

Summary of Report No AJB-615/2019 on the OPCAT visit to the Psychiatric Department of the Tolna County Balassa János Hospital, the Teaching Hospital of the University of Pécs

On 31 May and 1 June, 2017, the National Preventive Mechanism (NPM) travelled to Szekszárd and visited the Tolna County Balassa János Hospital, the Teaching Hospital of the University of Pécs. The NPM examined the psychiatric care with respect to 89 hospital beds (47 acute beds, 30 rehabilitation beds and 12 day care sanatorium beds).

Regarding the staff employed by the Hospital, although the Psychiatric Department was in compliance with the legal requirements necessary to perform the tasks, the staff included only one qualified nurse holding a degree and only one quarter of the nurses had a psychiatric nursing qualification. The management of the Hospital sought to preserve the physical and mental well-being of its employees by various measures – such as matrix-based rotation, relaxation possibilities, high-quality further training programmes and professional programmes – thereby reducing the risk of burn-out and the high turnover which appeared in Szekszárd, as well.

There was a significant difference in the placement conditions floor by floor. After the renovation, the first floor became more spacious, aesthetic and colourful walls and clean, modern bathrooms were set up. On the second floor, there were some hospital rooms in which the patients' living space was scarce. Owing to the lack of air conditioning and shading, the temperature jeopardized the work to be performed as well as the condition of the patients. The lack of safety glazing and/or bars aimed at preventing outbreaks is dangerous, especially for patients with immediately dangerous behaviour. The co-ed use of washbasins, the lack of basic hygiene items (toilet papers, hand sanitizers) may result in a risk of infections, and it violates human dignity.

The staff found caring for patients not primarily treated for their mental illness overwhelming, while patients resented that they have to share their rooms with other patients having terminal illness. Several patients complained about and found it humiliating that the incapacitated patients were not separated and their diapers were changed in front of the other patients. The placement of agitated patients and patients with dementia in the same hospital room is also a risk factor, and it increases the chances of conflicts between patients.

The NPM found that it violates the patients' right to self-determination and to redress that the applications under Annex 1 or Annex 2 of the Minister of Health, Social and Family Affairs Decree 60/2004. (VII. 6.) ESzCsM on the rules of admission of psychiatric patients to mental health facilities and the restraints applicable in their care were not filled in with the information regarding the reasons of admission for treatment and furthermore, in some cases the signatures of the patients and the persons entitled to make statements were missing. Patients' right to self-determination and human dignity is also compromised if it is not clear before an intervention who initiated it and whether all the necessary information had been provided. Failure to inform patients and the lack of application signed at least by the guardian causes impropriety in relation to the right to human dignity declared in Article II of the Fundamental Law.

It raises concerns that the Hospital did not provide the snacks separately from the main meals. The psychiatric patients' incidentally distorted sense of time and reality may generally make it more difficult for them to schedule their meals, but if they have other associated illnesses – for example diabetes – then it is a significant risk to their health, as well.

The Hospital made great efforts in order to employ and develop patients and engaged in an exemplary interaction with local civil society organizations. However, it is unacceptable that the patients placed in Department “A” and “B” had no or only exceptional chances to go outdoors under supervision. This is particularly detrimental to those patients who are under treatment for a longer period in Department “A”.

The medical expert involved in the inspection did not see any signs of “over-medication”. The medical records and charts were kept up-to-date, the patient care was documented as required by the relevant provisions, and it happened only in exceptional cases that the notifications, which follow the restrictive measures obligatorily, were sent with a delay.

The enforcement of patients’ right to complain raises concerns if the patients’ rights representative does not regularly visit the patients of Department “A”, as the patients placed there are not allowed to leave the department.