

ENCLOSURE A

Isolation confinements per year, in relation
to the total number of remands in custody

Year	Remands in custody *	Solitary confinements	Percentage
1981	5757	2544	44.2
1982	5566	2203	39.6
1983	5485	1937	35.3
1984	5164	1631	31.6
1985	4902	1263	25.8
1986	5074	1297	25.6
1987	5512	1328	24.1
1988	5898	1366	23.2
1989	5665	1201	21.1
1990	5296	1139	21.5

*)Including arrests.

Source: Annual Reports from the
Department of Prisons and Probation.

Number of solitary confinements served, distributed according to length, during the period 1983 - 1990

Year	1-28 days	28-2 m.	2-4 m.	4-6 m.	6 m. <	Total	Average
1983	1528	235	120	34	19	1936	...
1984	1273	189	96	38	25	1621	...
1985	1018	149	79	11	6	1263	...
1986	994	198	75	17	13	1297	...
1987	1008	216	66	20	18	1328	...
1988	1030	214	87	22	13	1366	26.9
1989	839	214	104	28	16	1201	30.8
1990	803	167	101	33	35	1139	35.6

Source: Dept. of Prisons and Probation's Quarterly Reports.

As will be seen, the average length of solitary confinements in 1990 was 35,6 days. Information on the average length of solitary confinements for the years before 1988 are not available, as the reports on isolation up to and including 1987 stated only the length within intervals.

Table: Number of remand prisoners held in isolation in 1990

	Length of time / Anbringelsestid										Total
	1-7 days	8-14 days	15-21 days	22-29 days	1<2 m.	2<3 m.	3<4 m.	4<5 m.	5<6 m.	>=6 m.*)	
Københavns Fængsler	135	186	82	96	98	40	23	10	6	13	689
Roskilde	-	-	1	4	3	1	-	-	-	2	11
Køge	5	8	3	6	7	2	2	7	-	-	40
Helsingør	2	4	3	3	1	3	-	1	-	1	18
Hillerød	3	3	-	1	1	2	2	-	1	3	16
Frederikssund	-	-	2	1	-	3	-	-	1	-	7
Holbæk	-	2	-	2	3	-	-	1	-	3	11
Kalundborg	4	1	1	2	1	1	-	-	-	-	10
Slagelse	3	2	1	-	4	1	1	-	-	4	16
Ringsted	1	3	1	3	2	1	-	1	-	2	14
Næstved	4	-	1	1	4	1	4	-	-	-	15
Vordingborg	1	1	1	-	-	-	-	-	-	-	3
Rønne	5	1	-	-	-	-	-	-	-	-	6
Nykøbing F.	9	11	5	1	6	-	1	-	-	-	33
Nakskov	4	2	-	1	1	1	-	-	-	-	9
Odense	2	4	2	3	-	-	-	-	-	1	12
Assens	-	1	-	-	-	-	1	-	-	1	3
Nyborg	5	1	2	3	-	-	-	-	-	-	11
Svendborg	-	2	-	-	-	-	-	-	-	-	2
Frederikshavn	-	-	-	-	3	1	-	-	-	-	4
Nykøbing M.	7	-	-	-	-	-	-	-	-	-	7
Aalborg	6	7	2	2	8	1	1	2	-	-	29
Viborg	5	6	2	1	2	-	-	-	-	-	16
Randers	3	1	2	1	2	-	-	-	-	-	9
Hobro	3	2	-	-	1	-	-	-	-	-	6
Århus	9	7	11	2	7	-	1	-	-	-	37
Silkeborg	4	5	1	-	1	-	-	-	-	-	11
Horsens	2	2	5	1	1	-	1	-	-	-	12
Ringkøbing	-	1	-	1	1	-	-	-	-	-	3
Herning	-	3	-	1	1	-	-	-	-	-	5
Vejle	2	1	1	3	2	-	1	-	1	2	13
Fredericia	-	-	-	2	-	1	-	-	-	-	3
Kolding	7	2	1	7	1	1	1	1	-	2	23
Esbjerg	2	2	1	4	5	2	-	-	-	-	16
Haderslev	1	-	4	1	1	-	-	-	1	1	9
Sønderborg	2	-	-	1	-	-	-	-	-	-	3
Tønder	4	3	-	-	-	-	-	-	-	-	7
Total	240	274	135	154	167	62	39	23	10	35	1139

PRINT OF OBSERVATIONS WITH LENGTH OF TIME EXCEEDING 179 DAYS IN 1990.

OBS	Institution	Length of time
1	Copenhagen Prisons	265
2	Copenhagen Prisons	421
3	Holbæk	349
4	Vejle	210
5	Haderslev	225
6	Copenhagen Prisons	180
7	Copenhagen Prisons	185
8	Copenhagen Prisons	268
9	Copenhagen Prisons	275
10	Copenhagen Prisons	397
11	Copenhagen Prisons	419
12	Roskilde	226
13	Helsingør	303
14	Hillerød	366
15	Hillerød	277
16	Holbæk	403
17	Slagelse	422
18	Ringsted	421
19	Odense	279
20	Vejle	269
21	Kolding	269
22	Kolding	278
23	Copenhagen Prisons	187
24	Copenhagen Prisons	287
25	Copenhagen Prisons	287
26	Hillerød	206
27	Slagelse	188
28	Assens	283
29	Copenhagen Prisons	182
30	Copenhagen Prisons	189
31	Roskilde	265
32	Holbæk	219
33	Slagelse	203
34	Slagelse	193
35	Ringsted	180

Table: Number of remand prisoners held in isolation during the first quarter of 1991

	Length of time / Anbringelsestid										Total
	1-7 days	8-14 days	15-21 days	22-29 days	1<2 m.	2<3 m.	3<4 m.	4<5 m.	5<6 m.	>=6 m. *)	
Københavns Fængsler	38	46	26	32	29	9	4	5	2	2	193
Roskilde	-	1	-	-	1	1	-	-	-	-	3
Køge	1	-	1	-	1	1	1	-	-	-	5
Hillerød	1	-	-	1	1	-	-	-	-	-	3
Frederikssund	-	-	-	-	1	1	-	-	-	-	2
Holbæk	-	-	1	-	3	1	-	-	-	-	5
Kalundborg	2	1	2	-	-	-	-	-	-	-	5
Slagelse	-	-	2	-	-	-	-	-	-	-	2
Ringsted	-	-	-	-	1	-	-	1	-	-	2
Næstved	1	1	-	-	2	1	-	-	-	-	5
Nykøbing F.	2	3	-	-	-	-	-	-	-	-	5
Nakskov	1	-	3	-	3	1	-	-	-	-	8
Odense	-	-	-	1	-	1	-	-	-	-	2
Assens	-	2	-	-	-	-	-	-	-	-	2
Nyborg	-	1	1	-	1	-	-	-	-	-	3
Aalborg	1	6	-	-	-	1	-	-	-	-	8
Viborg	-	-	2	-	-	1	-	-	-	-	3
Randers	-	-	-	-	3	-	1	-	-	-	4
Hobro	-	1	-	1	-	-	-	1	-	-	3
Århus	2	-	-	-	2	2	2	-	-	-	8
Silkeborg	1	-	1	-	-	-	-	-	-	-	2
Horsens	-	-	-	-	-	1	-	-	-	-	1
Herning	1	-	2	-	-	-	-	-	-	-	3
Vejle	-	-	-	2	3	-	-	-	-	-	5
Kolding	4	2	1	-	2	-	1	-	-	-	10
Esbjerg	-	-	-	1	-	-	2	-	-	-	3
Haderslev	-	-	-	1	-	-	1	-	-	-	2
Tønder	1	3	-	-	1	-	-	1	-	-	6
Total	56	67	42	39	54	21	12	8	2	2	303

Note: Length of Time in days 1) 314 and 337

Prepared as at 16 July 1991

For further information, please contact:
Bente Eilgård, tel. 33 11 50 22, ext. 365

Table: Number of remand prisoners held in isolation during the second quarter of 1991

	Length of time / Anbringelsestid										Total
	1-7 days	8-14 days	15-21 days	22-29 days	1<2 m.	2<3 m.	3<4 m.	4<5 m.	5<6 m.	>=6 m. *)	
Københavns Fængsler	44	44	16	31	36	13	6	3	-	2	195
Roskilde	-	-	1	1	1	-	1	-	-	-	4
Køge	6	-	-	1	1	1	-	1	1	-	11
Helsingør	1	1	2	-	2	-	-	1	-	-	7
Hillerød	-	1	1	-	6	1	1	-	1	-	11
Frederikssund	-	-	-	-	1	-	1	-	-	-	2
Holbæk	-	-	-	-	2	-	-	-	-	-	2
Kalundborg	-	-	1	-	-	3	-	-	-	-	4
Slagelse	1	2	1	-	1	3	1	-	-	-	9
Ringsted	1	-	-	1	1	-	-	-	-	1	4
Næstved	1	1	-	-	3	-	-	-	-	-	5
Vordingborg	-	-	-	-	-	-	1	-	-	-	1
Nykøbing F.	1	-	2	-	-	-	-	-	-	1	4
Nakskov	-	4	-	-	-	-	-	-	-	-	4
Odense	-	-	1	1	2	-	-	1	-	-	5
Nyborg	1	-	-	-	1	-	-	-	-	-	2
Frederikshavn	1	-	-	2	-	-	-	-	-	-	3
Nykøbing M.	1	-	-	-	-	-	-	-	-	-	1
Aalborg	1	4	1	1	-	1	2	-	-	-	10
Randers	-	2	1	-	-	-	-	1	-	-	4
Hobro	2	-	2	-	-	-	-	-	-	-	4
Århus	-	1	2	-	2	-	-	-	-	-	5
Silkeborg	-	2	-	-	-	-	-	-	-	-	2
Herning	1	-	-	-	1	-	-	-	-	-	2
Vejle	1	1	-	3	2	-	-	-	-	-	7
Kolding	1	-	-	1	3	-	-	-	-	-	5
Haderslev	1	1	-	-	-	-	-	-	-	-	2
Åbenrå arr.	-	1	1	-	-	-	-	1	-	-	3
Tønder	2	1	3	1	-	1	-	-	-	-	8
Total	67	66	35	43	65	23	13	8	2	4	326

Note: Length of Time in days; 1) 227 and 273 days
2) 346 days
3) 243 days

Prepared as at 7 October 1991

For further information, please contact:
Bente Eilgård, tel. 33 11 50 22 (365)

ENCLOSURE E

Table: Placements in security cells over the period (year-quarter)

Length of Time

	Up to 6 hours	6-12 hours	12-24 hours	1-3 days	3 x 24 hours and more	Total
Herstedvester	26	4	4	1	-	35
Horsens	12	8	2	-	-	22
Nyborg	7	3	3	3	-	16
Ringe	1	-	-	-	-	1
Vridsløselille	7	5	9	2	-	23
Closed, total	53	20	18	6	-	97
Open, total	-	1	-	-	-	1
Copenhagen Prisons	65	25	31	2	1	124
Local gaols	54	26	18	-	-	99
Total	172	72	67	1	1	321

Table: Placements in security cells over the period (year-quarter)

Length of Time					
	Up to 6 hours	6-12 hours	12-24 hours	1-3 days	Total
Herstedvester	17	7	3	1	28
Horsens	13	2	1	-	16
Nyborg	1	1	1	-	3
Vridsløselille	3	-	1	-	4
Closed, total	34	10	6	1	51
Open, total	1	-	-	-	1
Copenhagen Prisons	30	12	7	-	49
Local Gaols	21	10	6	1	38
Total	86	32	19	2	139

Table: Placements in security cells over the period (year-quarter)

Length of Time

	Up to 6 hours	6-12 hours	12-24 hours	1-3 days	3 x 24 hours and more	Total
Herstedvester	43	11	7	2	-	63
Horsens	25	10	3	-	-	38
Nyborg	8	4	4	3	-	19
Ringe	1	-	-	-	-	1
Vridsløselille	10	5	10	2	-	27
Closed, total	87	30	24	7	-	148
Open, total	-	1	-	-	-	2
Copenhagen Prisons	95	37	38	2	1	173
Local gaols	75	36	24	2	-	137
Total	258	104	86	11	1	460

Survey of the number of placements in security cells, etc. 1).

Table 1. Placement in security cells during the second quarter of 1991.

	Length of time				Total	- of which included fixation to the bed
	Up to 6 hours	6-12 hours	12-24 hours	1-3 days		
Herstedvester	8	4	2	-	14	14
Horsens	11	2	1	-	14	14
Vridsløselille	2	-	1	-	3	0
Closed, total	21	6	4	-	31	28
Copenhagen Prisons	12	4	2	-	18	3
Local gaols	12	6	2	1	21	7
Total	45	16	8	1	70	38

1) Placements under Circular of 21 September 1976, issued by the Department of Prisons and Probation concerning security precautions.

NB: Only those institutions who have used security cells or similar placements during this quarter have been included in the survey.

Survey of the number of placements in security cells, etc. 1).

Table 1. Placement in security cells during the third quarter of 1991.

	Length of time				Total	- of which included fixation to the bed
	Up to 6 hours	6-12 hours	12-24 hours	1-3 days		
Herstedvester	8	2	1	-	11	11
Horsens	2	-	-	-	2	2
Vridsløselille	5	-	3	-	8	2
Closed, total	15	2	4	-	21	15
Copenhagen Prisons	16	2	3	1	22	7
Local gaols	7	3	2	1	13	6
Total	38	7	9	2	56	28

1) Placements under Circular of 21 September 1976, issued by the Department of Prisons and Probation concerning security precautions.

NB: Only those institutions who have used security cells or similar placements during this quarter have been included in the survey.

ENCLOSURE F

MINISTRY OF JUSTICE
Department of Prisons and Probation

27 December 1991
File no. 2nd Div.90-62-8

BK/RA

Note

on

Investigation of the use of security cells in the Copenhagen Prisons during 1990 and the first six months of 1991

The Western Prison and the Police Headquarters Prison are the only institutions under the Copenhagen Prisons to have security cells.

In all, security cells have been used in 173 cases during the period of investigation, i.e.

The Western Prison:	122 cases
The Police Headquarters Prison:	51 cases.

In relation to the quarterly statistics from the Department of Prisons and Probation which are based on the reports from the institutions concerned, the Copenhagen Prisons have informed us that an extraordinary count shows that there are an additional five placements, i.e. four for the October quarter of 1990 and one for the July quarter of 1991 which have not been reported by the Copenhagen Prisons before.

For that reason the Statistical Unit of the Department of Prisons and Probation has made a total revision of the six quarters so as to include the new information. We have enclosed three new tables, i.e.

- 1 table covering the entire period
- 1 table covering the entire period of 1990
- 1 table covering the first 6 months of 1991.

Furthermore, a number of tables showing the use of security cells in the Copenhagen Prisons have been enclosed. The tables are distributed on institutions, grounds, time of stay and time of fixation, if any.

Finally, you will find a "dumplist" of all the records that are included in the material.

Placement in security cells during the period 1 January 1990 - 30 June 1991
 Institution: The Western Prison.....

OBS	Grounds	Stayed for no. of hours	Fixed for no. of hours	Year-quarter
1	violence	14.00	2.17	9101
2	violence/suicide/ self-inflicted injury	13.83	-	9101
3	suicide/self-inflicted injury	1.83	-	9101
4	suicide/self-inflicted injury	8.67	-	9101
5	violence	6.08	-	9101
6	suicide/self-inflicted injury	6.17	-	9101
7	violence/resistance	2.17	0.92	9101
8	violence/suicide-self- inflicted injury	4.12	-	9101
9	violence/resistance	1.67	-	9101
10	violence	1.33	-	9101
11	violence/resistance	0.83	-	9101
12	resistance	8.58	-	9101
13	suicide/self-inflicted injury	16.08	-	9101
14	violence	3.30	-	9101
15	resistance/suicide/self- inflicted injury	1.42	1.33	9101
16	suicide/self-inflicted injury	7.73	7.67	9101
17	resistance/suicide/self- inflicted injury	3.67	-	9101
18	suicide/self-inflicted injury	10.42	-	9101
19	suicide/self-inflicted injury	1.92	-	9101
20	resistance	17.58	-	9101
21	violence/suicide/resistance	2.42	2.42	9101
22	violence/resistance	11.92	-	9101
23	violence/suicide/self- inflicted injury	4.00	4.00	9101
24	suicide/self-inflicted injury	3.00	3.00	9101
25	suicide/self-inflicted injury	6.53	6.48	9101
26	resistance/suicide/self- inflicted injury	13.33	-	9101
27	suicide/self-inflicted injury	4.25	4.17	9101
28	violence	2.92	-	9102

Placement in security cells during the period 1 January 1990 - 30 June 1991
 Institution: The Western Prison.....

(continued)

OBS	Grounds	Stayed for no. of hours	Fixed for no. of hours	Year-quarter
29	violence/resistance/ suicide/self-inflicted injury	3.58	-	9102
30	violence/resistance	2.85	-	9102
31	violence/resistance	6.67	-	9102
32	violence/resistance	2.75	2.58	9102
33	violence/resistance	12.33	-	9102
34	violence/resistance	4.75	-	9102
35	violence/resistance/ suicide/self-inflicted injury	8.42	-	9102
36	resistance	6.50	-	9102
37	suicide/self-inflicted injury	15.92	-	9102
38	violence/suicide/self- inflicted injury	1.92	1.75	9102
39	resistance/suicide/self-inflicted injury	1.25	-	9102
40	violence/resistance	0.83	-	9102
41	violence	2.00	-	
42	suicide/self-inflicted injury	1.17	-	9102
43	suicide/self-inflicted injury	2.00	-	9102
44	violence/resistance	1.50	-	9004
45	violence	22.25	7.92	9004
46	suicide/self-inflicted injury	17.67	-	9004
47	violence/resistance/suicide/self- inflicted injury	2.17	-	9004
48	violence/suicide/self- inflicted injury	10.83	-	9004
49	violence/resistance	15.42	-	9004
50	suicide/self-inflicted injury	9.08	-	9004
51	suicide/self-inflicted injury	17.00	-	9004
52	violence/resistance	1.00	-	9004
53	violence/resistance	5.42	5.42	9004
54	violence/suicide/self- inflicted injury	1.08	1.08	9004
55	violence/resistance	3.00	-	9004
56	violence/resistance/suicide self-inflicted injury	1.83	-	9004

Placement in security cells during the period 1 January 1990 - 30 June 1991
 Institution: The Western Prison.....

(continued)

OBS	Grounds	Stayed for no. of hours	Fixed for no. of hours	Year-quarter
57	violence/resistance	14.75	-	9004
58	suicide/self-inflicted injury	2.17	-	9004
59	violence/resistance	18.08	8.00	9004
60	violence/resistance	2.67	2.67	9001
61	violence/resistance/suicide/self- inflicted injury	9.75	5.58	9001
62	violence/resistance/suicide/self- inflicted injury	21.42	-	9001
63	violence/resistance	2.33	-	9001
64	resistance/suicide/self- inflicted injury	2.33	-	9001
65	violence/resistance	1.12	1.08	9001
66	suicide/self-inflicted injury	2.92	2.42	9001
67	suicide/self-inflicted injury	4.75	-	9001
68	resistance/suicide/self-inflicted injury	11.75	-	9001
69	suicide/self-inflicted injury	15.33	14.17	9001
70	suicide/self-inflicted injury	18.50	-	9001
71	violence/resistance	5.85	-	9001
72	resistance	5.92	-	9001
73	suicide/self-inflicted injury	1.83	-	9001
74	suicide/self-inflicted injury	20.83	-	9001
75	violence/resistance	5.67	5.67	9001
76	resistance	1.67	-	9001
77	violence/resistance	12.42	-	9001
78	violence	20.00	-	9001
79	violence/suicide/self-inflicted injury	1.75	-	9001
80	resistance/suicide/self-inflicted injury	2.25	-	9001
81	suicide/self-inflicted injury	4.50	-	9001
82	suicide/self-inflicted injury	19.92	-	9002
83	violence	15.83	-	9002
84	violence/resistance	12.33	-	9002

Placement in security cells during the period 1 January 1990 - 30 June 1991

..... Institution: The Western Prison.....

(continued)

OBS	Grounds	Stayed for no. of hours	Fixed for no. of hours	Year-quarter
85	suicide/self-inflicted injury	0.50	-	9002
86	violence	16.33	-	9002
87	violence/resistance/suicide/self- inflicted injury	4.00	-	9002
88	violence	0.67	-	9002
89	suicide/self-inflicted injury	12.75	-	9002
90	suicide/self-inflicted injury	13.17	-	9002
91	suicide/self-inflicted injury	4.17	-	9002
92	suicide/self-inflicted injury	10.74	-	9002
93	suicide/self-inflicted injury	1.33	-	9002
94	violence	3.25	-	9002
95	suicide/self-inflicted injury	15.58	-	9002
96	suicide/self-inflicted injury	46.67	-	9003
97	resistance/suicide/self-inflicted injury	14.58	-	9003
98	violence/resistance	6.92	2.83	9003
99	violence	12.50	-	9003
100	resistance	2.00	-	9003
101	suicide/self-inflicted injury	83.50	-	9003
102	resistance	4.67	-	9003
103	violence/resistance	8.92	-	9003
104	violence/suicide/self-inflicted injury	6.08	-	9003
105	suicide/self-inflicted injury	11.67	11.58	9003
106	resistance	0.25	-	9003
107	violence/resistance	1.08	-	9003
108	resistance/suicide/self-inflicted injury	5.75	5.67	9003
109	violence/suicide/self-inflicted injury	10.67	-	9003
110	suicide/self-inflicted injury	7.92	0.92	9003
111	resistance/suicide/self-inflicted injury	22.58	-	9003
112	suicide/self-inflicted injury	3.75	-	9003
113	suicide/self-inflicted injury	0.58	0.58	9003

Placement in security cells during the period 1 January 1990 - 30 June 1991

..... Institution: The Western Prison.....

(continued)

OBS	Grounds	Stayed for no. of hours	Fixed for no. of hours	Year-quarter
114	violence/suicide/self-inflicted injury	9.08	-	9003
115	resistance/suicide self-inflicted injury	2.33	-	9003
116	suicide/self-inflicted injury	22.42	-	9003
117	violence/resistance	12.92	-	9003
118	suicide/self-inflicted injury	19.67	-	9003
119	suicide/self-inflicted injury	0.58	-	9003
120	violence/resistance	1.83	-	9003
121	suicide/self-inflicted injury	1.50	1.33	9003
122	violence/resistance	24.33	-	9003

Placement in security cells during the period 1 January 1990 - 30 June 1991
 Institution: Police Headquarters Prison.....

OBS	Grounds	Stayed for no. of hours	Fixed for no. of hours	Year-quarter
123	suicide/self-inflicted injury	2.92	2.92	9101
124	resistance/suicide/self-inflicted injury	4.17	4.17	9101
125	resistance	2.42	-	9191
126	resistance	1.17	-	9101
127	violence	1.03	-	9102
128	violence/resistance	8.33	8.33	9102
129	resistance/suicide/self-inflicted injury	11.00	11.00	9004
130	violence/resistance	6.50	6.50	9004
131	violence/resistance	3.67	3.67	9004
132	suicide/self-inflicted injury	3.67	3.67	9004
133	violence/resistance	2.83	-	9004
134	violence/suicide/self-inflicted injury	5.50	-	9004
135	violence	11.42	-	9004
136	resistance	4.58	-	9004
137	violence/resistance/suicide/ self-inflicted injury	1.75	1.75	9004
138	violence	0.75	-	9001
139	suicide/self-inflicted injury	1.55	1.50	9001
140	violence/resistance	2.50	-	9001
141	violence/resistance	14.50	-	9001
142	resistance	13.58	-	9001
143	resistance	2.17	-	9001
144	resistance	4.50	-	9001
145	resistance	2.33	-	9001
146	violence/resistance	16.25	0.92	9001
147	violence	3.17	-	9001
148	violence/resistance/suicide/ self-inflicted injury	2.92	2.92	9001
149	suicide/self-inflicted injury	6.00	6.00	9001
150	violence/resistance	7.17	7.17	9002
151	violence/resistance	0.75	0.42	9002
152	violence	14.75	-	9002

Placement in security cells during the period 1 January 1990 - 30 June 1991

..... Institution: Police Headquarters Prison.....

(continued)

OBS	Grounds	Stayed for no. of hours	Fixed for no. of hours	Year-quarter
153	violence/resistance	2.83	2.83	9002
154	violence/resistance/suicide/self- inflicted injury	4.00	4.00	9002
155	suicide/self-inflicted injury	1.67	1.67	9002
156	resistance/suicide/self-inflicted injury	6.42	-	9002
157	violence/resistance	4.50	-	9002
158	violence/resistance/suicide/self- inflicted injury	11.17	11.17	9003
159	violence/resistance	7.75	7.75	9003
160	resistance/suicide/self-inflicted injury	13.67	-	9003
161	violence/resistance	8.67	-	9003
162	suicide/self-inflicted injury	1.17	1.17	9003
163	violence/resistance	8.55	-	9003
164	violence	1.92	-	9003
165	violence/resistance/suicide/ self-inflicted injury	4.08	3.92	9003
166	resistance	4.08	-	9003
167	suicide/self-inflicted injury	8.50	-	9003
168	violence/resistance	10.83	-	9003
169	suicide/self-inflicted injury	1.50	1.50	9003
170	violence/resistance/suicide/ self-inflicted injury	4.25	4.25	9003
171	violence/resistance	1.83	1.83	9003
172	resistance	19.92	-	9003
173	violence/resistance	8.25	-	9003

Placement in security cells during the period 1 January 1990 - 30 June 1991, distributed according to time of stay and fixation, if any.

The Western Prison

Time of Fixation

		Up to 6 hours	6-12 hours	12-24 hours	Total
Time of stay:					
Up to 6 hours	47	17	-	-	64
6-12 hours	17	3	3	-	23
12-24 hours	28	1	2	1	32
1-3 days	2	-	-	-	2
3 days or more	1	-	-	-	1

Police Headquarters Prison

Time of Fixation

		Up to 6 hours	6-12 hours	12-24 hours	Total
Time of stay:					
Up to 6 hours	14	17	-	-	31
6-12 hours	7	-	7	-	14
12-24 hours	5	1	-	-	6
1-3 days	-	-	-	-	-
3 days or more	-	-	-	-	-

Placement in security cells during the period 1 January 1990 - 30 June 1991, distributed according to grounds and time of fixation, if any.

The Western Prison
Time of Fixation

Police Headquarters Prison
Time of fixation

		Up to 6 hours	6-12 hours	12-24 hours		Up to 6 hours	6-12 hours	12-24 hours
In order to prevent:								
violence	11	1	1	-	7	-	-	-
resistance	8	-	-	-	8	-	-	-
suicide/self-inflicted injury	33	5	3	1	1	6	1	-
violence/resistance	22	7	1	-	8	5	4	-
violence/suicide/ self- inflicted injury	6	4	-	-	-	1	-	-
violence/resistance/sui- cide/self-inflicted injury	6	1	-	-	-	5	1	-
resistance/suicide/self- inflicted injury	9	3	-	-	2	1	1	

Placement in security cells during the period 1 January 1990 - 30 June 1991, distributed according to grounds and time of stay.

The Western Prison
Time of Stay

Police Headquarters Prison
Time of Stay

	Up to 6 hrs.	6-12 hrs.	12-24 hrs.	1-3 d.	3 d. or more	Up to 6 hrs.	6-12 hrs.	12-24 hrs.	1-3 d.	3 d. or more
In order to prevent:										
violence	6	1	6	-	-	4	1	2	-	-
resistance	5	2	1	-	-	7	-	1	-	-
suicide/self-inflicted injury	18	9	13	1	1	6	2	-	-	-
violence/resistance	18	4	7	1	-	7	8	2	-	-
violence/suicide/ self-inflicted injury	5	4	1	-	-	1	-	-	-	-
violence/resistance/suicide/self-inflicted injury	4	2	1	-	-	5	1	-	-	-
resistance/suicide/self-inflicted injury	8	1	3	-	-	1	2	1	-	-

Part 66

The accused and his defence

729. The term "party" shall - where this term is used in this Act in provisions which do not specifically relate to civil cases - also be taken to include the accused person in a criminal case.

730. -(1) Any person who is charged with a crime shall have a right to elect a defence counsel to assist him in accordance with the rules laid down below. If the person concerned is under the age of 18, the guardian shall elect the defence counsel and the guardian shall always be entitled to act on behalf of the minor.

(2) Only attorneys-at-law who have a right of audience before the court concerned or who have been appointed by the Ministry of Justice to act as public defence counsel before the court concerned may be elected to act as defence counsel. However, the court may, if it considers it justified, taking into account the nature of the case and other special circumstances, allow the election of an attorney-at-law from another Nordic country to act as defence counsel. Furthermore, the court may, in exceptional cases, permit that other persons over 18 years old and of good character act as defence counsel.

(3) The court may at any stage of the case by order turn down an elected defence counsel, if the conditions under section 733 (2) for refusing to appoint him are satisfied. In such cases a public defence counsel shall be appointed at request.

(4) Excluded from election are persons who have been summoned to be examined as witnesses or expert witnesses or persons in respect of whom an application has been filed to summon them in such capacity until the court has given its order, or persons whose appearance would under section 60, point 3, disqualify a judge from hearing the case.

731. -(1) If the accused has not himself elected a defence counsel or if the elected counsel fails to appear, a public defence counsel will be appointed -

- (a) when the accused is presented in court with a view to a detention order being made against him or an order for a continuation of his arrest,
- (b) if witnesses are to be examined prior to the indictment or if an inspection has to be carried out and expert reports obtained for use during the trial, always provided that proceedings will not be stayed after the appearance of the defence counsel if there is any risk that the evidence would thereby be destroyed,

- (c) if it is a matter of sequestrating the property of the accused under section 801,
- (d) when charges have been brought in cases in which lay judges participate,
- (e) when charges have been brought in police cases in which the sanction is deemed to become more severe than a fine or lenient imprisonment
- (f) if oral procedure is to take place in court in connection with an appeal against a judgment or a request for resumption of a case or, in exceptional cases, in connection with an appeal against an interlocutory order, cf. section 972 (2),
- (g) when a request has been made for a deposition or for an expert opinion under oath for use in connection with criminal proceedings which have already been instituted abroad,
- (h) in all cases in which the court directs by virtue of section 29 (2) and (4), point 1, that the questioning of the accused shall take place in camera.

(2) In the case mentioned in paragraph (e) above and in the case mentioned in section 925 (3) a public defence counsel will only be appointed at the request of the accused (or his guardian). The accused shall be given the possibility to make a statement.

732. - (1) In other cases than those mentioned in section 731 a public defence counsel may be appointed - both before and after indictment - if considered appropriate by the court due to the nature of the case, the accused person or other circumstances and if the accused has not himself arranged for the assistance of a defence counsel.

(2) The request for appointment of a public defense counsel may be made both by the accused and by the police. The Minister of Justice shall lay down rules concerning guidance of the accused as regards the right to request the appointment of a public defence counsel. The prosecution statement shall indicate that the accused has received due guidance. The police shall ensure that this matter is brought before the court.

(3) No appeal can be brought before a superior court against decisions to appoint a public defence counsel. Appeal may be brought before a superior court against decisions to refuse the appointment of a public defence counsel.

733. -(1) For the purpose of appointment to act as public defence counsel, the Minister of Justice shall according to agreement take on an appropriate number of the attorneys who have a right of audience before the court concerned or, if

required, other qualified persons. In urgent cases, an attorney-at-law who has not been taken on by the Minister of Justice, but who has a right of audience before the court concerned, may be appointed to act as defence counsel. At the request of the accused an attorney-at-law who has not been taken on by the Minister of Justice may also be appointed to act as defence counsel, if he has a right of audience before the court concerned and is willing to accept appointment.

(2) The court may by order refuse to appoint an attorney-at-law whom the accused wants to act as his defence counsel, if his appointment is not considered appropriate taking into account the proper procedure in the case, including the best interests of the accused, or on proof of a risk that the attorney will prevent or obstruct the clearing up of the case.

734. - (1) No person may be appointed to act as defence counsel, if he has himself been injured by the crime or has such a relationship with the injured party that this would preclude a judge from hearing the case or if he has been summoned as a witness or expert witness in the case or has been acting in it as public prosecutor or as the representative of the injured party or a police officer or as judge or lay judge or has in any other case acted as defence counsel for an accused person whose interest in the case is in conflict with that of the person now accused, or if the appointment would according to section 60, point 3, lead to the judge being disqualified from acting.

(2) Where several persons are accused in the same case the defence may only be assumed by the same person if the interests of the accused persons in the case are not in conflict with each other.

735. - (1) Defence counsel are appointed to serve with the Danish Supreme Court, the Danish High Court, the Danish Maritime and Commercial Court, the City Court of Copenhagen and the courts in Århus, Odense and Aalborg by the President of the court concerned, and by the judge in connection with country courts and city courts. The cases should, so far as possible, be distributed among the appointed defence counsel in rotation; if an accused wants a specific person to be appointed and this person is willing, he should usually be appointed irrespective of the regular rotation in the absence of any legal obstacles.

(2) In cases heard by the Danish High Court as court of first instance the President of the High Court may appoint to act as defence counsel for the accused person the attorney-at-law who was appointed to act as defence counsel for him before the city court although he has not been taken on by the Ministry of Justice to act as defence counsel in High Court, but has the right of audience before the High Court.

(3) In appeal cases the President of the High Court may appoint the attorney-at-law who has acted as defence counsel before the court of first instance to act

as defence counsel, provided that he has the right of audience before the High Court.

736. - (1) The appointment may be withdrawn if this is considered to be in the best interests of the defence and, if this will not delay the case, at the request of the accused, if he has entered into an agreement ensuring his defence without any cost for public authorities.

(2) The appointment may further be withdrawn by order of the court if the conditions under section 733 (2) for refusing to appoint the person concerned become present.

737. - (1) The decisions of the court under section 730 (3), section 733 (2) or section 736 (2) may be appealed against to the Special Supreme Court of Appeal within one week after the decision is given. The appeal shall be heard orally if requested by the appellant or decided by the court. Furthermore, the rules laid down in section 968 (1), section 969 (2), sections 970 to 972 and section 974 shall be correspondingly applicable.

(2) No appeal can be brought against the decision given by the Special Supreme Court of Appeal.

738. - (1) The court may allow several elected defence counsel to act for the same accused person. The court may further, in exceptional cases, appoint several public defence counsel for the accused. The accused also has the right to speak for his own defence.

(2) The public defence counsel appointed to take care of the interests of the accused during the trial shall have the right to appear also during proceedings before a different court. If such proceedings take place outside the jurisdiction within which he lives, a special defence counsel may at his request be appointed to appear before that court. However, in urgent cases the proceedings should not be postponed for this matter.

(3) When the task of the defence counsel has been completed he shall be bound to hand back to the court any transcripts and copies of the documents of the case handed out to him.

739. If an attorney-at-law or any person appointed to act as defence counsel abuses his position to obstruct the investigation of the case or fails to perform any of his duties to promote the case, he will be subject to the penalties laid down in Part 16 of the Danish Criminal Code.

740. Appointment of a public defence counsel does not prejudice the accused person's right to arrange for his own defence; but the defence counsel does not have to obtain the consent of the accused in order to take any steps which he considers necessary or appropriate in the interest of the accused person.

741. - (1) The public defence counsel shall be entitled to remuneration to be paid by the treasury, including compensation for travelling costs duly incurred in connection with the performance of his task. The provisions laid down in section 336 c (2), (3) and (5) shall be correspondingly applicable.

(2) The amount of the remuneration shall be fixed by the court which has appointed the defence counsel. The amount of the remuneration shall be fixed in the judgment or by separate decision.

In 1990 a total number of 148 disciplinary cases not related to the criminal code were registered against public servants in the police. The break-down of the cases is as follows:

Number	Case concerning	Status of the case
17	Drunken driving	<p>10 cases pending</p> <p>1 case resulted in no reaction - the person concerned died during the case</p> <p>1 case resulted in no reaction - the person concerned was dismissed due to infirmity</p> <p>4 cases resulted in no reaction - the persons concerned were dismissed on application</p> <p>1 case resulted in compulsory transfer to another post and degradation</p>
20	Other special legislation, including, inter alia, the traffic act, the customs act, tax control act, environmental protection act and the police regulations	<p>2 cases pending</p> <p>1 case resulted in no reaction - the person concerned died during the case</p> <p>6 cases resulted in no reaction</p> <p>4 cases resulted in enjoining</p> <p>6 cases resulted in reprimands</p> <p>1 case resulted in dismissal</p>

65	Incorrect performance of duty, including drunkenness, slow/incorrect performance of duties, incorrect behaviour in service	<p>7 cases pending</p> <p>8 cases resulted in no reaction</p> <p>1 case resulted in no reactions as the person concerned was dismissed on application</p> <p>9 cases resulted in enjoining/notice</p> <p>5 cases resulted in a warning</p> <p>25 cases resulted in reprimands</p> <p>10 cases resulted in a disciplinary fine from DAK 500 to DAK 2,000</p>
40	Loss of equipment, including loss weapons, truncheon, portable radio and handcuffs	<p>14 cases resulted in no reaction</p> <p>24 cases resulted in enjoining/notice</p> <p>1 case resulted in a reprimand</p> <p>1 case resulted in a disciplinary fine of DAK 500</p>
6	Circumstances outside duty	<p>1 case resulted in no reaction as the person concerned was dismissed on application</p> <p>1 case resulted in no reaction</p> <p>1 case resulted in a warning</p> <p>1 case resulted in a notice</p> <p>1 case resulted in a reprimand</p> <p>1 case resulted in a disciplinary fine of DAK 2,000</p>

Enclosure H

In 1990 charges were brought in 37 cases against public servants in the police for criminal offences. The break-down of the charges is as follows:

Number	Charge	Status of the case
1	s.154 - false accusation, etc.	1* acquitted by the court
4	s.155 - abuse of position/public service	1* pending 3 no charge brought
1	s.157 - gross negligence/public service	1* acquitted by the court
1	s.158 - perjury	1* lenient imprisonment and fine
2	s.171 - forgery	1* - pending 1* - no charge brought
1	s.215 - failure to comply with custody order	1 lenient imprisonment
4	s.232 - offences against decency	1 - no charge brought 1* - no charge brought as the case was statute-barred (disciplinary case continues) 1 - 30 days' suspended prison 1* 4 months' imprisonment
9	s.244 - violence	4 no charge brought 3* no charge brought 1* acquitted by the court 1 information deemed unfounded upon investigation

1	s.245 - gross violence	1 pending
7	s.276 - theft, etc.	1 pending 1* acquitted by the court 1* acquitted by the court 1* no charge brought 2 no charge brought 1 fine of DAK 200
6	s.279 - fraud, etc.	1* pending 3 acquitted by the court 1 80 hours' Community Service 1* suspended sentence without fixing any punishment

The cases marked * are related to the performance of duty

Enclosure I

In 1990 37 disciplinary cases were registered against public servants in the police who were charged for criminal offences. The break down of the cases is as follows:

Number	Case concerning	Status of the case
37	Criminal offences	6 cases pending 10 cases resulted in no reaction 7 cases resulted in no reaction as the persons concerned were dismissed on application 1 case resulted in no reaction as the person concerned died during the case 1 case resulted in a charge 6 cases resulted in a notice/enjoining 1 case resulted in a reprimand 1 case resulted in a disciplinary fine of DAK 1,500 1 case resulted in a transfer to another post 3 cases resulted in dismissal

The Danish Medical Association

Enclosure K

Psychically ill patients do not belong in prison

"More hospital beds need to be established in the forensic psychiatry wards in order to be able to treat psychotic criminals; but the psychiatric hospitals and institutions are under obligation to receive mentally disorder criminals when the prisons refer them to the hospital wards", says Peter Kramp, chief psychiatrist at the Clinic of Forensic Psychiatry, Ministry of Justice.

By Stig Albinus, Public Relations Manager

"Mentally disordered patients do not belong in prisons", says Peter Kramp, chief psychiatrist and head of the Clinic of Forensic Psychiatry, Ministry of Justice and psychiatric adviser to the Department of Prisons and Probation. In this interview with the Journal of the Danish Medical Association (Ugeskriftet), Peter Kramp underlines the professional obligations for the doctors in the psychiatric wards to ensure that psychotic criminals are treated in the psychiatric wards and are not referred to local gaols and prisons.

- *Have any psychotic patients been misplaced in Danish prisons?*
Peter Kramp, "Yes. In principle, no psychotic patients should be placed in prison, but some are. So you may say this. In real life, this can never be completely avoided.

It is appropriate to divide the issue into two parts: Firstly, when psychotic patients are received in the prisons, secondly, when these patients are taken out again and typically transferred to a psychiatric ward. We can establish that an increasing number of psychotic patients are arrested and charged with one criminal offence or other. Our own studies of homicides - compared with Hart Hansen's thesis - show that the number of homicides committed by schizophrenics has increased.

During the period 1946 until about 1971 approximately one homicide per year was committed by a schizophrenic while the number rose to four or five per year during the period 1971 until 1983. These are low figures, but according to the statisticians, the increase is significant. The figures are being brought up to date, and we can conclude that they have remained at the same high level, i.e. four or five homicides committed by schizophrenics per year."

STEEP INCREASE IN CRIME COMMITTED BY PSYCHOTICS

"The same development may be read from other indicators. There has been a tremendous increase in the number of special psychiatric measures, for example. Jens Lund from the Psychiatric Hospital at Arhus has made a study of this. In 1970, there were 14 new sentences for treatment, whereas there were 64 in 1983, and 70% of the convicted persons were psychotic. As regards out-patient treatment, one sentence was given for out-patient treatment in 1970, and in 1983 this figure had gone up to 53. According to the figures from the Western Prison, 269 psychiatric examinations were carried out in 1973, 29 of which were psychotics, i.e. approximately 10%, and in 1985, 683 psychiatric examinations were carried out, 95 of which were psychotics, which is equivalent to about 17%.

At the Clinic of Forensic Psychiatry, Ministry of Justice, we made 72 mental observations for the court in 1976, 8 of which were psychotics, equivalent to 11%. In 1985 we made 114 mental observations, 18 of which were psychotics. So there has been a tremendous increase."

REDUCTION OF THE NUMBER OF HOSPITAL BEDS

- *What, in your opinion, is the reason for this marked increase in crime committed by psychotic patients?*

"I can hardly see any other explanation than the reduction in hospital beds in the hospital psychiatry wards. Many of the patients which we see are severely mental ill with

years of mental diseases and many hospitalizations. Previously, these people were treated during prolonged hospitalizations in psychiatric wards. They were trained in ordinary, daily activities, were in workshops and altogether in an environment which could so to say "hold" their disorders and symptoms. These patients were not discharged until their condition had actually improved and the treatment was progressing steadily.

The short periods of hospitalization nowadays do not at all offer the same possibilities. The need for space in the psychiatric wards means that many severely mentally ill persons are discharged when the most severe symptoms have decreased even though some of them are not at all well enough to manage in society - take an example like the shopping-bag men and women. It is true that you have a number of special offers for outpatients, which is an excellent thing for the group which is fairly well-functioning, but those who are really ill do not even know how to use these facilities. If they get a flat, they are thrown out again because the flat is not maintained, dirt keeps piling up, etc.

A tragic - but typical - case from the clinic was a young schizophrenic man who for several years had supported himself by breaking into child-care institutions where he would eat the banana sandwiches that had been left behind and take the 17 Kroner for the trip in the institution's cash box. Time again he got caught because he overslept himself and did not manage to get out in the morning before the staff arrived. He was taken to a psychiatric ward where they knew him and would not admit him. Finally, he broke into the mayor's office in one of the boroughs in the metropolitan area. This, on the other hand, was too much. He was arrested and taken to the Western Prison where he lay on the floor of his cell, the plank bed pulled down in order to protect himself from the beams. He is not at all dangerous, he is hardly annoying, but he is severely ill. We also see a good deal of crime of violence. There was, for example, a man who suffered from chronic schizophrenia who was walking in the Central Station when he felt attacked by the evil eyes of another person, who was sitting on a bench, after

which he assaulted him."

PSYCHOTIC VIOLENCE

- *Why does the psychosis manifest itself in violent behaviour towards other people?*

"Firstly, there may be reason to state that schizophrenics as such do not constitute a particularly dangerous group of people. What you can say is that some schizophrenic persons may behave dangerously during certain periods. Whether it comes to that or not depends to a high degree on the treatment, among other things. A schizophrenic person who has been given a satisfactory treatment is definitely less "dangerous" than for example an explosive, emotionally callous psychopathic. However, if not dealt with, schizophrenia may result in the person suffering from this mental disorder committing dangerous acts on account of the symptoms of this disorder. In our study, we have found that delusions, for example, typically in the nature of delusions of persecution, are an essential cause of homicide.

Another cause is the emotional withdrawal - autism - which is one of the most basic symptoms of schizophrenia. In old days, the taking of the life of one's mother was said to be the schizophrenic homicide. In our study, we have also found a relatively large number of mothers being victims, but the characteristic feature is that the victims will be the persons that the schizophrenic person happens to be with. The reason why the number of mothers is so high may be due to the fact that it is the mothers, as it is, who take care of their sick children, also when the children are grown up. Considerable resources - and sometimes also professional skills - are necessary to behave oneself to the basic emotional disturbances which are so characteristic of schizophrenics so that, on the one hand you manage to keep and develop contact with the schizophrenic person and, on the other, you do not impose on him or her so as to provoke fear, anxiety and maybe violence. The hospital environment has both resources and professional

skill but, of course, you cannot demand this from near relatives, however devoted they are, nor from other persons who try to help a schizophrenic person. And sometimes it will end in disaster. Seen in this perspective, I can understand that some people have to so to speak put a schizophrenic all away; the family simply does not have enough resources to take care of him or her."

THE HOSPITALS TURN AWAY MENTALLY ILL PATIENTS

"So, the first part of the problem is that an increasing number of psychotics, and especially schizophrenics, commit crime and are consequently arrested and placed in local gaols. The other part of the issue is the commitment of these persons to a psychiatric ward. The prison system must really be willing to receive psychotics; however, it should be borne in mind that the local gaols certainly are not treatment institutions. Ordinary local gaols around the country have regular medical supervision once or twice a week and only large local gaols have a nurse attached. Often it is obvious that an arrested person suffers from a mental disease, but sometimes it would be difficult for the staff of the local gaol to evaluate whether a prisoner is mentally ill. However, the very moment a doctor employed in the prison system suspects that a prisoner is mentally ill he ought to remove this person to a hospital for more detailed observation. A prison or a local gaol cannot be observed 24 hours a day as is the case in a psychiatric ward. The system ought to function in such a way that when it has been ascertained that a prisoner is mentally ill, or if there is any suspicion, the person concerned will be transferred to a psychiatric ward. But this is where the problem arises, however. The ward has no vacant hospital beds and not infrequently does one hear remarks such as it is not "unwarrantable" to leave the person concerned in the local gaol where he can get food, shelter and medication. This is at any rate less unwarrantable than throwing him into the street."

- *Is this remark well-founded, or is it unfounded?*

"I think that it is unfounded. Of course, the prison can offer food and heating, but a prison is a prison, with a staff that has not been trained in observing or taking care of psychotic patients. Basically, remand prisoners are left in their cells 23 hours a day with very restricted community with other persons. They sit in their cells and if one suffers from severe psychosis it is rather evident that being confined to a cell is not the optimal treatment."

- *But is it wrong if the hospital ward says that it does not have room for very violent psychotic criminals, is it?*

"No, this of course is true, but there are not very many of these criminals. The violent behaviour will very typically be conditioned exactly by the psychosis and, when the psychosis is treated, the disturbance will also disappear. In special situations, for example where it has not been clarified how dangerous a mentally disordered criminal is, the person concerned may be transferred to the Institution at Herstedvester, or - in case his condition is very serious - to "Sikringsanstalten" (a maximum security psychiatric ward). Precisely as regards the violent or "troublesome" persons you sometimes hear people say that the prison system wants to shift the responsibility for the difficult arrested persons, i.e. those with very severe characterdeviant behaviour, to the psychiatry wards. It does happen now and then that a prisoner is committed to hospital from one of the prison system's institutions after which it turns out that the person concerned is not psychotic but for example severely characterdeviant. However, it must be borne in mind that the doctors employed by the prison system are in a very difficult situation where it may be impossible to decide whether a prisoner who shows characterdeviant behaviour is mentally ill or not. If the doctor suspects that the person concerned is mentally ill, this person should be committed to a psychiatric ward for closer observation where he can be observed 24 hours a day, which a prison or local gaol cannot do. This principle is entirely in

compliance with the United Nations Standard Minimum Rules from 1955 on the treatment of prisoners, where it is provided in Article 82 that mentally ill persons must not be remanded in prison.

The same principle follows from Article 100 of the European prison rules which Denmark has adopted and in which it is stated that mentally ill persons are to be committed to a psychiatric ward.

The impression that the prison system transfers characterological deviant prisoners to the psychiatric wards may be due to the fact that the group which is remand prisoners and which is transferred to a psychiatric ward is confused with those who have been received sentence for psychiatric treatment. Among the latter there are some who obviously cause hard problems. They may, for example, be severe characterdeviants who were psychotic at the time when they committed the crime and who have consequently been found to be comprised by section 16 of the Penal Code and sentenced to psychiatric treatment. After this, the psychosis may have decreased, and these persons will then be marked by their severe characterdeviant behaviour. This group of persons may of course cause many difficulties, but we will have to live with this, because this is a consequence of our legislation. It should also be added that the number of these "problem patients" is low, but they may take up disproportionately much room in the public debate."

WITHOUT A HITCH

- If the hospitals refuse to receive mentally ill criminals this is probably not due to lack of understanding or volition but lack of resources?

"This is what the majority of psychiatrists and the Danish Psychiatric Association (Dansk Psykiatrisk Selskab) say. The prison system had set up a Health Committee which submitted a bulky report on this subject a year ago, and the sub-committee which dealt with psychiatry held a meeting with the

board of the Association at which there was complete agreement that even if there are some patients who may cause difficulties, mentally ill patients ought to be treated within the psychiatric hospital service also in spite of the fact that they are criminals. Without a hitch.

This basic attitude of course also makes demands on the prison system which must accept that at the moment when a proper psychiatric observation states that a person is not psychotic or that his condition is temporary, this person must go back to prison. There are quite a few instances where an arrested person is psychotic, for example because he has taken a lot of "speed" and after two or three days the psychosis abates. You have to be careful, however, not to confuse this situation with a situation in which a schizophrenic person is admitted to hospital and treated with neuroleptics so that the obvious psychotic symptoms get under control, after which it is declared that the person concerned is no longer psychotic and can be sent back to prison. I do not find that this is the right thing to do; such a patient should still be treated in a psychiatric ward and not be kept in a prison cell."

NEED FOR MORE RESOURCES

- *Psychiatric hospitals and institutions probably need resources to ensure that psychotics do not remain in prison and that they get the proper treatment in psychiatry wards.*

"This is a problem. There is no doubt at all that this requires certain resources. In the prison system we have tried to estimate how many there are of these patients. It is really not an awful lot, that is between 20 and 30 hospital beds on a country-wide basis."

- *Where would these hospital beds have to be placed? Should it be in the ordinary psychiatric wards or in the form of special forensic psychiatry wards?*

"If you had asked me five to ten years ago, I would have said that we should not establish any forensic psychiatry wards

because all studies show that the forensic psychiatric patients do not differ from all other patients, either as regards symptomatology or in any other respect. They suffer from the same disease, have the same symptoms and cause the same difficulties in certain periods, and none in other periods. Therefore, these patients ought to be committed to hospital and in a ward that suits precisely this patient. Today, when the capacity of hospital beds has been reduced so much and where there are so few wards it may be right to gather the forensic psychiatric patients in special wards which of course implies the advantage that the staff is trained in handling the rules applicable to these patients, e.g. the rules on the extent to which the patients may leave the hospital. But the risk involved in special forensic psychiatry wards is that they become ghettos for those who are both "mad and bad."

- *And the therapeutic efforts are not abandoned even if it is a question of forensic psychiatry wards?*

"Not at all. All therapy is the same. All therapeutic modalities used in ordinary psychiatry are also used in forensic psychiatry and those who are not used in ordinary psychiatry would of course not be used in forensic psychiatry either. It is also important that the forensic psychiatry wards are integrated with the rest of the psychiatric hospital service. In England they have so-called Special Hospitals, which is a practically parallel psychiatric system which does not only admit forensic psychiatric patients but also violent and disturbed patients from the ordinary psychiatric system. This is absolutely of no benefit to either of the parties. In Denmark one could imagine that instead of establishing forensic psychiatric wards, a number of special well-staffed wards could be established in which also very sick patients who need to be in a strongly manned hospital ward for a period could be placed. However, I still think that it is completely decisive that such wards - whether they are intended only for forensic psychiatric patients or also for reception of other patients - are placed within the framework of the ordinary psychiatric treatment system.

10/10/10

MEDICAL SUPERVISION OF PSYCHICALLY ILL PRISONERS

It is important that medical doctors promptly supervise prisoners who are placed in security cells and maybe fixed to their bed in order to find out, among other things, whether they suffer from mental illness, says chief psychiatrist Peter Kramp, the Ministry of Justice.

PUBLIC RELATIONS MANAGER STIG ALBINUS

Medical doctors who supervise prisoners in security cells and prisoners who are fixed to their bed do not make the use by the prison system of means of restraint legitimate. The use of means of restraint is the responsibility of the management of the prison, and the medical doctor only has to ensure that the prisoner is not bodily injured, check whether he has been hurt and whether the prisoner is mentally ill, says Peter Kramp.

- Sometimes, the role played by doctors in connection with their supervision of prisoners placed in security cells is criticised. Some people argue that the doctors that are called make the punitive measures of the prison system towards disturbed prisoners legitimate?

"This they do not, and they should not do this, either. The problem is that now and then a prisoner behaves in such a manner as to cause interference by the prison system. It may be violent disturbance, threats or self-destructing behaviour. The system has a number of reactions, ranging from solitary confinement to security cells with fixation to the bed. A security cell is a special cell with a special couch with belts as known from psychiatric wards. In some cases, prisoners are fixed to the couch."

THE MEDICAL DOCTOR HAS THREE TASKS

"The rules clearly and precisely state that if this is the case, a doctor has to be called. Until now, the rules said that a normally medical examination was to be made immediately; not of necessity, however. Now, it is so that a doctor has to be sent for in all circumstances when a prisoner is fixed to the bed in a security cell. The doctor has three tasks: He has to ensure that belts and hand or foot straps, if any, are properly placed so that they will not block the afflux of blood to the extremities or the like. Further, the doctor has to examine whether the prisoner has been injured when he was belted or placed in the security cell. The placing in a security cell is often accompanied by some use of force as the prisoner may have been taken to the security by several persons. This may have inflicted injuries upon the prisoner so the doctor has to check this. Finally, the doctor must check whether the reasons for using the security cell could be mental illness which should imply commitment to a psychiatric ward. These - and only these - are the doctor's tasks.

So it is not for the doctor to make the prisoner being placed in a security cell legitimate, and the doctor must absolutely not make any statements on the propriety of the prisoner being placed in a security cell. The decision to use means of restraint is made alone on the responsibility of the institution. And similarly, it is the responsibility of the prison governor to take him out again."

A GREY ZONE

- *Is it not a grey zone because the doctor has to find out whether the hand straps are too tight, whether the afflux of blood is blocked, etc. and thus indirectly commits himself on the decision whether the prisoner is still fit for fixation?*

"No, I cannot see that. Where there could be a grey zone is in connection with the issue whether the prisoner is mentally ill. As a matter of fact, it is quite seldom that a prisoner is placed in a security cell and fixed to the bed. A survey shows that this has happened 82 times in six months. In

each case, a record is made, stating when it takes place, how and why. In this record, it has to be described whether the placing in a security cell and the fixation are made on grounds of self-destructing behaviour, suicidal ideas, violence towards other persons and/or threats. The said survey shows that self-destructing behaviour or depression figured either alone or together with some of the other causes in 50 out of the 82 cases referred to. It is evident that it may be an affective reaction, a reaction against the deprivation of liberty and not a depression requiring treatment. But doctors are more capable of finding out what is the reason than the prison staff whose education and training are in an entirely different direction. So the grey zone is the borderline between depression requiring treatment and temporary affective reaction.

Thus, it is not for the doctor to say: He is not so ill that he is not strong enough to stand being fixed to his bed. The doctor has to say: He suffers from an affective tension but he is not depressed. Or perhaps: He is ill, I would recommend commitment to a psychiatric ward. Then it is up to the prison management to take an attitude to the doctor's advice."

- *What if a prisoner develops acute psychosis, for example in the case of drug abuse?*

"Then the prisoner is also mentally ill."

- *Does it then make any sense to place the prisoner in a psychiatric ward?*

"Maybe. Maybe hospitalization for one or two days, so that the psychosis abates.

DOCTORS FROM THE EMERGENCY SERVICE IN PRISONS

- *It appears from the debate that there is a general feeling that it is not all doctors - for instance doctors from the emergency service - who are called in such situations who quite know what has to be done?*

"Today, all prisons have employed general practitioners who function as part-time prison doctors. It is a big advantage that it is these doctors who are sent for in connection with the placing of a person in a security cell because they know what it is about and what their task is. So in the daytime these doctors will often be called. In some places, there is also an agreement with centres of general practitioners that you can always call outside of normal working hours and ask if the general practitioner is able to come. However, if this is not possible, the doctors from the emergency service is sent for. But there are doctors from the emergency service who have said that they do not think that it is a medical task to examine prisoners who have been fixed to the bed. However, if we find that in 50 out of 82 cases over a six-month-period an essential reason for the placement in a security cell is self-destructing behaviour, suicide threats or the like, then, to me, it is a clear medical task to be called to examine the prisoner. I am more inclined to say that the situation is that some doctors from the emergency service do not know what it is all about.

- Is it not for ethical reasons, the fear to assist in torture-like conditions, that stop certain doctors from coming?

"You come to see a person that another system has subjected to means of restraint and to examine whether this person has been injured or is sick. This is the doctor's task. The doctor does not have to - and should not - make this legitimate.

We know that doctors from the emergency service may be very busy and that they have to put the visits in order of priority. It must be up to the individual doctor's evaluation to decide his work priority. But I do not think that you should give examination of prisoners placed in a security cell a lower priority because for universally human reasons it is evidently a situation that has to be put an end to as quickly as possible if the person fixed really is ill or injured. And this is what the doctor is to give an opinion on."

THE DANISH MEDICAL ASSOCIATION (LÆGEFORENINGEN)**Editorial****Compulsory treatment of psychically ill persons
within the prison system**

Compulsory treatment of psychotic persons who are living in the institutions of the prison system involves special problems of medical ethics. No doubt must be allowed to arise as to whether the doctors' compulsory treatment is exclusively taking place on the basis of a medical treatment indication in the best interests of the patient, and such treatment must never be allowed to be confused with the exercise of power by the community and the institutional compulsion which the confinement itself reflects.

This problem has become of increasing importance in recent years when crime committed by psychotic persons has been growing. To illustrate this, one could mention that there has been a significant growth in Denmark in the number of homicides committed by psychotic persons from a level of about one homicide per year during the period 1946 until about 1971 to four or five per year during the period 1971 until 1983. As will appear from the interview with Peter Kramp in this issue of the Journal of the Danish Medical Association (Ugeskriftet) new studies seem to indicate that the number of homicides committed by psychotic persons after 1983 is still at this high level. There has been a similar growth in the number of psychiatric special measures under the penal code, for instance as regards the number of sentences ordering treatment of psychotic persons.

The symptomatology for psychotic criminals is quite the same as for non-criminal psychotic persons and the

therapeutical measures are also identical. Mental patients do not belong in prison, but should be treated in psychiatric wards where the staff has been trained to treat and take care of persons with mental diseases. By way of example, it is not possible to observe mental patients on a 24-hour-basis in prisons and local gaols.

But it will probably not be possible to avoid completely that mental patients are kept within the prison system and treated by doctors within the framework of the prison system. Among insane criminal persons there is a small group of persons who do not satisfy the criteria laid down in the Act on Insane Persons for compulsory commitment to a mental hospital and who do not want to be transferred to a psychiatric hospital ward. Furthermore, for some prisoners the psychosis diagnosis is not made until after long and careful observation and knowledge of the patient during the imprisonment, for instance in connection with mental observation.

In the debate about compulsory treatment of criminal persons the conditions have been criticised in the Institution at Herstedvester, which is an institution under the prison system with the special task of dealing with prisoners with mental problems. For this reason, the Institution at Herstedvester has a special medical staff and the head of the institution used to be a medical doctor. Today, the institution is run by a legally qualified person. The Institution at Herstedvester is the only institution outside the psychiatric hospitals and institutions which has permission for compulsory treatment of persons with mental diseases. After the adoption of the new Act on compulsion in connection with psychiatric treatment this permission is granted on a temporary basis, but it is expected that the permission will become statutory in connection with the coming Act on enforcement of sentences.

Irrespective of whether the legal basis for compulsory treatment will be adopted, it is the view of the Medical Association (Lægeforeningen) that it is still an ethic and criminal policy problem of a fundamental nature that compulsory treatment of mental patients is not strictly limited to

psychiatric wards headed by doctors. The Medical Association therefore finds that prisoners in the Institution at Herstedvester who are diagnosed to be psychotic should be transferred as quickly as possible to psychiatric wards for treatment. In this connection the Medical Association is aware of the fact that the special clientele in Herstedvester may necessitate that the compulsory treatment is initiated prior to the transfer of the psychotic patients to psychiatric hospital wards. But it should be ensured that transfer takes place as soon as possible and that the initial compulsory treatment takes place in the presence of medically qualified staff and subject to guarantees of the rule of law similar to those applying in psychiatric hospital wards.

It is the view of the Medical Association that steps should be taken to remedy the situation today when many psychiatric wards do not have the necessary capacity to receive very disturbed psychotic criminals from the prison system, because this clientele requires many resources in terms of staff. It is necessary to set up in close connection with big psychiatric hospital wards special admission facilities to receive prisoners with an acute psychosis and persons who have received sentence for mental treatment, for instance in the form of new forensic psychiatry wards or hospital beds.

Jens Kr. Gotrik