EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT)

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REPORT

TO THE NORWEGIAN GOVERNMENT ON THE CPT VISIT TO NORWAY CARRIED OUT

FROM 21 TO 31 MAY 2024

Adopted on 6 November 2024

Contents

EXECUTIVE SUMMARY

In view of the CPT's finding during previous visits to Norway as well as information received by the Committee prior to the visit, during this 2024 visit the CPT decided to focus on persons deprived of their liberty in:

- prisons (Agder prison (Mandal unit), Halden prison, Telemark prison (Skien Unit) and Tromsø prison, as well as a targeted visit to the National Reinforced Community Unit (nasjonal forsterket fellesskapsavdeling - NFFA) at Ila Detention and Security Prison (Ila prison);
- psychiatric hospitals (the Regional Security Department for Mental Health in Dikemark; the University Hospital of North Norway's Treatment Centre for Psychiatric Illness and Substance Abuse in Tromsø; the "security 1" and "security 2" wards at Østfold psychiatric hospital in Kalnes); and,
- the Trandum immigration detention facility.

In addition, two police stations were visited and several (remand) prisoners were interviewed about the treatment they had been given by the Norwegian police. Although no credible allegations of ill-treatment were received, in its capacity as a preventative body the Committee continues to have misgivings about the delayed access to a lawyer for indigent police detainees, in particular when suspected of a minor offence. At times, these detainees are questioned by the police without a lawyer present. Combined with the practice of non-recording of injuries upon admission in a police station, and the frequent absence of an (immediate) medical examination upon entry in a remand prison, the absence of access to a lawyer from the outset of detention creates a systemic weakness as to the prevention of police ill-treatment for certain categories of persons. In the view of the CPT, this merits a reflection by the Norwegian authorities.

The conditions of detention at the Trandum immigration detention centre, also under responsibility of the Norwegian Police, remained acceptable in general. Despite visible efforts by staff to create a positive environment, there were serious difficulties in managing foreign nationals presenting a risk of suicide or self-harm, for which a padded helmet and body-cuffs were in use and a placement in security cell could be considered. The Committee recommended putting an end to a security driven approach to self-harm management in the Trandum Centre, including by having healthcare staff systematically visit the person immediately after arrival and whenever risk of self-harm is identified and by offering psychological support.

As during previous visits, as concerns prisons, no allegations of physical ill-treatment of prisoners by staff were received by the CPT. On the contrary, the Norwegian prison system continued to benefit from generally skillful and motivated staff, who appear to know the prisoners, following the principles of dynamic security. The material conditions in the prisons visited were mostly excellent, as was the case during previous visits. Most of the prisoners, by far, had work or followed education. However, the CPT noted that the pressure on the prison system resulting from a decreasing budget and difficulties to attract and to retain staff, created difficulties in offering a meaningful regime: in several prisons visited work schedules became irregular and subject to unexpected interruptions and there was economising on education. As to prisoners excluded from company or under court-ordered isolation, they still spend up to 22 hours alone in their cells, as documented in reports on previous CPT visits. Although in the prisons visited 'activity teams' had been appointed to engage with these prisoners, which is a positive development appreciated by the prisoners, in the Committee's view, the regime of prisoners subjected to exclusion or court-ordered isolation remained too restrictive and without sufficient meaningful human contact. There remains a considerable prevalence of self-harm in Norwegian prisons, exacerbated by limited access to mental health facilities and a lack of appropriate facilities within Norwegian prisons.

During the end-of-visit talks, an immediate observation under Article 8, paragraph 5, of the Convention was made, urging the Norwegian authorities to take steps without delay to ensure that three women prisoners were removed from Telemark prison, the Skien unit, and placed in an appropriate, secured therapeutic environment. The circumstance that months after the visit, none of these transfers had taken place, underlines the need for the Norwegian authorities to review access

to psychiatric care for prisoners with serious mental disabilities, and open the planned new care unit at Skien Unit of Telemark prison without delay.

Prison health care operates isolated from other prison services, in part due to strict legislation on medical confidentiality. Further, within the prison health care system, the different care providers, namely those responsible for somatic care, for psychiatric care, for drug addiction and the specialised "Basik" programme for sexual offenders, communicated insufficiently, in part due to the lack of a single, consolidated medical file, and tended to coordinate poorly. This led to insufficient clinical leadership in all prisons visited and contributed to a loss of valuable medical information, and negatively impacted on the quality of care afforded to prisoners. Overall, healthcare staffing was found to be insufficient in all prisons visited in terms of doctors and nurses' presence. There was significant staff turnover, with frequent absences of doctors and nurses which hampered the continuity of care.

To attract and to retain staff was also a major challenge for the psychiatric hospitals visited. In particular in the Tromsø centre, there were a great number of vacancies, and, moreover, a significant part of the staff present were (university) students, with a short and superficial mental health care related training.

A recurring issue in the three hospitals visited concerned women living on mixed gender wards with mostly men. For a few women interviewed such mixed accommodation was awkward. In the CPT's view, it would be highly advisable to allocate dedicated areas of a ward (for instance, a part of the corridor or a dayroom) to female patients and that staff is protective towards patients vulnerable to potentially unwanted sexual contact.

Despite the efforts made by the Norwegian Government to reduce resort to means of restraint, an upward trend for the period between 2017 and 2022 is recorded. The Norwegian authorities have carried out considerable analysis as to the cause of this phenomenon and is considering the measures to take. In the establishments visited, the CPT found in general no overuse of means of restrained. However, as explained in the report, the CPT findings come with an important caveat: the registration system in use since 2022 does not allow to generate information about frequence and length of the restraints used. However, the CPT noted that in one of the establishments visited, the Østfold psychiatric hospital, in 2023 fixation was used on three patients for weeks on an end. The combination of the length of the application of these restraints as well as the use of bedpans, bottles and catheters for these patients to relieve themselves, is deeply concerning for the CPT, and **in its view may very well amount to inhuman and degrading treatment**. Further, it appears that in case of use of restraints an appeal to the hospital's Supervisory Commission is seldomly launched. The CPT considers that continuous application of coercive means, such as was the case in the Østfold psychiatric hospital, calls for active scrutiny by the Supervisory Commission.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a periodic visit to Norway from 21 to 31 May 2024. It was the Committee's 7th visit to Norway.[1]

2. The visit was carried out by the following members of the CPT:

- Hans Wolff, 1st Vice-President of the CPT (Head of delegation)
- Mari Amos
- Tom Daems
- Nico Hirsch
- Anna Jonsson-Cornell.

3. They were supported by Marco Leidekker (Head of Division) and Vera Manuello of the CPT Secretariat, and assisted by two experts, Hindpal Singh Bhui, Inspection Team Leader at HM Inspectorate of Prisons and Visiting Law Professor at University of Oxford (United Kingdom), and Clive Meux, Consultant Forensic Psychiatrist (United Kingdom).

4. The report on the visit was adopted by the CPT at its 115th meeting, held from 4 to 8 November 2024, and transmitted to the authorities of Norway on 3 December 2024. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the authorities of Norway provide, within six months, a response containing a full account of action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report.

B. Consultations held by the delegation and co-operation encountered

5. In the course of the visit, the delegation met with Hans-Petter Aasen, State Secretary for the Ministry of Justice and Public Security, and Ellen Rønning-Arnesen, State Secretary at the Ministry of Health and Social Care Services, as well as senior officials from the aforementioned Ministries.

In addition, meetings were held with Hanne Harlem, Parliamentary Ombudsperson *("Ombuds")* and Helga Fastrup Ervik, Head of the National Preventive Mechanism Department of the Ombudsperson's Office (NPM). The delegation also met with members of the Norwegian National Supervisory Board for Forced Returns and the Immigration Detention Centre, the Norwegian Bar Association, the Norwegian Psychiatric Association and the Norwegian National Human Rights Institution, as well as with representatives of non-governmental organisations and associations active in areas of concern to the CPT.

6. On the whole, the CPT delegation received excellent cooperation during the visit from the Norwegian authorities at all levels. The delegation had rapid access to all places of detention it wished to visit, was able to meet in private with those persons with whom it wished to speak and was provided with access to the information required to carry out its task.

The Committee wishes to express its appreciation for the assistance provided to its delegation during the visit by the management and staff in the establishments visited as well as to the support offered by its liaison officer from the Ministry of Justice and Public Security, Linda Drazdiak.

1. The visit reports and the responses of the Norwegian authorities on all previous visits are available on the CPT website: https://www.coe.int/en/web/cpt.

7. Regarding access to personal medical data, the CPT shares the importance the Norwegian authorities accord to medical confidentiality. Therefore, in the CPT's view, this Committee's access to such data should be regulated formally, as is already the case for the Norwegian NPM. **The CPT calls upon the Norwegian authorities to take the necessary steps to ensure that also during future visits its delegations will enjoy ready and unrestricted access to the medical files of all persons deprived of their liberty in the establishments under the Committee's mandate, thereby guaranteeing the full implementation of the Convention's provisions.**

8. The CPT must recall once again that the principle of cooperation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in light of the CPT's recommendations. In this respect, the CPT remains concerned about lack of access to a lawyer from the very outset of detention for indigent police detainees. In combination with other police and prison practices, such as the non-recording of injuries upon entry into police detention, and frequently delayed medical checks on admission to prison, the CPT holds that the safeguards against ill-treatment advocated by the CPT have not been implemented in a watertight manner, and that cases of police ill-treatment could be missed.

9. **The CPT trusts that the Norwegian authorities will pursue their efforts and take steps to implement the recommendations set out in this report, in order to further improve the situation of persons deprived of their liberty and enhance their protection against ill-treatment.**

C. Immediate observations under Article 8, paragraph 5, of the Convention

10. During the end-of-visit talks with the Norwegian authorities, on 31 May 2024, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention. The Norwegian authorities were requested to take urgent steps to ensure that three prisoners be transferred from Telemark Prison, Skien Unit, and placed in an appropriate, secure therapeutic environment (such as the Regional Security Department for Mental Health *(Regional sikkerhetsavdeling* (RSA)). The delegation asked the authorities to provide, within one month, an account of the steps taken to implement this immediate observation.

These observations were confirmed by letter of 11 June 2024 when transmitting the delegation's preliminary observations to the Norwegian authorities. On 28 June 2024, the Norwegian authorities informed the CPT of the state of affairs as regards the steps undertaken to implement the immediate observation. Additional information was sent to the CPT on 9 September 2024.

From the extensive documentation the Norwegian authorities submitted, the CPT understands that in the case of one of the prisoners, despite several requests, encompassing inter alia a request for a new psychiatric assessment, Skien Unit of Telemark prison has been unsuccessful in obtaining compulsory admission to psychiatric care by the responsible RSA. In July 2024, on her own request, this prisoner was transferred to Bredtveit prison. **The CPT would like to be informed if the prisoner who is currently detained in Bredtveit prison has undergone a psychiatric assessment since the delegation's visit and, if so, what the outcome was of such assessment.**

As regards the second and third patients, the Norwegian authorities informed the CPT that these patients have been accepted for admission to a psychiatric hospital in Trondheim in June 2024 but that, due to a lack of bed capacity, neither has been transferred to the hospital and both remain in Skien Unit at the time of writing. The CPT wishes to stress that despite the shared opinion of the relevant stakeholders, including doctors working in the Skien Unit, that the three prisoners should not remain in prison, they apparently are at the moment of writing still incarcerated, five months after the delegation's visit. The CPT finds it unacceptable that for prisoners with severe mental health issues no beds in a suitable psychiatric institution can be found. **The CPT would like to be informed when the beds in the Trondheim psychiatric hospital will be available for these two prisoners.**

These responses have been taken into account in the relevant sections of the present report (see paragraph 121 below).

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Law enforcement agencies

1. Preliminary remarks

11. Besides the foreseen amendments in the process of adoption at the time of the CPT's sixth periodic visit to Norway in 2018[2], the legislation governing police detention had not undergone significant change in the areas under the mandate of the CPT.

12. As was the case during previous visits, police may deprive persons of their liberty on the grounds included in:

- Sections 171 to 173 of the Criminal Procedure Act;
- Sections 8, 9 and 12 of the Police Act; and,
- Sections 106-106 C of the Immigration Act.

To recall:

Sections 171-173 of the Criminal Procedure Act

Criminal suspects detained by the police must be brought before the competent district court "as soon as possible and no later than on the third day following the arrest".[3] The Police Regulations stipulate that adults detained by the police under the provisions of the Criminal Procedure Act (CPA) shall be transferred within 48 hours of apprehension to a prison "unless this is impossible for practical reasons".[4] In contrast, juveniles detained by the police must be transferred to prison "as soon as possible and no later than the day after the arrest".

Indeed, from the custody registers consulted by the delegation, it transpired that for criminal suspects the length of stay in a police custody facility rarely surpassed 48 hours, as had already been the case in 2018.[5] Due to Tromsø's remote location, the lack of remand capacity in the region, and the time it takes for the police to organise transport to remand facilities elsewhere, a few persons had remained at Tromsø Police Headquarters for between 12 to 20 hours beyond the 48 hours. In contrast, in Oslo police headquarters, such prolonged stay was usually not more than a few hours. In both headquarters, the reasons for remaining in police detention beyond 48 hours were duly noted in the custody register.

Sections 8, 9 and 12 of the Police Act

Under Section 8 of the Police Act, the police may deprive persons of their liberty for a maximum of four hours for, *inter alia,* disturbing the peace, refusing to obey an order issued by the police, and for reasons of identification. Further, in case a person is detained to recover from intoxication under Section 9 of the Police Act, the detention may take no longer than strictly necessary and must end when the detained person has sobered up. Finally, if under Section 12 the police take into custody persons that are unwell, unable to take care of themselves and who might pose a danger to themselves or others, such detention should be as brief as possible, and not exceed 24 hours.

Sections 106-106 C of the Immigration Act

Before being transferred to a detention centre for foreigners, as a measure of last resort, foreign nationals may be taken into police custody under the provisions of the Immigration Act. According to Section 106 of the Immigration Act, the foreign nationals concerned must be brought before the competent district court "at the earliest opportunity, and if possible, on the day following apprehension".

2. See CPT/Inf (2019) 1; paragraph 13.
3. Section 183 of the Criminal Procedure Act.
4. 'Regulations relating to the use of police custody cells'; section 4-1.
5. See CPT/Inf (2019) 1; paragraph 14.

13. While in Norway persons may be deprived of their liberty on provisions in various laws, the rules governing police detention facilities ("Regulation relating to the use of police custody cells" ("Regulation"))[6] and the underlying "Instructions for the use of police custody facilities" ("Instructions")[7]) apply to all police detainees, whether detained under the provisions of the CPA, the Police Act or the Immigration Act. The Regulation and Instructions regulate such diverse issues as the internal organisation of the police custodial service, surveillance of detainees, including through cameras, detention conditions and hygiene.

14. In respect of detention conditions, the CPT was pleased to note that both the Regulation and the Instructions are in line with CPT standards.[8] For instance, the Regulation includes provisions concerning:

- the provision of clean mattresses and blankets for every newly admitted detainee (Section 2-6);
- the right to enjoy outdoor exercise for detainees who have spent the night in police detention (Section 2-7);
- daily access to a shower for those who have spent the night in police detention (Section 2-8).

Further, in Section 3.2 of the Instructions, it is regulated that:

- the minimum size of a police cell is 7 m^2;
- a cell is to be equipped with a two-way communication system;
- a cell must have access to daylight;
- hygiene packs, both for women and men, should be available;
- cells should be equipped with a screened-off toilet and water tap.

15. During the visit, the delegation visited the police headquarters in Oslo and Tromsø and interviewed persons who were in detention at the time of the visit or who had recently been detained by the police, all of whom had been detained under CPA provisions. It was the CPT's third visit to Oslo police headquarters since its relocation in 2007, and its first visit to the Tromsø facility. At the time of the visit, there were 11 persons detained in Oslo Police Headquarters and none at Tromsø police headquarters.

2. Ill-treatment

16. The CPT was pleased that none of the persons interviewed by the delegation made credible allegations of ill-treatment. On the contrary, several persons stated explicitly and on their own initiative that police officers' behaviour had been correct and professional.

3. Safeguards against ill-treatment

a. introduction

17. The CPT attaches particular importance to three rights for persons deprived of their liberty by the police:

- the right of those concerned to have the fact of their detention notified to a close relative or third party of their choice;
- the right of access to a lawyer;
- the right of access to a doctor.

The CPT considers that these three rights are fundamental safeguards against the ill-treatment of persons deprived of their liberty, which should apply from the very outset of their deprivation of liberty (that is, from the moment when the persons concerned are obliged to remain with the police). These

6. "Forskrift om bruk av politiarrest".
7. "Alminnelig tjenesteinstruks for politiet (politiinstruksen)".
8. For their implementation in practice, see paragraphs 30 to 33 below.

rights should be enjoyed not only by criminal suspects, but also by all other categories of persons deprived of their liberty (for example, persons detained under immigration legislation etc.). Furthermore, persons detained by the police should be expressly informed, without delay and in a language they understand, of all their rights, including those referred to above. This should be ensured by provision of clear verbal information at the very outset, to be supplemented at the earliest opportunity (that is, immediately upon their arrival at police premises) by provision of a written form setting out their rights in a simple and accessible language. This form should be available in an appropriate range of languages.

18. The CPT was informed that no changes had been made to the relevant instructions, rules and regulations since the CPT's previous visit in 2018. Therefore, the observations of this Committee in respect of the fundamental safeguards against torture or inhuman or degrading treatment or punishment made during the CPT's 2018 visit to Norway remain valid, most notably as regards delayed access to a lawyer for indigent criminal suspects.

It is regrettable that the Norwegian authorities have decided against amending the relevant legislation. Whilst the fundamental safeguards in place may be sufficient from the perspective of due process, as regards the prevention of torture and ill-treatment, the system remains less than impermeable. In particular, the cumulative effect of delayed access to a lawyer for indigent criminal suspects and the non-recording of visible injuries upon admission to a police station (See paragraph 24 below), may lead to a situation where incidents of police violence are missed. Here it should be considered that, as in 2018, the CPT observed that the medical screening upon entry to prison is not geared towards detecting cases of police ill-treatment. (See paragraph 110 below). The same observation could be made as regards the medical screening upon entry into a centre for the detention of foreigners. (See paragraph 52 below). This further enhances the risk of cases of ill-treatment escaping the attention of the Norwegian authorities.

The CPT fully acknowledges that, once again, its delegation did not receive any credible allegation of ill-treatment by police and that national monitoring bodies do not have findings which differ from those of the CPT. However, in its role as a preventive mechanism, it is this Committee's duty to remind the Norwegian authorities that no society is immune to police ill-treatment and, in its experience, the period immediately before and directly following deprivation of liberty is when the risk of intimidation and physical ill-treatment is greatest. Consequently, the possibility for persons taken into police custody to have immediate access to a lawyer during that period is a fundamental safeguard against ill-treatment. The existence of that possibility will have a dissuasive effect upon those minded to ill-treat detained persons; further, a lawyer is well placed to take appropriate action if ill-treatment actually occurs. **The CPT would like to receive the comments of the Norwegian authorities on the above.**

b. notification of custody

19. If persons deprived of their liberty under the provisions of the Police Act request that their next of kin or other persons are informed about their detention, the police is under an obligation to ensure that they are informed without undue delay.[9] As to foreign nationals detained under the terms of the Immigration Act,[10] Section 6.1 of the Instructions contains the right to inform next of kin or others, unless, as the CPT understands, this would, in the view of the police, complicate removal of the foreigner.

20. As regards criminal suspects deprived of their liberty by the police,[11] the prosecuting authority should ensure that the arrested person's household or any other person specified by the detained person shall be duly notified. On the authority of a prosecutor, a police lawyer or even a senior police officer, such notification may be delayed if it is deemed that it would be substantially detrimental to

9. See Section 9 (2) of the General Service Instructions for the police (Police Instruction) and Paragraph 6 (1) of the 2023 "Instructions for the use of police custody facilities.
10. Article 106 Immigration act refers to Sections 174 to 191 CPA as being applicable to persons detained under the Immigration Act, which includes the right to inform a third person of one's detention (Section 182 CPA).
11. Section 182 CPA.

the investigation and a decision to this end should be reviewed after 12 hours.[12] In any case, a judge during the first court appearance of the detainee decides about the further suspension of notification of custody.[13] In case of a deferral of the right to notify the next of kin or other persons about one's detention, the reason for such a delay must be recorded in the custody register.

21. The majority of persons detained by the police as criminal suspects interviewed by the delegation claimed that that they had not been allowed to contact a third person of their choice, and that they had not been given the reasons for such refusal. In this context it should be noted that several of the persons interviewed by the delegation were foreign nationals and, as had been the case during the CPT's previous visit to Norway in 2018,[14] police detainees of foreign origin do not have the opportunity to contact their next of kin or another third person of their choice, unless through the diplomatic representation of the country concerned. As a consequence, in case a foreign national refuses contact with their diplomatic representation, or if the diplomatic representation does not follow up, the next of kin may not be informed of the police detention. In certain cases, the confiscation by the police of a detainees' cell phone containing the relevant contact details prevented them from being able to contact a third person.

The CPT recommends once again that the Norwegian authorities take the necessary steps to ensure that all detained persons effectively benefit from the right of notification of custody from the very outset of their deprivation of liberty, facilitated by the police as necessary, including by retrieving phone numbers from confiscated mobile phones, and that the application of any exception in a given case should be notified to the detained person concerned.

Further, the CPT recommends once again that the Norwegian authorities take the necessary steps to ensure that the right of notification of custody also applies in practise to detained persons whose next of kin or other relevant persons reside outside Norway.

c. access to a lawyer

22. According to the law, persons detained under the provisions of the Police Act and Immigration Act have immediate access to a lawyer.[15]

23. As concerns criminal suspects, it remains the case that persons deprived of their liberty by the police have access to a lawyer within two hours of arrival at the police station at the latest.[16] According to Norwegian law, an *ex officio* lawyer will only be appointed as soon as it becomes clear that the person will not be released within 24 hours after their arrest (12 hours when a minor).[17] The CPT understands that this 24-hour period is intended to give time to the relevant authorities to verify the eligibility of the criminal suspect for an *ex officio* lawyer.

In their response to the report on the CPT's 2018 visit to Norway, the Norwegian authorities explain that the 24-hour period mentioned in Section 98 CPA is a maximum period and that the police usually understand quickly after apprehension whether or not a detainee will be released within 24 hours. Therefore, the entitlement to an *ex officio* lawyer may enter into force sooner than after 24 hours.[18] The CPT understands that indeed for the suspects of serious offences access to an *ex officio* lawyer may be rapid. However, this is not (always) the case of those suspected of less serious offences. For instance, in Tromsø the delegation learned from the custody register that an *ex officio* lawyer was called only towards the end of the 24-hour period. As was asserted by several of the CPT's interlocutors and confirmed by the police custody registers consulted by the delegation, for those

12. Section IX 1 d of Circular RA-2006-4 of the Office of the Director of Public Prosecution.
13. Section 182 CPA.
14. See CPT/Inf (2019) 1; paragraph 18.
15. See Section 9 (2) of the General Service Instructions for the police (Police Instruction) and Paragraph 6 (2) of the 2023 "Instructions for the use of police custody facilities".
16. Paragraph 6 (2) of the Instructions.
17. Section 98 CPA.
18. Section III 2 of Circular RA-2006-4 of the Office of the Director of Public Prosecution.

suspected of less serious offences, it is not uncommon to be subjected to police questioning without a lawyer present.[19]

The CPT recommends once again that all persons deprived of their liberty by the police have access to a lawyer, whether private or state funded, from the outset of their detention. Further, the Committee would like to receive information as to the eligibility for an *ex officio* lawyer of persons deprived of their liberty under the provisions of the Immigration Act.

d. access to a doctor

24. The Regulation specifies that the police must assess the need for healthcare and ensure necessary access to a doctor. It also stipulates that persons in police custody are free to contact a doctor and that, if detainees so request, they may speak with a doctor without being monitored.[20] Further, in line with Section 31 of the Police Act, persons who are visibly under the influence of an addictive substance are examined by a medical doctor before placement in a police cell.

The delegation received one allegation of a person having been disallowed to consult a doctor when requested, and none that police officers had been present during a medical consultation. However, from exchanges with staff of the police detention facilities visited, the delegation understands that there is no systematic recording of visible injuries that, in the view of the police officer on duty, are medically insignificant, and that in such cases a doctor is not systematically called.

The CPT recommends that the Norwegian authorities take the necessary steps to ensure that in case of visible injuries on a person to be admitted to a police detention facility a record is drawn up by a medical doctor, containing:

- **i) an account of <u>statements</u> made by the person which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment);**
- **ii) a full account of the <u>objective medical findings</u> based on a thorough examination supported by a "body chart" for marking traumatic injuries and, preferably, photographs of injuries; and,**
- **iii) the healthcare professional's observations in the light of i) and ii), indicating the <u>consistency</u> between any allegations made and the objective medical findings.**

A special trauma register should be kept, in which all types of injury observed should be recorded.

Further, the CPT recommends that procedures be put in place to ensure that whenever injuries are recorded which are consistent with allegations of ill-treatment made by the detainee concerned (or which, even in the absence of an allegation, are clearly indicative of ill-treatment), the record is systematically brought to the attention of the competent prosecuting authorities.

e. information on rights

25. The Instructions state that information about fundamental rights should be given both orally and in writing, in a language easily understandable for the detainee, with the help of an interpreter if needed. The information provided to the detained person should be placed in the police cell for reference.[21]

In the two police establishments visited the delegation found that written information about rights was available in 10 languages for persons detained under the Police Act or the Criminal Procedure

19. The CPT's reservations as to delayed access to a lawyer from the perspective of prevention of ill-treatment are outlined in paragraph 18 above.
20. See Section 2-3 Regulations relating to the use of police custody cells.
21. Section 6 "Instructions for the use of police custody facilities".

Act. No information leaflet was available for persons detained under the provisions of the Immigration Act. Further, the custody registers consulted by the delegation suggest that all persons apprehended by the police are informed about their rights upon admission; indeed, none of the persons interviewed complained of not having received such information.

26. In its report on the 2018 visit to Norway, the CPT noted that, although the rule providing that access to a lawyer may be postponed until the following morning if a person has been apprehended after 22:00 had been abolished,[22] the information sheets available at the police establishments visited still contained an explicit reference to the abolished rule.[23]

From the information leaflets found in Oslo Police Headquarters, it transpired that in the French version of the leaflets reference is still made to the abolished rule, while this is indeed no longer the case in the English version. Further, in its 2018 report, the CPT expressed its misgivings about the fact that the aforementioned information sheets contained no information about the rights of detained persons to meet a lawyer in private and to have a lawyer present during police questioning. The delegation observed that this is still the case.

The CPT recommends that the Norwegian authorities ensure that information leaflets setting out rights of detained persons, including for persons detained under the Immigration Act, are available throughout the country, and that these leaflets are handed out to persons detained by the police upon arrival in the police station. These information leaflets should contain updated and accurate information and have been written in manner which makes them easy to understand. Detained persons who are unable to read the information leaflet or understand its contents receive appropriate assistance including, where necessary, using alternative modes, means and formats of communication.

f. custody records

27. Section 2-2 of the Regulation obliges police to maintain custody records for all persons who are detained by the police, including the time and date of entry into a police cell as well as the date and hour of release. The content of these registers is specified in Chapter 54 of the Police Register Regulations and includes information about the arrestee, the arrestee's possessions, the basis for the deprivation of liberty, other parties involved in the case, as well as the period of arrest and the police's fulfilment of their duties. Further directives as to the information to register and the purpose of the custody registers is given in Chapter 3 of the Instructions, as well as in other provisions of the Instructions.

28. The custody records in the police stations visited were well kept.

g. investigative interviewing

29. In its report on the 2018 visit to Norway, the CPT expressed concern that certain provisions in the criminal legislation may run counter to the paradigm of investigative interviewing, an approach of interviewing criminal suspects adopted by the Norwegian police. Firstly, the police are obliged to inform the suspect that if a decision to confess is made, this may lead to a reduced sentence. Secondly, in the instructions from the Director of Public Prosecutions[24] suspects who remain silent or respond hesitantly may be instructed that such silence may be used against them.

30. The Norway authorities, in response, referred to ongoing revision of the Criminal Procedure Act and gave an account of the amendments. However, it remained unclear to the CPT whether the issues mentioned in paragraph 29 above had been taken on board during the review.

The CPT would like to receive information from the Norwegian authorities whether the amendments to the Criminal Procedure Act and/or the instructions include the matters referred to in paragraph 29 above.

22. Section III 2 of Circular RA-2006-4 of the Office of the Director of Public Prosecution.
23. CPT/ Inf (2019) 1; paragraph 20.
24. Rigsadvokatens rund Rigsadvokatens rundskriv 2/2016, dated 11 May 2016.

4. Conditions of detention

31. The conditions of detention at Oslo Police Headquarters have been described in previous CPT reports.[25] At the time of the visit, 30 of the 100 cells were not in use, partially due to ongoing works to create more congenial units for juvenile detainees. All cells had been equipped with CCTV cameras and call bells, and a certain number of cells had breathing and movement sensors, to monitor inebriated detainees.

32. The Tromsø Police Headquarters were a relatively new facility with 17 single occupancy cells: there were six standard cells equipped with a matrass on a plinth; seven safety cells with a mattress placed on the ground; two 'remand' cells with a matrass on a plinth and a shower; two 'padded' cells for detainees at risk of self-harm, with curved corners and a mattress. All cells had a toilet and a sink. In addition, there was a "dry cell" (a cell without toilet/water), usually used as a search area. This cell was also the only cell without CCTV.

33. Outside each cell there was a built-in locker for the detainees' possessions. The cells were all clean, sufficiently ventilated and lit (all via a circular window in the ceiling), and acceptable for 48-hour stays. There was also a room where detainees could meet their lawyer.

34. The material conditions in the two police establishments visited were in line with CPT standards, with cells of sufficient size, available spare clothing, clean mattresses, and blankets, and reading material upon demand. The police establishments visited had outdoor exercises yards, which could be used by police detainees upon request.

25. CPT/Inf (2011) 33; paragraph 22 and CPT/Inf (2019) 1; paragraph 33.

B. Immigration detention

1. Preliminary remarks

35. The delegation carried out a follow-up visit[26] to Trandum Police Immigration Detention Centre (Trandum Detention Centre), which is the only immigration detention centre established to accommodate single adults (men and women). Since 2017, a small unit for families and minors has been operational in Hurdal.[27]

The legislative framework applicable to the arrest and detention of adult foreign nationals has not changed since the last CPT visit of 2018. In Norway, foreign nationals who are arrested and detained for reasons listed under Section 106 (1) of the Immigration Act[28] are, as a general rule, placed in a holding centre for foreign nationals or some other specially adapted residential centre.[29]

The law stipulates that detention may be imposed for periods of four weeks at a time maximum, and that the overall length of detention may not exceed 12 weeks, unless in exceptional cases. In any event, the total period of detention may not exceed 18 months, unless the foreign national is to be expelled following a criminal offence.[30]

Despite a CPT recommendation to this end,[31] Norway has not introduced an absolute time limit for the detention of foreign nationals subject to such a judicial expulsion order. As a consequence, several foreign nationals had remained at Trandum Detention Centre for a considerable amount of time; the longest stay there found by the delegation was for two years and seven months.

Concerning children, amendments to the 2018 Immigration Act have been adopted and there is now a distinction between detention of a children for the verification of their identity, which can only be carried out in "extraordinary situations," and the measure of last resort of detention of children to carry out an expulsion. A further amendment to the law in 2023 requires that a child be brought before a court "as soon as possible and no later than the day after arrest".[32] A detention order for a child is now required to contain explanations on how the best interests of the child has been considered as well as possibilities for applying alternative measures to detention.[33] In addition, the police must notify the child welfare services upon the arrest of a child foreign national.

36. The official capacity of Trandum Detention Centre remained at 220 places, as it had been in 2018. In recent years, the occupancy rate at immigration detention centres in Norway has been decreasing. In Trandum Detention Centre, in 2023 the occupation varied between 30 and 40

26. The Centre had previously been visited by the CPT in 2005, 2011 and 2018.
27. Haraldvangen family unit has a capacity of two families with a maximum of ten persons or two single children. There were no foreign nationals accommodated there during the visit.
28. Pursuant to Section 106 (1) of the Immigration Act, a foreign national may be arrested and detained if: a. the foreign national is not cooperating on clarifying his or her identity in accordance with section 21 or section 83 of the Act, or there are specific grounds for suspecting that the foreign national has given a false identity; b. there are specific grounds for suspecting that the foreign national will evade implementation of an administrative decision requiring the foreign national to leave the realm […]; c. the foreign national fails to comply with a duty to report or an order to stay in a specific place […] and the foreign national is involved in a case that is being processed and has not been finally decided, or the time limit for exit has not yet occurred; d. an administrative decision on expulsion has been made and the administrative decision is final or suspensive effect has not been granted in connection with appeal […] and measures are adopted in respect of the foreign national with a view to removal […]; e. the foreign national does not do what is necessary to fulfil his or her obligation to procure a valid travel document, and the purpose is to bring the foreign national to the foreign service mission of the country concerned so that he or she can be issued a travel document: f. the foreign national is in transit at a Norwegian airport, with a view to removal; g. the foreign national's application for protection is most likely to be refused examined on its merits […]; or h. the foreign national's application for protection is deemed to be manifestly unfounded and will be processed within 48 hours.
29. Section 107 of the Immigration Act.
30. Section 106 of the Immigration Act.
31. See Report of 2018, CPT/Inf (2019) 1, paragraph 39.
32. Section 106c. third paragraph of the Immigration Act, which entered into force on 1 July 2023.
33. Section 106 c. of the Immigration Act.

persons, with an average stay of two to eight weeks.[34] As was the case in 2018, the Centre had three buildings reserved for accommodation of foreign nationals,[35] but at the time of the visit only two sections were open (Section 1 for men and mixed Section 3), with a maximum operational capacity set at 36 places.

There were 29 detained foreign nationals in the day of the delegation's visit (27 men and two women) and a further two women were admitted during the day. The persons accommodated at Trandum were detained for the following reasons: rejection of their asylum requests; not being in possession of identification documents; or whilst awaiting the execution of an expulsion order under the Dublin Convention.

37. By resolution adopted by the Norwegian parliament in 2022, the healthcare services at Trandum Detention Centre were to be placed under the responsibility of the public healthcare service of the municipality by 2023. As the full implementation of this resolution had been delayed, at the moment of the visit, doctors working at the centre were under contract of a private company (see also below, in paragraph 50). The delegation was also informed that Section 2 of Trandum would be transformed into a healthcare unit of the Centre. **The CPT would like to receive an update on the status of the transfer of responsibility for healthcare to the municipality.** Further, **the Committee would like to be informed about the timing of the creation of a healthcare centre within the Trandum facility.**

38. At the time of the visit, Trandum Detention Centre continued to be administered by the police, as foreseen by law.[36] However, the transfer of responsibility from police to correctional services has been under discussion since 2022. This change in responsibility could ensure that the conflict of interests between the police investigating in the context of the immigration procedure and their duty to care for detained foreign officials be avoided. In this regard, the delegation met various police officers, who considered that their responsibilities as police officers conflicted to a certain degree with their role as carers and persons of confidence for the detained foreign nationals.[37] In the CPT's view, staff responsible for the custody of immigration detainees should be in a different and separate service from law enforcement officials. **The Committee would like to receive updated information as to the transfer of responsibility of immigration centres operating in Norway from the police to the correctional services.**

2. Ill-treatment

39. The delegation received no allegations of physical ill-treatment of detained foreign nationals by staff and, according to data provided by the Norwegian authorities, neither disciplinary nor criminal sanctions had been taken against staff for inappropriate use of force against detained persons over the last five years.

From discussions the delegation had with detained foreign nationals, it appeared that relations between foreign nationals and staff were good: the detained foreign nationals spoke positively about the treatment they received by staff as well as the attitude of the staff and their interaction with them. The delegation itself witnessed professional and compassionate police officers working within the facility, making genuine efforts to interact with the detained foreign nationals, including by entering their units to sit, talk, and play games with them.

40. The use of force was duly recorded in a dedicated registry, and to the extent the delegation could ascertain, it appeared to be proportionate and based on an individual risk assessment (see below, in paragraphs 62-69).

34. See Supervisory Board Annual Report of 2023, p. 5, available at: The Norwegian National Supervisory Board for Forced Returns and the Immigration Detention Centre (sivilrett.no).
35. Namely, "Section 1" with four wings for men and 72 rooms, "Section 2" with 36 rooms and an activity hall, and "Section 3" with four wings for men (one in use), one female wing, one security wing and a total of 90 rooms.
36. Section 107 (2) of the Immigration Act.
37. For instance, police officers felt they had to be alert to matters potentially relevant to their immigration cases and report them which, they felt, could undermine their focus on care and their relationships with the detained foreign nationals.

3. Conditions of detention

a. material conditions

41. Material conditions at Trandum Detention Centre were overall good. All detained foreign nationals had single occupancy rooms, with an ensuite bathroom and were furnished with a bed, a desk, a chair, and a refrigerator. The rooms also had a television,[38] a radio and a call system. There was one room adapted to accommodate a person with physical disabilities, but located in a module of the Centre which was not in use at the moment of the visit.[39] All persons were provided with personal hygiene items and clean bed linen.

42. Men and women were accommodated in separate units, which each had a communal area with a kitchen and a living room. There were video games and board games available for the detained foreign nationals as well as a television, and a prayer room available in the activity centre.

43. There was a security unit, located in Section 3, with eight reinforced rooms and three security cells (see below, in paragraphs 67-68).

44. While the facilities were in a good state of repair, Trandum Detention Centre's outlook was carceral, with uniformed staff, barbed wire, and high perimeter fences. The security unit and security walking areas were particularly "prison-like." Further, the doors of the foreign nationals' rooms were heavy metal doors, similar to doors found in prisons. The doors could not be locked from the inside, which made some foreign nationals feel unsafe. The CPT considers that such a carceral appearance is inappropriate for immigration detention as, in line with its administrative nature, it must not be punitive in character.

The Committee recalls that persons detained under immigration law should be accommodated in centres offering material conditions appropriate to their legal situation, and care should be taken in the design and layout of such premises to avoid, as far as possible, any impression of a carceral environment.

Therefore, **the CPT recommends that the Norwegian authorities take the necessary measures to remove the prison doors of the rooms of the normal accommodation areas, and to replace them with normal doors, lockable from the inside.**

45. Every unit had an outdoor yard which could be accessed by detained foreign nationals during daytime, unless during a lock-in (see below, paragraph 47). However, as was the case in 2018,[40] the yards were not equipped with a shelter against inclement weather. The delegation addressed this long-lasting issue with the Trandum management. After the visit, the delegation was informed that several roofed picnic tables had been installed in the yards of Sections 1 and 3. **The CPT welcomes this development.**

46. Meals were delivered to the centre by outside catering services. Food was reportedly good, with different menus on offer, including menus taking into account religious requirements and dietary needs.

b. regime

47. Except for those placed in the security unit, the doors remained unlocked in the housing units for most of the day, during which they could have access to the communal areas of their living unit, where they could associate, cook and play games, and go to the yard.

However, detained foreign nationals would be locked inside their rooms at regular intervals. At the time of the visit, lock-ins occurred during weekdays every evening from 22:00 to 07:15 the next day,

38. Including international programmes available.
39. The room was located in Module 2 of Trandum Centre.
40. See Report of 2018, CPT/Inf (2019) 1, paragraph 43.

and twice a day during staff breaks, from 11:00 to 11:30 and again from 18:00 to 18:30. During weekends and holidays, the lock-ins lasted between 20:00 and 10:05 the next day. The delegation was informed that there were lock-ins due to a lack of staff available to supervise foreign nationals.

The CPT already expressed its misgivings about the lock-ins in the report on its 2018 visit,[41] and it is regrettable that the Norwegian authorities did not take steps to reduce the amount of time during which foreign nationals were locked inside their rooms. To the CPT's understanding, there is no legal basis for such lock-ins.[42] It is also inappropriate for immigration detained persons to be locked in their rooms at night and twice during the day. In the CPT's view, doors should be unlocked all the time.

48. Detained foreign nationals were offered access to the activity centre of Trandum Detention Centre for 90 minutes, three times a week, from Monday to Friday. The activity centre offered a gym, a basketball pitch, a ping-pong table and a library. If detained foreign nationals did not want to go to the activity centre, they would be locked inside their room.

49. An activity team, composed of police staff, was in charge of organising activities for detained persons, consisting mainly of cooking and sports activities. As was the case in 2018,[43] the delegation found that there were not enough structured activities offered to detained foreign nationals to give more meaning and structure to their days. The detained persons were left with too little to do. There were also no skills development, therapeutic or educational activities in place or on offer, which was particularly problematic for detained foreign nationals held in the Centre for months or years.

In light of the above, **the Committee recommends that the Norwegian authorities take measures to end the practice of locking detained foreign nationals inside their room and to ensure that an open-door regime is implemented.** Further, **the CPT recommends that the Norwegian authorities take measures to ensure that all foreign nationals be granted more frequent, and preferably daily access to the activity centre, and that those detained for prolonged periods are provided with a wider range of purposeful activities (such as educational, music and arts and craft activities).**

4. Healthcare services

50. Healthcare staffing levels were adequate, and the delegation did not receive any complaints as to access to healthcare in the Centre. As part of a team of four doctors contracted by a private company (all general practitioners), there was one doctor present at the Centre five days a week during weekdays, for three hours per day. During the weekend, a doctor would be available 24/7 by telephone.

Three nurses were present at the Centre seven days a week, from 08:00 to 22:00. In reality, due to sick leaves, nurses were present in the Centre every second weekend. **Efforts should be undertaken to ensure that nurses are present at the Trandum Detention Centre seven days a week.**

51. Healthcare staff working at the Centre spoke several languages. In case of need, staff could use telephone interpretation services and there was also the possibility to use the services of interpreters.

52. While intake medical screening should be carried out within 24 hours of admission at the Centre, at times the screening took place a few days after admission.

Further, at the time of the visit, the screening upon admission did not include the detection of possible signs of mental disability, vulnerability and previous traumatic experience, violence, or abuse,

41. See Report of 2018, CPT/Inf (2019) 1, paragraph 44.
42. See NPM Annual Report 2023, p. 21. According to the Norwegian NPM, the current practices related to locking detainees in their rooms in Trandum Detention Centre is illegal.
43. See Report of 2018, CPT/Inf (2019) 1, paragraph 44.

including torture, sexual and other gender-based violence or human trafficking. For example, staff at Trandum were not able to inform the delegation if they had had victims of human trafficking amongst the detainees.

53. If there were injuries detected upon admission, a description of injuries was included in the foreign nationals' medical records. No photographs were taken and included in the files. There was no dedicated register of injuries/trauma register and there was no procedure in place for healthcare staff to report injuries, by informing the prosecutor or other relevant authorities of the instances in which such injuries were recorded.

Given the important role that healthcare staff can play in the detection and prevention of ill-treatment through the timely and accurate recording of injuries and, when appropriate, the provision of information to the relevant authorities, **the Committee recommends that the Norwegian authorities take the necessary steps to ensure that the intake medical screening includes possible signs of mental disability, vulnerability and previous experience of traumatisation, violence or abuse (including torture, sexual and other gender-based violence or human trafficking), and that signs of injury are duly recorded, including:**

i an account of statements made by the person which are relevant to the medical examination (including the description of their state of health and any allegations of ill-treatment made by them);
ii a full account of objective medical findings based on a thorough examination;
iii the healthcare professional's observation in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

The record should also contain the results of additional examinations performed, detailed conclusions of the specialized consultations done and treatment applied for the injuries or any further procedures conducted.

Recording of the medical examination in cases of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries that will be kept in medical file of the foreign national. Injuries should be photographed and the photographs filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register where all types of injuries should be recorded.

Whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a foreign national (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.

The healthcare professional should advise the foreign national concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report automatically has to be forwarded to a clearly specified independent investigative authority and that such forwarding is not a substitute for the lodging of a complaint in proper form. The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the foreign nationals and to their lawyer.

The same procedure should be followed after a violent incident within the establishment or whenever a foreign national is brought back to the Centre after a failed removal.

The national authorities should offer special training to healthcare professionals on the manner in which medical screening of foreign nationals is to be performed, on the recording of any injuries observed and on the reporting procedure. [44]

44. Reference is made in this context to the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol), revised version published in June 2022.

54. In relation to mental health, incidents of self-harm attempts were unusual in the Centre, with fewer than one registered incident per month on average.[45] Nevertheless, from consultation of the files and interviews with foreign nationals and staff, self-harm management in the Centre could be perceived as punitive. Detained persons attempting to self-harm would generally be placed in one of the security cells of the facility where they were placed in *de facto* isolation with potential negative effects on their mental health (see below, paragraph 68). If such a placement took place, the doctors of the Centre would be notified and the person placed in a security cell would be checked every day by the doctor, and by a nurse, as needed.

While there was no restraint bed in the Centre, a padded helmet and a waist restraint belt (so called "body-cuff," with wrist and ankle straps) were used on foreign nationals at risk of self-harm, including during transportation and expulsion. The delegation was told that if the helmet or body-cuff were applied, there was no requirement to notify healthcare personnel of such a measure. However, the restrained person would permanently be supervised by a police officer.

Staff member of the Centre could not remember when these measures were last used on persons presenting mental health issues. There was a registry used for this purpose, which had not been used in the last years.

55. The Committee is of the view that the use of a padded helmet and body-cuff on persons presenting risks of self-harm is not appropriate in an immigration detention centre. More generally, acts of self-harm frequently reflect problems and conditions of a psychological or psychiatric nature and should be approached from a therapeutic rather than a punitive standpoint. All cases of self-harm ought to be assessed medically immediately after the incident to evaluate the extent of lesions and to assess the psychological state of the person concerned. *De facto* isolation resulting from a combination of confinement to a cell for most of the day, little or no contact with staff, and a poor regime, is the exact opposite of the care required; persons presenting a risk of suicide or self-harm should be afforded increased contact with other persons. In addition, the treatment and care of persons identified as being at risk of suicide should be overseen by healthcare staff. Once such persons have been identified, they should be the subject of regular visits by healthcare staff and follow-up.

The CPT therefore recommends that the direction of Trandum Detention Centre ceases the use of padded helmet and body-cuff on persons presenting a risk of suicide or self-harm. The Committee recommends putting an end to a security driven approach to self-harm management in Trandum Centre, in light of the precepts mentioned above, including by having healthcare staff systematically visit the person immediately after arrival at the centre and whenever risk of self-harm is identified.

56. Despite the risk of self-harm, always present in detention centres for foreigners such as Trandum, there was limited, preventative, psychological assistance offered; there were no psychologists or other relevant clinicians visiting the Centre at regular intervals who could provide such assistance. A detained foreign national could request to consult a psychologist via the healthcare team, but such requests could be refused.

The CPT recommends that the Norwegian authorities take the necessary measures to offer psychological support at the Trandum Detention Centre, including through the regular presence of a psychologist in the Centre.

5. Legal safeguards

57. Upon admission, every detained foreign national was provided with an information brochure, which listed the house rules of Trandum Detention Centre in a very formalistic way, and contained the most important information on their rights and obligations.

45. If a detained foreign national presented signs of a serious mental disability, such a person would be transferred to the nearby psychiatric hospital.

The brochure had recently been updated.[46] It was available in three languages (Norwegian, English and French), but was in the process of being translated into Arabic and Russian too. In case the detained foreign national did not understand any of these languages, staff at Trandum could use the assistance of an interpreter. The house rules were also available on the housing unit's notice boards and on information screens.

The Committee recommends that the Norwegian authorities undertake steps to ensure that the house rules of Trandum Detention Centre are made available in a wider range of languages commonly spoken by detained foreign nationals. In addition, the CPT recommends that the Norwegian authorities review the information brochure distributed to the detained person to set out information in a way so that the persons are informed of their rights, in a language and manner that they can understand and in an accessible format. To this end, the CPT invites the authorities to make use of illustrations in the brochure.

58. Overall, detained foreign nationals had good access to legal aid inside the Centre. Those staying in the Centre for more than two days or those who had to appear before court for detention had the right to free legal assistance. If the detained person had to appear before the court and was not represented by a lawyer, the court would appoint one. The facility also had a list of lawyers available to foreign nationals to choose from.

Lawyers had the opportunity to visit their clients every day and detained persons could also communicate in private with their lawyers by telephone, without restrictions, as witnessed by the delegation. In addition, legal support was also provided by NGOs, and detained persons could call them to request free legal assistance.

59. Detained foreign nationals had the possibility to apply for asylum in the Centre. During the visit, one particular case was brought to the attention of the delegation, in which the Norwegian authorities allowed detained persons, who were seeking asylum from their country of origin, to be interviewed by government representative of that country. Reportedly, no lawyer was present during the meeting. In the CPT's view, this could have placed the detained foreign nationals at risk.[47] **The Committee recommends that the Norwegian authorities ensure that asylum seekers are not interviewed by government representatives from their country of origin.**

6. Other issues

a. staff

60. At the time of the visit, there were enough staff working at Trandum Detention Centre for the operational capacity of the Centre, which was set at 36. There was a total of 195 police officers, and about 20 police officers working per day shift, with two officers exclusively dedicated to the security unit, and eight on duty during evening shifts. In addition, the centre had 15 non-police staff, including social workers.

61. It was positive that among the police officers working in the Centre, there were many multi-lingual staff, who could speak a large array of languages. This proved helpful to communicate with detained foreign nationals.

b. security and discipline

62. Unlike in the prisons visited by the delegation, there was no body scanner at Trandum Detention Centre; a strip search was undertaken on a detained foreign national when it was deemed necessary to maintain peace, order or security.[48] The delegation was informed that the necessity to conduct a strip search was based on an individual risk assessment, which included an assessment of the proportionality of the intervention. While strip searches were not systematically conducted

46. The English information brochure was updated in March 2024.
47. See 1951 UN Convention Relating to the Status of Refugees.
48. See Section 107, paragraph 4 a) of the Immigration Act.

upon admission at the Centre, they were however imposed each time detained foreign nationals were placed in the security unit of the facility (see below, paragraph 68).

A strip search would be performed in two stages: a detained person would be asked to remove clothing above the waist and get dressed again before removing further clothing. Strip searches were conducted by staff of the same gender. All searches were registered in the Centre's case management system.

The Committee is of the view that the practice of systematically performing strip searches upon placement in the security unit is an excessive security procedure and recommends that it be discontinued. Further, **the Committee encourages the Norwegian authorities to provide Trandum Detention Centre with a body scanner which exists in other detention settings.**

63. It is positive that the use of handcuffs on detained foreign nationals has significantly reduced since the last CPT visit. Consultation of the records showed that handcuffs were applied very rarely by police officers and primarily when they had to escort detained foreign nationals outside the Centre, based on an individual risk assessment.

64. In addition to a protective helmet and body-cuffs (see above, in paragraphs 54-55), there was a spit mask at the disposal of police officers as a means of protection during deportation proceedings, although the delegation was informed that it was used based on an individual risk assessment.

65. Security measures which could be applied in immigration detention centres are listed in the Immigration Act and in the Instructions for the Police in Immigration Detention Centre.[49] The law provides that these measures may not be applied if doing so would constitute a disproportionate intervention and that such measures shall be applied with caution.[50] The applicable regulations stipulate that a concrete assessment of necessity must be made prior to imposing such measures.[51]

66. There were no disciplinary sanctions allowed by law in immigration detention centres in Norway. In the event of a serious case, the staff informed the delegation that a complaint would be filed with the police.

67. However, the law foresees the possibility for staff to impose certain restrictions to detained persons' visits, telephone conversations and mail, and restrictions regarding the persons' physical activity and time spent outdoors based on security, order or peace concerns.[52]

Further, as was the case in 2018,[53] staff could also order placement of foreign detained persons in the security unit or decide to, partially or fully, exclude the persons from association with others.[54] According to the data made available to the delegation, decisions on restrictions had been rendered on 8% of detained persons in 2023 and 4,8% in 2024.[55] On average, there was a maximum of one or two persons placed in the security unit at the same time. There was no detained person placed in that unit at the moment of the delegation's visit.

68. Placements in the security unit or security cells would be imposed when "strictly necessary,"[56] if there was a risk to the safety of the person concerned, including risk of self-harm (see above, in paragraphs 55-56) or the safety of others, a risk of escape, a risk of damage

49. See Section 107, paragraphs 4-5 of the Immigration Act. See also Instructions for the Police in Immigration Detention Centre dated 11 January 2023, point 18 "Community and Use of Special Secure Department (Security Department)".
50. See Section 107, paragraph 6 of the Immigration Act.
51. Instructions for the Police in Immigration Detention Centre dated 11 January 2023, point 18.2.3.
52. See Section 107 fourth paragraph, c) of the Immigration Act.
53. See CPT/Inf (2019) 1, paragraphs 51-57.
54. See Section 107 fifth paragraph, b) and c) of the Immigration Act. From 1 January 2023 to 29 May 2024, the security cells were used 127 times.
55. Over 1399 detained persons, 112 had been subject to a decision on restriction from January to December 2023. 41 over 597 detained persons had received such decisions from January to May 2024.
56. See Section 107 fifth paragraph, b) of the Immigration Act.

to property, when a detained person is believed to be carrying an infectious disease, or of their own volition.

Decisions imposing removal from association[57] or placement in security cells had to be signed by the foreign nationals concerned, who would be informed about the right to appeal such a decision by themselves or through their lawyers.[58] Lawyers representing the foreign nationals concerned would be informed about such a placement. Healthcare staff would also be notified prior to each placement (see above, paragraph 54).

The examination of the decisions on placement in the security unit of Trandum revealed that, in some cases, such placements were used as *de facto* disciplinary sanctions, in that placement was not always proportionate. For instance, in October 2023, one foreign national brought his pillow and cover outside before the evening lock-in time, in an attempt to spend one night sleeping in the yard. Since he was not complying with the staff's instruction, it was decided to exclude him from the community. He was then placed into a cell located within the security unit for violating the internal rules of the Centre and remained in the cell until the next day. Another case showed that in March 2023, a detained person who smoked inside his room was placed in a security cell until the next day on the basis that there was a risk to security and to damage the property.

In light of the above, **the CPT recommends that the Norwegian authorities take measures to ensure that the imposition of security measures in immigration detention centre is used proportionally, as foreseen by Norwegian law and regulations.**

69. Police officers did not carry firearms in the Centre. Police officers working in the security unit and intake areas were nevertheless carrying pepper spray, handcuffs and batons. Other police officers did not routinely carry these items but had access to them. The delegation was informed that pepper spray had not been used in the last year.

The CPT has misgivings about the practice of carrying such devices within immigration detention areas and therefore **recommends that the Norwegian authorities ensure that the procedures in place at Trandum Detention Centre are appropriate to administrative detention. In particular, pepper spray and batons should not be carried by staff inside the facility. Applicable laws and regulations should be amended accordingly.**

c. contact with the outside world

70. The policy in place at the Centre regarding telephone calls has changed since 2018. Detained foreign nationals were now given a personal telephone account, protected by a personal code, and could use wireless telephones or phone boxes placed and available to them in their units. Although the foreign nationals were not allowed to keep their mobile phones, they could, under special circumstances, have access to them through staff in order to make calls, under the staff's control and supervision.

Each detained foreign national could make private calls for 105 minutes per week. In case of special need, or if the detained persons had children, it was possible to apply for extended call time. Videocalls were also possible.

Nevertheless, some restrictions on contact with the outside world could apply in case of suspicion of obstructing their expulsion, in particular for persons held in the Centre because they did not have identification papers. There were, however, no limitations for calls to lawyers, embassies and relevant organisations.

The CPT wishes to recall that the persons concerned are neither convicted nor suspected of a criminal offence. Bearing this in mind, the CPT considers that, preferably, they should be permitted to keep, or at least have regular access to, their own mobile phones, as is increasingly the practice in various other European countries.

57. See Section 107 fifth paragraph, c) of the Immigration Act.
58. House Rules of Trandum Detention Centre, Point 4.2.

In light of the above, **the CPT encourages the Norwegian authorities to develop policies and procedures which will allow detained foreign nationals held in detention immigration centres to keep, or at least have more regular access to, their own mobile phones, including access to the internet for telephone calls free-of-charge.**

71. At the moment of the visit, the detained foreign nationals could not have unrestricted access to the internet, but the management was working to set up a system which would allow detained persons to have access to the internet under certain circumstances.

Following the delegation's visit, Trandum Detention Centre informed the Committee that access to the internet was now "on offer" to detained persons at immigration detention centres, although this was not consider a right *per se*. Rules and terms for granting internet access for detained persons had been approved in June 2024 and three internet rooms have since been set up (one in the women's living unit and two in the men's unit).

Reportedly, all detained persons could now use the internet for a 45-minute session, upon request. Nevertheless, this offer can be withdrawn or denied after an individual assessment, for instance, in case a decision has been issued on restriction on access to telephone calls or visits (see above, paragraph 70).

In addition, it was possible for detained foreign nationals to send and receive letters as foreseen in the house rules. Detained person could ask the staff for assistance with posting a letter.

While it welcomes the installation of internet to be used by detained foreign nationals, **the CPT wishes to receive additional information from the Norwegian authorities as to whether limitations to sites have been imposed. In addition, the CPT recommends that the Norwegian authorities take measures to allow for frequent access to the internet, preferably daily, to persons held in immigration detention centres.**

72. Private visiting rooms were available for visits of relatives and lawyers. There was no restriction in place for visits, except that the bringing of drinks or food to people in detention was not allowed.

73. The Norwegian Red Cross had a visiting service at Trandum Detention Centre and could offer detained persons a possibility to talk. Further, detained persons could contact organisations which could provide help and guidance, including to victims of human trafficking. Information regarding these organisations was displayed on the information channel of the television located in the living units.

d. complaints and inspection procedures

74. Detained foreign nationals could submit complaints in writing, which had to be submitted in a sealed envelope and registered by the Section's managers. The guidelines of Trandum Immigration Centre contain a special section regarding complaints filed against staff, when it is suspected that a staff member of the Centre has committed an unlawful act in the course of duty. In that case, the legal department of Trandum Detention Centre must be immediately notified, and the complaint be forwarded to the head of department and head of section, who must assess which measures need to be initiated.[59]

75. Regular inspection procedures of Trandum Detention Centre were being conducted by the Norwegian National Supervisory Board for Forced Returns and the Immigration Detention Centre (Supervisory Board), which is an independent board established by law competent to oversee the operation of the holding centre for foreign nationals and the treatment of foreign nationals staying there.[60] Since 1 January 2023, the Supervisory Board is entitled to also supervise forced return operations. In 2023, the Supervisory Board conducted two inspections at Trandum Detention Centre

59. See Internal Guidelines at the Police Immigration Detention Centre, as amended on 5 February 2024, 4.3.
60. Section 107(8) of the Immigration Act.

and one inspection at Haraldvangen Centre. Relevant statistics were being sent every month to the Supervisory Board.

76. The Norwegian NPM also conducted visits to immigration detention centres and detained persons could file complaint to the NPM. In 2023, the NPM visited Trandum Centre and presented an *amicus curiae* brief in relation to a civil case brought by a former detainee on the issue of routine body searches and lockdowns.

77. In addition, an internal supervisory board[61] was also in place to conduct inspections of Norwegian immigration detention centres.

61. “Tilsynsrådet for Politiets utlendingsinternat.”

C. Prison establishments

1. Preliminary remarks

78. The delegation carried out full visits to the following high-security prisons: Agder prison (Mandal unit), Halden prison, Telemark prison (Skien Unit) and Tromsø prison, as well as a targeted visit to the new National Reinforced Community Unit (*nasjonal forsterket fellesskapsavdeling* - NFFA) at Ila Detention and Security Prison (Ila prison). It was the CPT's first visit to these prisons and the abovementioned unit.[62]

Halden prison opened in 2010 as a model high security prison in terms of design and practice. The prison has a total capacity of 228 places, including 10 for preventive detention (see below paragraph 101 on preventive detention), with an additional 24 places in a halfway house. The prison accommodates adult male prisoners serving long sentences as well as remand prisoners. At the time of the visit, there were 219 prisoners: 140 sentenced prisoners, 72 remand prisoners, and seven persons held in preventive detention.

The *Mandal Unit* in Agder prison is a high security unit which opened in 2020. It was built entirely based on the new prison architecture "Model 2015" of Norwegian prisons.[63] With an official capacity of 100 places, it was accommodating 95 adult men prisoners (67 sentenced, 24 remand and four under preventive detention).

The *Skien Unit* located in Telemark prison was constructed in 1993. In June 2023, following the closure of Bredtveit prison,[64] the Skien Unit was converted into a prison for women prisoners only. The capacity of the Skien Unit is 76 places. At the time of the visit, there were 39 adult prisoners, namely 18 sentenced prisoners, 18 remand prisoners and three prisoners in preventive detention.

Tromsø prison is both a high and low security prison for men situated in the north of Norway. The prison originated in the 1960s, but the current establishment opened in 2003. The prison has a capacity of 59 places (39 places in the four wings of the high security section and 20 places in the low security section). At the time of the visit, there were 52 adult prisoners, namely 39 sentenced prisoners, including one held under preventive detention, and 13 remand prisoners. Around 60% of the prisoners were convicted for having committed sexual offences.

The *NFFA* is a new special unit located in the high security prison of *Ila prison* accommodating adult prisoners with aggravated behavioural problems and special needs. Although it was established in January 2018, the unit moved into new buildings in January 2020. With an overall capacity of six places, it was holding four prisoners at the time of the visit. The unit was run jointly by healthcare and prison staff, but operated under the responsibility of the Norwegian correctional services (see below part *6. The "National Reinforced Community Unit" (NFFA) of Ila prison* of this report).

79. At the time of the visit, Norway had a prison capacity of 3 629 places. In 2024, there were 3 022 prisoners in Norwegian prisons, among which 25% were remand prisoners,[65] with an occupation rate of 83,3 %.

62. Ila prison was previously visited by the CPT in 2011 and 2018.
63. For more information on "Model 2015", see B. Johnsen, A. Bartoszko, E. Fransson, H. Pape & F. Giofrè, "The translation of humanity into prison design: How do the new, standardised "Model 2015" prison buildings meet normative demands in Norwegian crime policy?", Archives of Criminology, 2023, 45(2), 85-114 (available at: https://czasopisma.inp.pan.pl/index.php/ak/article/view/4141).
64. See Sivilombudet, NPM Annual Report 2023, pp. 4-5, 9, 24-30.
65. The detention ratio was 55 per 100 000, which was one of the lowest in Europe. The trends for 2013-2023 show a 23.6% decrease, from 72.2 (in 2013) to 55.2 (in 2023). 6.3% were female, the average age was 39.6 years, 26.5% were foreigners. See Aebi, M.F. and Cocco, E., *SPACE I – 2023*. Strasbourg, 15 December 2023. PC-CP (2023) 9 (Updated on 5 June 2024), p. 31, 33, 39, 41, 63, 73 https://wp.unil.ch/space/files/2024/06/SPACE_I_2023_Report.pdf.

80. The relevant legal framework of imprisonment is set out in the Law on the Execution of Sentences Act (ESA), which applies to the execution of sentences, including preventive detention, and to remand in custody.[66]

The law provides that a sentence shall be executed in a manner to take into account the purpose of the sentence, to prevent the commission of new criminal acts, to reassure society and to ensure satisfactory conditions for the prisoners.[67]

In 2023, the Norwegian authorities started a process of amending provisions related to the exclusion of company[68] and the use of coercive measures. The objective of the planned amendments is to reduce prisoners' isolation, to increase meaningful human contact in prison for those excluded from company or placed under a security measure, and to reduce the use of restraint beds and security cells in prison. **The Committee would like to be informed by the Norwegian authorities on the state of affairs of this legislative review and on the adoption of the amendments.**

81. Non-custodial measures, such as electronic monitoring, are used as alternatives to imprisonment. At the time of the visit, close to 60% of all unconditional prison sentences were carried out outside prison, including with electronic monitoring, with 500 individual electronic monitoring devices available throughout the country.

An extension on the use of electronic monitoring entered into force in 2020, thanks to which the permitted sentence length and remaining execution time was extended by two months: from previously up to four months to now up to six months. The amendments also allow sentenced persons who are permanently unfit to serve a sentence in prison to execute their sentence with electronic monitoring. Further proposals to amend the legislation to extend the use of electronic monitoring were initiated in May 2024. Crimes of sexual violence however remain excluded from electronic monitoring. **The CPT would like to be informed by the Norwegian authorities on the adoption and extension, if any, of the use of electronic monitoring in lieu of prison.**

2. Ill-treatment

82. The delegation did not receive any allegations of physical ill-treatment of prisoners by prison staff in the prisons visited.

The vast majority of detained persons spoke positively about prison staff. In this regard, the delegation saw committed and caring prison staff, and relations between prisoners and staff were respectful, with proper interactions based on the model of dynamic security and care. This approach developed constructive relations between them.

83. Nevertheless, in Halden prison, the delegation received a few allegations of verbal threats made by prison officers to prisoners accommodated in Block A, including threats which were being investigated by the police. The management of Tromsø prison informed the delegation about certain incidents of verbal abuse from prison officers, and about one particular incident where a member of the prison staff reportedly made a sign of disrespect behaviour. The consultation of files in the Skien Unit of Telemark prison revealed that some prisoners had complained about the use of disrespectful and threatening language by prison officers.

Despite the difficult situations and pressure prison staff may be facing, such behaviour should not be tolerated. The CPT recalls that prison staff should always be able to deal with prisoners in a decent and humane manner while paying attention to matters of security and good order.

66. Section 1 of the Act relating to the Execution of Sentences, as amended (ESA).
67. Section 2, paragraph 1, of the ESA.
68. Excluding a prisoner from company may be permitted under Section 29, paragraph 2, and Sections 37, 38, 39 and 40, paragraph two (d) of the ESA.

In light of the above, **the CPT recommends that prison staff in Halden prison, the Skien Unit of Telemark prison and Tromsø prison receive a clear message that verbal abuse and disrespectful behaviour are unlawful, unprofessional and unacceptable, and will be sanctioned accordingly.** Further, **the Committee recommends that staff be reminded that prisoners should always be treated with respect.**

84. Inter-prisoner violence occurred in the prisons visited, but at a very low level. This was attributable in part to efforts made to provide a normalised environment in prison, where prisoners took everyday decisions and had considerable responsibility. The small living units, the overall excellent material conditions and the community organisation in place in the prisons also contributed to a positive prison culture and atmosphere, rendering inter-prisoner incidents rare. When violence occurred, prison staff generally intervened appropriately.

85. Except for Tromsø, all prisons visited had dedicated and well-maintained registers to record all recourse to the use of force. The files indicated that it was not overused.

However, in the Skien Unit, there had been allegations of excessive use of force in situations concerning placements of prisoners in the prison's security cells or restraint bed. The delegation talked to one prisoner who had sprained her ankle while being restrained and strapped to the prison's restraint bed. Another prisoner told the delegation that her foot had been cut and had become swollen after it was bashed into a door when she was being taken to placement in the restraint bed. Both prisoners felt that the prison staff were too rough when controlling them.

In light of the above, **the Committee recommends that the Norwegian authorities take appropriate measures to ensure that prison staff handle high-risk situations without using unnecessary force, including through trainings in ways of averting crises and defusing tensions and in the use of safe methods of control and restraint, and that they deliver to prison staff the clear message that excessive use of force is not acceptable and will be dealt with accordingly..**

Further, the CPT recommends that a dedicated register on the use of force be put in place in Tromsø prison.

3. Conditions of detention

a. material conditions

86. The material conditions of the prisons visited were overall excellent, in particular Halden prison and the Mandal Unit of Agder prison which had new infrastructures. All premises visited by the delegation were in a very good state of repair, with very good access to natural light and artificial lighting.

87. Several buildings visited lacked sufficient ventilation. In Blocks B and C of Halden prison, prisoners complained about high temperatures in their cells during summertime and the delegation noticed there was no airflow coming out of the air vents next to the non-opening windows of the cells located in the aforementioned Blocks.

The security cells of the Mandal Unit of Agder prison and sanitary annexes of the cells located in Block A of the Skien Unit of Telemark prison also lacked ventilation. These shortcomings should be remedied, especially in the Skien Unit, where Block A accommodated prisoners who were struggling to maintain a good level of personal hygiene.

In light of the above, **the Committee recommends that the Norwegian authorities take steps so that the ventilation systems be improved in the abovementioned prisons.**

88. All prisons visited offered excellent living space to prisoners, who were accommodated in very clean community-type small living units, with day areas and shared kitchens.[69]

69. Except for D Wing of Tromsø prison where there was no kitchen.

All prisoners were accommodated in single occupancy cells, which were sufficiently spacious and well-lit. They were equipped with a bed, a desk, a chair and shelves, and all had an ensuite bathroom, with a sink, a shower and toilet. Cells were also equipped with a small television, and some had a DVD player and a small fridge.

The single-occupancy cells of the prisons visited were connected through a corridor, giving access to a large living space commonly shared between 10 to 12 prisoners in each unit of the men's prisons visited and between six prisoners in each unit of the women's prison visited. This space included a mostly well-equipped kitchen, a dining room and a comfortable seating area, with a television and some games. Prisoners could cook, talk, eat and play together in this communal space. All prisoners were very positive in their descriptions of the sense of community that had developed between them on the units.

89. The prisons visited were equipped with spacious yards for prisoners to access fresh air and for outdoor exercise for, on average, one hour a day. In the Mandal Unit, the external areas were particularly attractive as they were designed with security fences placed around the prison instead of concrete walls. This allowed prisoners to have a view outside the prison and see the nice surroundings. Despite the attractive outside areas which prisons offered, prisoners did not have enough time to spend outside.

During the visit, the large main yard located in the Skien Unit of Telemark prison was under construction, where a sensorial garden was being built. It was likely to provide a very good outside space when complete.

However, the delegation noticed that not all yards visited were equipped with shelter against inclement weather, such as the yard of Block A in Halden prison. In addition, the small yards attached to Unit A of the Skien Unit were very stark. One of these yards had nothing in it, except for a picnic table. Another yard had only a caged roof and a basketball hoop.

In light of the above, **the CPT recommends that the Norwegian authorities ensure that:**

- **the yards located within Unit A of Skien prison of Telemark prison be rendered more welcoming; and**
- **shelters against inclement weather be installed in all the yards of all Norwegian prisons.**

Further, **the Committee invites the Norwegian authorities to consider increasing the amount of time offered to prisoners to make full use of the outdoor space in the prisons available to prisoners.**

90. Upon admission, prisoners received sufficient sanitary products and other hygiene items, including sanitary materials for women. They were given prison clothing until they could get their own clothes back.

91. Concerning the food, the prisons visited had self-catering systems in place, which were very much appreciated by the prisoners. In line with the principle of normalisation in prison and to encourage prisoners to gain autonomy, the systems granted prisoners a daily lump sum for buying food of their choice in the prison's supermarket.[70] Prisoners were then expected to cook for themselves in the kitchen located in their living units. Being able to do so gave them a sense of personal agency and helped them develop life skills, hence supporting their reintegration and rehabilitation process. It also promoted a community atmosphere within the living units of the prisons. This system also helped prisons to reduce food waste.

70. For instance, in Halden prison, each prisoner received 185 NOK per day for food. Bread, milk and juice were provided for free.

The delegation visited well-stocked prison supermarkets, with various food, drinks and other items for sale, including special dietary products. The prices appeared to be the same as those found in Norwegian supermarkets within the community.

While one hot meal per day was still provided in Halden and Telemark prisons, the Mandal Unit functioned on an entirely self-catering system. Lines in front of the prison supermarket were long, a time which was felt to be wasted by prisoners and which caused frustration to some as this had to be done during the dedicated outdoor time.

In light of these remarks, **the Committee invites the Norwegian authorities to review the organisation of self-catering system in the prisons to ensure that prisoners have enough time allocated to access the prison's supermarket, outside the outdoor time.**

92. The project of building two new units in Agder prison was completed in 2020, with the reconstruction of two high security prisons for men, one in Froland (the Froland Unit, with a maximum capacity of 200 places) and one in Mandal (the Mandal Unit). These units are the first prisons to be built based entirety on the "Model 2015" of Norwegian prisons.

The Mandal Unit was a very modern prison, with the use of new digital solutions, including an electronic converted messaging system (CMS). Such a system was supposed to be set in place via the use of tablets located in each cell and in the living units of the prison, to allow prisoners to take care of their daily business autonomously and to contact the various services of the prison electronically. Four years after the opening of the Mandal Unit, the system was still not fully operational as tablets were assessed to be insufficiently secure. Instead, four digital screens were set in place in the prison, located in the transit corridors of the prison, but they were not functioning at all times.

Despite being new and modern, the infrastructure of the Mandal Unit had shortcomings. The Unit offered too little space for work and schooling, as a result of which the space available was not sufficient to offer work and education to all. Furthermore, prison officers' control rooms were located outside the living units, behind a solid glass screen, the layout of which was not conducive to dynamic security.

In light of the above remarks, **concerning the Mandal Unit of Agder prison, the CPT encourages the Norwegian authorities to:**

- **provide the necessary means to the prison to finalise the installation and ensure a secured and proper functioning of the new digital solutions with electronic messaging systems;**
- **offer additional space for work and education; and**
- **explore methods allowing for proper dynamic security.**

More generally, **the CPT invites the Norwegian authorities to take into account the aforementioned remarks, and review the "Model 2015" of Norwegian prisons, in case of future construction of prisons based on this model.**

93. At the time of the delegation's visit of Tromsø prison, there was a lack of places in the low security section of the prison, as a result of which a significant number of prisoners spent more time than was necessary in high security.[71] During the visit, the delegation was informed about the plans to build a halfway house to allow prisoners in low security to move on more easily. **The CPT would like to receive clarifications from the Norwegian authorities about what plans there are at Tromsø prison, such as the possible construction of a halfway house, to eradicate the problem of having prisoners being unnecessarily held in higher security and more restrictive conditions than they require.**

71. At the moment of the visit, eight (representing 20%) prisoners were waiting to move on to low security.

b. regime

94. The regime offered to prisoners significantly differed depending on whether they were placed in regular units in the company of other prisoners, or if they were subjected to complete or partial exclusion from company or to court-ordered isolation.

95. Detained persons accommodated in regular units, where it was possible to work or receive education or training, were offered an overall excellent regime with an average of eight hours or more per day spent outside their cells, which is commendable.

An open-door policy was in place in the units visited by the delegation, where prisoners could move freely within their living units at given times during the day. In addition, prisoners were offered the possibility to work in the prison or to receive vocational training or an education, as a result of which they spent much of their day outside their cells. The prisons visited offered varied work, training, and educational opportunities.

In Halden prison, most of the prisoners accommodated in Blocks B and C had up to 11 hours a day out of their cells.[72] Prisoners could work as the housekeepers for their living unit or go to work, on a full or half day schedule,[73] in one of the prison's workplaces. There was a wide range of work opportunities on offer, such as working in a printing house, a mechanic shop, a forge, a carpentry shop, the prison's kitchen or the prison's library. Those who did not work could receive school education or training.[74] All prisoners received a salary for their work.[75]

In the Skien Unit, prisoners placed in Blocks B and C had the possibility to go to work or receive an education. Most of the women prisoners worked half time and the remaining time they were involved in activity teams. There was a good level of activity space. For instance, Block B had a printing house, a laundry and a school, and Block C had a large mechanical and wood workshop, a school and a sewing room. The women prisoners talked positively about the offer of work and schooling there.

In the Mandal Unit of Agder prison, most prisoners had reasonable time out of cells, between nine and 10 hours a day. Prisoners were also offered the possibility to work, from 09:30 to 15:00. However, several prisoners there complained to the delegation about the lack of full-time work opportunities and lack of education, as well as the lack of rehabilitation courses. This meant they could not easily fill their days or progress during their sentence (see also, above, in paragraph 92).

In Tromsø prison, 80% of the prisoners were working in the prison, undergoing vocational training or following an education course. There was ample choice of meaningful activities, such as kitchen, laundry, cleaning, and workshops including metalwork, woodwork and auto/machine repairs. Attending school was also possible, including at secondary level and for obtaining university degrees via online studies.

96. The delegation heard many complaints in Halden prison, from both prisoners and prison staff, concerning the organisation of activities, work and educational opportunities, which had decreased due to budget cuts. Prisoners also complained about a recent increase in the time during which they were locked inside their cells due to staff shortages, on Wednesdays and during weekends, reportedly because there were not enough staff to supervise the prisoners. Prisoners who chose not to work would also be locked inside their cells during working hours.

In Halden prison, work possibilities and work schedule were at times irregular and subject to unexpected interruptions due to insufficient human resources for prisoner supervision. The recent overall drop in prison staff and lack of staff availability were the main reasons for this.

72. About 20 to 30 prisoners were unemployed at any given time.
73. A full day of work lasted between four and six hours a day (09:30 to 15:00), and half day of work was for a minimum of two hours a day, which is not equivalent with the community.
74. Halden prison had a capacity of 89 prisoners in workshops and 60 in education.
75. In Halden prison, the salary amounted to 85 NOK per day.

Furthermore, as resources had been cut, it was no longer possible for prisoners in Halden to follow a higher education course, which is regrettable.

However, staffing levels at Halden prison were still good and, in the CPT's view, there were enough staff to adequately supervise the activities of prisoners and support each other in the performance of their duties. The CPT considers that more could be done within the existing resources to ensure the continuity of work and activities offered to prisoners (see also below, in paragraphs 125-128).

97. In light of the above, **the Committee recommends that the management of the prisons review the organisation of work, training and education in Halden prison, to ensure that the prisoners make full use of the opportunities offered to them and that their regime is not negatively impacted by staff reductions.**

98. Concerning the regime offered to prisoners who were excluded from company or under court-ordered isolation,[76] prisoners could be subjected to complete exclusion from company as an administrative security measure[77] or to court-ordered isolation for the purpose of protecting an ongoing criminal investigation.[78] These prisoners were placed in special units, where they could spend up to 22 hours a day inside their cells for weeks and months, which could amount to *de facto* solitary confinement.

99. In Halden prison, prisoners held in Block A had a very restrictive and relatively poor regime, in particular in Unit A-1, where most of the prisoners spent between 20 and 22 hours a day locked inside their cells. Prisoners held there had no possibility to work or to follow a training or education course. The unit was often described by the prisoners as harsh and stressful.

By way of illustration, one prisoner under court-ordered isolation told the delegation that he spent 21 hours per day inside his cell, and the remaining time in his section (for two hours) or in the yard (for one hour). He was only allowed to talk to his family under police surveillance, and this had happened three times within four months. Another prisoner told the delegation that he had been in full isolation during the first two weeks of his placement in this unit, without any contact with other prisoners or contact with the outside world.

The regime offered in Block A of the Skien Unit was relatively poor, where prisoners were not offered enough out-of-cell time and activities. Those who chose to go out of their cells reported doing so for between three and a half and six hours a day.

The CPT notes with concern that, of over 20 prisoners held in Block A, almost half of the prisoners did not work or follow any education or training due to serious mental health disability, including difficulties in coping with life in prison. In this regard, **reference is made to the remarks and recommendations contained in paragraphs 122 and 123 of this report.**

100. Activity teams[79] were introduced in selected prisons as a tool to respond to the potential harmful effects of isolation on prisoners. The teams were meant to work with a targeted group of

76. See Report of 2018, CPT/Inf (2019) 1, paragraphs 67-82.
77. According to Section 17 paragraph 2 of the ESA, prisoners may be subjected to complete exclusion from company "in the interests of peace, order and security, or if this is in the interests of the inmates themselves or other inmates, and does not appear to be a disproportionate measure." Pursuant to Section 37 of the ESA, prisoners may be subjected to complete exclusion from company, *inter alia* for preventative reasons (namely, to prevent inmates from continuing to influence the prison environment in a particularly negative manner, to prevent inmates from injuring themselves, acting violently or threatening others, to prevent considerable material damage, to prevent criminal acts, or to maintain peace, order and security) or for protection purposes at the request of the prisoner concerned.
78. Pursuant to Section 186a of the Criminal Procedure Act, the court may decide that a person remanded in custody shall be excluded from the company of other prisoners when there is an imminent risk that the person concerned will interfere with evidence in the case. Pursuant to Section 186 of the same Code, the court may also order a ban on contact with the outside world, except for contact with the defence lawyer.
79. Each team should be composed of six employees with diverse skills and experiences, such as prison officers, activity officers, social workers and workshop officers. They are tasked with organising and overseeing activities, in close cooperation with healthcare services.

prisoners, in particular those held in custody with court-ordered isolation and those in a situation of vulnerability, who were not able or willing to participate in group activities with other prisoners due to cognitive disability, mental disability, suicidal or self-harm issues.

There were activity teams in place in the prisons visited by the delegation and prisoners reported positively on their help. In Halden prison for instance, activity teams functioned differently depending on the units. Certain prisoners subject to court-ordered isolation were with the activity team for two hours daily. They reported positively on how this helped them to cope with isolation. One prisoner told the delegation that, after an incident, he spent four days locked in his cell and during that time the activity team spent about 40 minutes with him each day. Some prisoners held in other less restrictive units had visits from the activity team between one and three times a week.

101. While the Committee welcomes the efforts made by the Norwegian authorities to establish activity teams for the prisoners concerned, previous CPT recommendations have not been fully implemented.[80] In the Committee's view, the regime of prisoners subjected to exclusion or court-ordered isolation remained too restrictive and without sufficient meaningful human contact, as was the case in 2018.[81]

The CPT considers that all prisoners should be able to engage in purposeful activity that can benefit their physical and mental wellbeing, and help to prepare them for a return to society. A solitary confinement type regime, which the security measure of exclusion from company and court-ordered full isolation may entail, can have an extremely damaging effect on the mental, somatic and social health of those concerned. In certain circumstances, it could lead to inhuman and degrading treatment. In the CPT's view, it should only be imposed in exceptional cases and as a last resort, and for the shortest possible period of time.

Given the potentially harmful effects of solitary confinement, **the Committee recommends that the Norwegian authorities take additional measures in all Norwegian prisons to ensure that prisoners subjected to complete exclusion from company or to court-ordered full isolation:**

- **benefit from a structured programme of purposeful and preferably out-of-cell activities; and**
- **are provided – on a daily basis – with meaningful human contact. The aim should be that the prisoners concerned benefit from such contact for at least two hours every day and preferably more.**

102. In Norway, preventive detention[82] may be imposed by the court on dangerous offenders when a time-limited prison sentence is not considered sufficient to protect society and when there is an imminent risk of reoffending.[83] Prisoners sentenced to preventive detention are, as a rule, to be accommodated in specialised units for persons with special needs,[84] to receive specific treatment in order to be "given the opportunity to change behaviour and adapt to a life of freedom."[85] To this end, "detention must be arranged so that the convicted person achieves a gradual progression in the implementation towards full freedom."[86] Several Norwegian prisons are equipped with dedicated preventive detention units, such as Bredtveit prison, Ila prison and Trondheim prison.

80. See Report of 2018, CPT/Inf (2019) 1, paragraph 82.
81. See Report of 2018, CPT/Inf (2019) 1, paragraph 82.
82. "*Forvaring.*"
83. See Chapter 7 of the Criminal Code. Preventive detention may be imposed on an offender found guilty of having committed or having attempted to commit a violent offence, sexual offence, unlawful imprisonment, arson or other offence that has infringed upon the life, health or freedom of another person.
84. See Criminal Code, § 11 third paragraph and § 10 second paragraph; See also Guidelines on Implementation of Preventive Detention, § 6.
85. See Guidelines on Implementation of Preventive Detention, § 2.
86. See Guidelines on Implementation of Preventive Detention, § 3.

In recent years, there has been an increase in persons under preventive detention in Norway.[87] As of January 2024, there were 146 prisoners under preventive detention in high security prisons and 10 in lower security prisons,[88] although the maximum capacity of the units was 114 places.[89] During the visit, the delegation met some prisoners on preventive detention who were not held in the specialised high security units created for this type of prisoners. This was not a temporary problem, as the delegation met prisoners who were held in Halden prison, the Mandal Unit and in Tromsø prison for quite some time, including three prisoners who had been held in the Mandal Unit for the last four years and one prisoner in Tromsø prison for nearly four years.

While accommodated in prisons without dedicated preventive detention units, prisoners under preventive detention did not receive the appropriate treatment necessary for their rehabilitation, despite that the correctional services have the responsibility to work very closely with the offenders towards an improvement in their situation[90]

In the Skien Unit, which was recently converted into a woman-only prison, three prisoners were under preventive detention but were held in different units within the prison, and there was still no specific programme in place for them at the moment of the visit.

103. The delegation was informed that the Norwegian Correctional Services were considering increasing the capacity of units with higher and lower security levels. During the visit, it came to the delegation's attention that it would be possible to extend the capacity at Ila prison to up to 114, if given the proper funds to do so.

104. In the CPT's view, persons held under preventive detention should benefit from a specific programme to offer them the possibility to receive appropriate rehabilitation and increase their chances of release. The lack of specific programmes has an impact not only on how they spend their time in the prisons, but also lowers their chances of working towards reintegration and progress towards parole and release.

In light of the above, and considering the risk of indefinite preventive detention, **the Committee recommends that the Norwegian authorities take the necessary measures to increase the capacity in specialised preventive detention units, for instance in Ila prison, to ensure that all persons under preventive detention are offered the special regime they need for their social reintegration and preparation for release.** In addition, **the CPT recommends that specialist support is given to prisoners under preventive detention in the Skien Unit of Telemark prison.**

105. During its visit, the delegation assessed the situation of foreign nationals held in Norwegian prisons. The delegation met a few foreign nationals who felt they were not being treated as well as Norwegian prisoners, due to their nationality.

In Halden and Tromsø prisons, there was a lack of efforts from prison staff in the use of telephone interpretation in order to communicate with foreign nationals with whom they could not speak. As a consequence, some prisoners felt very isolated, which impacted their mental health. As an illustration, the delegation met a prisoner held in Halden prison who was not able to communicate with anyone inside the prison, except by using gestures.

Telephone interpretation was available to prison staff, but was only used for communicating legal issues. It was not used to assist prison staff on day-to-day issues.

87. From 2002 to 2024, there had been 384 persons ordered preventive detention in Norway. 348 persons were men and 17 women. 146 persons have served their verdict in prisons with a higher security level, of which four in hospitals.
88. About half were convicted for sexual offences and 24% for homicide or attempted homicide. 4.7% of them were women.
89. Ila prison alone had a capacity of 90 places. Although the delegation did not visit prisoners held under preventive detention in Ila prison, it was informed that these prisoners were held in units of 12 persons. Upon admission, prisoners held under preventive detention stayed in an induction unit for 8 to 12 weeks, where they were seen by social workers, healthcare and other staff, to assess what work could be done during their time in prison.
90. See About the Norwegian Correctional Service - Kriminalomsorgen.no.

In light of the above, **the Committee recommends that the Norwegian authorities increase the use of telephone interpretation in the prisons to ensure that daily living issues are adequately communicated by prison staff to detained foreign nationals. Further, the Norwegian authorities should ensure that prison may avail to staff with diverse language skills.**

4. Healthcare services

106. In Norway, the provision of healthcare services in prison relies on the principle of independence of healthcare and, as such, municipalities provide healthcare services to prisoners in the prisons, similar to those offered to the general population.[91] Doctors, who were general practitioners (GPs), and nurses were employed by the municipalities and psychiatrists by psychiatric hospitals. All of them went to work inside the prisons and all came from different entities, which created certain difficulties in terms of communication and access to the patients' files (see below, in paragraph 109).

107. Overall, healthcare staffing was found to be insufficient in all prisons visited in terms of doctors and nurses' presence.

In Halden prison, the healthcare staff included three doctors (GPs), who were present one day each per week (who consisted of 0.6 full-time equivalent (FTE)).[92] In addition, between 5 and 6 nurses were present in Halden prison from 07:30 to 15:00 on weekdays and two nurses were present during the weekends (8.6 FTE).

In the Skien Unit, one doctor was present in the prison for one day a week, although the delegation was told that the doctor was available to see prisoners in her clinic outside the prison (0.5 FTE). Despite the high number of prisoners presenting serious mental health issues (see below, in paragraphs 118-122), there was no permanent presence of a nurse in the prison. Three to four nurses worked per shift on weekdays between 08:00 and 15:00 in summertime, and between 08:00 and 15:45 in wintertime (4 FTE). There were no healthcare staff working in the prison during the evenings and weekends.

In the Mandal Unit, there were sufficient healthcare staff, except for doctors. At the moment of the visit, there were two doctors coming for half a day or one day a week (0.3 FTE) although one of them would be on call during working hours. Nurses, all specialised in mental healthcare, represented 4.2 FTE were present in the prison from 07:30 to 15:30 during weekdays. There were no nurses present during the evenings and weekends.

In Tromsø prison, the healthcare team consisted of only one doctor (a GP) present in the prison one day a week. Four nurses worked in the prison during weekdays, until 14:30 (3.8 FTE).[93] Similar to the other prisons, there was no 24-hour clinical cover.

All prisons visited had regular dentist and physiotherapists visiting the prisons.

In some prisons visited, a social worker contributed to the work of the healthcare team. However, there was no social worker in Tromsø prison although both security and clinical staff stated that one was required. To fill what the prison perceived as a lacuna in service provision, **the Committee recommends that the Norwegian authorities appoint a social worker to work at Tromsø prison.**

108. In the Committee's view, the numbers of healthcare staff were not adequate as doctors were not present in prisons on a daily basis and nurses were not present in late afternoons, evenings and at weekends. **The Committee recommends that the Norwegian authorities take urgent measures to ensure that the system of providing healthcare services in prisons is improved**

91. See Guidelines IS-1971 on Health and care services for prison prisoners.
92. The full-time equivalent (FTE) calculation is based on each prison's population.
93. Due to sickness and an inability to recruit temporary replacements during the last nine months, there has usually been two or three nurses available to the prison.

with the aim that, in all Norwegian prisons, the presence of a healthcare worker or a nurse seven days a week during day time, and access to emergency services at night.

109. The Committee has serious misgivings about the overall organisation and coordination of healthcare services in Norwegian prisons.

The smooth operation of a healthcare service in prison presupposes that doctors and nursing staff are able to meet regularly and form a working team under the authority of a medical coordinator, generally a senior doctor in charge of the service, who have profound knowledge of the prison system and its environment, is trained in public health and able to set up effective prevention and epidemic control plans, provide clinical leadership and to take the responsibility for the quality of care delivered in prison. This leader has the task to coordinate all medical activities and ensure that all professionals collaborate and communicate effectively, in particular between general/somatic and psychiatric health care providers. Further, the leader and the team should coordinate and communicate on a regular basis with the prison management. That was not the case in the prisons visited by the delegation.

In addition, there was no single consolidated patient's medical file, to facilitate effective patient's care. Each prisoner had several separate electronic files, such as one for municipal employees, with information entered by the doctors and nurses present in the prison, and one for medical specialists, present at the hospital. This was the result of the separation of different care provided to prisoners, namely somatic care, psychiatric care, drug addiction ("TBS") and "Basik" for sexual offenders. Moreover, healthcare teams insufficiently communicated and coordinated their work among themselves. This contributed to a loss of valuable medical information, but also impacted on the quality of care afforded to prisoners.

There was significant staff turnover, with frequent absences of doctors and nurses which had a negative influence on the continuity of care. Consequently, medical appointments were often cancelled at the last minute. In both Halden and Telemark prisons, prisoners complained about the fact that it could take up to several weeks to be seen by a medical doctor. In Tromsø prison, prisoners complained that it could take weeks to see a nurse. In addition, since there were several different doctors coming to work in the prisons, there was a lack of oversight and coordination of prisoners' health.

In light of the above, **the CPT recommends that the Norwegian authorities undertake steps to improve the provision of healthcare services in all Norwegian prisons, in particular by:**

- **increasing the presence of doctors in all prisons visited to ensure a daily presence of a general practitioner;**
- **increasing the presence of nurses in prisons to ensure the presence of nurses in prison on a daily basis, including during the late afternoons, evenings and at weekends, and that their absences are covered;**
- **ensuring that in every prison, a medical coordinator, generally a senior doctor, is designated as the head of the healthcare team, with responsibility for leading and co-ordinating the healthcare service, ensuring that there is a regular consultation process among the staff, and interacting closely with the management of the prison, under strict observance of medical confidentiality; and**
- **creating a consolidated patient's files, which includes somatic, psychiatric and other relevant health information, accessible to all healthcare team members in the prison. In case a clinician considers that certain information is highly sensitive information, the key elements need to be included in the patient's files.**

110. Concerning medical screening upon admission of newly admitted prisoners, the delegation found that not much had changed despite past CPT recommendations.[94] There were still major shortcomings with the intake screenings in the prisons visited by the delegation. Screenings were done by a nurse up to several days after admission, even when the newly admitted prisoners presented injuries or addiction problems. Some prisoners were never seen by a doctor. Screenings

94. See Report of 2018, CPT/Inf (2019) 1, paragraph 91.

were limited to an interview of the prisoner, who was asked to complete a health questionnaire by a nurse. In some prisons, but not all, the questionnaire included questions about risk of suicide.

The medical screening did not include a physical examination of the person concerned, which is very problematic for injury detection and reporting. As an illustration, one prisoner in Halden prison claimed that he had sustained injuries during his arrest by police a few days prior to his transfer to Halden prison, and this allegation could not be verified since there had been no physical examination upon admission. Nevertheless, the delegation noticed that fresh wounds on the prisoner's face were visible on the photograph taken upon admission to the prison.

111. Upon admission, blood tests were offered to prisoners based on a risk analysis. In practice, a very small amount of laboratory testing was done for infectious disease screening.[95] Consultation of the medical files revealed that, in some cases, testing was not done despite prisoners declaring they had self-injected drugs in the past.[96]

112. In the Skien Unit, there was a systematic assessment of violence experienced by women, through a programme which was on offer.[97] There was also a specific programme for sexual offenders screened on arrival.[98] Although the delegation was told there was a gender specific screening, none of the prisoners interviewed recalled having went through one.

113. It is impossible to overemphasise the importance of medical screening of newly arrived prisoners, particularly for recording injuries in good time, to prevent the spread of transmissible diseases and to assess the risk of suicide and self-harm on admission.

In light of this, **the Committee recommends again that the Norwegian authorities take the necessary measures to ensure that all newly admitted prisoners are physically examined by a medical doctor, or a fully qualified nurse reporting to a doctor, as soon as possible, and no later than 24 hours after their admission.**

Further, **the Committee recommends that more testing be offered to prisoners for infectious disease as part of the medical screening, and that systematic assessment of victimisation should be included in the medical screening.**

In addition, **risk of suicide and self-harm as well as vulnerability and previous experience of traumatisation, violence, abuse, including torture, sexual and other gender-based violence and human trafficking should be included in the medical intake screening in line with the Bangkok Rules.[99]**

114. Injury recording and reporting was still a problem, as had been the case in 2018.[100] In case an injury was detected, a recording of the injury would be added to the prisoner's medical files. The files consulted by the delegation revealed that the injury descriptions were not precise (in terms of location, measurement and description) and lacked details (there was no information on who was involved, when, where or how). Injuries were not documented on bodycharts and photographs not systematically taken and added to the medical file.

Despite previous recommendations, in all of the prisons visited by the delegation, there was no injury report produced by the prison's doctor and no dedicated register of injuries. There was also no

95. For instance, in Halden prison, between 15 and 20 prisoners were tested out of 400 entries.
96. For instance, in the Skien Unit, approximately 25 percent of the prison population was being tested for infectious disease screening, such as HCV and HIV.
97. This programme was on offer for victims of sexual abuse.
98. "BASIS" (treatment of problems related to sexual offences in specialist health services) is a voluntary treatment programme for persons convicted and in prison for sexual offences and who are in need of specialised treatment. For more information: BASIS – a treatment programme for inmates in prison convicted of sexual offences - Dinutvei.no.
99. See in particular Rule 6 of the Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules).
100. See Report of 2018, CPT/Inf (2019) 1, paragraphs 91-93.

system in place where injuries would be reported to the prison's director or to the relevant bodies for further investigation.

The CPT considers that the system in place was not geared to detect and report on ill-treatment. Injuries which could for instance be the result of excessive use of force by police officers, run a high risk of remaining undetected and not investigated.

In light of the above, **the Committee recommends again that the Norwegian authorities take the necessary steps to ensure that any signs of injuries are duly recorded. The record should contain:**

- **(i) An account of statements made by the person which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment);**
- **(ii) A full account of objective medical findings based on a thorough examination; and,**
- **(iii) The healthcare professional's observations in light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.**

The record should also contain the results of additional examinations performed, detailed conclusions of the specialized consultations done and treatment applied for the injuries or any further procedures conducted.

Recording of the medical examination in cases of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries that will be kept in medical file of the prisoner. Injuries should be photographed and the photographs filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register where all types of injuries should be recorded.

The existing procedures should be reviewed in order to ensure that whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.

The healthcare professional should advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report automatically has to be forwarded to a clearly specified independent investigative authority and that such forwarding is not a substitute for the lodging of a complaint in proper form.

The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the prisoner and to their lawyer.

The national authorities should offer special training to healthcare professionals on the manner in which medical screening of prisoners is to be performed, on the recording of any injuries observed and on the reporting procedure. [101]

States should ensure that there are no reprisals against any healthcare professionals in their duty to record and report injuries.

115. All required medication was available in the prisons visited, including anti-HCV and HIV treatment. The medication was prepared for distribution in dosettes and given to prisoners by custodial staff, who were given charts naming all the medicines prescribed to prisoners. In the CPT's view, this poses medical confidentiality issues as prison officers could deduce the prisoners' illnesses from the charts.

101. Reference is made in this context to the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol), revised version published in June 2022.

In Tromsø prison, if prisoners missed the specific time slot to approach officers and collect their medicine, there was often no flexibility shown by prison officers to administer the medicine later. This meant that prisoners could go 24 hours without their prescribed medication, until the next dispensing, which could result in clinical risk, a deterioration in their condition and, on occasion, confrontations between prisoners and staff. This is not acceptable.

Moreover, since the distributed medication was removed from its original packaging, there were occasional errors made by custodial staff in the distribution of medication. Removing the original packaging also prevented prisoners from knowing which medications they were given.

The intake of pills by prisoners was not well monitored by prison officers. On several occasions, detained persons saved and collected pills for future consumption or for trade with other prisoners.

In the CPT's view, the distribution of prescribed medication by non-healthcare staff is generally incompatible with the requirements of medical safety and medical confidentiality. Medication should as a rule be distributed by healthcare staff and from blister packs.

Therefore, **the CPT recommends that the Norwegian authorities take steps to ensure:**

- **adequate nursing presence (including on weekends) of a qualified nurse in all Norwegian prisons to allow medication to be dispensed by a clinician;**
- **that prison staff are not made aware of the medication prescribed to a prisoner without the prisoner's consent; and**
- **that medication is distributed in its original packaging (blister).**

116. In addition, when prisoners were transferred to receive care in an external medical facility, prison officers remained present during the medical examination. The CPT underlines that there can be no justification for custodial staff being systematically present during medical examinations as their presence is detrimental to the establishment of a proper doctor-patient relationship and usually unnecessary from a security point of view. Alternative solutions can and should be found to reconcile legitimate security requirements with the principle of medical confidentiality. Consideration could be given to the establishment of a secure room or ensuring the presence of additional healthcare personnel. Another possibility might be the installation of a call system, whereby a doctor would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination.

The CPT therefore recommends that the Norwegian authorities ensure that as a general rule, all medical examinations/consultations of persons held in prisons should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality.

117. Concerning treatment for drug use, a special unit (Unit C-8) was in place in Halden prison for addiction and for drug dependent prisoners, who were offered the possibility to follow a special multi-disciplinary programme. The Skien Unit had a similar unit in place for managing prisoners with substance and alcohol dependence. Such programmes were very much appreciated by prisoners.

The prisons visited offered a programme for treatment of prisoners with opioid addiction in cooperation with the "Regional office for medicaments assisted rehabilitation" (*Legemiddelassistert rehabilitering* (LAR)), the same programme available in the community for persons with addictions. However, prisoners could only benefit from this programme if approved by LAR, which could take several days or even weeks. Unfortunately, this approval could not be obtained from the prison doctor which could delay the treatment with opioid agonist treatment (OAT). **The Committee recommends that the Norwegian authorities simplify access to OAT, for instance by training and charging prison doctors to prescribe such treatment.**

118. As regards the provision of mental healthcare, there were both psychiatrists and psychologists visiting the prisons.[102] However, as had been the case in 2018, the delegation observed major problems with severely mentally-ill prisoners held in prisons.

In 2018, the CPT urged the Norwegian authorities to ensure that prisoners suffering from a severe mental disability be transferred to an appropriate psychiatric unit or hospital for as long as required by their state of health.[103]

The Committee is disappointed that this recommendation was not implemented. During the 2024 visit, the delegation met several problematic and vulnerable persons held in prison with severe mental health issues. Severely mentally-ill prisoners were virtually being sent back and forth between the prison in which they were held and a psychiatric hospital, and it was very common for such prisoners to be returned to prisons after only a few days of psychiatric care in hospital. Diagnoses of psychotic disorder were often rejected by hospital doctors.

119. In addition, self-harm episodes were common in the prisons visited by the delegation, in particular in the Skien Unit, which reflected a very high level of mental health needs.

Block A of the Skien Unit held a high number of prisoners with mental health problems, including serious mental and behavioural disorders which required sustained healthcare input. Some of the women were very prolific self-harmers, with incidents of self-harm occurring on a daily basis, including serious acts of cutting and banging the head on the wall or the floor. These incidents ended with frequent transfers to the nearby emergency services.[104]

120. A few women prisoners were clinically deemed by healthcare staff in prison to require hospitalisation and their care was very time consuming. While prison staff were caring and professional, they could not meet the high level of need of certain prisoners.

It was evident from the files consulted by the delegation that a certain number of detained persons constantly violated prison rules and received sanctions due primarily to their mental health condition. It was also evident that when detained persons with special needs had the conditions (infrastructure, rehabilitative team, proper curative framework) accommodating their needs, they would be able to integrate into rehabilitation and resocialisation activities more effectively.

During the visit, the delegation was informed of a plan to build a special unit (*nasjonal forsterket fellesskapsavdeling* – NFFA) with a capacity of six places over two floors on the existing main building of the Skien Unit in order to offer additional care for women prisoners with mental health problems. However, at the time of the visit, construction had not begun.

121. In Block A of the Skien Unit, the delegation met with three prisoners who were too unwell to remain in the prison due to their mental illness. They suffered serious psychotic disorders and, despite having access to psychiatric hospital care within the municipality, they were quickly sent back to Telemark prison.

As an illustration, one of these prisoners needed daily personal care, daily guidance and very close support, which could not be provided in a prison environment and took up a considerable amount of staff resources, diverting staff resources from other areas of the prison. She often committed self-harm by strangulation and severe cutting when left unsupervised.

During the end-of-visit talks, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention, urging the Norwegian authorities to take urgent steps to ensure that

102. For instance, in Halden prison there were 0.4 FTE of psychiatrist and 0.8 FTE of clinical psychologist. In the Skien Unit, there were 0.2 FTE of psychiatrist and 0.6 FTE of clinical psychologist. In Mandal unit, there were 0.2 FTE of psychiatrist and 1.0 FTE of psychologist.
103. See Report of 2018, CPT/Inf (2019) 1, paragraph 97.
104. As an illustration, in the first three months of 2023, 90 phone calls were made to the nearby emergency services and 21 phone calls announcing placements in security cells or a restraint bed. During the visit, one prisoner was transferred to the emergency services of the nearby hospitals after having swallowed batteries.

these three women prisoners were removed from Telemark prison, the Skien unit, and placed in an appropriate, secured therapeutic environment, such as the Regional security departments for mental health (RSA).

By letter received on 26 June 2024, the Norwegian authorities communicated to the CPT some information from the Norwegian Correctional Services and the Clinic for mental healthcare and substance abuse treatment of Telemark prison, on the steps taken to implement the immediate observation. On 9 September 2024, the Norwegian authorities sent an update about the situation of the three prisoners subject to the immediate observation. The Committee was informed that, four months after the visit, and despite its request to address the therapeutic environment, the three prisoners still remain in prison. Two prisoners remained in the Skien Unit due to a lack of capacity in the psychiatric wards to which they had been referred, while the third prisoner was transferred, at her own request, to another prison after unsuccessful requests made to the RSA for an evaluation and forced admission to psychiatric care.

122. The Committee recalls that persons with serious mental health disorders should not be held in normal prisons. An appropriate and therapeutic environment is needed for such prisoners, which enables them to better cope with their condition and stressful situations. This also lessens the probability of use of force.

In the CPT's view, non-access to care for seriously ill persons could amount to a violation of Article 3 of the European Convention on Human Rights.

In light of the above, **the CPT recommends that the Norwegian authorities take all necessary measures to ensure that prisoners suffering from severe mental illness are cared for and treated in a closed hospital environment (within a civil psychiatric hospital or a prison establishment), suitably equipped and with sufficient, qualified staff to provide them with the necessary assistance. In this connection, high priority should be given to projects to increase the number of beds in "appropriate" psychiatric establishments and establishments for the enforcement of measures.**

In addition, **the Committee requests that the Norwegian authorities provide an update on the three prisoners subject to the immediate observation and confirm that it has been implemented.**

Further, **the CPT would like to be informed about the progress of the plan to build an NFFA in the Skien Unit of Telemark prison.**

123. Self-harm management in the prisons was found to be very problematic as the general approach to manage self-harming prisoners was security driven and perceived by prisoners to be punitive.

While it was positive that custodial staff employed de-escalation techniques, including by talking to prisoners, if these were unsuccessful, prisoners would then be placed in an observation cell and in security cells on a daily basis. In the Skien Unit, prisoners could also be placed on a restraint bed (see also below paragraphs 138 to140).

The CPT must point out that acts of self-harm frequently reflect problems and conditions of a psychological or psychiatric nature and should be approached from a therapeutic rather than a punitive standpoint. In the CPT's view, managing incidents of self-harm through a security approach is *de facto* punitive, and potentially psychologically harmful measures. The CPT considers that the procedures for placement in an observation or security cell for reasons of order and security need to be clearly distinguished from those relating to prevention of suicide and self-harm. In the latter cases, the placement of a prisoner in an observation or security cell should only be decided as a last resort and immediately brought to the attention of healthcare staff who should visit the prisoner without delay; the same applies to any prolongation of the measure. Any prisoner whose condition requires special observation in excess of 24 hours should be transferred to an appropriate mental health facility.

Consequently, **the CPT recommends that the Norwegian authorities review, at national level, self-harm risk and management in prison, and ensure that acts of self-harm committed in prison are no longer subjected to *de facto* disciplinary measures. In this regard, the Committee recommends setting up a self-harm management system with more active participation of healthcare staff in light of the abovementioned precepts.**

5. Other issues

a. prison staff

124. Norway has been an example of best practices in the development of a new prison officer's role, from custodial guard to also be a social worker to contribute to efforts to help the prisoners to live a life without crime. Dynamic security has been established in all Norwegian prisons, based on interpersonal relationships and systematic forms of interaction between prisoners and prison staff, while improving the security of all.

Throughout the visit, the delegation saw very qualified and caring prison staff working in all the prisons visited, which had positive results on the prison culture and the dynamic security in place. In this regard, the staff undertook high quality training. In addition, the staff were well gender-balanced, including in the women's prison.

125. The Norwegian correctional services have recently been subjected to budgetary cuts. As a result of this, the number of prison staff has been reduced in recent years, and during the visit the delegation detected a sense of dissatisfaction and anxiety about the future among staff, including prison managers.

Many prison staff and managers felt that the staff reduction had greatly impacted their ability to do their jobs. In particular they had insufficient time with prisoners, to speak with them and offer activities. This negatively hindered staff motivation, as reflected by the level of absenteeism of prison staff.[105]

126. Staff and management's dissatisfaction was significant in Halden prison. The prison had been forced to decrease the number of staffing by 26% since 2021.[106] The cuts had a negative impact on the functioning of the prison and what the prison had to offer to prisoners, with fewer activities, education and work opportunities available to prisoners. In addition, outdoor time had been reduced by 30 minutes a day.

In the Mandal Unit, prison management also shared their concerns concerning budgetary cuts and their impact on staffing levels, which had also decreased by around 13% of prison officers since the opening of the prison in 2020.[107] This reduction had an impact on the regime offered to prisoners, in particular the development of programmes and courses. Moreover, due to a lack of staff, prisoners could not go on accompanied leave.

In Tromsø prison, due to foreseen budget cuts, the prison will lose 15% of its staff,[108] including three prison officers and two workshop staff, which will impact upon the quality of supervision and regime for prisoners, including the resultant closure of a low security workshop.

127. Furthermore, prison managers were facing difficulties with filling the vacant posts for prison officers and organising the work of prison staff due to the high numbers of staff sick leave. To fill the gaps, prisons made use of young and inexperienced trainees, who came to work in prison on a temporarily basis to fill the gaps during summer holidays.

105. In the prisons visited by the delegation, between 10 and 11% of staff were on sick leave.
106. Staffing in Halden prison was reduced from 320 to 236 from 2021 to 2024. While Five years prior to the visit, there were 15 prison officers working in day shift in each building, today there were only eight.
107. There were 100 prison staff during the visit, following a decrease of 15 posts.
108. It is foreseen that 10 posts will be cut, out of 65 prison staff working at the prison at the moment of the visit.

128. Despite the recent cuts, the prison staffing levels remained relatively good in the prisons visited.[109] In the CPT's view, there was an inadequate focus on how to maximise the existing staffing capacity and make the best use of resources in the current reality. There is a need for senior management to adopt a more positive and solution-focused vision.

In the Committee's view, in view of the challenges and the frustration of being allocated additional funds at the beginning of a prison's operations, which then decrease, the financial situation in the prison sector is critical to the Norwegian authorities' ability to retain motivation in the current prison workforce and to manage the hiring of new and competent recruits. It is also of importance as it jeopardises Norway's highly acclaimed prison achievements, which have become part of its identity and pride.

In light of the above, **the Committee recommends that the Norwegian authorities remain vigilant with staffing levels allocated to all Norwegian prisons. Management of prisons affected by staff reductions should review their organisation and be given the means to maximise the existing staffing capacity of the prisons. In this regard, means must be found to support the motivation and engagement of prison staff with prisoners.**

In addition, **the CPT would like to receive information from the Norwegian authorities on how the national reduction plans in prison staff are outlined, for each prison and at which grades, with timescales, and enumerate services which will be closed. The CPT would also like to receive a description on how the authorities intend to mitigate the possible in risk to prisoners and staff, and the negative effects on regimes for the prisoners affected.**

The CPT also recommends that the Norwegian authorities develop and adopt a recruitment strategy based on proper funding and enhanced conditions of service, including for example competitive salaries, training, and career development.

129. In the Skien Unit, prison staff were not offered enough mental health training, in particular on how to manage the very high needs they faced. As some prisoners needed constant work and supervision, while presenting challenging behaviour, this placed a strain on prison staff, and sickness levels had been high. It was positive that a psychologist was recruited exclusively to support prison staff and offer them psychological support. According to the management of the prison, this contributed to a reduction in sickness absence of prison staff, from 18% to 11% overall.

The Committee welcomes such measure and **encourages the Norwegian authorities to ensure that prison staff benefit from adequate psychological support in other Norwegian prisons.**

Uniformed staff did not wear identification tags in any of the prisons visited. The Committee considers that wearing name tags helps detained persons to identify officers in case of conflict. In addition, the ability to identify staff either by name or number, constitutes an important safeguard against ill-treatment during detention. Therefore, **the Committee recommends that the Norwegian authorities take measures to ensure that all uniformed prison staff in Norway are always identifiable, preferably by wearing identification tags or short identification numbers in a visible manner on their uniform at all times whilst on duty.**

b. security-related issues

130. The dynamic security approach in place within Norwegian prisons was an example of best practice. As part of their shift, prison staff visited prisoners in their living units on a daily basis, and consequently had very good knowledge of the prisoners' situations. Prisoners also reported good

109. At the time of the visit, there were 155 prison officers working in Halden prison for 218 prisoners, with a generous staff-prisoner ratio amounting to 0.7 officers per prisoner. There were 42 prison officers for 52 prisoners in Tromsø prison, with a staff-prisoner ratio amounting to 0.8 officers per prisoner. In the Skien Unit of Telemark prison, 69 prison officers worked in the Unit, which had 39 prisoners at the moment of the visit, with a staff-prisoner ratio amounting to 1.7 officers per prisoner. In the Mandal Unit of Agder Unit, there were 80 prison officers for 94 prisoners, with a staff-prisoner ratio amounting to 0.8 officers per prisoner.

communication and rapport with staff. This positively impacted on the security of the prisons visited, which is commendable.

Another example of best practices was the transport of prisoners in Tromsø prison, which was organised by the correctional services which had an unmarked black van at their disposal. The driver's compartment was separated by a partition, with four normal seats at the back of the vehicle facing the direction of travel, with headrests and seatbelts and with removable walls.

131. Concerning handcuffing, decisions to apply handcuffs to prisoners were usually based on an individual risk assessment. However, in the Mandal Unit, prison staff systematically applied handcuffs to prisoners who were placed in a security cell, even when the prisoner concerned cooperated. **The CPT recommends that the Norwegian authorities ensure that decisions to apply handcuffs are based on an individual risk assessment, including for placements in security cells, taking into account real security concerns.**

132. Strip searches in prison significantly decreased following a case brought before the Norwegian Supreme Court[110] and the 2020 introduction of body scanners in prison to be used as an alternative to conducting searches.[111] Temporary central guidelines on searches of prisoners were issued by the Directorate of Correctional Services,[112] which foresee that body searches of prisoners on arrival, before and after exits and visits, are to be conducted with the use of security scanner. Strip searches could only be conducted when necessary and proportionate. In cases of concrete suspicion, strip searches would be conducted using a two-stage process and carried out by prison staff of the same gender as the prisoners.

Body scanners were installed and operational in all the prisons visited by the delegation. In these prisons, strip searches had significantly reduced. Prisoners commented very positively on their use, as compared to their previous experiences. The delegation had the opportunity to talk to prisoners who had never been subjected to strip searches. When subjected to strip searches, prisoners confirmed that it was done in two halves and in the presence of staff of the same gender.

The CPT welcomes the use of technology for body searches to avoid strip searches as much as possible, in line with the Nelson Mandela rules and Bangkok rules.[113]

133. In the Mandal Unit of Agder prison and in Tromsø prison however, all prisoners were automatically strip searched before placements in a security cell. The delegation was informed that this procedure was done to prevent self-harm incidents inside the security cells. This created a situation of use of force which, in the CPT's view, could be avoided. As a result of this procedure, several prisoners could stay naked inside the security cell for prolonged amount of time, and often this was not justified.[114]

As an illustration, during the visit of the Mandal Unit, the delegation met a distressed man placed in one of the security cells, who was deprived entirely of his clothes. He only had a blanket to cover himself. The prisoner had to request boxer shorts and a top in order to speak to the delegation. The prisoner told the delegation that he was very frustrated by the way he had been treated. Reportedly, he had been in this situation since his placement in the cell, which had occurred on the previous night when prison staff took away his clothes because it was decided that there was a self-harm risk. However, the records consulted showed that he was considered an escape risk rather than a suicide risk. The delegation could see no justification for either taking his clothes or keeping him naked all night and the next morning. In the view of the CPT, such a practice could be considered to amount to degrading treatment.

110. See Supreme Court of Norway, case no. 23-154353SIV-HRET, Judgement, 22 March 2024.
111. Approximately 30 body scanners were used as alternatives to strip searches at the time of the visit.
112. Issued in September 2020.
113. See Rule 52(1) of the United Nations Standard Minimum Rules on the Treatment of Prisoners (Nelson Mandela Rules); Rule 20 of the Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules).
114. In Tromsø prison, prisoners were allowed to keep their underpants.

The Committee recommends that the practice of routinely and forcibly strip searching all prisoners prior to placement in a security cell in the Mandal Unit of Agder prison, Tromsø prison and others, be immediately stopped, and that the procedure for placements be immediately reviewed to ensure that prisoners can be strip searched solely based on an individual risk assessment indicating its necessity.

Further, **the CPT recommends that prisoners never be placed naked in a cell and that those at risk of suicide are always provided with clothing appropriate to their specific needs.**

134. The Law on the Execution of Sentences Act (ESA) regulates the use of coercive measures in prisons, including the possibility of placements in security cells and restraint beds.[115] Such placements were well documented in registers consulted in the prisons visited, except in Tromsø prison where there was no central register on such placements. **Therefore, the CPT recommends that a central register be put in place in Tromsø prison.**

As was the case in 2018,[116] prisoners placed in security cells or a restraint bed were not promptly examined by the healthcare team of the prison, despite the fact that the team was immediately notified about such placements. The consultation of the files revealed that, often, a nurse would come to visit the prisoner on the day following the placement and, on rare occasions, 48 hours after placement.

In addition, the delegation talked to prisoners in the Mandal and the Skien Units who felt they were kept in security cells for much longer than was required, even after they calmed down.

The Committee wishes to stress that a prison's healthcare service should be very attentive to the situation of prisoners placed in security cells. In this regard, **the CPT recommends that every placement be immediately brought to the attention of the healthcare service and a member of healthcare staff should visit the prisoner immediately after placement and thereafter, on a regular basis, at least once per day, and provide them with prompt medical assistance and treatment as required. Furthermore, placement in security cells must cease when the reason for such placement ceases to exist.**

In light of the above, **the CPT recommends again that steps be taken in all prisons to ensure that a member of the healthcare team always visits persons placed under Section 38 of the EAS as soon as possible after information of the placement is received, and that such aforementioned precepts are applied in all prisons in Norway.**

In addition, **the Committee recommends that the prisons frequently review the necessity of placement in security cells and terminate the placement as soon as the reason for placement has ceased to exist.**

135. Despite a past CPT recommendation to put a definitive end to the use of restraint beds in Norwegian prisons,[117] the prisons visited still had a restraint bed placed in a room adjacent to the security cells of the prisons. Such beds were no longer in use, except in the women's prison of the Skien Unit, where prison staff would still use it to fixate particularly agitated women prisoners.[118]

The CPT considers that restraint beds should not be used in a non-medical setting. **It recommends again that all restraint beds be removed from all Norwegian prisons.** In addition, **the Norwegian authorities must take steps to develop appropriate responses to prisoners who are at risk of self-harm. Such measures should be dictated by care, and managed by healthcare professionals in cooperation with prison staff.**

115. See Section 38 of the ESA.
116. See Report of 2018, CPT/Inf (2019) 1, paragraph 107.
117. See Report of 2018, CPT/Inf (2019) 1, paragraph 111.
118. In the Skien Unit, the restraint bed had been used five times from January to the end of May 2024 for 1h15 minutes, 1h45 minutes, 11h15 minutes, 2h38 minutes and 4h01 minutes respectively.

136. In Halden prison, reinforced cells, also called "observatory cells," offered a stark and impoverished environment which was not suitable for stays of any significant duration. As was the case in 2018 in other prisons visited,[119] the cells had no table or chair, and prisoners could only sit on the bed or floor.

During the visit of Halden prison, the delegation met a prisoner who had been placed in an observatory cell for nearly five days, not because of any concerning behaviour but because he had difficulties in his previous unit, where he said he was being intimidated by other prisoners. He had asked to be moved to a different unit but was brought to the observatory cell due to a lack of space elsewhere. The prisoner met experienced such placement as a punishment. According to information gathered by the delegation, prisoners were at times also placed there because of self-harming behaviour.

In light of the above, **the Committee recommends that the Norwegian authorities ensure that placements in reinforced cells are ordered only if there is a security reason to justify such placement.**

c. contact with the outside world

137. Telephones were available in all the living units of the prisons visited, including cordless phones, which enabled prisoners to call their relatives in private from within their rooms. However, several prisoners complained that there were not enough phones available in their living unit.

In the prisons visited, prisoners benefited from the minimum of 30 minutes of telephone calls per week, as provided in law.[120] If prisoners had children, they could be allowed 10 extra minutes of telephone calls per child, per week. In case of special circumstances, prisoners could be granted more telephone time.

138. The use of electronic tablets allowing for free video calls was possible in all the prisons visited and this made a positive difference to the life of the prisoners. For instance, in the Skien Unit, women prisoners could use at least one hour per week of video calls.

In both Halden prison and the Mandal Unit, it was not clear to the delegation whether video visits were additional to, or an alternative to regular in-person visits. **The CPT would like to receive clarification on this matter from the Norwegian authorities.**

139. The overall procedure in place for applying for additional telephone time and for all video calls was reported as being rigid and burdensome. For video-calls, such procedure was mirroring the procedure in place for in-person visits. Prisoners had to make formal requests, and it could take weeks to render a decision on each request.

The Committee considers that imposing telephone and video time restrictions as in the prisons visited is not necessary. The procedure for applying for calls (both telephone and video calls) not only caused frustration among prisoners, but it was also in contradiction with Norway's normalisation of prison regime. In light of all this, the Committee is of the view that Norwegian prisons could be more generous in terms of access to telephone and video visits, especially towards prisoners who have children, and therefore **invites the Norwegian authorities to increase the weekly allowance of calls.** In addition, **the procedure in place for applying and granting video visits should be reviewed, changed to be similar to the procedure in place for telephone calls. The Norwegian authorities should also consider increasing the number of wireless telephones in the living units of the prisons.**

119. See Report of 2018, CPT/Inf (2019) 1, paragraph 55.
120. In Halden prison, prisoners were given 32 minutes of telephone time per week. In the Skien Unit, women prisoners were allowed 40 minutes of telephone per week. In the Mandal Unit, prisoners were granted 30 minutes per week, and 60 minutes per week in Unit I as a special privilege awarded to prisoners placed in that unit.

140. Regarding in-person visits, the prisons offered excellent visitation facilities. In Halden prison in particular, in-person visits were possible for one and a half hours per week, including intimate visits, and more if visiting rooms were available. Halden prison was equipped with an entire house made available for family visits, with the possibility for relatives and the prisoner to stay overnight for a weekend. In the Mandal Unit, both family and intimate visits were possible for one hour a week. A family apartment was also at the disposal of the prisoners, but not yet used for overnight stays.

In the Skien Unit, in-person visits were allowed for one hour per week, with one extra hour per week for prisoners who had children. The prison was equipped with one family visitation room. However, there were not many in-person visits in this prison. Several prisoners informed the delegation about their difficulties in maintaining their relations and contacts with relatives who lived in different parts of Norway. There was no apartment for visitors to stay overnight, despite the long distances that separated women from their families. Intimate visits were also not possible as there was no special room for this.

Similarly, in Tromsø prison, prisoners had difficulties having visitors due to the remote location of the prison. The management of the prison was however flexible, allowing one-to-one visits for longer than one hour when they occurred. The facility was equipped with family visiting rooms; however, no intimate visits were possible.

141. The CPT considers that it is very important for prisoners to be able to maintain good contact with the outside world. Above all, they must be given the opportunity to maintain their relationships with their family and friends. The continuation of such relations can be of critical importance for all concerned, particularly in the context of prisoners' social rehabilitation. The guiding principle should be to promote contact with the outside world as often as possible with restrictions on such contacts solely based on security concerns of an appreciable nature or considerations linked to available resources.

In the CPT's view, distances from family were not sufficiently considered at the Skien Unit, especially considering the limited number of establishments where women can serve their sentences in Norway, as a result of which women prisoners were often imprisoned far away from their homes. The same applies to Tromsø prison.

In light of the above, **the Committee recommends that the Norwegian authorities take steps to increase communication opportunities for prisoners in Norwegian prisons.[121] Special considerations should be given to the prisoners whose families live further away, and for detained persons who do not have sufficient means to pay for their calls. Free communication via videocalls should also be increased.**

In addition, **the CPT recommends that the Skien Unit of Telemark prison be equipped with a visiting apartment for families of prisoners who live far away from the prison.**

d. discipline

142. None of the prisons visited by the delegation had a register dedicated for disciplinary proceedings. Disciplinary files were to be found in the general prisons' database. The files consulted showed that, except for Mandal Unit of Agder prison, disciplinary files were not properly maintained. **The CPT recommends that disciplinary registers be established in every prison. In particular, documentation and registers concerning disciplinary sanctions must be properly maintained, accurately recorded and reflect all other aspects of custody.**

143. Disciplinary procedures examined in the prisons visited had several shortcomings. Prisoners did not always receive a copy of the disciplinary decision and were not asked to sign the decision. In addition, there was no explanation in a language they understood on how to appeal the decision. The length of disciplinary proceedings was long, with more than one month between the alleged disciplinary offence and the decision rendered, and more than three months if the prisoner submitted an appeal to the regional board.

121. See in particular Rule 24 of the European Prison Rules (contact with the outside world).

However, sanctions were adequate and proportionate to the disciplinary offences. In the majority of the cases consulted, the disciplinary sanctions applied were the loss of daily allowance or written reprimand.

In the CPT's view, the periods for disciplinary proceedings are too long to ensure a reasonable period of time between the alleged violation and the punishment. When it is deemed necessary to impose disciplinary punishment on a prisoner, this must be done within days rather than weeks or months after the infringement.

The CPT recommends that steps be taken in all prisons to ensure that:

- **prison management reviews the operation of the disciplinary procedures to ensure that any offence is investigated and adjudicated; and**
- **prisoners subjected to a disciplinary sanction are systematically provided with a copy of the disciplinary decision concerning them, and that they are requested to sign a statement that they have received a copy.**

e. complaints and inspection procedures

144. During the visit, the delegation found that the complaint handling system in prison could be improved. For example, a detained person met by the delegation filed a complaint against the behaviour of a prison officer and did not receive any response or feedback about the proceedings undertaken on the basis of the complaint.

The internal complaints system in prison should ensure that prisoners receive, within a reasonable time, written acknowledgement of every complaint made that was not satisfied immediately, reasoned answers in writing to written complaints (feedback on the outcome of their complaints in a timely manner) and that a proper record of every complaint is maintained.

Therefore, **the CPT recommends that the Norwegian authorities take measures to ensure that the system of handling complaints made by persons deprived of their liberty observes certain basic principles, such as availability, accessibility, confidentiality, safety, effectiveness and traceability. A complete written record of registered complaints and their outcomes should be put in place in all prisons in Norway.**

145. In addition to the NPM, who conducted regular visits to prisons, a new law was adopted in May 2023 on the establishment of a nationwide Supervisory Board of the Correctional Services. This replaced the existing Supervisory Committee of Norwegian prisons, in an attempt to strengthen supervision of the Correctional Services. The Ministry of Justice and Public Security informed the delegation that the new supervisory board will be independent and will conduct systematic and regular supervision of prisons as well as be mandated to follow up on individual cases. It was planned that the new board should be operational by 2025. **The Committee would like to receive information from the Norwegian authorities as to when the new supervisory board of the correctional service will indeed become operational.**

146. In June 2023, a new independent Committee for Criminal Reactions and Mental Health was created, which was tasked with investigating the conditions and care during imprisonment and detention of prisoners with serious mental or developmental disabilities. The Committee is mandated to evaluate preventive detention, the care of patients who are unaccountable pursuant to the Penal Code, and who were committed to psychiatric care or care by court order. The Committee is to submit its first report to the Minister of Justice and Public Security and the Minister of Health and Care by 1 March 2025. **The CPT would like to receive a copy of this report.**

6. The "National Reinforced Community Unit" (NFFA) of Ila Prison

147. In January 2020, the Norwegian authorities set up a National Reinforced Community Unit (*nasjonal forsterket fellesskapsavdeling* - NFFA) in Ila prison, which was moved in 2023 to a new, separate building of the prison.

The NFFA was established for a special targeted group of prisoners with mental health issues, who did not have a psychiatric diagnosis but who present aggravated or particularly violent behaviour. The prisoners admitted at the NFFA had previously been subjected to prolonged exclusion from the general prison population in their prisons. The objective of placement at the NFFA is to enable those prisoners to progress and function more effectively in mainstream prison conditions, and for them to be able to reintegrate their prisons and the prison community while reducing their isolation.

In the Committee's view, this is an appropriate tool to deal with the most difficult prisoners as it prevents the medicalisation of behavioural problems.

148. At the time of the visit, only one NFFA unit was in place in Norway, with a national capacity of six places. During the visit, the delegation was informed that a new NFFA unit for women prisoners was planned to be built at the Skien Unit of Telemark prison, with the intent to have it operational by 2025. **The CPT would like to receive information from the Norwegian authorities on the progress made on the plan to build the new NFFA at the Skien Unit of Telemark prison and when it will become operational.**

149. Concerning intake procedure, the applications to receive a prisoner at the NFFA were submitted by the prisons, following which an NFFA multidisciplinary team would visit the prison, meet with the prisoner and make an assessment.

A stay at the NFFA was meant to be temporary, until the prisoners' conditions improve, after which they would be transferred back to their prison. In practice, stays at the NFFA could be quite long. At the moment of the visit, there were four persons in the unit, including two who had been placed there for a few months and another one for almost four years.

Considering its limited capacity, **the Committee invites the Norwegian authorities to remain vigilant to make sure there is a turnover of prisoners at the NFFA if possible, or increase the number of places, to guarantee available space for new prisoners in case of need.**

150. The delegation found no evidence of ill-treatment of prisoners at the NFFA, keeping in mind however that none of the prisoners was willing to speak to the delegation during the visit.

151. The NFFA building offered excellent material conditions to the prisoners.

The NFFA was in a small unit located in new buildings. The unit had six large cells, including one cell adapted for persons with physical disabilities. It prioritised the target group's recovery and rehabilitation through a spacious environment, extensive natural light, multiple community areas, multipurpose activity rooms and extensive and pleasant outdoor spaces. The aim was to promote mental wellbeing while ensuring safety.

152. The regime offered an open-door policy to prisoners admitted at the NFFA. Since the prisoners had been isolated in other prisons for long periods in the past, the NFFA offered intense staff supervision and support, in an environment where risks to others could be effectively managed, while allowing prisoners time out of their cell and providing healthcare support.

153. Unlike other Norwegian prisons relying on municipal health services, the NFFA had its own healthcare staff, representing 50% of its staffing numbers. The other half were prison officers.

At the time of the visit, staffing was sufficient, with five prison officers and one leader working in the unit per shift from 07:00 to 20:30. There were no prison officers dedicated to the unit in the evening and at night, although there were seven staff covering the whole Ila prison. There was also consistent healthcare provision in the NFFA, with eight healthcare staff working

within the unit during weekdays, of whom a minimum of two were present on each shift, from 08:00 to 20:30. There was also one psychologist, one nurse trained in intellectual disability available as needed, and a psychiatrist who came from the nearby RSD Dikemark when required. In case there was a need of a general practitioner, one could come to the NFFA from Ila prison.

154. Coordination between prison and healthcare staff was good overall, with daily interactions and weekly meetings in place. Nevertheless, the high level of data protection and the associated fear of disclosing confidential medical information impeded the exchange of relevant information between healthcare and prison staff. This created barriers as many staff felt unsure about what health related information could or could not be shared with non-medical staff. In addition, exchanges of information between healthcare teams, namely somatic and psychiatric, could also be altered, since prisoners were given the possibility to block access to their files if they did not provide consent for this.

All these requirements for medical confidentiality meant that, in practice, staff could not work as a unified team and share information with appropriate safeguards, to the detriment of the best interests of the prisoners.

In light of the above, **the Committee recommends that the Norwegian authorities take steps to ensure that the multidisciplinary team of the NFFA are being given the means to work together and ensure the fluidity of exchange of relevant information between healthcare and prison staff, for instance by concluding a special procedural or legal framework under the Ministries of Justice and Public Security and of Health and Care Services.**

155. Staff working at the NFFA received specific training, on a weekly basis, and in this regard the delegation observed that staff were relating to prisoners in a patient, caring and professional manner.

156. As was the case in the other prisons visited by the delegation (see above, in paragraph 115), in the NFFA medication was distributed by prison officers without the original packaging, which raised concerns in relation to medical confidentiality. **The Committee hereby refers to the recommendation contained in paragraph 115 of this report.**

157. In the NFFA, contact with the outside world for prisoners was possible for 30 minutes a week, but this entitlement was flexible, depending on the conditions of the prisoners. Staff also spoke with the prisoners' families in order to facilitate the prisoners' contact with their families.

D. Psychiatric Institutions

1. Preliminary remarks

158. The delegation visited the Regional Security Department for Mental Health (RSD)[122] in Dikemark, a division of Oslo University Hospital, and the University Hospital of North Norway's Treatment Centre for Psychiatric Illness and Substance Abuse in Tromsø. In the Tromsø centre , the delegation focussed on the acute wards (North, South, Tromsø, and the Unit for Psychosis & Addictions) and the three forensic wards ("security a" (the RSD); "security b" and the predischarge unit "security c"). Further, the delegation carried out a targeted visit to the "security 1" and "security 2" wards at Østfold psychiatric hospital in Kalnes, including to assess the practice of application of means of restraint on these local wards.

RSD Dikemark was visited previously by the CPT in 1999 and 2011. The hospitals in Kalnes and Tromsø were being visited for the first time.

159. At the time of the visit, RSD Dikemark was still accommodated in one of three still functioning blocks of a former psychiatric hospital, dating from 1911. As had been the case in 1999 and 2011, the institution's 16 beds[123] were divided over a three-storey main block, which holds patients in three mixed-gender wards (the 'Forensic Ward' on the ground floor; the 'Security Ward' on the 1st floor; and the 'Intensive & Admission Ward' on the 2nd floor). There was an adjacent building which housed a gym, and there were two secure exercise areas. RSD Dikemark was situated within a high fenced secure perimeter. At the time of the visit, RSD Dikemark was operating at full capacity with 16 patients, including three female patients.

The University of Northern Norway's Treatment Centre for Psychiatric Illness and Substance Abuse dates in its current shape from 1965. The establishment is situated in the Åsgård neighbourhood on the edge of Tromsø, in a large area of grounds, overlooking mountains and a fjord. The hospital has eight blocks (mostly connected by long enclosed walkways) containing 14 wards, including four acute wards, a ward for the elderly and the three forensic units , as well as a range of other buildings. At the time of the visit, the Tromsø centre, with a total capacity of 141 beds, was accommodating 134 patients, with 44 patients in the four acute wards visited and 22 patients in the three forensic units.

The Østfold psychiatric hospital near Kalnes opened in 2015 to replace a much older psychiatric hospital. Situated in a modern three-storey building, adjacent to Østfold general hospital, the centre had 10 wards (with a capacity of 110 patients), as well as an electroconvulsive therapy (ECT) suite and an outpatient's department. At the time of the visit, the two wards (eight beds each) visited at Østfold psychiatric hospital were accommodating 14 male and two female patients.

160. As was the case during the CPT's 2018 visit to Norway, the relevant legal framework is set out in the 1999 Mental Health Care Act (MHCA) as amended in 2017, and the underlying 2011 Mental Health Care Regulation (MHCR).

The psychiatric hospitals visited also accommodated patients detained under the terms of penal legislation, that is, for the purpose of observation, for temporary treatment,[124] or sentenced to

122. There are four specialised regional high-security departments in Norway. Typically, an RSD admits severely mentally ill patients who display severe violent behaviour whose treatment in a "Local Security Unit" has failed. RSD's accommodate both forensic psychiatric patients and patients subject to an involuntary placement of a civil nature.
123. RSD Dikemark's operational capacity is 16 beds and two emergency beds.
124. In case a patient is transferred from a prison to a psychiatric hospital, the legal basis of the detention changes to Section 2 (2) MHCA when the transfer is voluntary or to Section 3 (3) MHCA when the transfer is involuntary.

compulsory treatment.[125] An amendment to the Penal Code in Autumn 2020 lowered the threshold for imposing compulsory psychiatric care: upon discretion of the court, persons with organic mental disabilities (such as dementia, Alzheimer's disease, brain damage and autism disorders) may now be sentenced to compulsory mental health care.[126]

161. The CPT understands that Section 10-3 of the Health and Care Services Act allows for the detention of "pregnant drug-addicted women". **The CPT would like to be informed about the application of Section 10-3 of the Health and Care Services Act in practice, including the frequency of its application over the last 10 years as well as the conditions for its imposition.**

162. Since 2018, resort to court-ordered compulsory treatment under the Penal Code as well as involuntary treatment under the MHCA has increased,[127] creating a shortage of beds in establishments for in-patient mental healthcare, the capacity of which, in the same period, was lowered from 3 712 beds in 2018 to 3 624 beds in 2022.[128]

According to the Norwegian authorities, the increase in the number of court-ordered compulsory treatment measures under the Penal Code is the result of the amendment referred to in paragraph 156 above.[129]

At the same time, the delegation was told, the increase in involuntary hospitalisations under the MHCA came as a surprise, given that the amendment to the MHCA enacted in 2017, and referred to in the report on the CPT's 2018 visit to Norway,[130] served to heighten the threshold for resort to involuntary hospitalisation by introducing lack of capacity to consent as a condition for decisions on compulsory observation, compulsory mental healthcare and compulsory treatment.

163. In response, in its Step-Up Plan for Mental Health (2023 -2033)[131] the Norwegian authorities announced their intention to increase funding for mental health with a total of NOK 3 billion[132] for the 10 years between 2023 and 2033.[133] Although the Step-Up Plan does not allocate the additional funding to a specific goal, it does make providing suitable mental healthcare for children and young people as a priority.[134]

Further, the sudden increase in persons sentenced to "compulsory treatment" prompted the Norwegian authorities to set up a committee chaired by Anne Cathrine Frøstrup, a high-ranking

125. The General Civil Penal Code ("Penal Code") provides for compulsory mental healthcare measures in respect of persons who have been found not to be criminally responsible for their acts, when this is considered necessary for the protection of society (Sections 20 and 62 of the Penal Code. Other grounds for placement in the context of criminal proceedings are court-ordered psychiatric observation (Section 167 CPA) or placement in a psychiatric institution instead of remand in custody (Section 188 CPA). It is also possible that a sentenced prisoner is transferred to a psychiatric hospital, in that case Sections 3-2 and 3-3 MHCA will be used.
126. Section 20 Penal Code.
127. Data provided by the Norwegian authorities.
128. Data provided by the Norwegian authorities.
129. Opptrappingsplan for psykisk helse (2023 – 2033); page 172.
130. Amendments enacted in 2017 to the MHCA (revised Section 4-4 and new Section 4-4a) and the MHCR (revised Section 21), stricter criteria and procedural requirements for resort to involuntary treatment were introduced. In particular, patients who are treated involuntarily must lack the ability to take decisions (unless there is an immediate and serious danger to their own lives or to the lives or health of others). Further, alternative voluntary treatment measures must have been unsuccessful, the opinion of the patient about current voluntary treatment must be sought, and other qualified healthcare professionals must be consulted. In addition, there must be a considerable likelihood that the involuntary treatment will lead to the cure or significant improvement of the patient's condition, or avoid a significant deterioration of the illness. Moreover, before an involuntary treatment order is issued, the patient concerned must be observed for at least five days (unless the postponement of the treatment would entail significant damage to the patient's health or the patient is well-known to the institution from previous treatment activities), and a list of 11 criteria set out in the law must be assessed (CPT (2019) 1; paragraph 132).
131. Opptrappingsplan for psykisk helse (2023 – 2033).
132. €2.5 billion.
133. Opptrappingsplan for psykisk helse (2023 – 2033).
134. Opptrappingsplan for psykisk helse (2023 – 2033).

former civil servant, which has been mandated to look into the arrangements for compulsory mental healthcare and compulsory care. The CPT understands that the committee will publish its findings by 1 March 2025.

Also, in September 2023, Norway's four Regional Health Boards published a "Comprehensive plan for security psychiatry and other measures for people sentenced to compulsory mental healthcare".[135] The plan takes as its basis the assumption that the demand for compulsory psychiatric care will continue to grow and proposes anticipating 37 measures ranging from staff training to the construction of stepdown units and building conditions.

The CPT would like to be informed about the outcome of the evaluation by the Frøstrup Committee, as well as the Government's position on that evaluation. Further, the CPT would like to be informed about the position of the Norwegian authorities on the report on compulsory care by the Regional Health Boards and the actions it has undertaken based on the analysis and recommendations from the report.

164. Since 2022, psychiatric hospitals in Norway make use of a new registration system. At the time of the visit, not all hospitals visited had made a complete transfer of data from the old to the new system, and unfamiliarity with the new system had led to certain information being stored in the wrong place, or not at all. On various occasions, the delegation had found that certain documentation and information was missing in the system, it being unclear if this had been misplaced, omitted, or simply did not exist. More importantly, gaps in information may have a significant negative effect on the exercise of patients' rights and their positive involvement in their treatment and may as well compromise the safety of both patients and staff. By way of example, feedback to a patient after an episode of restraint is only possible if the patient is informed about the reasons behind the application of restraint. If such information is missing, it may depreciate the value of such feedback and thus may deprive a patient and the staff from a moment of learning. Further, due to the new system, certain data on the use of means of restraint is no longer generated, which is problematic from the perspective of policy development (See paragraph 189 below).

The CPT recommends that the Norwegian authorities make additional effort to ensure that the new registration system will be fully functional as soon as possible.

2. Ill-treatment

165. The delegation did not receive any credible allegations of physical ill-treatment of patients by staff in any of the establishments visited. Indeed, the delegation observed that the interaction between staff and patients on the wards was calm and respectful. The delegation was informed that in recent years, both in RSD Dikemark and the Tromsø centre, a staff member had acted inappropriately towards a patient[136] and that both staff members had consequently been made redundant.

However, the CPT was very concerned with its findings in Østfold psychiatric hospital where in 2023 three patients had been restrained to a bed for up to 43 days (See paragraphs 191 to 193 below). In the CPT's view**,** such prolonged fixation, including the use of bottles, bedpans and an urinary catheter, may **very well amount to inhuman and degrading treatment.**

166. Although there was occasional violence between patients, this did not appear to be a widespread occurrence in any of the hospitals visited. However, the CPT notes that these rare incidents of inter-patient violence could be of a very serious nature: at RSD Dikemark the delegation was told about a recent attempt by one patient to strangle another patient.

135. Overordnet plan for sikkerhetspsykiatri og øvrige tiltak for personer med dom på overføring til tvungent psykisk helsevern.
136. In RSD Dikemark in 2020, a nurse slapped a patient and in the Tromsø centre, in 2021, a male nurse entered into a sexual relationship with a female patient to whom he also supplied illicit drugs.

3. Patients' living conditions

167. In the CPT's view, the aim in any psychiatric establishment should be to offer material conditions which are conducive to the treatment and welfare of patients; in psychiatric terms, a positive therapeutic environment. Creating such an environment involves, first of all, providing sufficient living space per patient as well as adequate lighting, heating and ventilation, maintaining the establishment in a satisfactory state of repair and meeting hospital hygiene requirements.

Consideration should also be given to the decoration both of patients' rooms and recreation areas, in order to provide patients with visual stimulation. The provision of bedside tables and wardrobes is highly desirable, and patients should be allowed to keep certain personal belongings (photographs, books, etc.). It is also important that patients be provided with a lockable space in which they can keep their belongings; the failure to provide such a facility can impinge upon a patient's sense of security and autonomy.

168. In general terms, patients' living conditions in Østfold psychiatric hospital were excellent. They were in general good, but dated, in RSD Dikemark and in the Tromsø centre. However, the four acute wards in Tromsø struggled with a lack of beds; sometimes new admissions had to be accommodated temporarily in beds in activity rooms, meeting rooms or elsewhere.

169. In both RSD Dikemark and in the Tromsø centre, the delegation was told about plans to replace the existing premises with new facilities.

- As regards RSD Dikemark, the delegation was pleased to learn that a new hospital, located next to Ila prison in the vicinity of Oslo, was finally[137] under construction. The building is to be completed by May 2026, with patients to be transferred in January 2027. The new establishment will have capacity for 64 patients: 32 regional security patients; 20 local security patients; and 12 patients with an autistic disorder.

- As regards the Tromsø centre, plans to demolish the current hospital and replace it on the same site with a new hospital are under development; the design and methodology have been agreed, but a part of the funding had not been assured at the time of the visit. The new accommodation is to become available in 2027 or 2028 at the earliest and will have an additional 15 beds.

The CPT would like to receive confirmation that no delays are expected in the re-accommodation of patients from RSD Dikemark's current site to the hospital under construction, and that patients will indeed enter in January 2027. Further, it would like to receive a timeline for the new to-be-built hospital in Tromsø, as well as confirmation that full funding has been assured.

170. Patients in the three hospitals visited had individual rooms of sufficient size, which were properly equipped with a bed, a chair and, in most rooms, storage space, with direct access to natural light through a window. The rooms could be decorated with personal items, but few patients availed themselves of this possibility. RSD Dikemark most rooms had a toilet and bathing facility. In the Tromsø centre, many rooms had shared sanitary facilities with an adjacent room, while in RSD Dikemark the patients accommodated in rooms without a toilet and shower, who were always male, could use these shared facilities in the corridor.

The three hospitals were clean and had a generally homely and relaxed atmosphere. Wards in both hospitals had a large dayroom (with TV), interview rooms, a clinical treatment room (with medication store), a dining area, staff office and staff meeting room. There was some exercise equipment available on the wards.

137. Successive CPT delegations had already been informed about the plan for the construction of new hospital premises during the 1999 and 2018 visits to Norway.

171. Whilst in the Østfold psychiatric hospital, patients could access an outside yard during the day, the wards at RSD Dikemark and in the Tromsø centre were not designed to allow patients to enjoy unrestricted access to an outdoor space. Staff in both RSD Dikemark and in the Tromsø centre were making efforts to take patients to the outdoor yards or grounds at least once and, if possible, twice a day, but did not always succeed. In RSD Dikemark, one patient had not gone out for several months. Further, whilst the yards in the Østfold psychiatric hospital were pleasant and well-equipped with benches, a shelter against inclement weather and greenery, the two exercise areas in RSD Dikemark had neither seating nor cover from the elements. In the Tromsø centre, the outdoor area used for patients accommodated in the RSD was very small and, the delegation was told, would soon be replaced.

As both RSD Dikemark and, probably, the Tromsø centre will have new facilities in the near future, **the CPT would like to receive confirmation that their design allows patients unrestricted access to outdoor space during the day (unless there are clear medical contraindications or treatment activities require patients to be present on the ward), which should be reasonably spacious and equipped with a means of rest and shelter against inclement weather. In the meantime, all efforts should continue to be made to allow patients unrestricted access to fresh air outdoors and, as patients in RSD Dikemark will not be reaccommodated in the new hospital building for another two and a half years, the two outdoor exercise areas used should both have seating for patients and cover from the elements installed. Further, the Committee would like to receive confirmation that the very small outdoor area used for patients accommodated in the RSD in Tromsø has been extended as planned.**

172. Except for the Unit for Psychosis & Addictions in the Tromsø centre, on all other wards in the hospitals visited, male and female patients were accommodated together without any stratification or gender-zoning. In the Tromsø centre, in most wards, there were no rules concerning patients entering each other's rooms, which was prohibited in RSD Dikemark. Further, while in RSD Dikemark sexual liaisons between patients were not permitted, at certain wards in the Tromsø centre staff said that they were not particularly alert to sexual contact between patients and whether that contact was consensual or not.

In the Tromsø centre, the delegation met two women accommodated on different wards who expressed that they were not comfortable around men. As one of these women was the sole woman on her ward, she rarely left her room and lived in *de facto* isolation.

In the CPT's view, it would be highly advisable to allocate dedicated areas of a ward (for instance, a part of the corridor or a dayroom) to female patients. Such dedicated areas would allow them to withdraw from unwanted attention from male patients, and thus reassure them that their privacy and sexual integrity can be maintained. Clearly, the planned construction of new hospitals provides an opportunity to take such gender-zoning into account in their design.

The CPT would like to receive the comments of the Norwegian authorities on the above. Further, the CPT recommends that the Norwegian authorities introduce gender-zoning on the mixed gender wards in the hospitals visited (and in mental health facilities elsewhere in Norway, as applicable) and that staff is alert on potential unwanted sexual contact between patients and protective towards patients vulnerable to such potentially unwanted sexual contact.

4. Treatment

173. Psychiatric treatment should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient (taking into account the special needs of acute, long-term and forensic patients including the need to reduce any risk they may pose), indicating the goals of treatment, the therapeutic means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication.

174. In the hospitals visited, patients appeared to be involved in their treatment: the patients interviewed generally knew their diagnoses and the details of their medication and were involved in clinical team discussions with staff regarding their treatment plans. Further, a wide variety of pharmacotherapy was available to treat patients. A small number of the most challenging and treatment resistant patients at RSD Dikemark had been assessed by the RSD Dikemark health care team as potentially being able to benefit from intramuscular injectable Clozapine. However, as intramuscular injectable Clozapine is not available as a registered medication in Norway, staff were not permitted to use this antipsychotic in this form. **The CPT would like to be informed whether it is foreseen that administration of intramuscular Clozapine will be authorised in Norway.**

175. In rare cases, as part of a patient's individual treatment plan, and following a somatic assessment and informed written consent, in RSD Dikemark and in the Tromsø centre, Electro Convulsion Treatment (ECT) was administered to patients by trained psychiatrists in dedicated suites in general hospitals (with continuous ECG and EEG monitoring) and the Østfold psychiatric hospital in a suite inside the hospital. An anaesthetist who would administer anaesthetic and muscle relaxants, and had suction and resuscitation/defibrillation equipment available, would be present throughout the session.

176. To the disappointment of some of the patients interviewed, the possibilities for receiving psychosocial treatments (for example, psychotherapy, creative therapies and activities) were limited, particularly in RSD Dikemark and in the Tromsø centre. Certain patients interviewed said that they were convinced that reduced treatment options negatively affected their possibilities for recovery. The delegation understands that staff shortage is the main cause for the limited availability of psychosocial treatments (See paragraph 180 below) but also noted that certain staff, in particular psychologists, had additional tasks beyond therapeutic work and that suitable facilities for occupational therapy were missing in both hospitals. In contrast, at the Østfold psychiatric hospital a dedicated occupational therapist was allocated to each ward visited by the delegation.

Given the general shortage of staff affecting the provision of (mental) health care in Norway, the CPT recommends that the Norwegian authorities seek to prioritise activities that allow for the delivery of a more intense programme of psychosocial treatments (for example, psychotherapy, and occupational and creative therapies and activities) to in-patients, to better aid their recovery. Further, the CPT trusts that the creation of suitable facilities for occupational therapy is part of the construction plans for the new buildings for RSD Dikemark and the Tromsø centre.

177. In line with the objective to prepare forensic psychiatric patients for independent life or for return to their families, in the forensic wards in the Tromsø centre and in RSD Dikemark certain patients were allowed to leave the hospital premises; in RSD Dikemark this concerned three to five patients, with one of the patients able to do so unaccompanied.

178. A small number of patients have been staying in RSD Dikemark for several years already and have no prospect for either release or transfer to a local hospital.[138] Patients with a similar, often forensic-psychiatric profile were accommodated in the forensic wards in the Tromsø centre and, to a lesser extent, in the Østfold psychiatric hospital.[139] According to the CPT's interlocutors, the future of these patients may lie in unique community facilities with a lower level of treatment and perhaps a lower level of physical security. The delegation was told that facilities of this nature are currently non-existent in Norway. As an additional complication, in both RSDs the delegation understood that transfer of certain forensic patients from a regional to a municipal facility may be complicated, in particular if the patient originates from a different municipality.

179. In their "Comprehensive plan for security psychiatry and other measures for people sentenced to compulsory mental healthcare", the four Norwegian regional Health Boards estimate that nationwide five to 15 patients would benefit from specialist secure housing at local or regional level. The report does not give detail about the living conditions and the treatment of persons to be

138. One patient had been accommodated in RSD Dikemark for almost 14 years.
139. In the Østfold psychiatric hospital, one of the two wards visited accommodated a patient who had been there for six years.

placed in these facilities, but the CPT trusts that the Norwegian authorities fully consider the purpose of placement in a care setting as, inter alia, reflected upon by the European Court of Human Rights in the case of *Rooman v Belgium*.[140] There, the court observed the growing importance given by international instruments for the protection of people with mental disabilities to the need for persons placed in compulsory confinement to be able to benefit from personalised and appropriate treatment to fulfil the therapeutic aim of detention. Further, the CPT firmly holds that even though certain patients may not have made sufficient progress in their treatment to be considered for release or transfer, they should nevertheless continue to be evaluated regularly in order to detect any progress as regards their treatment objectives. In that case, they should once again benefit from the full scale of therapeutic modalities on offer in the institution.

The CPT would like to receive the comments of the Norwegian authorities on the above. Further, it would like to be informed about the position taken by the Norwegian authorities as to the proposal for secure housing by the regional Health Boards.

5. Staff

180. In the meetings with representatives of the Ministry of Health, it was made clear to the delegation that the lack of qualified staff was amongst the most prominent problems facing Norwegian healthcare, mental healthcare included. It has been projected that if healthcare, including mental healthcare, will continue to be delivered as it is today, in 15 years 30% more healthcare staff will be needed.[141] In its "National health and coordination plan 2024-2027",[142] the Norwegian Government announces the measures it intends to take to tackle current and future healthcare staff shortages. Amongst the measures mentioned are, *inter alia,* increased digitalisation of services, including development of digital self-help tools;[143] improved task management and organisation of work processes, including a clearer thematic organisation of mental healthcare;[144] more attention for career, training and skills development; and better planning and coordination between the different services involved in the provision of mental healthcare.

181. The Norwegian authorities recognise that staff's experience of a lack of safety[145] affects decisions whether to remain working in the mental health sector or to seek alternative employment. In this context, it was somewhat concerning that in the three establishments visited, physical violence of patients directed at staff was not infrequent. While in most cases, physical assault led to minor physical injuries only, the delegation was informed about recent cases where a patient could only in a last instance be prevented from strangling a nurse and another case where a nurse was punched in the face, leaving him injured in the face, including with a black eye.

To enhance staff's capacities in this area, an intense, frequently repeated, research-based obligatory training course in understanding, preventing and handling aggression and violence, including both de-escalation and physical control techniques, was given in all hospitals authorised to accommodate involuntary patients, including the three hospitals visited by the delegation. The CPT's interlocutor at RSD Dikemark said that, thanks to the introduction of this "MAP" training five years ago, the frequency of incidents of violence and aggression had decreased. If correct, the experience of RSD Dikemark seems to be somewhat exceptional, as the delegation learned from exchanges with officials of the Ministry of Health that at the national level reports of violence against staff are on the increase.

The CPT welcomes the initiatives already taken to reduce violence on the ward and encourages the Norwegian authorities to reflect on additional initiatives to reduce it even further.

140. Application no. 18052/11.
141. National health and coordination plan 2024-2027; page 20.
142. Nasjonal helse- og samhandlingsplan (2024-2027.
143. National health and coordination plan 2024-2027; page 41.
144. National health and coordination plan 2024-2027; page 82.
145. National health and coordination plan 2024-2027; page 163.

182. In the three hospitals visited, the numbers of psychiatrists and psychologists were sufficient. In RSD Dikemark, there were four psychiatrists (one for each of the three units and one head of service) and four psychologists. Further, attached to the in-patient wards at the Tromsø centre, there was the equivalent of 24,8 FTE psychiatrist, with 9,7 full time posts vacant. As regards the number of psychologists, there were 16,7 FTE post, with three vacancies. Finally, the two security wards at the Østfold psychiatric hospital had two psychiatrists per ward (and no vacancies) and one psychologist. In the three hospitals visited, the psychiatrists were supported by various psychiatrists in training. For instance, in RSD Dikemark there were two trainee psychiatrists; in the Østfold psychiatric hospital there were 16 trainee psychiatrists and in the Tromsø centre there were 15 psychiatrists in training.

183. The actual numbers of ward-based core staff were high (for example, eight staff caring for eight patients on a low security ward, or eight such staff caring for five patients on an RSD ward). However, in the Tromsø centre in particular, exacerbated by its remote location, there were difficulties in recruiting nurses (there were 100 nursing vacancies), as well as other qualified staff, resulting in a dependence upon significant numbers of part-time, temporary and virtually untrained staff (including students) on the wards. The high numbers of staff present on the wards therefore obscured the actually much lower numbers of properly qualified staff (that is, often only two on a ward). This deficiency was bemoaned by some patients and staff in the hospitals, who attributed some untoward incidents to a lack of qualified staff and consistency, and who feared that the use of mechanical and chemical restraint had increased as a result.

Further, there was a lack of occupational therapists and social workers in RSD Dikemark and in the Tromsø centre, resulting in an inadequate provision of psychosocial treatments in these hospitals (both in RSD Dikemark and in the Tromsø centre there were vacancies for occupational therapists).

The CPT would like to be informed which measures the Norwegian authorities will take in the context of the "National health and coordination plan 2024-2027" to recruit and retain higher numbers of qualified staff to work on the wards (such as nurses) and to employ more occupational therapists and social workers.

6. Seclusion and means of restraint

184. Despite the efforts made by the Norwegian Government to reduce resort to means of restraint, an upward trend for the period between 2017 and 2022 is recorded. According to the Norwegian authorities,[146] the 2017 amendment to the MHCA (See paragraph 162) may have led to an overall increase in the use of means of restraint in mental health institutions, as the heightened threshold may have had as a consequence that many patients are considerably more ill before they receive treatment.[147] The CPT understands that an expert report on the matter was commissioned and that the subsequent wider consultation has led the Government to embark on a reflection as to whether a change in legislation is needed. **The CPT would like to be informed about any planned legal amendment related to the use of means of restraint in mental health establishments.**

185. The relevant legislation has not changed since the CPT's visit to Norway in 2018: the conditions for the application of seclusion and means of restraint are included in sections 4-3 and 4-8 of the Mental Health Care Act, and further regulated in chapter 3 of the Mental Health Care Regulations.

186. As mentioned in the report on the CPT's 2018 visit to Norway,[148] as regards seclusion and means of restraint, the MHCA makes a distinction between the imposition of restrictions (Section 4-3 MHCA) and coercive measures (Section 4-8 MHCA).

146. National health and coordination plan 2024-2027; page 107.
147. The Norwegian authorities also observe that the police increasingly assist the healthcare system in managing people with serious mental illnesses.
148. CPT (2019) 1; paragraph 121.

Restrictions

Patients may be completely or partially secluded 'for therapeutic reasons or in the interest of other patients' ("shielding" (*skjerming)).* A formal decision to this end should be made when the patient either objects, or when shielding is maintained for more than 24 hours, and has a maximum validity of two weeks. Further, if the patient is transferred to a seclusion unit or a similar location which involves a significant change in the patient's living conditions, a formal decision is needed if seclusion is maintained for more than 12 hours. In the case of shielding, staff should be present at all times.

Shielding was practiced in the three hospitals visited, both in the form of complete segregation of the patient as well as dynamic segregation, whereby the patient is under continuous monitoring by staff but has some freedom of movement on the ward and, at times, elsewhere. In the case of the former, in RSD Dikemark patients were accommodated in a separate annex with an unlocked door, under continuous staff supervision. At the time of the visit, in RSD Dikemark, five patients were subjected to complete, long-term shielding; these patients were living in rooms at the far end of the wards, under permanent supervision by two to three staff members. In the forensic RSD ward at the Tromsø centre, a shielding unit consisting of two rooms and a kitchen was under construction. Until the opening of this unit, shielded patients would be placed in their own rooms with the door ajar. At the time of visit, in the Østfold psychiatric hospital each of the two wards visited had one patient shielded.

Coercive measures

187. The MHCA mentions:
- mechanical restraints (defined as "measures that impede the patient's freedom of movement, including belts and straps and injury prevention special clothing").
- segregation (defined as a "short-term placement behind a locked or closed door without staff present").
- chemical restraint (defined as "single use of short-acting medicinal products for sedative or anaesthetic purposes").
- manual restraint.

The MHCA specifies that coercive measures may only be applied to patients when this is necessary to prevent them from injuring themselves or others, or to avert significant damage to buildings, clothing, furniture etc. Coercive measures shall only be used when less invasive means have proved to be futile or inadequate. Their application shall be applied as briefly as possible and be carried out in a considerate manner. The use of coercion shall be assessed on a continuous basis and be immediately terminated if it does not appear to have the expected effects or has unforeseen negative consequences.

Further, patients who are subjected to coercive measures shall be kept under continuous supervision by nursing staff. If the patient is subjected to mechanical restraint, nursing staff shall remain in the same room as the patient unless the patient objects to this. Coercive measures may only be used pursuant to an administrative decision by the responsible mental health professional (either a psychiatrist or a psychologist who had received special training).

188. According to Section 4-8 MHCA, patients subjected to a coercive measure or their next of kin may appeal to the hospital's Supervisory Commission; an independent statutory oversight body with a lawyer as its chair and that shall always have a doctor amongst its four members.[149] The Supervisory Commission may also decide to monitor *ex officio* the necessity of use and prolonged use of restrictive and coercive means, such as the continuation of shielding beyond 14 days.

189. In the hospitals visited the coercive measures in use were manual restraint, mechanical restraint (transport (waist) belts and 1 to 5-point fixation with belts to a bed) and chemical restraint. Segregation (placement in a locked room) was also possible but was only used very rarely.

149. As to the additional two members, one of them should have a history as a patient or relative or shall have represented patient interests as an occupation or commission.

190. According to Section 4-2 MHCA, patients subjected to a means of restraint (both restrictive and coercive) have the right to a debriefing; and, subject to restrictions, may 'participate in the institution's daily life; be given the opportunity to pursue their private interests and hobbies; have access to activities; be given the opportunity for daily outdoor activities. Further, restrictions and coercive means shall be limited to what is strictly necessary, and as far as possible the patients' view shall be taken into account, and patients shall be given the opportunity to make a statement, which shall be recorded.

As far as the delegation could ascertain, the precepts of Section 4-2 MHCA, which correspond to CPT standards, were respected in the three hospitals visited: the use of restrictive and coercive means appeared not to be used as punishment; patients received a debriefing after having been restrained, which was recorded in the patients' personal files, and staff made efforts for these patients to continue being engaged in activities, with others if possible, including visits to the community.

In conformity with the MHCA, in the three hospitals visited, the application of mechanical restraints was authorised by a psychologist or by a psychiatrist. The CPT was pleased to note that, in practice, as ascertained by patients interviewed by the delegation, a restrained patient was always reviewed promptly by a doctor, as should be the case. Further, when mechanically restrained or under segregation, patients were continuously supervised by staff, and were out of view of other patients.

The CPT recommends that the standing practice in the hospitals visited to review any restrained patient by a doctor be reflected in law.

191. The CPT findings come with an important caveat: the registration system[150] in place does not allow the easy collation of data at a hospital-wide level, preventing adequate monitoring of trends (locally and nationally) in the use of means of restraint and thus the effectiveness of any attempts to reduce their use. By consequence, the delegation could not obtain recent data as to the length and frequency of the use of means of restraint in any of the hospitals visited. At national level, this results in the Norwegian authorities lacking reliable indicators to assess their policy objective to limit recourse to means of restraint, which was in an upward trend between 2017 and 2022.

In the absence of up-to-date data on the use of means of restraint in the hospitals visited, the delegation had to rely on interviews with staff and patients as well as on medical files to be able to assess both their frequency and length. In this context, it was of concern that in the Tromsø centre the registration of application of means of restraint lacked diligence: in several files, the time of release was missing.

The absence of data hampers the Committee in assessing for instance whether the excessive and lengthy use of mechanical restraints as observed by the Norwegian NPM during a 2022 visit to RSD Dikemark,[151] has ceased, possibly following the departure of certain patients. However, the patient files suggest that as to the current patients, in general, coercive measures did not appear to be used overly frequently, nor for excessive periods (usually just for short periods of a few hours or less). Nevertheless, restraints may exceptionally be applied for periods of up to five days. In the Tromsø centre, the delegation had similar findings: coercive measures were usually applied for short periods of a few hours or less.

The CPT recommends that measures be taken to further reduce the length of application of restraint in the institutions visited, as well as elsewhere in Norway. Further, the electronic systems used to record restraint measures should allow for the easy collation of data at a hospital-wide level to allow accurate monitoring of trends (locally and nationally) in the use of restrictive measures.

150. In operation since 2022.
151. Norwegian Parliamentary Ombud, Visit Report Nr. 69, Summary and Recommendations, Oslo University Hospital, Regional secure psychiatric ward, Dikemark, 30 August to 1 September 2022; page 3.

192. Both the files consulted, and staff interviewed by the delegation in Østfold psychiatric hospital evidenced that in 2023 three patients had been restrained to their beds for periods of several weeks each (the longest being 43 days). It appeared that during these restraint periods, the patients frequently had to use bottles or bedpans to urinate or defecate, and on occasion one patient had been placed in incontinence pads, whilst another patient had required an *in situ* urinary catheter. They had also required feeding by staff and were prescribed anticoagulant medication to reduce the risk of deep vein thrombosis from the prolonged stay in bed. According to management at Østfold hospital, these patients had presented an extremely high risk of very serious harm, which could even be fatal, to themselves or others.

The CPT is deeply concerned by its findings, in particular as concerns the prolonged fixation to a bed, including the use of bottles, bedpans and an urinary catheter, **which in its view may very well amount to inhuman and degrading treatment.** In the CPT's view, the duration of the use of means of mechanical restraint and seclusion should be for the shortest possible time (usually minutes rather than hours) and should always be terminated when the underlying reasons for their use have ceased. When a patient is, exceptionally, placed in lengthy restraint, their care plan should be additionally reviewed by a doctor, accompanied by multidisciplinary clinical colleagues, all of whom are independent from the treating clinical team, in order to recommend whether alternative clinical treatment approaches might appropriately be deployed.

193. As it transpired, the Østfold Supervisory Commission neither scrutinizes *ex officio* the application of coercive measures in the institution nor keeps itself informed about instances of their use. Rather, the Østfold Supervisory Commission is said to focus on decisions concerning compulsory observation and compulsory care (See paragraph 198 below). Also, from discussions with members of the Supervisory Commission the delegation learned that even if the Supervisory Commission were to receive a complaint as to the use of means of restraints or would carry out an *ex officio* investigation, it would not inform itself about the length of the period these means of restraints had already been applied. The CPT considers such a-historic approach a serious flaw in the supervision methodology, as the legitimacy of the motivation for the continued necessity of their application should undergo particularly profound scrutiny.

194. The CPT expects that lessons will be learned so that, in future, similar situations may be avoided, including via systemic changes and/or different approaches to treatment and/or the use of alternative services, to ensure that restraints are only used for the shortest possible time (usually minutes to a few hours), that patients undergoing restraint are able to go to the toilet in a dignified manner and, when the emergency situation resulting in the application of restraint ceases to exist, the patient is released immediately.

195. From the files seen by its delegation, the CPT learned that in the hospitals visited in case of the application of a means of restraint, the next of kin is always informed, as the legislation prescribes. However, an appeal to the hospital's Supervisory Commission is seldomly launched by either the next of kin or by the patients themselves. For instance, in RSD Dikemark, since 2018 there has been only one appeal per year concerning the use of means of restraint, and at the time of the visit, none for 2024. The reasons behind such low number of appeals are unknown to the CPT. However, the circumstance that a patient does not have the right to legal aid in case of such appeal is certainly not encouraging. The CPT considers that continuous application of coercive means, such as was the case in the Østfold psychiatric hospital, calls for active scrutiny by the Supervisory Commission. **The CPT recommends that the Norwegian authorities reflect on measures as to ensure Supervisory Commission scrutiny of the continuous application of means of restraint, including by providing legal aid for patients that appeal to the Supervisory Commission in this context.**

196. At the outset of the visit, the CPT had been informed that research by the Norwegian NPM following the judgment of the European Court of Human Rights in the case of *Aggerholm v. Denmark*[152] had shown that in many hospitals the use of mechanical restraints is not sufficiently documented, and that in around one-third of the decisions, the Supervisory Commission's assessment of the condition that the coercive measure must be "unavoidably necessary" at the time

152. Application no. 45439/18.

of implementation is inadequately justified and therefore appears to be insufficiently assessed. Furthermore, around half of the decisions do not state whether the Supervisory Commission assessed whether the coercion was absolutely necessary until it was terminated.[153]

It was positive that from scrutiny of the documents and discussion with members of the Supervisory Commissions in RSD Dikemark and in the Tromsø centre it appeared that in both hospitals the Supervisory Commissions evaluated diligently decisions made by hospital staff as to the application of means of restraints and, at times, overturned them. For instance, in the Tromsø centre a patient had been strapped with a belt overnight without a formally correct decision and the decision was declared null and void. The CPT welcomes this situation.

Further, the delegation was informed that, in particular in the Tromsø centre, as regards both the quality of decision making and file keeping:

- the registered application of means of restraint frequently lacked ending times;
- the measures applied are at times omitted from registration;
- shielding is at times subject to back-to-back prolongation, without sufficient time allotted to make an adequate assessment of its necessity.

The CPT recommends that the Norwegian authorities ensure that these above matters are remedied, in the Tromsø centre and elsewhere if needed.

7. Safeguards

197. As mentioned in the report on the CPT's 2018 visit to Norway, according to the MHCA, persons with a mental disability may be subjected to two types of involuntary hospitalisation, namely placement for 'compulsory observation' for up to ten days (with a possible extension to a maximum of 10 days) and placement for 'compulsory mental healthcare' for a (renewable) period of one year.[154] In both cases, a decision must be taken by the 'responsible mental health professional', on the basis of an examination by two physicians, one of whom must be independent of the hospital. Further, according to Section 3-3a of the MHCA, the responsible mental health professional must examine the patient and take a formal decision within 24 hours.

As regards involuntary treatment, the legal basis remains Section 4-4 and Section 4-4a of the MHCA as well as Section 21 of the MHCR. Before an involuntary treatment order is issued, the patient concerned must be observed for at least five days (unless the postponement of the treatment would entail significant damage to the patient's health or the patient is well-known to the institution from previous treatment activities), and a list of eleven criteria set out in the law must be assessed. As a rule, an involuntary treatment order may only be implemented upon expiry of the 48-hour deadline for a possible appeal against the treatment order (to the County Governor) by the patient themself or their next-of-kin. An involuntary treatment order may be issued for a maximum of three months.

198. The Supervisory Commission, whose mandate and *modus operandi* is defined in Section 6 of the MHCA, is not only the appeal committee for the application of means of restraint (See paragraph 188); it may also receive appeals as regards both compulsory care, compulsory observation and involuntary treatment. The delegation observed that appeals would be made from time to time.[155] In case patients decide to appeal involuntary hospitalisation, a lawyer will be put at their disposal.

Further, the Supervisory Commission is mandated in Section 58 of the Regulation to evaluate every three months whether compulsory hospitalisation ex Section 3-8 (2) MHCA is still necessary, and if compulsory mental healthcare is to last longer than one year, the Supervisory Commission must consent to this. In particular in the Tromsø centre, the Supervisory Commission was critical as to the

153. It concerns research into the decisions on the use of mechanical means of restraint by Supervisory Commissions in the course of 2021. «Kontroll med bruk av mekaniske tvangsmidler i psykisk helsevern. En undersøkelse av kontrollkommisjonenes praksis» 14 November 2022.
154. Section 3-3 MHCA.
155. Section 3-7 MHCA.

quality of the decisions to continue involuntary hospitalisation; it found that the grounds for prolongation of involuntary hospitalisation tended to be weakly motivated, with frequent and obvious copying and pasting from previous decisions. **The CPT recommends that the Norwegian authorities take measures to ensure that decisions to continue involuntary hospitalisation are well-motivated.**

199. Upon admission, patients are given written information about the Supervisory Commission and its role, and in the Tromsø centre members of the Commission meet with all newly admitted patients. Further, every 14 days, in Østfold psychiatric hospital, RSD Dikemark and in the Tromsø centre, the members of the Commission would visit all the wards in the hospital and meet with patients and staff. In addition to the Supervisory Commission, patients can complain to the county government, a court of law and the ombudsperson.

Contact with the outside world

200. Patients' ability to have contact with the outside world (via visits, phone and video calls) was good. Patients in the hospitals visited could keep their mobile phones, which was positive, and see their families as frequently as they wished.

APPENDIX I – ESTABLISHMENTS VISITED

The delegation visited the following places of detention:

Law enforcement establishments

- Police Immigration Detention Centre in Trandum
- Oslo Police HQ
- Tromsø Police HQ

Prisons

- Agder Prison, Mandal Unit
- Halden Prison
- Ila Detention and Security Prison, National Reinforced Community Division (NFFA)
- Telemark Prison, Skien Unit
- Tromsø Prison

Mental health institutions

- Østfold Hospital, Psychiatric department, Kalnes
- Regional Security Department for Mental Health, Dikemark
- University Hospital of Northern Norway, Treatment Centre for Psychiatric Illness and Substance Abuse and Regional Security Department for Mental Health, Tromsø.