submitted to the Court and a Court order is mandatory. In contradiction of this statement, in most of cases where emergency compulsory treatment is needed patients in the Prison Hospital Psychiatry Department end up in isolation cells and are subjected to involuntary treatment or psychical restriction without any Court decision or admission, and these measures are not noted in the medical records.

- According to Order #72/N of the Ministry of Health of Georgia regarding incurable and severe diseases that could serve as a basis for release from prison, Article 5 (psychiatric disorders), prisoners with severe mental illness should not be in prison and applications regarding such cases should be submitted to the Court. It should be mentioned that in 2006 – 2007 we could not discover any case of such a decision, which means that this Order is not working in practice.
- The psychiatric unit in the penal system has no guidelines or standards for treatment and rehabilitation of persons with mental or dependence problems.
- Only one psychiatric in patient type department exists in the penal system of Georgia. The capacity of this department is only about 40 beds. In this case it is not clear how and where should be treated persons with diminished responsibility who according to a court decision are sentenced persons, but who together with imprisonment need compulsory or other kinds of psychiatric care. The same situation regards prisoners with drug dependence problems who according to a Court Order should be under compulsory treatment. Where, and which kind of treatment (type and methodology) should be used in the above mentioned cases is not determined anywhere.
- A common violation of international standards revealed during the project was delay in forensic psychiatric expertise in cases where such expertise is ordered by the Court. The forensic psychiatry expertise is usually provided 4 to 6 or more months after the Court order. In most cases prisoners with mental illness who should be transferred to a forensic psychiatric facility immediately, for months are under inadequate medical treatment and care that is a violation not only of international standards, but also the Georgian Constitution. In most cases these persons are the subject of humiliation, torture and ill – treatment, and inadequate medical treatment in such cases should be considered as ill – treatment too.
- According to the Law regarding Psychiatric Care in Georgia Article 5 (Patient's basic rights) paragraph 2, a lawyer or legal representative of the patient has the right to make a copy of any kind of medical documentation, but according to the Criminal Procedure Code of Georgia the lawyer or legal representative has the right only to be aware of investigation documents, and among them medical forensic or forensic psychiatry reports. The result of such a collision between laws is the common violation of international standards in practice in Georgia. Usually, neither the patient nor his/her lawyer can obtain the forensic expertise report in time. The forensic psychiatric reports are also not available in time to the prison doctors, and often the prison administration or prison doctor cannot decide were the patient should be transferred to, or what kind of assistance should be provided.

Forensic Psychiatry Expertise (common violations and legislative problems)

- According to the Law regarding Psychiatric Care in Georgia, Chapter VI, and Article 24: forensic expertise should be provided by a facility licensed at the MoH, or by the State Forensic Expertise Facility. It is not understandable why relevant license is not mandatory for state forensic psychiatry expertise. It should be mentioned that a different attitude to the state forensic establishment and to civilian forensic centres can be identified as a discriminative approach and represents a violation of the Georgian Constitution.
- According to the same Law, same Chapter, Article 2, implementation of forensic psychiatry expertise by the preliminary investigation bodies, or organizations that are under the control of investigating agencies, is prohibited. According to the Criminal Procedural Code of Georgia Article 61 (Preliminary investigative bodies, 25.03.2005 #1204) the right to provide preliminary investigation is held by several bodies of the following agencies: Georgian Prosecutor, Georgian Ministry of Internal Affairs, Georgian Ministry of Defence, Georgian Ministry of Justice, Ministry of Finances and Ministry of Environment. It should be mentioned that in 2004 (detailed information is indicated above) all medical expertise, among them psychiatric and narcology expertise, was transferred from the Ministry of Health of Georgia to the Ministry of Justice, and nowadays all medical state expertise is under the MoJ. This is a violation of the Law regarding Psychiatry (adopted in 2006, amended 2007) and means that forensic psychiatry expertise is under the Ministry of Justice, the body also implementing the preliminary investigation.
- At the same time, it is important to note that in Georgia no kind of independent alternative forensic psychiatry expertise has ever existed in practice. Formally 2 alternative expert centres, the Centre and Research Centre of Psychiatry have such a license, but elsewhere in Georgia nowhere else exists, and particularly no in patient type independent expertise departments.

- In addition, it should be mentioned that the State Forensic Psychiatry Expertise has no guidelines or standards for providing examination and diagnosis, is operating without a visible medical license or standards, and there are significant differences between examination methods used at this facility and the methods that are necessary for diagnosis of mental illness in the prison psychiatric facility (Ministry of Health standards for examination of patients with severe mental illness - MoH standards for incurable and severe diseases that can be a basis for release from prison).
- Also it should be mentioned that the living and sanitary conditions in the State Forensic Psychiatric Department is below that demanded by human respect (rodents are running about inside the facility and an instance where rodents bit a patient was fixed by the RCT/EMPATHY. We also witnessed the case of a rat attack on the medical experts during the examination). No treatment of any kind is provided in this facility, no duty doctor's position exists, and support staff (hospital attendant) of this department consist of security staff of MoJ Prison Department, in violation of the Law on Psychiatric Care, Chapter 1, Article 4, Paragraph (e) and also in violation of Order #92/N of the Ministry of Health of Georgia regarding measures of physical restriction of patients with mental illness, paragraph 8.
- According to international and national standards on healthcare, among them recommendations of the European Committee for the Prevention of Torture (CPT), all medical investigations should be confidential, and be provided without attendance of any non medical staff. This right is totally violated in the Forensic Psychiatric Expertise Department of Georgia. As a rule all forensic examinations are providing with attendance of the security staff of MoJ Prison Department. There were revealed facts of inhumane treatment and physical abuse by security staff towards patients, and towards independent forensic experts participating in the expertise according to the Court Order. An example of such case was fixed during the our project in April 2007 (Case N.V. 18 years old) when the patient was beaten in this facility and pressure was exerted on the independent expert. This case was submitted to the General Prosecutor's office by the Centre EMPATHY and the Court was informed; the existing restrictions were also fixed in the independent Forensic Expertise Report. Investigation was begun by the MoJ investigative body in April 2007, but no results are known yet. That is one of the examples of how "effectively and promptly" investigation is provided in cases of torture and ill – treatment in Georgia. This is a common violation of UN CAT (Articles 11, 12) in Georgia.
- A study of our data allows us to conclude that there were cases of non - fulfilment by the MoJ Forensic Psychiatry Department of a Court Order regarding a forensic psychiatric examination of prisoners with several parasites (louse, bug, scab etc). For example, an unidentified person (of foreign nationality, presumed French) with severe mental disturbances was for several ((more then 6) months incarcerated in Pre – trial Prison #5 in awful conditions despite a Court Order that he be provided with in patient type forensic psychiatry expertise. He was twice refused admission at the forensic department and transferred back to the prison. The reason for refusal was that he was infested with lice. Execution of the Court Order became possible only after strong pressure and joint efforts from the staff of the RCT/EMPATHY and prison department. In a second case, a 73-year-old man with a severe mental disorder was transferred, according to a Court Order, from the MoJ Prison Hospital to the Forensic Psychiatry Department, but was not accepted due to lice and transferred back to the prison hospital. As a result of inadequate and inhumane treatment in the Forensic Psychiatry Department and in the prison hospital's psychiatric department, this person died. According to the follow up medical forensic examination the cause of death was stroke and cachexy.
- According to the Criminal Procedure Code of Georgia, articles 356 and 364, evidence is provided in accordance with a decision made by the investigator or prosecutor. The client or his attorney have the right to provide expertise (expenses will be covered by the client, and when the client is unable to cover the expertise expenses he or she has the right to apply the Court or other relevant investigative bodies for such expenses; guidance which, as a rule, does not work in practice) and they should inform the investigator or prosecutor. The expertise institution has to provide expertise in this case and the report should be sent to the investigation bodies and added as a supplement to the court case. According to Article 177, in cases of involuntary in-patient forensic medical or psychiatric admission, a Court (Judge's) decision is mandatory. However, based on the Law regarding Psychiatric Care and the Criminal Procedure Code and other MoJ or MoH relevant bylaws, it is unclear who is responsible to apply for the forensic psychiatric examination in the following cases: when the sentenced or remand prisoner has severe mental disturbance and has no relatives or attorney; when the diagnosis is not established before the crime is committed. When the prosecutor, investigator and formal state legal advisor are not capable or omit to assess the medical condition of such a person; when the sentenced prisoner

becomes ill in prison. In most of these cases mentally ill prisoners are subjected to inadequate medical treatment and ill – treatment in prison facilities.

- Problems also exist in forensic psychiatric Reports too. The reports are not prepared according to international guidelines and national guidelines (Criminal Procedure Code of Georgia, Article 371). As a rule the methodology, possible reasons for developing the manifested disorders, links to common studies on the issue, research approaches that become the basis for solving issues of responsibility etc, as well as recommendations regarding treatment and rehabilitation are not included in the reports.
- As a rule nobody applies for psychiatric/psychological expertise for documentation of torture or other kinds of violence. The Istanbul Protocol Guidelines (UN Manual for effective documentation of cases of torture) are not in use by the State Forensic Psychiatric Department, or by the whole forensic medicine bureau of the MoJ. Even if reactive psychosis is diagnosed, reports on mental status do not include the reasons for developing such a disorder. It should be mentioned that according to international standards on psychiatry (K Jaspers criteria) one of the criteria for diagnosis of reactive conditions is a traumatic stress event that becomes a source for development of reactive psychosis, or in most of cases another kind of stress related disorder.

Comments on: Law regarding Psychiatric Aid in Georgia (adopted in July, 2006, several changes were made in 2007): Criminal and Procedural Codes (By the condition 2007, September 10):

- It should be mentioned that the Law regarding Psychiatric Aid in Georgia does not include all relevant definitions that are used in forensic psychiatry in Georgia; based on practice, especially in prison psychiatry; these definitions need to be included in this Law.
- According to the Criminal Code of Georgia (Articles 34, 35) two levels of irresponsibility exist in the forensic psychiatry field in Georgia: Total irresponsibility and Diminished responsibility. Neither definition is in the above-mentioned Law regarding Psychiatric Care in Georgia. "Capability or incapability" that in most of cases is used in Georgian legislation is not defined in this Law.
- It should be mentioned that the articles regarding emergency psychiatric treatment and care, as well as out patient type compulsory treatment, were extracted from the new Law regarding Psychiatric Aid in Georgia, which created problems in practice and in legislation. Based on this Law it is unfortunately not understandable how and where the prison doctors have the right to use such measures in necessity. These gaps in legislation create the basis for common violations in the Georgian penal system when emergency psychiatric aid and physical restrictions are used towards psychiatric patients in prison. According to the Criminal Code of Georgia and widespread practice in cases of diminished responsibility or in cases of drug dependence problems, the Court makes a decision regarding compulsory treatment together with imprisonment. As we mentioned above, the penal system has only one psychiatric in patient type department with only on 40 beds. In this case it is unclear were and how the compulsory treatment should be provided.
- According to the Law on Psychiatry, Article 18, paragraph 3, only a certified doctor (it is not clear whether this means a psychiatrist or other kinds of doctors too) and emergency aid doctors have the right to identify the necessity of compulsory inpatient type treatment. In this case it is not understandable how prison medical facilities or other somatic hospitals should act in such cases when emergency support and measures are necessary. According to Ministry of Health Order #92/N, 2007, March, Tbilisi) "Regarding Measures and Procedures for Using Physical Restriction Toward Psychiatric Patients", article 6, only doctors working in inpatient type hospitals have the right to use such measures. In this case, it is unclear how such measures should be used in the penal system in cases of necessity.
- According to changes made in 2007 to the Criminal Code of Georgia, the Criminal Procedure Code and the Law regarding Psychiatric Care, involuntary treatment (when the Court makes a decision that non-responsible patients committed a crime) was removed from the legalisation and only compulsory treatment remains (according to Law regarding Psychiatric Care Article 22 and Criminal Code of Georgia Article 499). According to the same changes, several regimes for compulsory treatment were removed from the relevant legislation. Based on the above mentioned articles, it is not clear, what is the legislative basis for administering non-responsible persons who have committed a crime, or prisoners with a mental illness who need compulsory treatment in a hospital department with a different regime from other patients under compulsory treatment in a civilian psychiatric hospital. For example, in the psychiatric hospital in Khoni, patients on compulsory treatment are in a different facility (Different Regime) from patients who have committed a crime. The facility for such prisoners (patients who have committed a crime or

prisoners with a severe mental illness) has a strict guard. At the same time, it should be mentioned that according to the Criminal Procedure Code of Georgia, Article 28, paragraph (e) (a change was made on 2007.3.07. #5182), criminal prosecution and investigation should be halted if, according to the report of the state forensic psychiatric expertise, the person at the moment of committing the crime was non-responsible. According to the Criminal Procedure Code of Georgia, Article 180, part 1, it is impossible to keep a detained or untried person in a medical facility if that facility is not adequately equipped. According to the Criminal Procedure Code of Georgia, Article 499, Paragraph 2, " if the person who committed a crime was responsible at the moment of committing the crime and become **non-responsible** after this event, the Court makes a decision regarding execution of sentence in a relevant medical facility until recovery. It is significant that the underlined terminology in this text is wrong in this context, because the status of irresponsibility defines the status of mental health at the moment of committing a crime.

- It should be mentioned that at the same time it is not clear, if a person has a severe chronic psychiatric disorder but at the moment of committing the crime was responsible, where he or she will be placed and how long such treatment should be prolonged, if full recovery cannot be achieved. It is unclear whether Article 499 of the Criminal Procedure Code is relevant in this case.

Additional comments

- Order #112/n is also worthy of notice, which was issued by the Minister of Labor, Health and Social Affairs of Georgia on April 2, 2007 in the city of Tbilisi on the Approval of Psycho-social rehabilitation standards: Article 1, Paragraph 1: The psycho-social rehabilitation standards are developed on the basis of the Law of Georgia on Psychiatric Aid. The standards determine general requirements for the Psycho-social Rehabilitation Center which shall be met by any similar organization regardless of its ownership, law and organization for". Paragraph 2: "A consumer of psycho-social rehabilitation (the Patient) may be a person with chronic mental disorder (schizophrenia, schizo typical or delusional disorder, schizo-affective disorder, mood (affective) disorder, obsessive-compulsive disorder, posttraumatic stress disorder, mental retardation and dementia)".
- Regarding the abovementioned standards, we comment as follows: those target groups specified in the given standards, in particular the persons with chronic mental disorder (psychotic) register require rehabilitation standards other than those for the persons with disorders associated with neurotic and stress register, therefore they can not be put into one standard or any standards introduced later on shall be more general. Particularly, terms, methods and methodology in general for treatment and rehabilitation as well as service types are not uniform for the rehabilitation of schizophrenic patients, patients with mental retardation and patients with stress-induced injury. We consider the application of such standards without the review by the current national psycho-rehabilitation centers' representatives and the Georgian Psychiatrists Association impermissible. These issues should urgently be reviewed.
- Special analysis and consideration should be given to Order #285/n issued by the Minister of Labor, Health and Social Affairs of Georgia on September 27, 2007 in the city of Tbilisi on the Rules of Primary Psychiatric Examination and medical Certification, which says that a ground for the primary psychiatric examination may be ... a written (and in exceptional cases – a verbal) application of a neighbor, relative etc., in c the event specified in Paragraph 3 of this article. In such a case, a person may be examined without this person's consent if a reasonable suspicion exists about psychic disorder of this person, thus threatening the life or health of this or other person (Article 2, Reason for the Primary Psychiatric Examination. Paragraphs 3, 4). We consider it unreasonable and wrong to involve "a neighbor and a relative" in such procedures as a neighbor or a relative can call for an ambulance service and law enforcement bodies. Furthermore, in Article 3 of the Order – Primary Psychiatric Examination – we read as follows: Paragraph 1. "Primary psychiatric Examination shall be carried out in a relevant psychiatric institution or, in exceptional cases – at home..". We consider this provision incomplete since it restricts a right of a patient to choose a doctor as well as a right of a doctor with a relevant license to render medical aid to a patient in case of need and this is also provided for by the Law of Georgia on Healthcare. This Order completely ignores the problems inherent to the Georgian penitentiary system as well as the circumstances when a patient is in need of psychiatric consultations in other in-patient or out-patient facilities.
- Order #384/n is also worthy of notice which was issued by the Minister of Labor, Health and Social Affairs of Georgia on September 27, 2007 on Establishing a specific format for sharing information between psychiatric facilities and Creating a unified information store saying that a personal identity information shall be sent both from an in-patient and out-patient or a psychiatric

shelter-care facility to the unified information store which is to be created on the basis of the L. Sakvarelidze National Center of Disease Control and Public Healthcare – a legal entity of public law being under the control of the Ministry of Labor, Health and Social Affairs of Georgia". We believe that the order violated the right of confidentiality of medical service; makes for the aggravation of psychiatric stigma and those persons participated in the development of this order ignore psychiatric disorders such as neurotic conditions, stress-induced disorders, which also are covered by the psychiatric care scope. Furthermore, both in the abovementioned orders, all the required programs are ignored which may be directed to the population's psycho hygiene and psycho-prophylaxis.

As per the abovementioned considerations, it is clear that the current Georgian legislation includes contradictory provisions and this is the reason of ambiguous situations in the forensic as well as prison psychiatry systems and also in the country's psychiatry field in general.

Recommendations:

- According to international Standards on Health Care in Prison, prison healthcare services should be similar to those available in the community healthcare system.
- According to this main recommendation, the new Law on Psychiatric Care in Georgia should be adequately revised, and the prison psychiatry and forensic psychiatric issues should be reflected in this law.
- Concretely: All the above indicated definitions: Emergency, Responsibility – Irresponsibility, Capability should be defined in this Law.
- Emergency psychiatric care and aid should also be defined.
- Taking into consideration prison peculiarities, the prison doctor should have the right to use emergency aid measures, including physical restriction. The same measures should be used in situations of necessity in all civilian hospitals.
- Taking into consideration the different legal background and practical issues concerning compulsory treatment for patients in and outside the context of commitment of a crime, several regimes should be defined in relevant legislation
- Article 499 of the Criminal Code of Georgia should be revised to eliminate incorrect terminology.
- The Forensic Psychiatric Service should be transferred from MoJ to MoH, in accordance with international and national guidelines.
- Several forensic medicine and psychiatric services should exist in Georgia.
- Prison or psychiatric hospital doctors should not act as experts in cases where officials request a decision on the reason for incarceration, or for transferring the patient back from a civilian hospital to prison.
- Based on the new European Prison Rules (last updated 2006) and other international medical ethics guidelines, a question that the Court or investigation bodies regularly ask the Forensic Psychiatry Expert: Will or will not punishment have a positive effect on the person who has committed the crime, should be revised.
- Based on the above mentioned considerations, a special professional commission, with members from the national Psychiatric Association and independent experts, should be established immediately to review prison psychiatry and the forensic psychiatry field, relevant legislation and practical issues.

Probation Service (problems and recommendations):

- The new law on the probation service, updated in 2007, contains only execution and control measures for executing conditional sentences.
- It should be mentioned that according to the new changes, control measures have become more liberal.
- However, according to international standards one of the main aims of the probation service should be rehabilitation and social – environmental support toward the users.

Based on the above mentioned international standards and experience, the following recommendations should be taken in consideration:

- The law regarding probation should include responsibilities for rehabilitation and re – adaptation.

- The Governmental and Non – Governmental professional and non – professional organizations, and business organizations should be involved intensively in the issue of rehabilitation and re – socialization of probation service users.
- A special database on opportunities available to different organizations should be established at the Probation Service and explained to the probationer by the probation officer.
- A draft of needs assessment questionnaire should be established, with an electronic database system, at the Probation Department and bureaus. Needs assessment should cover the following: medical, psychological, social and legal issues. Problems relating to the family, living conditions, employment opportunities and education should be assessed particularly. These measures are necessary especially with regard to children and juveniles in conflict with the law. In addition, all probation officers should be operating as highly qualified social workers (a draft questionnaire that could be administrated by probation officers was elaborated by RCT/EMPATHY and is attached to this report).
- Special programmes should exist to solve housing problems for newly released prisoners with no possibility to live independently.
- The probation service should be involved at the stage of court hearings and immediately after imprisonment, and this consideration should be reflected in relevant legislation.

Recommendations for the juvenile Justice System:

EMPATHY found particularly alarming the situation of juvenile prisoners. In the circumstances under which they are currently held there are no positive prospects for an alternative life after release. For this reason this sphere needs radical reform, which in our view should be based on the following principles and measures:

- It is necessary to separate juveniles held in pre-trial prison or other prison institution in each case from the adults having built up a separate facility for them;]
- The juvenile prison colony should be transformed into a social care institution staffed with mostly civilian personnel;
- It is especially important that after release juveniles be prevented from finding themselves in the same environment that brought them to prison. This can be achieved by establishing special rehabilitation centres where released adolescents can stay for some time and be provided with opportunities for different kinds of education and employment; the centre should also provide different types of social support to allow personal development and improve their ability to adapt. To this end it is necessary to undertake a complex, comprehensive approach. Efforts should be made not only by the Ministry of Justice, but also by different institutions of social welfare and education; charity organizations and the church, as well as various NGOs and international organizations. Such measures would significantly contribute to prevention of crime among adolescents;
- Transfer of juveniles to the adult colonies should be further limited, which means that the age of those subject to such a transfer should be increased;
- Alternatives to imprisonment should be widened for juvenile offenders and the above mentioned centres could be used for implementation of some of the alternative sanctions.
- According to new initiatives and changes made in 2006 in the Criminal Code of Georgia the age of criminal responsibility for juveniles decreased from 14 to 12 (In cases of severe crime and, under certain conditions, from July 2008). In this respect attention should be paid to the psychological, medical and social problems of juveniles. According to our point of view it should be compulsory to provide mental/psychological expertise in all cases of juveniles in conflict with the law, especially those aged 12.
- It should be mentioned that juveniles under 14 should be in separate facilities under the Ministry of Education or Ministry of Health and Social Welfare. At the same time prisoners from 14 to 16 should be located separately from prisoners aged 16 to 18. it is important to prevent violence, including sexual violence, and harassment among juveniles in the pre – trial prisons. No more then 4 persons should be located in one cell. Measures to prevent violence should be increased in pre – trial prisons for juveniles. Education, skill development and rehabilitation possibilities should exist in all juveniles' facilities.
- According to international standards on Juvenile Justice special panels of Judges, Prosecutors, Lawyers and Investigators should be established to handle cases of juveniles. For this a special permanent training programme should be elaborated and established for all law enforcement structure representatives who come into contact with juveniles with criminal experience and in conflict with law.

Recommendations for the new Anti – Torture Plan of Georgia

Special declaration adopted in 26 of June, 2007 – UN International Day in Support of Victims of Torture – in Georgia is presented below:

TOGETHER AGAINST TORTURE

4th Declaration

26 June 2007, Tbilisi

Appeal

To the President of Georgia and Parliament of Georgia to make changes in the laws and normative acts of Georgia relevant to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment as well as to other anti-torture international standards.

Drafted by:

Organizers of the Conference "Together against Torture":

EMPATHY Torture Victims Rehabilitation Center

Georgian Medical Association

Presented to: Participants of the Conference "Together against Torture" for consideration and adoption.

26 June 2007, Tbilisi

Preamble

Torture leaves an indelible trace on human life. Although, but not always, the physical consequences of torture may be eliminated, the spiritual pain constantly haunts the victim of torture.

The insight into the horrors of World War II, namely the studies conducted among victims of torture in concentration camps and deportees have shown that torture and other cruel, inhuman or degrading treatment or punishment serves only to the suppression and destruction of an individual and in most cases leads to a complete failure of human life (W. Frankly, "Psychotherapist in the Concentration Camp").

Proceeding from all that has been mentioned above, the civilized world has arrived at the conclusion that every individual has the right to be absolutely protected from torture and other cruel, inhuman or degrading treatment or punishment. As proclaimed in the Universal Declaration of Human Rights and the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (namely Article 2.2 - No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political in stability or any other public emergency, may be invoked as a justification of torture) this provision includes no limitations to any exceptional circumstance of torture.

Under the said Convention, "torture" is defined in the following way:

Article 1

1. For the purposes of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at **the instigation of or with the consent or acquiescence of** a public official or other person acting in an

official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

Georgia acceded to this Convention on 22 September 1994 but, unfortunately, the relevant changes have not fully been made in the national legislation, bearing heavily on the efforts to fight torture. We believe the issue calls for significant joint action, involving both governmental and non-governmental structures, professional associations (particularly associations of doctors and lawyers), international organizations, the media and the whole society.

Whereas joining on 26 June (UN International Day in Support of Victims of Torture) the anti-torture movement around the globe under the slogan of United against Torture;

Whereas invoking the Universal Declaration of Human Rights, Article 5 (adopted and recognized by the General UN Assembly Resolution 217 (III), 10 December 1984);

Whereas recognizing the European Convention on Human Rights and Fundamental Freedoms – Article 3: Prohibition of Torture (Rome, 4 November 1950);

Whereas recognizing the European Convention on Prevention of Torture and Inhumane, Degrading Treatment or Punishment (Tourine, 18.10.1961);

Whereas recognizing the provisions of the Optional Protocol to the UN Convention and deeming its implementation in Georgia as an important step to fight against torture (entered into force on 22 of June 2006);

Whereas recognizing the principles of the Istanbul Protocol as guidelines for medical and legal documentation of torture;

Whereas invoking the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (adopted by General Assembly resolution 39/46 of 10 December 1984, entry into force 26 June 1987);

Whereas invoking Article 17 (Chapter 2) of the Constitution of Georgia on human rights;

Whereas welcoming the incorporation of articles 144 ‘, 144 ‘’, and 144’”, and the definition of torture in the Criminal Code of Georgia;

Whereas recognizing the need to address the situation in torture practice and prevention in Georgia;

Whereas recognizing the critical and deplorable situation in the torture documentation and investigation in Georgia;

Whereas invoking the First Declaration that we submitted in 2002 (26 June 2002) as well as the Second Declaration that we submitted on 26 June 2004 and third Declaration, submitted on 26 of June, 2006.

We declare and appeal to the Government of Georgia to take urgent measures to take effective steps to prevent the practice of torture and inhumane, degrading treatment in Georgia.

DECLARATION

1. To prevent torture in Georgia, under Articles 1, 2 and 3 of the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, it is necessary to adequately modify and streamline special articles of the Criminal Code of Georgia so as to fully contain the definition of torture, particularly the following section of the definition: “**or intimidating or coercing him or a third person, <u>or for any reason based on discrimination of any kind,</u> when such pain or suffering is inflicted by <u>or at the instigation of or with the consent or acquiescence</u> of a public official or other person acting in an official capacity”.**
2. According to the Articles 12 and 13 of the mentioned Convention, concerning to the state obligations for the fast and impartial inquest of the facts of torture, i.e. to carry out an effective

inquest, implying the guidelines of "Istanbul Protocol" for documentation of tortures and ill treatment and their effective inquest, seems to be of great importance. It is necessary to incorporate and implement the Istanbul protocol Guidelines and form a legislative framework to document the facts of torture.

3. To prevent the facts of torture and ill treatment, under Article 10 of the mentioned Convention it is necessary to incorporate torture prevention information in curricula (for the law-enforcement personnel, state or military, medical personnel, government officials or other persons dealing with imprisonment and interrogations as well as for students in educational institutions) and develop special programs. It is also necessary to include the prohibition in special instructions regarding the duties of the aforesaid persons. Consequently, it is necessary to include the principles of "Istanbul protocol" in Curricula, mainly and exclusively for lawyers and representatives of medical sphere, taking into consideration a new Article 16 of the Convention.
4. Under Article 14 of the mentioned Convention, the State is obliged to provide and assure compensation and full rehabilitation for the torture victims. For this purpose, it is necessary to set up a torture victims' compensation and rehabilitation fund.
5. It is necessary to recognize the standards on international medical ethics and to introduce completely the Code on medical ethics on the territory of Georgia; In accordance with the Articles 11 and 16 of the said Convention it is necessary to carry out medical service reform in the places of imprisonment of Georgia covering – the council recommendations, mainly, the appeal of the committee of the Ministry to the participating countries regarding to the organizational and ethical aspects of medical care systems in prisons, the recommendations # R (98) 7; by the third general report (1992) of CPT; It should be emphasized as well that the new code project on imprisonment, which had been submitted to the Parliament of Georgia for approval doesn't correspond to the international standards existed in medical care system of prisons in Georgia and consequently, it should not been accepted under such condition.
6. According to the Articles 55 and 56 of the Georgian Law on "Health Care", every medical establishment needs medical the license, proved and issued by the Ministry of Health Care of Georgia. At the same time monitoring of medical units should be provided as well. It should be underlined that despite of some recommendations issued by us the law on health and mental care (2006) still has not been implemented in any place of imprisonment. Due to the Law on mental care (Chapter 1, article 4, item d), Psychiatric Department is the institution possessing an appropriate license on which the opponents, mainly, the structures of Ministries of Justice and Health Care have the following answers – due to the Georgian Law on Licensing (article 1, item 2), licensing process in not compulsory for medical units at prisons. To our opinion this is a discriminating statement contradicting the Constitution of Georgia. Existence of different standards of Health care for different categories of population is unacceptable for us. Consequently, we appeal to take some steps to eradicate such discrimination without delay.
7. On the road to torture prevention, we think it important to reform the law on Forensic Medical and Mental Examination (that has not been changed since the Soviet era, while the changes made in the Criminal Code regarding forensic psychiatry are incompatible with the European standards, mainly, in the sphere of prisons and forensic psychiatry the question asked by experts of psychiatry: "whether the person is with mental problems or not, due to which punishment won't give any results", are also incompatible with and international ethical standards. Such a formulation of the question is the result of Soviet era and it is time to change it immediately.
8. Under the Hamburg Declaration of the World Doctors Association, it is necessary to develop instruments to ensure the protection of the rights of doctors working in "risk zones" (prisons, medical experts, etc). Especially, the Georgian Law on "Doctors Activities", Article 6 (professional independent of doctoral activities states that" …. it is forbidden if the person demands from the physician to act against the principles and ethical norms of doctors activities indicated in this Law, despite of his/her post, nationality, ethnical and social belongings and religion", though how this

action should be executed is not determined by the Criminal Law of Georgia; as a result it is necessary to include special article in the Criminal Law related to putting pressure on medical personnel)

9. Under the Optional Protocol to the UN Convention against Torture, it is necessary to develop national torture prevention instruments, involving monitoring over any place of detention and establishment of monitoring boards composed of professional and independent doctors, lawyers and human rights activists; Georgia joined to the mentioned additional protocol of 7 July, 2005, though such an independent and impartial mechanism was not set up till now and no writing documents was brought before the public judge for the State officials side.
10. It is necessary to develop a special concept and strategic plan on both international and local levels in order to implement the principles of the UN Convention against Torture across the whole territory of Georgia (National Anti-torture Plan recognized by international professional organizations).

In addition, it should be mentioned that the new draft of the Anti – Torture Plan of Actions was elaborated by the interagency Anti – Torture Coordination Council created in 2007 at the Georgian President Office, but unfortunately this plan of actions does not include all listed in the Declaration essential measures.

Special Report of the Georgian Psychiatrists' Society

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Psychiatric Aid Program for 2007

Analysis

Problem Study

Psychiatry is the one of the most specific branch of the health care. Its organizational structure undergoes the influence of many factors. The development of the national economy against the background of the social affairs changes the attitude of the healthy part of population towards the people with mental problems. Therefore, the principles of organization of psychiatry in different countries and in different periods have varied much beginning from the strict and sometimes distorted manifestation of the paternalistic approach ending with the antipsychiatric views.

Proceeding from their specifics the mental disorders impact not only the patient but his microsocial environment, mainly his family.

The state authorities at the various levels of the social development and economic formation try as far possible to provide the psychiatric health protection of the population. The quality and amount depends on the polymorphic economic and social factors.

The health protection system in the developed countries for the last 40 years has developed almost by one and the same way. At the first stage they centralized the medical aid structures and at the second stage - decentralized them. The decentralization was characterized by the reforms aimed, on the one side, at the decrease of the growth rate of the expenses assigned for the medicine and, on the other hand, – at the growth of effectiveness of medical aid and formation of the contractual system with the medical service provides (both private and public).

The indicators of efficiency of financing of the psychiatric aid are similar to the indicators of financing of the total health system (WHO, 2000c, Chapter 5). From this aspect three following conditions shall be met:

1. People shall be set free from the grave burden of financial expenses that is the payment of cost for the treatment shall be excluded or minimized for them or this cost shall not exceed the cost of ordinary service or goods. At the same time all kinds of prepayment may be applied, such as general taxes, obligatory or individual insurance etc. In fact psychiatry unlike some branches of medicine (e.g. neurosurgery) does not require big sums of disposable expenses. However, the chronic nature of course of mental diseases, the long term of treatment, high risk of relapses create no less financial problems to the users.
2. The healthy people finance the treatment of patients. This process is practically implemented by the prepayment mechanism. From this aspect the problem is to distribute the accumulated sums because the subsidies often do not reach the persons with mental and behavioral problems for such simple reason that the system of financing does not cover such people.
3. The well-to-do part of population finances the treatment of poor people. This provision is the most hard to be met as it depends on the national taxation system (the progressive tax rates) and the

involvement of the mentally patients in the social care systems (both public and private) to this or that extent.

As to the contracts executed with the medical service providers, in our case, with the psychiatric aid providers, the best way will be to select one of the worldwide recognized contracts:

Block contract:

It implies the financing with the preliminarily agreed sum of the treatment of all patients within the terms and conditions of the contract, by the sponsor.

Amount contract:

It implies the payment of the preliminary sum for performance of activities in the defined amount, by the sponsor. The sum of payment for performance of the activities over the established amount shall be determined separately.

Contract of separate cases:

This form of financial relations implies financing of separate cases.

Case study

The state psychiatry program has been introduced and effective in Georgia since 1995 when the Parliament of Georgia adopted the Psychiatric Aid Law.

In 1995-1999 the implementation of the state psychiatry program in Georgia brought out the Georgian psycho-neurological institutions from the deep crisis. Within the process of program implementation the mortality rate in mental hospitals reduced and the explicit trend of growth of applications of patients to the mental hospitals manifested.

In 1996-1997 the psychiatric institutions of Georgia were supplied with medicines, the deficit of various medications was covered with the humanitarian aid and various forms of performed work were paid.

In 1996 the amount of works performed by the medical institutions was paid in full from the health care fund but the humanitarian aid in kind of medicines, food and other form was in shortage at the institutions after its monetarization. In 1997 this principle was changed. The material means received as the humanitarian aid by the medical institutions were not collected but instead the budget of those institutions and accordingly of the psychiatric aid was reduced. Though according to this principle various institutions used to receive the humanitarian aid in various ways, this program was implemented successfully in 1998 as well.

Beginning from 1998 the psychiatric program foresaw the creation of conditions of the dynamic monitoring of the state of psychiatric aid in the current socio-economic situation, determination of nosologies subject to the obligatory state financing, specification of the total quantity of medicines required for the program, training and advancement of skills of the personnel working in the psychiatry branch, training of psychiatrists for professional licensing. None of these objectives has been implemented.

The main part of the program was organization of the psychiatric aid based on the contracts with the state medical insurance companies. The amount of aid was exactly specified according to the program and fixed in the respective contracts. In 2006 with 7 mental hospitals and 17 outpatient clinics were executed the contracts.

In 1996-2001 the state program for psychiatric aid was the document where was formulated in details the aims and objectives of the psychiatric network, the treatment standards, principles of financing (according to the load of certain institutions). The document provided that the state program for psychiatric aid was deficit-based (the actual budget amounted to 35% of the optimal one) and that the humanitarian aid could cover the deficit at least partially. Since 2001 the program design and principles has been changed considerably. The idea of "deficit" was withdrawn and by such a way the state could declare on the alleged coverage of the deficit, though in fact it was not eliminated.

Psychiatric Aid Program for 2007

In 2007 the psychiatric aid program by its structure and content differed principally and radically from the previous program.

1. The psychiatric aid program for 2007 is represented in kind of the special inpatient service component of the state inpatient program, that is the inpatient and outpatient components of the psychiatric aid are artificially separated and placed in the qualitatively different blocks of the state medical program. Such condition complicates much determination of the state obligations of the psychiatric aid, its coordinated, continual and sequential course by the mental clinics (in many of which these two components are presented in one organized structure). Practically, the analysis of effectiveness and quality of the total structure of psychiatric aid, the forecast specification of optimal parameters became impossible.
2. The so called psychiatric aid component which is placed in the inpatient program block is lacking the aims and purposes of the said program. In particular, according to certain nosology is not specified the contingent to whom the state shall provide the free-of-charge psychiatric aid. Therefore, unlike the state program of the existing psychiatric program which clearly described the aims, purposes of the program, its contingent and the tentative number of this contingent (based on the general statistical data) the program for 2007 is amorphous and purposeless.

In the state program for psychiatric aid for 1996-006 which budget varied within 3 million lari the limits of state liabilities were exactly determined: the nosological and clinical register (the compulsory treatment, acute disorders of psychosis register, exacerbations of chronic psychosis illnesses, PTSD etc.), minimal amount of the medicinal and psycho-social aid, minimal rates of nutrition and care and so on. It also considered the statistical data about the extension of mental and behavior disorders in Georgia. All this provided the possibility of the control and further correction of the amount, quality and borne expenses of the psychiatric aid financed by the state.

3. Psychiatric aid component (Chapter V) presents the 1.5 pages information where the provided service and the form of its purchase, financing and budget are given.

Assessment of the clinical state of patients unlike the previous standards (which were based on the WHO International Classification of Diseases, 10th Revision), the extended clinic-nosological range of mental and behavior disorders in the program for 2007 is represented by three states: "acute", "subacute" and "chronic". It should be also mentioned that the terms "acute" and "chronic" states as the global categories determining mental disorders are used in the clinical and legal practice for determination of deadaptation and duration of mental diseases of various etiology in kind of rather general criteria. The term "subacute"

is incomprehensible in all contexts. In addition to the fact that the terms “acute”, “subacute” and “chronic” are not clearly specified and differentiated the clinicians cannot provide the diagnosis of patient and from the organizational and financial aspect the objective assessment and analysis of the provided medical aid is rather complicated.

The program does not specify those minimum clinical-laboratory examinations and advises of doctors-specialists which are necessary for assessment of this or that state.

Article 17, item “c” which specifies the short-term inpatient service implies the so called “closed regime”. We wonder what is the legislative or organizational base for this form of treatment and what does the term “quarantine of patient” within this regime mean. What is prohibited for the patient within this regime: visiting WC without the personnel’s consent or under the convoy, approaching window, leaving the ward, reception of a visitor, contact with other patient or anything else? It should be also mentioned that under the international conventions quarantine of patient and his constraint is strictly prohibited.

Quite absurd are the requirements provided in Article 17, item “f” regarding the so called “subacute inpatient service”. Absolutely incomprehensive is the requirement for the “optimal number of personnel” which is categorical only for such type of regime as if within other regimes the number of personnel is voluntary or indefinite. It is also impossible to understand what does imply the so called “half-open regime” and definition of patient’s rights according to the hospital rules and regulations.

The new term for psychiatry is the so called “open regime”. It is hard to understand its clinical and organizational and legal aspects. In general, it shall be highlighted that introduction in the psychiatry of such terms as “closed regime”, “quarantine of patient”, “half-open regime” and other explicitly reminds the phraseology of the fascist-totalitarian, repression period.

It is no good at all specification of the “acute”, “subacute” and “chronic” regimes in the strictly determined terms (15 days, 45 days). Absolutely nonprofessional idea is about the beginning of the rehabilitation measures after 45 days.

In Article 19 it is impossible to understand how shall be implemented the rehabilitation measures during the so called “subacute state”, if according to item 8 of Article 17 this package of service shall be provided to the patient after 45 days. There is also senseless the provision on the implementation of rehabilitation measures in accordance with “the national recommendations of the clinical practice” and “the national standards (protocol)” of the control of clinical states since such documents do not exist at all.

In Article 21 the definition of one bed-day cost of the acute, subacute and chronic states. There are not available the estimate of costs and tariffs which do not show the origin of these sums and may become the cause of corruption (why 32 lari but not 132?).

We may welcome the growth of the inpatient component of the psychiatric aid to 4,900,000 lari. However, in this case it will be better to determine the inflation rate for establishment of the real increase.

Out of the presented program is withdrawn the component of compulsory treatment. Depending on the specific nature of treatment of this type and the fact that the contingent of this treatment makes up more than 30% of the total inpatients it is absolutely unclear why this contingent is included in the frames of “acute”, “subacute” and chronic states. Namely, the compulsory treatment terms, forms and kinds of regime do not coincide with the terms and conditions of the program. Therefore, the compulsory treatment is practically impossible to conduct within the “psychiatric inpatient component”.

4. The outpatient component of psychiatric aid is described in Article 13 of the National Primary Health Care Program. The goal of this large program which is recognized by the state as the priority one is the primary health service where the psychiatric program is involved as a subcomponent. Its amount comprises 1 page.

It is known that the specifics of psychiatric aid imply the continuity of medical service, the necessary and operative coordination, continuity and logical substitutability of various units (inpatient, outpatient, social services etc.). Subject to the foregoing the outpatient psychiatric service is not the prerogative of the primary health care. In all civilized countries with the psychiatric aid system this system represents the separate structure that facilitates the management of this form of medical aid. Including of the outpatient component of the psychiatric component in the primary health care program is unreasonable along with other many defects of this program.

It is universally known that the primary establishment of problems of the mental health is performed practically at all levels and in all units of the community (a family, relatives, office, police, primary health structure, nay doctor etc.). In some cases a patient applies to a psychiatrist. Therefore, the provision given in item “a” of Article 3 of the program is rather narrow and illogically categorical.

Article 13, the performance of subitems “a”, “b”, “c” of item 3 is impossible because the national standards are not available. In addition, there is not determined the amount of the provided medical aid, its quantity (visit, advice), liability of a medical institution before a patient. Moreover, nothing is told about those clinical states and in particular about the range and quantity of those psychotropics and other medicines which shall be supplied by the state (“state liabilities”). This fact can become the source of corruption. It should be also mentioned that the financial and organizational resources of the program in case of failure to establish the contingent involved in the program do not provide the real possibility of the outpatient treatment of more than 100000 patients with mental disorders registered in Georgia. For more precise definition we shall additionally note that according to the program for 2007 the treatment at the expense of the taste shall be provided to any mental patient, including drug addicts, chronic alcoholics, persons with behavior pathology, neuroses and mental diseases of non-psychosis register that will be obviously impossible in the existing financing conditions.

We think that item 4 is also far from being reasonable as there are not the standards of outpatient services that does not only provide the possibility of the adequate monitoring of patient’s treatment but makes the financial expenses at the outpatient clinics uncontrollable and non-transparent.

Within definition of the medical aid services is often used the term “in case of need”. However the definition of this need is given nowhere that may also make the financial resources the source of purposeless expenditure.

In fact, in the new revision of the Program the term “in case of need” is replaced with “the national standard of disease control” but this hardly changes the situation because as we have mentioned above, “the national standard of disease control” does not exist at all.

5. Under the Minister’s Order N112/N of 02.04.2007 is approved the only standard of the psychiatric services – “the psychosocial rehabilitation accompanying standards”. By its amount 4 pages) it two times exceeds all documents of the psychiatric aid program.

The standards provides the general requirements, description of the services, their kinds, requirements for the technical facilities, hygienic rates, diet and nutrition etc., “the interior facing of premises”.

We can also put at issue the provision (Article 1, item 2) that the psychosocial rehabilitation shall be provided only to the patients with chronic mental disorders. However, in the list of those disorders attached to this provision this disputable clinical approach is not foreseen,

The duration of psychosocial rehabilitation stages (Article 3, item 5) is artificially extended. For example, "the patient's awareness" requires 2 weeks, and "assessment of labor skills" – 1 month. These terms are not confirmed by the necessary measured and methods to be implemented for the standards.

In the presented standards the important role is attributed to the working rooms of doctors, medical attendants, kitchen, interior facing of premises and other technical issues description of which occupy almost a half of the text amount of the Program. Compliance with the nutrition and hygiene rates and for specific psychological rehabilitation is doubtful if it is common for the total medical service.

It should be also mentioned that no mental hospital of Georgia meets such standards (the space, equipment, interior facing, utilities of psychosocial centers are implied). So this fact makes impossible organization of the psychosocial service nationwide. We think that proceeding from the reality the doctor's room (here we highlight the doctor's room but not the room we here the psychotherapy procedures are conducted) may be less than 16 sq. m. We wonder why the doctor's room (16 sq. m) shall be larger than the social worker's room (10 sq. m) while the first room is shared by the doctor with one assistant and the second room is shared by some social workers.

As to the general standard, it is not presented in its classic meaning in this document. Its main and most significant defect is that it contains no financial estimates and calculation of costs that may become the source of purposeless loss of sums (in particular according to the item "obligatory repair operations") and corruption. In addition the cost of psychosocial rehabilitation of every beneficiary is not calculated as well as it is not calculated for how many beneficiaries is calculated the presented program that along with other issues makes impossible the monitoring of spending of the sum of 50000 lari allocated for the psychosocial rehabilitation component and its distribution among some mental hospitals which desire to participate in this component of the Program.

Under Minister's Order N232/N of July 25, 2007 On Making Amendments and Additions to Order N40/N of the Minister of Labor, Health and Social Affairs of Georgia On Approval of Health Care Programs for 2007, in the Psychiatric Aid Program, namely in its inpatient component was included the certain changes of non-principal character. Namely, at the declaration level were determined the "acute", "subacute" and "chronic" states without application of some clinical criteria. Against the background of nonexistence of guidelines and medical standards this makes the work of a clinician-psychiatrist even more chaotic.

In the Program by one phrase "(including those caused by the use of psychoactive substances)" the patients of drug addiction profile are "introduced" in the "psychiatric aid program". In consideration of the fact that the guidelines and medical standards of diagnostics and treatment of patients of this profile are not available, it is impossible to imagine how the polymorphic clinic of toxicomania could meets the amorphous "acute", "subacute" and "chronic" states. It should be also taken into consideration that during the last 30 years, in the conditions of artificial delimitation of narcology and psychiatry the psychiatrists have got no theoretical knowledge and practical skills of diagnostics, treatment and rehabilitation of narcological profile patients.

In Order N232/N is again declared about the strict compliance with the nonexistent standards and protocols.

Therefore, based on the analysis of Psychiatric Aid Program for 2007 we can highlight the following shortcoming thereof:

1. No governmental document determines in what organizational structure of the psychiatric aid shall be implemented this program. The ministry is lacking the elementary strategic vision of reorganization and reformation of the psychiatric aid system. The implemented organizational changes are spontaneous and nonsystematic.
2. The state program in psychiatry is implemented by separate mental institutions. For this purpose the Agency for Health and Social Programs makes agreements on providing psychiatric aid to the population with each psychiatric institution. Such agreement shall comply with the program objectives and reflect the ways of its implementation. Consequently, many shortcomings existing in the program, namely the fact that it does not clearly determines the contingent which shall provide the psychiatric aid at the expense of the state, does not provide the diagnostics and treatment guidelines and protocols, nor formulates the organizational principles of conduct of medical measures to the persons under the compulsory treatment and other are automatically transferred to those agreements. These shortcomings cerate problems both to the psychiatric service providers and users.
3. The program does not provide the diagnostics and treatment protocols and standards. Instead it introduced rather amorphous definitions of “acute”, “subacute” and “chronic” mental state, which are far from the psychiatric clinic. These conditions replace the extended clinical range of mental disorders and hardly comply with the modern classification of mental disorders.
4. The program does not provide the organizational principles of implementation of medical measures towards the persons under compulsory treatment because the terms of their keeping in the mental hospital do not coincide with the “acute”, “subacute” and “chronic” conditions defined by the program.
5. It is inadmissible to introduce in the mental hospitalization such notions as “closed regime”, “quarantine of patient”, “half-open regime” and so on. This is an evident rudiment of the obsolete repression psychiatry.
6. It is inadmissible to divide artificially the psychiatric aid into the inpatient and outpatient contingents. Such “innovation” considerably complicates the organizational implementation of the psychiatric aid, the coordinated, sequential and continual operation of the system.

In our opinion, the components of psychiatric aid program require considerable and radical correction because their implementation in the current kind can arise many problems of the psychiatric service.

We think that in the Psychiatric Aid Program for 2007 contains many errors of principal nature which cannot be corrected partially. The Program shall be changed principally and its completely new version shall be developed.

The new version of the Program shall take into consideration the following main principles:

1. The state program of psychiatric aid shall declare the aims and objectives of the program.
2. It shall clearly determine the contingent of persons with mental disorders who will be served within the said state program.
3. It shall precisely determine the amount of medical and social services of the psychiatric aid.
4. It shall specify the psychiatric aid institutions providing the said services, existing in the country. These institutions shall be identified and certified according to their possibilities and the kinds and amount of provided services.
5. For practical implementation of the program there shall be developed the permanently updated national guidelines and protocols of diagnostics and treatment.

6. The necessary condition to provide the transparency of the program is development of the tariffs for separate medical services and determination of the real financing based on them.

Law of Georgia On Psychiatric Aid

Analysis

Problem overview

During the total course of history of psychiatry as the branch development one of its most significant problem has been the attitude of healthy part of the community towards the mental patients. Unfortunately, beginning form the ancient period until present in most cases this attitude was very severe, almost savage. The establishment of such attitude was also supported by the fact that the persons with mental problems due to their morbid condition sometimes had aggressive behavior which confirmed the community in the opinion on the particular dangerous nature of mental patients. Therefore, we cannot undervalue the contribution of those great humanists (Pinelli, Esquirol, Rash, Conolly and others) who tried to improve the life of mental patients.

From this aspect they used to work in two directions.

First - introduction and development of humane principles in their personal activity or at medical institutions subordinate to them. These principles were then spread to other medical institutions mainly thanks to their authority;

Second – formation of the legislative base necessary for protection of rights of mental patients.

The both activities supplement each other. The humane ideas create the public opinion, prepare the background for the legislative base which will more improve the conditions of more people and protect their rights than the activity of some individuals.

From this aspect one of the most significant events in the contemporary psychiatry may be considered the law adopted on June 30, 1834 and the principle adopted in 1854 following the great endeavors and effective activities of Esquirol and Conolly , which are thought as the basic ones for protection of person's rights at mental hospitals.

In the 60-ies of XX century took start a very important and interesting movement which was named as "antipsychiatry". Anti-psychiatrists considered any pathology of the mental sphere, including psychoses, not as the manifestation of illness but as the irrational origin of the mental sphere typical for the total mankind and the protest against the existing public system or the moral, ethical or other main opinions dominating in the community. Anti-psychiatrists thought that the treatment of patients should be rejected and the total affairs and endeavors of the community should be aimed at satisfaction of the demands of insane people, including those in the acute psychotic period.

In 1980 the UN Commission for Protection of Human Rights at their 33rd Session assigned to Mrs. Eric-Iren Daess as the special rapporteur to draft the report on basic principles and provisions of protection of rights of mental patients. The final version of this report was completed in 1983 and presented to the UN 36th Session. When its main principles were approved it was recommended to the Commission for Protection of Human Rights to establish the working group which would prolong the work in this direction.

In 1984-1988 the group working under the aegis of the UN Economic and Social Council developed the main principles which further were put in the basis of the national laws of many countries regarding organization of psychiatric service and protection of rights of mental patients. The most important was to introduce this provision in the Eastern Europe and Soviet Union and after disintegration of the Soviet Union it was introduced in the similar legislation of new independent countries.

Protection of rights of insane people in the contemporary world is grounded on some international conventions, recommendations and resolutions, the main of which are:

1. European Convention for the Protection of Human Rights and Fundamental Freedoms, Article 5 (1950);
2. UN Recommendation R(83) 2 Concerning the Legal Protection of Persons Suffering from Mental Disorders Placed as Involuntary Patients (1983)
3. Recommendation N 235 on psychiatry and human rights of the Parliamentary Assembly of Council of Europe (1999)
4. UN General Assembly Resolution 346 (119) “Principles for the protection of persons with mental illness and the improvement of mental health care” (1983)

The latest important document on this issue is Recommendation N 10 of the Committee of Ministers of the Council of Europe (2004). This document summarizes all previous important provisions regarding protection of rights of persons in the sphere of mental health care and offers the certain controlling mechanisms for facilitation of their practical use. This recommendation considers the persons with mental disorders as the most vulnerable people as compared with other categories of citizens. They cannot or can hardly protect their own rights and, hence, they often become victims of exploitation and discrimination. This creates the need when along with the common rights of all citizens their rights should be regulated by special normative documents. At the same time there shall be protected the relations between the doctor and patient during medical procedures. In particular this concerns the involuntary hospitalization, hospitalization terms, choice of treatment methods and relations with the court. According to the earlier paternalistic principle the community totally transferred the burden of discrimination of patients to the shoulders of psychiatrists. Further, the need of regulation of these relations by the legislative way became apparent.

Every country aims at creation and development of various forms of psychiatric aid, in particular of such type which will be oriented to the community. In such case the inpatient psychiatric aid shall be considered as the last alternative but not the main form of service. It is necessary to cerate the healthy psychological environment in the community by means of destigmatization in order to provide the non-problematic and unlimited relations between the specialists in psychiatry and the patient.

It is very important to regulate legislatively the procedure of reception in the inpatient clinic (problem of being aware of consent, involuntary treatment, doctor’s role in the involuntary hospitalization, court’s function etc.). The person shall be enabled to protest the actions initiated against him and to protect his rights in the process of implementation of the psychiatric aid.

The obligatory character and accordingly, the legislative regulation shall have the permanent monitoring of psychiatric institutions (especially mental hospital) for the right realization of the procedure of involuntary hospitalization.

One of the problems is protection of rights of convicts with mental problems in penitentiary institutions (prisons and settlements). This problem is connected mainly with the availability, adequate character and amount of the psychiatric aid in those places.

The potential vulnerability of patients with mental problems implies creation of the special legislative system which will regulate the practical activity of specialists of this branch, unimpeded application of professional standards in all structures of the psychiatric aid network, independent monitoring of the system.

Hence, all laws which regulate the process of psychiatric aid and protection of mental health generally shall take the above-listed principles into consideration.

The reforms in the Soviet Union which began in 1985 touched psychiatry as well. In 1988 the USSR Ministry of Health issued Order N225/O which was the significant step forward n protection of rights of mental patients.

In Georgia the work on protection of rights of mental patients and reorganization of psychiatric service started in 1989. In 1995 was adopted the Psychiatric Aid Law of Georgia as a result of which began the sharp turn from the paternalistic principle to the person freedom.

The main principles of this law are:

a. the maximum extension of rights of mental patients. They enjoy all those rights which are enjoyed by healthy people. Only the court is entitled to introduce some restrictions;
b. changing the rule of registration. A mental patient was entitled to choose by himself the psychoneurological institution or a physician where he wanted to pass the treatment;
c. the right to undergo or not to undergo the treatment;
d. was prohibited all occupational limitation based on the established diagnosis. Any restriction shall be established not on the basis of the earlier established diagnosis but according to the current condition of an individual;
e. the rules of involuntary treatment and placement in the mental hospital were improves and strictly regulated;
f. a great attention was paid to a doctor-psychiatrist, the relations between the serving personnel of psychiatric institution and the patient.

After declaration of sovereign Georgia, in 1993-1995 began the intensive work for legitimacy in psychiatry and in March 1995 the President of Georgia adopted the Law On Psychiatric Aid. The first version of the Law was of declarative nature and determined the main rights and duties of patients and personnel working in the mental health sphere. It was also determined declaratively the organizational principles and forms of the psychiatric aid. Such form of the law was resulted from some conditions:

1. Neither in Georgia nor in other former countries of Soviet Union had such law existed by that period.
2. In the then Georgia did not exist the fundamental so called “frame laws” of the health sphere – the medical aid law, the law on rights of patients and so on.
3. The guidelines of the reforms of organizational structure of the psychiatric aid were not specified.

The law was based on the declarations adopted by the UN and WHO in connection with the mental health matters.

Beginning from 2000, following the adoption of the fundamental laws in the health sphere by the Parliament of Georgia the Psychiatric Aid Law of Georgia became subject to the considerable revision. In the drafting of the new revision of the law were involved the experts of WHO and World Association of Psychiatrists. The work was completed in 2002 and the new version of the law was submitted to the

Parliament. However, adoption of this law was delayed until 2005. By that time the law became subject to a new revision. The new revision of the law was drafted by the large group (20 members) composed of representatives of the parliament, health ministry, various governmental and nongovernmental organizations. The latest version of the law was submitted to the Parliament in 2006.

Law of Georgia On Psychiatric Aid

The new edition of the law represents a certain innovation in line of improvement of this legislative act. It to some extent exceeds the pure declaration principles and contains the instructive and directive norms. However, these norms are not perfect as they do not reflect all existing forms of the psychiatric aid, they are not clear and full by their content and provide the possibility of equivocal interpretation of the law.

In addition, the law contains the following significant and principal shortcomings:

1. The new version of the law provides again the concept of "registration and striking off the register of patients at outpatient psychiatric institutions" further approved under the Order of the Minister On the Rule of Registration and Striking off the Register of Patients with Mental Disorder at Outpatient Psychiatric Institutions, Their Supervision (N 91/N-20/0307). Such approach to the persons with mental problems is the apparent return to the obsolete and discredited practice of the paternalistic psychiatry.
2. When determining the current forms of the psychiatric aid the law provides only "inpatient psychiatric aid", "outpatient psychiatric aid", "specialized psychiatric aid" and "psychosocial rehabilitation" and does not mention such organizational forms as "psychiatric aid in crisis situations", "prevention and prophylactics of mental disorders". In our opinion this is a significant defect of this law as in the list of psychiatric service providers attached to the new version of this law is included the family doctor whose functions cover prevention and prophylactics.
3. Under the term "specialized psychiatric aid" (Article 20) is implied the medical aid to the persons with chronic mental disorders. Noteworthy is that in the world psychiatric practice the forms of psychiatric aid to thus contingent is not known as "specialized aid" as the chronic patients do not require any "specialized" aid and accordingly they ate not subject to such aid. In general such patients need the standard maintaining pshychopharmocotherapy and care with the elements of socio-psychological assistance.
4. The law does not provide at all the actually specialized forms of psychiatric aid which include the forms and methods of medical aid to the persons with problems of mental health at penitentiary institutions. As far as the new edition of the law by its form exceeds the declarative character and is aimed at introduction of principles of regulation of organizational forms of the psychiatrci aid, such significant and specific problem as regulation of organization of the psychiatric aid in prisons and settlements is one of the most actual in Georgia. In fact, theoretically in this specific conditions we could use those articles of the presented law which general contain the main services of the psychiatric aid, but depending on the current situation confirmed by all international experts (congestion of penitentiary places, intolerable living conditions, poor medical aid, practically absence of the psychiatric aid structure and a lot of people with mental problems) the existence of such legislative provisions is vitally required.

Moreover, the law contains many inaccuracies, equivocal provisions and elementary mistakes which shall be improved without fail.

1. The law provides the term (Article 4, item "m") of "a clinical manager of psychiatric institution" which, in the authors' opinion, shall manage the "psychiatric aid process". It is well known that the medical aid is the complex multidisciplinary process which can be

managed by a person of different occupation. A clinic manager shall, accordingly, manage the treatment process but not the psychiatric aid process.

2. The law introduces a new term of a "defender" (Article 5, item "f") which is not defined. This fact can cause considerable legal problems.
3. The new version of the law declares that psychiatrists in their activity shall "take guidance only from the necessary medical indications and professional ethics". Noteworthy is that this declaration completely ignores the necessity of medical protocols and standards and raises this fact to the legislative rank. The absence of treatment protocols and standards at the level of legislative norms makes the doctor unprotected in the process of professional activity. This shall be taken into consideration without fail.

Regulatory Acts

In addition on the basis of the Psychiatric Aid Law the Ministry of Health issued the following regulatory acts:

a. Order N87 of the Minister of Labor, Health and Social Affairs of March 20, 2007 On the Procedure of Placing at Mental Hospital.
b. Order N 88 of the Minister of Labor, Health and Social Affairs of March 20, 2007 On the Rule of Establishment and Work of Psychiatrists Commission.
c. Order N89 of the Minister of Labor, Health and Social Affairs of March 20, 2007 On Approval of Form of Application to the Court for Placing a Person as Involuntary Mental Patient.
d. Order N90 of the Minister of Labor, Health and Social Affairs of March 20, 2007 On Approval of Form of Application of the Mental Hospital Administration for Placing a Person as Involuntary Mental Patient.
e. Order N91 of the Minister of Labor, Health and Social Affairs of March 20, 2007 On the Procedure of Registration and Striking Off the Register of Patients with Mental Disorder at Outpatient Mental Clinics, Their Supervision.
f. Order N91 of the Minister of Labor, Health and Social Affairs of March 20, 2007 On Approval of Instructions Regarding the Methods and Procedures of Physical Restriction of Patients with Mental Disorders.

We have a number of comments regarding the above-listed orders the most significant of which is the linguistically unadjusted style of documents that makes incomprehensible this or that provision or makes it equivocal.

However, we could establish some principal observations in those documents.

1. Order N 90/N of the minister of 20.03.2007 (Appendix) is absolutely incomprehensible. It is formulated as the Form of Application of the Mental Hospital Administration for Placing a Person as Involuntary Mental Patient. This formulation does not make clear where the administration applies, or who applies to the administration, or (may be) the administration applies to itself.
2. Order N 87 of the Minister of 20.03.2007 On the Procedure of Placing at Mental Hospital. Article 1 of this Order defines the mental hospital as the licensed institution which "provides the high-quality… examination etc." Therefore, we shall assume that there are various forms of licensing of a medical institution according to their qualification.
3. Article 2 of the same Order contains the principal inaccuracy as a patient is placed at the mental hospital only on the basis of the doctor on duty opinion while the applications listed in this Article may become only the ground for decision of the doctor on duty and they have no deciding legal or clinical effect.

4. Articles 5 and 6 of the same Order shall be subject to more precise definition as the terms which base the regulatory act are far from the recognized psychiatric and general therapy clinical definitions.

Supplement 1

Psychiatric Service Reform in Greece

(Example of Successful Reform)

The good example of the consecutive, step-by-step and reasonable reforms is the project Psychargos which is implemented in Greece. The project which leader is the Thessaloniki Aristotle University professor I. Nematodis provides the step-by-step reforming of the institutional system of the psychiatric aid based on the community-oriented psychiatric aid system. Similarity of the previous Greek structure with that one existing in Georgia and the compliance of the main principles of the Greek model with the contemporary requirements of the structural and organizational model of the psychiatric aid system, enables us to make an overview of the Greek system.

The planned reform has been implemented in Greece during 10 years. It started in 2000 and will be completed in 2010. The main goals of the reform are:

1. Development of the primary health care section.
2. Introduction of the intensive and contemporary methods of treatment of new and acute psychotic episodes of mental disorders aimed at minimization of hospitalization terms.
3. Improvement of living conditions at mental hospitals.
4. Transition of chronic institutionalized patients to the outpatient service through the wide introduction of the rehabilitation programs.
5. Providing the continual training of professionals involved in the mental health sphere.

In order to have a clear idea of the changes which have taken place in this line we will turn to the statistical data.

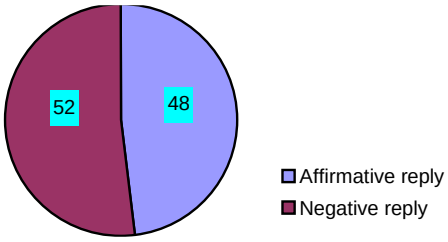
In 1988 in Greece were 9 large mental hospitals with 8486 beds and 46 private mental clinics with 4817 beds. The average term of stay of patients in the hospital made up 280 days and more than 50% of patients stayed at the mental hospital for 18 months and more. At the general therapy hospital was only one psychiatric department and there were two community mental health centers in Athens and two in Thessaloniki. The skills of psychiatrists were advanced only in one center in the Athens.

By 2005 in 9 mental hospitals the number of beds decreased to 4147. By 2006 were closed 2 hospitals with 373 beds. At the same time were opened 19 psychiatric departments at the general hospitals. In 30 general hospitals were initiated the outpatient psychiatric services. All over Greece were established 28 community mental health centers and 19 day hospitals. There were also opened 298 rehabilitation units, including 95 asylums for patients with chronic mental disorders, 16 nursing houses, 108 asylums (dwellings) for patients with mental problems. There were established 38 cooperative therapy centers. Per day stay of a patient at the public mental hospital is assigned 50 Euro, at the asylum – 40 Euro.

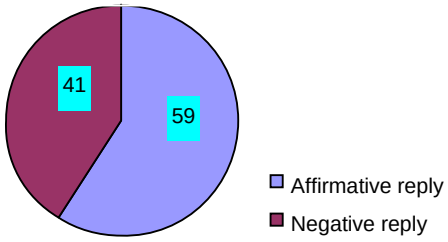
One of the main directions of the reform is the strong ant - stigma campaign with the significant financing share by the state.

Mental Health Law and Policy Worldwide

Quality of involvement of policy in mental health sphere



Quality of involvement of legislation in mental health sphere



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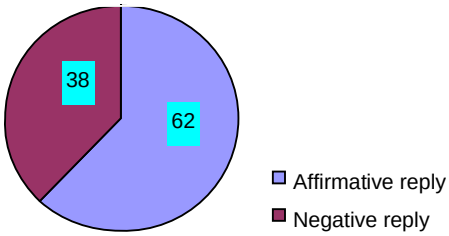
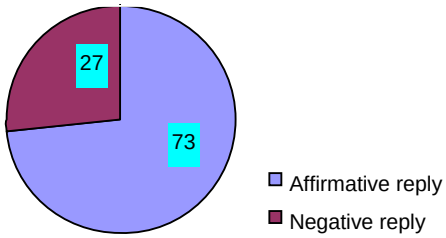
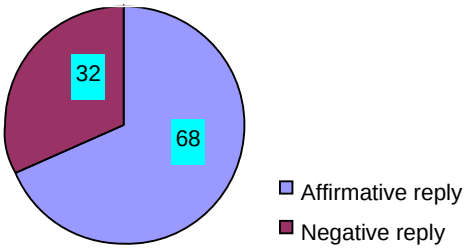
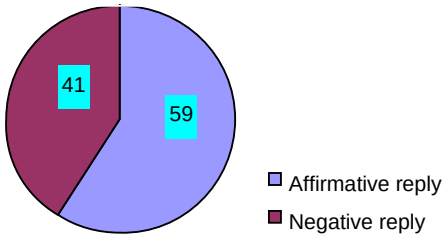




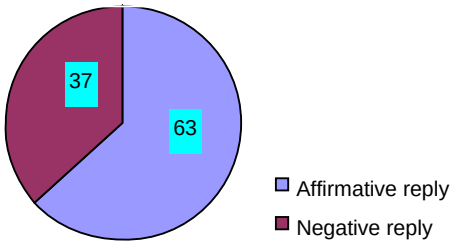
America



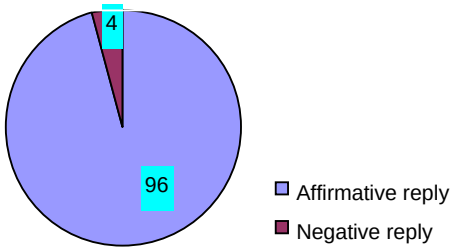


Western Mediterranean Countries

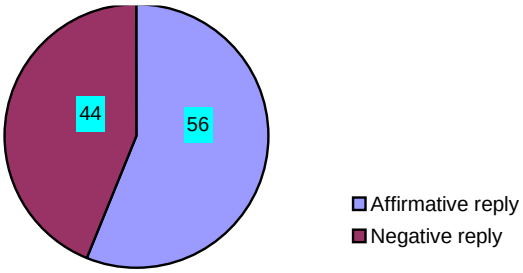
Quality of involvement of policy in mental health sphere

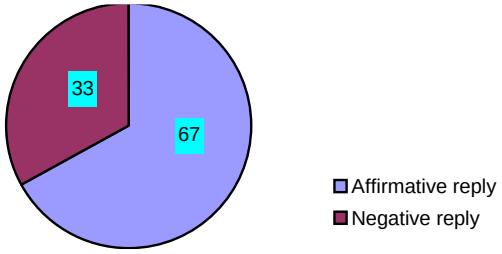


Quality of involvement of legislation in mental health sphere

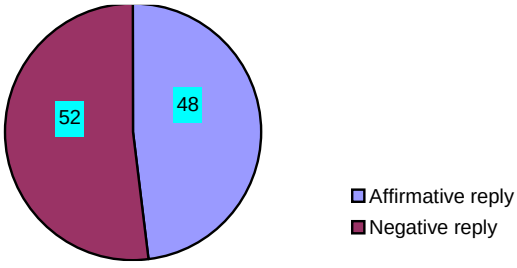


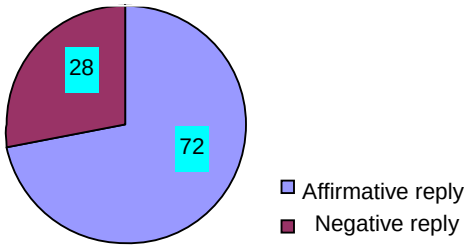
Europe





Southeastern Asia





Pacific countries

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4. MoH Order #87 (2007, March 20) “Regarding Administer rules in the psychiatry Hospital”
5. MoH, 2007, March 20, Order #88 “Regarding working and creation of the psychiatrists’ commission”.
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9. 2007, March 20, Order #91 “Regarding Physical Restriction Procedures and Methods for Psychiatric Patients”.

State Programme of psychiatric aid

1. 1996 – 2006 Years psychiatric Aid Programme.
2. 2007 Psychiatric Aid Programme

a) Article 17, Paragraph “g”
b) Article 17, Paragraph “v”
c) Article 19
d) “Article 13 “Out Patient Type (Ambulatory) Component of the psychiatric aid, paragraph 3, points “a”, “b”, “g”.
e) Article 20, specialized psychiatric aid.

Dr. Mariam Jishkariani
The Rehabilitation Centre for Victims of Torture "EMPATHY

RECOMMENDATIONS

for creation of

A COMPLEX REHABILITATION SYSTEM FOR PRISONERS AND FORMER PRISONERS

Tbilisi, 2002 (last Update 2007)

Preamble

Prison is a place of execution of sentence. However, the question is whether a punishment or fear of punishment can contribute to prevention of law violations.

As the experience of the Soviet prisons shows, the most horrible and cruel system of punishment did not justify itself from this viewpoint. On the contrary, the would-be "Education" and "Correction" system containing elements of violence contributed to criminalization of the prison population and prison system in general, creation the grounds for violence of prison hierarchy under the slogan: "survival of the strongest".

Proceeding from the above, the crucial objective of the prison system should be use of prisons as rehabilitation institutions, which implies a drastic reform of approach to prisoners and creation of humanity-based rehabilitation services for prisoners and former prisoners

Such drastic changes of the prison system should consider the following circumstances:

1. Based on the common opinion saying that imprisonment has an adverse effect on prisoners' mental condition, being a restraint of personal natural liberty, resulting in growth of aggressiveness, straining the prison situation in general and causing tension and stress both among prisoners and prison personnel;

2. Considering that the majority of prisoners come from the poorest sections of society, with a negative experience of childhood and life prior to imprisonment, such as:

- Hard childhood: domestic violence, physical, sexual and emotional humiliation or indifference and neglect by parents and society.
- Lack of proper education and intellectual development.
- Lack of social protection institutions and possibility of psycho-social support.
- Experience of use of drugs, alcohol and toxicomania
- Emotional imbalance, suicide and self-mutilation attempts.
- Health problems and unavailability of qualified medical aid
- Difficulties of socialization and interpersonal attitudes; Problems of realization of natural human requirements: self-assertion and self-expression which, due to the closure of society to such destitute and traumatized sections of the population, vent themselves in an alternative, asocial way.

The combination of these factors causes asocial development of a personality.

3. Taking into account the natural and inherent negative factors of imprisonment, such as:

- Necessary isolation restraining freedom of choice and personal autonomy
- Monotonous prison life and lack of choice of new possibilities and limited information.
- Restraints in intimate life, contacts with family, partner and society on the whole.
- Permanent feeling of control (regime, personal search etc.)
- Long-term or life imprisonment
- Feeling lack of prospects and loss of meaning of life
- Internal personality conflict concerning the course of life and what was done.
- A wrong and often understated self-appraisal with internal destructive feelings and tendencies.

The above-mentioned factors cause loss of interests and lower the motivated activity, contributing to development of emotional disturbances and apathy.

4. Serious negative factors of imprisonment, which are especially typical of the post-Soviet space, include:

- Overcrowded prisons
- Poor living conditions of prisoners, unsatisfactory sanitary conditions and depressing situation
- Insufficient and unvaried food
- Insufficient of medical and psycho-social support
- Criminal-hierarchal system and violence (physical, psychological, verbal and sexual aggression) in prisons

- Lack of feeling secure
- Lack of useful labor
- Access to illegal drugs and alcohol
- Excessive personal autonomy restraint due to overcrowded prisons and wrong, oppressive standards of living. It is especially important to note the role of operations service and various institutions of agent planting, restraining the personal autonomy. These factors make seclusion, reflection and relaxation impossible for prisoners and contribute to growing interpersonal tension, irritability and aggressiveness
- The extremely high distrust coefficient caused by the presence of operations services, agents and lack of trust with respect to personality contribute to development of the so-called prison (K. Jaspers)
- The opposition attitude toward the prison personnel is due to the inertial mechanism of the past subordination of prisons to the police system.
- Lack of trust in and authority of judiciary and investigation systems due to the high level of corruption and inhuman treatment of prisoners of these institutions, with a limited possibility of fair court.
- Incorrect approach to prisoners, which is expressed in the institution of "Educator" and the general approach of "Parent-Child".
- Noteworthy is the high rate of victims of torture and inhuman, degrading treatment and punishment in post-Soviet prisons, since it is universally recognized and beyond doubt that tortures and similar inhuman treatment results in actually 100% psycho-physical disturbances which, if not cured and rehabilitated, may lead to severe personality disorders.

5. Important is to highlight the negative factors contributing to criminalization after jail release:

- Negative, non-tolerant attitude of society to prisoners and former prisoners, with attaching a permanent label of criminal and permanent distrust
- Persecution by some services after release from prison
- Problems with social security and employment
- Difficult psychological integration in society

The aforementioned complex of negative stress factors having a negative effect on a person as a whole, upsetting and destabilizing the emotional-psychological equilibrium, which ultimately results in weakening and exhaustion of protection psycho-physical mechanisms and decreasing the general reactivity, causes complex problems of the psychical, medical and social nature requiring special attention and urgent solutions

Psychically, these problems manifest themselves in various emotional and behavioral disorders expressed in stress and stress-related disorders, adaptation and psychosomatic disorders, personality disorders after severe psychical traumas such as tortures. These disorders often lead to uncontrolled behavior, suicides and parasuicides, self-mutilation and various manifestations of aggressiveness.

In general medical terms, the weakening of the protective immune system of the organism, which promotes, by psychosomatic mechanisms, easy development of various infectious diseases (e.g. tuberculosis) and other diseases with the apparent chronic character. Here is important to note that torture victims often show specific chronic disorders which require rehabilitation measures without fail.

Socially, there are problems with adaptation, contacts, decrease in emotional resonance and tolerance, higher aggressiveness and cruelty levels, behavioral disorders, often of the asocial character.

A complex of such negative factors contributing to development of tense relations between prison personnel and prison inmates, between prison inmates and society in general result in formation of the "Image of Enemy" and hostile relations – "We and They"; contribute to criminalization of prisons, thus undermining the security system in prisons and in entire society.

Proceeding from the above, creation of a State Complex Rehabilitation System for Prisoners and Former Prisoners is of special importance, the critical objective of such System will be a complex rehabilitation of the person and prevention not only diseases but also criminalization of prisons and society as a whole.

Based on the consideration that mental and physical health as well as socialization and social integration level are of special importance for the normal and adequate functioning of a person, the critical objective of rehabilitation should be a complex multidisciplinary approach and complex measurers for rehabilitation and further normal functioning of a person.

Considering the aforementioned arguments;

Considering the provisions of the relevant international documents, in particular,

Considering the main provisions of the U.N. Universal Declaration of Human Rights;

Considering the provisions of the U.N. International Pact on Economic. Social Cultural Human Rights;

Considering the main provisions of the U.N. Minimal Standard Rules of treatment of Prisoners;

Considering the provisions of the Convention on Human Rights of the European Social Charter and Convention on Human Rights and Biomedicine;

Considering the provisions of the European Convention on Prevention of Torture and Cruel Inhuman Treatment and Punishment and Recommendations on Medical Services in Prisons in the 3rd General Report on Activity of the European Committee for Prevention of Torture and Cruel, Inhuman or Degrading Treatment or Punishment

Referring to Recommendation № R (87) 3 with respect to the European Prison Rules;

Considering Recommendations 1235 (1994.) with respect to psychiatry and human rights and 1257 (1995) with respect to living conditions in prisons in the Council of Europe member states, prepared by the Parliamentary Assembly of the Council of Europe;

Referring to the Principles of Medical Ethics for Protection of Persons Being in Custody from Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment adopted by the U.N. General Assembly in 1982;

Referring to concrete Declarations of WMA with respect to medical ethics, Tokyo Declaration (1975);

Being guided by the principles of Recommendation № R (98) 7 of the Council of Europe Concerning Ethical and Organizational Aspects of medical Services in Prisons (1998.);

Being guided by the Principles of WHO Agreed Declaration on the Strengthening of Mental Health in Prisons (1998);

Being guided by the universally accepted principles of medical and psycho-social rehabilitation in social psychiatry

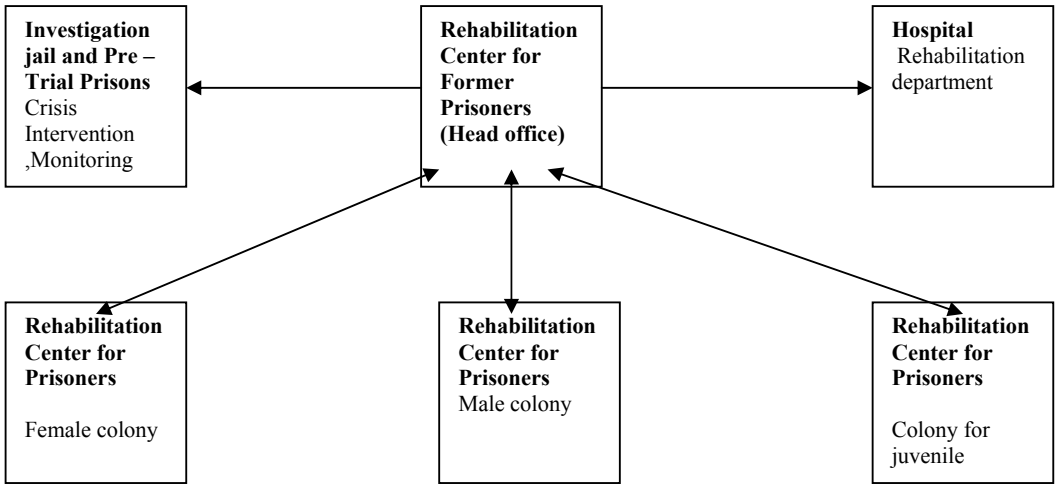
We have developed the main principles and recommendations for creation of a State Independent Complex Single Rehabilitation System for Prisoners and Former Prisoners.

- Creation of this system involves active assistance of various state and non-governmental institutions, in particular, the health care and social security systems, prison system and state human rights institutions.
- In creation and operation of such system, special attention should be attached to professional and NGOs and public at large.
- Noteworthy is that such system should be independent, separate and uniform for prisoners and former prisoners.
- Important is that such system should be staffed only with civilians
- Creation of such single complex system includes setting up and introduction, within the prison system, of Centers of Medical and Psycho-Social Rehabilitation for prisoners and former prisoners, also providing services to members of their families and to personnel of colonies and prisons.
- Considering the multidisciplinary character of the rehabilitation measures, in particular, psychical, general medical and social ones, these institutions should be operated by a multidisciplinary team of skilled specialists.
- Considering the special importance of mental health for the normal and adequate functioning of a person, such rehabilitation system shall be managed by psychiatrists working in social psychiatry, in particular in the area of medical and psycho-social rehabilitation.
- The aforementioned system should be coordinated with the Ministry of Health and Social Affairs with the assistance of other state structures which prisoners and former prisoners have close contacts with

Complex Rehabilitation System for Prisoners and Former Prisoners

The Complex Rehabilitation System for Prisoners and Former Prisoners involves setting up a Center for Medical and Psycho-Social Rehabilitation for Prisoners and Former Prisoners, including setting up and introduction, within the prison system, of Centers of Medical and Psycho-Social Rehabilitation, in particular, setting up such Centers in each colony, establishing a rehabilitation department based on the Central Prison Hospital, regular multidisciplinary monitoring and consultations in places of preliminary confinement; setting up a Rehabilitation Center for former prisoners outside the prison system, having the coordinating and managing the entire rehabilitation system for prisoners and former prisoners.

Diagram of Rehabilitation System



Center for Medical and Psycho-Social Rehabilitation for Prisoners and Former Prisoners

I. Main goals

- Full complex rehabilitation in general (prisoners and former prisoners).
- Medical and psycho-social rehabilitation of prisoners, above all, torture victims, suicidal inclined persons and persons inclined to self-mutilation, persons with personality disorders, aggressive behavior, drug and alcohol abuse experience, chronic medical problems as well as persons with various individual and general current psycho-social problems.
- Prevention of morbidity and chronicity of psych-physical disorders; prevention of suicides and self-destructive or destructive behavior.
- Improvement of adaptation of this contingent and preparation and support in re-adaptation and re-socialization after release from prison..
- Support of family members of prisoners and former prisoners and their inclusion in rehabilitation measures for general improvement of family health condition.
- Support and consultation provided to prison personnel for conflict resolution and general improvement of the situation in prisons.
- Development of recommendations on establishing proper mutual relations with prisoners and former prisoners for prison personnel and for various state structures which this contingent has close contacts with.
- Development of a system of petitioning state institutions for consideration of individual cases for pardoning some prisoners who underwent a rehabilitation course.
- Including such centers in the Grant of Parole Commission with a recommendation-consultation function.
- Issue of recommendations to former prisoners for their employment

- Issue of opinions on psychophysical conditions pf prisoners and former prisoners at a request of this contingent.
- Prevention of criminalization of society on the whole
- Participation in law-making activity with respect to prison reform.

II. Main objectioves and Measures to be Implemnted

1. Studying the problems of prisoners and former prisoners

Includes:

A. Studying the problems of psychophysical health, psychological and social problems of prisoners and former prisoners.
B. Studying the problems of mutual relations in prisons.
C. Studying the general problems of prisons.
D. Studying the family problems of the target contingent.
E. Identifying the main priority groups for rehabilitation.

2. Medical –psychological rehabilitation

A. Psychotherapy

Main goals and objectives of psychotherapy:

1. Familiarization with the main objectives and principles of psychotherapy, awareness of psychological problems of this contingent and results which may be included in psychotherapy.
2. Achievement and studying of realization and improvement of concentration of attention.
3. Achievement of contact based on mutual trust.
4. Release – release from emotionally-packed childhood experience and personal traumas of the mature age – Catharsis.
5. Achievement of dissociation from stress in cases of painful obsessions – "Vitally Important Stress Events" (tortures, rape etc.).
6. Development of self-analysis ability.
7. Self-awareness - "Who am I" (self-understanding) and awareness of various aspects of personality with further appealing to positive aspects of personality (self-development).
8. Improvement of adaptation through awareness of psychological causes and mechanisms of interpersonal conflicts and problems of interpersonal attitudes in general, finding the ways to solution of these problems and realization of these possibilities.
9. Awareness of the Aggression phenomenon and transformation of aggressive energy to constructive one.
10. Revealing of hidden unused abilities and finding the ways to their realization
11. Achievement of "Repentance" and "Forgiveness" through personal spiritual development and revaluation of value systems.
12. Construction of alternative future and finding resources for implementation of new life courses.

Methods of psychotherapy: Individual, group and family of psychotherapy.

B**. Psychological consultation**

1. Identification and discussion of psychological problems of interpersonal attitudes: "Prisoner- Prisoner ", " Prisoner – Colony personnel", " Prisoner - Family", " Prisoner - Society".
2. Psychocorrection of behavior.
3. Development of correct psychological attitudes to problems of prisoners. Development of attitudes "Adult – Adult", according to E Bern (Transactional analysis).
4. Awareness of "Responsibility" and "Right", both in the contingent of prisoners and former prisoner and in personnel, family members and , as far as possible, in society.
5. Conflict resolution through facilitator activity and defusing tension.

C. Art therapy

Main goals and objectives of art therapy:

1. Revealing of personal hidden psychological problems.
2. Release from affective emotions.
3. Transformations of aggressive energy to constructive one. Psycho-emotional relief.
4. Development of personal culture and elevation of personality, development of taste for arts
5. Development of personality, development of ideas and abilities in future.

Methods of art therapy: Drawing and work with clay; dance therapy and group work of amateur performance group; Bibliotherapy – reading and discussion of literary, psychological and religious works, music therapy, watching films with subsequent discussion with a psychologist etc.

D. Medical rehabilitation

1. Revealing medical problems of prisoners and consultations provided by different specialists, above all, psychiatrist and neurologist and general practitioner.
2. If necessary, discussion of medical problems with medical workers of colonies and Medical Department of the Ministry of Justice for rendering further special medical aid.
3. Former prisoners will be recommended, if necessary and upon discussion with the Ministry of Health, for free special medical treatment (in case of tuberculosis, oncological diseases, mental disorders requiring hospital treatment, diseases requiring surgical operation; in case of drug addiction and alcoholism, hospital treatment will be also discussed with the Ministry of Health amnd other governmental and non-governmental structures_.
4. Physiotherapy and medical massage are especially important in rehabilitation of torture victims and persons having some chronic diseases.
5. various kinds of sports and physiotherapy exercises for keeping fit and rehabilitation

3. Social Rehabilitation

Main goals and objectives:

1. Identification of social problems of prisoners and former prisoners and assistance in their solution.
2. Activating the sphere of interests and assistance in implementation of created initiatives: various types of programs for further assistance in employment.
3. Organization and conducting of trainings for personnel of prison colonies for development of correct mutual relations with prisoners.
4. Setting up a group of mutual assistance among prisoners and former prisoners and assistance in functioning of these groups (in formation of clubs, small business initiatives etc).
5. Rendering assistance for mastering new professional skills which will help to find job after release, for instance, computer class and foreign language class etc.
6. Preparation of educational programs in Colony for Juvenile Offenders and facilitator activity for sending such children to the existing children's homes after release, such facilitator activity will be carried out jointly with the church
7. Legal protection in monitoring and in case of violation of the rights of this contingent, with further active inclusion of former prisoners in programs of legal protection of prisoners and various human rights movements.
8. Legal consultation will be provided to a client, if necessary.
9. Assistance in strengthening ties with family and society as a whole, and, for this purpose, conducting various social events (concerts, exhibitions etc.), with this contingent, members of their families and public to be actively involved.
10. Facilitation and assistance in contacts with religious institutions, considering individual religious denominations.

11. For the purpose of decriminalization, above all, women and children being in the criminal environment before imprisonment and having the possibility of return to the same environment after release, setting up refuges under the rehabilitation system.

4. Hotline

Goals and objectives

1. Revealing human rights violations in prisons and colonies.
2. Revealing urgent crises and problems of this contingent.
3. Urgent medical-psycho-social consultations.

III.Basic Principles of Operation of the Center

1. To achieve a friendly contact based on mutual trust, the following is important:

A) Empathy and tolerance.
B) Ability to listen.
C) High tolerance.
D) High confidentiality.

2. Freedom of choice

A) Voluntary involvement in rehabilitation.
B) Free choice of measures.
C) Anonymous participation, at will.
D) Free choice of general practitioner, which is possible due to the diversity of rehabilitation measures and availability of a multidisciplinary group of specialists

3. Full awareness

Includes:
Prisoners' or former prisoners' full awareness of the purpose of rehabilitation measures.

4. Main approach to this contingent

A) Equitable relations "Client – Physician" based on Erik Bern's "Adult -Adult" principles.
B) Existential approach implying breaking the identification of "Criminal" and "Personality".

IV. Working Multidisciplinary Group

Based on the complex approach to rehabilitation problems of this contingent, it's necessary to set up a multidisciplinary group for working in the rehabilitation system for this contingent, which will include different professionals:

- Psychiatrist
- Psychotherapist
- General practitioner
- Medical consultants: neurologist etc., as required
- Pphysiotherapist
- Msseur
- Terapeutic physical trainer
- Psychologist experienced in conflict resolution
- Art therapist
- Social worker experienced in rights of prisoners and human right in general
- Legal counsel
- Teachers for various, above all for children's educational programs

Especially important is that specialists of the multidisciplinary group should be from civil services and be subordinate only to independent rehabilitation service.

Psycho-Rehabilitation Centre for victims of Torture, Organized Violence and Pronounced Stress Impact "Empathy" (RCT/EMPATHY Georgia)

Case Manager Administrate Psycho-Social and Medical Questionnaire N

For Social Worker or Probation Officer

(Target Group: Probationers)

Opening Date of the Card
Closing Date of the Card
Probation officer (or social worker) Name, Surname

I. Personal data

1.1. Name and Surname of probate
1.2. Gender
1.3. Citizenship and Nationality
1.4. Place and Date of Birth, Age
1.5. Current Residence Place (as well if Residence Place are different: for example Refugee or IDP; or lack of Residence, vagrancy etc.)
1.6. Date(s), Period(s) and Duration of Imprisonment
1.7. Place(s) of Imprisonment
1.8. Article of Criminal Code
1.9. Criminal records quantum
1.10. Imprisonment quantum
1.11. Date of conditional legal sentencing or grant of parole
1.12. Probation or parole finishing date
1.13. Previous probation or parole Date(s)
1.14. Slippage of punishment (Indicate) a) Yes b) No
1.15. In case of slippage indicate the reason **a)** disease (Tick Diagnosis) **b)** Under-age child or Juvenile (Indicate age(s)
1.16. Slippage duration (indicate)

1.17. ***Additional Information:***
(Previous criminal records, dates of detainee and liberation, type of regime, places of previous detainee and imprisonment, articles of Criminal Code Records)

II. Social condition

2.1. Social status (Indicate)
a) Probate b) Parole granted c) Punishment slippage

2.2. Education (Tick)

a) Incomplete Secondary; b) Secondary; c) secondary-specialized; d) Incomplete higher education e) Higher education f) Other (*Tick*)

2.3. Profession (Indicate)

2.4. Another Professional Skills (abilities and acquirements) (Tick)

2.5. Occupation and employment status
a) Yes b) No

2.6. In case of employment indicate Occupation and capacity, Stability of Status

2.7. Sphere of interests (Tick one or more points)
a) Music, b) Dancing, c) Sport d) Painting and/or clay modeling, e) Literature, h) stitchcraft and stitchwork, g) collecting i) Another Hobby (Please indicate)

2.8. ***Marital status (Tick)***

a) Married, b) Unmarried, c) divorced, d) widowed e) other indicate
Quantum of marriage Quantum of divorces

2.9. Quantum of family members (at the place of residence - tick)

a) One member b) Two c) from 3 to 5 d) 6 or more (Indicate)
e) Quantum of Children (own infants and other underage members) – Indicate
v) Persons with disabilities and handicaps, as well pensioners Quantum

2.10. Quantum of employed persons in the family (Indicate)

2.11. Average income of the family (tick)
a) 100 GEL b) from 100 to 300 GEL c) from 300 to 500GEL d) more than 500 GEL e) Other (Indicate)
2.12. **Personal income and it's stability**
2.13. Living conditions (Tick)
a) Outcast and/or tramp b) Private house c) Apartment in high-rise building d) barrack type building e) other (Indicate)
2.14. Housing space

a) Less then 10 square meter b) From10 to 20 square meter c) From 20 to 40 square meter d) More than 40 square meter e) Other (Indicate)
2.15. Quantum of rooms (Indicate)
2.16. Possibility of solitary or having of personal room
2.17. Additional information (Living conditions – light; ventilation; heating, electricity, gas and water delivery; Canalization; Common condition of housing habitation – indicate)

III. Social-Legal problems (Tick)

3.1. Presence of conflict and/or deniable situation with somebody or by the reason of something (Tick)
3.1.1. Connected with house or residence facility:
a) Yes b) No c) Don't want to answer

In Case of presence – describe:

3.1.2. Assize in the court
a) Yes b) No c) Don't want to answer

If yes, describe

3.1.3. Debt or deniable problems:
a) Yes b) No c) Don't want to answer

If yes, describe

3.1.4. Confrontation with person(s) or group:
a) Yes b) No c) Don't want to answer

If yes, describe

3.1.5. Conflict or disagreement with Law Enforcement system representative
a) Yes b) No c) Don't want to answer

If yes, describe

3.1.6. Other, describe
3.2. Presence of Social-judicial problems (Tick)

3.2.1. Problems due loosing of documentation
a) Yes b) No c) Don't want to answer If Yes, describe

3.2.2. Problems with property
a) Yes b) No c) Don't want to answer

If yes, describe

3.2.3. Problems with pension or aid receiving and/or using.
a) Yes b) No c) Don't want to answer

If yes, describe

3.2.4. Other problems (describe)
a) Yes b) No c) Don't want to answer

If yes, describe

3.3. Evaluation of Social problems (Tick)

3.3.1. Living conditions:

a) No satisfied b) Satisfied c) Good d) Obscene (unbearable conditions for human being) e) Other ***3.3.2. Financial (economic) Status:***

a) No satisfied b) Satisfied c) Good d) Obscene (unbearable conditions for human being) e) Other

3.3.3. Social conditions of family:

a) No satisfied b) Satisfied c) Good d) Obscene (unbearable conditions for human being) e) Other ***3.3.4. Education problems a) revealed b) non revealed***
If revealed – describe

3.3.5. Problem of unemployment

a) Exist b) didn't exist c) want to work d) didn't want to work

3.3.6. Stabile income:

a) No satisfied b) Satisfied c) Good d) Obscene (unbearable conditions for human being) e) Other

3.3.7. Problems with realization Sphere of Interests:

a) Preclusion in realization of presenting interests (in this case indicate obstacles and existing problems) b) Sphere of interests is realized (Indicate how) c) Lack of sphere of interests; d) never thought about this theme e) don't want to answer

3.3.8. Another revealed problems (by your opinion)
3.4. Does probate Consider that his/her rights abused (Tick)
a) Yes b) No

If yes, concretize persons and context
3.5. Knowledge regarding rights and duties (information about them, explained or not in the court etc.)
a) Yes b) No

If No, explain why

IV. Problems connected with Health Conditions (Personal as well family members):

4.1. Mental and Somatic Appeals (disturbances of mental and somatic health conditions)

4.1.1. Problems of Somatic Health (Describe appeals and disturbances by client's or family members' words)

4.1.2. Problems of Mental Health (Tick by client's or family members' words or by your superintendence)

a) Problems with sleep
b) Suppressed, depressed mood
g) Aggression, conflicts
d) Behavior disturbance (inadequacy)
e) Anxiety increasing, worry
f) Disphorhic mood
g) Propensity to the self-injuries
h) Suicide attempt or ideas
i) Apathy state (lack of motivation, interests, activities)
k) Intrusive memories, sense and emotions
l) Distrust to the surrounding persons
m) Complication of adaptation in environment (Difficulties of contacts, avoidance of people, tendencies of auto isolation)
n) Increasing or decreasing of self-evaluation
o) Decreasing of self-control
p) Decreasing of memory
q) Fatigue
r) Irritability, excitability
s) Sense of guilty
t) Other problems (describe)
4.1.3. Specify disorders suffered during the live (Indicate age and dates)
4.1.4 Specially indicate physical traumas, physical injuries and handicaps, especially brain trauma (with indicating ages and years)

4.1.5. Disabilities and handicaps (pension by invalidity – with indicating of group, diagnosis and next commission expert examination, as well as being on dispansery registration in somewhere facility)
4.1.6. Specially indicate (Tick) such disorders are:

a) TB
b) HIV / AIDS
c) Hepatitis (if possible indicate form)
d) Mental disorder (Dispansery registration, diagnosis, hospitalization in Psychiatric clinic, Conclusion of expertise – indicate)

4.1.7. Adverse health effect habits, dependencies

1). which of them exist(ed) (Indicate one or more points)

***Habbit,* dependencies**	***In past***	***Even nowadays***	***By the situati on***	***A lot, But not everyday***	***Everyday***	***No***
smoking						
Alkohol suing						
Drugs using or dependence on other pharmacologic preparations						
Gaming disorders						
Other, please specify						

2) Additional information (Tick):
a) Compulsory treatment decision: b) Conducting compulsory or voluntary treatment; c) Will of treatment, but unable due the lack of possibilities; d) Don't want to be treated e) Other problem related to this issue (describe):

4.1.8. Problems with family members' health condition, as well as problems of dependence (describe if such presents)

V. Personal-Psychological problems:

5.1. Expressed and current Psycho traumatic events: story and psychological problems

Experience of Life Stress evens (Tick)

5.1.1. Life danger situation (Military situation, being in armed conflict zone, injuring etc.)

a) Yes b) No

If yes, describe

5.1.2. Loss of life of close person or family member:

a) Yes b) No

If yes, describe

5.1.3. Lack of potable water, nourishment and/or acute or chronic deficit of Medical Aid:

a) Yes b) No

If yes, describe

5.1.4. Imprisonment:

a) Yes b) No

If yes, describe the problems

5.1.5. Torture, Violence:

a) Yes b) No c) don't want to answer

If yes, describe

5.1.6. Conflicts in own family or with partner:

a) Yes b) No

If yes describe the character (incomplete family, Alcoholism or drug addiction in family, conflicts and problems with partner, Violence in family, problems related with criminal record and etc.)

5.1.7. During last (or generally) did you feel? (Tick):

a) inadvertence, inattention, abandoned and outcast; b) Isolation from community or society; c) additional restriction caused by imprisonment and criminal record; d) Distrust, blame, stigmatization caused by imprisonment and criminal record; e) Loss of future, perspective, feeling loss of fortune and happiness, sense of life; f) Impossibility to find niche on society/community g) that you want, but can't change situation

5.1.8. Attitude to the religion (Tick)
a) Believing in god; b) Atheist; c) living by religious rules; d) Believing, but living without observance of; e) Other aspects of spiritual life

5.1.9. Psychological and Social problems related with sexual orientations

a) Yes b) No

If yes, describe the problems

5.1.10. Relation and attitude to the probation service:
a) Feeling of shame, related with possibility to be seen on the facility;
b) Absence of will to contact other probates;
c) Other Problems – like or not something, wishes for changing etc. (Describe):

d) Client's expectations from probation service (describe by the words)

VI. Problems analysis

Problems list and analysis:

6.1. Social: 6.2. Legal

6.3. Psychological

6.4. Medical/Mental

VII. Needs and expectation (expected results from probate and expectations relevance to the reality)

VII. Conclusion (regarding Psycho-social, medical and legal problems)

VIII. Recommendations and plan of Social Support

8.1. Medical support (Type of needed aid, guidance for receiving services etc.)

8.2. Psychological Support (needs and guidance for receiving)

8.3. Legal-Advocacy Support (Type of needed assistance and guidance for receiving)

8.4.Social Support (Type of needed assistance and guidance for receiving)

8.5.List of problems impossible for resolution and determination in present situation and moment

IX. Informed Consent for implementation suggested activities

a)Yes b) No

X. Rendered Services and provided assistance

10.1. Several specialists' consultations (with indicating of type, place date and quantum, as well medical investigations in case of necessity

10.2. Psychological consultations (Placement and dates of conducting, quantum, as well quantum individual and group sessions)

10.3.Legal and Advocacy consultations and Support (placement and quantum, as well dates)

10.4. Family consultations (Quantum of visits, family consultations in facility – placement, quantum, dates, persons conducted, as well duration of visits)

10.5. Social Support (Supporting in vocational/employment activities or other humanitarian or social support)

XI. Results

11.1. Improved (Please list)

12.1. Problems which wasn't solved
XII. Comments:

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