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Contact: Ireneusz Kondak
Tel: 03.90.21.59.86

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Meeting: 1521st meeting (March 2025) (DH)

Item reference: Action Plan (02/01/2025)

Communication from Albania concerning the case of Strazimiri v. Albania (Application No. 34602/16)

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Réunion : 1521^e réunion (mars 2025) (DH)

Référence du point : Plan d'action (02/01/2025)

Communication de l'Albanie concernant l'affaire Strazimiri c. Albanie (requête n° 34602/16) **(anglais uniquement)**

ACTION PLAN*Execution of the judgment of the European Court of Human Rights
"Strazimiri v. Albania" (No 34602/16) judgment of 21.01.2020, final on 21.05.2020***I. CASE DESCRIPTION**

The case "Strazimiri v. Albania" (application no 34602/16) concerns the inadequacy of the medical treatment of the applicant who suffers from mental illness and conditions of his detention in view of his state of health.

The applicant, suffering from mental illness, was found in 2011 not to be criminally responsible for attempted murder and was placed by the court in inpatient compulsory treatment. He was found by the European Court to have suffered inhuman and degrading treatment due to the cumulative effect of the poor material conditions at the Tirana Prison Hospital and the insufficient psychiatric and therapeutic treatment he received (violation of Article 3), to have been unlawfully detained, as he was not placed in a special medical institution as required by domestic law for persons subject to court-ordered compulsory treatment (as such an institution did not exist in Albania), and was not provided with an appropriate environment and therapeutic care (violation of Article 5 § 1).

The European Court indicated, under Article 46 of the Convention, that the authorities should secure as a matter of urgency the administration of suitable and individualised therapy to the applicant and consider the possibility of his placement in an alternative setting outside of the penal facilities. It further indicated that the respondent State should expeditiously take the necessary measures to secure appropriate living conditions and the provision of adequate health care services to mentally ill persons who are subject to deprivation of liberty based on a court-ordered compulsory medical treatment. The Court added that the authorities should establish an "appropriate institution" to accommodate such persons with a view to improving their living conditions. Any such institution must respect the therapeutic purpose of this form of deprivation of liberty, pharmacological treatment should be combined with other forms of therapeutic treatment as part of an individualised treatment plan, and enough qualified mental health care staff should be recruited. In addition, the authorities should consider, where appropriate, the possibility of outpatient mental health treatment.

II. INDIVIDUAL MEASURES

- ***Information on judicial re-assessment of the need for the applicant's continued confinement***
 - The applicant, Arben Uran Strazimiri, born on 22.02.1973 in Tirana, was arrested on 11.04.2008 pursuant to decision No.420 dated 13.04.2008 of the Tirana Judicial District Court, which imposed the personal security measure "Arrest in prison." He was accused of the criminal offense of "Premeditated Murder in Attempt," provided for by Articles 78-22 of the Criminal Code.
 - He was admitted to Lezhë Penitentiary Institution on 27.11.2021 from Krujë Penitentiary Institution (Zahari).
 - By decision No.435 dated 25.03.2009, the Tirana Judicial District Court, ordered the medical measure "Compulsory medical treatment in a medical institution".
 - By decision No.20 dated 28.03.2020, the Tirana Judicial District Court decided to continue the medical measure "Compulsory medical treatment in a medical institution" ordered by the following decisions: No.435 dated 25.03.2009, No.774 dated 27.10.2010, No.10 dated 16.01.2013, No.15 dated 03.02.2014, No.553 dated 03.11.2015, No.7 dated 13.06.2017, No.4 dated 05.03.2019 of the Tirana Judicial District Court.

- By decision No.2940 dated 12.12.2022 of the Tirana Judicial District Court, the medical measure “Compulsory medical treatment in a medical institution” was order for the applicant Mr. Arben Strazimiri.
- ***Measures taken to ensure that the applicant’s material conditions of detention adhere to CPT standards.***
 - As already informed in our last submissions, the applicant Strazimiri diagnosed with Paranoid Schizophrenia, is accommodated in the SMI Lezhë Penitentiary Institution, Building No.4, 2nd floor, Room No.8.
 - The current material conditions of the detention of the applicant are in compliance with the local legal and sub-legal regulatory framework, specifically; clothing, sleeping equipment and lighting in living quarters (Article 29 of the General Prison Regulations), air time for prisoners (Article 30), hygiene services (Article 31), personal and environmental hygiene (Article 32), as well as the provisions in the European Prison Rules, Recommendation 2006 (2). Furthermore, the treatment conditions for patients subject to medical measures are in full compliance with Law No.44/2012 “On Mental Health”, Articles 5, 28, and 29.
 - The buildings where the patients with compulsory medical measures are placed have been renovated and populated in November 2021. The rooms have full lighting, normal temperature, are well-ventilated, and equipped with toilets and furnishings. Patients are provided with beds and bedding suitable for the season. For cleaning and patient care, the staff structure includes 20 employees—divided into 10 custodians and 10 sanitary workers—currently there are 2 vacancies for this service. Patients have access to hot showers as needed. Meals are prepared according to standards and served three times a day. Patients are allowed to purchase personal food items and other goods from the Economic Operator contracted by the General Directorate to provide buying services for patients.
 - The living room of the applicant measures 5 x 4 meters, with a surface area of 20 m² and a volume of 60 m³. Referring to the standard space required per resident¹, this space is guaranteed because the room houses 4 patients, providing an area of 5 m² per patient.
 - The patient stays in the room only at night, while during the day he is free to move, visit common areas, in ventilation, engage in recreational, occupational activities, etc.
 - The patient has periodic visits from the family. During this period, it is visited once a month with a duration of not less than one hour/per meeting.
 - The ventilation facilities are adequate. Infrastructural improvements have been made. 4 tents have been built which serve for the patients to stay in the shade during the ventilation period.

III. GENERAL MEASURES

- ***Measures to address overcrowding in the Lezha Institution and to reduce the negative effects of the carceral environment.***

Lezha Special Institution has 58 living rooms with a total area of 1160 m². The capacity is for 220 beds, and currently, 449 patients are accommodated of whom 151 are under the security measure of "temporary placement in a psychiatric hospital," and 298 are under the medical measure of "compulsory treatment in a medical institution".

¹ 4 m² per resident in rooms accommodating more than one person

- ✓ During 2024, the domestic courts have conducted a total of 226 periodic judicial re-assessment of the need for continued confinement for patients with compulsory medical measures, of which 115 resulted in the continuation of the medical measure, and 111 patients were released.

In the context of preparations for the transfer of Lezha Special Institution under the administration and care of the Ministry of Health, by internal order, all pre-trial detainees from this institution have been transferred to other institutions.

To address overcrowding in Lezha Special Institutions other premises have been made available to accommodate patients with compulsory medical measure:

- ✓ 18 patients with compulsory measures have been accommodated in the Rooms of the Special Care Sector premises—where pre-detainees were previously accommodated and were recently transferred to other institutions.
 - ✓ In addition, 9 other living rooms have been released to accommodate 23 patients with compulsory measures of Lezha Special Institution.
- As already stressed in our previous submissions concrete efforts are being made with the support of CoE experts and in cooperation with the Ministry of Health and Social Protection (MHSP) to reassess patients based on HCR-20 for the possibility of their transfer to outpatient treatment. In this regard, the MHSP organized training sessions for Lezha clinical staff on the Historical-Clinical-Risk Management-20 Version 3 methodology, which was facilitated by experts from the Council of Europe. The training was held on December 10–11, 2024 and introduced the latest version of this risk assessment tool.
The application of this methodology is aimed at reducing overcrowding, as it will positively affect the judicial reassessment of patients under compulsory measures.
 - As regards, information on specific therapeutic and rehabilitative activities, including professional, psycho-social, and recreational activities for patients in Lezha Special Institution please refer to the detailed information submitted in June 2024.

- ***Completion of the vacancies of the healthcare staff and other services***

In the healthcare sector – 11 doctors are employed, including 3 full-time psychiatrists. In cooperation between the Ministry of Justice and the Ministry of Health, a part-time psychiatrist employed at the Regional Hospital of Lezha assists the Lezha Special Institution once a week for periodic visits to patients under compulsory measures.

In the social sector – 11 employees are working in the Lezha Special Institution, including 3 clinical psychologists, 7 social workers, and 1 head of unit.

Regarding the CPT recommendation to recruit occupational therapists, through Saint'Egidio, it is planned to train a certain number of existing healthcare staff in occupational therapy.

- ***As regards the creation of a permanent specialized forensic psychiatric facility***

In addition to the information submitted in June 2024 and in view of the meeting of the Department for the Execution of Judgment with the representatives of the Ministry of Health and Social Protection, the latest submitted the Project Document for the establishment of the Special Medical Institution, submitted under the IPA program (attached) and the following assessment

regarding the comparative study on forensic psychiatry conducted with the support of the Council of Europe under the HF III Project, involving several European countries.

The Ministry of Health and Social Protection (MHSP) emphasizes the importance of this document. It provides a comprehensive overview of forensic psychiatry systems in Europe, focusing on release policies (discharge from special medical institutions) for forensic psychiatric patients and the best organizational models for developing community-based care (outpatient care).

This study highlights the differences in the legal frameworks governing forensic psychiatry, which impact how services are organized based on public safety considerations and clinical needs. The comparative study reveals notable differences in the organization of forensic psychiatric services across Europe, emphasizing that no internationally accepted standard exists for such services, pathways, or care models. Differences stem from the specific nature of national legislation and associated policies and procedures. However, the study identifies common practices, such as the provision of forensic psychiatric services (both inpatient and community-based) in hospital structures with a certain degree of security (ideally with different levels of security to facilitate safe rehabilitation), as well as in community services.

Building on the findings of this study, the MHSP incorporated key elements regarding different security levels and individualized interventions from regional practices into the Treatment Plan document for individuals with mental health disorders under a "compulsory treatment" medical measure. This document, approved by MHSP Order No. 391 on July 17, 2024, establishes a unified format for treatment plans in institutions such as the Lezha Transitional Institution.

Additionally, by examining best practices from countries with similar legal frameworks for compulsory treatment (both inpatient and community-based), the MHSP aimed to enhance its understanding of how services are organized for this category of individuals. This includes learning about instruments and procedures for case management, rehabilitation, and discharge preparation.

Information on specialized mental health services within the healthcare system.

There are 4 inpatient mental health services with inpatient facilities, 10 Community Mental Health Centers to provide outpatient services through multidisciplinary teams and 14 Supported Houses offering rehabilitative residential care for individuals with chronic mental health disorders.

Mental health services with inpatient facilities include:

- Elbasan Psychiatric Hospital
- Vlora Psychiatric Hospital
- Psychiatry Service at the University Hospital Center "Mother Teresa" in Tirana
- Mental Health Inpatient Service in Shkodra

The 10 Community Mental Health Centers are:

- 3 in Tirana
- 1 in Elbasan
- 1 in Gramsh
- 1 in Kavaja
- 1 in Korça
- 1 in Berat
- 1 in Vlora
- 1 in Shkodra

The 14 Supported Houses are:

- 2 in Tirana
- 2 in Elbasan
- 2 in Korça
- 1 in Kavaja
- 3 in Vlora
- 4 in Shkodra

A significant challenge remains in raising awareness and increasing local authorities' involvement in creating and providing social services for individuals in this category. Support through social protection and inclusion programs—such as housing, personal assistance, vocational training, social enterprises, and employment—is particularly crucial for forensic psychiatric patients ready for discharge but lacking family or community support. Some of these services may be facilitated through the Social Fund, a financial mechanism supporting social service provision at the municipal level.



APPENDIX 1

IPA III Updated Action Document for Establishment of a Special Medical Institution (SMI) for forensic psychiatric patients

IPA III Action Document template of January 2023 – For 2024 and subsequent years (Western Balkans)

THIS ACTION IS FUNDED BY THE EUROPEAN UNION

• **ANNEX 2**

to the Commission Implementing Decision on the Annual Action Plan for 2024

• **Action Document for Establishment of a Special Medical Institution (SMI) for forensic psychiatric patients**

ANNUAL

This document constitutes the annual work programme in the sense of Article 110(2) of the Financial Regulation, and annual and multiannual action plans and measures in the sense of Article 9 of IPA III Regulation and Article 23(2) of NDICI - Global Europe Regulation.

1. SYNOPSIS

1.1. Action Summary Table

Title	Annual Action Plan for Albania for 2024 Establishment of a Special Medical Institution (SMI) for forensic psychiatric patients
OPSYS	[/OPSYS business reference]: <reference>
ABAC	ABAC Commitment level 1 number: <reference>
Basic Act	Financed under the Instrument for Pre-accession Assistance (IPA III)
Economic and Investment Plan (EIP)	No
EIP Flagship	No
Team Europe	No
Beneficiary(y)/(ies) of the action	The action shall be carried out in Albania, in the territory of Lezha Municipality.
Programming document	IPA III Programming Framework
PRIORITY AREAS AND SECTOR INFORMATION	
Window and thematic priority	Window 4 <i>Competitiveness and Inclusive Growth</i> Thematic Priority 1 <i>Education, employment, social protection and inclusion</i>

	<p><i>policies, and health.</i></p> <p>Window 1 <i>Rule of law, fundamental rights and democracy</i></p> <p>Thematic priority 1-<i>Judiciary</i></p> <p>Thematic priority 5- <i>Fundamental rights</i></p>			
Sustainable Development Goals (SDGs)	<p>Main SDG (1 only): Goal 16 <i>peace, justice and strong institutions</i>; target 16b: <i>promote and enforce non-discriminatory laws and policies</i></p> <p>Other significant SDGs (up to 9) and, where appropriate, targets: Goal 3 <i>good health and well-being</i>; target 3.4: <i>reduce mortality from non-communicable diseases and promote mental health</i></p>			
DAC code(s)	<p>Main code 123 NCDs</p> <p>Sub code 12340 Mental Health</p> <p>Main code 151 Government</p> <p>Sub code 15160 Human rights</p>			
Main Delivery Channel	European Commission - Development Share of Budget – 42001			
Targets	<input type="checkbox"/> Climate <input type="checkbox"/> Gender <input type="checkbox"/> Biodiversity			
Markers (from DAC form)	General policy objective	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disaster Risk Reduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal markers and Tags	Policy objectives	Not targeted	Significant objective	Principal objective
	EIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EIP Flagship	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tags:	YES	NO
Transport	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Energy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environment and climate resilience	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Digital	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Economic development (incl. private sector, trade and macroeconomic support)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Human Development (incl. human capital and youth)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health resilience	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Migration and mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Agriculture, food security and rural development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rule of law, governance and Public Administration reform	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Digitalisation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tags	YES	NO
digital connectivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
digital governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
digital entrepreneurship	<input type="checkbox"/>	<input checked="" type="checkbox"/>
digital skills/literacy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
digital services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Connectivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tags	YES	NO
digital connectivity	<input type="checkbox"/>	<input type="checkbox"/>
energy	<input type="checkbox"/>	<input type="checkbox"/>
transport	<input type="checkbox"/>	<input type="checkbox"/>
health	<input type="checkbox"/>	<input type="checkbox"/>
education and research	<input type="checkbox"/>	<input type="checkbox"/>
Migration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reduction of Inequalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COVID-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION		

Amounts concerned	Budget line: <budget line> Total estimated cost: EUR 20 000 000.00 Total amount of EU budget contribution EUR 20 000 000.00
MANAGEMENT AND IMPLEMENTATION	
Implementation modalities (management mode and delivery methods)	Indirect management with: - International organization for the procurement and implementation
Final Date for conclusion of Financing Agreement	At the latest by 31 December N+1
Final date for concluding contribution / delegation agreements, procurement and grant contracts	3 years following the date of conclusion of the financing agreement, with the exception of cases listed under Article 114(2) of the Financial Regulation
Indicative operational implementation period	72 months following the conclusion of the Financing Agreement
Final date for implementing the Financing Agreement	12 years following the conclusion of the financing agreement

1.2. Summary of the Action

The Action focuses on forensic psychiatric care in Albania with the aim to contribute to health systems reforms with regard to raising the coverage and standards of care provided to forensic psychiatric patients. It is envisaged that forensic psychiatric patients kept in in-patient setting will be ensured adequate treatment and that out-patient forensic service delivery will be strengthened. It is crucially important that involuntary placement in a psychiatric establishment should cease as soon as it is no longer required by the patient's mental state. By offering comprehensive care in both settings (in-patient and out-patient) it is envisaged that the discharged pathways will significantly evolve.

The proposed Action and the activities therein are fully in line with objectives of the IPA III assistance aimed to contribute to health systems reforms in the country. Moreover, the Action will contribute to the improved, tailored understanding and awareness of human rights, applicable to everyone involved in forensic care.

The Action is proposed for IPA III support by the Albanian Government in the Strategic Response (July 2022) with reference to the Thematic Priority 1 (Education, employment, social protection and inclusion policies, and health) of Window 4 (Competitiveness and Inclusive Growth). The Action will contribute to the implementation of the National Health Strategy 2021 – 2030.

This Action has also high relevance to Window 1 (Rule of law, fundamental rights and democracy) of the IPA III Programming Framework, particularly to Thematic priorities 1-Judiciary and 5- Fundamental rights.

1.3 Beneficiaries of the Action

The action shall be carried out in Albania.

1. RATIONALE

2.1 Context

Albania is the only Western Balkan country where forensic psychiatric patients are not treated in appropriate settings as per international standards and part of integrated health system as per domestic legislation.

Aiming at EU accession, Albania is expected to discharge its legal obligation under Article 46 (binding force and implementation) of the European Convention on Human Rights (ECHR) and take the necessary measures of a general character in order to secure appropriate living conditions and the provision of adequate health care services to mentally ill persons who are subject to deprivation of liberty on the basis of a court-ordered compulsory medical treatment. Such measures should include either refurbishing existing facilities (or creating new specialised ones) whose purpose is to cure or alleviate the mental health of detainees, reduce their dangerousness and facilitate their reintegration into society. Lastly, the authorities should recruit sufficient qualified mental health care workers in such facilities and consider, where appropriate, the possibility of outpatient treatment". In this judgment, the European Court of Human Rights (ECtHR) stressed that "forensic patients are entitled to a suitable medical environment accompanied by real therapeutic measures, with a view to preparing them for their eventual release. A comprehensive record is kept concerning the detainee's state of health and his or her treatment while in detention, that diagnosis and care are prompt and accurate, and that where necessitated by the nature of a medical condition, supervision is regular and systematic and involves a comprehensive therapeutic strategy aimed at adequately treating the detainee's health problems or preventing their aggravation, rather than addressing them on a symptomatic basis. Pharmacological treatment should be combined with other recognised forms of therapeutic treatment, as part of an individualised treatment plan in respect of each individual".

This Action will support the Albanian authorities, *inter alia*, to discharge the above-mentioned obligations by establishing the Special Medical Institution (as required by national legislation) and enhancing forensic psychiatric care capacity building. Moreover, the set of standard procedures and other relevant guidelines related to comprehensive forensic psychiatric care will be developed as a framework by which to assess the quality of forensic mental health services in the country.

The ECtHR judgments have led to various reforms and improvements in Albania, relating in, *inter alia*, to improvement of conditions of detention. Improvements have been made to the Law on healthcare in detention, particularly with regard to medical treatment for prisoners and detainees. Rules have also been introduced on the treatment of persons with mental health problems. However, in the Report to the Albanian Government on the visit to Albania carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 20 to 30 November 2018², the Committee expressed serious concerns about the overall forensic care and gained the impression of „therapeutic abandonment“ of many forensic psychiatric patients. It has been fully acknowledged by the Albanian government and several external international bodies (i.e. CPT and ECtHR) that the situation of forensic psychiatric patients in Albania is unacceptable and must change as a matter of high priority. Indeed, there has been a long-standing interchange between the CPT and the Albanian authorities regarding the treatment of forensic psychiatric patients in the country. The CPT has been making recommendations for changes for these patients since 2000, with little progress made in Albania.

These levels of concern at a European level have been further underlined by the ECtHR which adjudged, having considered the case of an Albanian forensic psychiatric patient (*Strazimiri v Albania*), violations of Article 3 (Prohibition of torture) and Article 5 (Right to liberty and security) of the of the ECHR. Particularly, the ECtHR considers that the cumulative effect of the deterioration of the living conditions in the Prison Hospital where the applicant has been confined and the insufficient psychiatric and therapeutic treatment administered to the applicant amounted to inhuman and degrading treatment.

² Available at: <https://rm.coe.int/168097986b>.

The National Mechanism for the Prevention of Torture, Cruel, Inhuman or Degrading Treatment or Punishment, under Ombudsman Office, upon its periodical visit to Tirana Prisons Hospital in 2022, stated *inter alia* that Tirana Prisons Hospital is not a special medical institution but it is an institution for the execution of criminal sanctions; keeping forensic patients in Tirana Prisons Hospital constitutes a violation of constitutional and legal rights, as it contradicts many legal documents and decisions, such as the European Convention on Human Rights, the recommendations of the CPT, the European Court of Human Rights decision on the case of Strazimiri v. Albania as well as the Constitution of the Republic of Albania and the National legislation on the subject (Law no. 44/2012 "On Mental Health", as amended).

The State expressed the strong commitment to put an end on further "therapeutic abandonment" of many forensic psychiatric patients and the Action will support their efforts. The National Health Strategy 2021-2030 foresees a dedicated specific objective on mental health: Specific Objective 6 of the Policy Goal I Improvement of socio-health (integrative) mental health support programmes, as well as resources and capacities for early detection and interventions for mental health disorders³. Concerning the strategy on primary health care development the focus is put on the integration of socio-health services through engagement of psycho-social staff in the health care centres. Around 50 psychologists have been employed and there is a plan to employ additional 50 in the course of 2023. By strengthening the socio-health teams of primary health centres, the particular needs of vulnerable groups will be better addressed, especially of those with pre-existing mental health problems. Meanwhile, a new Action Plan on Mental Health (the third consecutive action plan in this field) is under development, in line with relevant provisions of National Health Strategy 2021-2030 (a ministerial working group has been established in early 2022) which aims at further strengthening of the network of community mental health centres. Community mental health centres are specialized mental health outpatient services, which provide multidisciplinary/multidimensional services at the community level and carry out diagnostic, treatment and rehabilitation activities for every person who suffers from a mental disorder. The centres also undertake a preventive role by promoting mental health/wellbeing in their catchment areas and coordinate their activities with primary health care services and social services. The main target group are people suffering from serious mental disorders. The draft action plan is under budgeting procedures. The strengthening of the community mental health centres has been already envisaged by the National Health Strategy 2021-2030. The community-based approach to mental health services has been implemented in Albania for more a decade by implementing the key strategic objectives of the Action Plan for Mental Health Services Development in Albania 2013-2022. The Action Plan aimed at decentralization of the mental health service, reduction of the number of psychiatric beds and the establishment and strengthening of community mental health services. In this development context, ten community mental health centres and 14 supported homes were established. This approach is also promoted in the domestic legal framework, Law no.44/2012 "On mental Health", as amended, that promotes the provision of health care for persons with mental health disorders in a less restrictive environment, mainly at the community level, to avoid displacement from the family environment and to facilitate social integration and rehabilitation.

The Establishment of a National Special Medical Institution/SMI for forensic psychiatric patients is proposed for IPA III support by the Albanian Government in the Strategic Response (July 2022) with reference to the Thematic Priority 1 (Education, employment, social protection and inclusion policies, and health) of Window 4 (Competitiveness and Inclusive Growth). The Action will contribute to the implementation of the National Health Strategy 2021 – 2030, approved by the decision of the Committee of Ministers, No. 210, dated on 06.04.2022, particularly the Specific Objective 6 of the Policy Goal I: Improving socio-health (integrative) mental health support programs, as well as resources and capacities for early detection and interventions for mental health disorders. It is foreseen, *inter alia*, that the integrated network of Mental Health services at the national level will be strengthened, with a focus on community-based services and vulnerable groups including persons on compulsory medical treatment.

This Action has also high relevance to Window 1 (Rule of law, fundamental rights and democracy) of the IPA III Programming Framework, particularly to Thematic priorities 1-Judiciary and 5- Fundamental rights.

³ The budget planned to support the implementation of this objective is a 14.817.596.643 ALL.

One of the foreseen actions is to provide pilot training to the judiciary regarding mental disorder, treatments and prognosis to assist them in making the best-informed initial sentencing, ongoing detention and release decisions in relation to patients subject to a compulsory treatment measure within criminal proceedings. Pilot training will address challenges based on a sound training needs assessment and a problem-oriented approach, ensuring coherence and sustainability. Judicial training is essential to ensure high standards of competence and performance as well as fundamental to judicial independence, the rule of law, and the protection of the rights of all people. Hence, the Action will contribute to improving access to justice for vulnerable persons.

Moreover, the Action will assist in aligning the legal framework with the ECHR and ECtHR case law and particularly the enforcement of the ECtHR judgment in *Strazimiri versus Albania* case. This will allow the State to be in a position to implement its human rights obligations and policy in the field of forensic care in an adequate manner and ensure that fundamental rights of forensic patients are effectively implemented, as this is not fully the case in practice yet.

According to the Strategic Response, the Action will also contribute to Sustainable Development Goal 3 (SDG 3)⁴ “Ensure healthy lives and promote wellbeing for all at all ages” (reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing). More generally, this Action is focused at “improvement of treatment and care of forensic psychiatric patients by ensuring appropriate, human and secure treatment, aimed to addresses longstanding recommendations of international (CPT) and national monitoring bodies (Ombudsman, etc.)”.

In relation to the EU enlargement policy, the Action will assist beneficiaries to ameliorate the long-standing problems in the provision of forensic psychiatric care. By supporting health care reforms and development of standards, vulnerable citizens (persons suffering from mental disorders) in Albania will be provided better opportunities for recovery and meaningful life, equal to the ones their counterparts enjoy as citizens of the EU.

Albania is one of the beneficiary countries in the joint European Union and Council of Europe programme “Horizontal Facility for the Western Balkans and Türkiye” (Horizontal Facility III), as a co-operation initiative, running from 2022 until 2026. The actions covered within the programme enable the beneficiaries to meet their reform agendas in the fields of human rights, rule of law and democracy and to comply with European standards, which is also a priority for the EU enlargement process. The third phase of the programme is worth €41 million (85% funded by the European Union, 15% by the Council of Europe). It is expected that the CoE will continue with their support to beneficiaries, particularly related to drafting and/or aligning policies with the best European practices and staff capacity building.

Further, one of the current World Health Organization (WHO) activities is the scaling up community-based care for those suffering with mental health conditions across the Western Balkans and the relevant Roadmap for Health and Well-being in the Western Balkans (2021–2025) had been drafted. Moreover, through its Pan-European Mental Health Coalition, the WHO aims to continue strengthening connectivity between different countries in the Region by serving as a platform for exchanging information and experiences. The WHO has been supporting community-based care for mental health conditions in countries such as Albania for over 2 decades and the support will continue.

2.2 Problem Analysis

Short problem analysis

Forensic psychiatric patients belong to “vulnerable population” due to their mental disorders (psychological domain) as well due to fact they are deprived of their liberty (social domain). They are often acutely unwell and present with complex needs, challenging behaviour and enduring trauma. The health care of forensic patients is complex and presents several legal and ethical challenges.

There are currently 422 forensic psychiatric patients detained in Albania (394 males in Lezha provisional facility and 28 females in the Prison Hospital in Tirana) with a variety of diagnoses and risk profiles.

⁴ Coherence of Sectoral Strategies with Regional and Global Strategies; Thematic priority 1: Environment and climate change.

Categories of patients include those undergoing pre-trial assessment as well as those on compulsory treatment measures. Material conditions for the patients are overcrowded and very poor. Ward-based staffing levels are very low and clinical staff depend upon reinforcement from security staff who are circulating within the clinical areas. There are virtually no multidisciplinary clinical staff and consequently the treatment offered is based almost exclusively on pharmacotherapy. Women forensic patients have not been transferred to the provisional facility in Lezha Prison. They are still accommodated in the Prison Hospital, and the CPT during the 2021 visit described their situation as “precarious”. The initial idea of transferring all women forensic psychiatric patients on a temporary basis to the former juvenile unit of Lezha Prison had not been realised due to the rather cramped conditions of that unit and in light of the severe overcrowding of the detention blocks for men forensic psychiatric patients. It was rightly concluded that such a transfer would not substantially improve the situation for women patients.

The Establishment of the National Special Medical Institution/SMI for forensic psychiatric patients in Lezha **(please find attached as Annex of this document the official letter with Prot. No. 1764/2 date 29th of March 2023** sent by the Minister of Justice to the Ministry of Health and Social Protection with subject “Placing at the possession of the Ministry of Health of the land at Shen Koll Prison for the Construction of the National Special Medical Institution for forensic patients” together with the Land Title Certificate and Land Map) and aims at tackling these problems.

The quality of living space as one of the essential aspects of the healing process, affecting the outcome of in-patient forensic care, will be ensured in the SMI. The focus will be put on adequate treatment and rehabilitation of forensic psychiatric patients and their preparation for life outside of inpatient services, without recidivism into serious crime. The knowledge and expertise will be developed on crucial matters regarding forensic psychiatric patients, both in in-patient and out-patient setting. (i.e. standards, procedures and policies), that will fully acknowledge the ethical and human rights obligations (i.e. safeguards on admission, during placement, on discharge; timely discharge; continuity of care capacity building; confidentiality; free and informed consent etc.).

Some of the documents developed will be common for in-patient and out-patient setting (e.g. guidance for management of common mental disorders) as the end goal of forensic treatment is similar: to improve the mental health and reduce the risk of recidivism. Having said that, some documents will concern exclusively in-patient setting (e.g. means of restraint, coercive measures etc.) and out-patient setting (e.g. to build on managing mental disorder and its association with risk behaviour to avoid delays in intervening when risk or clinical markers require urgent intervention).

The level of security that the particular patient requests (i.e. does a patient present high, medium and low social risk)⁵ is one of the basic criteria in considering where the measure of mandatory treatment will be executed (outpatient or institution)⁶.

Patients under involuntary or mandatory/compulsory measures, are deprived of their liberty, mainly due to States’ obligation to protect from self-harm or/and to protect the public from further harm. Depriving a person of his/her liberty is one of the most serious infringements of a person’s human rights. Therefore, patients residing in forensic psychiatric in-patient settings need a safe environment to recover, free from stigmatization and victimization and the documents to be developed will consider all safeguard against possible ill treatment among other issues. The environment within the in-patient care is provided should be therapeutically driven, yet risk-averse and highly secure. These competing prerogatives pose significant challenges to staff, and it will be fully considered by this Action.

According to the Committee on the Rights of Persons with Disabilities (CRPD), generally, women deprived of their liberty in places such as psychiatric institutions are generally subject to higher levels of violence, as well as to cruel, inhuman or degrading treatment or punishment, and are segregated and exposed to the risk

⁵ In Albania, mainly HCR-20 (historical, clinical, risk management) as a tool to measure risk of violent behaviour is used.

⁶ Section 46 of Criminal Code: The court may impose medical sanctions on mentally incapable persons who have committed a criminal offence [...]. Medical measures are the following: Compulsory outpatient medical treatment; Compulsory medical treatment in a medical institution.

of sexual violence and trafficking within care and special education institutions.⁷ The CRPD in its Concluding Observations addressed to Albania in 2019, in fact expressed concerns about the lack of information on visits made and procedures in place for conducting independent investigations of violations of the rights of persons with disabilities in institutions and about the lack of effective safeguards and sanctions.⁸

Outpatient forensic treatment shares many similarities with in-patient treatment as the goals are similar: to address psychiatric and social factors and thereby mitigate criminal behaviour. Nonetheless, the out-patient setting provides patients with more freedom of movement which allows them to maintain family, work, educational and other responsibilities all while obtaining the treatment. As there are no dedicated community forensic mental health centres in Albania⁹, the out-patient forensic services are provided at the level of community mental health centres (CMHC). In the districts where CMHC have not been established yet, the ambulatory forensic psychiatric care is provided in the regional hospitals¹⁰. At the moment, ten community mental health centres are operational. The Albanian National Health Strategy envisages establishing of six more centres, *inter alia*, to attain equitable geographical distribution¹¹. By “strengthening the integrated network of Mental Health services at the national level, the intention is to put focus on community-based services for vulnerable groups (among others, persons with compulsory medical treatment)”, either discharged from SMI or those with the imposed measures of mandatory out-patient treatment). As a supportive social network is an important protective factor for criminal behaviour, this factor will be fully considered in the documents developed for community forensic services.

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action

On 23.11.2021. the Minister of Health and Social Protection and the Minister of Justice signed the Cooperation Agreement for the treatment of forensic patients and an attached Joint Action Plan. The agreement is pursuant to: Law no. 8678, date 14.05.2011 “On the organization and functioning of the Ministry of Justice” of article 15 point 2; Law no. 81/2020 “On the rights and treatment of prisoners and pre-trial detainees”; and the Law no. 44/2012 “On mental health” (amended). The purpose of the agreement is to define bilateral commitments by taking short-term, medium-term, and long-term measures to address the recommendations of international and national monitoring mechanisms, as well as decisions of the European Court of Human Rights to improve the conditions and treatment of forensic patients. Moreover the Joint Action Plan attached to this agreement is also a Roadmap for the joint commitment taken by both institutions during the transitory phase of the treatment of this patients at Lezha until the construction of the National Special Medical Institution.

In addition to some joint actions (MoHSP and MoJ) relevant to provisional facility in Lezha Prison, “planning the establishment and functioning of the Special Medical Institution, as a special structure for

⁷ Violence against women with disabilities in institutions includes: involuntary undressing by male staff against the will of the woman concerned; forced administration of psychiatric medication; and overmedication, which can reduce the ability to describe and/or remember sexual violence. See: Committee on the Rights of Persons with Disability (CRPD), [General comment No. 3 \(2016\) on women and girls with disabilities](#).

⁸ Committee on the Rights of Persons with Disabilities (CRPD), [Concluding observations on the initial report of Albania](#), 2019.

⁹ In many jurisdictions there are dedicated Community Forensic Mental Health Services. The services comprised a multi-disciplinary team to support the safe discharge of patients from in-patient secure units as well as to support patients who may be subject to community treatment orders. The community forensic mental health services have agreed mechanisms with forensic inpatient services to enable recall to hospital setting due to increased risk when appropriate, but also managed relationships with community mental health centres to support the care pathway (step down placement to community mental health centre).

¹⁰ 21 psychiatrists are providing ambulatory care in 15 regional hospitals.

¹¹ Mainly in the regional hospitals’ catchment areas.

providing therapeutic, humane and safe care for forensic patients, according to international standards in this field” is the sole responsibility of the MoHSP.

According to the Law on Mental Health 44/2012 (amended), Chapter VI, Article 28:

1. Special medical institutions are institutions that serve for the treatment of persons with mental health disorders, who have committed a criminal offense, for whom the competent court has ordered forced treatment in a medical institution; pre-trial detainees or convicts who exhibit mental health disorders during their imprisonment as well as for the treatment of persons temporary accommodated in a special medical institution, according to Article 239 of the Code of Criminal Procedure¹².
2. The treatment of persons in special medical institutions is the same as the treatment of other patients with mental health disorders. Special medical institutions defined in point 1 of this article, are part of the integrated health system.

The Action will assist the MoHSP to comply with its statutory obligations and to provide “therapeutic, humane and safe care for forensic patients, according to international standards in this field”.

At the moment, 422 forensic patients are kept in Lezha Prison and Tirana Prison Hospital, due to the lack of an appropriate facility outside the prison system. The premises accommodating forensic patients are not part of the integrated health system as stipulated by Article 28.2 of the amended Law on Mental Health.

Accommodation and care of forensic patients is under the responsibility of the General Directorate of Prisons (GDP), the institution under the umbrella of the Ministry of Justice. Whilst acknowledging the measures taken by the GDP to improve the conditions of detention of forensic patients, the facilities are far from being suitable.

The Action will support the transfer of forensic care to the national health service. By transferring forensic patients to the SMI, the capacities of the prison service will be increased, allowing improvement of detention conditions of prisoners¹³ and more generally allowing GDP to better comply with its mission¹⁴.

In the report on 2017 visit, the CPT “placed on record the significant improvements made by the Albanian authorities in recent years to integrate long-term civil psychiatric patients into community-based structures. That said, it is regrettable that forensic patients have not been able to benefit from such possibilities and thus remain deprived of their liberty as a result of the absence of appropriate external facilities”. The Albanian authorities expressed their commitment to strengthen community mental health services in line with the National Health Strategy 2021-2030 and particularly in line with the key strategic objectives of the Action Plan for Mental Health Services Development in Albania 2013-2022 (still to be completed).

Involuntary placement in a psychiatric establishment should cease as soon as it is no longer required by the patient's mental state. Consequently, the need for such a placement should be reviewed by courts at regular intervals. According to the CPT, in the review procedures: patients should be granted the right to be heard in person or through their legal representatives at all court hearings prior to any decision concerning the renewal of their involuntary placement; patients should be permitted to request the termination of their hospitalisation measure without having to first obtain a positive assessment from their treating psychiatrist; patients should be fully informed of the possibility of submitting an independent opinion of a psychiatrist of their own choice during a discharge procedure¹⁵.

¹² When the person to be arrested is mentally ill and has, due to his illness, limited or no capacity of understanding or conscience, the court may, instead of detention, order temporary hospitalisation in a psychiatric institution imposing the necessary measures to prevent escape.

¹³ *Inter alia* to reduce overcrowding. Overcrowding, as well as related problems such as lack of privacy, can also cause or exacerbate mental health problems and increases rates of violence, self-harm and suicide. According to the CPT report on 2018 visit, overcrowding continued to affect some prisons albeit to a lesser extent than at the time of the CPT's 2014 and 2017 visits.

¹⁴ Management of prisons, as well as the creation of appropriate conditions for rigorous enforcement of all obligations arising from the existing legal framework, transforming the criminal sentences into re-education options.

¹⁵ CPT visit to Cyprus, 2013, paragraph 115.

The amendments on Mental Health Law 2021¹⁶ aim to align national legislation with European standards and address the safeguards mentioned above. The amended legal provision and the foreseen trainings to judiciary within the Action will assist the judiciary in making the best-informed decision related to ongoing and discharge decisions and more generally to ensure that that fundamental safeguards surrounding mandatory forensic treatment are effectively implemented.

Inclusion of lawyers, particularly those who offer free legal aid into the pilot training will be considered.

The Albanian Institute of Forensic Medicine within the MoJ is responsible for forensic psychiatry. The main role of the Institute's experts is to assist the relevant courts by evaluating mental state of a person at the time of the offense, and on that basis to make "sentencing recommendation" (i.e. experts' opinion on the present risk to society and consequently the requested security level: in-patient or community treatment; recommendations on discharge from mandatory treatment¹⁷). The Action will contribute (i.e. particularly through the pilot training provided to judiciary as well through improving forensic treatment options) to the better implementation of recommendations made by the forensic experts.

Moreover, the low number of women forensic psychiatric patients could be a reflection of the overall low number of women offenders compared to male offenders (7,7 percent in 2021, based on Albanian National Institute of Statistics/INSTAT). Other reasons that may be worth exploring are (i) women offenders may not be diagnosed correctly during the forensic psychiatric evaluation or (ii) do not have access to adequate legal aid which is an important factor in courts proceedings related to the evaluation of the mental state of a person at the time of the offense. Although beyond this Action, the need to increase capacities of the Institute for Forensic Medicine on gender considerations in the context of forensic medicine should be assessed. Moreover, for forensic patient who have committed domestic, sexual or other gender-based violence crimes, the potential roles of civil society organisations and public services offering rehabilitation support for perpetrators of gender-based violence crimes should be considered.

In the first place, the forensic psychiatric patient will be positively affected by the Action.

Further, staff working in forensic facilities will be trained to practice in accordance with the professional standards, legislation, organisational policies and procedures to promote the health of the patients and the therapeutic potential of the setting; services will not be shaped by the arbitrary decisions which will have positive impact on job satisfaction.

Moreover, the whole of society will benefit from health care reforms.

2.3 Lessons Learned

The need to create a forensic psychiatric facility has been recognised years ago. The main obstacle to establish such a facility was a lack of finances. On 11 December 2017, representatives of the CPT held high-level talks (info available at: <https://www.coe.int/de/web/cpt/-/cpt-holds-high-level-talks-in-albania>) regarding the situation of forensic psychiatric patients with the Secretary General of the Council of Ministers, the Minister of Health and Social Protection, the Minister of Justice and the Director General of Prisons. During these talks, both Ministers indicated that the Government was fully committed to creating a forensic psychiatric facility as a matter of priority and that consultations were ongoing with potential donors regarding the co-financing of its construction. In this regard, the feasibility study was conducted and financed by the General Directorate of Prisons (GDP) for the location destined to host the SMI in Mezez, in the outskirts of Tirana. However, as the donors have not been found, pending the construction of a permanent forensic psychiatric facility, the decision was made to (temporarily) transfer all forensic psychiatric patients from Kruja Special Institution and the Prison Hospital to two blocks of Lezha Prison. However, the creation of a temporary facility for forensic psychiatric patients at Lezha Prison had been repeatedly postponed, due to severe infrastructural damage caused by the earthquake in November 2019 and the repercussions of the Covid-19 pandemic.

¹⁶ Mental Health Law; <https://qbz.gov.al/preview/8b151ce5-0dc8-4986-8c9d-2d2c0f3807e3/cons/20210331>

¹⁷ Particularly whether a discharge would pose a threat to society.

In the Cooperation Agreement for the treatment of forensic patients and an attached Joint Action Plan, the respective commitments and roles of the MoHSP and the MoJ, inter alia, as regards the temporary facility at Lezha Prison are specified. In November 2021 (the last CPT visit until date), the CPT delegation paid a brief visit to the two block in Lezha Prison where forensic patients are currently accommodated in order to obtain an overall picture of the conditions of the two Blocks dedicated to “temporary accommodation” of the forensic patients. The transfer of patients took place soon after the visit. The CPT acknowledged the significant investments made by the Albanian authorities to refurbish Blocks 4 and 5 at Lezha Prison as temporary facility for forensic psychiatric patients and stated that “comparing the new material environment with the conditions offered to male patients at the Kruja Special Institution and, previously, in the Prison Hospital, is like comparing day and night”. However, despite the improved material environment, the CPT stated that “both detention blocks did not resemble in any way a health-care establishment. Like the rest of the prison, they had been designed as prison units and they were also equipped as such (with heavy metal doors and metal bars). Given the prison setting and the total lack of communal spaces, the temporary facility at Lezha Prison does not have the potential to provide a therapeutic environment to patients¹⁸”.

On 7 June 2022, the assessment team comprising two psychiatric experts and representatives of the EUD to Albania and CoE office in Tirana visited the provisional facility in Lezha Prison. The on-site assessment mission revealed a number of shortcomings in Lezha provisional facility, in particular related to poor and inadequate living conditions; woeful lack of multidisciplinary staff; insufficient options for treatment; absence of structured activities; lack of individual treatment plans; lack of treatment protocols and standard operational procedures; lack of comprehensive restraints policy (including safeguards); difficulties for patients without family support in discharge procedures etc.

The previous plan to create a forensic psychiatric facility in Mezez has been changed. Due to urgent priorities identified by the MoJ, the land in Mezez could not be handed over to the MoHSP. Despite the decision change, the feasibility study that had been conducted for the location destined to host the SMI in Mezez, emphasised the importance of acquisition of all necessary technical specification for conceiving and equipping a mental health facility; raised awareness and understanding of all difficulties related to the infrastructural works (i.e. procedural, technical, financial) as well as in terms of acquiring necessary resources to ensure both construction and maintenance of the SMI. Moreover, the urgent need to solve the long-standing problem of inadequate care provided to forensic patients, has been fully recognised by both Ministries and resulted in enhanced inter-ministerial coordination and taking the common decision to build the Forensic Institute (Special Medical Institution) in the territory of the Prison of Shen Koll, Lezha, **attached as Annex of this document the official letter with Prot. No. 1764/2 date 29th of March 2023** sent by the Minister of Justice to the Ministry of Health and Social Protection with subject “Placing at the possession of the Ministry of Health of the land at Shen Koll Prison for the Construction of the National Special Medical Institution for forensic patients” together with the Land Title Certificate and Land Map.

¹⁸ Although robust and secure, the built environment of the forensic hospital should not have obvious custodial, penal or non-therapeutic qualities. The built environment should be clean, constantly well maintained, with natural daylight and well-circulated air, and should allow patients some control over their own environment, for example heating and light. It should be pleasing to the eye and uplifting in design and presentation. Access to gardens, vistas and variety (bedrooms, day rooms, therapy areas, classrooms, workshops, gyms) should be designed and planned (Models of care in forensic psychiatry, Published online by Cambridge University Press: 25 May 2021, Harry G. Kennedy).

2. DESCRIPTION OF THE ACTION

3.1 Intervention Logic

The **Overall Objective** of this Action is to contribute to health systems reforms in Albania with regard to raising the coverage and standards of care provided to forensic psychiatric patients. To achieve this goal, three Outcomes (Specific Objectives) are defined.

Specific Objective 1: *Adequate and gender-responsive in-patient treatment of forensic patients ensured.*

This specific objective will significantly contribute to raising the standards of care provided to forensic patients.

Specific Objective 2: *Discharge pathways evolved.*

This specific objective will significantly trigger a change in the treatment of forensic psychiatric patients in Albania. The total period for which persons who receive court-ordered in-patient treatment are deprived of their liberty should depend mainly on the success of the therapy offered. The professionals assigned to this task thus serve two masters: on the one hand, they are supposed to provide the best possible therapy to those being treated, taking into consideration the specific needs of women and men patients; on the other hand, they must report to the judiciary on progress and assess whether release would pose a threat to society. Patients assessed as not presenting a threat to society, shall be absolutely released or referred to mandatory out-patient forensic care. In this connection, the CPT has found, in the course of 2017 visit to Albania that forensic patients may remain deprived of their liberty as a result of the absence of appropriate external facilities.

Specific objective 3: *Outpatient forensic service delivery strengthened.*

This specific objective will strengthen, improve and widen the coverage of care provided to forensic patients. The need to increase globally the coverage of severe mental health conditions is recognised in the WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health/Theory of Change. The initiative emphasised that “there can be no health or sustainable development without mental health”.

The achievements of the Specific Objectives 1, 2 and 3 will be directly influenced by four expected **Outputs**.

Output 1 (influencing Specific Objective 1): *The SMI for treatment of forensic psychiatric patients established.*

To influence the adequate in-patient treatment of forensic psychiatric patients it is necessary to establish the SMI. At the moment, in-patient forensic patients are kept in the temporary facility at Lezha Prison (male patients) and in the Prison Hospital (women patients). Given their settings, both establishments do not have the potential to provide a therapeutic environment to patients. It is envisaged that the SMI will provide an adequate therapeutic environment for both men and women forensic psychiatric patients, paying particular attention to their (gender-)specific needs and priorities. The SMI will be built in Lezha. The physically available space dedicated to women and men patients in the facility will be meticulously planned, taking into account the projected number of future women patients to ensure the required amount of adequate space in the SMI.

Output 2 (influencing Specific Objective 1): *Capacity building of multidisciplinary staff of SMI enhanced.*

The improvement of material conditions per se is not sufficient for adequate treatment of patients. It is well known that modern forensic psychiatric treatment expands way beyond containment and medication. To allow for adequate treatment, it is of crucial importance to employ sufficient numbers of multidisciplinary staff and provide initial and ongoing trainings. A balanced gender proportion in staff composition will be respected to comply inter alia with specific safeguards for care and protection of women and men patients.

In addition to respect the principle of equal opportunities (i.e. balanced gender proportion in staff composition), the Action will comply specific safeguards for care and protection of women and men

patients. Women declared not criminally responsible on account of their mental disorder, have a distinct psychosocial, clinical, and criminological profile from their men counterparts. This will require gender-specific assessment, risk management and treatment in forensic services. The approach will be consistent with the traditional model Risk-Need-Responsivity¹⁹, emphasising the individual assessment and client-centred services²⁰.

Output 3 (influencing Specific Objectives 1 but also 2 and 3): *A framework by which to assess the quality of forensic mental health services is established.*

The effectiveness of delivering forensic mental health services has to be continuously monitored by the Ministry of Health and Social Protection²¹. For this purpose, but equally important for the purpose of aligning the quality of care offered to forensic patients with European standard, a number of policy documents (standard procedures), protocols and guidelines will be developed and will be adapted to particularities of in-patient and out-patient facilities. By developing this set of documents, treatment in the in-patients setting will be adequate and ensure gender appropriate accommodation. Moreover, by delivering suitable in-patient forensic care, patients will be adequately assisted in their recovery process and consequently the discharge pathways will evolve. It is also expected that the outpatient forensic service delivery be strengthened as the out-patient multidisciplinary staff will be enabled to provide treatment within a recognised framework.

Output 4 (influencing Specific Objectives 2 as well as 3): *Comprehensive care of forensic psychiatric patients at in-patient and out-patient setting is developed.*

Comprehensive care in in-patient setting and *inter alia*, gender responsive therapeutic, social, and educational interventions provided by trained staff with the existence of written procedures aligned to European standards will significantly assist discharge pathways of forensic patients and their re-entry to the community. The Output consists in providing significant support in the development of individualized programme of care which meets the objectively assessed needs of a patient to build on his/her recovery. It is envisaged that community mental health centres provide forensic services to those discharged from secure care (in-patient) and those with community treatment orders imposed. To allow the first category of patients to comply with the generally recognised principles of the continuity of care²² the existence of community services offering comprehensive care is of crucial importance.

The underlying intervention logic for this Action is that the **adequate in-patient treatment of forensic patients** will be directly influenced by the *establishment of a SMI for their treatments* (assuming that a continual support ensures its sustainability) as well as by the *building of capacities of multidisciplinary staff* to be employed in the SMI (assuming the internal knowledge is capitalised and staff retained). In addition, **the evolution of the discharge pathways** of forensic mental patients and the **strengthening of forensic service delivery** will be directly influenced by *developing a setting for comprehensive care of forensic psychiatric patients* (assuming that proper incentives are provided to attract and retain multidisciplinary staff) and by *establishing a framework to assess the quality of forensic mental health services* (assuming that necessary financial and human resources are secured to maintain such framework). Having directly influenced the *adequate in-patient treatment of forensic patients*, the *evolution of the discharge pathways* and the *strengthening of forensic service delivery*, the implementation of this Action will then contribute to the **health systems reforms with regard to raising the coverage and standards of care provided to forensic psychiatric patients** (assuming that necessary regulatory provisions are adopted to facilitate discharge pathways and the continual resources to allow for expanding forensic mental health coverage are secured).

¹⁹ The risk and needs of the incarcerated individual should determine the strategies appropriate for addressing the individual's criminogenic factors before and after release.

²⁰ How Essential Are Gender-Specific Forensic Psychiatric Services? Tonia L Nicholls, Anne Crocker, Michael C Seto, Catherine M Wilson, Yanick Charette, Gilles Cote. Canadian Psychiatric Association, 2015.

²¹ The Ombudsperson (National Mechanisms on Prevention of Torture) could be included as a key State independent institution for oversight.

²² World Medical Association Declaration of Lisbon on the Rights of the Patient: the patient has the right to continuity of health care.

3.2 Indicative Activities

Output 1 (influencing Specific Objective 1): The SMI for treatment of forensic psychiatric patients established

The expected activities contributing to this output include:

A.1.1. Updating the feasibility study related to SMI located in Lezha

The feasibility study on the SMI located in Lezha will be produced by the Government of Albania. All necessary authorisations and permits shall be obtained by the Government. This activity is envisaged to update the feasibility study and validate its findings. Sufficient physical space for future women patients will be planned.

A.1.2. Design and Build and putting the SMI into actual operation

The physical construction of the SMI will be carried out with the necessary design, connection and linkages to the infrastructural networks (sewage, electricity, transport, etc.) as well as with all necessary appliance for getting the infrastructure into full operation (refurbishment, equipment provision, safety, etc)

A.1.3. Supervising the building works and monitoring the put into full operation of the SMI

A supervision of works will be carried out not only to validate the correct execution of the work but also to ensure that all necessary elements characterising the SMI are in place and enable the infrastructure to be fully operational.

Output 2 (influencing Specific Objective 1): Capacity building of multidisciplinary staff of SMI enhanced

The expected activities contributing to this output include:

A.2. 1. Staffing levels of the SMI planned and agreed

The MoHSP will plan and agree on staffing levels in the SMI. In addition to sufficient number of psychiatrists and nurses, the staff complement will include a number of clinical psychologists, occupational therapists and social workers (i.e. as psychosocial treatments are key elements for the recovery, risk reduction and rehabilitation of forensic psychiatric patients). In order to attract and retain multidisciplinary staff, the MoH will define and offer incentives to staff (e.g. continuous professional development etc.) and while a suitable mechanism is identified, the MoSHP will be in charge of securing necessary financial resources.

A.2.2. Curriculum for training of multidisciplinary staff in SMI designed

The job description and the tasks to be assigned to the required staff will be articulated into a career pathway with respective curricula. The development of these curricula will be based taking into account the standards defined by the MoSHP within the framework of Activity 1 of Output 3. The Action will support the MoSHP in developing a system for identification and recruitment of necessary staff as well as on the HR management for the correct functioning of the SMI.

A. 2.3. Initial and on-going trainings for multidisciplinary staff in SMI delivered

Training curriculum design and training delivery will be provided by the Action under the responsibility of the MoHSP and taking into stock guidance provided by the CoE. In designing training curriculum, all documents produced under the Activity 1 of Output 3 and related to in-patient forensic care will be fully considered.

Output 3 (influencing Specific Objectives 1, 2 and 3): A framework by which to assess the quality of forensic mental health services is established

The expected activities contributing to this output include:

A. 3.1. Standards Operational Procedures for forensic mental health in-patient and out-patient services

These Standards Operational Procedures (SOPs) will include, for example admission and formalised risk assessment; somatic health-care; care planning; clinical documentation; clinical reviews; gender specific care; age appropriate care; contact with the outside world etc. Besides their development and preparation, the Activity also envisages the necessary support to MoSHP for SOPs adoption

A. 3.2. Development of specific Guidance and Protocols

A number of guidance documents and protocols for procedures' actualisation will be elaborated, such as: guidance for management of common mental disorders (i.e. Schizophrenia, Bipolar Disorders, Depression, Dual diagnosis, Anti-social Personality Disorder, Border-line Personality Disorder, Substance Use Disorders, Autism in adults etc. including psycho-social components); guideline for gender- responsive assessment and treatments; protocol allowing for age-appropriate assessment and treatment; guidance on management of self-harm/suicide prepared and adopted; policy on restraint and short-term management of violence including the multiple safeguards required surrounding seclusion, physical/mechanical and chemical restraint/rapid tranquilisation prepared and adopted. Besides their development and preparation of these guidance documents, the Activity also envisages the necessary support to MoSHP for their practical adoption. All above mentioned documents will be developed to support the MoHSP.

Output 4 (influencing Specific Objectives 2 and 3): Comprehensive care of forensic psychiatric patients at in-patient and out-patient settings is developed

The expected activities contributing to this output include:

A. 4.1. Revision, updating and proposals for amendment of relevant regulatory framework

The relevant regulatory framework will be reviewed and (in case) updated to support and facilitate forensic psychiatric patients' safe and efficient discharge and rehabilitation and assist with deinstitutionalisation. The Albanian Institute for Forensic Medicine will be included in the reviewing process. Additional external medical and legal expertise may be requested through the CoE support. In reviewing the relevant legislation, particular attention will be put on the following: the regime of conditional discharge; the introduction of free and informed consent to medical treatment by all psychiatric patients, including forensic; the regulatory system governing co-operation between the social services, the municipally funded health-care system and the region-funded outpatient care system; introduction of probation and other measures to soften the execution of the detention measures for forensic patients who do not pose a high risk to society, etc. Moreover, if found appropriate, the introduction of the time limit related to the duration of mandatory in-patient treatment may be considered²³.

A. 4.2. Awareness raising and public health education

Awareness raising campaigns about mental health will be directed to persons with mental disorders/disabilities and their families. The activity will also entail the development of a public health education programme aimed at education and a reduction in the stigmatisation surrounding mental disorder. The awareness raising campaign will be directed to people living with disability and their families. The public health education programme will be addressed to the general population (i.e. schools, primary care centres, decision makers level etc.) and will be conducted at the community levels to improve the chances for psychiatric patients' rehabilitation into the community and reduce the pressures placed upon them. The support of NGOs active in the field as well as national mental health experts will be considered for both these components.

Coordination with activities envisaged by the National Action Plan for Persons with Disabilities (2021-2025) will be considered.

²³ Most countries allow detention of forensic patients beyond the length of prison sentence their offence would have attracted had they been imprisoned. However, some countries e.g. Croatia, Italy, Portugal, limit the time of psychiatric detention to the time the individual would have served had they not been mentally disordered and had received a custodial sentence. In Slovenia, the security measure of compulsory psychiatric treatment and protection in a health institution may be imposed for a maximum of five years. Following the expiry of this period, forensic patients must be discharged from the forensic setting.

A. 4.3. Pilot training to the judiciary regarding mental disorder, treatments and prognosis to assist them in making the best-informed initial sentencing, ongoing detention and release decisions

The pilot training will also emphasise that the in-patient care of young people found not criminally responsible by reason of mental disorder should be short-term to the extent possible. The training will be carried out by taking into stock the guidance provided by the Albanian Institute for Forensic Medicine as well as other national experts knowledgeable in the field.

Involving the Albanian Bar Association (Chamber of Advocates)²⁴ in the pilot training will be considered.

3.3 Mainstreaming

Environmental Protection, Climate Change and Biodiversity

Environment and climate change concerns are not directly tackled by the Action. However, the environmental impacts and the reduction of environmental effects will be fully considered and all standards which are environment friendly and sustainable shall be observed during the building and construction of the SMI and during its operation (waste management, water treatment, polluter emissions, energy efficiency, safety and compliance with anti-seismic standards, etc.).

Gender equality and empowerment of women and girls

It is envisaged that the SMI will provide an adequate therapeutic environment for both women and men forensic psychiatric patients. Women patients will be accommodated in safe environment and staff will be provided with clear guidance on what constitutes a “sexually safe” environment and their responsibilities to protect the safety and privacy of individual patients. The safety measures and protocols will ensure the strict compliance with “do-no harm” principle.

Across the international literature, there appears to be an emphasis on understanding the experience of trauma in the lives of violent women, and its relevance for planning treatment and care. Such a trauma-informed approach is seen as gender sensitive, yet levels of childhood adversity are similar in both men and women prisoners. Exposure to trauma in childhood is a risk factor for violence for both sexes; especially physical child abuse and witnessing domestic violence by carers. However, women in forensic services are severely traumatised and had more complex histories of victimisation than men²⁵. In developing treatment protocols for female forensic patients in SMI, gender-sensitive approach will be adopted, first of all the staff shall be trained to pay particular attention to trauma in the lives of female forensic patients. The guideline for gender- responsive assessment and treatment will be developed under the Action (see action A.3.2).

In staff planning for SMI, a balanced gender proportion will be respected.

As per OECD Gender DAC codes identified in section 1.1, this action is labelled as G1.

This implies that gender will be mainstreamed throughout the Action and some gender-specific interventions will be undertaken under a dedicated output (Specific Objective 1).

Human Rights

People with mental disorders, who pose a risk to themselves and to others, are some of the most vulnerable members of society, and special attention must be paid to protecting their rights. A forensic patient has a dual position: as a patient in need of treatment and as a person subject to the criminal justice system. In many European countries, continual attempts are being made to create a better legal balance by ensuring the right to adequate treatment for all individuals, while at the same time maintaining public safety²⁶. Although

²⁴ Primarily lawyers engaged in free legal aid provision.

²⁵ Just like a Women: Gender role stereotypes in Forensic Psychiatry; Saima Ali & Gwen Adshead; Research Topic Women in Psychiatry 2021; West London NHS Trust.

²⁶ Salize HJ, Dressing H. Placement and treatment of mentally disordered offenders: legislation and practice in the European Union. Lengerich: Pabst Science Publishers; 2005.

the clinical challenges that forensic services face recur across different countries, variability in national legislation causes significant differences at the service-patient interface, even in countries that have ratified and subscribe to the same international human rights legislation and are subject to the same international or regional monitoring bodies (i.e. CPT).

The MoHSP is committed to ensure their practice in forensic setting is ECHR compliant and the Action will support it, particularly in relation to Article 3 of the ECHR (Prohibition of torture) that stipulate the States' obligation to treat patients with dignity, care and respect and to recognise abuse or neglect. Action will support MoHSP, *inter alia*, by developing treatment protocols and SOPs for forensic care (including policy on the use of means of restraint) and continuous staff training (see Actions proposed to implement Output 3). Patients should be detained only when strictly necessary; detention is for the minimum time possible and justified in law is the basic principle as laid down in the Article 5 of the ECHR (Right to liberty and security). Also, in this case MoHSP will find support from this Action, *inter alia*, by reviewing and amending the relevant regulatory framework to facilitate discharge pathways and by offering special trainings to judges in charge of the decisions on the compulsory treatment measures and periodic revision of placement (see Actions proposed to implement Output 4).

Disability

Albania has ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) on 11 February 2013. This convention is particularly relevant to forensic mental healthcare. The CRPD aimed to change attitudes and approaches to persons with disabilities from passive recipients of care and services to active participants who can claim their rights, be active members of society and make decisions about their own lives based on informed consent.

To comply with Article 25 of the CRPD (Right to health) the Action will support that good quality physical and mental healthcare is available, accessible and acceptable to patients with disabilities and focused on person-centred care. One of the targets covered by the Action is to develop tailor made individual treatment plans for all patients kept in in-patient setting. The health professionals will be required to develop such plans and provide care of the same quality to persons with disabilities as to others. To achieve this aim, the health professional will be guided by treatment protocols that will respect right to the enjoyment of the highest attainable standard of health without discrimination based on disability. In the same line of thinking, one of the activities envisaged by the Action is to carry out awareness raising campaigns directed to persons with mental disorders/disabilities²⁷ and their families concerning mental health and well-being. Under the same Article 25 of the CRPD "the health professionals are required to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent". The Sections 20 to 25 of the Law on Mental Health 2012 did not make a clear distinction between consent to placement and consent to treatment and, in practice, a court decision on involuntary placement in a psychiatric establishment, civil or forensic, was a sufficient basis for any involuntary treatment regarded to be appropriate by the treating doctor. The amended Law 2021 addressed the recommendations expressed in the CPT reports related to the distinctions between admission and treatment in inpatient mental health services, of a voluntary or involuntary nature.

Having stipulated that, the amended provision is not applicable to forensic patients. The admission of a person to a psychiatric establishment on an involuntary basis, be it in the context of civil or criminal proceedings, should not preclude seeking informed consent to treatment. The Action proposes to review the relevant legal framework. It is expected to formulate proposals to amend the relevant legal provision and introduce a procedure whereby all psychiatric patients, including forensic, are placed in a position to give their free and informed consent to medical treatment and, if they require to be treated against their will, appropriate safeguards are put in place (see Action A.4.1). The environment of the SMI will meet the needs of individuals with physical disabilities. Relevant assistive technology equipment, such as hoists and handrails shall be provided to meet individual needs and to maximise independence.

²⁷ Mental disorder is a disability when it disrupts performance and negatively influences a person's day-to-day activities. The degree and extent that a person's functioning is impaired is another important factor in defining mental health disability.

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that some specific component related to disability will be undertaken.

Juvenile forensic patients

Although there are currently no juvenile forensic psychiatric patients, there have been such patients and it is highly likely there will be further such patients in future. Holding such patients with adult ones is inappropriate. On the other side, in-patient treatment facilities for adolescent forensic psychiatric patients could not be developed in near future, inter alia due to low number of such patients and high costs of establishing such institution. The SMI will possess a small unit dedicated to juvenile patients, completely separated from the accommodation units dedicated to adult patients. The protocols allowing for age-appropriate assessment and treatment will be developed under the Action (see Action A.3.2).

The pilot training provided to judges will emphasise that the in-patient care of young people found not criminally responsible by reason of mental disorder should be short-term to the extent possible (see Action A.4.4).

The authorities expressed their commitment to develop community-based services and programmes which respond to the special needs, problems, interests and concerns of young persons and which offer appropriate counselling and guidance to young persons and their families. At more general level, it is important to integrate prevention and intervention strategies in educational systems and ensure equal educational opportunities for all youth, but this is beyond the scope of this Action.

3.4 Risks and Assumptions

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
Risks related to planning, processes and systems	Due to delay in obtaining all necessary authorisation and permits for full validation of the feasibility study related to SMI located in Lezhe, and design of the construction works risk that the construction works will be postponed, which may result in the criticism from the EUD	Medium	Medium	All necessary authorisation and permits for full validation of the feasibility study are obtained as a matter of urgency. Design of the construction work is prepared under this Action.
Risks related to planning, processes and systems	Due to non-establishing of the design for the construction works and all the necessary connection and linkages to the infrastructural networks and appliance related to infrastructure, risk that the putting the SMI into actual operation will be delayed, which may result in the criticism from the EUD	Low	Medium	All connections and linkages to the infrastructural networks and appliance related to infrastructure are timely predicted, established and contract are timely signed
Risks related to planning, processes and systems	Due to lack of adequate supervision of the execution of the work as well as all other necessary elements characterising the SMI, risk that the SMI will not be fully operational upon opening, which may result in the	Low	Medium	All stages of each procedure are planned and closely monitored

	criticism from the EUD			
Risks related to people and the organisation	Due to low number of qualified staff in the SMI, risk that the forensic services offered will be insufficient, which may result in non-adequate treatment of patients	Medium	High	A system for identification and recruitment of necessary staff as well as on the HR management for the correct functioning of the SMI is timely established by the MoHSP Necessary financial resources for multidisciplinary staff in SMI are calculated and budgeted (secured)
Risks related to people and the organisation	Due to delay in designing Curriculum for training of multidisciplinary staff in SMI, risk that staff is not offered initial and ongoing trainings, which may result in non-adequate treatment of patients	Low	Medium	Curriculum for training of multidisciplinary staff in SMI is prepared following the adoption of the minimum standards, guidelines and policies for forensic care and approved. The managerial support is continuous to influence workforce to respect all the policies in place and provide for a training of workforce from the same day of recruitment.
Risks related to legality and regularity aspects	Due to insufficient capacity to develop and defend for approval of the minimum standards, guidelines and policies for forensic care, risk that the quality of forensic mental health services may not be assessed and supervised, which may result in significant threat to patient safety, rights or dignity (i.e. if standards are not developed, there is no “theory” to be compared with practice and identify incompatibilities)	Low	High	Experts’ support is obtained to draft all requested documents in line with the best European practices. Approval stage is successful
Risks related to legality and regularity aspects	Due to lack of revising, updating and amending the relevant regulatory framework, risk that the forensic psychiatric patients will not be adequately assisted through their deinstitutionalisation and rehabilitation, which may result in violation of ECHR	Low	High	Political support is obtained to allow for review and upon need amend the relevant legal provision in the fields related to forensic care Experts’ support is obtained to revise the relevant regulatory framework and make relevant recommendations aligned with the best European practices for its draft updating and/or amending
Risks related to people and the organisation	Due to lack of strengthening of community mental health services providing forensic care,	Medium	Medium	The MoHSP is committed to comply with the National Health Strategy 2021 – 2030.

	risk that the capacities for out-patient forensic care remain limited, which may result that the patients' mental and social factors to mitigate criminal behaviour will not be always addressed at the level of "the least restrictive environment"			
Risks related to communication and information	Due to failure to develop and conduct a public health education programme and to carry out the awareness raising campaign, risk of ongoing stigmatisation of persons with mental disorders, which may result in reduced chances for psychiatric patients' rehabilitation into the community	Medium	Low	The functional communication methods and channels between the MoHSP and the Ministry of Education, local governments etc. are established with the aim to conduct activities aimed at de-stigmatisation of mental disorders
Risks related to communication and information	Due to non-establishing the functional communication methods and channels with the Council of the judiciary, risk of lack of training to the judiciary regarding mental disorder, treatments and prognosis, which may result in non-significant changes in the current practice related initial sentencing and decision on ongoing detention and release	Medium	Medium	The functional communication methods and channels between the MoHSP and the Council of the judiciary are established

External Assumptions

Due to current accession negotiation process, the Action assumes that the authorities will comply with the ECtHR judgment (case of Strazimiri v. Albania - application no. 34602/16) and take measures "To provide appropriate living conditions and adequate health care to mentally ill persons who were subject to deprivation of liberty because of the courts ordering their compulsory medical treatment. Such measures should include either refurbishing existing facilities or creating new specialised facilities whose purpose was to cure or alleviate the mental health of detainees, reduce their dangerousness and facilitate their reintegration into society. Lastly, the authorities should recruit sufficient qualified mental health care workers in such facilities and consider, where appropriate, the possibility of outpatient treatment".

Also, it is foreseen that the Government will continue with health systems reforms and be compliant with the commitments already taken in the frame of the National Health Strategy, particularly on the actions aimed to ameliorate mental health sector.

In the implementation of this Action, it must be assumed that once **Outputs** are achieved, if the following assumptions are met:

- continual support to SMI ensures its sustainability;
- internal knowledge is capitalised and staff retained;
- necessary resources (financial and human) are secured to maintain the quality framework;
- incentives are provided to attract and retain multidisciplinary staff.

Then the attainment of the **Specific Objectives** can be directly influenced.

Likewise, the contribution to the reaching of the **Overall Objective** will be possible if together the attainment of the specific objective, the following assumptions occur:

- necessary resources (financial and human) are secured to maintain the quality framework;
- necessary regulatory provisions are adopted to facilitate discharge pathways;
- that necessary resources (financial and human) are secured to allow for expanding forensic mental health coverage.

3.5 Indicative Logical Framework Matrix

Results	Results chain: Main expected results (maximum 10)	Indicators [it least one indicator per expected result]	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To contribute to health systems reforms with regard to raising the coverage and standards of care provided to forensic psychiatric patients	Level of compliance with the CPT standards on forensic psychiatric care	Low level of compliance	High level of compliance	CPT Report (2032-2035)	<i>Not applicable</i>
Outcome 1	Adequate in-patient treatment of forensic patients ensured	1.1. - Percentage of patients with individual treatment plan developed, disaggregated by sex 1.2. - Percentage of patients offered purposeful and structured activities on a daily basis, disaggregated by sex	1.1. - None ²⁸ 1.2. - None	1.1. - 100% 1.2. - 100%	1.1. - MoHSP annual reports (2030) 1.2. - MoHSP annual reports (2030)	Necessary resources (financial and human) are secured to maintain the quality framework

²⁸ Treatment plan refers to a written document that outlines the proposed goals, plan, and methods of therapy.

Outcome 2	Discharge pathways evolved	2 - No. of patients discharged yearly from the SMI and receiving community-based treatment, disaggregated by sex	2 - 54 in 2020; 38 in 2021; 56 in 2022	2 - Minimum 80 per year	2 - Yearly reports sent from SMI to the MoHSP (2030 and following)	Necessary regulatory provisions are adopted to facilitate discharge pathways
Outcome 3	Outpatient forensic service delivery strengthened	3 - No. of community centres providing forensic services 4-No of community centres providing gender-responsive forensic services	3-10 Community Mental Health Centres are functional 4-10 Community Mental Health Centres	3-16 Community mental Health Centres aiming to cover each district ²⁹ 4-16 Community Mental Health Centres	3 and 4 MoHSP final report (2031) on the Action Plan of National Health Strategy	Necessary resources (financial and human) are secured to allow for expanding forensic mental health coverage
Output 1 related to Outcome 1	1. The SMI for treatment of forensic psychiatric patients established	1 - Extent to which the SMI responds to the minimum standards including gender equality standards set by the MoHSP	1 - No compliance	1 - satisfactory compliance	1 – MoHSP/Agency for Quality Assurance of Health and Social Care Services (2030)	Continual support to SMI ensures its sustainability
Output 2 related to Outcome 1	2. Capacity building of multidisciplinary staff of SMI enhanced	2 - Percentage of trained workforce in SMI disaggregated by sex	2 - 35% of staff trained; 60% F / 40% M	2 - 100%	2 – MoHSP/Agency for Quality Assurance of Health and Social Care Services (2030)	Internal knowledge is capitalised and staff retained
Output 3 related to Outcomes 1, 2 and 3	3. A framework by which to assess the quality of forensic mental health services is established	3 - No. of Standard Operating Procedures for forensic in-patient and out-patient psychiatric care adopted	3 - 1	3-8	3 and 4 - MoHSP orders (2028)	Necessary resources (financial and human) are secured to maintain the quality framework

²⁹ according to National Health Strategy, plan to establish six more centres

		4-No of SOPs ensuring gender-responsive assessment and treatment	4-0	4-8		
Output 4 related to Outcomes 2 and 3	4. Comprehensive care of forensic psychiatric patients at in-patient and out-patient setting is developed	5 - No. of multidisciplinary staff per category and disaggregated by sex in in-patient forensic care ³⁰ psychiatrists psychologists social workers occupational therapists nurses carers general practitioners dentist radiologist laboratory technician physiotherapist microsurgery nurse, hygienist	5 - In-patient forensic care provided by 2 (1M/1F) 4 (3M/1F) 6 (3M/3F) 4 (all M) 29 (14M/15F) 31 (9M/21F) 4 (all M) 0 0 0 0 0 0 0	5 - SMI with a capacity of 350 beds 10 10 6 10 80 60 10 1 1 1 1 1 1 1	5 - MoHSP (2030)	Incentives are provided to attract and retain multidisciplinary staff

³⁰ Lezha facility for male forensic patients and Tirana Prison Hospital for female ones. It should be kept in mind that staff in the Prison Hospital is not dedicated to care exclusively for female forensic patients; the staff constantly rotate among the different wards of the Prison Hospital (e.g. one psychiatrist is responsible for all Hospital's patient; two psychologists are responsible for all Hospital's patients; in the ward for female psychiatric patients, two nurses, two prison officers and at least one orderly (carer) are present around the clock).

3. IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this Action, it is envisaged to conclude a Financing Agreement with the Government of Albania

4.2 Indicative Implementation Period

The indicative operational implementation period of this Action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 72 months from the date of conclusion of the Financing Agreement.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3 Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures.

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures.

4.3.1 Direct Management (Procurement)

4.3.2 Indirect Management with a pillar-assessed entity

In order to implement **Output 1** (*The SMI for treatment of forensic psychiatric patients established*) it is envisaged that a works contract is procured and implemented and ancillary supplies will be ensured to equip and refurbish the SMI from an international organization e.g. UNOPS that has identified three key areas in which it can provide integrated services offering to sustainability strengthen national health systems one of which is long term procurement. UNOPS interventions will ensure that the full range of needs assessments, direct implementation for infrastructure development starting from procurement of design, construction works and supervision and procurement of medical devices as well as its installation, training and use and maintenance is properly undertaken and refurbishment of health facilities.

The items to be supplied can be differentiated into separate lots within the same supply contract.

The implementation of the works and the delivery of the necessary supplies will be supervised by means of a service contract.

A part of this Action, namely the activities envisaged to deliver **Outputs 2, 3 and 4** may be implemented in indirect management with a pillar assessed entity, which will be selected by the Commission's services using the following criteria:

- Deep understanding of the problematics related to forensic psychiatric in Albania as well as in the European Union;
- Experience in the sectors of justice and fundamental rights;
- Impartiality and objectivity in the performance of the assigned activities;
- Quality track record of similar or relevant interventions carried out in Albania as well as in other EU candidate countries or EU member states;
- Proven operational capacities in terms of mobilisation of qualified expertise and organisation of awareness campaigns;
- Monitoring and evaluation capacities supported by a sector relevant performance assessment framework suitable at setting benchmarks and validating targets.

The implementation by this entity entails all activities necessary to deliver Outputs 2 to 4 of this Action, such as:

- **Output 2:** *Capacity building of multidisciplinary staff of SMI enhanced*
- **Output 3:** *A framework by which to assess the quality of forensic mental health services is established*
- **Output 4:** *Comprehensive care of forensic psychiatric patients at in-patient and out-patient setting is developed.*

The latter Output also envisages the implementation of an awareness raising and public health education campaign.

4.3.3 Changes from indirect to direct management (and vice versa) mode due to exceptional circumstances

If the implementation modality under direct management cannot be implemented due to circumstances beyond the control of the Commission, the modality of implementation by indirect management with a pillar-assessed entity would be used according to section 4.3.2, provided that the capacity, independence and objectivity in the supervision of works is ensured.

4.4 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

4.5 Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)
Methods of implementation – cf. section 4.3	
Specific Objective 1 <i>Adequate in-patient treatment of forensic patients ensured</i> composed of	18.500.000,00
Procurement (indirect management with UNOPS) – cf. section 4.3.2	17.300.000,00
Procurement (indirect management with UNOPS) – cf. section 4.3.2	1.200.000,00
Specific Objectives 2 <i>Discharge pathways evolved</i> and 3 <i>Outpatient forensic service delivery strengthened</i> composed of	1.300.000,00
Indirect management with a pillar assessed entity – cf. section 4.3.2	1.300.000,00
Procurement – total envelope under section 4.3.2	18.500.000,00
Indirect management with a pillar assessed entity - total envelope under section 4.3.2	1.300.000,00
Evaluation – cf. section 5.2	200.000,00
Audit – cf. section 5.3	
Totals	20.000.000,00

4.6 Organisational Set-up and Responsibilities

The leading agency in the implementation of this Action is the Ministry of Health and Social Protection. The General Directorate of Prisons attached to the Ministry of Justice is also involved in the implementation of the Action with reference to Output 1: *The SMI for treatment of forensic psychiatric patients established* and namely for all those aspects related to the construction of the SMI within the land under their responsibility where **attached as Annex of this document the official letter with Prot. No. 1764/2 date 29th of March 2023** sent by the Minister of Justice to the Ministry of Health and Social Protection with subject “Placing at the possession of the Ministry of Health of the land at Shen Koll Prison for the Construction of the National Special Medical Institution for forensic patients” together with the Land Title Certificate and Land Map.

The Ministry of Health and Social Protection will carry out all necessary consultations and monitoring activities with relevant stakeholders especially for what concerns the implementation of Outputs 2, 3 and 4.

A Steering Committee will be established to monitor and keep track of the Action implementation, more specifically a project implementation unit will be formed within the Steering Committee with the specific tasks of supervising the construction, refurbishment and putting into operation of the SMI (Output 1).

Drejtoria e Pergjithshme e Burgjeve Rruga : “Zef Serembe” Tiranë,

Tel +355 4 271437, Fax + 355 4 22 82 92, Web: www.dpbsh.gov.al, E-mail: info@dpbsh.gov.al

Members of the Steering Committee will be representatives from the Ministry of Health and Social Protection, Ministry of Justice, General Directorate of Prisons, Contracting Authority and the pillar assessed entity entrusted with the implementation of the Action.

The project implementation unit will have a more technical composition with representatives delegated by the Steering Committee and may envisage the involvement of independent external experts.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action.

4.7 Pre-conditions

The precondition for financing this Action is to have the land where the establishment will take place under the use of the Ministry of Health and Social Protection.

This precondition is based on the official decision taken by the Ministry of Justice to destine a lot of the Lezha territory where the Prison of Shen Koll is located and that is under the Ministry of Justice competence and property.

4. PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its Outputs and contribution to the achievement of its Outcomes, and if possible at the time of reporting, contribution to the achievement of its Impacts, as measured by corresponding indicators, using as reference the log-frame matrix.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Arrangements for monitoring and reporting, including roles and responsibilities for data collection, analysis and monitoring:

For **impact** indicators the source of verification is the CPT and namely its Report for the period 2032/2035.

For **outcome** indicators the source of verification is the MoHSP, whose will collect and provide data for monitoring either through its annual reports and the reports that are expected to be provided by the SMI once fully operational, namely reports produced starting from 2032 and following years.

For output indicators the sources of verification are set by year 2030 and are respectively:

- **Outputs 1 and 2:** the data collected by the Agency for Quality Assurance of Health and Social Care Services
- **Output 3 and 4:** the data collected by the MoHSP

As the primary source of verification is the MoHSP, the cost of collecting data is covered by the institution and no specific monitoring arrangement has to be specifically put in place for this Action.

5.2 Evaluation

Having regard to the nature of the action, a final evaluation(s) will be carried out for this action or its components through a joint mission contracted by the Commission.

It will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that the Action envisages the building and put into operation of a special medical institution which is the cornerstone for Albania to discharge its legal obligation under Article 46 (binding force and implementation) of the European Convention on Human Rights (ECHR) and take the necessary measures of a general character in order to secure appropriate living conditions and the provision of adequate health care services to mentally ill persons who are subject to deprivation of liberty on the basis of a court-ordered compulsory medical treatment.

The Commission shall form a Reference Group (RG) composed by representatives from the main stakeholders at both EU and national (representatives from the government, from civil society organisations (private sector, NGOs, etc.), etc.) levels. If deemed necessary, other donors will be invited to join. The Commission shall inform the implementing partner at least six months in advance of the dates envisaged for the evaluation exercise and missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders following the best practice of evaluation dissemination. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Evaluation services may be contracted [under a framework contract.

5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

5. STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

All entities implementing EU-funded external actions have the contractual obligation to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. To that end they must comply with the instructions given in the 2022 guidance document *[Communicating and raising EU visibility: Guidance for external actions](#)* (or any successor document).

This obligation will apply equally, regardless of whether the actions concerned are implemented by the Commission, the partner country, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU Member States. In each case, a reference to the relevant contractual obligations must be included in the respective financing agreement, procurement and grant contracts, and contribution agreements.

For the purpose of enhancing the visibility of the EU and its contribution to this action, the Commission may sign or enter into joint declarations or statements, as part of its prerogative of budget implementation and to safeguard the financial interests of the Union. Visibility and communication measures should also promote transparency and accountability on the use of funds. Effectiveness of communication activities on awareness about the action and its objectives as well as on EU funding of the action should be measured.

Implementing partners shall keep the Commission and the EU Delegation/Office fully informed of the planning and implementation of specific visibility and communication activities before the implementation. Implementing partners will ensure adequate visibility of EU financing and will report on visibility and communication actions as well as the results of the overall action to the relevant monitoring committees.

6. SUSTAINABILITY

The sustainability of this Action is ensured by the following factors:

The feasibility study related to the building and put into operation of the SMI shall include a financial projection of its yearly maintenance costs that will be incorporated in the budget allocation to the MoHSP current plan of expenditures

Similarly, the retention and updating of the qualified staff operating in the SMI will be part of the MoHSP yearly plan of expenditures

The existence of the SMI will be taken into account by the MoHSP with regards to the sustainability of the community health care system as being part of the process of sector reform.