ADVANCE UNEDITED VERSION

Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Visit to Portugal from 1 to 10 May 2018: observations and recommendations addressed to the State party

Report of the Subcommittee*

Addendum

Replies of Portugal**, ***

[Date received: 31 May 2019]

* In accordance with article 16 (1) of the Optional Protocol, the present report was transmitted confidentially to the State party on 8 November 2018. On 31 May 2019, the State party requested the Subcommittee to publish the report, in accordance with article 16 (2) of the Optional Protocol.

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*** The present document is being issued without formal editing.

I. Overarching issues

A. Institutional framework

1. The Subcommittee welcomes integration of human rights in training and educational curriculum for law-enforcement and prison personnel. **It encourages the State party to ensure that the educational programmes for state officials dealing with detained and arrested persons include international standards relating to torture and ill-treatment and that all professionals involved in documentation and investigation of torture and ill-treatment receive adequate training on the Istanbul Protocol**

2. Nowadays all training programmes for Law-Enforcement bodies include matters about the Human Rights. Stressing that the 1st Course on Criminal Prevention, Community Policing and Human Rights in the GNR is currently taking place, where the opening subject matter and which constituted the first module is precisely on "Human Rights".

3. The Subcommittee recommends that the Mental Health Act is revised without further delay to bring it into compliance with the CRPD and that the monitoring of its current Chapter II is strengthened, including through providing the Commission for Follow-Up with adequate resources and support.

4. The revision of the mental health law is within the scope of the National Mental Health Program, and is **to** start in 2019. The objective is to review some aspects related to the compulsory detention procedure, and to make it more compatible with the CRPD conventions. The Ministries of Health and Justice have already been asked to nominate the new Commission for the Follow-up of Compulsory Internment.

5. Regarding the online monitoring of the number of compulsory hospitalizations in the country, we hope that the **Ministry** of Health's IT Office (SPMS) might be able to start implementing it during 2019.

6. The Subcommittee urges the State party to allocate adequate budgetary resources to ensure the adequate administrative**, medical and security staffing of prisons and psychiatric and forensic units.**

7. The number of staff required and the professional profiles needed are subject to a permanent and continuous assessment, which is transmitted to the Ministry of Justice. The Ministry of Justice considers these needs according to the available resources.

8. With regard to staff in psychiatric units (including the forensic units), there is in fact a smaller number of professionals than necessary. Actually, the scarcity of human resources (generally speaking) has been identified in all previous assessments of the public mental health system for a long time. In 2019, the National Mental Health Taskforce (belonging to the Directorate General of Health, DGS) was finally included in the process of allocating newly-existing psychiatrists (for adult and child/adolescents), with a very good outcome – for the first time, mental health services farthest from the large cities (Lisboa, Porto, Coimbra) were contemplated with much more places than until now.

9. However, there is still a general shortage of non-medical resources throughout the country (eg, psychologists, nurses, occupational therapists, social workers), which needs to be corrected progressively, despite the financial constraints on hiring them. This is a major challenge for the mental health system: without this corrective measures, it will be difficult to improve the delivery of mental health care and to achieve a true reform of the system.

10. In a broader perspective, the Government has recently approved a new regulation for the forensic units, which will allow for a reconfiguration of the forensic system, creating for the first time a step-down model with transitional residences for the community. Following this approach, Hospital Magalhães de Lemos (Porto) already started the construction of a new forensic unit, alongside with a halfway residential facility.

B. Complaints mechanisms

11. The SPT recommends having the information on monitoring and investigation mechanisms and the relevant complaint procedures readily available to the detained and arrested persons, including through exposing it in visible spots in police stations and prisons.

12. Regarding this recommendation, we would like to transmit that the Office of Audit and Inspection (SAI in the Portuguese acronym) of the Directorate General for Rehabilitation and Prison Services (DGRSP in the Portuguese acronym) has already submitted a proposal for the implementation of a new system of complaints to the DGRSP management. Following some suggestions for further simplification, the final version is currently being finalized and a copy of the new system of complaints will be sent in due course.

13. The Subcommittee reiterates its recommendation that the State party put in place effective mechanisms which will allow detainees to submit complaints concerning ill-treatment confidentially and directly**, and without any form of internal (or external) scrutiny or censorship, to independent, impartial and effective bodies with the power to investigate and trigger appropriate protective and remedial action. The Subcommittee further recommends that the State party ensure that those submitting such complaints are not subjected to any form of reprisal or sanctions, including physical, disciplinary or administrative sanctions.**

14. It should be stressed that the activity of the DGRSP is under constant scrutiny, since prisons may, and have been, regularly visited by holders of sovereignty organs (mainly magistrates, members of the Government and members of the Parliament), by the Ombudsperson (also in the quality of National Preventive Mechanism under the OPCAT) and by representatives of international organizations with responsibilities in matters relating to the promotion and protection of the rights of prisoners (Article 66 (1) (a)(c) of the Code of Execution of Sentences and Custodial Security Measures, CEPMPL in the Portuguese acronym, approved by Act No. 115/2009 of 12th October).

15. Additionally, it should also be noted that prisoners have the right to write and receive letters, without any control, to lawyers, notaries, solicitors, diplomatic and consular entities, organs of sovereignty, Ombudsperson, Justice Services General Inspectorate and President of the Bar Association (Articles 67 and 68 of the CEPMPL).

16. Inmates may also call, freely and free of charge, to a set of telephone numbers, such as *Linha Sida* (HIV/Aids Hotline), *Abraço* (Association for the support of people infected by HIV/Aids), *SOS Voz Amiga* (hotline of emotional support to all those who are in situations of suffering caused by loneliness, anxiety, depression or risk of suicide), the Commission for Citizenship and Gender Equality, Ombudsperson's Office (Child Line and General Line, SOS Emigrant, Elderly Person’s Line, Life Line and Citizen with Disabilities Line).

17. Finally, the SAI, which is coordinated by a judge and two public prosecutors, develops its inspective and disciplinary activity on the basis of complaints made by prisoners and/or their families, as well as by news published by the media or even on its own initiative. Any allegation of ill-treatment always gives rise to the opening of an investigation and, if the facts constitute a crime of a public nature, this circumstance is transmitted to the Public Prosecutor's Office in order to initiate criminal proceedings.

18. As to possible cases of ill-treatment, and because collecting evidence is essential, it should be referred the entry into force of Circular No. 1/2017, which established the procedures to be observed when conducting a medical examination upon admission of inmates, when they show physical injuries, when control and restraint means are used or when they complain about alleged physical abuse.

19. On the other hand, and in relation to individuals who are brought to prison by police forces, it is also important to recall joint Order No. 11838/2016 of the Ministers of Internal Affairs and Justice, which lays down that the communications provided for in Article 11(2) of the Prison Establishments’ General Regulation approved by Decree-Law No. 51/2011, of 11 April, (henceforth General Regulation) are to be made to the Internal Affairs General Inspectorate (if they are brought by the *Polícia de Segurança Pública* [PSP] or *Guarda*

Nacional Republicana [GNR]) and to the Justice Services General Inspectorate of (if they are brought by the *Polícia Judiciária* [PJ]). This rule has been strictly observed. It should be clarified that Article 11 provides that upon finding any visible injuries, or when there is a complaint of aggression prior to admission, the injuries are recorded and, if the inmate agrees with it, they are photographed; a medical examination is always carried out and the corresponding report drawn up. Immediate medical care is ensured, when required.

20. In the area of prevention and reinforcement of the "zero tolerance" policy on ill-treatment, Circular No. 1/2016 also refers that all the staff working with inmates have to display an identification card with photography. The issue and distribution of this card is in its final stage. A final note to mention that, in order to contribute to the prevention of ill-treatment, a significant investment was made with the installation of CCTV in prisons.

21. During the meetings with the IGAI and NPM, the SPT delegation noted, that many cases are closed not only because of lack of evidence, but also because of incomplete and scarce documentation. **The Subcommittee recommends the State party to ensure that the educational and training programs for police and prison personnel includes the proper documentation and complaint processing methods.**

22. The Subcommittee notes that the NPM has currently 15 staff members, who simultaneously perform other functions of the Ombudsman's office and that IGAI consists of 12 seconded police officers. **In this regard, the Subcommittee urges the State party to ensure that the resources allocated to these institutions provide for adequate number and qualifications of the staff members and enable them to carry out efficiently their professional duties.**

23. With respect to recommendations 50. and 51., it is worth mention that training courses for prison guards always include disciplines relating to the protection of human rights, multiculturalism and techniques of interpersonal intercommunication, as well as on the use of coercive means (control and restraint techniques), subject matters covered by Circulars and other guidelines of the DGRSP, which include obviously filing a complaint.

II. Prevention of Torture and ill treatment

A. Police

24. The Subcommittee considers it an unacceptable that arrested people believe that it is normal to be kicked by a police officer and recommends the State party to enhance educational and oversight measures to ensure that the behaviour of the police officers is in full compliance with prevention of torture and human rights standards.

25. In paragraph 53, it should be mentioned that the data are too generalist, without officials complaints and specific cases. General Inspection of Home Affairs within the scope of its competencies performs unannounced inspections at the premises of the Law-Enforcement bodies.

B. Prisons

26. The Subcommittee recommends that the State party ensure to persons alleging ill-treatment, a confidential and accessible way of filing a complaint to an independent investigative mechanism, that such allegations are investigated in prompt and effective manner, that those responsible for ill-treatment are punished accordingly and that the complainant receives a response within reasonable time. The Subcommittee underlines that the transfer to another prison cannot be considered a sufficient sanction for the identified perpetrators of torture and ill-treatment.

27. Please consider the answer provided to recommendation 49.

28. The Subcommittee further recommends to urgently review the situation in the Porto prison to ensure adequate staffing, material conditions, medical care and to prevent further ill-treatment.

29. Although the national prison population is decreasing and the prison system has currently an occupancy rate of 99.4%, it is conspicuously that the Porto prison is overcrowded and lacks extra staff.

30. However, it should be clarified that the overcrowded cells mentioned concern two separate dormitories, which have specific programs for the detoxification of prisoners (*PARET* program) and risk management (included in the Integrated Plan for the Prevention of Suicide – PIPS in the Portuguese acronym). Those dormitories are designated «Observation Dormitory» and «Observation and Monitoring Dormitory». Their respective working dynamics differ from those of cells or dormitories of the pavilions and all the inmates who integrate them are aware of, and accept, the rules that govern them by signing an information consent or adhesion contract. Lastly, it should be mentioned that the observation program has a maximum duration of 3 months and the Observation and Monitoring program has an average duration of 5 months.

31. With regard to the reported cases of assault to prisoners by prison guards, including the death of a prisoner without medical assistance following one of these assaults, it should be noted that the occurrences related to the death of prisoners in the Porto prison, as in other prisons, are communicated to the entities referred to in Article 63 (3) of the General Regulation, which include the SAI and the Public Prosecutor's Office. Lastly, all deaths of prisoners that occurred in the Porto prison in 2017 and 2018 had natural causes, and the cases were closed by the SAI and by the Public Prosecution Service, without any criminal proceeding.

32. In relation to the case of aggression described, which involved a prisoner in a wheelchair, contrary to what is mentioned, an **internal** investigation was initiated and, once completed, was sent to the SAI, which proposed to close the case, proposal that was endorsed by the DGRSP management. Moreover, following the opening of an investigation by the Public Prosecutor's Office initiated after a complaint was filed by the prisoner in question, this case was also dismissed by the court.

C. Psychiatric Care

33. The Subcommittee recommends that the State party takes measures to ensure that physical restraint is used as last resort and its prescription in each individual case is re-evaluated on periodic basis. The SPT wishes to be kept informed about changes in the legal system coming into force and refers to the Revised CPT-Standards on means of restrains CPT/Inf/2017).

34. Although this recommendation does not concern directly a hospital under the remit of the DGRSP, it is worth mention that **the** placement of a prisoner in a security room can only take place in a situation of serious alteration of his/her psycho-emotional state, if he/she represents a serious danger of violent acts against personal property, for oneself or for a third party, or patrimonial property, and where less severe special measures prove to be ineffective or inadequate. The length of outdoor stay can also be reduced, with the limit safeguard laid down in Article 51 (2) of the CEPMPL.

35. In the Psychiatry and Mental Health Clinic of the Santa Cruz do Bispo male prison, an internment in a safety room may occur under similar circumstances, by a medical decision, confirmed immediately by the director, which follows an appropriate procedure.

36. In order to better understand the problems and the rights of internees, a training action was held at the mentioned Clinic on the 3rd of July 2018 addressed to prison guards, which included the following subject matters: psychopathology and mental health, communication with the mentally ill, mentally ill/not criminally **responsible** persons in prisons, non responsibility and integration in psychiatric institutions. The training team, consisting of psychiatrists, nurses and senior technicians of rehabilitation of the Clinic, also included two psychiatrists specialized in forensic psychiatry and a technique from another prison with

specific skills in suicide prevention. Twenty-one workers were enrolled and fifteen effective participations were verified.

37. The regulation of the general principles on containment is part of the subjects to be included in the revision of the **Mental** Health Law 36/98.

III. Prisons

A. Material conditions of detention in prisons

38. **The Subcommittee recommends the State party to broaden the work, education, rehabilitation and recreation opportunities for prisoners. Such opportunities facilitate rehabilitation of prisoners and their future reintegration in the society. The Subcommittee recommends that fairly remunerated work opportunities be made available to all detainees. The State party might consider dividing working hours between several prisoners to allow more people to be engaged in purposeful activities.**

39. It should be mentioned that a continuous investment to qualify prison treatment, defined as "the set of social rehabilitation activities and programs aimed at preparing the prisoners for liberty, through the development **of** their responsibilities, the acquisition of competencies that allow them to choose a socially responsible way of life, without committing crimes and to provide for their needs after their release" [article 5 (2) of the CEPMPL], has been made.

40. Recognizing the importance of prison treatment activities in the process of rehabilitation and social reintegration of **prisoners**, the DGRSP seeks to organize a differentiated educational and vocational training offer targeted at individually assessed needs.

41. While the delegation did not consider the food, shown by the prisoners, of particularly bad quality, the State party is urged to check on the food hygiene, nutritious value, the variety and the quality of the food served on a regular basis. The Subcommittee encourages the State party to ensure that all inmates receives sufficient supplies of hygienic and cleaning products.

42. With respect to this recommendation, it should be highlighted that four daily meals are provided (breakfast, lunch, dinner and an evening reinforcement delivered along with the dinner) and that prison establishments provide for specific diets prescribed by doctors and/or requested by the prisoners in order to respect their religious or philosophical beliefs.

43. Food provision to prisons is a contracted external service and food's quality and quantity of each meal obey strict criteria, defined by a physician and a nutritionist, and are subject to a daily check in each prison. Where, in the course of this daily check, something is not in accordance with the defined criteria, the meal is replaced and in certain extreme cases, penalties may be applied to the supplying company, in accordance with the existing contract.

44. The Subcommittee urges the State party to ensure that the material conditions in detention do not pose such health hazards and recommends the State party to ensure that essential maintenance is carried out, including through creating maintenance paid or voluntary work opportunities for inmates.

45. The conservation and maintenance of prison spaces is a constant task and is frequently renewed. In general, prison cleaning and maintenance services, as recommended, is carried out by duly paid prisoners.

46. The Subcommittee recommends the State party to ensure that the call bells are functional in all facilities and that units are staffed in a way that makes responses to alarms possible.

In the context of the conservation and maintenance of prison establishments, special care is devoted to the call system from the cells (bells). Despite this constant attention, due to the intensive use and sometimes to the **scant** usage that the prisoners give to this equipment, malfunctions are frequent.

B. Discipline

47. Subcommittee recommends that the State party ensure that the disciplinary proceedings in prisons are speedily processed and that measures be put in place to allow prisoners to appeal against the imposition of disciplinary sanctions. Disciplinary cells should only be used when strictly necessary, and time spent in confinement cells should be deducted from the period decided upon for the disciplinary sanction. The SPT also recommends that the State party ensure that the maximum period of placement in solitary confinement shall not exceed 15 consecutive days (even if it involves legislative changes), 21 and that such periods must not be imposed consecutively or in swift succession.

48. It should be highlighted that the conflict level among inmates is relatively low and any conflict is immediately solved by the prison guards. There is no record of serious injuries of inmates (the last and rare situation of death dates back to 2015). The decrease of the number of prisoners has had a reflection on prison overcrowding and thus favoured the decrease of the conflict level. In 2017 the recruitment of 400 new prison guards, as well as the installation of video surveillance systems have also contributed for this decrease.

49. Under the appropriate legal framework, the application of precautionary measures while a disciplinary **process** is pending is a power exercised whenever it is necessary by the prison establishment directors (*e.g.* cases of violence among inmates).

50. Placing an aggressive inmate in a separated cell or in a confinement cell as precautionary measure entails a restriction on freedom of movement and on the enjoyment of occupational activities. These decisions, under **the** Circular No 2/DGRSP/2015, are communicated to the SAI, and placing an inmate in a separated cell for more than 72 hours must be communicated to the Public Prosecutor's Office at the Enforcement of Sanctions Court. Following the communications transmitted to the SAI, several recommendations were addressed to prison establishment directors reminding them that precautionary measures are exceptional in nature and that their application should be the shortest possible even if the law provides for longer time frames.

51. Although the law has not been amended, the duration of disciplinary sanctions, in practice, has been reduced. Although confinement to a cell as disciplinary sanction for more than 15 days is not usual, nevertheless there are still situations where the measure is applied for a longer time and in accordance with the legally **defined** deadlines. It should also be mentioned that although the law does not establish any differentiated regime for children under 18, confinement to a cell as disciplinary sanction is extremely exceptional.

52. With respect to the Porto prison, the application of disciplinary measures in this prison establishment has been **scrupulously** carried out in accordance with the legal framework. In no case confinement to a cell as disciplinary sanction has exceeded the legally maximum limit of 21 days duration. Indeed, during 2018 the record for this type of sanction is two punishments of 15 days and the average number of days of this disciplinary sanction was 4,50 days.

53. Lastly, under no circumstances the consecutive execution of these punishments is admissible if it exceeds the legally determined limit, and whenever there are several sanctions of this kind are to be enforced, these sanctions shall be enforced in different periods.

IV. Healthcare

A. Generic observations and concerns

54. The Subcommittee recommends the State party to ensure that all inmates receive adequate medical attention from doctors, that medication is not used as a form of control to compensate for shortage of staff, and that informed consent for treatment is systematically sought.

55. The implementation of this recommendation is being put into practise. Administration of drugs to inmates must be **previously** prescribed by physicians, which inform them, during consultations, about the medicine to be administered, its name, purpose, dosage, and its intake duration, among other elements. Any additional clarification requested by inmates is given by the nursing services when administrating the therapy. Medication intake is witnessed and the drugs are placed in individual containers whose content is poured directly into the hand of each inmate.

56. With regard to the Porto prison, it should be clarified that prisoners on hunger strike are always seen by a doctor before the hunger strike starts and are subject twice a day to a check of their vital signs and level **consciousness** by the nursing staff. Whenever these patterns are altered, even if slightly, those prisoners are immediately seen by a physician at any time of day or night.

57. Psychiatric medication is always prescribed by a doctor, which explains to inmates their action and side effects. The explanation of these effects to psychiatric patients with discernment problems, such as patients with **psychoses** and/or psychotic episodes, is often difficult and non-administration may pose risks to their lives or to third parties. Medication is never administrated to compensate shortage of staff.

58. The Subcommittee recommends to expand the provision of medical devices and supplies such as defibrillators to be used in medical emergencies and the associated training for staff to all places of detention in order to ensure help can be provided promptly.

59. The provision of medical devices and supplies, including defibrillators, is subject to the availability of financial resources for this purpose. However, it should be mentioned that the Porto prison has all the necessary devices and the personnel is trained for any medical emergency, including the use of defibrillators. **Furthermore**, medical personnel has training in advanced life support and nurse staff has training in basic life support with and without defibrillators.

60. An effort has been made in this direction, defibrillators had been installed and the associated training given for staff, but it has not yet been possible to reach all places of detention.

B. Medical screening and examination

61. The Subcommittee recommends that all newly arrived detainees, as soon as possible and no later than 24 hours following the entry into a place of detention, be given a thorough medical examination, including a full body examination, in order, inter alia, to detect any signs of injuries sustained prior to the person's admission. In addition, the results of such examinations should be appropriately and comprehensively recorded in a specifically designated and confidential register, and in cases of suspicion of torture and ill-treatment, reported accordingly, as described in Rules 33 and 34 of the UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules).

62. Medical examinations should be carried out regularly, and always in keeping with the principle of medical confidentiality: no person other than medical personnel should be present during the examination. Guards should remain out of hearing and normally out of sight, except in the rare case where the medical staff may, for reasons

of safety, request otherwise. Medical records should be made available to the detainees and/or their legal representatives upon the detainees' request.

63. Further, the Subcommittee recommends that the State party improve its training of medical personnel working in places of detention, particularly as regards international standards, including the Istanbul Protocol which is an indispensable tool in detecting, documenting, reporting and as such deterring torture and ill-treatment.

64. Regarding recommendations 90., 91. and 92., the parameters concerning the admission of newly arrived inmates are **duly** reflected on the Health Care Procedures Handbook approved on the 5 June 2009 and on the CEPMPL. Hence, those recommendations are followed by the DGRSP.

65. Accordingly, following the entry into a prison establishment, this circumstance is communicated to the clinical services by attaching a copy of the health documentation held by the inmate and, within 24 hours of its entry, he is subject to examination by the nurse on duty. If he/she considers that a medical examination is need, this fact is transmitted to the prison doctor or, when necessary, it must activate the emergency procedures, thus ensuring to inmates access to health care in conditions of quality and continuity identical to those that are assured to all citizens, as provided for in Article 32 (1) of the CEPMPL. The inmate's medical appointment shall be made within 72 hours of the prisoner's entry into the prison, except in emergency situations. It should be reiterated that these procedures are followed in all prison establishments.

66. Finally, it should be noted that the medical and nursing personnel working within the prison system, some of them working for private health care providers, is properly trained to recognize clinical situations resulting from ill-treatment.

C. Prisons

67. The Subcommittee recommends that this practice be modified and the medications remain in a blister pack until they are administered in order to retain their properties and ensure hygiene.

68. Regarding the situation of Porto prison that has been flagged, the problems have been corrected. However, it should be underlined that the drug preparation rooms have both temperature and humidity controlled and the nurse that administers the medication confers it before it's in taking.

69. The Subcommittee recommends that the State party improve the access of inmates to medical care, including specialized medical care, through better coordination with the aim of reducing waiting time for medical assistance to persons deprived of liberty.

70. Access of inmates to medical care is a main concern. Hence, the importance of Order No. 10091/2013, of 1st of August, which created, within the DGRSP, the "Competence Centre for Health Care Management", with responsibilities within the prisons' health sector. This Centre integrates health technicians of the DGRSP and has led to a greater control and supervision of the clinical staff of private undertakings **that** work in prison establishments.

71. Regarding the excessive clinical staff turnover and the poor attendance of clinical personnel, as a strategic decision, it was determined to recruit civil servants, so that in internal mobility, they could take on functions in several prison establishments (ongoing implementation) in order to gradually reduce costs with **human** resources of private companies, thus stabilizing the excessive turnover, and significantly reduce dependence of private companies.

72. Thus, in 2017 recruitments procedures were initiated in order to recruit 45 nurses and 17 physicians. Additionally, in 2018, under the Programme of Extraordinary Regularisation of Precarious Working Contracts, 11 **recruitment** procedures were opened in the health sector and 55 contracts were thus regularised.

73. Lastly, it is worth mention that the DGRSP has currently 32 physicians and 160 nurses, which are responsible for 50% of the number of hours of medical care provided. In turn, as of April 30 of this year, 34 doctors and 95 nurses of the private sector provide services for prison establishments.

74. **The Subcommittee recommends the State party to ensure that tranquilizers are not given without a prior, free and informed consent.**

75. This recommendation is fully followed since all medications, including tranquilizers, as previously mentioned, are prescribed by qualified doctors and patients are always elucidated about the pathology and medication **prescribed**. This procedure is naturally also adopted in Porto prison and only the patients who need medication (and not all inmates as mentioned) will receive it and its intake is always witnessed by the nurse. To this extent, all medication intake or its refusal is always observed by the nurse.

76. The Subcommittee recommends that substitution therapy for drug users is available to all who need it and is administered in a pro-active manner.

77. Access to drug substitution programs is a reality trough protocols in 61% of prisons. This access is carried out in coordination with the National Health Service through the DICAD's (Portuguese acronym for **Intervention** Units for Addictive Behaviours and Dependencies) and respective teams of the Comprehensive Response Centres of the geographic area where the prison is located. The access to the programs of the remaining 39%, though there are no signed protocols, is guaranteed by the DICAD teams whenever necessary.

78. With respect to the provision of health care in addictive behaviours and dependencies, it should be stressed that **coordination** with the National Health Service is guaranteed during flexibilization measures of imprisonment and when inmates are released. Opioid substitution treatments are available as a pilot phase in Alcoentre, Lisbon, Porto and Paços de Ferreira prison establishments and the extension to other prisons is being considered. Lastly, abstinence programs are provided in prisons with free drug units with a special focus on the acquisition and development of skills.

D. Forensic units

79. The Subcommittee urges the State party to ensure that Pavilion 16 of the Psychiatric Hospital of Coimbra has adequate staffing, maintains detailed and regularly updated medical records, and adheres to all provisions stipulated in law, including providing alternative care for patients formally released from the hospital.

89. The scarcity of medical resources is a reality in this forensic unit and has to be considered as something that should be corrected. However, it should be noted that psychiatrists also have other tasks outside the unit, such as outpatient and emergency room, so they cannot be in the unit on a permanent basis.

90. With regard to the compulsory review every two months, which is entered in Mental Health Law 36/98 (article 35), there is a mistake in the report: article 35 applies only to patients in compulsory confinement in general hospitals, not to forensic patients, where the review timings are different (mandatory each 2 years, or at any time whenever the court ask for it).

E. Psychiatric units

91. The Subcommittee recommends the State party to ensure that:

a) multidisciplinary care is provided to all patients, and rehabilitation, occupational or recreational activities is proposed on regular basis;

b) detailed medical justification is provided for individual risk assessment as basis of admission to psychiatric care under court order and the person concerned has the possibility to appear before the judge before such decision is taken;

c) additional measures are taken to support the establishment of community based services, in order to aid the discharge **of patients who are only in long term hospital care because of their lack of access to community care.**

92. During 2018, combined efforts of the Ministry of Justice and the Health Ministry lead to improvements on mental health quality in prison establishments. These efforts have resulted on the publication of the Decree-Law 70/2019 24th May that adapts the rules applicable to the execution of internment measures of persons not criminal responsible and with psychological disorders in mental health units not integrated in the prison system.

93. This decree-law implements Article 126 of the CEPMPL and it reaffirms the principle of preference regarding the execution of measures applied to persons with psychological disorders in non-prison mental health units, whenever security reasons allow it. This will favour their rehabilitation and their reintegration into the family and social environment, whenever possible.

94. Another example of those efforts is the inventory of patient's situation admitted in the Psychiatric and Mental Health Clinic of Santa Cruz do Bispo in order to assess a possible revision of their internment and their release under Articles 92, 93 and 94 of the Criminal Code. A report of the working group established for this purpose under the Ministerial Order No. 5744/2018, of 11 June was completed and sent to the responsible ministers on the 25th February 2019.

95. Recommendations a) and c) made in the report correspond to problems detected at least 10 years ago, when the first National Mental Health Plan (NMHP) was drawn up. During the austerity period (starting at 2011), implementation of the NMHP was halted, affecting mainly the development of multi-disciplinary teams in the community. In 2018 the Government decided to relaunch the NMHP, reinforcing the principles of community psychiatry and the development of multidisciplinary teams.

97. By 2019, the Ministry of Health has programmed the development of 5 community teams, one in each health region of the country.

98. Regarding rehabilitation, several socio-occupational units were created in the last year, as well as home support teams, under the auspices of the Integrated Continuing Care program. However, there is still a significant need to increase human (non-medical) resources and structures in the community, in order to compensate for the lateness of the mental health care network, namely outside the big cities.

99. With regard to recommendation (b), the Monitoring Committee has developed a manual of compulsory hospitalization procedures for dissemination in mental health services.

100. The SPT further recommends that mental health professionals be provided with adequate training on international human rights standards, particularly the CRPD. In addition, the number of psychiatrists, nurses, psychologists, occupational therapists, and social assistants should be increased.

101. Since 2018, the CRPD has been addressed at various regional and national meetings, involving not only psychiatrists but also other professionals (eg, other mental health staff, lawyers, judges, etc.). The incorporation into the Mental Health Law of CRPD concepts will be an important driver of change in mental health practice.

102. With regard to human resources, the Government is aware of the needs, which are fully described in official Referral Networks documents, for both adults and children/adolescents populations. The National Mental Health Taskforce/DGS acknowledges the need to increase the number of mental health teams in the community, since this is a crucial barrier to mental health reform in Portugal.