



**International Covenant on
Civil and Political Rights**

Distr.: General
3 December 2012

Original: English

Human Rights Committee

**Concluding observations of the Human Rights Committee:
Norway**

Addendum

**Information received from Norway on the implementation of the
concluding observations of the Committee***

[19 November 2012]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not edited.

Introduction

1. Reference is made to the Human Rights Committee's concluding observations of 18 November 2011, following the examination of Norway in Geneva in October 2011.
2. In those observations, Norway was requested in paragraph 17 within a year to provide relevant information on the implementation of the recommendations made in paragraphs 5, 10 and 12, on, respectively, the National institution for human rights, the use of coercion in mental health care and the use of pre-trial detention of children. Norway respectfully submits the following information to the Human Rights Committee.

Reply to the recommendations contained in paragraph 5 of the concluding observations (CCPR/C/NOR/CO/6)

The National institution for human rights

3. Norway recognises the important role played by national institutions in the international human rights system. Norway's national institution was established in 2001 under the Norwegian Centre for Human Rights, which is part of the University of Oslo. In 2006 the Centre was found to be in compliance with the Paris Principles and was granted A status by the International Coordinating Committee of National Institutions (ICC). However, when considering the application for re-accreditation of the Norwegian Centre for Human Rights in October 2011, ICC's Sub-Committee on Accreditation (ICC-SCA) concluded that the Centre as presently constituted does not fully comply with the Paris Principles. It recommended that it should be accredited with B status unless it within one year provides the necessary documentary evidence to establish its continued conformity with the Paris Principles.
4. At that time it was also clear that the University of Oslo wished to terminate the role of the Norwegian Centre for Human Rights as national institution, as it did not consider the principles of academic freedom and independent research, which are the very foundation of any university, to be compatible with the role of a human rights institution.
5. In response to the ICC-SCA's recommendation, the Norwegian Government has established an inter-ministerial working group to consider the changes that need to be made in order to ensure that the national institution is in full compliance with the Paris Principles, including the possibility of establishing a new national institution based on a different institutional model. The working group has been specifically asked to consider whether the mandate of the national institution should be given a legal basis, and if so to propose amendments to the relevant legislation.
6. In line with the ICC-SCA's recommendations, the working group is to undertake an inclusive process and has been instructed to consult the Norwegian Centre for Human Rights, the University of Oslo, the Sami Parliament and representatives of civil society groups. This work is well under way.
7. In the meantime, the Ministry of Foreign Affairs has received confirmation from the University of Oslo that it will continue to discharge its functions as national institution until the Government has decided on the question of restructuring the national institution. Furthermore, the Ministry has been informed that the Centre has implemented several measures to strengthen its capacity to discharge its functions in accordance with the Paris Principles. These measures are based on the findings of the external review of March 2011 of the Centre as national institution. This review was initiated by the Ministry of Foreign Affairs at the request of and in cooperation with the Centre. The report pointed out several key areas in need of improvement including: strengthening monitoring as a basis for strategic planning; thematic reporting focusing on selected issue areas; visibility and advocacy; and follow-up of the recommendations from international monitoring mechanisms. In line with recommendations in the report, the substantive work of the

national institution is presently being reoriented towards broader and more systematic monitoring, fact-based contributions to relevant human rights issues in the Norwegian context, follow-up of such contributions through advisory and advocacy work targeting decision makers, and closer coordination with ombudsman institutions and NGOs.

Reply to the recommendations contained in paragraph 10 of the concluding observations

The use of coercion in mental health care

Generally on the extent of use of coercion in mental health care

8. Norway puts great effort in the work of promoting voluntariness in the mental health services. The issue has been high on the political agenda ever since the presentation of The Escalation Plan for Mental Health (1999-2008). Still, it is acknowledged that measures having been implemented have not yet lead to any significant decrease in the extent of coercion used. It is Norway's belief that less use of coercion is possible, through a more comprehensive and respectful approach to the patients in question. Furthermore, it is acknowledged that there are unsatisfying geographical variations in the use of coercion.

9. A report to the parliament on quality and patient safety in the health and care sector will be submitted by the end of the year, in which a strengthened policy for improvement of user-involvement and renewed measures for reducing maltreatment will be outlined. The report covers every aspect of the services, including mental health care.

10. There has been an increase in local practices where users and carers to a larger extent than before set premises for the development of new services. As an example, the introduction of user-managed hospitalization for patients with previously frequent admissions, have shown to reduce coercive hospitalization with more than 50 percent. The arrangement is for persons with an individual written agreement with the hospital, giving the patient a right to admit himself/herself to an inpatient day and night ward for a limited time period. Admissions can take place without medical consultation, referral and waiting time, by letting these patients decide for themselves whenever they need follow-up from an inpatient ward. Moreover, the establishment of ambulant/outreach teams have grown rapidly from 2005 to 2010, to about 150 (50 of which have emergency competence). There are reports that the teams succeed in early recognition of symptoms and in providing the adequate and immediate response. In these cases, the teams may prevent critical situations and as such also the need for coercive measures.

11. In 2010 a new strategy for increased voluntariness was adopted for the local and regional level, obliging the health enterprises to implement plans for reducing and safeguarding the use of coercion. This spring, the state level part of the strategy has been adopted, which includes measures within the areas of training/education, guidelines, documentation and supervision.

The committee's concern as to the medical assessment determining the use of coercive measures

12. Clinical assessment and determination of use of coercion, whenever coercion is deemed the only possible solution, should be done as far as possible in collaboration with and agreement with the patient and/or carers. Any medical decision must take into account the rights and interests of the client. There is a professional responsibility to prepare for a dialogue that gives patients/carers the best possible informational basis by which qualified judgments can be made. A sound medical decision regarding the use or non-use of coercive measures is thus dependent on, though not strictly limited to, the patient's view and preferences.

13. In the new national strategy, several measures aims at strengthening the fundament for reduced and correct use of coercion, e.g. common guidelines for the municipalities and

specialist mental health care on prevention, reduction and correct use of coercion, a review of voluntary and user-based services and methods frequently used internationally and nationally, publish a collection of examples and advices on voluntary mental health care, including medical-free treatment alternatives, review the arrangement for coercive specialist mental health care for out-patients, training in relevant health acts and human rights instruments for personnel in both the municipal and specialist mental health services

On monitoring and reporting systems so as to prevent abuses

14. The county administrators and control commissions have a shared responsibility of supervising and controlling the services. The aforementioned strategy contains measures for strengthening control and documentation. Some of these are: making guidelines for the county governors' casework of complaints on coercive treatment, strengthening the control commissions in order to safeguard the commission's work and secure a more unified national practice, develop a validated instrument to measure patients' perception of coercion during a treatment sequence (applicable to research and also local quality work), establish a national project for scientific collection and analysis of users and families/carers experiences with coercion, and also a project for promoting ethics in the mental health services with focus on ethical challenges and how to handle them.

Reply to the recommendations contained in paragraph 12 of the concluding observations

Pretrial detention of children

15. On 20 January 2012, new legislation came into effect, aiming to improve the position of children in conflict with the law, by strengthening their rights and by using other measures than prison as a reaction to committed crimes. The new legislation includes certain measures to limit the pretrial detention of children, as well as to improve conditions of detention for children:

- Shorter deadlines for remand hearings for children – the child shall be brought before a judge as soon as possible and no later than the day after arrest (section 183 of the Norwegian Criminal Procedure Act).
- A duty for the prosecution to notify the municipal child protection service if it wishes to remand in custody anyone under 18 years, and a corresponding duty for the child protection service to attend remand hearings and inform the court about the need for, and the work on, alternative measures to detention for the child (section 183 of the Norwegian Criminal Procedure Act).
- A restriction of pretrial detention of children to cases of “unconditional necessity” (section 184 of the Norwegian Criminal Procedure Act).
- A review of the criteria for pretrial detention of children at least every second week (section 185 of the Norwegian Criminal Procedure Act).
- A ban on complete isolation for children during pretrial detention (section 186a of the Norwegian Criminal Procedure Act).
- A restriction on the possibility to impose a ban on letters and visits from the child's immediate family (section 186 of the Norwegian Criminal Procedure Act).

16. These measures bring Norway into a situation where pretrial detention of children is strictly limited by law and where conditions for children during pretrial detention have been substantially improved.