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## RECOMMENDATIONS

of 15 February 2011

of the *Contrôleur général des lieux de privation de liberté*

concerning the psychiatric infirmary of the Paris police headquarters (IPPP)

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Four inspectors from the *Contrôleur général des lieux de privation de liberté* (CGLPL) visited the psychiatric infirmary of the Paris police headquarters, located at 3 rue Cabanis in Paris (14<sup>th</sup> arrondissement), from 15 to 17 July 2009.

The observations made during this visit gave rise to an initial report which was sent to the Chief of Police to request his comments. These were issued on 22 December 2009.

On 18 June 2010, the full report of the visit was sent to the Minister of the Interior and the Chief of Police for accreditation, and to the Minister for Health and Sports on the same day for information. The Chief of Police replied on 7 September 2010; the Minister on 24 September 2010.

In the wake of this procedure, and in accordance with law No. 2007-1545 of 30 October 2007, the CGLPL has decided to make public the following recommendations:

It must be stated first that the psychiatric infirmary of the Paris police headquarters, dating back to the Consulate under different names, is rapidly developing in numerous areas, in particular with regard to relations between staff and the patients admitted (revision of the rules of procedure and the reception charter, registers) and the material conditions of management for individuals, their family and their lawyers, the latter now able to enter without difficulty, the need for which has been reiterated by the Council of State (20 November 2009, *Chief of Police*, no. 315 598). It drew the conclusion that the materiality of the right to remedy is guaranteed, as at least the person admitted has the material possibility of contacting the outside world.

Without calling into question the intrinsic quality or the shared awareness with which staff at the establishment exercise their functions, the inspectors expressed deep regret for the confusion of roles resulting from the identical uniform for security staff and medical staff. The Chief of Police has indicated that badges will henceforth enable the differentiation of the two. Warders should no longer wear nurses overalls.

Likewise, it should be kept in mind that the stay in the establishment, which performs an exclusively guiding role, can only be temporary. The organisation of the presence of medical staff during the visit resulted in persons arriving after 14:00 being required to stay on site until the following day, even though this was not justified by any therapeutic or care necessity. A solution has since been found at least in the short-term. Steps should be taken to ensure its continuation.

Above all, there is some confusion in the orientation decided on site between procedures for hospitalisation by court order and hospitalisation at the request of a third party, the procedures for which are nevertheless carefully distinguished by the law. This confusion is a result of difficulties that family members and friends have in obtaining authorisation to visit patients, and therefore being able to initiate the procedures for hospitalisation at the request of a third party if they so wish. Clarifications must be made on this point.

The foregoing points alone do not require the publication of recommendations. However, the very principle of the existence of the psychiatric infirmary of the Paris police headquarters warrants clear choices.

As recalled in an opinion of the *Contrôleur général* published on the same day, hospitalisation without consent, of which admission to an establishment is one of the tools, is notably a deprivation of liberty. This must therefore be accompanied by the necessary guarantees for balance between the preservation of public order and the rights of the individual. These guarantees require that the decisions taken be done so by their caregivers solely on these grounds.

It is indisputable that the specific organisation in Paris results in hospitalisation by court order, as established in the public health code (*code de la santé publique*): on the one hand, the Chief of Police, and not the prefect of the department, is responsible for ordering the hospitalisation of persons on court order, and the extension of this measure or its withdrawal; and on the other hand, on the principle that the municipal police powers are exercised by the Chief of Police, the police superintendents and not the Mayor, take provisional measures with respect to persons "whose behaviour reveals obvious mental disorders" (article L. 3213-2 of this code).

Yet this specific competence cannot provide grounds for the existence of the psychiatric infirmary of the Paris police headquarters. Indeed, the same would be true if the provisional measures were taken in ordinary hospitals, covered by article L. 3222-1 of the public health code. In other words, while the establishment derives from the competence attributed to the Chief of Police in 1800, the retention of this competence does not require that the establishment maintain its current form.

It is clearly not the role of the *contrôle général* to issue an opinion on the choice of administrative organisation. However, it is concerned with the question of whether this organisation provides the sufficient guarantees as aforementioned. As things stand, this would not appear to be the case.

On the other hand, the psychiatric infirmary of the Paris police headquarters does not have any autonomy. It is a service of one of the departments of this prefecture (the department of transport and public protection), in particular falls under the scope of the health and environmental protection division. Its resources are provided through the intervention of the police headquarters. Assuming that the doctors who work there are not under the direct authority of the Paris police headquarters, as the Minister is careful to reiterate in his observations (no more than, concerning the practice of medicine, hospital practitioners are under the authority of hospital management), they are paid by it, the material conditions of their employment and their career management depend on it. The establishment therefore falls outside the realm of a hospital authorised to receive mental health patients. Consequently, the provisions relating to the rights of persons admitted to hospital do not apply (for example the "rights of the individual" set forth in a preliminary chapter of the public health code) and no health authority has the power to verify the content and modalities of care.

On the other hand, although a departmental commission for psychiatric hospitalisation, responsible for dealing with all measures of hospitalisation without consent and visiting the establishments to hear patients, exists in Paris as in the other departments, its members are appointed by the Chief of Police in the capital (article R.3223-1 of the public health code). As a result, inspections of the establishment do not provide the guarantees of independence of those carried out in the other departments.

Finally, as it does not fall under the category of hospitals covered by article L.3222-4 of the code, the psychiatric infirmary is not visited by judges of the competent courts and, in particular, by the State Prosecutor's Office. Certainly, the Chief of Police emphasises that these visits are carried out *de facto*. They are not, however, guaranteed.

In these conditions, it would not seem feasible to suggest that the orientation decisions taken are done so with all the necessary assurances. The provision raises doubts over the distance between considerations of public order and medical considerations. At the same time, it is not a matter of placing responsibility for this doubt on the professional conduct and commitment of the doctors and medical staff, who do not incur criticism. But why is the competent assessment of a pathological situation connected to a police institution? Herein lie the conditions of confusion in the delicate matter of the deprivation of liberty for psychiatric reasons, which need to be eliminated.

It is argued that the establishment provides a welcome emergency medical service, which in particular can deal with incidents of violence. Yet, besides means of physical restraint being increasingly employed in this service, it is pertinent to question whether its affiliation with the Paris police headquarters does not increase the outbreaks of violence among certain patients. In any case, only 41% of patients are hospitalised by court order after their stay at the establishment: therefore, they are not all violent.

In any event, while the psychiatric infirmary of the Paris police headquarters was unparalleled at the time of its creation, more than two centuries ago, this is no longer the case today. Ordinary hospitals ensure care of the same nature: in Paris, hospitals receive a much higher number of psychiatric emergencies than the psychiatric infirmary - approximately a one-to-eight ratio - which is, moreover, unprecedented in any other French urban area.

That is why it is recommended that the Government makes the transfer of assets from the psychiatric infirmary of the Paris police headquarters to the ordinary hospital service possible, without of course modifying the health certification competences attributed to the Chief of Police and the police superintendents.

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