



ALBANIAN HELSINKI COMMITTEE



# REGIONAL MONITORING REPORT

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Schweizerische Eidgenossenschaft  
Confédération suisse  
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Swiss Confederation



Helsinki Committee  
for Human Rights in Serbia



COMMITTEE FOR HUMAN  
RIGHTS OF THE REPUBLIC OF  
MACEDONIA



# REGIONAL MONITORING REPORT

*This report is produced within the project “Acting regionally for a better respect of persons with mental health problems”, funded by the Swiss Federal Department of Foreign Affairs*

**“The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity”**

**Article 1, UN Convention on the Rights of Persons with Disabilities**



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KOMITETI SHQIPTAR I HELSINKIT**

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Helsinki Committee  
for Human Rights in Serbia



Helsinki Committee  
of The Republic of Macedonia



The Kosova Rehabilitation  
Centre for Torture Victims

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## A. FOREWORD

Independent human rights monitoring and documentation are a vital source of information for governments and civil society as they seek to advance the rights of people with mental health issues. The report serves as a clear call for more awareness and greater action by governments which have ratified the UN Convention on the Rights of Persons with Disabilities (CRPD), which Albania ratified in 2012, Serbia in 2009 and Macedonia in 2011. With regard to Kosovo, it should be mentioned that Convention is not ratified by the state since the country is not a UN-member. However many of the provisions of this Conventions were included within different human rights laws of the country. All these countries have expressed the will that someday be part of the European Union and are on different stages of the European integration processes, which require a lot more efforts from the governmental bodies and society in general to meet the standards in this area.

The CRPD, as the heights standard in this regard, came into force in 2008 and its purpose is to “*promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity*”<sup>1</sup>. People with mental health issues are, for the purposes of the Convention, “*persons with disabilities*” and thus are entitled to the rights it sets out. The emphasis of the Convention is on removing disabling barriers which “*may hinder [people’s] full and effective participation in society on an equal basis with others*”.

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1 Article 1 of the CRPD;

In common with the situation in many other countries, persons with mental health issues in this region are still frequently deprived of their liberty and placed in psychiatric institutions. To change this situation, as a matter of urgency, the governments should implement Article 19 of the CRPD<sup>2</sup>. This requires governments to take steps to ensure that persons with mental health issues live safely in their communities with choices equal to others. The governments must close facilities that result in long-term incarceration. Facilities such as the Kruja Prison, Elbasan Hospital, Shtime Center, etc, which segregate and isolate people for long period of time, should be closed or redesigned, in order to ensure that residents are supported to be fully included in their communities, as everyone else.

Social and institutional discrimination faced by persons with mental health issues is very present at the Balkan region. The persistent disregard for rights of people with mental health issues often stems from deeply-ingrained stigma, which remains a very present global phenomenon. Stigma breeds exclusion, discrimination and criminal neglect. Action to stop ill-treatment and other forms of abuse should be swift.

Hopefully, the evidence established by this report will provide momentum to decision-makers to undertake reforms, and will inspire others and persons with mental disabilities themselves to come forward and advocate for change. We need leadership both within government and outside it, to create more inclusive societies. We hope that the respective governments will take appropriate actions to change the situation.

Albanian Helsinki Committee (AHC) together with its regional partners, the Macedonian Helsinki Committee (MHC), Kosovo Rehabilitation Centre for Torture Victims (KRCT), and Committee for Human Rights in Serbia (CHRS) would like to thank the Swiss Federal Department of Foreign Affairs for financially supporting this regional initiative.

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2 “Living independently and being included in the community”

## B. METHODOLOGY

In the framework of the project “**Acting regionally for a better respect of persons with mental health problems**” funded by the *Swiss Federal Department of Foreign Affairs*, AHC together with its regional partners undertook several joint monitoring visits in all the four countries involves such as, Kosovo, Albania, Serbia and Macedonia.

During the months of July-October 2015 there were held **eight joint monitoring visits** in all the above mentioned countries, in the following institutions:

- Institute of Forensic Psychiatry in Pristina, Kosovo
- Center for Integration and Rehabilitation of the Chronic and Psychiatric Patients in Shtime, Kosovo
- Special treatment institution (penitentiary institution) in Zahari, Kruja, Albania
- Psychiatric Hospital in Elbasan, Albania
- Special Hospital for Psychiatric Illness in Vrsac, Serbia
- Special Prison Hospital in Belgrade, Serbia
- Psychiatric Hospital in Demir Hisar, Macedonia
- Psychiatric Hospital in Skopje, Macedonia.

Despite the joint monitoring visits, each partner organization has monitored independently in total 16 other psychiatric or penitentiary institutions, depending on where the patients with mental disabilities were held. The following are the institutions in which were conducted the monitoring visits by the partner organizations:



- Integrated Community Houses in Bresje, Kosovo
- Integrated Community Houses in Ferizaj, Kosovo
- Integrated Community Houses in Gjilan, Kosovo
- Integrated Community Houses in Mitrovica, Kosovo
- Integrated Community Houses in Gjakova, Kosovo
- Integrated Community Houses in Peja, Kosovo
- Integrated Community Houses in Prizren, Kosovo
- Integrated Community Houses in Drenas, Kosovo
- Special Institution of Prisoners Service in Tirana, Albania
- Psychiatric Hospital in Shkodra, Albania
- Psychiatric Hospital in Vlora, Albania
- Psychiatric Hospital in Tirana, Albania
- Special Psychiatric Hospital in Gornja Toponica, Serbia
- Special Psychiatric Hospital in Novi Knezevac, Serbia
- Special Hospital for Psychiatric Illness - Kovin, Serbia
- Special Psychiatric Hospital in Negorci, Macedonia

The monitoring team was composed of eight monitors, coming from the four partners' organization (two monitors from each partner organization). The monitoring visits performance were prepared before the execution of the monitoring visits, making clear each ones' monitoring work. Special questionnaires were prepared, with the aim of gathering as much as possible structured and abundant information from the management and executive staff of each monitored institution, as well as from the patients themselves. The relevant documentation was examined also, in order to have a better view of the official procedures followed by the institutions.

The findings of this report are based on the direct observations of monitors and testimonies collected from those interviewed as part of the monitoring process. Monitors for objectives reasons have not been able to verify every allegation made, but have included information that is specific, consistent with their own observations and other people's testimonies, and which they have deemed credible.

Interviews were undertaken with people with mental health issues, their family members, representatives of local institutions authorities and mental healthcare staff. Cross examination interviews were part of the overall methodology of the monitoring visits as well.

## C. Executive summary

The main goal of this initiative was to act nationally and regionally for a better respect of the rights and treatment of persons with mental health problems in closed institutions like prisons and psychiatric institutions. Acting regionally, not only locally, is deemed as a very effective approach to the issues of mental health. The specific objectives of this initiative were: 1. to enhance the participation of civil society in legislative and policy reform on mental health and to ensure domestic implementation of the international standards; 2. to bring together like-minded civil society organizations in Balkan states, to support persons with mental health problems to exercise their rights on an equal basis with others. Apart from other activities, the project predicted the realization of the joint monitoring mission with the participation of all the partners.

This report presents the main findings of the first regional human rights monitoring of Kosovo's, Albania's, Serbia's and Macedonia's mental health services. The respective NGOs will convene a process of engaging civil society, governmental representatives and other stakeholders to jointly develop recommendations for action on the basis of international human rights law. Our overarching aim is to secure equality, inclusion and justice for all people with mental health issues in these countries.

### **Executive summary for institutions monitored in Albanian**

Mental health care in **Albania** is governed by a newly developing legal framework. After the years 2000, as one of the health sectors with lack of significant attention in previous years, Mental Health

was identified as a priority of the Ministry of Health and was placed in the center of a reforming process. The reforming process continues to this very day, with an effort to improve the living standards and treatment offered to the mentally ill patients.

Despite the positive steps made so far for the decentralization and deinstitutionalization of the mental services, psychiatric services are sometimes under-resourced, overly-centralized and dominated by pharmacology. People with mental health needs are subject to pervasive stigma, often resulting in physical abuse in their homes and communities. Prompt completion of the planned legislative reform and greater resources to provide for a range of care options accessible at all level of health care, are essential components in developing more human rights compliant on mental health services. Legal orders for involuntary treatment in psychiatric facilities lack safeguards, such as no legal representation of the patient and no involvement in the court hearings. Many others are held in the prison system, infringing the law since many years now, due to the lack of a forensic institution, or the non-transferring these patients to special wards in psychiatric institutions.

The human rights reality of persons with mental health issues in the Albanian prison system is far from the human rights standards that the government signed up to, under international law. Since many years now the persons that were declared by the court as mentally irresponsible, and were ordered to be treated in a psychiatric institution are held in the prison system, in generally in two institutions (in Zahari, Kruja and in the Special Institution of Prisoners Service in Tirana). For now, these institutions represent the worst standards of treatment in prison system as a whole. Despite the measures undertaken by the governing bodies, so far is not yet found a solution to this key problem.

Currently, in all the four monitored psychiatric institutions (specialized inpatient institutions) in Albanian there are treated around 576 patients, out of the around 603 which is the capacity. During the last years, there have been reconstructed the Psychiatric Hospital in

Shkodra, Tirana and part of the Psychiatric Hospital in Vlora (June 2015 has started functioning the new building). But still the budget of the mental health spent on service provision of mental health is low in comparison to the region. There is also a lack of up-to-date mental health statistics available, limiting understanding of mental health needs and hampering evidence-based development of services.

New legislation and sub-legal acts has been drafted and entered into force, based on human rights principles of the mentally ill persons. However, case law relating to people with mental health issues is very rare: people's rights and interests have not been legally defended, upheld or developed.

Family members carry the burden of supporting people with mental health issues and they have minimal support from their communities, given the intense stigma of people labeled mad. No services are available to support caregivers, resulting in families struggling to cope and people with mental health issues being subject of domestic violence or being those who are violent towards their family members.

Some of the wards which accommodate these patients are overcrowded, in particular the acute wards at Elbasan Psychiatric Hospital, in Zahari Kruja Prison and Special Care Institution for Prisoners in Tirana. Inpatient psychiatry in these institutions can be characterized as achieving two things: accommodating people in decrepit dormitory wards, and sedating people with high doses of psychiatric drugs. There are insufficient laundry rooms and toilets. Some patients have no access to outdoor space. Some are allowed out of the ward only once a week, with the approval of the doctor, but these doesn't count for the patients held in the prison system, who don't profit from any kind of benefits from the prison system.

The wards in the penitentiary institutions generally have nothing for people to do. Usually, there are no newspapers, books, pens, paper or else. There is no information about health, mental illness or

rights. Chemical restraints are widespread: sedatives are either injected or people are obliged to swallow tablets. Sometimes the physical health of patients is compromised by poor hygiene facilities, an inadequate diet and sometimes violence by other patients. Many people reported feeling unsafe and wanted to leave the facilities.

Not all the facilities have a complaints system. Usually patients are unaware of how they can complain. That leads to the fact that the possible abuses are kept within the institutions and usually no-one is ever held to account. Deprivation of liberty and placement of people with mental health issues in psychiatric wards also could happen sometimes outside of the law procedures, leading to longer time for the court to issue the court order. Many times the legal professionals of the penitentiary institutions are not properly qualified and don't know/follow the legal procedures correctly.

Mental health care in prisons for nearly 164 persons with "Medical Measurement" court order, appears to be minimal. Albania has not yet a forensic institution and keeps all the mentally ill persons in prison. Prisoners and people assessed as being mentally ill, during court procedures are being detained in prison facilities. Discharge is possible only when clinicians make a recommendation to the court, but usually the court does not release the persons due to the height stigma and lack of support from family and state agencies outside the institution. As a result, the psychiatric patients can stay very long periods in these institutions, sometimes for their entire life.

### **Executive summary for institutions monitored in Serbia**

There are five special psychiatric hospitals in **Serbia**, with approximately 3000 beds: Special Psychiatric Hospital (SPH) Gornja Toponica, Niš (app. 800 beds), SPH Dr S. Bakalović, Vršac (app. 800), SPH Sveti Vrači, N. Kneževac (app. 350), SPH Kovin (900), and Dr L. Lazarević Institute for Psychiatry, with the Department in Paldinska Skela (350). There are also ten clinics and institutes and 30 psychiatric departments in general hospitals.

In prisons system, forensic patients make up 10% of prison population. In Serbia there are no specialized forensic institutions, and patients/prisoners are housed in the Special Prison Hospital or in the three psychiatric hospitals (hospital in Vrsac, Novi Kneževac i Gornja Toponica). More than 50% of patients/prisoners are on a psychiatric therapy. Like in hospitals, there is overpopulation in Special Prisons Hospital, which amounts up to 30%.

All these five psychiatry hospitals are still functioning like asylums: they are isolated from urban areas, located in huge, pavilion-like buildings, with a large number of beds per room, enclosed by fencing with security regulations that sometimes seem to be unnecessary, with patients spending most of their time doing just nothing, while their treatment is based on medicines, without a developed system of rehabilitation and resocialization. In some of these hospitals there are still patients who have been held there for many years. For a greater number of patients there is no clear medical indication for staying in a hospital. During our monitoring visits (2011–2015) we observed (the data collected by interviewing patients and staff, and examining medical and legal documentation) that there were around 30–40% of patients having no medical indications for hospitalization, and they could be discharged if they only could have a safe place to live and financial support.

Large secluded hospitals are places at risk of involvement in human rights abuse and/or torture. Although incidents of abuse are relatively rare, HCHRS were the witnesses of some inhuman, degrading and humiliating practices.

The majority of severe mental disorders are chronic conditions which significantly affect patients as well as their families and community. They begin in early adulthood (15–25 years) and usually have an intermittent course with exacerbations and remissions, which are more frequent during the first years. That means that in our psychiatric system, during the early phase of his/her disorder, a person will be hospitalized a few times in the course of several years – most often in psychiatric departments of general hospitals or

in clinics and institutions (i.e. still within the community). Since the course of the disorder is highly influenced by social factors, those individuals with poor social support (no family or non-supportive family, lack of income, lack of property – or loss of property) are more likely to find themselves in special psychiatric hospitals for long-term hospitalization (more than ten years), or be transferred to social institutions, which are viewed as their permanent place of residence, where they will probably stay for the rest of their lives.

### **Executive summary of institutions monitored in Kosovo**

Human rights of persons with mental disorders in **Kosovo** are an important topic. However, in practice they are not fully enjoyed and in theory insufficiently discussed among the academic community in the region of Southeast Europe but especially in Kosovo.

KRCT, thanks to its dedication and long term partnership with authorities of Mental Health Institutions has established and developed a sustainable communication with central relevant institutions.

Based on the conducted regular/systematic monitoring visits (since 2010 until present), KRCT has become a center-source of information or a reference with regard to the situation of human rights in the mental health institutions in Kosovo. The CPT, European Commission's Annual Progress Report, the US State Department Report on Human Rights, national, regional and international organizations as well as governmental institutions have used the findings and publications of KRCT continuously with regard to the mental health domain.

KRCT is invited regularly by the CPT delegations to be consulted and to take its comments and statements, before any of CPT periodic visits in Kosovo. Findings and recommendations from KRCT's Annual Reports on mental health are consulted by this mechanism.

In Kosovo, there was a lack of Mental Health Law, despite having about 20 institutions which accommodate persons with mental disabil-



ities. Since the beginning of monitoring of these institutions (2010/11) KRCT has recommended the drafting of the Mental Health Law. The law has now been drafted and has entered into force, where KRCT was part of the Working Group of this law by providing valuable expertise and recommendations in this regard.

KRCT also contributed with concrete recommendations during the drafting of secondary legislation (laws) related to mental health institutions.

KRCT has formed a working group, comprising experts and representatives of Mental Health Institutions, who have developed a Protocol (Guidelines) for reaction in case of resident's crisis and their treatment. This Protocol has been applied by some mental health institutions.

### **Legal status of the persons with mental disorders**

Persons with mental disorders residing in the institutions of mental health and social care are in most of the cases treated compulsory<sup>3</sup>. Such persons are being held for years without a legal basis (no formal legal decision issued) and there have been cases that such persons have been held for decades and some cases until they died. Based on our regular and continuous recommendations and legal help provided for some cases, institutions have taken concrete actions to make certain improvements with regard to this issue and have started to regulate the legal status of these persons together with providing for the enjoyment of certain rights by them. Verification of the legal status of all these persons is an ongoing process but it is worth noting that the percentage of those who are being held without a formal legal decision has decreased, especially into two biggest Institutions (SISH and CIRCPP). Previously in such institutions around 50 % of the residents were being held without a legal formal decision whereas currently this issue has been fixed for almost all of them.

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3 Involuntary treatment (definition according to the Law on Mental Health);

In the Community Houses for Persons with mental disorders the issue of legal status is not addressed for all residents but the authorities have expressed their readiness to proceed with this issue. CH in Kamenica has on time dealt this issue and all residents are being held with a legal formal decision.

Regarding the placement and treatment of the residents in Integrated Community House, institution signs a contract with the resident's family and this is considered by them a formal act covering the legality of the holding such persons there. But, since the persons' approval is not sought at any phase of the procedure the KRCT has recommended that this procedure should be reviewed and settled in accordance with applicable laws and regulations.

However, after the entering into force of the Law on Mental Health, institutions are obliged that the acceptance and holding of the residents into mental health institutions should be in accordance with this law.

### **Executive summary for institutions monitored in Macedonia**

A slight positive change has been observed during the monitoring visits of the psychiatric institutions in Macedonia compared to the last monitoring visits of the Macedonian Helsinki Committee in 2011 and 2012. A number of wings have been renovated, refurbished, or newly built in the last three years. However, the buildings comprising the hospitals are quite old, served other purposes in the past, and were not properly maintained over the years. The number of total staff in monitored institutions has also been slightly increased, while the number of patients has remained almost the same. Management staff seems interested in further improving the conditions, but lacks the necessary financial means to maintain and refurbish the hospitals. Even though from the number of beds and number of patients it would appear that there is no overcrowding, many hospital rooms have way too many beds when compared to their size.

Categorization of patients in appropriate departments seems good on paper, but in all of the monitored institutions patients that are not supposed to be accommodated together, shares a room with patients from different departments. Even though it would appear that the number of employed staff should suffice for the needs of the patients staying at the hospitals, in general there is over employment in some areas (e.g. technical staff) and underemployment of specialized staff (e.g. resident medical doctors). Generally, living conditions in all three hospitals are not satisfactory. This holds true even for the buildings that have been recently renovated, especially because the rooms are still empty and lifeless. Personal hygiene is on a very low level. Most of the patients have lost most or all of their teeth and none of them wear glasses. Patient's clothes are old and in most of the cases dirty, while in two of the hospitals there was no soap and towels in the toilets.

In all of the institutions there exists a “hospital like” atmosphere with no or very little rehabilitation character. Most patients have no activities and their life takes place in the room and hallways. They occasionally gather together, but usually only to watch TV in the sitting room. Staff seems to have good relations with the patients, but does not invest much time in providing individual or group services to them. Disciplinary measures seem to be rarely practiced. Another positive finding is that there was not a single suicide in the three monitored institutions.

One of the most worrying findings is that as of 2015, courts have started imposing interim measures for compulsory treatment of alleged domestic violence offenders. In practice, this measure is very often misused or misapplied by the courts. Some courts impose temporary confinement of alleged offenders who currently do not abuse drugs, alcohol or other psychotropic substances, nor have a mental health disorder, but in past were registered as abusers, or had some mental health disorder. It often happens that persons who do not meet the legal conditions for compulsory treatment under criminal law end up in a psychiatric institution. In majority of these cases the

constitutionally guaranteed right of appeal is questionable. In execution of this interim measure, the police detain the perpetrator and bring him to the psychiatric institution giving the court order only to the director of the institution. Without the order being handed to the person and by not providing legal aid, the alleged offenders do not even know that they have the right to appeal their confinement. Another issue is that the legal dead-line for appeal is only 3 days.

# 1. KOSOVO MONITORING REPORT

## 1.1 LEGAL FRAMEWORK

### **Adoption of the Law on Mental Health**

Until now there was a lack of Law on Mental Health. Since the beginnings of monitoring of Mental Health Institutions (2010), KRCT has continuously recommended the adoption of such law. Law on Mental Health was primarily drafted during 2013 but, due to the changes on the legislative branch, its adoption was delayed until 2015 (October) when this law was adopted and now has entered into force.

During preparation work for drafting this law, the KRCT was part of the Working Group where it had the opportunity to provide its expertise in this field. For some of important parts of this law, especially regarding the treatment of persons with mental disorders, KRCT has offered concrete recommendations, and most of them (not all) were taken into account by the Commission that drafted this law.

This law's aim is to protect and promote the mental health, prevent the problems of this regard, to secure the rights and improve the quality of life for persons with mental disorders.<sup>4</sup>

Within one year after the entering into force of the Law on Mental Health, bylaws for its implementation and respective protocols must be adopted. One of the Protocols foreseen by this law to be adopted is "Protocol on Physical Restraining"<sup>5</sup>.

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4 Art. 1 of Law on Mental Health;

5 Art. 27 of Law on Mental Health;

Since the beginning of monitoring the mental health and social care institutions, KRCT has noted that physical restraining of persons with mental disorders, that during interventions had an aggressive behavior, was made not in accordance to the legal procedure and with no pre-set methodology of application for such measure. During 2015, KRCT has established a Working Group, composed of expert and officials of mental health institutions (by the ministry of health and managers of mental health institutions, who have drafted a Protocol (Guidelines) for reacting on cases of violent behaviors by the residents.

KRCT will continue to advocate at the Ministry of Health for the formal adoption of this Protocol (with necessary changes), who was drafted in cooperation with its experts.

With regard to advocacy, KRCT has generally participated when the secondary laws concerning mental health and social care were drafted.

## **1.2 INSTITUTIONS MONITORING REPORT**

### **I. KOSOVO INSTITUTE OF FORENSIC PSYCHIATRY**

#### **General information**

Capacity of the institution is 36 beds, divided in three sections: section A, B and C, with single and double rooms. Section A is the admission section, Section B is for compulsory treatment and section C is where the pre detainees are kept for psychiatric examination in the hospital.

Current number of patients was 18 persons.

There are no special sections for women or juveniles. In case a woman is hospitalized she will be kept at the isolation area of the section, but not under isolation conditions but at the normal regime.

Turnover within one year in all the institution is around 200 patients (including outpatient visits).

### **Category of patients**

The institution is divided in three main sections: A, B and C. Respectively the A section is the admission, where the patients are presented first while entering in the institution and after the evaluation from the medical staff, the patient is put either in Section B or C. Section B is used for the compulsory treatment patients. During the monitoring visit time there were 15 patients in this section. And section C, is where the pre detainees are kept for psychiatric examination in the hospital- where there were 7 patients (2 of them were in weekend leave).

### **Staff members**

Total number of staff is 43

5 psychiatrists (one of them is neuropsychiatrist)

2 intern-psychiatrists

22 nurses/technicians

2 psychologists

2 social workers

10 other staffs

### **General observations**

The Forensic Institution in Prishtina is a newly opened institution in Kosovo, which was established in August 2014. It is located near the public hospitals area, within the overall perimeter of the hospital center. The outside and the inside infrastructural conditions are very good. The construction of the building and the training of the staff were funded by the European Union. The forensic institution is subordinated to the Hospital Centre, but as the director of the institution confirmed, the final legal status of the institution and its dependency hasn't yet been defined by the relevant authorities.

The capacity of the institution is 36 beds and the current population of the hospital is 18 patients, which means that there is a relaxed work load for the employees. Also the good infrastructure of the institution and its good internal furnishing make the treatment of the patients easier to handle.

### **Accommodation**

The accommodation facilities inside the rooms were new and very good. The rooms were appropriate for two persons, the hygiene was very good, and the rooms had enough natural and artificial light and space. The ventilation and heating equipment were functional. Each patient had his own bed, cupboard, his/her own closet to put personal things. The bedcovers were changed every week or whenever it was needed. The cleaning of the rooms was done by the institutions cleaning personnel, every day.

The patients had their common kitchen area and the re-creation and resting room. There was set a TV and other appropriate furniture to make this environment useful, in accordance with the daily program activities for patients.

The fresh area activity was held in the fresh area zone, nearby each sector, outside in the open environment. This part of the institution was also clean and in good shape. There were organized some sport activities such as ping-pong, or other table games. They were not utilized much from the patients though. There was some green grass planted also in the fresh area facility and some planted flowers as well.

In each sector there were two or three isolation rooms. The standards of space, light and furniture inside the rooms were appropriate. The rooms were used also in case that any woman was put in this institution for short term treatment or psychiatric examination. As it is mentioned above, the institution did not have a separated sector for women or juveniles.



### **Food and water supply**

The Institution offered three times a day food to the patients, who all together had their meals in the dining room. They had also possibility to warm up the food or cook small thing by themselves. There was 24 hours water supply in the institution.

During the Ramadan period, the institution adopted its schedule to the needs of the patients who fasted.

### **Personal hygiene**

Each room has its own bath which patients can use it anytime just as they can take a shower at any time. The level of hygiene was good. Once admitted in the institution, to each patient was given some personal hygiene items.

### **Clothing**

Each patient had their own civilian clothes. They were part of the personal items and often were brought to them by their family members. In case of need of clothes, the institution can provide for them by obtaining from different recourses, mainly donations. The institution has a laundry facility where patients could clean their clothes two times a week.

### **Health Services/Programs**

Health services included medical care by:

- psychiatrist doctors (5) and nurses (22);
- psycho-social service (2 psychologists and 2 social workers)

The medical staff revised periodically the physical and psychiatric conditions of the patients. Regarding the patients in sector C, who are being kept in the institution for psychiatric expertise /examination during trial procedures, they were examined periodically by a psychiatrist every week for 30 minutes interview. The maximum time of their stay in the institution is 1 month. For this patient the visits with family members were limited and are possible only through a

court decision. The possibility for making a phone call to the outside world was not limited.

Medical staff deems the situation with the supply of medicaments as acceptable, and few patients and nurses complained for the lack of medicines, which time to time was missing. In case of other medical services needed by the patients, they were accompanied to the civil hospital center nearby. The staff of the institution stated that they haven't had any problems in regard to the unjustified delays of offering the medical treatment for patients. No discrimination situation was claimed. The patients enjoy individual treatment but not group therapy.

### **Educational Activities**

In both sectors there was a joint living room for patients whom they used also for recreation activities and for spending time together. Some of the activities were: watching TV, playing cards, domino and drawing. There were limited physical activities such as different soft sports or other games which include physical movements.

Referring to the sector B patients, there was not provided any crafting or other small work activities.

### **Admission to the institution**

The admission in the institution is done at the sector A, where the patients can stay up to 2 or 3 days, in a single room. The patients were examined shortly after entering the institution. They were acquainted with the internal procedures of the institution and were presented in writing to their rights. The evaluation of the patient at the admission was done by a multidisciplinary team.

For every patient there is compiled a medical file and a social care file, with concrete provisions on the individual daily program to be followed.

The patients admitted at the institution first are accommodated in the single rooms for a period that varies from 1 to 3 weeks.

### **Duration of stay**

Depending on each section, the duration of staying in the institution differs. The patients in section B that were held in the institution only for psychiatric examination stay in the institution for maximum one month.

The other sector patients, those subjected to the compulsory treatment court decision, have been transferred there when the institution started functioning in August 2014. By law, every six months the measure should be revised by the court, bases on the evaluation proposed by the expertise of the medical staff of the institution. Moreover the medical team presents this evaluation before the court every two months, but the court procedures are very slow sometimes in revising the measures.

### **Activities of the patients**

The usual activities for the patients seem to be rather poor: playing cards/dominos but for some of them also drawing. TV and radio are available as well as ping pong table. Monitoring team assessed the need for a greater involvement of patients in these activities as well as their substantial increase.

### **Death/incident case**

There was no reporting of death cases or suicidal attempts. There were two problematic patients in section B, who were put to the restriction measure on the isolation room. The procedure included the application of the physical restriction for 40 min, accompanied with medical therapy. This procedure will be repeated several times, under the medical supervision. The isolation room was supervised with cameras.

### **Contact with the outside**

Patients in section B can meet with their family members/relatives normally. According to the staff, there is very little interest from their family members or relatives; some of them are totally aban-

done. Patient in sector C can meet family members only by court permission. The right to correspondence or phone calls with the outside world was respected to both section patients.

### **Consumption of cigarettes, alcohol, drugs**

The consumption of alcohol or drugs is forbidden. It was also forbidden to smoke inside the rooms or in the common living areas. The institution does not provide patients with tobaccos. Patients can ensure cigarettes only from their family members or relatives.

### **Relation between the staff members and the patients**

Based on client's interviews and on the conversations with staff, the relations between patients and the staff members are very good. No complaint was raised. Everywhere there is a safe climate and a professional communication atmosphere. Staff members feels very safe while moving around the residential premises and their communication is very friendly.

In section C there was security staff (correcting officers), who were under the dependency of the penitentiary system. They worked in shifts, covering 24 hours service.

In section B, where there were located the patients with compulsory treatments, the security is contracted with a private company, appointing only one guard within one sector. The staffs working within this section are faced and could be subject of a certain degree of risk, in contrast to the situation in other regular health care institutions. These patients have committed crimes, for which they are held irresponsible. That past behavior of them could be a potential risk for the employees while working with them. Among the employees there is also female staff that in case of incidents that involve physical attacks could be in danger. During the interviewing, staff showed that concern as well and added that they make sure that all the patients have their medication so to keep them under check all the time.

### **Disciplinary measures**

Very few cases of undertaking disciplinary measures for the patients have been applied. Those cases included mainly two problematic patients (very dangerous ones). The procedures included neutralization of the patients with medication and physical constrain measures in the isolation rooms. The patient was brought to the isolation first for 40 minutes and if needed the procedure could be repeated several times. The maximum time of staying in the isolation room was 3 days.

## **II. CENTER FOR INTEGRATION AND REHABILITATION OF THE CHRONIC AND PSYCHIATRIC PATIENTS IN SHTIME (CIRCPP)**

### **General information**

Current number of patients: **66** (27 women and 39 men). There are 17 patients from the Serbian community, 2 from Roma and 1 from the Macedonian community. There are four functioning sections: one for women, 2 for men and one rehabilitation section holding 6 females and 6 males. Around 80% of all the patients were there since before the nineties. Some of them have spent all their life in the institution and also died there.

Turnover within one year: 70 patients

The institution was built in 1976 as a psychiatric institution and last year it was reconstructed in some part of it. In general it's an old building but the reconstruction has improved its premises. In September 2006 the institution was split in two parts, one under the ministry of Social Welfare and the other under the dependency of the Ministry of Health.

### **Category of patients**

The institution accommodates patients with mostly schizophrenia diagnoses (60 patients, nearly 95% of them). The average age of the patients is 55 years.

## **Staff members**

Total number of staff is 39.

Among them there are:

- 1 part time psychiatrist and 3 psychiatry intern (specializing)
- 8 nurses and 15 auxiliary nurses (caretakers)
- 3 security
- 3 kitchen
- 3 technical service
- 1 barber
- and other staffs

In the institution there was no psycho-social staff.

## **General observations**

Shtime Psychiatric Hospital was built in late seventies and actually it is an old building. Last year it has been reconstructed in the most part of it and due to that, the premises have been improved. This wasn't an obstacle on the overall functioning of the institution.

The institution was faced with the lack of staff such as a general medical doctor, nurses and caretakers or social worker/psychologist. Especially the lack of nurses is very present in the institution. There are only two nurses per shift and during the nights are working only male nurses. The lack of budget was another problematic issue faced by the management of the institution. The medication often didn't come on time, but that was solved by the institution itself buying the medication when needed.

Caritas was very helpful on providing clothes for the patients, because most of them are abandoned by their families and the institution can't cover the expenses for patients' clothes.

9 of the patients over 65 years old get old age pension. The coordinator of the institution administers their pension (towards an authorization) or they can administer it by themselves.

## **Accommodation**

The Institution held 4 sections for patients, 1 for women in the third floor, 2 for men in the second floor and 1 rehabilitation section, in the first floor in which are sheltered both women and man.

The outside environments were used mostly for outdoor relaxing and exercise were with green area and some trees (very needed for the summer time when temperatures are high and you need shadow in order to stay outside). During the time of the monitoring visits, there were only nearly 20 patients, men and women staying together on the benches or in the grass. Staff stated out that due to the high temperatures of the midday, patients prefer to stay inside their room or in the common areas of the facility.

The rehabilitation section was located at the first floor of the building and sheltered 6 women and 6 men. The patients here were considered to be better regarding their health condition and during this phase they tried to learn self-care skills in order to be able to look after themselves. These were the patient with higher possibility to be transferred to the integration home communities, outside the institution. There was a common area where patients can stay together, watch TV or play table games or just chat to each other. There was a kitchen where patient can cook finger food or cook for themselves. In the section were also other possibilities to practice with other things such as music instruments, flipper, but staff confirmed that the patients usually don't like to do these kinds of activities. The communication between staff and patients seemed very comfortable and professional.

The second floor where were sheltered the section of man, there was a big difference from the first section. Only 5 persons were allowed to go outside the section by themselves (without escort by the staff), the others needed to be accompanied by staff in case of going out. The patients were held in rooms holding 1 to 4 patients. Some of the patients were barefoot, with no appropriate clothes on and unable to take care of their look. Some of beds were without sheets and

pillowcases. The rooms were quite poor in view of inventory. There were not noticed any closet or drawer where patients can put their own personal items. Also their rooms just like the overall environments were completely empty. The institution has a storage in which they gathered all the clothing of all the patients.

The situation in the third floor, where women are located is pretty much the same as at the men's section.

The institution's ambulance was newly reconstructed, very clean and in good order. The files of the patients were periodically compiled. There were also the necessary equipment for the first aid and other medical procedures held in the institution.

### **Food and water supply**

The Institution has a kitchen and a common food serving room. Patients were served food in the dining rooms. There was storage for food which was quite clean and in order and with large refrigerators. The food was served in three main meals, including also fruits. Daily food samples were stored in a suitable place.

### **Personal hygiene**

The units have its own joint baths where patients can take a shower at any time. The level of hygiene in the sections it may be concluded to be acceptable. It is noticeable the difference between the reconstructed section and the non-reconstructed one in term of hygiene and the overall look.

### **Clothing**

Patients may use their own clothes-civilian. The institution, with the help of Caritas, had provided clothes for the patients. There is a need for more sheets and of sheet covers, also for sheets to be changed and replaced.

Although there was very hot, some of the patients were dressed with warm clothes such as thick sweaters or thick jackets.



## **Health Services/Programs**

Health services are provided by only one part-time psychiatrist, three psychiatric interns, and several technicians/nurses. There wasn't psycho-social staff in the institution and part of this service was covered by the coordinator of the institution. Also the institution is lacking the general practitioner.

The dental services for the patients were offered outside the institution, in Shtime. During the monitoring was noticed that a lot of patients were without teeth. The management of the institution confirmed that they had provided for several patients the dental prosthesis, but after a short period of time the patients either break them or lose them.

The laboratory tests of the patients were also performed outside the institution, in the public hospital in Shtime. The same holds true for the gynecological examination for women. The gynecological active women were treated once in three months with a medication that disables them to become pregnant (progesterone).

Medical staff of the hospital assesses the furniture with medications as acceptable. Time to time they have to buy the necessary medication by themselves, because the hospital's supplies do not arrive on time.

## **Educational Activities**

Rehabilitation programs are part of the daily program of the institution, but due to the lack of social and psychological staff, the variety of them differs for different category of patients. The patients in the rehabilitation sector are part of more daily activities such as play music, painting, preparing their food, socializing, taking care of themselves as far as hygiene is concerned, etc. Some of the games available (flipper or another musical instrument) are not used by the patients because most of them do not understand them. Only one patient can play chess.

The patients in other sectors mostly can draw and go out to the green area of the institution to stay and relax there. They are not able to learn new skills on self care. None of the patients were able to work in the kitchen of the institution.

The patients we met and interviewed in these environments seemed relaxed and very communicative both to the monitors as well as to the staff. The staff has a good relation with the patients, who felt conformable approaching each one of them.

### **Duration of stay**

Around 80 % of the patients are there since before the 1990s. Many of them belong to those with chronic psychiatric illnesses, but there are also other patients suffering from mental retardation. Some of the patients stay there for life. Both categories are placed in the same units. In September 2006 the institution's status has changed, part of it was put under the dependency of the Ministry of Health and the other under the dependency of the Ministry of Welfare.

Some of the patients that have improved during their stay in the hospital can go out to the integration homes/centers, in which they do a more open society life and enjoy professional support in doing so.

### **Activities of the patients**

The usual activities for the patients seem to be rather poor: playing cards/dominos but for some of them also painting and drawing. TV and radio are available as well as ping pong table.

For a group of patients, who have the skills and are able to participate actively, there are organized some other activities such as excursions in the city, different games, etc. Last year 4 patients were brought to Durrës, Albania, near the sea.

The monitoring team assessed the need for a greater involvement of patients in these activities as well as their substantial increase. Again, within this service, it is mostly needed the psycho-social staff to organize appropriate activities with different groups of patients.

**Death/incident case**

Lack of interest of the family/relatives for the patients is challenging the management and the staff of the hospital. Even in death cases it is the institution that should take care and cover the burial expenses. During the last 10 years there were 3 suicidal cases of patients.

In case of incidents, patients are treated with drugs that can last three to seven days depending from the seriousness of the case. The institution uses straitjackets as restraining means in case of agitation of patients. The patients are kept in between 2 or 3 hours with straitjackets and also under calming medications, until they are calmed down.

The management of the institution has requested the higher up authorities for supplying the institution with new restraining means, but hasn't received any answer from them.

**Contact with the outside**

Patients can meet their family/relatives. They can also make phone calls facilitated by the administration of the institution or they can have their own personal mobile phone. The family members/other relatives are encouraged to visit more often the patients. According to the staff interest of their family/relatives remain small to contact them or even hear about their fate.

For this reason, the management team of the institution lately has undertaken a good initiative by organizing obligatory meetings with the family members of the patients. From the last meeting organized, only 18 family members were present. Due to this commitment from the staff of the institution, lately there is an increase in the number of the family visits. The most recent visit was from a person from Serbia, who has lost contact of his mother since 1991.

However, visits are rare since most of the patients are disconnected from their families, especially the patients who have caused troubles to their family/relatives or coming from distance areas.

## **Relation between the staff members and the patients**

During the monitoring visit in the units and in the other internal and external premises of the institution, there was a safe climate and good relations between the staff and the patients. By the conversation with the patients (those who could understand and communicate) and the observation of the behavior of the patients towards the staff, it was noticed a carefree atmosphere between them. There were some patients who were aggressive toward the others, which were kept under surveillance by staff. There were notice some patients with scars and cuts in their arms and legs.

## **III. INTEGRATED COMMUNITY HOUSES (ICH)**

There are eight ICH working within the Centers for Mental Health in Kosovo:

- 1) ICH in Bresje;
- 2) ICH in Ferizaj;
- 3) ICH in Gjilan;
- 4) ICH in Mitrovica;
- 5) ICH in Gjakova;
- 6) ICH in Peja;
- 7) ICH in Prizren;
- 8) ICH in Drenas.

These institutions are dedicated to work with persons with mental disorders, usually cases without family care.

## **Legal bases for the placement, representation and legal rights**

Residents are placed here based on a contract signed between the institution and the family members who previously make a request for such placement. The contract is primarily made for six months and renewed as needed. Only few cases returned to their families after six months. The will of the residents for such placement has not been taken into account, considering that their treatment is necessary.

**Staff members**

At the ICH, the permanent staff contains head nurses and nurses. Regular psychiatric services are provided by the Centers for Mental Health which also provides the psychologist and social worker.

The number of nurses in some of the ICH is small and they face challenges to deal with the issues. For instance ICH of Bresje has only three nurses and it is very hard for them to coordinate about the shifts in order to provide services for the residents on 24 hours of the day.

**Accommodation**

ICH are family house like institutions in which reside 10 persons and have at least 5 rooms with 2 beds each. Due to specific cases there are rooms with 1 or 3 beds. In generally, rooms are well maintained. Rooms were provided with closets, tables and chairs and in some institutions other tools as well (TV, computer). Bedding materials were sufficient in all ICH and this furnishing was done by the Centers for Mental Health.

**Food and kitchen**

All ICH are furnished with kitchens and tables. The food is prepared by the residents themselves, under the supervision of staff and is served three times a day. The food supply was regular at all ICH and there were also extra food donations.

**Hygiene**

Overall level of hygiene is within the accepted standards. Residents help on maintaining of the hygiene and yet there were some ICH that were not kept properly cleaned.

**Clothing and bedding materials**

Clothes are in most of the times provided by the families of the residents whereas the bedding items are provided by the Centers of Mental Health. Furnishing was sufficient and there was no lack of such materials.

## **Medical services and programs**

Besides the regular psychiatric visits, other medical services are not provided at the ICH. Visits at a general practitioner doctor are conducted at the Family Medicine Centers when is needed. Also the laboratory tests and other specialist visits are conducted outside the institution (with some exceptions: ICH of Peja and Mitrovica during this year has done such tests).

At the ICH of Peja, the medical files are kept and systematized properly whereas in other institution such practice is wanting.

Furnishing with medical supplies is lacking and often happens that residents have to provide themselves their medical supplies. Only the supplies of the essential list are provided by the institution and other medical supplies should be secured by residents themselves. Even hosting residents with psychiatric treatment, there is lack of antipsychotics within these institutions. During monitoring visits was ascertained the lack of Diapazen, Fluxetin, Risperidon and amp Moditen.

Besides the lack of medical supplies, there was also a lack of other medical equipment. During the visit at the ICH of Bresje (December 2015), it was found there was no medical tools at this institution including blood pressure cuff, thermometer or the equipment for glycemic measurement even if some of the residents are diagnosed with HTA.

## **Activities**

Daily activities are music, dance, art, domino, chess and so on. There is gym equipment but they are rarely used by the residents.

At the ICH are organized occupational therapies in which are included groups of residents. Sometimes family member of residents are included as well.

During summer, the working of the planting of the green house engages the participants into working activities.

Some of the ICH residents are also engaged in activities outside the ICH for which they benefit certain payments.

### **Contacts with outside**

Relations and visits by the family members of residents are more often compared with other institutions. Families come for visits but also the residents visit their families (usually during weekend).

### **Relations with staff**

Generally speaking the relations between the residents, between the residents and staff, are good and there are rarely cases of any incident.

## **1.3 RECOMMENDATIONS:**

### **Health care services:**

- The supply of medicines ought to be ensured;
- Professional vacancies with health and psychosocial staff, nurses and support staff / technical out to be filled with new staff
- Individual programs of health treatment ought to be implemented;
- The protocols according to Law on Mental Health (protocol of injuries, self-inflicted injuries, suicide, etc. should be applied;
- Psychiatric examinations should be done in cooperation with the Correctional Service.

### **Legal issues**

- A functional system of requests/complaints in mental health facilities should be established;
- The receipt and accommodation/categorization of residents should be done in accordance to the legal criteria;

- The fundamental human rights of persons with mental disorders (right to inheritance, right to pension, right to legal representation/custody etc.) ought to be respected.

### **Other recommendations**

- Educational and rehabilitation programs ought to be implemented;
- To promote/encourage contacts and closer relations with the families of residents.

### **Recommendations for the Institute of Forensic Psychiatry:**

- Establish special spaces for minors and women;
- Determine the legal status of IPF;
- Respect legal deadlines in the implementation of psychiatric examinations.



## 2. ALBANIAN MONITORING REPORT

### 2.1 LEGAL FRAMEWORK

During nearly two decades of European integration transformation processes, Albania has ratified several important UN and EU Conventions and other important legal acts of the EU acquis. These international legal frames set up important standards, which state and non-state agencies are pushing forward to meet.

Some of the most important conventions ratified during this period of time are the **European Convention for the Protection of Human Rights and Fundamental Freedoms (in 1996)**; the **European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (in 1996)**; the **International Covenant on Civil and Political Rights (in 1991)**; the **Convention on the Rights of Persons with Disabilities (in 2012)**. Important legal obligation of these conventions is the adoption of the internal legislation towards the rights recognized by the state with the ratification process, and undertaking of the appropriate sub-legal, administrative and other acts, for the implementation of the rights recognized in the Conventions.

Among others important obligations, the Convention on the Rights of Persons with Disabilities recognizes the equal right of all persons with disabilities to live in the community, with equal choices and opportunities as others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.<sup>6</sup>

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6 Convention on the Rights of Persons with Disabilities, Article 19;

**The most important internal legislation** within this regard is the Constitution of the Republic of Albania which is the state's fundamental legal act, which provides the legal bases for the observation of the human rights. Especially the chapter II "Human rights and fundamental freedoms", article 15, is defined that "*The rights and fundamental freedoms are inseparable, inalienable and inviolable and stand at the basis of all the legal system. The institutions of public authority, in fulfillment of their duties, must respect the rights and fundamental freedoms, as well as to contribute in implementing them*".<sup>7</sup> Also in the article 55, is sanctioned that the "*Citizens enjoy equally the right to health care from their country*".<sup>8</sup> The Constitution protects and guarantees these rights and also if there will be "*limitations of the rights and freedoms provided for in this Constitution may be established only by law for a public interest or for the protection of the rights of others. The restriction must be proportionate to the situation that has dictated it. ...these limitations may not infringe the essence of freedoms and rights and in no case may exceed the limitations provided for in the European Convention on Human Rights*".<sup>9</sup>

As is it clearly formulated from the above mentioned provisions, all citizens enjoy the right to health care without exception. In this regard, it is the duty of state authorities to take all necessary measures to provide these services. However, the implementation in practice of these basic and fundamental rights is applied in practice and needs a lot to be improved.

A more specific and relatively new legislation in this regard is the **Law No. 44/2012 "For the Mental Health"**. This law aims to protect and promote mental health, prevent problems related to it, guaranteeing the rights and improving the quality of life for people with mental health disorders. In the law are defined the procedures and conditions for the protection of mental health by ensuring good

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7 The Constitution of the Republic of Albania, Article 15;

8 The Constitution of the Republic of Albania, Article 55;

9 The Constitution of the Republic of Albania, Article 17;

health care services, an appropriate social atmosphere for people with mental health disorders through preventive policies for protection of mental health. It is also sanctioned that the protection and promotion of mental health is realized through measures that contribute in ensuring or resettlement of individual health mental, strengthening individual capacities, promoting integrity, improving acceptance and fighting discrimination. From the law perspective, to the people who suffer from mental health disorders, it should be provided effective protection from discrimination and from any conduct/behavior that initiates discrimination. It is a basic principle as well that no one with mental health disorders may be object of the torture, punishment or cruel treatment, inhuman or degrading treatment. There have also been defined which are the categories of health services related to mental health, awareness about mental disorders and family care for it, etc. Local government authorities within their competencies, in collaboration with health structures, should take all the measures to support people with mental health disorders, as well as their families too.

Based on the obligation stipulated by the article 10/2 of the above mentioned law, it was drafted and approved the **“Regulation of mental health services”** in 2013. This regulation sets out rules for the organization and functioning of mental health services, among other issues related to the duties and responsibilities of personnel, professional ethics, etc.<sup>10</sup>

A very important law in this domain is the **Law No. 93/2014 “For involvement and accessibility for persons with disabilities”**. This law aims to define the fundamental rights related to the involvement and accessibility for persons with disabilities, in order to guarantee equal opportunities for this category under equal conditions with others, increasing their autonomy and decision making and determining on the valuation of disability. This law aims at efficient and equitable participation of this category in all aspects of life enabling the removal of social environmental obstacles, infrastructural and

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10 “Regulation on Mental Health Services 2013”;

institutional, which brings exclusion and limitation of equal opportunities for these people.

Other sub-laws are approved within the years 2013-2014 such as: the Order no. 693/24.12.2013 “Roles, responsibilities and basic competences of mental health professionals” which describes the roles of mental health professionals as: the mental health nurse, psychiatrist, social worker, clinical psychologist, occupational therapist, et.; the Order no. 586/30.10.2013 “Standards of physical restraint in mental health services specialized with beds” of the Minister of Health provides special rules when physical restraint is applied. The restriction of persons with mental health problems is applied in inpatient specialized institutions. The decision of the Council of Ministers No. 762 dated 12.11.2014 for the way of organization and offering of mental health care for people who are in residential care institutions, it is also an act which regulates the operation of mental health residential institutions.

An important document with this regard is the “Action Plan for the development of mental health services in Albania 2013-2022”. This document is a 10-year plan which defines measures that should be taken in the field of the mental health and also relevant objectives. Here we can mention the fulfillment of two strategic objectives set up in the plan:

1. **Decentralization** of mental health services by adding mental health services closer to the community and;
2. **Deinstitutionalization**, aiming to reduce the number of psychiatric beds as well as strengthening community mental health services.

In Albania there is not yet built up/put in function a forensic institution, in which can be treated the forensic patients, despite the pressure from the international and national organizations for that concern. Despite the prisoners who suffer for mental illnesses, in prisons are kept also patients for whom the court imposes the health measure “Forced Medical Treatment” in a specialized medical institution.

Regarding **the legal framework for health care services in prisons**, it is noticeable a continual improvement. The most important law in this regard is the Law no. 8328, dated 16.04.1998 “On the Rights and Treatment of Prisoners and Detainees” which is amended several times<sup>11</sup> and the Decision of the Council of Ministers No 437, date 20.5.201 “On the Approval of the General Regulation of prisons”. The Law No.8328 dated 16.04.1998 specifies the rights and treatment of prisoners and detainees in prison, competences and duties of the competent state institutions. For the prisoners and detainees with mental health disorders is guaranteed equal and non-discriminatory treatment, respecting the physical integrity and human dignity. Their treatment must be offered according to health standards that are applied to other categories of persons with mental health disorders.<sup>12</sup>

An important legal base for the treatment of these patients held within the prison system is also the law “On Mental Health”. The law sanctions that prisoners and detainees who are in penitentiary institutions and suffer from mental health disorders have the right for special health treatment at special sections of institutions or in the Prison Hospital. Special sections in institutions of execution of penal decisions serve for the treatment of detainees and prisoners with mental health disorders. Placing persons in special medical sections is carried out in the implementation of the court decision or of the execution order by the prosecutor.<sup>13</sup>

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11 The latest amendment of the law was made in 2014;

12 Law No.8328, Date 16.04.1998 “On the rights and treatment of prisoners and detainees, Article 5;

13 Law No.8328, Date 16.04.1998 “On the rights and treatment of prisoners and detainees, Article 16;

## **2.2 INSTITUTIONS MONITORING REPORT**

### **I. SPECIAL SERVICE INSTITUTION FOR PRISONERS, TIRANA**

#### **General information**

The Special Service Institution for Prisoners was founded in 1930s. During the communist dictatorship, its premises were used as warehouses and then passed under the administration of the University Hospital Center Mother Teresa. Until 1998 it functioned as a special ward of the Center and was guarded by the military. That same year, through the Decision of Council of Ministers, the Special Service Institution for Prisoners passed under the Ministry of Justice, specifically to the General Directorate of Prisons.

#### **Wards and treatments**

In total there are 5 wards: 1. The Infectious Diseases; 2. The Surgery, in which women patients are accommodate; 3. The Psychiatry; 4. The Pathology No.1; 5. Pathology No. 2 in the second floor. In this ward there are accommodated patients who need various examinations (eco, blood tests, orthopedics, forensic examinations, etc.).

#### **The staff of the institution**

In this institution work in total 43 health workers, of whom 20 nurses (including the head nurse and the pharmacist); 5 sanitary; 1 staff member at the laundry; 5 caregivers of whom 4 are women and 1 man; 1 nephrologist; 1 psychiatrist, 1 surgeon; 1 imaging physician; 1 laboratory specialist; 1 pulmonologist; 1 part time cardiologist, etc. In this institution there is no doctor specialized in infectious diseases.

#### **General observations**

SSIP's capacity according to the institution is 96 beds. During the monitoring it was found that the institution accommodates 109 peo-

ple. In this institution, contrary to the law, are currently receiving treatment 60 individuals subjected to the medical measure Compulsory Medication and Temporary Hospitalization. The rest of the patients are detainees and convicts who suffer from various diseases and receive treatment in this institution. Diseases of persons under medical measures were relatively serious, such as paranoid schizophrenia, bipolar affective disorders, delusional disorders, etc. The Ministry of Justice and the Ministry of Health have concluded a memorandum of understanding which obliges the UHC Mother Teresa to provide the health services stipulated in the Memorandum. In some cases, UHC Mother Teresa, by not providing adequate health services for patients in need, has not fulfilled its obligations.

On the basis of the information received from the management of the institution, it is found that steps are taken for the roof insulation of the institution, with the financial support of several different non-governmental organizations. The institution's total budget for 2014, for the management of the institution (not including the amount allocated for electricity, water, telephone and mail services) was 10,431,000 AL Lek. For 2015 was awarded a fund of 13,879,190 ALL. This fund is not sufficient to cover the needs of the institution.

### **Suicidal attempts/suicides**

During 2015 there has been a suicide and one attempted suicide. The case of suicide attempt was managed successfully by the staff that avoided the serious threat for the person's life. Most of these patients in the SSIP have attempted suicide in the penitentiary institutions. Given that patients pose a high risk for suicide, a better coordination is needed between the institution from where the person comes and the hospital, in order to prevent more effectively such cases. Also, making use of the mandatory Protocol on Suicides would be a help in this regard.

## **Physical restraint**

Generally, mentally ill patients were the ones on who were applied the physical restraint means, in cases of their agitation. To defuse these patients were used the physical restraint belts or treatment with medications. The institution did not have special rooms that would meet the relevant standards to be considered proper physical restraint rooms. Doctors operated according to the Protocol on Physical Restraint of patients.

## **Admission**

In the first moment of arrival in the institution, the person was accommodated in the department of the “Health Clinic”. Infrastructure conditions were generally satisfactory with clean environments. In this sector was conducted the medical visit which determined the ward wherein the patient would be hospitalized.

## **Accommodation**

Since 2 years ago, the institution’s heating system is not operational as no consensus is reached with the Tirana University Hospital Center Mother Teresa to enable operation of the central system at the University Hospital Center Mother Teresa in order for the SSIP to be supplied as well. The infrastructure conditions in general are exacerbated. There are instances where in a room are accommodated 1-5 persons and cases of patients who sleep on the floor due to lack of an individual bed. The building is depreciated and patient’s rooms need painting. There was ascertained a lack of hygiene and there are insects on the walls. Bedding are generally old and give the impression that the institution does not periodically wash them. Patients are provided with a pair of bedding at the time of admission and there are difficulties in their frequent replacement with fresh ones. The air in the rooms of the patients was found to be putrid. Toilets in patients’ rooms were generally clean but depreciated, and there was ascertained a case where the toilet lacked the door.



## **The Compulsory Medication and Temporary Hospitalization Medical measures**

60 patients were accommodated in this institution in violation of the law. Age groups of patients subjected to the medical measures, varied, among them also young 22-year-olds and elderly. The frequency of medical visits ranged from 2 days to 30 days. According to the hospital's data, it was noticed an increase in the number of cases of changed medical measure compared with 2014. During 2015, according to the medical psychiatrist of SSIP, 23 persons' medical measure was revoked, of which 18 had been subjected to Temporary Hospitalization and 5 subjected to Compulsory Medication in a Medical Institution. In most verified cases, about 80% of patients had their medical measures changed from Temporary Hospitalization in a Psychiatric Institution to Compulsory Medication in a Medical Institution. There were found 2 cases of the expiry of the 1 year period decided from the court for the revision of their medical measure from the moment the decision was announced. It was ascertained that in about 50% of the monitored files<sup>14</sup> of people with medical measures, the SISIP or the GDP was assigned for the execution of the court decision (according to the execution order issued by the Prosecutor in implementation of the court decision or in the decision of the court), in violation of the law.

### **Length of Hospitalization**

Depending on the disease, it is also the length of stay in this institution. This period ranging from 2 days to 12 years. Due to overcrowding caused by patients that are subjected to medical measures, the institution often finds itself in difficulties to be managed properly. 60 persons, against whom medical measures are imposed, have a relatively long period of hospitalization compared to other patients. There are many patients that for many years have no relationship with their family, and who are kept in this institution illegally for

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<sup>14</sup> There were monitored about 25 medical files of citizens with medical measure "Compulsory Medication" and "Temporary Hospitalization in a Psychiatric Institution";

years, without benefiting from any of the rights accorded to prisoners. Also, the revision of the medical measures from the Court, constitutes a dynamic problematic, as relates to the non-periodic annual revision of these measures by the court that has rendered the verdict, the non-approval of the termination of medical measures, although doctors have recommended the opposite, the increased stigmatization that is often exhibited by judges against these patients that use the argument of the safety of society after these patients' release as their argument.

### **Food**

Meals offered in the institution are provided by a contracted company based on its agreement with the institution and then cooked and prepared for distribution in the institution. The monitoring found that the food was rich in assortments and that seasonal vegetables were cooked and served in good hygienic conditions. For patients who needed special food, as prescribed by the doctor, it was observed that it was served them in special meal-boxes.

### **Personal Hygiene and Clothing**

The personal hygiene of patients was poor. The high depreciation of the building made it more difficult to maintain standards of personal cleanliness or that of the facilities of the institution. Upon hospitalization, patients were offered a personal set of beddings, which were well worn. They were washed at the laundry of the institution, unlike the wardrobe of patients who need to wash themselves or their families. For patients who stay long and family did not support, the institution had provided them clothes obtained through aid by NPOs that offer such assistance.

Patients have the right to have a shower three times a week. Showers had running water but it was found that not all were functional showers and they provided only lukewarm water. This fact was evidenced also from firsthand information from the patients. Through the official communications with the GDP we were informed that measures are taken to repair them.

## **Educational Activities**

The monitoring of the institution revealed that the patients had their psycho-social file in which were recorded also the specific objectives for each patient. According to the information received from the staff, the institution provided some types of therapy such as individual therapy, music, art etc. Also, women hospitalized in this institution, had the opportunity to be involved in craftwork and their products they could exhibit in the hall of activities or in larger events organized by GDP.

Interviews with patients revealed that they did not participate in sports activities. A good part of patients, due to their health situation, could not participate in such activities. In general, female patients claimed that they were involved in needlework and the male ones, with painting and other creations.

About 30 people, who were accommodated in this institution, were interested in reading books. Staff played an important role in encouraging periodically and constantly the patients to read. When possible, the staff purchased the daily paper and there was offered appropriate articles considered appropriate to be read by patients and that had the most positive impact especially in people with mental health problems.

The institution offered a special program for people with mental health problems, which aims at improving the psycho emotional and preserving the results achieved by patients. This program consisted in providing psychological, medical and social help.

## **Activities outside the room**

A large number of people were not fit enough to carry out an active day. The institution had many patients who had severe mental health problems and it was hard to stimulate them to carry out different activities. The right to fresh air was granted regularly, in more concrete terms, during summer was scheduled from 08:30 to 12:00 and from 16:00 until 17:00 in the afternoon. After November 15, the fresh air schedule was reduced to 2 hours per day in the morning.

### **Contact with Outside**

Detainees/prisoners, who were hospitalized in the institution, maintained their family relationships. Their meetings were conducted in special facilities designated for family meetings. Persons who were subjected to the medical measures generally maintain links with family, however some of them were detached from their family members or their relatives.

### **Relationship to Staff**

Relations to staff were found to be good. This fact was observed during their interactions with the observers. Patients had no claims for psychological or physical violence against them perpetrated by staff. Referring to the request/complaints register, it was found that mostly there were requests for meeting with the director and additional calls. It was ascertained in general the positive tendency to grant these requests.

## **II. THE SPECIAL INSTITUTION OF KRUAJA**

### **General Information**

Kruja Special Institution is located 4 km southeast of the town of Kruja. Until 1999, the premises of the institution were the property of the Ministry of Health and designated to serve as a psychiatric facility. In July of this year, the institution was taken into administration by the Ministry of Justice and under the auspices of the General Directorate of Prisons. During the first quarter of 2001 was made the adaptation of facilities to convert them into a penitentiary institution. It was in that period that the institution became fully operational<sup>15</sup>.

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<sup>15</sup> Referring to the official website of the Directorate General of Prisons: <http://www.dpbsh.gov.al/newweb/?fq=brenda&gj=gj1&kid=19>;

## Wards and Diseases

Kruja Special Institution is categorized as a special institution with a section for prisoners over 65 years old; a section with chronically ill and people with disabilities; a section of people with mental health disorders; and a detention section. In this institution are accommodated only males.

## Institution's Staff

In this institution are employed about 147 staff, of whom 94 uniformed staff, 53 are civilian staff that includes 5 general practitioners, 1 psychologist, 3 social workers, 17 nurses, 5 sanitary workers and 5 caregivers. Currently there was a vacancy for a psychiatrist but there had been no candidatures for the job.

## General Observations

The institution had a capacity of 180 beds while accommodating 255 people. 110 people remain in the institution subjected to the medical measures Compulsory Medication and 10 people subjected to the medical measure Temporary Hospitalization<sup>16</sup>, 16 detainees, 119 convicted of who 32 belonging to high security. The institution accommodated a certain number of prisoners from the penitentiary institution 313 Jordan Misja who would return to that institution some time later. Due to overcrowding, there is no division of people according to the categories of those who remain in the institution. In Ward A were accommodated those that were under a medical measure, in the Ward B were accommodated the convicted persons. We note that this category of people stay in this institution against the law. The current legislation provides that this category of people should stay in a specialized medical institution. It was found that the road to the institution is up the hill, it is neither paved nor main-

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16 Code of Criminal Procedure provides in Article 239: 1. When the person to be arrested is mentally ill and therefore has forfeited or lost the capacity of understanding or to will, the court instead of detention can order **Temporary Hospitalization in a Psychiatric Institution**, stipulating also the necessary measures that ought to be taken in order to prevent the risk of his/her escape”;

tained. Therefore it takes about 30 minutes from the city center to reach the institution.

### **Suicide Attempts/Suicides**

Through talks with institution's staff we learned that there have often been attempted suicides and auto mutilation. In cases of patient's agitation, there were not used the physical restraint means, but the intervention groups steps in (without using force) when necessary and medicaments treatment is applied.

### **Health Service**

The institution provided medical service with a general practitioner and nurse 24 hours a day. Due to the category of persons that this institution accommodates, it should have provided specialized medical services, a fact which was found to be missing. The institution had not employed a psychiatrist. This service is offered part time 2 times a month and cannot meet the needs of the institution. For more specialized health services as the health needs may be, the prisoners was transported to the Special Health Institution for Prisoners in Tirana.

The supply of medicines resulted not sufficient. During the talks with the inmates it was stated that the largest part of the medication that they needed, they could not obtain from the institution but were provided by the family not only for their needs but also for their roommates.

### **Accommodation**

Institution's building is quite old and depreciated. In the institution there are rooms with 2 beds, 6 beds, 10 beds and up to 21 beds. The rooms are very damp, with unpainted walls, and the corridors generally have putrid air and not sufficient artificial or natural lighting. It was found a lack of funds for needed furniture such as shelves in which patients could keep their personal items, tables and chairs. Damaged doors were observed especially in bathrooms. In the in-

stitution there were swarms of cockroaches that were noted everywhere in the hallway, mattresses and food of prisoners, as well as the presence of spiders. It was found that some facilities in which there should be held various activities such as, library were improvised as rooms for prisoners. Due to overcrowding, the isolation rooms functioned as regular rooms for prisoners. In Ward A the beds were found damaged and unsuitable. A small number of rooms were equipped with television and radios. Such conditions constitute inhuman and degrading treatment.

### **Length of Stay**

There are prisoners sentenced with long sentences and 20 were sentenced to life imprisonment. People subjected to the medical measure Compulsory Medication, stay in this institution for as long as the circumstances upon which the verdict was rendered have not changed. The imposed medical measure is reviewed by the court every year from the moment the decision was announced.

### **Food**

It was found that some inmates consume the food in their beds due to lack of chairs and tables. There were numerous allegations about the quality and quantity of food and it was found that some of them received food from their families and prepared it themselves. During talks with the prisoners there were raised claims that the institution provides small amount of meat and no salads.

### **Personal Hygiene and Clothing**

The hygiene in the institution is considered below average. Each of the sectors had its own toilets outside the rooms. We note that there was one uniformed employee responsible for 50-70 prisoners, who had to accompany to the toilet the prisoners towards the end of his shift. The hygiene products were found to be insufficient and of poor quality. The pipes of the toilets were found defective and leaking. During the visit it was found that water flowed continuously from the deposits full of water. According to prisoners, their personal bedding were replaced once a week.

It was observed that the prisoners wore ordinary clothing, which mostly was provided by their relatives. For prisoners who had no contact with their relatives the institution provided them with clothes obtained via donations. The clothing were sanitized in institution's laundry. However, there were found many prisoners with soiled clothing.

Due to limited water supply, the prisoners stated that they purchased their drinking water. According to the staff, the institution received water supply 3 times a day and it does not provide warm water.

### **Educational Activities**

The psychosocial staff consisted of a psychologist and 3 social workers who worked with the prisoners. Although the education staff was dedicated to the work, it was noted a lack of spaces needed for conducting therein the treatment programs.

### **Activities outside the Room**

During the summer, from 09:00-12:00 AM and 15:00-18:00 PM prisoners can move around freely and to make contact with the patients in the rooms of the same sectors. Twice a day they benefit from their right to fresh air. The administration informed that the prisoners were involved in activities such as: soccer, chess and card games, whereas people with imposed medical measures were not able to participate in these activities. From firsthand information from the prisoners, it was found that they did not participate in ball games. The monitoring group stressed the need for wider inclusion of people in these activities. For practitioners of Christianity they had created a chapel in a separate room.

### **Contact with Outside**

Prisoners benefited of their right to have meetings 4 times a month and keep in touch through phone with their relatives. Most of the people in this institution, about 80% of them had no contact with family. This fact was noticed mostly in people who had commit-



ted domestic violence. Seldom do they meet with their lawyers and prosecutors rarely show up more than only once during investigation.

### **Relationship with Staff**

Based on contacts with the detainees we were told that they had a good relationship with the staff of health and social care. There were allegations of violence by officers in uniform in the area between the sectors. This area was not monitored by cameras. There were claims by prisoners that some of the prisoners enjoyed special privileges by the institution in exchange for a monetary bribe. Some were allowed to possess a TV set and a radio, but the others were not.<sup>17</sup>

### **The Right to Requests/Complaints**

During contact with the prisoners, they said they are reluctant to direct requests or complaints because of the reportedly lack of confidentiality. It is claimed that when they addressed complaints, they were ignored by the relevant authorities and that they had been replied several months later.

### **Participation in Political and Public Life**

According to the management of the institution, the convicts were entitled to vote with the exception of those subjected to the medical measure. Based on the contacts with the prisoners, there were claims for vote buying in favor of a certain political party.

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<sup>17</sup> Reportedly, one of the prisoners had obtained leave 4 times within the same year;

### **III. THE PSYCHIATRIC HOSPITAL SADIK DINÇI, EL-BASAN**

#### **General Information**

Elbasan's psychiatric hospital was established in 1964. The institution covers with services the eastern part of the country, about 1,350,000 million inhabitants, including the city of Elbasan, Durrës and Lushnja.

#### **Wards and Types of Diseases**

The institution is divided in 9 wards, including:

The ward of emergencies;

The acute ward for females;

The acute ward for males;

The subacute ward for females;

The subacute ward for males;

The chronical ward for females;

The chronical ward for males;

The mental retardation ward for females;

The mental retardation ward for males;

This institution provides health services for all sorts of psychiatric diagnoses.

#### **Institution's Staff**

In this institution are employed about 106 staff, including: 8 doctors, of whom 3 are psychiatric doctors, 56 are nurses, 1 is a part time jurist, 7 are psycho-social staff, etc. The majority of the employees in the institution are women. In the women's ward, all employees are women, whereas in the man's ward, the majority of the employees are men. The institution is faced with a lack of psychiatric doctors and other employees such as sanitary, compared to the daily needs.

The staff had not been involved in exchange visits, in order to observe closely the hospitals of the Western European countries.

### **General Findings**

Due to the early time of its construction and its depreciation, the institution is not in good shape to offer properly the health services for this category of persons that are hospitalized there. As admitted by the staff, it is necessary the deinstitutionalization of several patients in order for them to receive a better health care. The hospital has a capacity of 310 beds. In the day of the monitoring there were found to be 340 patients, 180 of which were permanently there and 80 of them suffered from mental retardation.

### **The Health Service**

The services that are provided are classified into health services, psychological services and rehabilitative ones. The supply of medicaments was considered sufficient. There were claims by the staff that the medicaments with which the institution was supplied, were not qualitative enough, and that the medical treatment had effect only 50 % in the patient while the rest of his/her progress depended on social factors. This fact was confirmed during our contacts with patients. Only a small number of them were able to obtain qualitative medicaments from outside the institution.

### **Suicide Attempts/Suicides**

In cases of death, for those patients who are abandoned by the relatives, the expenditures were covered by the hospital. In cases of incidents, the patients are treated with medicaments for 3-7 days depending on the consequences. During 2015, there were no instances of auto mutilations or suicide. During the night, one nurse had to take care of 70 patients, which does not ensure a qualitative health service.

### **Admission to the Institution**

The patients, at the moment of the admission to the institution, are accommodated in single rooms for up to 3 weeks. Each patient is giv-

en an admission form and later the psycho-social staff contacts him/her to carry on with the rest of the procedures. In case that the patient refuses treatment, then the institution addresses with a request to the court for placement of the patient under involuntary treatment.

### **Accommodation**

The outdoor premises of the institution were well kept and very relaxing. The rooms lacked the necessary furniture, as no nightstands were observed in which the patients could keep their personal belongings. At the time of the visit, only a few patients (about 15) were found in the day center. A part of the area around the institution was not in use by the patients. These areas ought to have been used for parks and equipped with benches and sports areas for training. There were single rooms, rooms for two and in the majority of the cases rooms for up to 12. According to the staff, 5 patients slept on the floor.

In the female ward of the second floor for patients with mental retardation, were accommodated up to 11 persons in a room while in the men's ward at the same floor the situation was even worse. Some rooms of about 35m<sup>2</sup> accommodated 12 people. Some rooms were found to have dampness on the walls. Some other rooms were recently refurbished and were in good conditions.

### **The length of stay**

Some of the patients reside there for years and some through their entire life. 180 patients with mental retardation that are accommodated in this institution are planned to be transferred into special homes but that is yet to happen. As regards the Ministry of Social Welfare and Youth, a work group has been established that will work on passing these patients under the bodies of this Ministry.

### **Food**

The food was prepared in the institution and was consumed in the joint areas of the hall. There was a new cafeteria on the underground floor that was used for the chronically ill. During the monitoring it

was ascertained that the patients were provided with abundant and qualitative food. The patients raised no claims about the quality or the quantity of the food.

### **Personal hygiene and clothes**

Generally speaking, the hygiene is considered acceptable referring to the conditions of overpopulation in which the institution is. However, there were noticed several female patients who had not received the proper attention. In terms of clothes, patients were allowed to use their own. At the moment of arrival in the institution, the patients were offered clothes. It was ascertained that women (some of) especially wore the same kinds of clothes, much like a uniform. Some of the blankets and sheets needed to be replaced with new ones as they looked really worn out. It was ascertained that the patients were covered with blankets despite the fact that the temperature was about 36 degrees Celsius.

Investments were made in refurbishing the toilets and showers, but some of them are still in poor infrastructural conditions. The wards have shower stalls in which patients can take a shower anytime.

### **Educational activities**

In the institution there were 2 Day Centers in which the patients spent their time. These facilities were utilized by about 20 patients each day whereas in special occasions of holidays or birthdays they were utilized by 80-100 patients. The infrastructure conditions in these facilities were very satisfactory and met the relevant standards in order to provide patients with rehabilitative programs. In these facilities the patients paint, embroil, cook, etc. Some of the patients could work in the cuisine under the supervision of the institution's staff. The contacted patients were noted to be happy and that they enjoyed good relations with the staff.

For the patients with mental retardation were organized literacy classes.<sup>18</sup> Inter alia, patients, as part of the therapy were taken to the

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18 Was made possible in the scope of a Dutch project;

beach during summer, to coffee bars to enjoy a soft drink, for walks through the city, etc. In the scope of the implementation of a former Project, the patients were often sent to the city's cinema. In the conditions of overcrowding and lack of staff, there were difficulties in conducting rehabilitative programs.

### **Activities outside the room**

The usual activities of the patients are somewhat simplistic such as card games and dominos and a few of them paint, embroil or play ping pong. Some of the patients had a TV set and radio. The sports activities were seldom organized. In these activities ought to participate as many patients as possible. The programs that were offered to patients were based on the level of their abilities. The organized activities in the community aimed at the broadest participation of the patients possible.

### **Contact to the Outside World**

Patients can meet with their relatives and are encouraged by the staff to keep in touch with them. About 20-30% of patients have periodic contacts with their relatives. The majority of patients are abandoned by their family.

### **Relations to the Staff**

According to contacts with the patients and staff of the institutions it was found a very good and positive relationship. There were no claims for maltreatment by institution's staff. It was found that the staff performed their tasks in collaboration with patients, freely and calmly in the premises of the institution. Despite not proper conditions, the staff was very committed and the patients valued the positive relationship with them.

### **Disciplinary Measures**

The institution does not possess means of physical restraint for the agitated patients. Under these circumstances, the staff uses the sheets to tie up for calming down the agitated patients.

## **The Consumption of Tobacco and Alcohol**

The institution does not provide patients with tobacco. Patients can obtain tobacco only from their relatives whereas there is a ban on alcohol.

## **IV. THE PSYCHIATRIC HOSPITAL XHAVIT GJATA, TIRANA**

### **General Information**

The psychiatric service of 100 beds was established in 1956 under the Faculty of Medicine in Tirana. Since 1948, this ward has functioned as a psychiatric ward with 32 beds that in 1953 expended its capacity by 53 beds. In 1978, was established the neuro-psychiatric hospital of Tirana with 100 beds for the neurological services and 100 beds for the psychiatric one. In 1980 was founded the ward of pediatric-psychiatry. In 2006 the whole of the psychiatric service was restructured. This service covers mainly the region of Tirana, Kavaja and Kruja, but are received also the emergencies from every other district. In the psychiatric service for children and teenagers at the UHC, are treated cases from all over the country.

### **The Wards and Types of the Diseases**

In the Psychiatric Hospital of Tirana there were these wards:

The admission ward: capacity 5 beds;

Emergency, men: capacity 13 beds, were found 12 patients;

Emergency, women: capacity 12 beds, were found 9 patients;

Men's ward: capacity 25 beds, were found 21 patients;

Women's ward: capacity 25 beds, were found 19 patients;

Psychiatric Service for Children and Teenagers: capacity 9 beds, were found 7 patients;

In the psychiatric ward for adults, are generally hospitalized people aged 20 to 50 years old. The illnesses that get treated are such as: somatic, affective, psychotic disorders etc.

## Institution's Staff

In this institution serve 15 doctors, 4 psychologists, 1 social worker, 43 nurses, 21 sanitary, 10 caregivers, 2 technicians for forceful accompaniment, 1 rehabilitation specialist, 1 physical education specialist, etc.

## General Observations

At institution's entry hall is the information's desk. On the wall were posted the list of services with the respective fees. During 2015 in the **admission ward** are accommodated 2436 patients, with an average age of 39 years old. The predominant pathologies are: somatic disorders 35%, affective disorders 24%, psychotic disorders 21%, and other pathologies 20%. In the **emergency ward for men** there were hospitalized 280 patients aged 31 years and 2413 days of stay in total. In this ward, the main Pathologies are: affective disorders 38%, psychotic disorders 28%, the other 34%. In the **emergency ward for women** were 209 hospitalized patients with an average age 34 years and 2,254 days of stay in total. The main pathologies are: affective disorders 41%, psychotic disorders 26%, the other 33%. On the **3rd floor for men** there are 408 hospitalized male patients with an average age of 41 years and 4,572 days of stay in total, of which 28% with affective disorders, psychotic disorders 20%, other 44%. In the **women's ward** were hospitalized in total 382 patients with an average age of 43 years and with 5,205 total days of stay. There were patients with affective disorders 33%, psychotic disorders 23%, and somatic disorders 10%, other 34%.

In the service of psychiatrics for children and teenagers are hospitalized patients with an age varying from 2 to 20 years old.

## The Health Service

Generally speaking, there were no problems with the supply of drugs. Consultations were conducted every day of the week for all the needs of patients (hospitalization, medication, etc.). Other services for patients such as imaging, laboratory, and other consultation services were made within the other services of UHC. From the



observation of medical records, it was found that people who were hospitalized with their own will, have signed the statement of consent in the medical file. Health care providers and social care staff was found to be trained and experienced and showing commitment to their work.

### **Suicidal attempts/suicides**

During 2015 there were no suicides, but there have been several suicidal attempts by patients. In such cases, patients are kept under constant observation by the staff of health and psychosocial care.

### **Physical Restraint**

These institutions lacked the means of physical restraint. There were two rooms in the men's ward (emergency) that were used as rooms of physical restraint, but did not meet any standard for being such. These rooms were dangerous for patients because they did not meet the security standards. We were told that every year were made requests for means of physical restraint.<sup>19</sup> It is set up a working group 6 months ago to create the project of equipping the rooms of physical restraint with appropriate standards. In this institution there was no registry for physical restraint and involuntary treatment. But in the emergency ward of women there was available a register of physical restraint in the absence of standard registry of the Ministry of Health.<sup>20</sup>

### **Admission in the Institution**

Upon arrival in the institution, patients undergo routine examination that involves the blood test, urine test, ECG, etc. Also it is performed the objective examination that includes blood pressure measurement and some other checks. The patient is told his/her diagnosis and the reason for hospitalization. The patients were told verbally their needs for hospitalization and medical treatment.

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19 Regarding physical restraint chamber, UHC has addressed officially the Ministry of Health with a request to allocate a budget for investment in UHC, including rooms for physical restraint;

20 Official communications from the Ministry of Health, shows that these registers are produced by UHC in November 2015 and that the Psychiatric Service is equipped with standard registers on 01.03.2016;

## Involuntary Treatment

During the monitoring, the psychiatrists of the institution expressed their concern about the delay of the courts about the involuntary treatment and in violation of the 48 hours deadline from the moment of submission of application, varied from 10 days to 2 weeks. Hearings for placing patients on involuntary treatment, in most cases, were held in the hospital. The institution had taken measures to be well acquainted with the laws of this domain, in order to respect in conformity to the law the procedures for the involuntary treatment of a patient.<sup>21</sup> For 2015, 3 people were hospitalized on involuntary treatment and there were no persons subjected to the medical measure Compulsory Medication. The involuntary hospitalization procedures were documented in the medical books. Based on the firsthand information from the staff, it was found that they did not possess in-depth knowledge about the *difference between the concepts Involuntary Treatment* based on law On Mental Health on one hand, and the medical measure *Compulsory Medication Induced in a Specialist Institution* and *Temporary Hospitalization* based on the Penal Code and Criminal Procedure Code.

## The Stay in the Institution

Patients remain in emergency facilities for up to 7 days. There are patients who stay for a long time in the institution, up to 2 years. On average, patients stay in the institution from 21 to 28 days, but some of them for up to 2 months. The chronic patients are placed in the supporting house called the Red House, which is under the auspices of the hospital.

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21 In the official communications with the Ministry of Health it was found that based on Law no. 44/2012 On Mental Health and the recommendations of the Committee for the Prevention of Torture and the National Mechanisms for Prevention of Torture, the Directorate of UHC issued the internal order *No. 104 dated 10.04.2015 'On the Drafting of a Standard Procedure for the Management of Individual Files on Court Procedures for Involuntary Treatment of Patients in the Psychiatric Service'* and the work group drafted *on 20.05.2015 the Regulation on the Procedure Documentation of Involuntary Treatment and Administration of Individual Patient Files*. This Regulation is presented to the Emergency staff of this service, i.e. the medical staff that is legally bound for its implementation;

## Accommodation

There were generally 2-3 beds per room. Overall the rooms' conditions were average and the hygiene was good, especially in the women's ward. The individual space in the room was sufficient and the size of the windows sufficient to provide natural light. In the men's ward (subacute) there seemed to be a problem with the heating as compared to other wards it was colder. The toilets of the emergency ward for women were very clean and stocked with detergents but had dampness on the walls.

Premises in the psychiatry service for children and adolescents were more functional. The heating system worked without problems. In this 3-storey building, on the first and the second floor, on the left side of the premise were accommodated children with disabilities. The rooms of the juveniles had personal beds with nightstands for them to keep their belongings into and were ventilated. Natural and artificial light was sufficient. However, in these rooms there were no colors to suit the environment to the patients who stay in this ward. Corridors of psychiatric service for children and adolescents were decorated with some of the works of patients. Toilets were found in very good hygienic condition.

## Food

The food was served with catering service. Patients expressed no dislikes about the food in terms of neither quality nor quantity.<sup>22</sup>

## Personal hygiene and clothing

The monitoring revealed that the premises were generally kept clean. That was noticed in the ward's corridors but also in the patient's rooms.

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22 According to the weekly program of the food service, in the monitoring day it was ascertained that it was planned for **breakfast** to be served with alternations: milk, cheese, fried eggs, cake, bread, sugar, jam, sausages. For **lunch** was served rice soup, cabbage and carrots stew, romsteck, compote, bread, yogurt, soup with pasta, spinach cooked with rice, meatballs, cake with sherbet, goulash, stew beans and carrots, fruit, roasted meat, hodgepodge, and spinach cooked with rice and leek. For **dinner** was served: Pasta with cheese, stew with potatoes, romsteck, bread, boiled rice with starch, rice with butter, cream soup with vegetables, meat cubes, dish of meat cooked with eggs, kineli soup, etc.

There was ample supply of bedding for patients in the institution. The sheets are replaced every three days. In the admission premises, the bedding was replaced every day. Patients seemed properly dressed, in accordance with the season. In the institution there was running water which made possible the maintenance of cleanness and hygiene and there was also an adequate supply of detergents.

### **Rehabilitative activities**

Psychosocial files were filled out on regular basis. In the men's ward there was an activities room furnished with chairs, tables, paintings on the walls, shelves and TV sets. At the time of monitoring, there were patients who were watching television programs. Adults were playing table games such as dominoes, chess and card games. Individual meetings were conducted on topics such as receiving treatment hygienic care, etc.

With the doctor's recommendation, the patients are allowed to go on the weekend to their relatives. Some of them wish to delve in writing poetry, painting etc. In many cases they watch television programs or the social care staff puts on music for them. They were accompanied to the coffee bar so that they could enjoy a soft drink in the presence of staff. When there is good weather, the patients come out to the front of the building premises for a walk. Due to the lack of sports grounds there were no sports activities. The patients are tested periodically (at least once a week) to measure the level of depression by filling out some questionnaires. Schedules meetings with families generally are 10:00-12:00 AM and 17:00-19:00 PM. During the weekend this schedule is extended.

The inpatients of the children and adolescent psychiatry, spent time in two rooms activities that were in this building. These facilities were quite pleasantly furnished with carpet, air conditioner, paintings and various colorful toys, appropriate tables and chairs. In this building there was a gym that was in good shape, and there were also some children's toys and a modest net to play volleyball.

### **Time administration and activities**

Juveniles were involved in creative work, puzzles and paintings. Parents are allowed to spend time with their child in the room or to go outdoors. 9.00-10:30 AM and 18:00-19:30 PM there were various joint activities taking place. There were 2 classrooms at the institution where medical students did their internship together with the juveniles, on the walls of which were displayed the elaborated work program of the tasks of each of them. The internal premises were comfortable, furnished with tables and chairs.

### **Contact with Outside World**

It was raised as a concern the retention of patients who do not need to stay in the premises of the hospital due to their illness, since they are not in need of a medication treatment in the hospital but are still kept there as they were abandoned by their families. Juveniles and young adults have regular contact with their families. The parents are allowed to stay in the room for a period of time. Juvenile patients were allowed to go outdoors together with their parent.

### **Relationship with the Staff**

During talks with the patients, there were not raised any allegations of physical or psychological violence. It was found that the medical staff had good relationships with patients.

## **V. THE INPATIENT MENTAL HEALTH SERVICE IN SHKODRA**

### **General Overview**

This institution is subject to the Public Health Directorate of Shkodra. The Outpatient Mental Health Services is provided at the health polyclinic of the city and 4 residential community centers for chronic patients (2 for men and 2 for women). This new structure continues operation since 2011, at which time it was built also the new hospital. This institution covers the northeastern area of Albania with 700,000 inhabitants.

## Wards and Types of Illnesses

The hospital provides emergency services and treatment of mental health, acute and chronic pathologies. It was observed that the hospital was of an open structure. **The institution's capacity is 35 beds**, where they were currently utilizing 30 beds (13 people in the men's ward, 12 people in the ward for women and 5 patients in the emergency).

The hospital functions with three wards:

- 1- The emergency ward with 8 beds (5 rooms) with 1 or 2 beds per room; 4 female nurses and 3 male ones, 1 man and 2 women caregivers
- 2- Men's ward with 15 beds (7 rooms) with 2 or 3 beds per room; 10 male caregivers and 6 male nurses
- 3- Women's ward with 12 beds (5 rooms) with 2 or 3 beds per room; 6 female nurses and 2 female caregivers

Hospital treats adult patients over 21 years, until the age of 70. For minors is provided only the emergency service and afterwards the cases are referred to UHC, to the Department of Psychiatry for minors and adolescents.

Diagnoses that are generally treated in the hospital are: schizophrenia, bipolar disorder, depressive disorder, personality disorder, generalized anxiety disorder, mental retardation and behavioral disorders etc.

In the community centers were accommodated 52 patients, of who 28 men and 24 women.

## Institution's Staff

In the staff of the hospital there are 61 employees, of which: 1 psychiatrist, 1 head nurse, 19 nurses (6 nurses at the women's ward, 6 nurses at men's ward, 7 nurses at the emergency's ward), 15 caregivers (10 at men's, 2 at women's and 3 at emergencies), 1 pharmacist, 10 sanitary, 4 psychologists, 1 social worker, 9 at logistics (warehouse keeper, cook, laundry, guards). In community centers were employed 34 employees, of whom 2 psychologists, 1 social worker, 8 nurses, 1 head nurse, 12 caregivers, 1 cook and sanitary 8.

The monitoring found that the institution was faced with a lack of the medical staff. It is currently employed only a psychiatrist. This fact prevented the compliance with the legal procedure for placing persons in involuntary treatment.

### **Suicidal Attempts/Suicides**

There are some patients with suicidal thoughts or attempts for whom is shown special attention. In their file it is described in detail the approach of the entire psycho-social staff. There have been no cases of suicide.

### **Health Service**

Patient medications are received every day at the request of the nurse in charge, according to the medications prescribed by the doctor for each patient. Inflows and outflows of medicines have been documented. There were no expired medicines. In cases of expiry was followed the standard procedure of disposal of medicines, carried out by a special commission appointed beforehand.

Patients have their own medical files, in which there is detailed information about the disease, symptoms and treatment. The doctor visited the patients every day, communicated with them individually and described the situation of treatment every day. Once a week was written a more detailed description of the patient's condition in the respective files. Generally, the files are signed by patients receiving hospital treatment and filled out correctly by the doctor both in terms of the day description and also the medicated, psycho-social and occupational rehabilitation treatment.

### **Physical Restraint**

The institution had no room of physical restraint nor physical restraint register. About the physical restraint procedure were informed both the patient and the families. There are no strait jackets, no form of physical restraint, but notes are made in medical records and "notebook of delivery" by writing down people to whom it is applied the physical restraint. The patient who was applied physical restraint was checked every 15 minutes from the medical staff.



Regarding the cases of physical restraint, the director noted that the physical restraint was applied to only one patient during the whole year, and that for just a few hours due to the aggressiveness caused by her illness. In these cases was applied the medicinal therapy or the binding with sheets as the case required.

### **Admission in the institution**

At the time of admission to the institution, the patient is initially assessed by the doctor together with the psychologist and the social worker, the treatment plan is made and when patients are agitated, first they are sedated via medications and afterwards it is applied the treatment plan for continuity. Each intervention of the multidisciplinary team is recorded in the file. On the first day of hospitalization, the patient is provided also with the routine examinations, blood test, biochemical balance, ECG, urine test on specific cases with the RO x-ray and RO scopy, or specific tests depending on the problems that are identified.

### **The Stay in the Institution**

Average of stay in this institution is 21 days, but there are patients who stay for a lesser time, as well as patients who stay for up to two months. We were information by the supporting houses' staff that the residents ought not to stay for more than 10 months in these premises, however there are of those who stay for years.

### **Involuntary Treatment and Forced Medication**

The monitoring found that there was a lack of specific in-depth knowledge about the legal meaning and implementation of voluntary treatment procedures, as it was found that two patients had not signed the Declaration of Consent, but had jotted down only their names and were categorized by the medical staff as patients under voluntary treatment, much like other patients subjected to Temporary Hospitalization or Compulsory Medication in a Psychiatric Institution who had signed the Declaration of Consent, though they were hospitalized mandatorily via a court's decision.



In the institution, a patient remained for more than 3 years under the medical measure Compulsory Medication in a Psychiatric Institution, reassessed twice by the District Court of Kukës, although in the last decision is decided the enforcement of the measures in the Psychiatric Hospital of Tirana. Shkodra Regional Public Health Department has sent some paperwork to the Ministry of Health and the Prosecutor at Kukës District Court, but the decision is yet to be implemented. The reassessment has not occurred for less than 2 years, in violation of Article 46 of the Penal Code.

We were informed that instances of involuntary treatment cases are examined by the court for more than two weeks. In all verified cases was found that in court cases of patients subjected to the measure Temporary Hospitalization in a Psychiatric Hospital and that of Compulsory Medication in a Psychiatric Institution, it was the social worker that attend the hearings and not the jurist of the institution. For all R. H. D., was employed only one jurist. It was ascertained a lack of register of persons in involuntary treatment.

### **Accommodation**

The rooms were in very good condition, equipped with heaters and TV set, with ample light and windows that were within standards to create as suitable conditions for patients as possible. In a room were accommodated up to 3 people and everyone had his/her personal bed. It was observed that patients were dressed and clean, however some of them had several teeth missing. The rooms were clean, painted and maintained. Activity halls were also in good condition, with different furnishings like sofas, televisions, stove, table and shelves wherein to keep various items. On the wall there were posted artwork created by patients. In one of the rooms there were created 2 different spots in which the patients can read magazines or perform other activities. These activity rooms were very clean and with very optimal infrastructure conditions. In this institution the heating was provided through a heating boilers system for 5 hours a day from 09:00-11:00 AM and 16:00-19:00 PM.

Infrastructural conditions were generally in good condition at the Community Centers. At the community center wherein were accommodated women, the windows at the hall allowed natural light and had curtains, there was a TV set, armchairs, etc. It was noticed that the interior design was attempted to be made colorful, in order to create a pleasant environment. All these Centers where in pretty much the same condition. Regarding green areas and natural light, the house built in 2001 by “UNOPS” stood out from among the rest, despite the fact that it was old. It was nicely constructed.

## Food

Patients were provided 4 meals a day. Breakfast was served at 8:00<sup>23</sup>, at 09:00 was served coffee within the institution. Lunch was served at 12:30<sup>24</sup> PM, during afternoon at about 16:00 was served a snack<sup>25</sup>, and then supper was served at 19:00 of the evening<sup>26</sup>.

Patients were offered food in the cafeteria which was found to be clean and in optimal infrastructural conditions. The institution has two canteens, where one is for emergency ward's patients and the other for those who have more days in the hospital. Upon the arrival of food in the institution, it was subject to control by the working group set up by the institution's director. The group consisted of the doctor, the psychologists and the head nurse. Kitchen had very good conditions, with cabinets, sink and a refrigerator in good working condition and that is kept clean. There, the food was cooked according to the daily menu determined by the chef and there is a variety of seasonable vegetables that are prepared, such as cabbage, peppers, potatoes, etc. Meat (chicken or beef) was every day part of their menu. In the Monitoring Day it was observed that the food was plentiful<sup>27</sup>. The institution was supplied twice a week with vegetables,

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23 Cheese, butter, milk, jam etc.

24 Salad or soup, various dishes with meat, fruit

25 Eggs, bread, sausages and cake

26 Rice or pasta and yogurt.

27 Lunch was served with pasta and eggs cooked in meat, potato stew and meat as well as mandarins;

fruits, meat, dairy, eggs, etc. From the observation of the stock of dry foods such as pasta, sugar, jam, coffee, etc., was found that they were in significant quantities, arranged on shelves and not expired. There was also another warehouse which served for storing food in refrigerated conditions.

### **Personal hygiene and clothing**

During the stay in the institution, patients are supplied with clothes, slippers, sportswear and pajamas. Bed linens are changed twice a week (in exceptional cases even more often). Rooms are sanitized, furnished with beds, bedside cabinet and a personal closet. Rooms are for two or three patients and in the emergency ward, for one or two patients. For each bed there are sufficient sheets and blankets to cope with the cold. There is laundry room for patient's clothes, sheets and blankets. At the laundromat, there were 2 washing machines and 1 drier. The warehouses was observed also and therein were found blankets, coats and slippers as well as other needed clothing, and there was a supply with detergents needed to maintain clean environment and personal beddings, repellents of insects, detergent for laundry, etc.

The hospital provided warm water and generally speaking, patients could shower twice a week, but in some cases even more frequently, a fact confirmed by contact with patients. In the community homes we were informed that the residents could bathe every day if so wanted. The water was heated via solar panels.

### **Rehabilitation activities**

During hospitalization, patients (with doctor's permission) can go out for a few hours and go to their families on weekends (this when they are quiet and do not pose any concern. This aims at assisting them to readjust to their family). There are patients who paint, read books, play dominoes or cards.

By cooperation with various organizations, the head of the institution singled out cooperation with a priest who had taken an ini-

tiative, with the consent of the doctor (written permission) to send some patients in a village for their socialization and to observe their reaction in the community.

**In the Community Centers,** there were carried out activities inside and outside of them. The activities that took place within the centers consisted of: psycho-education (cleaning of personal and common facilities, personal sanitation) occupational therapy, TV, cards, cooking, doing dishes and clothes, celebrating birthdays etc. There were organized various seafront promenades, football, volleyball, etc.

Men, in the summer played in mini-soccer fields once every 2 weeks. There was constructed a small spot that served as a social car-wash wherein during the summer car-washing service was offered at a reduced price. Persons in these premises went out shopping accompaniment by a staff member.

### **Time Administration and Activities**

For patients who were willing and able to cope physically, there were organized sports activities up to 4 times a week which lasted from 2-3 hours at the sports area was available which has a basketball court. Patients spend time watching various TV programs and enjoying a cup of coffee with others. They were also given the opportunity to go out to buy in the store accompanied by a guardian. On festive occasions is created a festive atmosphere. For example the Hope Association has offered lunch with different dishes for patients hospitalized in this institution. The institution itself has collaborated with the School of Music, enabling environments that provided music entertainment. Often times, the patients can see movies in groups. The women in the women's ward are involved in handcraft work and they come up with various products.

### **Contact with the outside**

A problem presented by the directors of the institution, which had repercussions on patients, was that of their families receiving their pension.

People who are treated at these hospital premises, in some cases, when significant improvement of their institution is noted, on its own initiative the institution sends them back to their family, because the family does not show interest to come and pick them up. For various reasons, such as not providing proper care of the family or failure to provide medicines on regular basis, their condition worsened, causing their return to the hospital. A group of patients have a normal relationship with their family, which often comes out to meet them, a fact that was also observed during the monitoring visit.

### **Relationship to staff**

It was found that patients had good relations, mainly with institution's psychiatrist and the social worker. The medical staff was very dedicated. Patients had no claims of alleged maltreatment or psychological violence perpetrated by staff, or vice versa

## **VI. THE PSYCHIATRIC HOSPITAL ALI MIHALI, VLORA**

### **General information**

This institution provides services for the southern region of Albania, but also for emergencies that arise from other suburbs. The new institution was built in 2015 and became operational in June of that same year. It is located in an area with fresh air and greenery, on the edge of a hill. Currently, in the old building was still in function a ward for the chronic diseases, built around 1930. At the entrance of the institution were posted reception hours for citizens and the Institution's director phone number, the time schedule for family visits, the documentation and procedure of medical examinations.

### **Wards and Kinds of Illnesses**

Institution's capacity: 169 beds and in the monitoring time, there were 138 patients.

The institution was subdivided into wards as indicated below:

1. The Admission / Emergency Ward - 9 beds for men and women - (there were 8 patients)
2. Acute ward for men and women - 34 beds (there were 15 patients)
3. Men chronic ward - 60 beds (there were 55 patients)
4. Chronic ward for women - 65 beds (there were 60 patients)

The Institution had also an isolation room with one bed.

Under the authority of this hospital are in function also 3 supporting homes.

### **Institution's Staff**

In the Institution there is a total of 151 staff: 5 psychiatrists, 5 occupational therapists, 2 social workers, 1 general head nurse, 27 nurses, 30 caregivers, 5 psychologists, 25 janitors, 10 receptionists, 1 dentist, 1 pharmacist, 1 laboratory specialist, 1 driver, 1 archive specialist, 1 maintenance, etc.

### **General findings**

The institution's infrastructure was found to be in good condition, with new facilities and clean. The new building of the hospital was built recently and was opened to function on 05.31.2015. The monitoring visit did not ascertain overcrowding. The new institution met the legal standards referred to infrastructural conditions. In contrast, the ward for the chronically ill located in the old building had infrastructure conditions that were very dismal.

### **The health service**

By scrutinizing the medical files of chronic patients, due to their unchanged health status, they were examined periodically by the medical staff. The medical file reflected the patients' health ongoing status. It was found that patients sign the consent statement in the file, but were not issued a copy of, contrary to what is provided in the declaration of acceptance. Dental service was offered at the institu-

tion as well as microsurgery. The institution's laboratory was within appropriate parameters and with the necessary medical equipment.

It was found that the institution generally has sufficient supply of medications. The observation of the pharmacy premises revealed that all drugs were stored properly and divided into relevant categories. Drugs were found to be within the expiry date. The basic patient's therapy was the medicament one, though in recent months, the increased daily activities for patients aimed at establishing a kind of equilibrium in the types of therapies that were offered.

### **Physical Restraint**

In this hospital, there was a room for the physical restraint, with the appropriate standards in regard to space, camera monitoring, bed and the material with which the room's walls were covered.

From the monitoring of the register of physical restraint resulted that had specific columns concerning patient's general information, the respective ward, personnel that assisted in the implementation of physical restraint, the type of physical restraint, the reason for application of it, detailed explanation and information on the procedure of physical restraint, were all regularly filled out. In total, for the years 2015-2016 were given 46 restrictive measures and only 2 restrictive measures for 2016.

### **The Admission Procedure in the Institution**

At the time of patient admission in the institution, the patient was verbally informed about his rights and signed the declaration of consent attached to the medical file. The patient was subject to an objective examination, such as urine tests, blood tests, etc. Individuals who were hospitalized and treated involuntarily, initially, with the approval of a specialist, were held in the institution even without their consent. The specialist doctor, within 24 hours from the placement into involuntary treatment, notified the head of the service. Head of the service, no later than 24 hours from placement into involuntary treatment, orders in writing in the medical file the reassessment of the health status of the person hospitalized involuntarily and then, in

the hinge of patient's condition, was applied the procedure provided in law, addressing the request for the placement of the patient in involuntary treatment.

### **The Stay in the Institution**

The minimum stay in the institution is 3 days, while the maximum limit is 8 weeks, with an average stay of 3 weeks. However, in this institution, there are many patients who have years of residence. Lack of family care, or aggravation of their health, influenced in the decision that they be kept for a prolonged time in this institution.

### **Involuntary Treatment and Compulsory Medication**

In the institution there were/received treatment 2 people subjected to the medical measure Compulsory Medication and around 6 people in Involuntary Treatment<sup>28</sup>. The institution recorded in the relevant register the names of patients placed in involuntary treatment.

From the interviews with the medical staff it was found that they were aware of the application of the legal procedure for placement in involuntary treatment. From the review of medical records it was noted the absence of the institution's request to the court for placement in involuntary treatment of patients. In the court decisions, in some cases it was found that it was used the wrong terminology. The Court often stated that it placed the person in the Compulsory Medication, instead of determining placement in involuntary treatment, thereby confusing the legal terms which has legal ramifications for patients too. According to the institution, from the moment of submission of the application to the court, the deadline for its processing was up to 10 days.

These are different legal concepts. Involuntary treatment is carried out at the request of the psychiatric institution as decided by the court. The medical measure Compulsory Medication, is imposed without any request by the psychiatric institution, to persons who have committed a criminal act but due to their mental illness are

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28 For 2015;



exempt from criminal liability and other evidenced circumstances, are subjected to Compulsory Medication in a specialized institution. Based on the examination of medical records of a patient subjected to the medical measure Compulsory Medication since 2006, it was found that there were missing the court decisions to review the medical measure. The current legislation provides that the court is bound after one year from the date of the court ruling, to consider its verdict.

### **Accommodation**

At the new building, patient's rooms, activity facilities, showers, toilets, etc., were clean and well maintained. These facilities meet the standards for treatment of persons with mental health disorders. The building was equipped with elevator and heating system.

**Based on the observation of admission areas**, it is concluded that they were in very good conditions and very clean. It was also noted that there was a toilet for paraplegics, although further observations found that it was in the same conditions as the other toilets. In this ward there were 3 rooms with 2 beds each, 1 room with 3 beds and 1 room of physical restraint. Patients, in their rooms had a personal closet where they kept their necessary belongings, a bi-functional commode that served as a table. Rooms had an internal toilet which was in a very good condition and that was functional.

**In the ward of acute male and female patients** there were 6 rooms for women and 9 rooms for men. 2 other rooms were kept in reserve in case the rooms of either women or men were overcrowded. Rooms were found to have sufficient natural light, were sanitized, and furnished with shelves and tables for patients. In each room were accommodated 1-3 patients.

**In the ward of chronic male and female patients**, located in the old building of the institution, the situation appeared quite aggravated. In the women's ward, many of them were unable to go to the toilet or in the shower even for the minimal needs. There was ascertained a case in which under the bed (at the chronic ward, women)

was found a bucket which was used for personal needs as the patient was in the wheelchair. Rooms accommodated up to 13 patients. The air conditioner was very old and dusty, and the vast majority of AC units we saw, were not even functional. The toilets and showers' plaster was falling apart, there was water on the floor and the floor tiles shifted and there is considerable dampness on the walls.

**The observation of the supporting houses**<sup>29</sup> found that they were generally in good infrastructure condition. Patients had their furniture in the room, such as: TV, books, newspapers, etc. All rooms were equipped with lockers wherein to keep their belongings and with air conditioner. Rooms were painted, the beds were in good shape, with beddings suitable to the season, ventilated and with sufficient natural and artificial lighting.

**The infrastructural conditions in the kitchen** were satisfactory. There were chairs and tables with covers of pleasing designs for the patients, which created a positive atmosphere. The kitchen counter was large enough to prepare food, with various shelves and kept clean.

### **Food and Water Supply**

The food was provided with catering by a private firm. Each patient had his food box. Moreover, for diabetic or other patients, for whom the doctor had prescribed special diet, it was provided for them. In the monitoring day was observed that the food consisted of a menu rich in vitamins and carbohydrates.<sup>30</sup> The bread was placed in special paper bags and was warm. Based on firsthand information from patients, they had no complaints about the quality of food.

The institution provided hot water 24 hours a day through solar panels, a fact which was ascertained during monitoring.

### **Personal Hygiene and Clothes**

The toilets and showers were equipped with various detergents and

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29 2 supporting houses under the auspices of this institution were monitored;

30 Green salad, pasta with cheese, placed in a special containers and vegetable dish, also in special containers. The fruit of the day according to the daily menu was apple, which was observed to be provided in substantial quantities.

in significant amounts. The beds were fitted with plastic wrap to preserve as much as possible the hygiene. Sheets were replaced every day. Patient's clothes were sanitized from the laundry of the institution which, the monitoring visit found to be in optimal functioning condition, with 2 washing machines and four dryers.

The observation of the warehouse revealed that there were supplies of shoes, slippers, pajamas, and other miscellaneous gear. The institution offered repairs to damaged garments.

Patients appeared well dressed according to the season, clean and tidy. No complaints for lack of clothes or general hygiene.

### **Rehabilitative Activities**

Patients participated in sports activities, card games and creative therapy. This institution had a gym in very good conditions. During the monitoring it was found that there were patients who were playing ping pong. In the hall of occupational activities were noticed patients who were watching television programs, some painted and others were carrying out different works. Most of their time, the patients spent outside the room, a fact which was observed also during the monitoring visit with the majority of the rooms found with no patients in.

### **Time and Activity Administration**

Patients were allowed to go out and enjoy a non-alcoholic drink at the coffee bar of the institution, or to go out for a walk in the institution and its surroundings. Patients who resided in the supporting homes could go out without being accompanied by a caregiver in order to purchase a product they needed. Group excursions such as in Llogara were organized as well<sup>31</sup>. In support homes was applied a day program for patients. At 07:00 AM was the wakening. The patients changed their clothes. Sunday and Wednesday the beddings were changed, Saturday the windows and doors were cleaned and clothes were systematized, Thursday was made the sanitization and

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31 Touristic area near Vlora.

disinfection of kitchen, etc. One of the objectives was to keep the patients engaged in diverse activities in order to break the monotony and the daily routine by organizing gaming or entertainment activities of all sorts.

### **Contact with Outside**

A serious and costly problem was found to be keeping in hospital some of the patients in the chronic ward who are abandoned by their families. We were informed that action must be taken that this category of people to be placed under the care and authority of the Ministry of Social Welfare and Youth. The rest of the patients have generally good relations with the family. The patients were allowed to meet as often as they wanted with their family, and make calls outside the institution. The staff encouraged the communication with families through permitting the outflow of patients on weekends.

### **Relationship with the Staff**

In the institution was noticed a spirit of cooperation between patients, medical staff and that of the social care. The staff was trained and with several years of experience. Psychiatrists were quite prepared and dedicated. Based on the firsthand information from the patients they stated that they had no claims for alleged violence or ill-treatment by staff and was not noticed any patient with obvious signs of violence.

### **Consumption of Tobacco and Alcohol**

Patients can smoke only outside the premises of the institution. From contact with them, they said that the cigarettes are provided them by the family or their relatives.

## 2.3 RECOMMENDATIONS

To improve the current situation, AHC recommends to be taken some concrete actions.

In order to respect under the legal provisions the placement of the patient in involuntary treatment and to have the necessary legal knowledge regarding the *Compulsory Medication* and *Temporary Hospitalization*, are needed continuous trainings of the medical staff by the Ministry of Health. This will increase the respect of the rights of persons suffering from mental health problems that are treated in these institutions.

Justice authorities, particularly the courts, should abide by the legal deadlines for examining applications for the placement of a patient in involuntary treatment and the revision of the medical measure. Due to the circumstances of the case, when it comes to the health of a patient, the legislator has set precise deadlines to ensure respect for the rights related to health service.

State institutions ought to take concrete measures to build a specialized institution for patients to whom the court has ruled a medical measure. Keeping them in the penitentiary system seriously violates the rights of these patients, who are held in prisons in flagrant violation of the law. This situation should be discontinued as soon as possible and this group of patients ought not to be treated anymore as convicts who are held in prison, but as patients who, because of mental illness, the Court declared ineligible and who need specialized medical care.

Measures should be taken to establish specific policies for facilitating the employment of psychiatrists in specialized inpatient psychiatric institutions, as their role is key in improving the health status of patients. An increase in the number of supporting staff in these institutions is needed.

Financial means ought to be allocated in order for the continuation of improvements to the infrastructure conditions in these institutions

and immediately in the ward of chronic patients (located in the old building) in Vlora Mental Health Hospital and the Psychiatric Hospital in Elbasan, so that these patients be treated with respect to their dignity and their fundamental rights and freedoms.

Likewise, actions need to be taken in order to enhance the self-supporting activities for psychiatric patients in psychiatric hospitals, in order for them to be gradually enabled to care for themselves and to function independently.

A category of resident patients, have been staying for years in the psychiatric hospitals. This situation is because many of them have been abandoned by their families. This category of patients, due to mental health problems does not necessarily have to stay in specialized inpatient psychiatric hospitals. Such are the patients with mental retardation who need continuous care by social workers and psychologist. In order for them to continue to benefit the right to health care, measures ought to be taken for them to be accommodated in the relevant special centers outside the inpatient hospital facilities.

It is necessary to counter the high stigmatization by agencies and the society against this illnesses and the continued support of regional structures to deinstitutionalize the system, as well as the standards required in this domain.

### **3. SERBIAN MONITORING REPORT**

#### **3.1 LEGAL FRAMEWORK**

Psychiatric hospitals were certainly among most deplorable institutions in Serbia in 1990s. Patients' living conditions were degrading and inhuman. Their meals were meager, their dormitories overcrowded, beddings in shreds, medicines scarce. Patients' were deprived of their dignity as human beings.

Activities to change this situation, undertaken mostly by citizens' associations and human rights defenders, marked the very beginning of Serbia's transition. These campaigns were the beginning of startup of deinstitutionalization and transformation of big psychiatric hospitals into community-based services.

In January 2003 under the Stability Pact's Social Cohesion Initiative, the Ministry of Healthcare established the National Committee for Mental Health to initiate reforms in this domain. The Committee was solely composed of ten psychiatrists from all over the country, excluding other professionals.

The Law on prohibition of Discrimination of People with Disabilities has been in force since 2006.

The Serbian government adopted the Committee's Strategy for Mental Health along with an Action Plan on January 19, 2007. The Strategy proclaimed that "the mental health services should provide contemporary and comprehensive treatment, implying bio-psychological approach to be taken in a community and as close as possible to the family of a sick person."

Serbian parliament passed the Law on the Protection of Persons with Mental Disorders in 2013. This was the first legislation to regulate the issues that, directly or indirectly, affect this vulnerable group of population. The Law provides general principles of mental health organization and protection, treatment procedures and conditions, and prerequisites for hospitalization of persons with mental illness against their own free will.

The law somewhat contributed to the improvement of the overall situation, especially in the context of long-term hospitalization of persons involuntarily placed in institutions. This put an end to the obsolete provisions of the Section 2 of the Law on Extrajudicial Procedure (Hospitalization in a Neuropsychiatric Institution). However, the very passing of the law was marked by many controversies, with provisions that were not in coherence with contemporary standards.

The Ombudsman and civil society activists had articulated many critical remarks before the draft was submitted to its consideration. The majority of MPs voted in the draft taking in account that having a law was better than having none. Although all the participants in the public debate shared the opinion about the establishment of distinct, community-based mental health services, the enacted Law provides that mental health services shall be organized as supplementary departments within the existing psychiatric institutions and medical centers.

Proper protection of mental health cannot be treated as an additional activity of the existing institutions. Community-based mental health services should be autonomous, while their competences and treatments provided by law. Halfway measures cannot solve the problem of mental health protection or ensure efficient treatment, care and support to persons with mental disorders within a community.

The Law on the Protection of Persons with Mental Disorders provides the measure of isolation in psychiatric institutions. Isolation is not a medical method and cannot stand for treatment, or be therapeutically justified. Nevertheless the Law sees it as a preventive



measure in high-risk situations caused by agitated patients. There certainly are other means and methods for calming down agitated patients, which are not harmful to their physical and mental integrities guaranteed under Article 25 of the Constitution. The provision on isolation of persons with mental disorders, goes beyond the limits of constitutional restrictions in a democratic society and as such breaches the Article 23 of the Constitution of the Republic of Serbia – which guarantees inviolability of human dignity and everyone’s duty to respect and protect it. The Law says that the use of physical force against a patient may be unavoidable in order to ensure the safety of staff and patients alike.

As provided under the Law, the Ministry of Healthcare adopted two regulations in late 2013: The Rule on Types of Mental Health Services and The Rule on Physical Restraint and Isolation of Persons with Mental Disorders. Both bylaws actually elaborate on and detail exactly the provisions fiercely disputed over the public debate.

The Rule on Types of Mental Health Services provides that community based mental health services shall be established as separate “departments for the protection of mental health of medical centers, which also treat persons with mental disorders hospitalized in psychiatric institutions.” This Rule just reflects the Law’s shortcoming: protection of mental health cannot be treated as an “additional” activity but necessitates establishment of mental health services as special, autonomous, community-based centers (the Law fails to provide).

The Rule on Physical Restraint and Isolation of Persons with Mental Disorders Hospitalized in Psychiatric Institutions, among other things, details the use of the highly disputable measure of isolation. A person with mental disorder, according to this regulation, can be placed in an isolated room with windows and doors locked from the outside if the measure of isolation is authorized by the person’s psychiatrist and if “the measure of isolation is not used as punishment.” Further on, a psychiatrist can prescribe isolation in order to (1) prevent a person from doing harm to himself/herself or to other

persons, and (2) ensure the person's medical treatment. The psychiatrist is duty-bound to decide on the period of time during which the person shall be kept secluded.

This special group of convicts, so - called, forensic patients, are in a particularly difficult position in relation to the rest of the prison population, but also in relation to patients of psychiatric hospitals. Forensic patients on the basis of the Law on Execution of Criminal Sanctions, could be sent to the Special Prison Hospital for the execution of security measures, and on extreme cases may be sent direct to one of the special psychiatric hospitals (in Vrsac, Gornja Toponica or Novi Kneževac). In Serbia, there is no specialized institution for the care of forensic patients. Special Prison Hospital belongs to the institutions for execution of criminal sanctions and do not meet the CPT standards. On the other hand, psychiatric hospitals belonging to the Ministry of Health are not trained for appropriate work with prisoners. For this group of convicts is applied the Law on Execution of Criminal Sanctions, and the Law on Protection of Persons with Mental Disorders.

In late 2013, the Government of Serbia has adopted the Strategy of development of the system for execution of criminal sanctions in the Republic of Serbia until 2020. A special section (Section 3.10) of the Strategy refers to the implementation of security measures, and the Strategy states that the priority tasks are modernizing the model of execution of security measures of compulsory psychiatric treatment and confinement in a medical institution and treatment measures at large with an interactive cooperation with the court, the Special Prison Hospital, institutions within the ministry responsible for health and fiduciary services. So far, in this area of forensic psychiatric, the state still did do anything.

It could be said now, 14 years later, that the process of deinstitutionalization still starts from scratch. Moreover, it could be said that even the steps taken in that direction (some of which were utterly wrong) have not substantively triggered off the process itself.

### 3.2 INSTITUTIONS MONITORING REPORT

#### I. SPECIAL HOSPITAL FOR PSYCHIATRIC ILLNESS - KOVIN, SERBIA. NATIONAL TEAM MONITORING REPORT.

##### **General information**

Capacity: **1000** beds

Current number of patients: **699**

Difficult to estimate male/female number of patients, since it's different in every department.

##### **Departments and category of patients:**

Patients were assigned to 12 departments, and the Day Hospital:

- 1) Department of acute psychosis (II male) - 66/81
- 2) Psychiatric ward men (I men, chronic) - 83/84
- 3) Psychiatric ward women (II women, acute) - 36/42
- 4) Psychiatric ward women (and women chronic) - 72/75
- 5) Psychiatric Department men (A2) - 89/83
- 6) Psychiatric Department mixed (A1) - 72/84
- 7) Department of neuroses and borderline Balances- 58/60
- 8) Rehabilitation Department; mixed- 24/25
- 9) Department of treatment and social rehabilitation of persons suffering from alcohol and other addictions- 55/69
- 10) Department of psychogeriatric; mixed department- 75/85 (closed ward (42), non-standard services (10) "norwegian" (25))
- 11) Internal Department 28/34
- 12) Department of Neurology 29/47
- 13) Daily hospitals 12/30

(Note: The first number represents the number of patients on the day of the visit and the other, the number of beds)

## **Staff members**

Total number of staff: 408 employees in total and the healthcare service has 247 employees:

- 42 doctors (31 specialists, 11 general practitioner) 1 graduated pharmacist,
- 12 senior nurses,
- 1 physiotherapist,
- 3 senior occupational therapists,
- 1 senior nutritionist-dietitian,
- 1 senior sanitary technician,
- 181 nurses / technicians,
- 1 pharmacy technician,
- 3 laboratory technicians,
- 1 physiotherapist

Of the 28 specialist doctors there are psychiatrists, neurologists 2 and 2 interns. They are arranged in 14 organizational units (13 stationary departments and one outpatient).

## **General observations**

Special hospital for psychiatric illness “Kovin” is located on the outskirts of the village. It has a registered capacity of 1,000 beds. It consists of several old and dilapidated buildings fenced with a metal fence, which during the Austro-Hungarian Monarchy served as military barracks. These are the “pavilions” in which are treated an average of 700-750 patients. On the day of our visit there were 699.

## **Accommodation**

The general impression is that the privacy of the patients in the hospital is not respected enough.

In the male acute ward rooms are under video surveillance, even the toilets. The rooms are with large number of beds.

The conditions in the hospital are generally very poor, despite the fact that a lot of things were repaired in the previous period.

The rooms are missing nightstands for personal belongings. Personal toiletries of patients are kept at staff's offices.

Acute wards are closed and are located on the first floor and chronic ones are established and located on the ground floor. Departments are of a large capacity of 30-90 beds. Patients are mostly during the day in the living room, where except TV there are no other forms of "occupation," which further gives the impression of emptiness and pointlessness of their stay in hospital. In addition to the ambulance, there are a few patient rooms (6-24 beds), and the departments of the "somatic room" (average 8 beds) where there are accommodated the patients who needed intensive supervision and care.

Only at the male acute ward there is internal video surveillance, which covers most of the rooms in which patients are. The control monitor is located in the clinic in order for the nurse that all time can be able to monitor what is happening in the department.

All windows are with bars, to prevent patients from jumping through the window.

## **Food**

Patients receive three meals a day. There were no complaints about the quality of food.

## **Personal hygiene and clothing**

Depending on the department where patients lie, they are dressed in pajamas, or in they own clothes.

At the time of the visit of male patients from acute closed ward, patients were out for a walk. They are mostly in their pajamas, and a few of them were in their own clothes. They are allowed to wear their own clothes, but pajamas are practical for laundering. Pajamas are washed in the central laundry room, while personal wardrobe patients usually wash themselves or their families bring them cleaned.

In the acute female closed ward, more patients are in personal clothes, because they are more able to wash their own clothes.

At the Department of neuroses and borderline disorders, patients are mostly in their own clothes.

### **Rehabilitation (Educational) Activities**

In the male acute ward, patients go for walking but under supervision. In the summer time they are going for walks every day, but in the winter it depends on the weather conditions. During the day, the rooms are locked, so that patients would not be passive (sleeping). During this time the hospital doesn't offer them other meaningful activities that would keep them occupied, and patients lie and sleep on benches in the hallway or dining room. The patients cannot go in their rooms during the day other than to change clothes. The impression is that patients on the wards don't have enough opportunities for rehabilitation activities and that they do not offer interesting activities that would fill their time. At the central occupational therapy, patients have implemented creative occupational activities, but this is covered by only a small number of patients.

### **Admission to the institution**

Hospital received patients daily. During the period 01.01-01.03.2013, there were 325 admission to the departments (of which 120 were received from other departments) and 5 in the day hospital, 346 released from the wards (out of which 52 died and 120 were transferred to other departments) and 6 on an outpatient basis.

After the examinations in the receiving ambulances patients are allocated to one of the units according to the medical indications and gender. Data is written in a protocol of reception and so the history of the disease.

The hospital does not keep accurate data on the number of forced hospitalization. Most often, the patients brought compulsory are male, who then continue treatment at the male acute ward. Within 72 hours, hospital has to inform the court. The court held a hearing without any contact with the patient, and brings decision on the length of retention provided by the hospital.

More often, forcibly admitted patients in the meantime, accept the treatment because “he realized that he had to do what it takes,” and then proceeds as in the case of voluntary admission. The patient signed a separate consent form for admission, without the presence of two neutral witnesses, which is then attached to the history of disease. Exceptions are the demented persons, for them the consent is signed by a relative regardless of whether he is guardian or not.

### **Duration of stay**

Duration of stay in hospital of the patient differs greatly from department to department. Patient could stay from a couple of months, years or even decades. Retention is shorter at the Department of acute women psychosis – 61 days, and the Department of Acute men psychosis – 81 days, while significantly longer is on Rehabilitation department – 266 days and the Department of chronic male psychosis – 259 days. So, average retention at the hospital is around 160 days.

### **Activities of the patients**

At the level of the entire hospital is central occupational therapy (COT) on which patients come from all departments. 4-5 patients from acute male department currently go to the CRT. Which patients will go to therapy is decided by the doctor in consultation with the patient. There are various activities that take place in COT, such as handicrafts, knitting, painting, working with clay. They take place every day between breakfast and lunch. Sometimes they have the opportunity to work at the department, when they receive the necessary materials. Patients who do not go to occupational therapy (some because they cannot, some others are unwilling), their time is spent in walks, some take care of the flowers, clean up the hall, and the goal is to get more active. There are the so called weekly assignments - weekly elected elders of the room who during the week take care of hygiene and neatness of rooms and patients in the room.

In the male acute ward there is the living room. There are tables and benches, a television that at the moment of our visit was off. Patients

sleep on benches. In this room, every Thursday therapeutic communities are taking place and where all the patients from the ward are present. In these communities are discuss various problems, are chosen the elders of the rooms, and are determined the weekly assignments.

In the acute female ward, patients have the option to sit outside, some of them can come out from departments. Living room has TV and radio, but patients are seating without any activity. Activities that fill the time of day, according the staff are: puzzles, crocheting, drawing, morning walk and planting flowers. They do not go to the central occupational therapy, because they have activities in the department.

Rooms are closed in order for them not to lie inside, but they still sit in the hall as well as in the men's department.

Patients involved in the central occupational therapy come here every day and spend their time between breakfast and lunch, and if they want they can stay longer. According to occupational therapist, the work shows the state of their health. Generally the same patients are coming every day, currently about 50 of them. Doctors suggest them to the working therapy and keep records of presence. Patients assist in cleaning of this room.

Within the COT is a café in which patients themselves are preparing coffee and they can sell it. All patients who come for occupational therapy once a day receive a prize coffee. The club also organized quizzes, patient encounters, excursions; sometimes they go to the cinema or theater. Therapists organize these activities, while seeking permission from the doctors and main nurses. There is a library from which patients can borrow books. There is a workshop for making clay objects, painting workshop, and a carpenter's workshop.

### **Death/incident case**

During the period 01.01- 01.03.2013, in the hospital there were 52 death cases. Such a large number of deaths are due to the large number of psychogeriatric patients in the hospital.



### **Contact with the outside**

At most of the departments, visits are permitted throughout the day. Patients are allowed to go out with a family to the hospital yard or in the city, depending on the condition of the patient.

For patients it is not allowed to use mobile phones. Earlier it was allowed, but it had a bad influence on the therapeutic work. Now phones are taken away from the patients although they may request them to use for a call. There are also fixed phones that can be used. It happens that after the phone call, disturbed patients are payable, they do not understand the message, and its making difficult to work with them.

There is no computer for patients in which they would have access to the Internet. Patients, who go to the CRT, can sometimes use the computer located in the office for staff. There is no room for a private visit.

Families have been exhausted without adequate support, and most often they are from the lower social strata. So over time they neglect and even abandon their sick family members. Only 25-30% of patients have regularly visits from their family and after completing the treatment, their family accepts them back. A smaller number is placed in social care institutions (Home for taking care of the mentally ill) which represents only a different vision of institutional treatment. Due to the long waiting lists, after three negative responses from those Homes, the hospital can keep patients, because the hospital has signed agreement with the Ministry of Labor and Social Policy.

Patients from open departments can go outside the hospital, and they need just to inform a doctor or nurse. There is a cafeteria where patients can buy.

### **Consumption of cigarettes, alcohol, drugs**

The consumption of cigarettes is allowed, but alcohol and drugs are forbidden in the institution.

## **Relation between the staff members and the patients**

Although the number of staff is insufficient for the implementation of medical therapy and occupational therapy, team gets the impression of satisfactory relationship between patients and staff.

## **Disciplinary measures**

In crisis situations the hospital applies mechanical restraint (fixation). It is rarely used. Fixations are performed by the orders of physicians and registered in Protocol of fixation. Protocol consist on following data: name and surname of the patient, the date and start time of fixation, fixation duration, the reason of fixation, technician's signature, signature and facsimile of doctors and notes. For these purposes hospital is using the belts with magnets, and the patient are fixed in "somatic room" in the presence of other patients. At the time of our visit, at the male acute ward one patient was fixed and there was record in the Protocol of fixation about this case. The hospital does not apply electroconvulsive therapy (ECT). At the departments there is no "isolation room" so fixation takes place in the presence of other patients in rooms. During 2013 there were in total 350 fixations.

## **II. SPECIAL PRISON HOSPITAL- BELGRADE**

### **General information**

Capacity: **450** beds

Current number of patients: 511

It is difficult to estimate male/female number of patients, since it is different in every department. According to the management of institution, 5% to 8 % of the patients are females.

### **Departments and category of patients:**

Special Prison Hospital provides a higher level of medical treatment of prisoners and detainees from all prisons in Serbia, as well as enforcement measure of mandatory psychiatric treatment and measures of mandatory treatment of alcoholism and drug addiction.

Patients are divided into 7 departments according to diagnosis, but due to lack of space it is not possible to group them by offense type, age, etc.

In addition to forensic patients, the hospital treats prisoners and detainees with psychiatric deterioration that cannot be treated in the prison in which they are assigned by court decision. After health improvements, they return to prison to serve their sentence.

The hospital also performs psychiatric expertise, at the request of the Court.

There is a special department for somatic diseases, internal medicine and for treatment of tuberculosis.

The most worrying fact is that the prison hospital also admits juveniles, although does not have a separate department for them nor it can separate juveniles from adults. There is no special psychiatric institution of this kind for juveniles. As the management explains, the problem is with the court's decisions, since if the court directs a juvenile to the prison hospital, they are obliged to admit him/her. The prison hospital does not have the opportunity to question or not fulfill the court's decision. Although there are not many of these cases, this practice must be stopped immediately and a solution must be found.

### **Staff members**

Total number of staff: 191 employees in total

25 medical doctors (16 of them are psychiatrists)

101 security personnel

15 re-socialization (treatment)

50 administrative personnel (legal, financial, kitchen etc.)

The health service is utilized only 50% of the estimated number of beds. All employees are under the jurisdiction of the Ministry of Justice. There are many initiatives from doctors as well as HCHRS suggesting that medical staff should be under the jurisdiction of the Ministry of Health, but for now nothing has changed.

## **General observations**

The prison hospital was built in 1969 and was at one point the largest and most successful prison hospital of this kind in the former Yugoslavia. It is located in the city of Belgrade, right next to the district's prison. It has a capacity of 450 patients, but many times this number is exceeded. In previous years, it has happened that the hospital admitted over 700 patients.

Besides the department for persons who are convicted of committing a crime due to a mental illness, the prison hospital also admits patients from other prisons that are in need of treatment, such as tuberculosis patients. On a yearly basis, fluctuation is around 1200-1500 patients, from whom 300-370 patients were afterwards sent back to prisons where they serve their sentence. Most patients pass through the department for treatment of drug addiction.

The prison hospital is known as best equipped within medical services in the prison system, with high quality medical appliances for testing and sophisticated laboratory. Most of necessary medical tests for patients are done at the hospital's laboratory.

Due to inadequate location and lack of space, discussions about building new hospital or moving the current hospital somewhere else lasts for years. Lately, several departments of the hospital are reconstructed and others are in process of reconstruction. The department for treatment of alcoholism and drug free department are planned to be renovated within the following year.

The director of the institution states they are faced with resignation of staff, due to the high level of stress and hard work with this category of patients.

## **Accommodation**

The building of the institution is divided in wings (blocks) and each department has separate men and women wing. Most of the wings are separated with locked bars but patients have space to move around within the wing.

Most of the wings, departments, are renovated, and are in excellent conditions. For example, there is an excellent monitoring room, where patients who exhibit violent/aggressive behavior are brought under observation. Rooms are well cleaned, with fresh air and plenty of daylight. In the male department for acute diseases, there are 4 or 5 beds in one room and they have their own bathroom with shower. Between few rooms there is a poster on the wall where their legal rights are listed. The department for tuberculosis is over-crowded, in one room there were 15 persons, which when compared to the size of the room is not in line with standards.

In the women's department for patients with psychosis and somatic diseases, there were 5 women in one small room. Bathrooms in this department were in quite bad condition, mold is visible on walls and the hygiene was not satisfactory. The dining room is in a good condition. Due to the lack of space, in this department, female patients who are under investigation (in detention) were not separated from convicted persons.

In the male department there are 4 to 8 persons in one room. The first room in the department, an intensive care room, has a capacity of 6 beds and is in good condition. The following room has had the capacity of 11 beds and all were filled. Another room was with the capacity of 9 beds etc. The monitoring team considers this situation overcrowding. The living conditions in this department are bad. The hygiene is bad and unsatisfactory, bathrooms have no doors. The team was again notified that patients are responsible for cleaning.

The department for drug addictions has the worst and most worrying conditions. The walls are cracked and there is a terrible smell inside. Limited daylight comes in rooms only through windows from the hallway. In one room are placed 10 to 12 people. There is a bathroom within the room, which is in a very bad condition. This department was not renovated, but the plans are for that to take place by the end of the year. There is lack of natural light and lack of heating in the winter. Rooms have no direct source of heating, but the radiators are located in the hallways. There were accommodated 78 patients with measure of compulsory treatment. The rooms (with space nearly 6m

x 7m) accommodate usually 12 patients. The doors of the rooms are not locked during night.

## **Food**

There is a dining room in some of the departments but most of patients get food in their rooms or eat in the hallway.

The hospital employs a dietitian who prepares the menu based on the specific needs of patients, depending on the illness and prescribed diet.

Patients are served three meals per day and have their own food and snacks in between. They complained that they don't get fruit whereas the cooked food is very greasy. They also complained that the food was not fresh but mostly was canned food.

Most patients' complaints are about the quality of food. Complaints are about poorly served fruits, vegetables and dairy products, while instead of pure milk they usually are powdered milk mixed with water.

## **Personal hygiene and clothing**

Patients wear their own clothes and there are no uniforms in the hospital. There are bathrooms in each wing/department and they can use the shower as much as they want. In most of departments, patients/prisoners are responsible for the hygiene, i.e. they clean rooms and other premises (hallways, dining rooms, living rooms). However, even in some of renovated departments there was a bad smell in rooms. The hospital should make hygiene improvements in general.

## **Rehabilitation (Educational) Activities**

All patients, depending on their diagnosis and needs, are provided with therapy while the staff does what is possible concerning their rehabilitation. From the discussion with doctors during the visit, the team was informed that many of forensic patients experience progress, which is the reason that doctors ask for termination of their measures.

In treatment service there is not enough educators and therefore they work only with patients with security measure of compulsory treatment of alcoholics and drug addicts.

The hospital has a “drugs free” department with special rehabilitation measures. Patients/prisoners can choose voluntarily to enter in this department they sign agreement and accept the treatment without drugs substitute. At the same time, various individual and group therapies are held for persons in this department, which will contribute to their reintegration in society once they have served the sentence. It is important that sometimes patients themselves lead the therapy session/meetings, which means that they are themselves engaged. The institution has been acknowledged for having substantial success in the treatment it provides in this department.

The prison hospital has no possibility to organize the educational process and professional training within its capacity. However, prisoners who are placed in the department of drug addiction and alcoholism can start or continue their schooling, if they wish but only with their own expenses.

In such cases, prisoners are going to take the examination accompanied by teachers and security officers (in civilian clothes) in educational institutions. During 2014, there were several cases where the convicted person went to the exam.

The prison hospital does not have a center for training and employment of convicted persons, but only organizes work therapy and occupational therapy.

Patients can spend three hours on fresh air doing sports and other activities. Women can plant flowers when is good weather outside.

### **Admission to the institution**

A person can be admitted in the prison hospital on several basis: first, if he/she is convicted for a crime but has a serious psycho-pathological disorder, second, if there is a measure of “Compulsory Treatment” ordered by the court, third, if an expert’s opinion is required

by the court, or fourth, if convicts or detainees are transferred from another prison due to the need for a higher level of treatment.

When the patient arrives in the institution, he/she is initially informed about their rights. Once admitted, patients spend up to 30 days in department for reception where they go under observation. After that, the expert team decides which department is the best for the patient. According to prison rules, there are closed or half open departments. Every patient has an individual plan of treatment, but also the plan for education, if needed. Doctors and social workers invest a lot of efforts to prepare post-penal assistance, but cooperation with families and centers for social work in community is not good.

### **Duration of stay**

Patients who serve a sentence stay in the hospital as much as needed. After health improvements they return to prison, and if their sentence is finished they go home or continue with treatment in civilian hospital. The same applies for detainees.

However, it often happens that patients whose measure/sentence has terminated are still placed in the institution since they have no place to go, there is no family or social institutions to take care of them. Due to this kind of difficulties, about 60% of psychiatric patients stay in hospital for more than 10 years, while the longest stay is 31 years.

Forensic patients usually stay in the prison hospital for about 7-8 years, and after that some of them get accommodation in other special psychiatric hospitals with better living conditions. Only a small number of patients find a bed in social care institutions.

For forensic patients, the procedure requires that every 6 months, commission of doctors from the institution informs the court about the overall medical condition of the patient and suggests the abolition of a court measure or alteration to treatment in community. The same procedure applies to alcoholics and drug addicts. Regarding this procedure, when it comes to psychiatric patients, doctors are



faced with a lot obstacle in courts, since they require guarantees on social acceptance in the community that rarely exist. For that reason, courts usually do not change the measure, although there is no medical need for further treatment.

### **Activities of the patients**

Work therapy and occupational therapy are in the function of the medical treatment of convicts. Within the institution, there is room for occupational-work therapy. Work is provided only to persons from the departments of alcoholism and drug addiction, but only if they possess the appropriate working ability. There is electrical and plumbing workshops and possibility to work as carpenter, locksmith, and tailor. Working patients can earn a maximum of 10 Euros, which is notably less than in prisons.

Within occupational therapy patients make various items from wood and other materials. Painters have the opportunity to present their works at exhibitions within hospital, as well in galleries in Belgrade. Once a week there is organized exhibition of their work, which could be on sale.

Patients use library very intensively. The library's fund is not bad, but as they say, there are not enough copies.

The prison hospital has a closed yard where patients may have the recreation.

### **Restriction measures for forensic patients and mentally ill prisoners. Death/incident case**

Aggressive patients are primarily treated with medication and talks, until they calm. As a last resort, doctors apply fixation with magnetic belts in a special observation room, but often in their own bed since the hospital has lack of space and staff. Restrained measure could last very short time, few hours or 24 hours, but maximum 48 hours, according to the protocol. The patients are checked every two hours.

During the visit, the monitoring team witnessed a restrained women patient in her bed. The team was informed that the patient was a danger to herself, constantly trying to inflict injuries to herself. Her roommates said that she is tied up in her bed every other day. She is in the hospital for about 18 months but her condition is not improved. It seemed that she does not understand the conversation but she reflected a lot of pain. Other patients of the room have got used to her condition and try to be calm as much as possible. However, the binding of patient in own bed, in front of other patients, is not acceptable.

In the past several years there has been no use of batons or any physical force toward patients/prisoners. In case of disciplinary infringement from the prisoners, it would be applied the isolation for several days and after that, the prisoner will get a lower level of treatment (closed regime, without amenities). The hospital does not apply disciplinary measures against psychiatric patients.

### **Contact with the outside**

Patients have the right to visits from family members or friends, in a specific visiting time. Many of them also receive packages, which have to undergo a security check up. However, the personnel states that many of psychiatric patients do not have visits, since family members have rejected them after they have been placed in the institution.

Depending on department and medical condition, patients can obtain the permission to go outside the prison hospital, either accompanied by security personnel or without guard. In other cases, patients can have permission to go outside daily, for 6 hours or for a weekend (3 days). Patients who have been in the prison hospital for more than 1 year can get a permission to go outside for one week. While they are outside, patients constantly have psychological support and counseling.

**Consumption of cigarettes, alcohol, drugs**

The consumption of cigarettes is generally allowed in hallways and living rooms, while the consumption of alcohol and drug is strictly forbidden.

**Relation between the staff members and the patients**

During the visit, the monitoring team could observe that the relationship between the personnel and patients/prisoners is on a good level. Patients have greeted doctors (those who accompanied the team) and gave only compliments to doctors and security service. None of them had complaints about the treatment.

**Disciplinary measures**

As explained above, the prison hospital uses “magnet belts” to restrain patients who are violent and represent a danger to themselves or the other patients. The use of physical force is not practiced.

In the acute psychiatric ward there is a special “silent room” which is used for patients with aggressive behavior. This room is completely isolated (with soft rubber walls), has a window and daylight and patients are only held there for a short period of time and mostly, for observation, rather than a disciplinary measure. There is no solitary confinement in the prison hospital.

**III. SPECIAL PSYCHIATRIC HOSPITAL IN GORNJA TOPONICA****General information**

Capacity: 800 beds

Current number of patients: 650

Special Psychiatric Hospital “Gornja Toponica” was founded in 1927 as a state mental hospital, and was built and designed according to the best knowledge of that time.

The prescribed number of beds for this hospital is 800, which is unchanged since 2003 (before that time capacity was 1,200 beds). At the time of visit, the total number of male and female patients was 650.

The hospital covers a huge area with more than 6 million people from Belgrade to the border with the Republic of Macedonia. The other four large psychiatric hospitals in Belgrade, Vrsac, Kovin and Novi Knezevac in total cover almost twice less territory.

The hospital is under the jurisdiction of the Ministry of Health. Treatment and care of patients in forensic department is financially covered by the Ministry of Justice, where the funds are obtained through the Ministry of Health. These are significant assets and in Gornja Toponica this sum is approximately 30 million dinars (246,000 euro) per year.

### **Departments and category of patients**

All departments are large, with capacity up to 80 beds. All are closed, except the Department of the alcoholics.

About half, or 300-400 patients are in hospital for social reasons.

Medical service is organized as follows (with number of beds):

- Department of intensive and semi-intensive psychiatric treatment: Department for male admission (55), Department for female admission (40), Department of semi-intensive treatment for men (70);
- Service of psychosocial rehabilitation: Department of working rehabilitation (50), Department of psychosocial rehabilitation (60);
- Department of prolonged psychiatric treatment: Ward of prolonged treatment - "A" (50), Male ward (75), Female ward of prolonged treatment (80);
- Department of Forensic Psychiatry: Forensic male department (85), within which there is a Cabinet for the implementation of security measures at freedom, Women Forensic Department (50);

- Department of Gerontopsychiatry: Department for admission - I (35), Department of Gerontopsychiatry for prolonged treatment - II (35);
- Services of specialized departments: Department for internal medicine and infectious diseases (50), Department of Alcoholism (50), Department of Drug Addiction (15), Laboratory, Pharmacy, Cabinets for Neurophysiology (EEG), Radiology, Dentistry, Cabinet of psychology, social work, nutrition;
- Service for mental health in the community ("Mediana"): Daily hospital, Cabinet for psychotherapy.

### **Staff members**

The total number of employees is 537, and 417 of them work in medical services. Of this number, 49 are physicians (29 psychiatrists, 2 specialists in internal medicine, 1 radiology specialist, 1 specialist of clinical biochemistry, 1 dentist, 4 physicians on specialization), 206 nurses/technicians, 1 x-ray technician, 3 laboratory technicians, 1 sanitary technician, 1 pharmacy technician, 72 caregivers etc.

The work is organized so that doctors who work in the first shift can do the afternoon (14-19h) and night shifts (19-07h). As well as weekends and holidays are organized as emergency services (two doctors - one is on the admission department and the other is responsible for the inpatient department).

As for the nursing staff, the head nurse and one department nurse work in the first shift, and the work of other is organized in cycle (12h day/12h night/72h free). In the night shift there are only 2 nurses/technicians.

### **General observations**

The hospital is a pavilion-type, with a number of facilities in the large area. Length of treatment varies. On departments for men and women admission, patients stay about 30-45 days, while on the wards for the treatment of chronic patients, they stay significantly longer, several years or even more than 10 years. The patient with

the longest stay here was admitted in 1965.

The hospital opened the first Mental Health Center in Serbia, which has successfully worked several years. Then, because of “the lack of legislation” (obstruction by doctors and other experts), the center was closed and transformed into the Department for mental health in the community. Now this service has two parts, Day hospital and Cabinet for psychotherapy. It employs 4 psychiatrists, 7 nurses/technicians, 1 psychologist and 1 special education teacher. They all work in the first and second shift (12 hours). Additionally, one specialist and social worker comes from the hospital once a week. Patients themselves choose which services to use, and the issue of the arrival is more liberal. The service is supposed to work on the territorial principle, but given the fact that in the meantime other centers are not open, this principle is not respected. Therefore, they receive patients from the entire territory of Nis.

Department of forensic patients is located in a separate building and has a ground floor and first floor (the front door and doors on the wards are locked, and all windows have bars). On the first floor are accommodated male patients, while on the ground floor are located women. Until a few years ago this was the only organizational unit in which they cared for forensic patients. Then the hospital management has made the act by which the placement of forensic patients is possible in other departments, so they are now housed also in the department of oligophrenic “D”, the department for alcoholism and the department of drug addiction. Forensic patients on these wards are not treated under a special regime in relation to other patients.

### **Accommodation**

Accommodation differs from department to department, however, the general impression is that the living conditions in the hospital are not good and mostly are unsatisfactory. In some rooms resides a large number of patients and some are overcrowded, many rooms have moisture and mold and there is not enough fresh air and natural light. It's a little better situation in the renovated wards, but in gener-

al the state should provide more money for the reconstruction of the worst buildings and departments.

Rooms have no wardrobes, and patients do not have their own personal things. The whole space is monotonous, no paintings on the walls, no impression of warmth and pleasant atmosphere.

Department called Hostel is intended for a small number of chronic patients but it also does not meet satisfactory living conditions. Some time ago, patients were allowed to prepare food, but now that is forbidden by the sanitary inspection.

Due to the lack of space, physical restraint is done in a “room for emergencies” in the presence of other patients. Given that such practice is humiliating treatment to the patient, it is necessary to provide a separate room to implement this measure.

Also, all departments have an internal video-surveillance in hallways and common areas. However, there is no visible prominent notice that the facility is under video recording.

### **Food and water supply**

Some of patients have complaints about the food, explaining that the food is poor and monotonous. They say that earlier the food was better. The hospital has a special menu for diabetics and Muslim believers. However, the dining room is not a pleasant place.

In some renovated wards, toilets and bathrooms look nicer, but in other parts of the hospital they are in bad conditions. Patients usually have bath twice a week.

### **Personal hygiene and clothing**

Patients are usually in their own clothes, except in admission departments where the majority of patients wear pajamas. In these departments they are also allowed to stay in their own clothes if they can take care of the cleanliness. Pajamas are washed in the central laundry of hospital while patients or families wash their private clothes.

Long-term patients usually have no family to visit them, so they wear clothes that hospital receives from donations.

### **Rehabilitation (Educational) Activities**

In the central occupational therapy (Department of Central psychosocial rehabilitation - CPR) with patients it is done daily work on art therapist, music therapist, occupational therapist. Activities to be carried out are painting, sewing, weaving ... Products made on occupational therapy are sold, and revenues are used mainly for the purchase of new material and as a reward for patients. However, the monitoring team has especially noticed the passivity of patients whose monotony breaks only if they have required therapy, lunch or TV in the living room. At the Department of CPR, on occupational-work therapy were included only 30 patients.

At female admission ward, patients go to the CPR if they are interested; otherwise they have teamwork once a week with psychologist. Previously in this department have had occupational therapist but now don't have. The impression is that patients do not have enough activity.

At male admission ward, in the morning patients can walk outside, they have educational groups with technicians, therapeutic communities, groups with a doctor, psychologist and social worker and they can watch TV and have occupational therapy.

At women chronic department, patients have a room for occupational therapy where they can perform various activities such as knitting, crocheting, drawing, watching TV and reading the newspaper. Nurses guide this therapy. Patients usually spent their time here in the morning, and when the weather is bad they stay here also in the afternoon or evening. Once a week they have therapeutic communities where patients and all staff discuss various topics (about weekend experience, hobbies and plans for trips). Excursions are held usually once a year, when the bus is available, and each department makes plans for itself.



The hospital has a library and a gym. In the gym each department has its own dates for exercises. There are many interdepartmental competitions (chess, darts, volleyball, and bowling).

Some departments organize work and occupational therapy within its own capacity, so that patients do not go to the CPR. In these cases, nurses organize occupational therapy, mainly drawing, knitting, embroidery, chess, dominoes, reading of newspapers, etc.

Although doctors and associates finished school for various forms of psychotherapy (psychoanalysis, transactional, cognitive-behavioral, systemic family therapy, music therapy, group therapy), except for alcoholics and drug addicts as well as “departments where psychologists work”, a very small number of patients has been covered by this type of treatment. The most common is the pharmacological approach to treatment.

### **Admission to the institution**

The hospital receives patients every day. Although registered as a hospital for the treatment of chronic psychiatric patients, also receive acute patients because the Clinic in Nis refuses to do so, especially when they are aggressive. The hospital should cover South Serbia, but they often have patients from other part of the country and from towns where the General Hospital has the psychiatric department, as well as from social care institutions for psychiatric patients.

The doctor performs a psychiatric interview during the admission, and if necessary, neurological and somatic examination. These examinations, as well as the laboratory analysis and diagnosis (if necessary), medical staff does them later at the department where the patient is admitted. In case of doubt, check of glycemia and analysis of psychoactive substances could be done at the admission department.

Following the example of the Italian model of care for persons with mental disabilities, nurses/technicians began to keep records so they fill for each patient specific form called “list of health care”. This

includes the following: general information about the patient, hetero history, state of patient at admission - nursing diagnosis, assessment of mental status and care program.

Individual treatment plans do not exist, but the hospital works on its implementation. Patients can participate in making treatment plans but this depends on doctor. Patients have the right to make suggestions, but doctors will decide whether or not to accept them. Families are generally not interested in participating, except for patients in departments of geriatrics and substance abuse.

The hospital has 9 psychologists covering all departments. Patients can individually address to a psychologist who is responsible for their department, but psychologists are often too busy to be able to implement a quality individual work with patients.

There are no precise data on the number of forced hospitalizations. They are “rare” because the patient or relatives usually subsequently sign a consent for treatment on a special form (without the presence of independent witnesses) which is disposed in the history of the disease. Alcoholics often within 24 hours “realize” that they need treatment, while patients with psychotic disorders do so in the first seven days. Relatives usually sign consent for agitated patients who are in an acute psychotic condition and are not able to understand the necessity of the treatment, as well as for people with dementia because they do not know where they are (because of disorientation), even though they usually do not oppose retention.

When it is not possible to obtain consent for treatment which is necessary, then the hospital has a procedure for involuntary treatment under the applicable laws. The commission of three doctors and one associate make the decision on the compulsory treatment within 24 hours, and in the next 72 hours has to inform the Basic Court in Nis. Judges together with the psychiatrist who is an expert (outside of hospital), after conducting hearings at the Hospital, adopt decision on the length of involuntary hospitalization up to 30 days. When there is a need for longer treatment or if stabilization of the mental state has been achieved before the expiry of a specific decision of

the court, the Commission informs again about this the court which then brings a new decision to extend the accommodation for up to 3 months or discharge the patient. The management of the hospital says that court decision is delivered in a timely manner.

### **Duration of stay**

Concerning the length of treatment, we analyzed data for the period 01.01-30.06.2013. There were 775 admission, 714 discharge and 85 deaths. The higher frequency is on the acute wards. For example, on the admission' men's department, there was an average of two admission a day.

On 30.06.2013, there were 651 patients. Of this number, 257 were on the first treatment, 104 on the second, 72 in the third and 279 were treated more often than specified.

The number of patients whose treatment lasted for up to a month was 120, 67 patients were up to two months, 23 up to three months, 22 patients have had treatment 4-6 months and 48 from 7-12 months.

The number of patients being treated for 13-36 months is 109, of 4-5 years 74 patients, of 6-10 years 131 patients and over 10 years were 108 patients. More than a year in hospital stays 422 patients or 65%.

Although social workers are trying to make contact with families, that is very difficult and families often do not respond. A small number of patients who do not have homes to return to, after discharge from the hospital are placed in the Home for the Elderly "Jelenac" in Tešica near Aleksinac. Most of them stay in hospital although there is no medical reason to justify that.

Once the patient is released from the hospital, the staff sends a report to the mental health center, and then mental health center continues to monitor the patient's health condition.

### **Activities of the patients**

In addition to the aforementioned activities, within the psychosocial rehabilitation, patients are engaged in different types of jobs, maintenance of hospital grounds or their own café. Within the hospital grounds there is a coffee bar for patients from all departments, in which patients themselves work. Patients are not paid for this work, as it is seen as part of the treatment, in order to restore social and life skills and habits of patients.

In the morning and in the afternoon, some patients have a free walk within the hospital area. The hospital organizes periodically trips to the city, to the cinema or different cultural institutions, patients go shopping to the market etc.

At the hospital there is a Council of patients composed of 7 members. Every 4 years they organize “elections” for members of the Council. The Council has a room that is available to them each day from 10:00 to 12:00. Council members regularly visit therapeutic communities in order to listen to patients’ problems which the latter present to administration and try to resolve. Once in two weeks they have a meeting with the chief technician of the hospital and heads of departments.

Patients were allowed to vote on parliamentary and other public elections, within the hospital.

### **Death/incident case**

Deaths occur mostly in the elderly population. Recently there were no violent deaths or suicides. Sometimes (not often) patients leave the hospital without authorization, but they usually come back by themselves before the police found them.

### **Contact with the outside**

On wards for substance abuse visits are allowed every day in the morning. On psychiatric wards, regular visits are from 15:00 to 17:00, while family can have a consultation with doctors before noon. Visits are approved also outside the regular terms, whenever

someone comes. Visit could be refused when it is estimated that a visitor is not benevolent towards the patient.

Some patients are given permission to leave the hospital and go on the weekend. Also, they can go out in the company of their visitors.

Access to the media via TV and radio is enabled in all departments. Internet is available in a CPR, departments for addiction diseases and the department of psychosocial rehabilitation. Newspapers are available on a CPR, and the next day on departments. The phone is available in all departments during 24 hours. However, phone booths often do not work and it is difficult to obtain a card. Fixed phone can be used in the morning from a social worker's office (at male admissions department). The use of a mobile phone is made in agreement with the doctor. Mostly it is not allowed due to theft and possible incidents. Patients can keep mobile phones if they give it to nurse who take care of it and allow patients to use it throughout the day. And other things of value are kept by nurses in their premises.

### **Consumption of cigarettes, alcohol, drugs**

The use of alcohol is not permitted. Therefore, periodically or when it is suspected, in this department the staff organizes analysis of a random sample, and if the test is "positive" the patient has to leave the hospital. The same principle applies to addicts of psychoactive substances. Patients on methadone therapy obtain the required dose for a week.

Since these groups are very skilled in the procurement and distribution of alcohol or drugs to the ward, in these departments visits are allowed only in the morning.

Use of cigarettes is permitted. Smoking is not allowed in rooms, but in each department there is a separate area for smokers.

### **Relation between the staff members and the patients**

The medical staff is available to patients, but because of the insufficient number there are not able to meet needs of patients. In

wards with more doctors, the patient can choose his own doctor. It is observed that the acute and specialized departments have more health professionals in relation to the department for the treatment of chronic patients where their contact is reduced just to guard the patient as they usually do not have time for other activities.

Patients are entitled to see their medical records. This is usually required after discharge. They can get copies of the documentation, but generally there is no such requirement.

### **Disciplinary measures**

The hospital does not apply electroconvulsive therapy (ECT).

In crisis situations, in addition to the chemical it is applied also mechanical restraint (fixation). After examining the medical records, and based on observations of employees, we noticed that this measure is less used.

Fixation is carried out on the orders of a doctor, takes up to 2 hours and is properly documented. This hospital uses the leather straps (without magnets) and straight jackets, for which employees say they are “more humane because the patient can move but cannot injure himself or others”.

Restraint of patient who has just arrived to hospital is made in the reception room, while departments have “room for emergencies” (average 8 beds). In these rooms patients are sometimes separated by a curtain, but often there is no partition. At the time of our visit there were no fixated patients.

#### **IV. SPECIAL PSYCHIATRIC HOSPITAL IN NOVI KNEZEVAC, SERBIA MONITORING REPORT**

##### **General information**

Capacity: 300 beds

Current number of patients: 261 (plus 25 in the Day hospital)

Special Psychiatric Hospital “Sveti vracevi” was formed in 1992 in facilities of the Medical center, to which it belonged in the past. Since the demography changed, there was no need for a general hospital but at the same time the need for psychiatric care has increased, so the hospital was organized as a special psychiatric.

The hospital has a capacity to accommodate up to 300 patients and generally is fully utilized, but it is not crowded, probably because of its distance (Novi Knezevac is in the far north of the country, near the border with Hungary).

The hospital is under the jurisdiction of the Ministry of Health. Since recently, the hospital has also forensic patients whose treatment and care is financially covered by the Ministry of Justice, through the Ministry of Health.

##### **Departments and category of patients:**

“Sveti vracevi” is one of five hospitals in Serbia that provide long-term treatment of psychiatric patients.

In the hospital there is no separate forensic department. Patients with measure on compulsory treatment are here since several years back but they were mostly individual cases. They were accommodated in departments according to their pathology (addicted to the ward for treatment of addiction, people with psychotic disorders in the department for the treatment of chronic psychotic disorders), which means they were not separated from the “non-forensic” patients. Over the years, with the strategic aim of the hospital administration, the number of forensic patients has increased. Although clear criteria are not defined, in principle, it can be said that in the beginning, in this hospital arrived “easier cases” of forensic patients

(e.g., patients with the imposed measure of compulsory treatment for alcohol and drug use), and over time began to accept more serious cases of patients (e.g. with the offense of murder or attempted murder) and people with severe psychotic disorders. However, they are not separated nor treated with special security measures. At the time of the last visit, there were 21 forensic patients, accommodated in different departments.

Within the hospital, there are several organizational units: day hospital, outpatient polyclinic department and the stationary part with 6 departments (5 psychiatric/chronic and 1 neurological/ acute) with the following number of beds:

- 1) Department of Psychiatry I (90)
- 2) Department of Psychiatry II (53)
- 3) Department of Psychiatry III (71)
- 4) Department of Psychiatry IV (acute) (21)
- 5) Department of Psychiatry V (28)
- 6) Department of neurology (21)
- 7) Day hospital (20)

Bed occupancy is around 87%, while the index of the realization in the day hospital is 110%.

### **Staff members**

The health services consist of 103 employees. Of this number, 20 are physicians (10 psychiatrists, 2 neurologists, 1 internist and 7 general practitioners) and 83 nurses/technicians. According to medical standard for this type of health institution, the hospital is missing 4 doctors and 1 nurse/technician.

Each department has 1-3 doctors and 10-14 nurses/technicians. Only the Department of Psychiatry I has 6 doctors and 25 nurses/technicians. Physiotherapists are employed at the Department of Neurology, and occupational therapists in the Day Hospital.



Doctors are working in the first and second shift, while the night shift (19:00-07:00) and weekends are organized as emergency services. Two doctors (neuropsychiatrist/psychiatrist or psychiatrist/clinician) are on duty at that time.

Head nurses always work the first shift, while others work 12 hours a day/12h night/2-3 days free. Two-three nurses/technicians work in one shift, whereas during the holiday season only 1-2. During the afternoon and night, at departments usually works only 1 nurse/technician.

### **General observations**

The hospital provides treatment for chronic patients but also accommodates acute psychiatric patients. Officially, the only department for treatment of acute conditions is the neurological one.

In each department, next to the ambulance there are several patient rooms (with 3-11 beds) for intensive, semi-intensive and general care. At the Department of Psychiatry I, in a separate section, there are two “isolation rooms” (male and female) with three beds each. On two psychiatric departments (I, II) is set up an internal video surveillance with the relevant notice on the front door. Video surveillance covers intensive care room, hallway and “isolation rooms”. Generally all of the patients expressed satisfaction with the treatment and with attitude of employees.

With better cooperation with families, retention time of patients in the hospital is shorter. However, the management is not satisfied because the average length of treatment is 89 days, which is two times longer than planned.

About 75 patients (30%) stay in the hospital for social reasons, but 5-6 of them are here for over 10-15 years and they are with the longest stay. The average time of stay of forensic patients in this hospital was also shorter than in other hospitals. They are here usually 3-4 years, and after that period they continue compulsory treatment at liberty or they freely go out if the measure is repealed.

## **Accommodation**

Accommodation differs from department to department. The hospital and staff have invested much effort in improving and renovating space for patients due to the insufficient space although the number of beds is not too many.

In the department of Psychiatry III (psychosis and dementia), immobile patients are accommodated on the ground floor, and mobile patients on the other floor. There are rooms for men separate from women's rooms, with 3-6 beds. Although it is evident that hygiene is well maintained, in some rooms we felt the stench. At the neurological department, rooms have 2-3 beds, look better and are air-conditioned. Departments of Psychiatry II and IV also look much better, and Psychiatry it has been completely renovated. The kitchen and living rooms were also renovated, but the hospital should purchase new furniture for almost all departments, including rooms.

## **Food and water supply**

This hospital, unlike others, has only one greenhouse in which are grown vegetables. Still, there is enough variety of food and patients are content with its quantity and quality.

All departments have hot water and the patients can have a bath whenever they want. Caregivers take care of the hygiene of immobile patients and also patients who cannot take care of themselves.

## **Clothing**

Patients usually wear their own clothes whenever possible. For some patients with a lower socio-economic status, clothing is provided partly from donations, and often times, the hospital employees bring clothing for patients. Most of immobile patients wear pajamas, although we also have seen in certain departments patients in pajamas. Clothes are changed regularly, once or twice a week, but patients can ask for clean clothes in the meantime too.

## **Rehabilitation (Educational) Activities**

Psychosocial rehabilitation is provided by a team which consist of two occupational therapists, three psychologists who work only part time in the implementation of these activities (most of the time they spend working psycho-diagnostics), as well as a number of nurses and technicians working in cooperation with team members.

In addition to the team for the psychosocial rehabilitation, there is a social worker whose main task is provision of documentation and cooperation with social welfare centers in terms of exercising the rights of patients in the field of social protection.

About 50 patients have access to a day center on weekdays during the morning, in the workshop where is carried out occupational therapy. Workshop or center for psychosocial rehabilitation consists of one large room with many tables where patients make various objects and illustrate it, have visual and literary activities and partly education of basic life skills training (manners, good behavior, hygiene etc.).

The day care center serves the needs of daily hospital (20 patients) as well the needs of patients coming from departments (20 to 40 patients). The occupational therapist also goes to the inpatient department where once a week works with patients who do not come in a day center. Every weekday, the occupational therapist goes to a particular department (except the Department of neurological disorders), and he spends some time in work activities. These activities include about 100 patients more.

The impression is that there is a good time organization of occupational therapists and commitment to the work of this small team, but there are an insufficient number of experts in relation to the existing needs. Of particular concern is the fact that a large number of patients (more than half) have little access to rehabilitation. This primarily applies to people with a combined diagnosis - mental illness and mental disability, psycho-geriatric and patients who lost social skills due to the nature of the disease, as well as the duration and

mode of treatment and side effects. A large number of patients spend most of the time passively, sitting or staying in the hallways without organized activities.

### **Admission to the institution**

The hospital receives patients every day, chronic psychiatric patients as well as acute ones. In the period 19:00-07:00 this is the only hospital on duty in North Banat district. The number of patients annual varies from 800-1,000.

When the patient first enters in hospital, doctors perform a psychiatric, neurological and somatic examination. Newly admitted patient is assigned to one of departments according to medical indications, age and gender. After that, his/her doctor at the department performs laboratory tests, and (or) further diagnostics (EEG, Rg, EMNG etc.) in accordance with the medical indications.

Involuntary admissions are rare, 1-2 a year (or none as it happened during 2012/2013). The hospital respects the procedure according to current laws but it often happens that the court does not deliver a decision on involuntary hospitalization on time. Then, the hospital is forced to intervene in order to comply with the procedures.

Because of these problems, as well as opinions of employees that voluntary consent of the patient is more humane. The practice is to be patient and have a long talk with patient until he/she accepts the treatment. After that, the patient fills the form of consent but without witnesses, because it is very hard to engage them even in daily shifts and especially in the night (in the manner prescribed by the new Law on the Protection of Persons with Mental Disorders).

Screening programs for different diseases are not carried out routinely, but only in certain situations. The hospital has the following diagnostic equipment: EKG, EEG, Doppler blood vessels, ultrasound and X-ray machine (RTG). When the patient needs a hospital treatment in another medical institution, he/she goes with hospital's ambulance, accompanied by doctor and nurse.

Although it is rare (1-2, maximum 5 per year), cooperation between medical institutions is “very bad”. It is not better when it comes to specialist examinations.

If the patient refuses to take the medicine, the first approach is to make him/her drink tablets dissolved in water, then “a solution” (a liquid mixture), and if this proves ineffective then staff gives the am-pulla therapy (injections). According to medical records, this way of application is not often used even on acute wards.

Unlike other psychiatric hospitals where there are forensic departments, here, the patients with a “measure of mandatory psychiatric treatment in psychiatric institution” are evenly distributed to different departments which reduce the stigma toward these persons.

### **Duration of stay**

Because of poor cooperation with Centers for social work, a large number of patients stay in the hospital although they could go out. About 30% of patients could be released and continue treatment and life outside the hospital, under supervision and with support.

About 40 patients of the hospital wait for accommodation in Social institutions (Home for mentally ill persons) because they have no family support. The waiting time varies from 2-3 months to 2 years. As long as the state do not organize various forms of support in the local community (Mental Health Center) this vulnerable group will continue to be socially excluded.

The hospital and the Ministry of Labor and Social Affairs have signed a contract on keeping patients for social reasons. The hospital can also sign the contract with the relatives of the patient and keep the patient a little longer, for up to 6 months.

Forensic patients are in especially bad circumstances, because after expiry of measures the court addresses to the Center for Social Work and if the Center does not have a solution, patients stay in the hospital. For those who committed serious criminal offenses, the Center never discusses, so they remain permanently in the hospital.

## **Activities of the patients**

Patients have the ability to engage in different sections: literature, art, handicrafts, making picture frames, decoration, crocheting, embroidery, reading the daily newspapers, working with sewing machine. The hospital publishes a magazine with their literary works. Access to TV and computers is much weaker and insufficient for most patients.

The hospital carries out activities with the aim of de-stigmatization and increasing the visibility of people with mental disabilities. For example, to mark the 10th of October (Day of mental health) or some other occasion, the hospital organizes sales exhibition with patient's works made within occupational therapy (three times a year). The hospital organizes various celebrations involving patients, for example, on the occasion of March 8, the New Year and the like. Also, patients have the option of going to concerts and to the theater. During the year, every department organizes a few excursions and hires a bus for that purpose.

However, despite the great effort of employees to expand and refine contents at the hospital, they are not sufficient and available for most patients, especially for patients who are immobile or with multiple diagnoses.

So far, the patients have not had the opportunity to vote in the hospital. According to the staff, some patients are allowed to go and vote in their place of residence at the polling station where they are enrolled in the electoral register, and other patients are deprived in this constitutionally guaranteed right. About 70 patients are totally deprived of legal capacity, which practically denied their right to participate in political life.

Since December 2012, the hospital has established the Council of the patients in which are the representatives of all departments. Cooperation between Council and the hospital administration is on a high level, in the opinion of employees and the president of the Council of the patients.

**Death/incident case**

The hospital has a relatively high number of deaths, but mostly on the neurological department and on departments with elderly patients. There are no cases of suicide, and extremely rare are cases that the patient leaves the hospital unbeknown of the staff.

**Contact with the outside**

The patient can leave the hospital the whole day with the family. The hospital comes out to meet the needs of relatives especially when the family does not live nearby. Patients in remission have “adaptation weekends”.

All patients have the right of visit, without restrictions. When patients have a visit, usually they go out to lunch or go for a walk with visitors. Visits were never limited because there was no reason for it. It never happened that the visit upset the patient and that is prohibited.

The monitoring team was informed that patient’s correspondence with the outside world is extremely rare. The staff claims that patient’s correspondence is absolutely private.

Some of the patients have mobile phones that are free to use during the day and during the night they are taken from them. Mobile phones are marked with the name and surname of the patient and kept in a room for staff, in order not to be lost and not to steal from each other. Some patients find that this policy is too restrictive and complain that the staff reserves the right to assess the appropriate use of the mobile phone.

In each department there is a phone so the family can call patients between 14:00 and 17:00 hours, which are also indicated in a prominent place in the department. When the patients have a phone call, he/she is free to take the earphone and talk outside the room where the patients or staff is located. In addition, in front of the hospital there is a public pay telephone.

The staff opens all packages, in the presence of the patient, for precautionary reasons. The food from the package is marked and dis-

posed of in the fridge which is located in a room for staff on duty. Patients have access to the fridge.

### **Consumption of cigarettes, alcohol, drugs**

In contrast to the alcohol, the use of the cigarette is permitted. The staff does not distribute cigarettes systematically nor control the quantity thereof. Patients buy these products with their own money, and for poor patients, the hospital buys cigarettes.

Regarding alcohol abuse, it is not so much inherent within patients being treated for psychosis, as opposed to people who are being treated for substance abuse, primarily alcoholics. When there are suspicions and in case that the test turns out positive, the hospital releases the patient. Similarly procedure applies with psychoactive substances, although their use is significantly less frequent.

### **Relation between the staff members and the patients**

During the morning and afternoon, at the departments are present one to two doctors and the same number of nurses and they are available to the patients. How much the doctor will pay attention to the patient depends on his occupancy but also of patient's needs for conversation.

Patients have free access to staff and can talk not only with nurses but also with the desired psychologist and social worker. They can also visit the occupational therapist of their choice.

However, the monitoring team has noticed that patients and their family members do not participate enough in decision-making and making of plan for treatment and rehabilitation. Treatment plans are based mostly on the attitude of doctors as indisputable authority.

The staff is very motivated and educated to understand and support the concept of providing services to people with mental disabilities in the community. However, due to lack of system solutions, we cannot talk about the real involvement of psychiatric patients into community, and all the burden of care for patients that are released from hospital, falls on the family.



Support to better involvement in the community is going hard due to inadequate cooperation with Centers for social work, which should take care of patients outside the hospital. It is particularly difficult in cases when family does not accept the patient, so the staff has to find adequate place in one of the social institutions of residential type.

### **Disciplinary measures**

The hospital has been reluctant to apply electroconvulsive therapy (ECT) although there is a machine for the application and some good experience.

In crisis situations, in addition to the chemical is applied mechanical restraint (fixation). After examining the medical records and based on observations of employees, this measure is rarely used. If restraint is necessary, it is by doctor's orders and all data are entered into the book of fixated patients.

## **V. PSYCHIATRIC HOSPITAL IN VRSAC, SERBIA REGIONAL TEAM MONITORING REPORT**

### **General information**

Capacity: **900** beds

Current number of patients: **around 800, 770 patients admitted, plus patients in the daily hospital.** Among them, 100-110 are forensic patients.

No specific statistics on male/female patients were provided at the time, but according to the hospital administration, in the hospital there are more women than men.

### **Departments and category of patients**

The hospital has 16 departments, among which: Forensic department, Geriatric department, the daily hospital, department for addictions (drug and alcoholism), dementias, departments of acute and

chronic mental disorders (schizophrenia, bipolar disorders, depressions, psychosis etc.). Within the hospital there is also a department of internal medicine and neurology department, where they treat all citizens from the territory of Vrsac and surrounding municipalities. All departments have male and female separated divisions. The departments are open, half-open and closed (acute psychiatric wards and forensic patients' wards are closed, due to law regulations or because of potential aggressiveness of the patients towards other patients and staff).

There are three categories of patients: patients that are placed in the institution with a court decision, voluntary patients who came into the institution for treatment with their own free will, and involuntary patients, who are hospitalized by the consent of their legal guardians (patients with no legal capacity). In this case, Medical review board must immediately inform the court on involuntary placement for treatment.

### **Staff members**

Total number of staff: 373 full-time employees

Among them, there are 46 medical doctors (23 of them are psychiatrists and neuropsychiatrists, while others are internists, specialists in general medicine etc.), 2 social workers, 4 psychologists, 215 nurses and medical technicians permanently employed plus 20 under contracts, employees in technical services, kitchen, administration, etc.

### **General observations**

The Special Psychiatric hospital in Vrsac, Serbia was built in 1953 and is one of the biggest psychiatric institutions in Serbia. There is a capacity of 900 beds, including the daily hospital, while the average number of treated (examined) patients is about 1000, on a monthly basis. The institution has good living conditions, as most of the departments have being renovated only a few years ago. The hygiene is on a highly satisfactory level. There are plants, drawings,

paintings and pictures in almost every department and the “house rules” are also painted in colorful letters and placed in hallways of every department. There are complaint’s boxes in every hall of each department. The staff is positive and devoted to its work, which can be seen in patients’ attitude and in their interpersonal relationships.

### **Accommodation**

The institution is located on a territory of 80 hectares and consists of dozens of buildings. Each department is situated in separate building and is divided to male and female wings. The outside area is nice, with a clean and decorated park, where patients go for walks.

Every department is nicely cleaned (cleaning person present at all times), with fresh air. It is evident that most of the departments were recently renovated and regularly painted. Rooms and common areas are tidy, have TV and curtains on the windows. In average, there are 7 to 9 beds/persons in a room, but there are rooms with 4 to 6 beds, too. Each patient has a locker and they keep the key with themselves, no one else can open their lockers.

Bathrooms look generally well, clean, and soap is provided in all toilets. However, some shower cabins could be renovated since the mold is visible in some corners, on the ceiling, also in some rooms which are near the showers and toilets.

### **Food**

In each department, there is a separate dining room, where the patients have their meals. They get 3 meals a day, with snacks in between. The food is diverse and adjusted to the patients’ needs, in accordance with their condition and health requirements. Fruit and vegetables are included in daily meals. In conversation with the patients, they also expressed that they are satisfied with the food.

### **Personal hygiene and clothing**

The general hygiene in the hospital is good. The patients may use showers anytime, as much times as they want. There is unpleasant smell in some bathrooms, but not in rooms or halls.

The patients wear their own clothes. Those who are not provided with clothes by their family, are provided with (civilian) clothes by the hospital. The hospital has a hairdresser, and female patients are encouraged on makeup and beautification, as part of confidence-building treatment.

### **Rehabilitation (Educational) Activities**

There are different rehabilitation programs in the institution and they differ depending on the department and the patients' needs. For example, in the addiction department, besides individual, there are three group therapies on a daily basis, where important issues are discussed related to the treatment of the patients. The first morning group therapy is led by patients themselves.

Besides regular therapy, there are many workshops and activities aimed at developing patients social skills, with adding practical exercises.

The hospital also makes efforts to work with families towards rehabilitation of the patients, but at the same time to prepare them for the patient's return home. Special attention is devoted to patients from the forensic department who committed domestic violence, because of the resentment of families to welcome them back home.

### **Admission to the institution**

Admission of patients within the institution is regulated by the Law "On protection of persons with mental disability"<sup>32</sup>.

A person/patient can be admitted in the institution voluntarily, involuntarily (with the consent of guardians) or can be admitted upon a court decision, as measure of mandatory treatment for people who have committed a criminal offense.

When the patient is admitted involuntarily, a committee of 3 doctors is formed in the most urgent time (max. in two days). This Medical review board is consisted of two psychiatrists and one health

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32 In Serbian, available at: <http://www.zdravlje.gov.rs/downloads/2013/Jun/Jun2013ZakonZastitiLicaSaMentalnimSmetnjama.pdf>

worker. They are obliged to immediately inform the court with the decision of involuntary hospitalization of the patient and his/hers condition. The decision is also delivered to the patient and the Social Work Center. The court has to examine the patient status within 3 days. The patient has the right to an attorney, but in most cases he/she is represented by a lawyer from the Center for Social Work. Independent experts are also consulted at the hearing. Furthermore, the person can appeal the court's decision.

It is important to note that there are different doctors who initially admit and examine the patient when he/she is brought to the hospital, different doctors who participate in the Medical review board's decision whether he/she has to be hospitalized and none of these doctors can appear as an expert in court, since for that it has to be a new doctor appointed by the court. This practice is good because it provides several medical opinions for consideration and helps to avoid biased opinions.

It is strictly forbidden to keep a patient against his or her will without a court decision. The initial court's decision can be up to 30 days, after which a Medical review board decides on the continuance of the treatment. If the patient's health has improved within this period and doctors consider that the measure should be annulled, they will notify the court immediately. The patient could be released or he/she can continue the voluntary treatment. If the patient's health is not good, the court may extend the decision on involuntary treatment for 3 months, but last decision can be issued for 6 months at most.

### **Duration of stay**

Duration of measures of mandatory treatment (patients in the forensic department) is not pre-determined by the court, but depends on the opinions of doctors that follow closely the treatment advances.

However, patients in the alcohol department can stay maximum 2 years, and patients with drugs addiction can have mandatory treatment in a maximum of 3 years.

At the time of the visit of the monitoring team, among patients with a measure of compulsory psychiatric treatment there were 10 people staying in the hospital for almost 10 years, because they have nowhere to go and their families do not accept them. In such cases, the Court never repealed the measure of mandatory treatment, although there were no medical reasons for keeping them there.

Lately, the special commission of the hospital had to make the revision of legal capacity for about 200 patients. Based on the opinion of the Commission, the Court decided to partially return legal capacity in a number of cases.

The commission has also examined the ability of patients to live independently or with some support. Their relations with custodians were also part of the examination.

### **Activities of the patients**

Patients have pretty good options to conduct different activities every day in the institution. For examples, many of them have morning gymnastics, in the yard of the hospital.

Additionally, the hospital has an extraordinary gallery, where all paintings are made by the patients. The gallery is well-equipped and has plenty of space. The hospital has organized exhibitions on many occasions, displaying the patients' paintings. In addition to the art gallery, patients also have the opportunity to knit and make tapestries. At the time of the visit there were two women who were working, they seemed very skilled and devoted to their work.

These types of activities are highly appreciated and positive for the well-being of patients and their rehabilitation process. However, the hospital does not have enough occupational therapists and the overall number of the patients who can go to the art therapy or participate in life skills activities is 70-100. Some activities take place on the wards, but not every day.

**Death/incident case**

According to the Director of the hospital, they rarely have cases of death in the institution, except in the department of geriatrics. Many years ago, there was a suicide of a patient who hanged himself in the bathroom. In more recent times, there has been one attempted suicide which was a result of the patient understanding that his measure is not discontinued and the patient was saved. The Director explained that, in one of its previous visits the CPT has made a comment that there were flaws in the risk analysis and assessment from a psychological point of view. The Director however says that this is not the case, since they very rarely have suicide attempts.

There are cases where patients inflict injuries to themselves (with no intent for suicide, but only due to aggression or anxiety). Sometimes, they break window and try to hurt themselves with the glass. This does not happen very often, because aggressive patients are treated regularly.

**Contact with the outside**

The patients have the opportunity to have visits from family, and each department has separate visiting room and visiting hours.

Some patients, depending on which department they are placed, have the opportunity to leave the hospital for weekends. Those patients who are granted to leave have a decision from the Court and a risk assessment is prepared by the hospital personnel (doctors). Other patients have the opportunity to go outside of the hospital, for example to the village nearby, they too by the doctors permissions.

The hospital makes efforts for all patients to be able to have contact with the outside world. In that sense, picnics are organized every once in a while, with groups of patients escorted by employees. Additionally, the staff puts lots of efforts to include families in the treatment of patients.

### **Consumption of cigarettes, alcohol, drugs**

Patients are allowed to smoke in the institution. Alcohol and drugs are strictly forbidden.

### **Relation between the staff members and the patients**

During the monitoring visit it was evident that the patients have good relationship with the staff. Patients feel free to approach, greet and joke with the personnel. Overall, there is a pleasant atmosphere and an impression that the personnel has established good relationship with the patients.

### **Disciplinary measures**

The hospital does not have solitary or isolation room. When a patient is violent or causes problems, they are either transferred to a different department or they are treated with medication depending on their condition.

Aggressive patients, i.e. those who represent a threat to others or themselves, are restrained with magnetic belts or binding belts”, until they calm. Patients can be restrained in their rooms or in a special observation room, where they are supervised non-stop. They are released every 2 hours and accompanied to the bathroom.

In instances when a patient delayed with his return from leave from the institution, the “punishment” is the restriction of privilege for future leave on the weekends.

In all cases, when some measure of the above is used, there has to be a decision (an order) from a doctor/physician.

### **Other issues**

The staff keeps medical records of menstrual periods and hospital provides gynecological treatment for female patients in the public hospital, in case of need. Women are offered mechanical contraceptives, for which the patients are also consulted. There has been a patient who gave birth while she was hospitalized and with the consent of doctors and the family took care of the baby.



The stigma over these categories of patients is very high, especially from the justice system employees, but also from the society in general. There is a lack of studies within this regard.

### **3.3 RECOMMENDATIONS**

The number of institutionalized beneficiaries should be permanently reduced, along with the period of their hospitalization; hospitals should engage more occupational therapists;

The premises accommodating persons with mental disorders should be humanized;

Expert supervision and visits to beneficiaries released from hospitals should be regulated by the law;

Electroshock-electroconvulsive (ECT) therapies should be prohibited by the law;

Procedures for physical restraint or isolation of agitated patients should be constantly scrutinized, including punishment for those who abuse with them; institutional personnel should be trained in contemporary non-confrontation approaches to agitated patients;

All laws and bylaws dealing with the situation and rights of persons with mental disorders should be harmonized;

Additional protective mechanisms in the cases of involuntary hospitalization should be developed and adopted;

Provisions on the grounds of which a person is deprived of his/her earning capacity should be adjusted to European standards of human rights. Judges should be trained in managing the cases in which a person with mental disorder is one of the two parties;

The Ministry of Healthcare and the Ministry of Labor and Social Policy should take the necessary steps against the widespread practice of long-term institutionalization of persons with mental disorders and their institutionalized treatment; at this point psychiatric

patients and person with developmental disabilities should be institutionalized only when it is truly necessary and when no other opportunities for their community-based care are available;

In parallel with thwarting further institutionalization, the two ministries should initiate reforms of the healthcare system, especially in the domain of psychiatry, and start developing a network of community-based services under the jurisdiction of other governmental offices;

Medical officers, personnel of social care institutions catering for beneficiaries, responsible public servants in local self-government, police officers and other relevant actors should be obliged to attend systemic in-service course of training that would capacitate them for efficient participation in the process of deinstitutionalization;

Should be developed the capacity-building programs for institutionalized persons to prepare them for the life in the outside community; institutional personnel should be trained in implementing these programs, including the support to “alternative institutions”;

The state of Serbia should provide more support to the families of institutionalized persons – both financial by the principle “funds accompany beneficiaries/patients” and community-based;

The state should permanently campaign against stigmatization of persons with mental disorders/developmental disabilities;

Contacts between families and their institutionalized members should be encouraged and intensified. Families with institutionalized members should be instructed in mental health treatments;

The situation and needs of psychiatric patients in the entire territory of Serbia should be thoroughly analyzed and consequently plan how many and where to establish counseling offices or mental health centers;

The healthcare system should be decentralized in accordance with local specificities and needs;

A strategy for the development of mental health centers should be developed for the entire territory of Serbia;

Several counseling offices should be established in different areas as pilot projects for future mental health centers;

Regulations on counseling offices and relevant guidelines for their functioning should be adopted;

Procedures for the cooperation between general practitioners, specialists, clinics and general hospitals, special psychiatric hospitals and counseling services or mental health centers should be established to ensure proper support to community-based treatment;

The criteria for disability pensions for persons with mental disorders should be revised;

Support teams for community-based care of persons with mental disorders should be established, and the assistance they provide be diversified (based on the experience of support teams for inclusive education);

The educational system should be adjusted to the process of deinstitutionalization so as to adequately qualify persons with mental disorders, as well as professionals treating them;

Benefits for companies and employers in the position to hire persons with mental disorders should be established;

Community work centers and social enterprises should be provided under the law;

A strategy for the development of community-based housing should be developed;

A special authority – a commission, secretariat or ministry – to deal exclusively with mental health, including deinstitutionalization, should be established.

## 4. MACEDONIAN MONITORING REPORT

### 4.1 LEGAL FRAMEWORK

**Constitution of the Republic of Macedonia** is the state's fundamental legal act, that provides the legal basis for the observation of the human rights, especially in chapter II "Human Rights and Fundamental Freedoms", which in article 9 defines that: "Citizens of the Republic of Macedonia are equal in their freedoms and rights, regardless of sex, race, color of skin, national and social origin, political and religious beliefs, property and social status. All citizens are equal before the Constitution and law." Also article 11 of the Constitution states that "The human right to physical and moral dignity is irrevocable. Any form of torture, or inhuman or humiliating conduct or punishment, is prohibited. Forced labor is prohibited."<sup>33</sup> Article 12 stipulates that "The human right to freedom is irrevocable. No person's freedom can be restricted except by a court decision or in cases and procedures determined by law. Persons summoned, apprehended or detained shall immediately be informed of the reasons for the summons, apprehension or detention and on their rights. They shall not be forced to make a statement. A person has a right to an attorney in police and court procedure. Persons detained shall be brought before a court as soon as possible, within a maximum period of 24 hours from the moment of detention, and the legality of their detention shall be decided upon without delay. Detention may last, by court decision, for a maximum period of 90 days from the day of detention. Persons detained may, under the conditions determined by law, be released from custody to conduct their defense."<sup>34</sup>

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33 The Constitution of the Republic of Macedonia, Article 11;

34 The Constitution of the Republic of Macedonia, Article 12;

The Constitution protects and guarantees these rights and freedoms even in cases of restriction. The freedoms and rights of the individual and citizen can be restricted only in cases determined by the Constitution. The freedoms and rights of the individual and citizen can be restricted during states of war or emergency, in accordance with the provisions of the Constitution. The restriction of freedoms and rights cannot discriminate on grounds of sex, race, color of skin, language, religion, national or social origin, property or social status. The restriction of freedoms and rights cannot be applied to the right to life, the interdiction of torture, inhuman and humiliating conduct and punishment, the legal determination of punishable offenses and sentences, as well as to the freedom of personal conviction, conscience, thought and religious confession.”<sup>35</sup> In chapter III “Economic, cultural and social rights”, in Article 39 the Constitution defines that “Every citizen is guaranteed the right to health care. Citizens have the right and duty to protect and promote their own health and the health of others.”<sup>36</sup>

The conclusion from the provision above is that all citizens enjoy the right to health care, no exception made. In this regard, it is the duty of state authorities to take all necessary measures to provide these services without discrimination on any ground.

**Law on mental health**<sup>37</sup> - This purpose of this Law is to “regulate the basic principles for protection, promotion and improvement of the mental health, rights and obligations of the persons suffering from a mental disease, the rights and obligations of the health institutions and health workers and cooperators, the procedure for protection of the rights of the persons suffering from mental disorders, as well as the supervision over the implementation of the Law. The protection of mental health of the persons suffering from a mental disorder shall be established on the basis of the support of and in the community where they live. The protection of the mental health of

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35 The Constitution of the Republic of Macedonia, Article 54;

36 The Constitution of the Republic of Macedonia, Article 39;

37 “Official Gazette of the Republic of Macedonia” nos. 71/2006 and 150/2015

the persons suffering from a mental disorder shall be performed in a manner and through forms which in the greatest possible measure do not allow exclusion from the community where they live, as well as limitation of their rights prescribed by this or other law. The protection of the persons with mental disorders shall be based on providing the best care possible, medical treatment and rehabilitation in accordance with the current achievements in this field and within the frameworks of the available means, appropriate to the individual needs of the person, with absence of any mental and physical abuse and with total respect of the dignity of his/her personality and in his/her best interest.”<sup>38</sup>

This Law defines that “the personality, dignity and privacy of any person suffering from a mental disorder have to be respected. The person suffering from a mental disorder shall have the right to protection against any form of maltreatment, humiliation and abuse and must not be discriminated due to the condition of his/her mental health. The person suffering from a mental disorder shall have the right to same treatment in the care, medical treatment and rehabilitation, as the persons who suffer from other diseases. Any person suffering from a mental disorder shall have the right to care, medical treatment and rehabilitation which are to the greatest extent in accordance with his/her individual needs and abilities and which improve the condition of his/her mental health, for the purpose of his/her enablement to be included in the community. Any person suffering from a mental disorder shall have the right to be provided human and safe environment. The person suffering from a mental disorder shall have the right to work in accordance with his/her health condition.”<sup>39</sup> The Law on Mental Health guarantees a number of rights for people with mental health disorder, during the stay in health institutions: “The person suffering from a mental disorder during the stay in the health institution shall have the following rights: 1) to be engaged in work activities and receive compensation for work, if the

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38 Law on Mental Health, Articles 1-3;

39 Law on Mental Health, Articles 7-11

institution generates revenues from his/her work; 2) to be accommodated in separate premises from a person of the opposite sex; 3) a juvenile person to be accommodated separately from an adult; 4) to personal contacts with persons from the institution or other persons; 5) to receive and send mail and make phone calls; 6) to follow radio and television programs within the frameworks of the possibilities of the health institution; 7) to own items for personal use for dressing, providing personal hygiene, as well as for other personal and necessary needs in accordance with his/her mental health condition; 8) to participate based on his/her own choice, in religious activities within the frameworks of the possibilities of the health institution; 9) to use weekend – leave in accordance with his/her mental health condition if, that is allowed by the conditions, unless it comes to at detained person suffering from a mental disorder, and 10) personal safety”.<sup>40</sup>

The Law prohibits any form of torture, inhuman or humiliating treatment and punishment, performance of clinical or experimental researches, sterilization, discrimination on the basis of the gender, language, religious, political or other belief, national or social origin, relation, property and social status or some other status of the person suffering from a mental health disorder. The health institution is obliged to provide legal advice and legal assistance to the persons suffering from a mental disorder, in terms of exercise and protection of their rights. The Law prescribes that The Council of the City of Skopje shall form a Mental Health Commission for issues of interest to the persons suffering from a mental disorder. The exercise of the rights of the persons suffering from a mental disorder shall be considered as issue of interest of the persons suffering from a mental disorder, in terms of this Law.<sup>41</sup>

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40 Law on Mental Health, Article 14

41 Law on Mental Health, Article 34

**Law on Protection of Patient's Rights<sup>42</sup>** - A significant Law in this domain is the Law on Protection of Patient's Rights. This Law regulates the protection of patients' rights when using healthcare, obligations of the healthcare institutions and health workers and associates, municipalities, Health Insurance Fund in promotion and protection of patients' rights, the procedure for protecting patients' rights and supervision over the implementation of the Law. This law stipulates that "the patient shall have the right to exercise the rights prescribed by this Law, without any discrimination based on gender, race, skin color, language, religion, political or other opinion, national or social origin, national minority, material status, origin of birth, sexual orientation or any other status."<sup>43</sup> This Law does not make clear distinction between patients with mental health disorders and patients without the capacity to contract. Patients with mental health disorder are only mentioned in Article 30, which provides that "patients with mental illness, apart the rights and obligations determined by this Law, shall have the rights and obligations determined by the Law on Mental Health."<sup>44</sup> Patients with mental health disorder in most of the articles of this law are incorporated in category of patients without capacity to contract. The following articles are closely related to the patients with mental health disorder/patients without capacity to contract. The section Protection of the patient who is not capable to give statement the Law stipulates: "The statement referred to accepting or refusing certain medical intervention, shall be signed by the parent, legal representative, i.e. guardian of the patient who is not conscious, patient who is admitted in a healthcare institution without his/her consent, patient lacking the capacity to contract or a juvenile patient, except in cases of urgent medical intervention"<sup>45</sup>.

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42 "Official Gazette of the Republic of Macedonia" nos. 82/2008, 12/2009, 53/2011 and 150/2015

43 Law on Protection of Patient's Rights, Article 5;

44 Law on Protection of Patient's Rights, Article 30;

45 Law on Protection of Patient's Rights, Article 14;



In article 28, this Law stipulates: “If the patient is incapable of reasoning or is a juvenile, but (s)he expresses will or intention to leave the healthcare institution willfully, the institution shall have the right to keep him/her for treatment if the departure would be harmful for his/her health, until the moment of informing his/her parent, legal representative, guardian, as well as the Social Service Center.” The Law prohibits any form of torture, inhuman or humiliating behavior and punishment, conducting scientific research on patients, making intervention of the person’s genome for other aims apart from preventive, diagnostic and therapeutic aims and without appropriate genetic counseling, performance of clinical or experimental researches, taking medical interventions without consent from the patient, parent or his/her legal representative, except in cases when such medical interventions are necessary to prevent death or detriment of the patient’s health condition, incursion, i.e. interference in the patient’s private and family life, except if there is consent from the patient and justification in terms of performing the medical intervention.<sup>46</sup> This Law stipulates that every municipality, as well as the City of Skopje shall form permanent Commission for Patients’ Rights Promotion in order to promote patients’ rights, in accordance with the regulations in the field of local self-government.<sup>47</sup> Yet, currently only the City of Skopje Commission is showing visible results from its work. In the majority of the municipalities, such Commissions are not formed. The healthcare institution is obliged to take care of protecting patients’ rights. The healthcare institution is obliged to provide legal advice and legal aid to patients in terms of exercising and protection of their rights. The Ministry of Health shall appoint in the healthcare institution where patients are admitted, an adviser for protecting patients’ rights from the rank of the employees in the Ministry of Health.<sup>48</sup> Yet, in the majority of the healthcare institutions no advisers are appointed.

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46 Law on Protection of Patient’s Rights, Article 32;

47 Law on Protection of Patient’s Rights, Article 39, 40;

48 Law on Protection of Patient’s Rights, Article 44, 45;

The **Criminal Code**<sup>49</sup> stipulates safety measures. The purpose of the safety measures shall be to remove situations or conditions that may influence the offender to commit crimes in the future. Among the safety measures the Court can impose compulsory psychiatric treatment and custody in a health institution or compulsory psychiatric treatment in freedom. Compulsory psychiatric treatment and custody in a health institution, and compulsory psychiatric treatment in freedom, shall be imposed independently for a mentally incompetent offender of a crime. In the decision imposing these measures, the court may temporarily prohibit the offender from performing his profession, activity or duty, or temporarily prohibit the offender from operating a motor vehicle, which prohibitions shall last for the whole duration of the imposed measures. The court shall submit its decision to the competent body or legal entity where the offender is employed, to the registry court or to the body competent for supervising the enforcement of the prohibition to operate a motor vehicle. The court shall impose a compulsory psychiatric treatment and custody in a health institution to the offender who committed a crime in a state of mental incompetence or of significantly decreased mental competence, if it determines that due to such state the offender may commit crime again and that for the removal of this danger, it is necessary to treat him and put him under custody in such an institution.

The court shall terminate the measure when it determines that the need for treatment and custody of the offender in a health institution has ceased. For the offender who has committed a crime in a state of a significantly decreased mental competence and who is sentenced to imprisonment, the time passed in a health institution is calculated with the time of duration of the pronounced sentence. If this time is shorter than the duration of the pronounced sentence, the court may determine to send the convicted to serve out the remainder of the

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49 “Official Gazette of the Republic of Macedonia” nos. 37/1996, 80/1999, 4/2002, 43/2003, 19/2004, 81/2005, 60/2006, 73/2006, 7/2008, 139/2008, 114/2009, 51/2011, 135/2011, 185/2011, 142/2012, 166/2012, 55/2013, 82/2013, 14/2014, 27/2014, 28/2014, 41/2014, 115/2014, 132/2014, 160/2014, 199/2014, 196/2015 and 226/2015;

sentence, or to release him on probation. When deciding on releasing on probation, the court shall especially consider the success of the treatment of the convicted, his health condition, and the time passed in the health institution, and the remainder of the sentence which the convicted has not served. The court shall review the need for treatment and custody of the offender in a health institution every year. The court shall sentence the offender who has committed a crime in the state of mental incompetence or significantly decreased mental competence, to compulsory psychiatric treatment in freedom<sup>50</sup>, if it determines that due to this state, he could commit a crime again, while his treatment in freedom is sufficient for removing this danger. This measure may be given against a mentally incompetent offender or against an offender whose mental competence has been significantly increased, for whom a compulsory psychiatric treatment and custody in a health institution was determined, when based on the results of the treatment, the court finds that it is not necessary any more for him to be under custody and to be treated in a health institution, but only in freedom. The court may also pronounce a compulsory psychiatric treatment in freedom against an offender whose mental competence is significantly decreased and who has been released on probation. Compulsory psychiatric treatment in freedom when applied to an offender whose mental competence has been significantly decreased, cannot last longer than two years. For an offender whose mental competence has been significantly decreased and has been sentenced to imprisonment, the time spent undergoing an obligatory psychiatric treatment in freedom shall be considered part of the imprisonment sentence.<sup>51</sup>

**Law on extrajudicial proceedings**<sup>52</sup> stipulates the procedure for detention in public health institution for treatment of mental health disorder. The health institution can detain patients with mental health disorder with or without their consent. When the health institution

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50 Outside institution;

51 Criminal Code, Articlec 60-64;

52 "Official Gazette of the Republic of Macedonia" no. 9/2008;

receives patient with mental health disorder without his consent or without a court decision, the authorized person of a public health institution is obliged within 48 hours to report to the court. When public health institution receives patient with mental health disorder with individual consent, confirmed in a written statement in front of the authorized person and two literate adult witnesses who are not employed in the public health facility and not blood relatives with the patient in a straight line, the lateral line to the fourth degree, by affinity to the second degree, a spouse, or the person who brought him to the health institution and if the person is limited in the freedom of movement or contacts with the outside world, the authorized person is obliged within 48 hours to report to the court. If the person who is detained with his consent, revokes the consent, and the authorized person from the health institution finds that patient's detention is necessary, he/she is obliged to inform the court within 24 hours from the moment when the consent is revoked. The procedure for detaining a patient in health institution can be initiated *ex officio* if the court receives report or in other way perceive that a person is detained in a public health institution without his consent.

After the initiation of the procedure, the Court shall order the detainee to be examined. The examination shall be proceeded by two doctors, one of which must be specialist for nervous and mental diseases. The examination must be conducted in the presence of the judge, except when the examination is performed in a stationary medical institution. If the examination is carried out without the presence of a judge, that is a fundamental violation of the Law on extrajudicial proceedings. The court, based on the results of the examination within three days will decide whether the patient will be detained in the public health institution or be released. The same will inform the Centre for Social Work. The detention period cannot be longer than one year. Upon the proposal from the health institution, the Court can decide to extend the detention. The Court can also decide that there is no more need for detention, based on the health institution opinion, on proposal of the patient, patient's guardian, spouse, child, grandchild, parent, grandfather, grandmother, brother, sister and ev-

ery other person who lives in a permanent community.<sup>53</sup>

**Law on execution of sanctions<sup>54</sup>** - the person who is subject of interim measure of compulsory psychiatric treatment and confinement in a health institution shall be referred by the judge for execution of sanctions, and shall be conducted by a health worker of the institution designated by the Court. For reasons of safety the person can be conducted to the institution by Ministry of Interior. The persons that are detained in health institution can be restricted in their movement and contact in necessary measure to implement the treatment, storage, housekeeping and discipline in the health institution. The health institution shall report the Court twice a year about the patient's progress, subjected to the interim measure.<sup>55</sup>

**Law on prevention and protection from family violence<sup>56</sup>** – This law regulates responsible and due action of the institutions and associations, their mutual coordination and cooperation, for prevention and protection from domestic violence and provides protection to the victims. For stopping the domestic violence, removing the consequences of the exerted violence, taking effective measures against the perpetrator of the violence and reasons for pursuing further domestic violence, the perpetrator of domestic violence may be imposed to various interim measures of protection by the Court.<sup>57</sup> The Court imposes an interim measure on proposal of the victim or Center for Social Work. Interim measures for the protection may last at least three months up to one year. The court shall issue a ruling for interim measure for protection within 7 days after receiving the request for interim measure. The hearing for issuing the ruling takes place in the presence of a victim of domestic violence, the opponent (the perpetrator of domestic violence) and a representative from the

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53 Law on extrajudicial proceeding Article 58-73;

54 "Official Gazette of the Republic of Macedonia" nos. 2/2006, 57/2010, 170/2013, 43/2014, 166/2014, 33/2015, 98/2015 and 11/2016;

55 Law on execution of sanctions, Article 240-245;

56 "Official Gazette of the Republic of Macedonia" no. 138/2014;

57 Law on Prevention and Protection from Family Violence, Article 35;

Center for Social Work when the Center is submitting the proposal for imposing an interim measure for protection. Exception of this rule can be made only if there is a reasonable suspicion of a serious danger to life and health of the victim or a family member. In these cases, the Court may impose the interim measure of protection in absence of the opposition, on the basis of expert findings and opinion of the Center for Social Work, if no other evidence is obtained.<sup>58</sup> In majority of the cases the Court issues these types of rulings in absence of the opposition, although the legal requirements for issuing a ruling in the absence of the opposition are not fulfilled. One of the interim measures is the compulsory treatment of the perpetrator if he abuses alcohol, drugs and other psychotropic substances or has a mental health disorder.<sup>59</sup>

## **4.2 INSTITUTIONS MONITORING REPORT**

### **I. SPECIAL PSYCHIATRIC HOSPITAL IN SKOPJE, MACEDONIA**

#### **General information**

Capacity: 375 beds (hospital), 712 (outpatient clinics), 1087 total

Current number of patients in the hospital: 354

The number of patients in the outpatient clinic: 625

Total number of patients: 979

The hospital was established in 1955 and it is located in the village of Bardovci, few kilometers away from the city center of Skopje. This is the largest of three regional psychiatric hospitals in Macedonia and it covers a territory populated by approximately one million inhabitants.

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58 Law on Prevention and Protection from Family Violence Article 45;

59 Law on Prevention and Protection from Family Violence, Article 35;

Out of the total number of patients, 765 are male while 214 are female. At annual level, the hospital treats around 40-50 adolescents (18-25 years old).

The overall yearly budget of the institution is nearly 3 million Euros, 500.000 of which are provided by the Ministry of Health and the other amounts form the Health Security Fund.

The institution is monitored by the Ombudsman and other NGO's working in this field.

### **Departments and category of patients:**

Special Psychiatric Hospital in Skopje is specialized in the treatment of patients with mental disorders, geriatrics with mental disorders and patients with security measure of mandatory psychiatric treatment, mandatory treatment of alcoholism and drug addiction.

Structure:

- Centre for admission, diagnostics and intensive treatment, including wards
- Centre for acute and urgent conditions in psychiatry, including wards
- Centre for extended treatment, rehabilitation and re socialization, including wards
- Centre for extended treatment and care, including wards
- Centre for judicial psychiatry and judicial – psychiatric expertise, including wards
- Centre for psycho – geriatrics, including wards
- Centre for prevention and treatment of alcohol abuse and addiction, including wards
- Centre for prevention and treatment of abuse and addiction to drugs and other psychoactive substances, including wards
- Centre for outpatient care and promotion of mental health, including wards

Special psychiatric hospital leads in total 7 day hospitals:

- Day hospital for prevention and treatment of alcohol abuse and addiction
- Day hospital for prevention and treatment of abuse and addiction to drugs and other psychoactive substances
- Day hospital for extended treatment of abuse of drugs and other psychoactive substances
- Day hospital "Vlae" (within the Center for outpatient care and promotion of mental health)
- Day hospital "Centar" (within the Center for outpatient care and promotion of mental health)
- Day hospital "Prolet" (within the Center for outpatient care and promotion of mental health)

The hospital has three centers for mental health in various parts of the city, and each of it has day hospital for prevention and treatment of addiction to drugs and other psychoactive substances. There is also day hospital for alcoholics.

The daily centers have been in operation since the 1965 and since 1967 for the drug and alcohol users. The new concepts of treatment have been implemented during 2000 and continue to the present day. Centers for mental health are open 12 hours a day, and staffs are employees of the hospital. Although the hospital had intention to equip each center with several beds, for now there is no financial ability to do so.

### **Staff members**

Total number of staff: 353 employees in total

40 doctors (1 internist, 39 specialists in neuropsychiatry or psychiatry)

127 nurses and medical technicians

94 health associates (12 psychologists, 11 social workers etc.)

92 administrative and technical staff



For the maintenance of hygiene and security, the hospital hires private agencies.

### **General observations**

Special psychiatric hospital in Skopje is a regional hospital and covers central and northern-eastern part of the Republic of Macedonia. The hospital is under the auspice of Ministry of Health and the occupancy rate is 94%.

Patients are mostly mixed in all hospital departments, including Forensic department, where the hospital is planning to open a special section for women with 10 beds. At the department for alcoholism are located patients who are on voluntary treatment as well as patients with the imposed court measure of mandatory treatment.

The hospital annually treats about 40-50 adolescents aged 18 years to 25 years. However, there is no special department for them and they are placed together with other patients, which is opposite to law.

During the monitoring visit the chronic departments was under reconstruction. There is a plan to build a few small houses within the hospital for housing 7-9 patients instead of one large building. At the moment, one building is renovated as “hostel”, where 15 patients live almost independently, with support of 1 psychiatrist, 1 psychologist and a nurse.

### **Accommodation**

Accommodation differs from department to department, however, the general impression is that living conditions in the hospital are not good and mostly are unsatisfactory. This statement does not apply only to newly renovated Acute ward and Hostel (which prepares longstanding patients for return to their homes).

### **Food and water supply**

The director claims that they have practiced the examination of patients, two times a year, about the degree of satisfaction with the conditions in the institution. However, most of patients have complaints

about the food. Patients find that the food is poor and monotonous. The institution has a special menu for diabetics and Muslim believers. In some renovated wards, patients have toilets and water in the room, but in other parts of the hospital they use common bathrooms.

### **Personal hygiene and clothing**

As in many psychiatric hospitals, staff in Skopje also believes that patients do not have basic skills, not even to maintain personal hygiene. Most of them seem neglected, because they depend on the staff that does not have time to deal with each patient individually. Due to the fear of injury, most patients are not allowed to possess hygiene items, not even a toothbrush. Some patients had raised their concerns on some skin problems related to contagious diseases.

### **Rehabilitation (Educational) Activities**

The hospital cooperates with numerous NGOs, by implementing various programs for alcoholics and drug addicts. Patients are included in some of jobs and occupational therapies and other forms of therapy such as music and art therapy etc. Few patients work in the kitchen, some of them work on furniture upholstery or produce hand-made items for sale, in which they can present to art exhibitions outside the institution and sell them. For engagement and work, patients receive a salary ranging from 10 to 25 euro. Patients in day hospitals are also involved in all these activities. However, most patients have no activities and their life takes place in the room and hallways. They can only watch TV in the sitting room. Among patients who spend many years in the hospital, this way of life leads to further deterioration of their capacity.

### **Admission to the institution**

Hospital receives patients who are hospitalized both voluntarily and forcibly. According to Law, the hospital is obliged to inform the court on involuntary hospitalization of the patient within 48 hours. The process of involuntary hospitalization of patients lasts much longer than it is provided by the law - instead of 72 hours, the process takes from 7 to 10 days until the court issues the decision. So far, there has been no adverse decision. The hospital is also obliged

to inform the court about the health condition of forensic patients twice a year. The hospital provides a proposal for the modification or termination of measure of mandatory treatment, but the court in more than 50% of cases rejects hospital's proposals.

### **Duration of stay**

Average treatment at acute wards is 90 days, while the treatment at chronic wards is 363 days (one year). The longest staying in the hospital is 28 years, and there are still patients who are here for more than 20 years. The youngest forensic patient in the hospital is 21 years old, while the oldest patient has more than 60 years.

### **Activities of the patients**

Patients have a daily plan of activities with very limited program. Some of them are involved in occupational therapies and some work and receive a small incentive "salary". Other patients can use the yard for physical activity or just for walking, while forensic patients can use the gym several times a week. However, the yard provides more opportunities for recreational activities and to stay in the fresh air, but it is not used enough.

### **Death/incident case**

During the last year, there was no case of murder and suicide. During 2015, there were several cases of escape, so-called arbitrary abandonment of the hospital, but these patients came back to the hospital by themselves before the police found them.

### **Contact with the outside world**

Contact with the outside world depends on patient's relations with the family. All patients who are in stable health condition can go outside the hospital, but it is important for them to have a good relationship with the family. The institution offers a preventive treatment for the pregnancies of the women patients, but medications are not included. Forensic patients may get out from the hospital only with the permission of the court, but this rarely happens in practice. Patients from the department called Hostel can use mobile phones and the internet. Judges never come to visit forensic patients, but

sometimes attend to medical expertise. The Ombudsman visits hospital regularly. All patients who have legal capacity can vote.

### **Consumption of cigarettes, alcohol, drugs**

The consumption of cigarettes is allowed, but alcohol and drugs are forbidden in the institution.

### **Relation between the staff members and the patients**

The monitoring team noted that patients and staff have a good relationship. None of patient had complaints about the treatment. However, from the conversation it is clear that everybody is missing a more humane approach, support and respect of their feelings. There are informants about the rights of patients in all departments, but staff claims that they are also used to inform every patient verbally.

### **Disciplinary measures**

Each department has an isolation room with 3-4 beds. Binding is carried out by using leather belts, usually by fixing one arm, leg and chest. The hospital's management claims that the use of belts for restraint is approved only in exceptional cases and only for as much time as necessary (usually from 10-15 minutes to 2 hours maximum). However, at Acute ward they keep patients fixed with belts 2-4 hours, sometimes even 2-3 days. A special Protocol of Restraining was adopted at the institution, as well as the Protocol for handling in crisis situations.

## **II. SPECIAL PSYCHIATRIC HOSPITAL IN DEMIR HISAR, MACEDONIA**

### **General information**

Capacity: 370 beds

Current number of patients: 300 – 350

The number of patients in the outpatient clinic: 200 – 250

No statistics are kept with regard to the number of male and female patients.

The hospital was established in 1952. The buildings were adapted from an old school and the old municipal building. So far, the hospital has undergone only occasional and partial reconstruction.

### **Departments and category of patients:**

The hospital has 9 departments, which are formed according to the diagnosis:

1. acute female department
2. acute mixed department (men, women and adolescents)
3. acute male department
4. geriatric male department
5. chronic male department
6. chronic female department
7. geriatric female department
8. department for treatment of alcoholism
9. department for forensic psychiatry

The hospital is specialized in in-patient treatment of patients, outside the hospital treatment (day hospital), ambulatory treatment and for laboratory analysis. The hospital runs the Centre for Mental Health in the City of Prilep and the day hospital in Demir Hisar - for psychosis and for alcoholism. The daily care patients' number varies from 200 till 250 patients.

### **Staff members**

Total number of staff: 259 employees in total

- 5 psychiatrists
- 2 neuropsychiatrist
- 1 internist
- 1 general practitioner
- 3 doctors specializing in psychiatry
- 1 dentist
- 102 nurses
- 6 psychologists (3 of which employed in 2015)

6 social workers (3 of which employed in 2015)

5 laboratory technicians

7 working therapists from different profiles such as music, art, physical therapy etc.

38 medical technicians

22 people in administration

67 technical service (kitchen, laundry)

During 2015 a total of 20 new employees were hired.

For the maintenance of hygiene (13 workers) and security services (11 workers), the hospital has hired two private agencies.

### **General observations**

Special psychiatric hospital in Demir Hisar is a regional type of hospital and covers the southwestern part of the country and accommodates nearly 556 patients, including the outpatient care clinics. During the monitoring visit, occupancy was around 80%. Although the hospital works with patient numbers under its full capacity, it cannot be said that there is no overcrowding due to the fact that in many departments many rooms have a large number of beds. Under these circumstances the patients do not enjoy sufficient space nor privacy.

The hospital annually treats about 10-11 adolescents aged between 16 to 18 years. However, there is no special department for them and they are mixed together with other patients. Also, some other patients are in departments that do not correspond to their diagnosis, but the hospital staff considers that this is better for them for security reasons.

The annual budget of the hospital is 2 million euro, and it has also its own separate funds (around 165,000 euro) for investment and improving conditions. According to the director, the hospital has no debts. By 2018, a new facility will be completed for geriatrics. The funds were donated by the US Embassy in Macedonia. The hospital managers are negotiating with the Municipality of Bitola, to open a

new daily care center.

It was noted that all hospital departments are locked, based on a closed regime for patients.

### **Accommodation**

Different hospital departments are located in several separate buildings within the same area. Accommodation conditions are quite bad and all the buildings are very old. Despite of cleaning, hygiene is also very poor. The courtyard is nice and clean, with greenery and flowers. There is a lack of benches, sport fields and facilities for leisure and recreation.

### **Food**

There were different responses by patients in relation to the quality of the food. Some patients have complained that the food is bad, that is not present in sufficient quantities. Some patients were satisfied with the food they receive. Director and employees claim that the quality and quantity of meals increased compared to the previous years. Some of the dining rooms are renovated, some are not. All patients, regardless of diagnosis and medical condition, use only spoons. The staff argues it was because of their safety.

### **Personal hygiene and clothing**

The patients wear their own clothes; there are no uniforms in the hospital, but not all patients have their personal wardrobe. There are bathrooms in each wing/department. The bathrooms are renovated, but we noticed a lack of maintenance and products for personal hygiene (soaps, towels). Patients told us that they bathe 2 times a week, and more often if necessary.

### **Health Services/Programs**

Medical care is provided by doctors, nurses and medical technicians as well as psychologist. Depending on the size of the hospital departments, during the day there is more staff (in chronic male department - 1 doctor, 7 nurses and 8 medical technicians; in alcoholic department - 1 doctor, 8 nurses, 1 social worker and 1 psychologist), while in the afternoon and at night only the duty (1- 2 persons, nurs-

es and/or medical technicians). During the night, only 1 doctor is on duty. Hospital is well equipped with the latest generation of drugs. Experts are conducting group therapy on some departments, while the individual treatment is conducted on the department for alcoholism and on other departments as needed. Hospital makes lists for vaccinations, gynecological and systematic examinations of patients, and also provides fluorography image recording once a year. In the Hospital they provide everything they can, and for other medical services they ask for help from the public hospital in Bitola or Skopje.

### **Rehabilitation (Educational) Activities**

Patients in the hospital are organized in daily and monthly activities. Day starts with physical activity. Monthly, about 90 patients are involved in physical activities, while daily that number ranges from 30 to 40 (physical activities are carried out in the hall and outside). On average, between 30 and 50 patients are included in artistic sections (painting, music, and writing) in Center for Rehabilitation hospitalized patients. According to the information received from the hospital's management, occupational therapy, group and individual psychotherapy and socio-therapy are also applied. However, the impression is that the staff treats patients as a totally incompetent and experts work with them very little to raise their capabilities, to build self-esteem and so on. Patients also have a work engagement for which they are paid on a monthly basis from 100 to 1,500 denars (up to 25 euro). For this purpose, the hospital allocates about 40,000 denars (650 euro) per month.

### **Admission to the institution**

Hospital receives patients who are hospitalized voluntarily and forcibly. According to Law, the hospital is obliged to inform the court on involuntary hospitalization of the patient within 48 hours. The courts must make a decision within 72 hours, but judges usually come 2-3 times a month to visit and patients are often forcibly hospitalized without a court decision.



**Duration of stay**

According to the management, patients usually spent from 3-6 months. However, the hospital has “patients” who have remained therein for 20 years and more, because they don’t have where else to live. The longest hospitalization of the patient, in continuity, runs from 1978.

**Death/incident case**

During the last year, there was no case of murder nor of suicide. During 2015, there were 4 cases of escape. For this reason, the hospital director plans to build a new fence to reduce the number of escapes.

**Contact with the outside**

Contact with the outside world depends to which hospital’s department patients belong to. Patients in forensic department have the ability to use mobile phones and Internet access. Almost all patients have access to a phone. While there is the possibility of organizing visits of patients’ families, not every patient enjoys this right because many of them do not have a family. The hospital has a special room for family visits, but there are no rooms for conjugal visits. The director claims that many patients have a therapeutic weekend and that is why these rooms are not necessary. However, during the weekend before the monitoring, only 33 of the patients have had permission to leave the institution. In addition, some of them can independently go shopping.

**Consumption of cigarettes, alcohol, drugs**

The consumption of cigarettes is allowed in the institution, but alcohol and drugs are not.

**Relation between the staff members and the patients**

The monitoring team has observed that relationships between the personnel and the patients/prisoners are on a good level. None of the patients had complaints about the treatment. However, from the conversation it is clear that everybody is missing a more humane approach as well as support and respect of their feelings.

## **Disciplinary measures**

The hospital has practice of physical restraint of patients through fixation belts, mainly in acute wards. There is a plan to equip special room for fixation of patients with beds and belts.

The hospital has a Protocol for mechanical restraint. Belts are set by medical technician, strictly upon a doctor's order. The hospital has two rooms for isolation.

## **III. SPECIAL PSYCHIATRIC HOSPITAL IN NEGORCI, MACEDONIA**

### **General information**

Capacity: 224 beds

Current number of patients: 230

The hospital was established in 1972 and it is located in the village of Negorci, near the City of Gevgelija. From the total number of patients, 59 are forensic patients (admitted with court decision) and 184 patients are covered on the expense of the Health Security Fund. From the total number of patients, 59 are female. The hospital does not treat minors. The institution is mostly monitored by the Ombudsman.

### **Departments and category of patients:**

Special Psychiatric Hospital in Negorci is specialized in the treatment of patients with mental disorders, geriatrics with mental disorders and patients with security measure of mandatory psychiatric treatment, mandatory treatment of alcoholism and drug addiction.

Structure:

The hospital is divided in 5 wards:

1. Ward for treatment of acute conditions in psychiatry
  - a. Section for treatment of acute conditions in psychiatry – men
  - b. Section for treatment of acute conditions in psychiatry – women

2. Ward for treatment of persons under security measures of psychiatric character
3. Ward for treatment of chronic conditions in psychiatry
  - a. Section for treatment of chronic conditions in psychiatry – men
  - b. Section for treatment of chronic conditions in psychiatry – women
4. Ward for treatment of psycho-geriatrics (gerontopsychiatry) conditions in psychiatry
  - a. Section for treatment of psycho-geriatrics (gerontopsychiatry) conditions in psychiatry – men
  - b. Section for treatment of psycho-geriatrics (gerontopsychiatry) conditions in psychiatry – women
5. Ward for treatment of alcoholism and other addictions, and other non-psychotic derangement
  - a. Section for treatment of alcoholism and other addictions, and other non-psychotic derangements – men
  - b. Section for treatment of alcoholism and other addictions, and other non-psychotic derangements – women

### **Staff members**

Total number of staff: 100 employees in total

5 doctors (specialists in neuropsychiatry or psychiatry)

57 nurses and medical technicians

5 health associates (2 psychologists, 3 social workers)

33 administrative and technical staff

### **General observations**

The psychiatric hospital in Negorci has been functioning since 1972 and its basic line of work, according to the existing regulations on mental health, consists of accommodation, treatment, psycho-social care, rehabilitation and reintegration of mentally ill individuals and individuals with other kinds of mental health disorders.

Patients are separated based on their gender in different sections in every ward. At the department for alcoholism and drugs reside pa-

tients against whom a court measure of mandatory treatment has been imposed.

### **Accommodation**

Accommodation differs from department to department, however, the general impression is that living conditions in the hospital are not satisfactory, even though there is noticeable improvement from the last visit in 2012. Even though the buildings are mostly renovated and in good condition, the rooms are empty and lifeless. Patients are allowed to have personal items. In some rooms, especially in the acute department for women, a large number of patients reside and the rooms are overcrowded.

There are no special rooms for religious rites or for family visits. In all the wards, patients do not have toilets in the room and use the common bathrooms instead.

### **Food and water supply**

The director stated that they changed and improved the food regime and that patients did not have complaints about the food. The institution does not have special menu for diabetics and Muslim believers. In some wards, patients have tap water in the room, but in most of the wards they use tap water from the common bathrooms.

### **Personal hygiene, health and clothing**

As in many psychiatric hospitals, staff in Negorci also believes that patients do not have basic skills, not even to maintain personal hygiene. Most of them seem neglected, because they depend on the staff that does not seem to have enough time to deal with each patient individually.

Long-term patients usually have no family to visit them, so they do not possess clothes but wear clothes that the hospital receives from donations or buys for the patients. Patients have their own wardrobes in each room which are kept closed, but the keys are with the staff and not with the patients. Instead of employing new staff or paying for services of private companies, the director of the hospital has decided to buy washing machines. These machines are then op-

erated by some of the staff and patients. This might be the cause of the relatively poor hygiene in the hospital and of the patients.

Some of the patients raised their concerns about not having a dentist, because most of them have problems with their teeth or they do not have teeth, which affects their nutrition. Also, some of the patients noted that they have problems with their eyesight, that affects their reading, but they haven't been visited by an ophthalmologist.

### **Rehabilitation (Educational) Activities**

Patients are involved in some jobs and occupational therapies and other forms of therapy such as art therapy. However, their drawings are not pinned on the hospital's walls. This gives the facility a very 'hospital-like atmosphere' and has very little rehabilitation character. Some of the patients are engaged in the maintenance of the hygiene, some are engaged in cultivation of barley, cabbage, but they don't receive any salary for their work.

However, most patients have no activities and their life takes place in the room and hallways. They can only watch TV in the sitting room. Among patients who spend many years in the hospital, this way of life leads to further collapse of their capacity. Comparing to the overall number of patients, not many of them are able to go outside the institution by themselves. According to the director, the management of the hospital takes the patients on excursions to the Dorjan Lake twice a year.

### **Admission to the institution**

Hospital receives patients who are hospitalized voluntarily and forcibly. The director emphasized the good cooperation between the hospital and the courts in the process of involuntary hospitalization, stating that after a patient is involuntary hospitalized, the courts assess the patient and make a decision within 72 hours, as the Law requires. The hospital is also obliged to inform the court about the health condition of forensic patients twice a year. The hospital provides a proposal for the modification or termination of measure of mandatory treatment, but the court in many cases rejects hospital's

proposal. Also, the director emphasized that the hospital does not have the possibility to give the forensic patients with security measures the right to a weekend outside the hospital or to dismiss them after the sanction is already served.

### **Duration of stay**

Average treatment at acute wards is 90 days, while the treatment at chronic wards is 365 days (one year). Also, there are still patients who are here for more than 20 years.

### **Death/incident case**

During the last year, there was no case of murder and suicide. According to the director, in 2015 there were 4 death cases, caused by natural death.

### **Contact with the outside world**

Contact with the outside world depends on patient's relations with the family. All patients who are in stable health condition can go outside the hospital.

Forensic patients may get out from the hospital only with the permission of the court, but this rarely happens in practice. Judges rarely come to visit forensic patients. The Ombudsman visits the hospital once a year. All patients who have legal capacity can vote.

### **Consumption of cigarettes, alcohol, drugs**

The consumption of cigarettes is allowed, but alcohol and drugs are forbidden in the institution.

### **Relation between the staff members and the patients**

The monitoring team noted that patients and staff have a good relationship. Only one of the patients had complaints about the treatment, while another one was speaking very highly of the treatment. We were informed that the patient who was not satisfied has smuggled alcohol during New Year's Eve. From the conversations with other patients it is clear that they are missing a more humane approach, support and respect of their feelings.

## **Disciplinary measures**

There is only one isolation room in the acute department with 2 beds. Binding is carried out by leather belts, usually by fixing the arms and the legs. There is also a window from the neighboring room for observation. The hospital's management claims that the use of belts for restraint is approved only in exceptional cases and only for as much time as necessary (usually from 10-15 minutes to 2 hours maximum). A special Protocol of Restraining was adopted at the institution and a special book for records of the restraining is kept, as well as the Protocol for handling in crisis situations.

## **4.3 RECOMMENDATIONS**

- The Ministry of Health should allow visits by NGOs that have experience in the domain of mental health and human rights to all facilities accommodating persons deprived of their freedom. The visits should be regular, unannounced, and the organizations should be given a chance to talk to the patients in private and to have access to the necessary documentation.
- Systematic solutions aimed at changing the provisions that regulate the civil proceedings for committing individuals to psychiatric institutions, including judicial committing, should be aimed at more efficient evaluation by the courts of the recommendations submitted by the competent bodies. The priority should be the amending of the Law on protection from domestic violence and the current possibility of the judges to commit a person to a psychiatric institution without meeting him in person.
- The number of lawyers should be increased so that patients may receive free legal aid and be informed of all their rights while in the psychiatric institution.
- The external oversight mechanisms like the judges for execution of sanctions and the Ombudsman should visit psychiatric institu-

tions on regular bases, publish reports, and make them publically available.

- The number of essential staff, particularly the number of medical specialists, including internists, should be increased. This would improve the health of patients who now depend mostly on external treatment and long waiting periods for appropriate health services.
- The number of nurses and caretakers should also be increased so they would be able to dedicate their time to a smaller number of patients.
- Hygiene should be immediately improved by either increasing the number of cleaners or by regularly using specialized cleaning services.
- The focus should be placed on deinstitutionalized treatment by building an additional number of day centers for persons with mental illnesses, especially for alcoholics and drug addicts.
- All institutions should employ a resident gynecologist and dentist.
- Training modules should be developed and implemented and education programs for the staff and the patients should be introduced, including those on sexually transmitted diseases.
- Linens, beds, and pillows should always be clean and personal lockers for all the patients provided.
- Various types of bio-psycho-social therapies need to be implemented, taking into account the special needs of the patients.



## D. GENERAL RECOMMENDATIONS

As a group of organization of countries from the same region and with a focus on respect for human rights, in 2015 was monitored several institutions in which are kept people with mental health disorders. At the end of the monitoring missions, we reached the conclusion that there is an improvement of the situation of respect for the rights of persons suffering from mental health disorders. In some respects, the measures taken have made significant impact on patients whereas in some cases the situation has remained the same. Initiatives were taken to improve the infrastructure conditions and the approval of the relevant legal acts in this domain.

In order to improve the situations in the region, we would like to impart some concrete recommendations to contribute as part of the civil society in order to raise awareness of the state institutions for improvement of the situation in the region.

There needs to be adopted legal acts that comply with international standards. Review of current legislation and adoption of new provisions, is of a special importance because it is the initial step to ensure in the best way the respecting of the rights of persons suffering from mental health disorders. Their implementation in practice is the second step to finalize this initiative. There are cases in which the legislation has regulated certain situations and institutions found in violation of the law on different circumstances.

A better cooperation is needed among the relevant state institutions. Cooperation with the civil society should be seen as a helping factor in drafting state policies in this domain. Independent external moni-

toring, identifies problems and increases the sensitivity of the public for a better respect of their rights. A Memorandum of Understanding must be reached between state institutions and NGOs operating in the domain of human rights and that meet certain standards, in order to monitor these institutions without having to give prior notice. We believe that there will be a positive impact through the periodic monitoring of these institutions by relevant institutions that operate in this domain. External controls enhances the accountability of these institutions where there are kept persons with mental health disorders.

Despite that in general there is a sufficient supply of medications, there needs to be regular and qualitative supply of medication as they have direct effect on the improvement or deterioration of the health situation of patients.

In institutions where this category of patients is, it is needed additional health staff hired for the purpose of realization of health and rehabilitation programs in a more efficient manner such as, psychiatrist, nurse, caregiver etc.

Performing of different and diverse activities carries a special significance. It was ascertained that due to the health status of patients and the lack of adequate facilities, the sports activities were not often organized. Complete rehabilitative programs ought to be designed as well as various sports activities, so that most of the time these patients spend being active and apply treatments/programs that do not conflict with international ratified conventions.

Measures should be taken to have a unified system to exercise the right to requests and complaints. The staff ought to encourage patients to feel free to file requests or complaint whenever it is necessary. This system should be efficient and appropriate attention be given to it.

Infrastructural conditions should be improved, as in some cases there were ascertained circumstances which constitute inhuman

and degrading treatment. Patients should not stay in rooms that are overcrowded, but in ventilated and with ample natural lighting ones. Monetary resources ought to be allocated in order to improve the situation in this regard in order to respect the right to dignified treatment in accordance with international standards.