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Report

**to the Bulgarian Government
on the visit to Bulgaria
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 10 to 21 August 2020

The Bulgarian Government has requested the publication of this report.

Strasbourg, 2 December 2020

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EXECUTIVE SUMMARY

The main objective of the 2020 ad hoc visit to Bulgaria was to examine whether any progress had been made by the Bulgarian authorities since the 2017 periodic visit of the CPT as regards the implementation of its recommendations concerning the treatment, conditions and legal safeguards offered to psychiatric patients and residents of social care institutions.

The Committee notes with grave concern that the findings of the visit show that many of the CPT's long-standing recommendations remain unimplemented and that the Bulgarian authorities have failed to take effective action to improve the situation in the light of the Committee's recommendations. Therefore, the CPT has decided to set in motion the procedure provided for in Article 10, paragraph 2, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.¹

Psychiatric establishments

The delegation visited St Ivan Rilski State Psychiatric Hospital and Tsarev Brod State Psychiatric Hospital for the first time, as well as Byala State Psychiatric Hospital, previously visited by the CPT in 2006.

In all three hospitals visited, the delegation received allegations of ill-treatment of patients by staff, namely that, on occasion, orderlies ('sanitars') were verbally rude to patients, shouted at them, pushed or slapped them. Although there was an oppressive atmosphere and grossly inappropriate use of restraint in Tsarev Brod with metal chains to wrists and ankles, secured with padlocks, the actual physical ill-treatment of patients by staff did not appear widespread there; however, the situation in St Ivan Rilski and Byala was very concerning.

As regards living conditions, the Committee notes that some renovation has occurred in all three hospitals, particularly in Tsarev Brod, and that material conditions in Byala had improved since the CPT's last visit in 2006. However, although patients in all three hospitals were generally accommodated in small dormitories that were satisfactorily lit and ventilated, some areas were dilapidated and there was clear scope for further general material improvement, as most dormitories were bare and lacked personalisation and privacy, with few personal belongings and no personal lockable space.

In all three hospitals visited, inadequate, and often grossly insufficient numbers of ward-based staff were found, to differing degrees. Further, the number of multi-disciplinary clinical staff was totally inadequate to meet the many psycho-social treatment and rehabilitation needs of patients. The Committee has expressed its view that the persistent staff shortages give the impression that, in the Ministry of Health, mental health care is not sufficiently valued and clearly needs to be given a higher priority for investment and development.

¹ "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

With regards to the regime and treatment available to patients, the atmosphere on many of the wards in all three hospitals visited often appeared less than therapeutic, sometimes neglectful and even controlling, oppressive and punitive. Treatment, as found by the CPT in other Bulgarian psychiatric hospitals on numerous occasions, most recently in 2017, was predominantly pharmacotherapeutic. The situation was made even more intolerable since many patients had no, or only very limited, access to daily outdoor exercise.

The Committee notes the steps taken in response to the Covid-19 pandemic in the psychiatric hospitals and social care institutions visited by the CPT's delegation and acknowledges that it certainly remains a serious risk to vulnerable patients and residents.

The CPT recommends that the Bulgarian authorities develop a specific and comprehensive strategy which addresses their obligations in response to the Covid-19 pandemic in psychiatric hospitals and social care institutions and sets out some elements of such a strategy. Moreover, the Committee recommends that the institution of a State-funded regime of regular PCR testing of all staff (and any psychiatric patient or social care resident who enters or re-enters the establishment) should be given serious consideration.

Regarding means of restraint, seclusion, mechanical and chemical restraint of patients was practised in all hospitals visited. However, as during the visit in 2017, the CPT standards regarding the use of means of restraint were not being properly adhered to in any of the three establishments visited.

Furthermore, the restraint equipment used in all three hospitals was inappropriate and caused pain to mechanically restrained patients. The most disturbing situation was found in Tsarev Brod where, despite the availability of properly designed padded restraint belts, patients were nearly exclusively restrained to beds with metal chains to wrists and ankles, secured with padlocks, often for days on end. Such a shameful practice is totally unacceptable and could easily be considered as inhuman and degrading; it must stop immediately.

Similar to the findings of the 2017 visit, at St Ivan Rilski and Tsarev Brod hospitals it became clear that a number of legally competent patients who had signed consent to hospitalisation forms and were still deemed voluntary, were nevertheless not truly consenting to their hospitalisation, stating that they wanted to leave but were not allowed to do so, and were thus *de facto* detained.

With regard to contact with the outside world, in all three hospitals there were many complaints that access to a telephone was very limited. The CPT recommends that the Bulgarian authorities ensure that all psychiatric patients are allowed access to a telephone or their own mobile phone on a daily basis, unless there are serious security contraindications or there is a lawful and reasoned doctor's order based on an individual risk assessment or a court order to the contrary.

Social care establishments

The CPT's delegation visited, for the first time, the social care homes for persons with learning disabilities in Kudelin and Samuil and the social care home for persons with psychiatric disorders in Govezhda.

The phenomenon of physical ill-treatment of residents by staff in Bulgarian social care homes was a matter of long-standing concern by the Committee. In all three establishments visited in 2020, the delegation received a number of credible allegations that staff, on occasion, shouted at residents, and that orderlies ('sanitars') – and also gate guards in Kudelin and Govezhda – carried and would occasionally hit residents with wooden sticks. Sticks matching descriptions given by residents were found by the delegation in staff offices in all three establishments.

Turning to living conditions, in all three establishments visited, residents were accommodated in small dormitories which were well lit and ventilated and not overcrowded. Although the major renovation of Samuil social care home provided for satisfactory internal décor and even en-suite sanitary facilities in many rooms, conditions in Kudelin and Govezhda were bare and dilapidated, with nearly no scope for personalisation and privacy; the residents' living environment in both establishments requires major improvement.

Regarding staffing, in all three establishments, as in the ones visited in 2017, it was clear that the numbers of unit-based staff (nurses and orderlies) were totally insufficient to provide proper individual and personalised care, comfort, supervision and protection to the large number of needy residents. Further, seemingly due to low salaries and the difficulties in attracting and retaining staff to work in the rather remote establishments, the professional quality of staff, especially orderlies, appeared to be poor; this, combined with inadequate training and supervision, undoubtedly increased the risk of ill-treatment of residents.

The numbers of multi-disciplinary staff who could provide psycho-social, occupational and recreational input to residents were also inadequate, particularly in Kudelin and Govezhda.

Even though seclusion and restraint remain illegal in Bulgarian social care establishments under national law, such restrictive practices were found to be occurring, to differing degrees, in all three establishments visited (similar to the CPT's findings in 2017). The Committee noted with the greatest concern that in Kudelin residents reported that, on occasion, they could be fixed to benches in the grounds, or even to a bed in one of the two seclusion rooms, using metal chains secured with padlocks (chains and padlocks matching the residents' descriptions were found in the establishment's guard's office). Such a practice is totally unacceptable and could be considered as inhuman and degrading; it should cease immediately.

The Committee concludes that the continuation of the existence of such social care establishments in Bulgaria is not viable. It strongly supports the Bulgarian authorities' plan to close a number of social care establishments by 2022 and develop appropriate community care facilities. Moreover, the Committee strongly urges the Bulgarian authorities to rapidly accelerate their closure programme of the remaining old-style, outdated social care establishments, eradicating the need for them as soon as possible.

In advance of the closure of all these outdated establishments, the CPT calls upon the Bulgarian authorities to take concrete and urgent measures (including those recommended in this report) aimed at upholding the human dignity of all persons placed in the existing social care homes, and without any further delay.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Bulgaria from 10 to 21 August 2020. The visit was one which appeared to the Committee “to be required in the circumstances” (see Article 7, paragraph 1, of the Convention).

2. The visit was carried out by the following members of the CPT:

- Mykola Gnatovskyy, President of the CPT (Head of the delegation)
- Elsa Bára Traustadóttir.

They were supported by Dalia Žukauskienė of the Committee's Secretariat, and assisted by:

- Clive Meux, forensic psychiatrist, Oxford, United Kingdom (expert)
- Elena Alexieva (interpreter)
- Iliana Atanassova (interpreter)
- David Ieroham (interpreter).

3. The main objective of the visit was to examine whether progress had been made by the Bulgarian authorities, since the 2017 periodic visit of the CPT, as regards the implementation of its recommendations concerning the treatment, conditions and legal safeguards offered to psychiatric patients and residents of social care institutions. The situation found by the Committee’s delegation in psychiatric and social care establishments during the 2017 periodic visit to Bulgaria was extremely concerning.² It was the subject of further written exchanges between the CPT and the Ministry of Health and the Ministry of Labour and Social Policy and was discussed during high-level talks in Sofia in January 2019. The current visit allowed the CPT’s delegation to assess the situation on the spot, almost three years after its previous visit.

The list of psychiatric and social care establishments visited by the CPT’s delegation can be found in Appendix I.

² See CPT/Inf (2018) 15, <https://www.coe.int/en/web/cpt/bulgaria>.

4. The report on the visit was adopted by the CPT at its 103rd plenary meeting, held from 3 to 6 November 2020 and transmitted to the Bulgarian authorities on 26 November 2020. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests the Bulgarian authorities to provide within three months a response containing a full account of action taken by them to implement the Committee's recommendations and replies to the comments and requests for information formulated in this report.

As regards the requests for information in paragraphs 43, 56 and 79 of the report, the CPT requests for such an information to be provided within one month.

B. Consultations held by the delegation and co-operation encountered

5. During the visit, the delegation held consultations with Zornitsa Roussinova, Deputy Minister of Labour and Social Policy and Jeny Nacheva, Deputy Minister of Health, as well as with the senior officials from the two Ministries.

A list of the national authorities with which the delegation held consultations is set out in Appendix II.

6. The delegation received generally excellent co-operation prior to and during the visit. In particular, the delegation enjoyed rapid access to all the establishments visited (none of which had been notified in advance), was able to study all the relevant documentation and speak in private with persons deprived of their liberty.

The Committee wishes to express its appreciation for the efficient assistance provided to its delegation by the Liaison Officer appointed by the Bulgarian authorities, Dimitar Terziivanov from the Ministry of Justice.

7. That said, the CPT must recall once again that the principle of co-operation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in the light of the CPT's recommendations.

In this context, the Committee must note with grave concern that many of the CPT's long-standing recommendations concerning the treatment, conditions and legal safeguards offered to psychiatric patients and residents of social care institutions remain unimplemented, e.g. regarding widespread physical ill-treatment, illegal and informal seclusion and restraint of residents in social care institutions, environments that do not provide dignity and privacy nor allow individualised care, and low numbers of staff who lack the requisite skills to provide the breadth of care and treatment required.

It is the Committee's firm view that the Bulgarian authorities have failed to take effective action to address the above-mentioned concerns and to improve the situation in the light of the Committee's recommendations. Despite the existence of government-developed long-term plans, the findings of this year's visit have unfortunately confirmed that the current situation of large numbers of persons in psychiatric and social care establishments could easily amount to inhuman and degrading treatment. The absolute prohibition of such treatment is at the foundation of any democratic society, all the more so a member state of the Council of Europe.

The Committee urges the Bulgarian authorities to address the failings in psychiatric and social care establishments without further delay. The Bulgarian state bears full international legal responsibility for respecting the fundamental rights of all persons in its closed institutions. The current situation, which could easily amount to an ongoing violation of Article 3 of the European Convention on Human Rights in respect of many persons, must be addressed concretely and urgently. Obviously, the Committee stands ready (as it has always done) to assist the Bulgarian authorities in addressing the situation, through advice and – if the authorities so wish – helping to mobilise further support from the relevant stakeholders, including at the European level.

Meanwhile, however, the CPT has decided, in the course of its 103rd plenary meeting in November 2020, to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention.³ A separate letter on this subject will be sent to the Bulgarian authorities shortly.

C. Immediate observations under Article 8, paragraph 5, of the Convention

8. At the end of the visit, the CPT's delegation met senior Government officials in order to acquaint them with the main facts found during the visit. On that occasion, the delegation made seven immediate observations, in pursuance of Article 8, paragraph 5, of the Convention, on certain particularly urgent matters.

9. The **first three immediate observations** concerned the use of means of restraint in psychiatric hospitals. The Bulgarian authorities were requested to confirm, **within one month**, that:

- the use of chains as a means of restraint in Tsarev Brod Hospital had ceased and that all such chains had been removed from the hospital;
- the restraint technique of using padlocked waist belts in St Ivan Rilski Hospital had ceased;
- urgent measures had been taken to ensure that only specially designed restraint equipment, which did not cause pain and bodily injury, was used in all psychiatric hospitals in Bulgaria.

³ "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

10. The **fourth immediate observation** concerned a constellation of findings in Tsarev Brod Hospital, specifically a combination of ill-treatment, an oppressive atmosphere on the wards, the use of over-sedation, the use of chains by medical, nursing and auxiliary staff, with the knowledge of the hospital's management, restrictions on contact with the outside world, no effective complaints mechanism, a lack of patients' awareness of their rights, and the *de facto* detention of patients. The Bulgarian authorities were requested to confirm, **within one month**, that urgent steps had been taken to ensure that the management and clinical staff of the Tsarev Brod Hospital were appropriately instructed and re-trained to guarantee the prioritisation of individual patients' rights and safety in the hospital and the prevention of unacceptable oppressive measures.

11. The **last three immediate observations** concerned the use of means of restraint in social care establishments. The Bulgarian authorities were requested to confirm, **within one month**, that:

- the use of chains as a means of restraint in Kudelin social care home for persons with learning disabilities had ceased and that all such chains had been removed from the establishment;
- the use of the seclusion facility (Bungalow No.12) in Govezhda social care home for persons with psychiatric disorders for the locked seclusion of residents had ceased and that the bars had been removed from the room in that facility;
- all informal restraint measures (seclusion, mechanical restraint, chemical restraint) had ceased in the three social care establishments visited (and in other social care establishments in Bulgaria).

12. The immediate observations referred to in paragraphs 9 to 11 above were subsequently confirmed in a letter of 27 August 2020 from the Executive Secretary of the CPT.

By a letter dated 30 September 2020 the Bulgarian authorities informed the Committee of the measures taken by the Ministry of Labour and Social Policy. Those measures will be assessed later in the report.

The Committee is extremely disappointed by the absence of any response from the Ministry of Health, which only strengthens the Committee's concerns regarding the level of attention this Ministry dedicates to the patients and staff within its mental health care services.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Psychiatric establishments

1. Preliminary remarks

13. The delegation visited St Ivan Rilski State Psychiatric Hospital and Tsarev Brod State Psychiatric Hospital for the first time, as well as Byala State Psychiatric Hospital, previously visited by the CPT in 2006.⁴

Byala State Psychiatric Hospital, the second biggest state psychiatric hospital in the country, with an official capacity of 270, at the time of the visit was accommodating 184 adult patients – 113 male and 71 female. There were 43 civil involuntary patients (29 men and 14 women) and nine forensic patients undergoing compulsory treatment (seven men and two women). Regarding patients' diagnoses, schizophrenia and other psychoses (acute and chronic) accounted for 70-75% of patients, with other diagnoses including affective disorders, addictions and organic conditions, including a small number of learning-disabled patients.

St Ivan Rilski State Psychiatric Hospital, with an official capacity of 130, at the time of the visit was accommodating 128 patients – 65 male and 63 female. There were 52 civil involuntary patients (27 men and 25 women) and 13 forensic patients undergoing compulsory treatment (11 men and two women). As for diagnoses, approximately 65% of the patients suffered from schizophrenia, some 20% suffered from affective disorders and the rest from organic psychoses and dementia and alcohol or drug dependency.

Tsarev Brod State Psychiatric Hospital, with an official capacity of 137, at the time of the visit was accommodating 83 adult patients – 61 male and 22 female. There were (officially)⁵ 26 civil involuntary patients and 3 forensic patients undergoing compulsory treatment. The main diagnosis among the patients was schizophrenia in its various forms, followed by organic and personality disorders.

14. It is noteworthy that, as during the visit in 2017, the delegation was informed that in all three hospitals there were a number of patients who no longer needed to be hospitalised but who allegedly remained in the hospitals as there was no alternative place for them to live nor sufficiently robust community care to allow for their care in the community. The Committee reiterates its view that for persons to remain in a psychiatric hospital purely as a result of the absence of appropriate community facilities is highly regrettable. Further, such patients who are not *de jure* but *de facto* detained should be free to leave. If their condition places them at risk of danger to themselves or others, the patient must be assessed to establish if an involuntary hospitalisation should take place.

⁴ See CPT/Inf (2008) 11, <https://www.coe.int/en/web/cpt/bulgaria>.

⁵ See, however, paragraph 50 below.

15. The provision of proper psychiatric care in the community can not only shorten or avoid in-patient admission or readmission and thus reduce the potential for ill-treatment, but also allows for the speedy re-integration of in-patients back into the community, as well as improving treatment experiences and outcomes for them. In order to improve the quality of life of patients, **the CPT recommends that the Bulgarian authorities make every effort to further promote, as a matter of priority, de-institutionalisation and the development of a full and appropriate range of residential and out-patient psychiatric care in the community, including fully functioning and responsive community mental health teams**; this is also relevant in the context of the country's obligations stemming from the UN Convention on the Rights of Persons with Disabilities.⁶

For patients without families, supported accommodation in the community should be in small living units, in locations that are not isolated or remote and have relevant facilities close at hand. The CPT recommends that the Ministry of Health and the Ministry of Labour and Social Policy work together closely to implement these precepts.

As such de-institutionalisation progresses, the Bulgarian authorities must take concrete and urgent measures (including those set out in the recommendations made in this report), without further delay, aimed at upholding the human dignity of all patients residing in the psychiatric hospitals.

2. Ill-treatment

16. In all three hospitals visited, the delegation received allegations that, on occasion, orderlies ('sanitars') were verbally rude to patients, shouted at them, pushed or slapped them. Although there was an oppressive atmosphere and grossly inappropriate use of restraint in Tsarev Brod,⁷ the actual physical ill-treatment of patients by staff did not appear widespread there; however, the situation in St Ivan Rilski and Byala was very concerning.

In St Ivan Rilski, the delegation received numerous allegations of orderlies not only slapping patients, but also pushing, punching and kicking them as well as pulling them by the hair. Further, a senior member of clinical staff told the CPT's delegation that they had witnessed an orderly hitting a patient on the female acute ward, whilst the patient was restrained.

⁶ Ratified by Bulgaria in 2012.

⁷ See paragraph 42 below.

In Byala, on the male old-age ward, patients, who generally appeared rather fearful and reluctant to talk, complained of several orderlies (one name was mentioned particularly often⁸) slapping and hitting the patients. A patient aged in his seventies showed the medical member of the delegation a bruise on his abdomen⁹ where he had been, allegedly, punched by an orderly a week before, while lying on his bed. Another patient told the delegation that a month previously he had witnessed how, after an altercation with an orderly, a patient¹⁰ had been fixated to his own bed (by one arm and one leg) and beaten by the orderly all over his body with a black plastic pipe (an item matching the description was later found by the delegation in a nearby staff room). Allegedly, the orderlies on night shift occasionally carried the black plastic pipe with them to assert their authority.

On the male chronic ward, the delegation received allegations of orderlies slapping, punching and kicking patients; also, of orderlies carrying sticks and occasionally beating patients with them (a wooden stick matching the description given was found in the staff room on the ward). Furthermore, a patient complained that after being mechanically restrained with four-point fixation, he had been beaten by an orderly with a restraint belt.

17. The CPT must also express its serious concern about the fact that mechanical restraint equipment used in all three hospitals was inappropriate (including, in Tsarev Brod, metal chains to wrists and ankles, secured with padlocks) and caused pain to restrained patients. In this regard, reference is made to the remarks and recommendations made in paragraphs 42 and 43.

18. Following the 2017 visit, the CPT recommended to the Bulgarian authorities that they take steps to prevent the ill-treatment of patients by staff and to remove any non-standard issue objects capable of being used for inflicting ill-treatment from the premises of all psychiatric hospitals in Bulgaria. Regrettably, the response provided by the authorities to the 2017 visit report dismissed the CPT's findings instead of acknowledging the seriousness of the problem. The Committee regrets to note that the findings of the 2020 visit show that the Bulgarian authorities have once again failed to take the necessary measures to ensure the safety of psychiatric patients.

The CPT calls upon the Bulgarian authorities to act urgently and in a proactive manner to prevent further ill-treatment of psychiatric patients by staff, and to ensure that the management of psychiatric hospitals exercise continuous vigilance and remind the staff at regular and frequent intervals that any form of ill-treatment of patients, whether verbal or physical, is totally unacceptable and will be punished accordingly.

An atmosphere must be created in which it is accepted that the right thing to do is to report ill-treatment to managers through appropriate channels. This implies the existence of a clear reporting line as well as the adoption of "whistle-blower" protective measures (i.e. a framework for the legal protection of individuals who disclose information on ill-treatment and other malpractice).

⁸ The identity of this orderly was disclosed to the Director of the establishment who promised the delegation that he would take appropriate action.

⁹ On physical examination he had a single large bruise (measuring approximately 15 x 4 cm; purple/brown centre with green irregular edges) on the epigastric and left hypochondrial regions of his abdomen; the injury was consistent with blunt trauma to the area in the timescale given by the patient.

¹⁰ The patient in question had already been discharged at the time of the CPT's visit.

Moreover, bearing in mind the challenging nature of their work, **it is of crucial importance that orderlies be carefully selected and that they receive both appropriate training before taking up their duties and in-service courses. Further, during the performance of their tasks, they should always be closely supervised by – and be subject to the authority of – qualified health-care staff.**

19. Regarding inter-patient violence, although some disagreements and occasional fights between patients did occur, this did not appear to be a substantial problem in any of the hospitals visited.

3. Living conditions

20. The Committee notes that some renovation has occurred in all three hospitals, particularly in Tsarev Brod (e.g. new windows, renovated sanitary facilities, some replacement beds); and that material conditions in Byala had improved since the CPT's last visit. However, although patients in all three hospitals were generally accommodated in small dormitories that were satisfactorily lit and ventilated, some areas were dilapidated and there was clear scope for further general material improvement, as most dormitories were bare and lacked personalisation and privacy, with few personal belongings and no personal lockable space. Furthermore, in Byala and St Ivan Rilski there were no specific assigned safe outdoor areas for patients on the acute wards, which, combined with the low numbers of staff to supervise patients,¹¹ contributed to the seriously restricted access to daily outdoor exercise for patients.¹²

Living conditions in psychiatric hospitals should be conducive to the treatment and welfare of patients; in psychiatric terms, they should provide a positive therapeutic environment. **Therefore, the CPT recommends that the Bulgarian authorities take the necessary measures to further improve living conditions in Byala, St Ivan Rilski and Tsarev Brod hospitals, and in particular to ensure that:**

- **conditions are conducive to the treatment and welfare of the patients and provide visual stimulation and allow personalisation;**
- **all patients are provided with personal lockable space in which they can keep their belongings;**
- **Byala and St Ivan Rilski hospitals provide dedicated and appropriately secure outdoor exercise areas.**

21. Byala State Psychiatric Hospital is situated just outside the small town of Byala, some 60 km north of the city of Veliko Tarnovo. The hospital is in an area of wooded grounds, close to the River Yantra. Reportedly, the main building dates back to the early 20th century (originally having been constructed as army barracks), the site opening as a psychiatric hospital in about 1911. As at the time of the CPT's visit in 2006, the hospital still had six wards accommodating patients – four male wards (acute, chronic, old-age and addictions) and two female wards (acute and chronic); all were locked wards.

¹¹ See paragraphs 27 to 30 below.

¹² See paragraph 34 below.

Patient accommodation consisted of multiple-occupancy rooms, with up to seven beds per room. Living conditions in the rooms/dormitories ranged from acceptable to poor; in some rooms there was overcrowding¹³ with beds touching (though, at the same time, a few rooms on the same ward were kept empty),¹⁴ some beds were broken and some had filthy and ruined mattresses and dirty or missing bed linen. The female chronic and male old-age wards were in dire need of renovation.

Furthermore, the delegation noted that, as a general rule, patients could use the shower only once a week; this is not sufficient. A number of patients also complained about the quality of the food, which was hardly surprising given the fact that merely 3.5-4 BGN (approximately 2 EUR) per patient per day was allocated for this.

The CPT recommends that the Bulgarian authorities take the necessary measures to improve living conditions at Byala Hospital, and in particular to ensure that:

- **occupancy levels are reduced in patient dormitories on the male acute, male old-age and female chronic wards;**
- **the female chronic and male old-age wards are fully renovated as a matter of priority;**
- **appropriate standards of environmental and personal hygiene are maintained;**
- **food provision to patients is improved, both in terms of quality and diversity;**
- **broken beds and tattered mattresses are replaced and that all patients are provided with full bed linen which is changed at regular intervals and when soiled;**
- **all patients have unrestricted access to a shower.**

Finally, the Committee invites the Bulgarian authorities to take the necessary steps to ensure that at Byala Hospital and, where appropriate, in other psychiatric establishments, multiple-occupancy rooms accommodate no more than four patients.

22. St Ivan Rilski State Psychiatric Hospital is located just outside the small town of Novi Iskar, approximately 20 km north of Sofia. The hospital, which opened in 1949, is situated in extensive grounds, close to the River Iskar and adjacent to and partly contiguous with the Kurilo Monastery St Ivan Rilski (which possesses some of the property within the hospital's territory). Patients were accommodated on four wards – two male wards (acute and rehabilitation) and two female wards (acute and rehabilitation).¹⁵

¹³ E.g., on the female chronic ward, some 17 m² for six beds, i.e. less than 2.9 m² per patient; on the male old-age ward, some 19 m² for six beds; on the male acute ward, some 13.5 m² for four beds.

¹⁴ As explained by a staff member – “we want to keep the rooms nice”.

¹⁵ The female rehabilitation ward being linked to the monastery, the building for the acute wards dating from 1942, and other buildings, including those of the male rehabilitation ward, being purpose built in 1963.

All parts of the hospital showed signs of external renovation (e.g. new windows and external plastering). The two acute wards were situated in one large three-storey block (male ward on the first floor; female ward on the second floor) which also housed, on the ground floor, the patients' "Club".¹⁶ A separate male rehabilitation ward consisted of two single-storey buildings (one block was a "closed regime", the other an "open regime"). The older-style female rehabilitation ward complex provided patient accommodation in two buildings, one partly accommodating a female old-age section; the complex also had an internal garden and was contiguous with the monastery. There were also some unoccupied wards and clinical and administrative buildings in the grounds, all of which were derelict and in a poor state of repair.

23. Patients were accommodated in multiple-occupancy rooms (up to five beds per room),¹⁷ most with tiled floors, bedside drawers and wardrobes (which were locked, and patients were not allowed to use them to store their personal belongings). On the male acute ward, the delegation noted that, in several rooms, pillowcases and bedsheets were missing. The toilets on the ward were filthy (apparently as the patients had to clean them); furthermore, some toilets were not functioning.

Moreover, according to the Director, during the previous winter, the heating system had only worked partially (for six hours per day), although apparently there were plans to fit a new boiler in time for the forthcoming winter.

Room 3 on the male acute ward was particularly dilapidated and scruffy. An acutely mentally disordered patient was lying alone in that room with his head under a stained blanket, in poor hygienic conditions, smelling of urine and surrounded with a large number of flies. This situation was brought to the attention of the Director of the hospital, who was asked to urgently improve the care provided to this patient.

The CPT recommends that the Bulgarian authorities take the necessary measures to improve living conditions in St Ivan Rilski Hospital, and in particular to ensure that:

- **appropriate standards of environmental and personal hygiene are maintained and that sanitary facilities are kept in an acceptable state of cleanliness;**
- **the heating system, as well as broken toilets on the male acute ward, are repaired;**
- **all patients are provided with full bed linen which is changed at regular intervals and when soiled.**

The Committee also requests the Bulgarian authorities to confirm that the care provided to the patient in Room 3 of the male acute ward has been improved.

¹⁶ The patients' "Club" had a café-shop with outside chairs and tables; inside there was a drinks machine and a room (with chairs, tables, TV, piano and table tennis table), that was apparently used for group therapy.

¹⁷ E.g., on the male acute ward, approximately 18 m² for four beds, on the male and female rehabilitation wards some 19 m² for five beds.

24. Tsarev Brod State Psychiatric Hospital lies in the centre of the village of Tsarev Brod, some 10 km north-east of Shumen. The hospital is situated adjacent to and partly contiguous with the Monastery of Benedictine Sisters Mater Dolorosa. Reportedly, the psychiatric hospital opened in 1949, the older buildings originally belonging to the monastery, with the newer main accommodation block being built later and opening in 1970. The hospital site has five wards accommodating patients – two male (acute and chronic), female acute, and two mixed gender (old-age and another ward referred to as “addictions and borderline”).¹⁸ All the wards were locked.

Three wards were situated in one large recently renovated block¹⁹ which had a fairly spacious secure outdoor exercise area attached. The single floor old-age ward was situated in a smaller separate older block (attached to a now disused ward, contiguous with the monastery). The addictions and borderline ward (the two parts of the ward being on separate floors) was situated in another smaller older block which was also contiguous with the adjacent monastery.

The regular dormitories typically accommodated four patients,²⁰ had newly tiled floors and were furnished with new beds, bedside tables and a wardrobe.

25. The delegation was informed by the Director that the Benedictine Sisters were planning to demolish part of the building which belonged to the Monastery, including the block with the old age ward which meant that patients from the ward would have to be relocated, as would the patients from the addictions and borderline ward which risked collapsing as a result of the demolition. According to the Director, the hospital was waiting for approval from the authorities for the construction of new wards to address this situation. In the meantime, the patients from the two affected wards would need to be co-located with general adult patients which may place them at increased risk and provide less targeted care.

The Committee requests the Bulgarian authorities to provide information regarding the construction of new wards for the old-age and the addictions/borderline patients in Tsarev Brod Hospital.

¹⁸ The hospital also manages associated satellite services sited with the general hospital in Shumen (a 22-bedded in-patient unit, used for patients with somatic conditions/liaison psychiatry; and an out-patient day care facility), which were not visited.

¹⁹ Male acute ward on the ground floor, female acute ward on the first floor, and male chronic ward on the second floor.

²⁰ E.g., on the male acute ward, approximately 17 m² for four beds, on the male and female old-age ward some 27 m² for four beds.

4. Staff and treatment

26. In all three hospitals visited, inadequate, and often grossly insufficient numbers of ward-based staff were found, to differing degrees. Further, multi-disciplinary clinical staff were totally lacking in number to meet the many psycho-social treatment and rehabilitation needs of the patients.

27. At Byala Hospital,²¹ the lack of psychiatrists was especially worrying, their number having been reduced even further since the 2006 visit, despite a significant increase in patient numbers. The delegation found that there were now only 4.5 full-time equivalent psychiatrists for 184 patients²² (including the director of the hospital who, in addition to his clinical responsibilities with patients and managing the hospital, was also the only psychiatrist responsible for out-patient care for the local area with a population of some 32,000);²³ four full-time positions for psychiatrists were vacant.

To aggravate the situation even further, two psychiatrists employed at the hospital are apparently due to retire in 2021, leaving the entire hospital covered by only 2.5 full-time equivalent psychiatrists. In the Committee's view, if nothing is done to urgently address this situation, the retirement of two psychiatrists might even pose an existential threat to the viability of the hospital.

28. The hospital also employed four doctors (including a GP, a neurologist and a surgeon), seven feldshers, 25 nurses and 51 orderlies. Other multi-disciplinary clinical staff included one psychologist, one social worker and one occupational therapist (there were no vacant positions).

As regards ward-based staffing levels, for example, on the male acute ward, for the majority of the time, there was only one nurse and one orderly caring for 29 disturbed patients.

29. St Ivan Rilski Hospital,²⁴ on the other hand, employed nine psychiatrists (three additional positions were vacant) plus another five doctors specialising in psychiatry and working under the supervision of the psychiatrists. An internist-cardiologist visited the hospital twice a week. The ward-based staff included 35 nurses (plus 11 vacancies) and 49 orderlies (plus one vacancy). Other multi-disciplinary clinical staff included three psychologists and three social workers (one additional position of each was vacant).

The ward-based staff presence on the wards, however, was far too low; for example, on the male acute ward there was usually only one nurse and one orderly on duty for 30 highly disturbed patients.

²¹ Official capacity – 270.

²² To compare, during the visit in 2006, there were six psychiatrists (including one trainee) for 132 hospitalised patients.

²³ Apparently, the Director had 180 outstanding days of annual leave.

²⁴ Official capacity – 130.

30. Tsarev Brod Hospital²⁵ did not have a shortage of psychiatrists. Here, there were ten psychiatrists (including one specialised in child psychiatry), and also an internist and a nutritionist. Furthermore, the hospital employed 51 nurses (six additional positions were vacant), 43 orderlies (plus one vacant position), four psychologists (plus one vacant position), two social workers, and two occupational therapists.

The ward-based staff presence on the wards in the working week was not critically low; for example, on the acute male ward with 28 beds, the day shift comprised three nurses and two orderlies; however the night and weekend shift consisted of only one nurse and one orderly.

31. The Committee has repeatedly stated in its reports on previous visits to Bulgaria that staff resources in psychiatric hospitals should be adequate in terms of numbers, categories and quality of staff (psychiatrists, nurses, psychologists, occupational therapists, social workers, etc.). Following the visit in 2017, the CPT recommended to the Bulgarian authorities that they take urgent measures to address deficiencies in this area.²⁶

However, yet again, the staff numbers found by the CPT's delegation in the three hospitals visited (except for psychiatrists in St Ivan Rilski and Tsarev Brod) were grossly insufficient to adequately provide the necessary treatment for patients and to ensure a safe environment on the wards. Apart from creating a stressful working atmosphere for staff, such staffing deficiencies also increase the risk of harm to patients, including via ill- and neglectful treatment, as well as an overuse of strict, oppressive regimes and of mechanical and chemical restraint measures. Furthermore, on the male acute ward in St Ivan Rilski, patients were allegedly forced to perform cleaning tasks as the small number of orderlies there did not clean; and in Byala, patients reported that they sometimes needed to help ward staff to restrain disturbed patients due to insufficient staff numbers.

Unfortunately, therefore, the findings of the 2020 visit suggest that the Bulgarian authorities still fail to fully grasp the importance of adequate numbers of staff and the need to assertively act to rectify that deficiency. If patients are to recover and reintegrate into the community, it is of paramount importance that there are enough staff to provide proper, decent, safe and individualised care, including offering a full range of psychosocial therapies and rehabilitation activities. The persistent staff shortages give the impression that, in the Ministry of Health, mental health care is not sufficiently valued; it clearly needs to be given a higher priority for investment and development.

32. In the light of the above remarks, **the CPT calls upon the Bulgarian authorities to significantly step up the measures taken to address the major shortages of medical, ward-based and multi-disciplinary clinical staff in psychiatric hospitals and to finally ensure that the necessary numbers of staff of appropriate quality are deployed to provide adequate and safe therapeutic input and care for the many needy and dependent patients (and have their own welfare protected).**

The Bulgarian authorities should take steps to sustainably increase recruitment, training (initial and on-going) and retention of psychiatrists, ward-based and multi-disciplinary clinical staff, (and therefore the quotas for those staff) with the aid of enhanced terms and conditions, including further enhancement of salaries, as appropriate. The supervision of clinical staff also needs to be improved.

²⁵ Official capacity – 137.

²⁶ See paragraph 122 of CPT/Inf (2018) 15.

Furthermore, at **Byala Hospital**, the four vacant positions of psychiatrist need to be urgently filled, if necessary, with the aid of enhanced terms, conditions and salaries.

33. With regards to the regime and treatment available to patients, the atmosphere on many of the wards in all three hospitals visited often appeared less than therapeutic and sometimes neglectful and even controlling, oppressive and punitive. Treatment, as found by the CPT in other Bulgarian psychiatric hospitals on numerous occasions, most recently in 2017, was predominantly pharmacotherapeutic; in Tsarev Brod, the over-sedation of some patients appeared quite prevalent.

Regarding psycho-social treatments, with the exception, to some extent, of Tsarev Brod Hospital,²⁷ they were offered only to a small minority of patients or were even completely absent; this was linked to the totally inadequate multi-disciplinary clinical staffing levels referred to above. As a result, many patients were seen lying idly or wandering around with no rehabilitative input and no meaningful activity.²⁸ Multi-disciplinary staff often just administered tests or attempted to solve practical problems, rather than offering psychological therapy to patients. Such an approach to psycho-social interventions is neglectful and does not reflect modern psychiatric practice.

34. The situation was made even more intolerable due to the fact that many patients had no, or only very limited, access to daily outdoor exercise. In Byala, patients on the male and female acute wards could go outside for an hour per day but only after a few weeks or, in some cases, a few months had passed, following their admission. Patients on the male and female chronic wards were, allegedly, not allowed to go outside at all, apparently due to the Covid-19 pandemic, despite there being no apparent increased risk in so doing.

In St Ivan Rilski, a number of patients on the male and female acute wards were not allowed to go outside, thus staying locked on their wards for weeks and, sometimes, months. However, patients in the open regime unit of the male rehabilitation ward and on the female rehabilitation ward had unrestricted access to outdoor exercise as the doors to their wards were open during the day.

In Tsarev Brod, patients from the male acute ward had access to outdoor exercise, usually from 30 minutes to an hour per day, in the secure area attached to the ward; patients from the female acute ward (which did not have a similar secure area) were taken for a walk in the grounds supervised by the staff once a day. Patients from the male chronic ward could take a walk in the grounds twice a day.

²⁷ However, the activities on offer in Tsarev Brod Hospital (art therapy, cooking classes) were available to patients from the male chronic and addictions/borderline wards only.

²⁸ When asked about their activities during the day, one patient on the female acute ward in St Ivan Rilski said – “we get up, make the bed, take medicine and eat. We volunteer for cleaning the ward because it is occupational therapy.”

35. **The CPT recommends that the Bulgarian authorities take the necessary steps to:**

- **develop, in all three hospitals visited, a range of therapeutic options (including group therapy, individual psychotherapy and creative therapies such as art, drama and music, as well as sporting activities) and involve all patients, including involuntary and forensic patients, in clinically appropriate rehabilitative psychosocial activities, in order to prepare them for more independent living and/or return to their families; further, occupational therapy should be an important part of the rehabilitation programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-image. It is axiomatic that this will require the recruitment of specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, and social workers);**
- **ensure that all patients are offered a range of recreational activities suited to their needs;**
- **ensure that all patients, including involuntary and forensic patients, in all psychiatric hospitals in Bulgaria, are offered daily access to outdoor exercise (with appropriate supervision or security if required). If necessary, secure outdoor exercise areas should be installed (which should be reasonably spacious and equipped with a means of rest and a shelter against inclement weather). The aim should be to ensure that all patients benefit from unrestricted access to outdoor exercise during the day unless there are clear medical contraindications or treatment activities require them to be present on the ward.**

36. As regards individual written treatment plans covering all aspects of a patient's care (pharmacotherapy, psychosocial and rehabilitative activities, etc.), in St Ivan Rilski, they did not exist as individual separate documents available on patients' files.²⁹ Consequently, the patients could not acquaint themselves with such plans or participate in their formulation and updating.

In Byala, documents entitled "individual therapeutic plan" were included in the files of all patients. However, such plans appeared to be formulaic, with mention only of the medication and a standard list of activities and/or therapies where certain items were marked with a sign. Such plans were not dated and appeared to extend to the entire period of hospitalisation, without any mention of a review. They also included general statements about activities that did not always appear to take place in reality (such as occupational therapy).

In Tsarev Brod, patients' files included a form describing their condition followed by a section entitled "Medical-diagnostic plan" which listed the required tests, details of pharmacological treatment, care programmes (often limited to one general phrase such as "Treatment programme for paranoid schizophrenics"), indication of the regime (e.g. "closed") and the number of the prescribed diet. There was no evidence that the plans had been discussed with the patients themselves or reviewed regularly.

²⁹ According to staff, patients' treatment plans could be derived from separate records kept with respective specialists.

The Committee reiterates its view that psychiatric treatment should be based on an individualised approach which would cover both pharmacotherapy and psycho-social activities. An individual treatment plan should be drawn up for each patient (taking into account the special needs of acute, long-term and forensic patients, including the need to reduce any risks they may pose), indicating the diagnosis, the goals of treatment, the therapeutic means used and the staff member responsible, with timescales. The treatment plan should also ensure regular review of the patient's mental health condition and a review of the patient's medication. Patients should be informed of their individual treatment plans and progress; further, they should be involved in the drafting and implementation of these plans.

For patients accommodated in acute wards, the plans should clearly address the patient's immediate needs and identify any risk factors, as well as focus on treatment objectives and how in broad terms these will be achieved. For patients placed in the rehabilitation wards, the plans should identify early warning signs of relapse and any known triggers, and an action plan that a patient and family members should take in response to relapse. The plan should also specify the follow-up care.

The CPT calls upon the Bulgarian authorities to take urgent measures to ensure that the aforementioned precepts are effectively followed in practice as regards patients in all psychiatric hospitals in Bulgaria where this is not yet the case.

37. With regards to the Covid-19 pandemic, although there had been no confirmed cases amongst staff or patients in the hospitals visited, one 33-year-old male patient in St Ivan Rilski had apparently developed fever, diarrhoea and pneumonia in April 2020, and had then died. He was said to have had a negative PCR (polymerase chain reaction) test, although the post-mortem results were still not available.

The Committee requests to be provided with information on the outcome of the aforementioned post-mortem examination, including a copy of the autopsy report.

38. Covid-19 certainly remains a serious risk to vulnerable patients in psychiatric hospitals. Regarding the response to the pandemic in the hospitals visited by the CPT's delegation, although social distancing and mask wearing was not practised by the vast majority of patients, all hospitals had taken measures, such as restricting visitors, disinfection, staff use of PPE (personal protective equipment), some ad hoc PCR testing and temperature testing of staff and patients, reducing contact between patients from different wards, use of Voice over Internet Protocol (VoIP) for court hearings on involuntary hospitalisation and compulsory treatment, and had developed plans for quarantine areas if required. However, it was concerning that the authorities had neither provided St Ivan Rilski Hospital with appropriate PPE nor with additional funding to purchase it; the hospital has only acquired their PPE as a result of a donation from an NGO.

The CPT recommends that the Bulgarian authorities develop a specific and comprehensive strategy which addresses their obligations in response to the Covid-19 pandemic in psychiatric hospitals (and social care institutions).³⁰ Such a strategy should, *inter alia*, include awareness raising on Covid-19 infection prevention in such establishments and the methods that will be used by the State to guarantee that every establishment is provided with sufficient quantities of appropriate PPE (or additional funds to obtain it). Further, it should describe how it will be ensured that rapid, easily accessible and free PCR testing is available for every psychiatric patient, social care resident or staff member of such establishments, should they develop symptoms suggestive of Covid-19 or be exposed to others suspected of having Covid-19.

Moreover, the Committee recommends that the institution of a State-funded regime of regular PCR testing of all staff (and any psychiatric patient or social care resident who enters or re-enters the establishment) should be given serious consideration.

5. Means of restraint

39. Regarding means of restraint, the seclusion, mechanical and chemical restraint of patients was practised in all hospitals visited. However, as during the visit in 2017, the CPT standards regarding the use of means of restraint³¹ were not being properly adhered to in all three establishments.

Following medical authorisation, patients, both voluntary and involuntary, were usually restrained (and medicated) in dedicated rooms using one to four-point fixation, sometimes without access to water or food for lengthy periods, and, despite some CCTV coverage, were not subject to continuous personal supervision by staff (the delegation noted, for example, a recent incident in Byala, where a patient had seriously burnt himself trying to burn off a restraint belt on his ankle).

Patients were also sometimes restrained in sight of other patients (which is undignified and unsafe), including, occasionally, in their own dormitories. Further, as referred to above, patients would sometimes assist staff in the restraint of other patients.

In St Ivan Rilski, it appeared that newly admitted patients were mechanically restrained on admission almost as a routine precautionary practice.

40. Furthermore, as in 2017, although the restraint of patients was recorded in ward-based registers, sometimes with additional pro-formas, giving appropriate details, the recording of the duration of mechanical restraint was formulaic and did not reflect the reality or extent of the restraint actually being used – absolutely all cases of mechanical restraint recorded, in all three hospitals, were logged as lasting exactly two hours (the allowed maximum under the Bulgarian law). However, it was clear from interviews with both patients and staff that mechanical restraint sometimes continued for considerably longer; it could last, either continuously or with only very short breaks, overnight in Byala; for 24-72 hours in St Ivan Rilski; and even up to five days or more in Tsarev Brod. Moreover, while perusing the registers on restraint, the delegation discovered that some instances of restraint had not been recorded in the registers at all.

³⁰ See paragraph 76 below.

³¹ See “Means of restraint in psychiatric establishments for adults (Revised CPT standards)”, document CPT/Inf (2017) 6, <https://rm.coe.int/16807001c3>.

Various patients (both male and female) subjected to such lengthy restraint measures described their humiliation on having, at times, to urinate and/or defecate into diapers that staff had put them in, into a plastic bottle or just voiding into their clothes (all this, as said above, sometimes in the presence of other patients in the same room).

The CPT must emphasise that applying means of restraint for days on end endangers the patient and cannot have any medical justification, and amounts, in its view, to ill-treatment. Patients should only be restrained as a measure of last resort (ultimo ratio) to prevent imminent harm to themselves or others and restraints should always be used for the shortest possible time. Furthermore, patients under mechanical restraint should, as far as possible, be provided with access to food and water, enabled to eat and drink autonomously and to comply with the needs of nature with dignity in a sanitary facility.

41. If it is exceptionally deemed necessary for violent psychiatric patients, who represent a danger to themselves or others, to be restrained, this should only be done in accordance with the principles of legality, necessity, proportionality and accountability.

The findings of the 2020 visit show that the requirements for an appropriate use of means of restraint provided for by the Bulgarian by-laws and/or internal written guidelines in the psychiatric hospitals continue to be just a dead letter. **Therefore, the Committee calls upon the Bulgarian authorities to establish a mechanism to render such provisions effective in practice, so as to ensure that:**

- **patients are only restrained as a measure of last resort, to prevent imminent harm to themselves or others, and restraints are always used for the shortest possible time (usually minutes rather than hours). When the emergency resulting in the application of restraint ceases to exist, the patient should be released immediately;**
- **if it is deemed necessary to restrain a voluntary patient and the patient disagrees, the legal status of the patient is reviewed;**
- **means of restraint are never used as punishment, for convenience, because of staff shortages or to replace proper care or treatment;**
- **every resort to means of restraint is always expressly ordered by a doctor after an individual assessment, or immediately brought to the attention of a doctor with a view to seeking his/her approval. To this end, the doctor should examine the patient concerned as soon as possible. No blanket authorisation should be accepted;**
- **patients are never involved in the restraint of other patients;**
- **patients are not subjected to mechanical restraint in view of other patients (unless the patient explicitly expresses a wish to remain in the company of a certain fellow patient); visits by other patients should only take place with the express consent of the restrained patient;**

- every patient who is subjected to mechanical restraint or seclusion is subjected to continuous supervision. In the case of mechanical restraint, a qualified member of staff should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide him/her with assistance. If patients are held in seclusion, the staff member may be outside the patient's room (or in an adjacent room with a connecting window), provided that the patient can fully see the staff member and the latter can continuously observe and hear the patient. Clearly, video surveillance cannot replace continuous staff presence;
- once means of restraint have been removed, a debriefing of the patient takes place, both to explain to the patient why they have been subjected to restraint and to offer the patient an opportunity to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour;
- a specific central register is established to record all instances of recourse to means of restraint for the management to be able to monitor their use. This is in addition to the records contained within the patient's personal medical file. The entries in the register should include the time, accurately recorded, at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the name of the doctor who ordered or approved it; and an account of any injuries sustained by patients or staff. Patients should be entitled to attach comments to the register and should be informed of this entitlement; at their request, they should receive a copy of the full entry.

Furthermore, steps should be taken to ensure that existing written guidelines on the use of means of restraint in the hospitals visited by the CPT are amended to include the requirements listed above. Such guidelines should be aimed at preventing as far as possible the resort to means of restraint and should make clear which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated. The guidelines should also contain sections on other important issues such as staff training, complaints policy, internal and external reporting mechanisms, and debriefing. Patients should be provided with relevant information on the establishment's restraint policy.

The frequency and duration of instances of restraint should be reported on a regular basis to a supervisory authority and/or a designated outside monitoring body. This will facilitate a national overview of existing restraint practices, with a view to implementing a strategy of limiting the frequency and duration of the use of means of restraint.

And, lastly, as restraint may exceptionally be clinically required for longer than 2 hours, the current law in Bulgaria should be reviewed in order to facilitate staff in more accurately recording restraint and monitoring its use.³²

³² The Committee would, in particular, like to draw the attention of the Bulgarian authorities to Section 4 of the Revised CPT standards on Means of restraint in psychiatric establishments for adults:

4.1. The duration of the use of means of mechanical restraint and seclusion should be for the shortest possible time (usually minutes rather than hours) and should always be terminated when the underlying reasons for their use have ceased. Applying mechanical restraint for days on end cannot have any justification and could, in the CPT's view, amount to ill-treatment.

4.2. If, exceptionally, for compelling reasons, recourse is had to mechanical restraint or seclusion of a patient for

42. In addition to the above concerns, the restraint equipment used in all three hospitals was inappropriate and caused pain to mechanically restrained patients.

In Byala, patients had their limbs restrained (hands occasionally above their head) using unpadded belts secured with padlocks; these could (and did) cause injury.³³

In St Ivan Rilski, a sole unpadded waist belt was used, it being secured very tightly with a padlock; numerous patients there complained to the delegation of pain during such restraint and a number of patients, of both genders, demonstrated remarkably similar bodily marks on their loins from the application of the belts.³⁴

However, the most disturbing situation was found in Tsarev Brod where, despite the availability of properly designed padded restraint belts, patients on the male and female acute wards (of all ages, from 18 to over 60 years) were nearly exclusively restrained to beds with metal chains to wrists and ankles, secured with padlocks, often for days on end (“we are chained like animals” said one patient to the delegation). Allegedly, this way of restraining patients had been used in this hospital for many years.³⁵ During the tour of the hospital, the delegation found, in locked staff offices on two of the wards, sets of chains and padlocks; these were stored in a fashion that made them easily accessible to staff. The Director of the hospital did not deny that chains were being used to restrain patients; indeed, the practice, which was visible and well known to patients spoken to on all wards, would have been known about by both senior management and clinical staff of all disciplines in all areas of the hospital.

The Committee is both deeply saddened and extremely concerned to discover that, in Tsarev Brod Hospital, the shameful practice of chaining mentally disordered persons still occurs. Such practice is totally unacceptable and could easily be considered as inhuman and degrading; indeed, many would think that such behaviour had been eradicated from mental health establishments in Europe over a century ago. The delegation asked the Director of the hospital to immediately stop using chains to restrain patients and to remove such chains from the hospital forthwith.

43. As already mentioned in paragraph 9 above, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention and requested the Bulgarian authorities to confirm, within one month, that the use of inappropriate means of restraint had ceased in Tsarev Brod and St Ivan Rilski Hospitals and that only specially designed restraint equipment, which did not cause pain and bodily injury, was used in all psychiatric hospitals in Bulgaria. However, during the period of more than two months preceding the 103rd plenary meeting of the Committee, the Bulgarian authorities have not provided any information regarding this issue.

more than a period of hours, the measure should be reviewed by a doctor at short intervals. Consideration should also be given in such cases and where there is repetitive use of means of restraint to the involvement of a second doctor and the transfer of the patient concerned to a more specialised psychiatric establishment.

See CPT/Inf (2017) 6, <https://rm.coe.int/16807001c3>.

³³ For example, on physical examination by a medical member of the delegation, a patient had an area of light brown scarring (measuring approximately 1.5 x 4 cm) on the inner side of his left ankle. The healing injury was consistent with his account of fixation of his limbs by straps (including to that ankle) in the timescale given by the patient (and as recorded in the ward’s restraint register).

³⁴ By way of example, one patient, allegedly restrained upon admission some 45 days previously, during the examination by a medical member of the delegation still demonstrated a diagonal fading light brown bruise (measuring approximately 4 x 1 cm) on the anterior iliac area of her lower abdominal quadrants (both right and left sides) in the area where a restraint belt of the type used would have placed pressure.

³⁵ The delegation interviewed a patient who had been admitted to Tsarev Brod Hospital for the first time 12 years previously. According to him, the practice of restraining patients with metal chains was the same at that time.

The CPT calls upon the Bulgarian authorities to confirm, within one month, that the use of inappropriate means of restraint has ceased in Tsarev Brod and St Ivan Rilski Hospitals and that only specially designed restraint equipment, which does not cause pain and bodily injury, is used in all psychiatric hospitals in Bulgaria.

6. Safeguards

44. The legal framework governing compulsory psychiatric treatment (for forensic patients) and involuntary “civil” hospitalisation has remained basically unchanged since the 2017 periodic visit.³⁶

45. It should be recalled that a request to apply compulsory measures of treatment is made by a public prosecutor after expert consultation and investigation. The presence of a lawyer in the court is obligatory; the decision on compulsory treatment can be appealed within seven days.

As regards discharge procedures, the law provides that placement for compulsory treatment is for an indefinite period of time. That said, the need for compulsory treatment must be subject to an *ex officio* review every six months by a competent court, which shall decide, on the basis of a psychiatric assessment, whether to extend, modify (including replacement of an in-patient compulsory measure with an out-patient one) or terminate the compulsory treatment.

46. Based on the examination of patients’ files, the delegation concluded that reviews of forensic patients’ cases by the hospitals’ internal psychiatric commissions and then by the court were indeed as a rule carried out every six months.

However, it also transpired that the courts were occasionally unable to accept the recommendation of the hospital to release a forensic patient from the hospital on the condition of his or her subsequent outpatient treatment. As envisaged by Article 89(a) of the Criminal Code, such release depends on the next-of-kin assuming personal responsibility for ensuring that the released person would continue his or her treatment. In cases when there was no such family member available or willing to assume such a responsibility, the courts had no choice but to continue in-patient compulsory treatment under Article 89(b) of the Criminal Code.

The CPT would like to receive the comments of the Bulgarian authorities on this matter and to be informed what steps, including possible amendments to the legislation, are taken to ensure that forensic patients who no longer need treatment in a psychiatric hospital are offered appropriate care and support in the community.

47. As during the 2017 visit, in the absence of a separate law on mental health in Bulgaria, “civil” involuntary hospitalisation and treatment were regulated by the Health Act (Chapter 5).

³⁶ See paragraph 130 of CPT/Inf (2018) 15.

According to this law, persons subject to involuntary hospitalisation are those with severe mental and/or personality disorders or severe intellectual deficit who, due to their disorder, may commit an offence, endanger the health of their relatives, neighbours or society and/or their own health. A request for involuntary hospitalisation can be made by a public prosecutor or by a head of the local psychiatric hospital in cases of emergency and is decided by a district court.³⁷ The person has a right to appeal within seven days. In all stages of the procedure, the participation of a lawyer, a psychiatrist and a public prosecutor is obligatory.

The decision must be reviewed every three months by a court based on an expert psychiatric assessment in the medical facility within which the person is placed. The person concerned, a prosecutor or a head of the medical establishment can at any time request the court to order the discharge of the patient on the grounds that the circumstances which prompted involuntary hospitalisation have ceased to apply.

48. The examination of the patients' files at all three hospitals confirmed that the time limits as well as relevant procedures were respected by the hospitals and by the courts. It is particularly notable that, due to the restrictions related to the Covid-19 pandemic, court hearings could take place online where necessary and that the patients were systematically present at the relevant hearings (both online and offline) and were assisted by (*ex officio*) lawyers.

49. There had been no progress in ensuring that patients have the possibility to give their free and informed consent to treatment. As in the past, the examination of patients' personal files revealed that, while ordering involuntary placement, courts frequently appointed a person (usually a patient's relative) authorised to give consent to treatment on behalf of the patient deprived of legal capacity.

The CPT once again expresses its view that psychiatric patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment as well as to withdraw it at any time. The admission of a person to a psychiatric establishment on an involuntary basis – whether it be in the context of civil or criminal proceedings – should not preclude seeking informed consent to treatment. Every patient, whether voluntary or involuntary, should be informed about the intended treatment. Further, every patient capable of discernment should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances.

The relevant legislation should require an external psychiatric opinion (i.e. outside that of the treatment team) in any case where a patient does not agree with the treatment proposed; further, patients should be able to appeal against a compulsory treatment decision to an independent outside authority and should be informed in writing of this right.

The Committee reiterates the recommendation that the Bulgarian authorities ensure that the above-mentioned precepts are effectively implemented in practice. If necessary, the relevant legal provisions should be amended.

³⁷ It should also be specified that according to Article 154 of the Health Act a hospital manager may decide to place the person involuntarily in the hospital for a maximum period of 24 hours. A judge may decide that this period be exceptionally prolonged up to 48 hours.

50. Similar to the findings of the 2017 visit, during the visits to St Ivan Rilski and Tsarev Brod hospitals it became clear that a number of legally competent patients who had signed consent to hospitalisation forms and were still deemed voluntary, were nevertheless not truly consenting to their hospitalisation, stating that they wanted to leave but were not allowed to do so, and were thus *de facto* detained.

In St Ivan Rilski, certain “voluntary” patients did not have access to outdoor exercise for weeks on end, had been forcibly restrained, and were not permitted to self-discharge.³⁸

Based on the interviews carried out by the delegation, the number of *de facto* detained patients was the highest in Tsarev Brod. By way of just one example, a patient there described being told to sign for “voluntary” consent to hospitalisation soon after arrival, whilst being in a 3-point restraint using chains and being forcibly medicated; a situation which, in the Committee’s view, could be considered as inhuman and degrading. This patient was still being held in the hospital “voluntarily”, against his will, over two months later, fearing that if he attempted to demand discharge, he might then be formally detained and hospitalised for even longer. A number of other “voluntary” patients in Tsarev Brod reported having undergone mechanical and chemical restraint, some following their admission, some after they had asked to be discharged.

51. The CPT calls upon the Bulgarian authorities to ensure that proper information and relevant training is given, as a matter of priority, to all structures and persons involved (in particular, psychiatrists, hospital management and judges) on the legal provisions pertaining to civil involuntary placement of patients in psychiatric hospitals in Bulgaria.

Further, the CPT recommends that it be ensured that persons admitted to psychiatric establishments be provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, and on the possibility to withdraw their consent subsequently. Moreover, patients deemed to be voluntary and legally competent should be informed of their right to leave whenever they want, including departing the establishment without delay should they wish to discharge themselves. If the provision of in-patient care to a voluntary patient who wishes to leave the hospital is considered necessary, the involuntary civil hospitalisation procedure provided by the law should be fully applied; reference is also made to the recommendation in paragraph 15 above.

As regards more specifically Tsarev Brod Hospital, the Committee recommends that the legal status of all patients currently considered as “voluntary” be urgently reviewed by an independent external authority which ensures that consent to hospitalisation is a fully informed decision and appropriately implementing involuntary hospitalisation when that is indicated, including providing patients with information on safeguards guaranteed to involuntary patients by the law.

³⁸ During the interviews, one patient said, “they use needles, but if you are voluntary you can choose where they put the needle”, another said, “they would keep me three times longer if I asked to leave”, yet another said, “I don’t leave because I don’t know how to ask”.

7. Other issues

52. With regard to contact with the outside world, in all three hospitals there were many complaints that access to a telephone was very limited; this is particularly concerning given the fact that all visits to patients in the psychiatric hospitals in Bulgaria have been forbidden since March 2020 due to the Covid-19 pandemic.

In Byala, patients were not allowed to keep their mobile phones and there was no clear information as to how often a patient could make a call; every request to use the ward's landline phone needed to be approved by a doctor. Apparently, the method encouraged by the administration was for the relatives to call the hospital instead, not least because of the limited budget for phone expenses.

In St Ivan Rilski, patients on the rehabilitation wards could keep their mobile phones or use the ward's phone. Patients on the acute wards, however, were not allowed to keep their mobile phones (some female patients reported access to their phones for some 30 minutes a few evenings a week) and had very limited access to the ward's phone.

In Tsarev Brod, patients were also not allowed to keep their mobile phones; patients on the male acute ward allegedly received their mobile phones for five minutes twice a week and patients on the female acute ward could use their mobile phones for one hour once a week.³⁹ However, patients on the male chronic ward reported being given their mobile phones for two hours every day.

53. The Committee considers that, even if additional security procedures are required, daily access to a telephone should be permitted, and ensured, for all patients, except under very exceptional circumstances (e.g. threatening recipients).

Given how much a mobile phone can often be an integral part of a person's daily life, used not just for recreation but to maintain social and community contact and manage day to day activities, unless there are serious security concerns, those patients who have a mobile phone should be allowed at least daily access to it, even if that requires supervision. A patient's access to their mobile phone should only be withheld following a clearly documented clinical risk assessment that confirms its usage would harm the patient's health, place the patient or others at risk of harm or would present serious security concerns.

In order to offer clarity to patients and staff regarding phone and mobile phone usage on a ward, clinically based guidance via a clear, written ward-level policy should be adopted and made accessible to patients.

The CPT recommends that the Bulgarian authorities ensure that all psychiatric patients are allowed access to a phone or their mobile phone on a daily basis, unless there are serious security contraindications or there is a lawful and reasoned doctor's order based on an individual risk assessment or a court order to the contrary. Furthermore, steps should be taken to ensure that there are clear, written and accessible ward-level policies in psychiatric hospitals in Bulgaria.

³⁹ The delegation witnessed the commotion in the corridor caused by the female patients running to the staff offices to obtain their phones for an hour on a Wednesday at 16:00.

54. The Committee also recommends that the Bulgarian authorities review the total ban on visits to patients in the psychiatric hospitals, instituted in response to the Covid-19 pandemic, and take steps to ensure that patients can receive such visits in safe conditions, respectful of requirements for physical distancing and with the deployment of PPE as indicated.

55. The delegation noted that there was considerable scope for improving accessible formal complaints mechanisms for patients in the hospitals visited. Very few patients appeared aware of how to safely and confidentially raise their concerns or complain to the hospital authorities or beyond and reliable formal and responsive complaints mechanisms appeared to be lacking.

In the Committee's view, there should be a more trusted and effective formalised complaints system, with a central register of complaints that records complaints/themes, responses within agreed timescales and actions taken. There should also be clear access for patients to external and independent bodies which also have the power to investigate complaints. Psychiatric hospitals should have systems, using clinical governance principles that demonstrate multi-disciplinary learning from complaints and investigations, to then improve the quality of patient care. Further, unlike in the three hospitals visited, patients should be provided with information brochures regarding the hospital's routine, patients' rights, legal assistance, review of placement (and the patient's right to challenge this), consent to treatment and complaints procedures. **The CPT recommends that the Bulgarian authorities take measures to ensure that the aforementioned requirements are effectively implemented as regards all the patients in all psychiatric hospitals in Bulgaria where this is not yet the case.**

56. As mentioned in paragraph 10 above, in light of a constellation of findings in Tsarev Brod Hospital, specifically a combination of physical ill-treatment, an oppressive atmosphere on the wards, the use of over-sedation, mechanical restraint using chains by medical, nursing and auxiliary staff, with the knowledge of the hospital's management, restrictions on contact with the outside world, no effective complaints mechanism, a lack of patients' awareness of their rights, and the *de facto* detention of patients, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention and requested the Bulgarian authorities to confirm, within one month, that urgent steps had been taken to ensure that the management and clinical staff of the Tsarev Brod Hospital were appropriately instructed and re-trained to guarantee the prioritisation of individual patients' rights and safety in the hospital and the prevention of unacceptable oppressive measures. However, during more than two months preceding the 103rd plenary meeting of the Committee, the Bulgarian authorities did not provide any information regarding this issue. In the Committee's opinion, this is yet another example of the Ministry of Health's persistent failure to act on the issues raised by the CPT during the consultations at the end of this visit and, indeed, in the reports on their previous visits, including by conducting regular and effective inspections of all psychiatric hospitals in the country.

The CPT calls upon the Bulgarian authorities to confirm, within one month, that the management and clinical staff of the Tsarev Brod Hospital have been appropriately instructed and re-trained to guarantee the prioritisation of individual patients' rights and safety in the hospital.

B. Social care homes

1. Preliminary remarks

57. The Committee notes that on 1 July 2020 a new law, the Social Services Act (SSA), entered into force. It regulates a number of key issues for the social services sector, namely the planning, provision, use, financing, quality, controlling and monitoring of social services.

The SSA stipulates that one of the main principles in the provision of social services is the prevention of institutionalisation and it prioritises support in home environments and in the community. Leading from this, the use of residential social care will only be allowed when possibilities for supporting persons in their home environment or in the community are no longer available; it also states that such care should then be organised in a way that prevents service users' isolation from the community.

In the SSA, particular emphasis is placed on the quality of social services and the implementation of control and monitoring. A new Agency for the Quality of Social Services has been established; this will be independent and specialise in the control and monitoring of the quality and effectiveness of all social services.⁴⁰

The Committee welcomes these positive developments and **requests the Bulgarian authorities to provide information on the inspections carried out by the new Agency in 2020 and the monitoring activities planned for 2021.**

58. During the 2020 visit, the CPT's delegation visited, for the first time, the social care homes for persons with learning disabilities in Kudelin and Samuil and the social care home for persons with psychiatric disorders in Govezhda. The Committee understands that none of these establishments are on the list of social care establishments that are reportedly planned by the Bulgarian authorities to be closed by 2022.⁴¹

59. Govezhda social care home for persons with psychiatric disorders is a remote social care establishment situated in the north-west corner of Bulgaria, some 5 km from the border with Serbia. It lies in large grounds in a small valley, between hills next to a stream, about 1 km from the small village of Govezhda and 30 km southwest of the town of Montana. Reportedly, the home, which was formerly a pioneer camp and had lain empty from 1991 till 2002, opened in October 2002 and became fully operational in 2003.

With an official capacity of 70, at the time of the visit, the establishment was accommodating 67 adult male residents,⁴² all suffering from psychiatric disorders, mostly schizophrenia.

⁴⁰ According to the authorities, the Agency will be responsible for giving licences to social service providers, developing regulatory standards and criteria for the quality and efficiency of social services and providing methodological support for compliance with those standards. The Agency will also monitor compliance with the law, as well as verifying the way in which funds from the state budget are spent and checking if consumers' rights are respected.

⁴¹ The Action Plan on long-term care for 2018-2025 has identified nine social care establishments with the worst living conditions and these are supposed to be closed by 2022.

⁴² Three more residents were absent at the time of the visit - one was hospitalised in Karlukovo State Psychiatric

60. Kudelin social care home for persons with learning disabilities is also a remote social care establishment situated in the far north-west corner of Bulgaria, approximately 1 km from the border with Romania and 2 km from the border with Serbia. It lies in an isolated position close to the bank of the River Danube, about 1 km from the small village of Kudelin and about 30 km north-west of Vidin. The institution opened in 1961, having formerly been a border-post.

With an official capacity of 110, at the time of the visit, the establishment was accommodating 101 adult male residents with learning disabilities⁴³ (some 15 also suffered from mental illness). According to the Director, the establishment's capacity had been gradually reduced during the last few decades (from an initial 203) and, since 2013, following an order from the Ministry of Labour and Social Policy, no new admissions have been allowed.

61. Samuil social care home for persons with learning disabilities lies in an area of well-attended grounds on the edge of Samuil village, some 18 km from Razgrad, in north-eastern Bulgaria. The establishment was formerly a maternity clinic dating from 1946, it being converted to a social care home in 1964.

With an official capacity of 86, at the time of the visit, the establishment was accommodating 86 adult residents with learning disabilities - ten men and 76 women. Reportedly, the home's capacity had been gradually reduced from 120, with more able residents being moved to family-type accommodation in the village.

2. Ill-treatment

62. The phenomenon of physical ill-treatment of residents by staff in Bulgarian social care homes was a matter of long-standing concern by the Committee. In all three establishments visited in 2020, the delegation received a number of credible allegations that staff, on occasion, shouted at residents, and that orderlies ('sanitars') – and also gate guards in Kudelin and Govezhda – carried and would occasionally hit residents with wooden sticks.⁴⁴ Sticks matching descriptions given by residents were found by the delegation in staff offices in all three establishments.

By way of example, in Kudelin, the delegation found written on one of the sticks the name and phone number of a guard in the establishment, presumably as an aide-mémoire for staff when carrying the item; notably, residents described that guard as often drunk and involved in their ill-treatment.

⁴³ Hospital and the other two had gone AWOL a few years previously and had still not been found (according to the law, to be formally discharged from a social care institution, a missing resident must be absent for five years). Four more residents were absent at the time of the visit – two on home leave, and two had gone AWOL a few years previously and had still not been found.

⁴⁴ The delegation was also informed by the Director in Govezhda that a member of staff (an occupational therapist) had left his employment there less than four months previously, relating to an incident when he deployed a stick against a resident.

As the offices where the sticks were found were not just used by orderlies or guards but also by nurses and, in Samuil, a speech therapist, it seems to the Committee that such unacceptable behaviour was known about, in all three establishments, by a range of the 'care' staff. Moreover, such serious ill-treatment appears endemic in the system and it seems that no progress has been made by the Bulgarian authorities in preventing this since the CPT's last visit in 2017, following which the use of sticks, as well as other physical ill-treatment, by staff in other social care homes was brought to the attention of the Ministry of Labour and Social Policy.⁴⁵ Although the directors of all three establishments were informed of the delegation's findings, it is clear that further urgent action is required.

63. Furthermore, the Committee is seriously concerned about the fact that, in Kudelin, several credible allegations were received from residents that they were, on occasion, fixed to benches in the grounds or to a bed in an isolation room using metal chains secured with padlocks. In this regard, reference is made to the remarks and recommendations made in paragraphs 77 and 78.

64. The Committee reiterates its view that, given the challenging nature of their job, it is essential that unit-based staff in social care establishments be carefully selected and given suitable training on managing challenging residents humanely and safely before taking up their duties, as well as during later in-service training. While carrying out their duties, such staff should also be subject to regular supervision. It is also important that staff themselves be provided with the necessary support and counselling to avoid burn-out and to maintain high standards of care.

The CPT recommends that the procedures for the selection of unit-based staff and their initial and on-going training, supervision and support be reviewed at Govezhda, Kudelin and Samuil Homes (and, as applicable, in other social care homes in Bulgaria), in the light of the above remarks. Further, the management of these establishments should increase their vigilance and make it clear to staff of all grades that all forms of ill-treatment of residents, including verbal abuse, are totally unacceptable and will be severely punished by the appropriate authorities.

Further, the Committee calls upon the Bulgarian authorities to ensure that any non-standard issue objects capable of being used for inflicting ill-treatment or threatening residents are removed from the premises of all social care establishments in Bulgaria.

65. In their letter dated 30 September 2020, the Bulgarian authorities informed the CPT that the information provided by the CPT during the Final Talks with the authorities at the end of the visit, as well as information gained during the subsequent inspections by the Inspectorate of the Social Assistance Agency, was referred to the Prosecutor General of the Republic of Bulgaria in order to take appropriate action within the competence of the Prosecutor General's Office.

The CPT requests the Bulgarian authorities to provide information on the action taken by the Prosecutor General's Office.

⁴⁵ See paragraph 148 of CPT/Inf (2018) 15.

66. As regards inter-resident violence, although serious violent incidents appeared rare, it is perhaps unsurprising that in such chaotic and under-supervised environments (and as witnessed by the delegation) conflicts between residents involving shouting, pushing and even occasional fights did occur.

The delegation was also concerned to witness sexually disinhibited behaviour by residents. When inquired about by the delegation, the staff in the establishments visited were not able to confirm that sexual contact between residents was always consensual and agreed that for significant numbers of residents it would be impossible for them to give fully informed consent. It appears to the Committee that safeguarding issues regarding vulnerable residents' sexual contact needs significantly greater attention and appropriate action by the management of the social care establishments.

The authorities' obligation to care for residents includes responsibility for protecting them from other residents who might cause them harm. This means, in particular, that staff should be alert to residents' behaviour and be both resolved and properly trained to intervene when necessary. Likewise, an adequate staff presence should be ensured at all times, including at night and weekends.

The CPT recommends that the Bulgarian authorities take appropriate steps to protect residents from other residents who might cause them harm, in the light of the above remarks.

3. Living conditions

67. Govezhda social care home for persons with psychiatric disorders is surrounded by a fence and has a gate with an adjacent guardhouse. The home has ten bungalows for resident accommodation (all unlocked at the time of the visit) set in extensive grounds.

All bungalows showed evidence of partial external renovation (new doors and windows, with mosquito nets) and some internal renovation (repainting in some; others were dilapidated). They were not overcrowded and consisted of two multiple-occupancy bedrooms⁴⁶ and an intervening sanitary area with two basins and a separate toilet/shower (although showers only functioned in two of the ten bungalows). The rooms were furnished with beds, wardrobes, tables and bedside cabinets, some of them had satellite-connected TVs and/or music players. However, they lacked personalisation, privacy and personal lockable space for residents.

The residents' day building was derelict, having obviously been destroyed by fire. There were no other day or occupational facilities, leaving residents with nowhere to spend their days other than in a bedroom or the grounds.⁴⁷

⁴⁶ Each bedroom had three or four beds and was approximately 18 m².

⁴⁷ Following the visit, the Bulgarian authorities informed the CPT that the local municipality had agreed to provide a school building in the village of Govezhda to create a space for group activities for the Home's residents.

In the light of the above, **the Committee recommends that the Bulgarian authorities take steps at Govezhda Home:**

- **to continue the renovation of the establishment in order to offer more congenial and personalised surroundings for residents, as well as provide them with personal lockable space in which they can keep their belongings;**
- **to install functioning shower facilities in all residents' bungalows.**
- **to provide a day area within the home for the use of residents.⁴⁸**

68. Despite being a social care establishment, Kudelin social care home for persons with learning disabilities is surrounded by a fence topped with barbed wire and has a gate with an adjacent guardhouse.⁴⁹

The home has one large three-storey block accommodating residents (unlocked at the time of the visit) and a range of other buildings. The buildings showed evidence of partial external renovation (new roofs, windows and doors) and internal renovation of the bathrooms.

There was a pervasive smell of urine in the accommodation block which had small dormitories with balconies. Residents lived on the first and second floor in rooms typically accommodating four residents.⁵⁰ The rooms were not overcrowded⁵¹ but were mostly dilapidated and bare,⁵² did not provide residents with any personal lockable space and essentially contained only worn-out beds (some to such an extent that they had planks of wood placed across the broken springs).⁵³

Residents complained to the delegation that their personal belongings were often stolen by other residents so many of them were carrying their personal belongings (such as rubber toys or empty plastic bottles or plastic cups) with them, bulkily stuffed in bags or inside their clothing (such as under their shirt). The personal hygiene of many residents was poor, as was the state of some of their clothing and bedding.

The building's internal sanitary facilities were locked during the day, according to staff, to stop the residents "leaving the taps on". The semi-underground external toilet for residents in the grounds was in a disgusting state; it was filthy with puddles of urine and piles of human faeces (including one large pile more than 0.5 m high in a corner, pushed against a wall). The walls of the Asian-style toilet stalls were smeared with faeces at hand height, the users seemingly wiping their anuses with their hands and then smearing faeces on the walls in an attempt to clean their hands.

⁴⁸ Should they be unwilling or unable to travel to the one being prepared in the village.

⁴⁹ Within the perimeter of the home there were also two "community" family-type accommodation buildings; although not geographically distinct, these were under separate management and not included in the CPT's visit to the establishment. However, they were clearly not in the community, being within the grounds of a remote social care establishment.

⁵⁰ Following an instruction from the municipality, in May 2020 the third floor (with dormitories in a generally better condition) was turned into a (as yet unused) 20-bedded quarantine unit which was supposed to take any/all social care Covid-19 cases in the municipality, if necessary.

⁵¹ Approximately 21 m² for four beds.

⁵² A few dormitories had much better conditions, some of those being locked, including a very small number with residents having the key.

⁵³ Following the visit, the Bulgarian authorities informed the CPT that 50 single beds and 50 mattresses had been purchased and would be delivered to Kudelin Home by the end of September 2020.

A separate day building had two large activity rooms (both empty and locked); one, a gym, contained a few wooden benches and a TV.

The CPT recommends that the Bulgarian authorities take the necessary measures to improve living conditions in Kudelin, and in particular to ensure that:

- **the continuing renovation of the establishment leads to conditions that are conducive to the welfare of the residents, provides visual stimulation and allows for personalisation;**
- **all residents are provided with personal lockable space in which they can keep their belongings;**
- **hygiene conditions in the grounds of the establishment are significantly improved, specifically by regular cleaning and disinfection of the outside sanitary facility and surrounding area.**

69. Samuil social care home for persons with learning disabilities has one three-storey large accommodation block with an extension, mainly for female residents, plus a much smaller single-storey male-only block (both blocks unlocked at the time of the visit); the home's perimeter is surrounded by a fence with front and rear gates.

The buildings showed evidence of partial external renovation (extension of the main building, new windows and doors, recently installed elevator) and significant internal renovation (tiled floors, replacement beds, pleasant internal decor). The dormitories on the upper floors were generally clean, well-lit and ventilated and provided satisfactory material conditions. Each had two or three beds⁵⁴ (there were also a few single rooms) and were furnished with bedside tables and a wardrobe and were personalised to some extent, however there was no personal lockable space; the majority had ensuite facilities (basin, shower, and a toilet) and TVs. The hygiene in some of the dormitories on the ground floor, for the more dependent residents, left something to be desired.

There were two dayrooms in the main building, with TVs and a music player; there was also a multi-sensory room with lights, cushions, music, etc. for residents' relaxation.

The male-only residential block had one single room, a few dormitories, and a day room with a TV and some wooden benches.

The CPT recommends that efforts be made to further improve living conditions at Samuil Home, including maintaining acceptable hygiene in all rooms and providing residents with personal lockable space for their belongings, as well as more visual stimulation and personalisation in their rooms.

⁵⁴ Rooms measured 18 m² for rooms with three beds or 13 m² for rooms with two beds.

4. Staff and care provided to residents

70. Regarding staffing, in all three establishments, as in the ones visited in 2017,⁵⁵ it was clear that the numbers of unit-based staff (nurses and orderlies) were totally insufficient to provide proper individual and personalised care, comfort, supervision and protection to the large number of needy residents, nearly all with serious mental disabilities, some also with physical disabilities, incontinence etc.

Further, seemingly due to low salaries and the difficulties in attracting and retaining staff to work in the rather remote establishments, the professional quality of staff, especially orderlies, appeared to be poor; this, combined with inadequate training and supervision, undoubtedly increased the risk of ill-treatment of residents.

The numbers of multi-disciplinary staff who could provide psycho-social, occupational and recreational input to residents were also inadequate, particularly in Kudelin and Govezhda.

Furthermore, the Committee was concerned to learn that despite these totally inadequate numbers of staff, in Govezhda and Samuil, they actually exceeded the extremely meagre official quotas and that, surprisingly, the Directors of these two establishments faced possible sanctions for employing additional care staff.

71. Govezhda social care home for persons with psychiatric disorders⁵⁶ employed eight nurses (including a senior nurse)⁵⁷ and 12 orderlies working in three shifts; during the day, there were usually two nurses and two or three orderlies, at night, there was one nurse and one orderly. As regards other staff, there were three social workers and three occupational therapists; there was no psychologist (and no vacancy for this post).

The establishment had a formal agreement for a psychiatrist to attend for half a day once a week; residents could be taken to see a general practitioner in Govezhda on Tuesdays and Thursdays.

72. In Kudelin social care home for persons with learning disabilities,⁵⁸ there were eight nurses (including a senior nurse) and 18 orderlies, working in three shifts; basically, during the day, there were usually three nurses and five orderlies, and at night, there was one nurse and one orderly. The psycho-social rehabilitation staff included three social workers and two occupational therapists; a post of a psychologist was vacant.

A general practitioner visited once a week, there were no regular visits from a psychiatrist. Every six months, residents were taken for a review with a neurologist.

⁵⁵ See paragraphs 159 to 164 of CPT/Inf (2018) 15.

⁵⁶ Official capacity 70.

⁵⁷ According to the Director, six nurses were of a retirement age and were often on sick leave.

⁵⁸ Official capacity 110.

73. Samuil social care home for persons with learning disabilities⁵⁹ employed a feldsher, eight nurses, and 18 orderlies, working in three shifts; during the day, there were usually one or two nurses and three or four orderlies, and at night, there was one nurse and three or four orderlies. The two most able female residents told the delegation that they helped the staff every day to feed other residents, change diapers and clean the dining room.

The psycho-social rehabilitation staff included three social workers, two occupational therapists, one pedagogue, one physiotherapist, and one speech therapist; a post of a psychologist was vacant.

A general practitioner visited the establishment once or twice a week and a civil contract had been recently signed with a psychiatrist from Razgrad who would visit the establishment once a week for one hour.

74. Regarding the daily regime for residents, although in Samuil some efforts were being made to provide occupational and recreational opportunities for residents, in Kudelin and Govezhda such opportunities were seriously lacking and the majority of residents thus spent their days being left to their own devices, sleeping, sitting around, walking within the grounds of their establishments, and, at best watching TV together with other residents. As reported by the residents themselves, despite there being written individual support plans,⁶⁰ occupational or rehabilitative activities were lacking. Such a situation has hardly changed from that found in other social care establishments during the CPT's previous visit to Bulgaria.⁶¹

The CPT recommends that the Bulgarian authorities take steps, in Govezhda and Kudelin Homes (and, as applicable, in other social care homes in Bulgaria), to significantly increase the programmes of rehabilitative activities with a view to improving the quality of life for residents, as well as offering resocialisation programmes to help prepare residents for more independent living in community settings and/or return to their families; in the CPT's view, as an absolute minimum, every resident should be offered the opportunity and encouraged to participate in one organised activity every day.

75. Following the 2017 visit, the CPT concluded that residents in the Bulgarian social care establishments visited had *de facto* been abandoned by the State, which had manifestly totally failed to provide those vulnerable persons with the human contact, comfort, care and assistance they required, as well as the dignity they deserved. Considering the findings of the 2020 visit, the Committee notes with regret that there has been little, if any, improvement to this situation and the related ongoing insufficient human resources. The Bulgarian authorities' approach to predominantly just providing learning disabled and mentally ill social care residents with food three times a day and a roof over their head is grossly insufficient and clearly needs to be urgently revisited.

⁵⁹ Official capacity 86.

⁶⁰ Indeed, all the various documents required as a result of the changes in the legislation on social assistance existed, including individual support plans, individual needs assessments and individual health-care plans.

⁶¹ See paragraph 165 of CPT/Inf (2018) 15.

The Committee reiterates its view that many of the serious systemic problems occurring in Bulgarian social care establishments and described in detail in this report, including physical ill-treatment by staff, lack of proper individual and personalised care, absence of any occupational and recreational activities, and illegal and informal seclusion and restraint, will only be solved, in advance of further de-institutionalisation, when adequate numbers of properly trained clinical care staff (nurses, orderlies and other multi-disciplinary staff, at levels far greater than the current meagre quotas) are deployed therein. The difficulties in achieving this, especially in remote establishments, and when offering the current low salaries and unfavourable terms and conditions, cannot be underestimated; however, this needs to be addressed as a matter of urgency.

The CPT once again calls upon the Bulgarian authorities to take urgent steps to significantly increase the numbers of properly trained clinical care staff (nurses, orderlies and multi-disciplinary staff) in all social care establishments in the country, to improve the recruitment (including terms and conditions and salaries), training and supervision of such staff and to ensure that there are sufficient numbers of clinical staff of all grades and disciplines in the residential units at all times.

76. Regarding the Covid-19 pandemic and the response to this of the social care establishments visited, all had taken measures, such as restricting visitors, disinfection,⁶² staff use of PPE, some ad hoc Covid-19 testing of staff and residents, and had developed plans for quarantine areas if required. However, it is concerning that Govezhda and Samuil Homes have not been provided with free PPE nor additional funding to purchase it, which had impacted their budgets.

Clearly, Covid-19 remains a serious risk for the vulnerable residents in social care establishments; therefore, **reference is also made to the recommendation in paragraph 38 above.**

5. Means of restraint

77. Even though seclusion and restraint remain illegal in Bulgarian social care establishments under national law, such restrictive practices were found to be occurring, to differing degrees, in all three establishments visited (similar to the CPT's findings in 2017).⁶³

In Samuil, despite mechanical restraint not being applied, there was a room used for the seclusion of disturbed residents; although this was not lockable, staff were securing the door shut, particularly at night, using soft ties fixed to a nearby pipe. Further, the delegation also found a disturbed male resident locked alone in his single bedroom.

⁶² With the clear exception of the appalling hygienic state of the outside sanitary facility in Kudelin Home, see paragraph 68 above.

⁶³ See paragraphs 168-169 of CPT/Inf (2018) 15.

In both Govezhda and Kudelin, there were dedicated lockable seclusion facilities with barred windows,⁶⁴ the bare concrete seclusion room of approximately 10 m² in Govezhda being fronted by a row of very large, floor to ceiling bars with a barred gate, resembling a cage; the conditions there could be considered as inhuman. These seclusion facilities were still used at times; a resident could occasionally be locked within them and residents also reported being sometimes additionally fixed, using straps, to a bed therein, such restrictive measures sometimes lasting many hours. Further, in Govezhda, nursing staff confirmed that they would initiate chemical restraint (injections of sedative psychotropic medication). All the described restraint measures in the establishments were informal, had no proper medical oversight (were authorised by a nurse only)⁶⁵ nor registration and no surrounding safeguards.

78. Further, in Kudelin, very remarkably, residents reported that, on occasion, they could be fixed to benches in the grounds, or even to a bed in one of the two seclusion rooms, using metal chains secured with padlocks, which they said were usually applied by one of the guards (the same guard whose name was written on the wooden stick, as described in paragraph 62 above). Chains matching the resident's description were found beneath a cabinet next to the door in the establishment's guard's office, with padlocks nearby.

As in paragraph 42 above, the Committee reiterates that the shameful practice of chaining mentally disabled persons is a behaviour that many would believe had been eradicated from mental health establishments in Europe over a century ago. Such practice is totally unacceptable and could be considered as inhuman and degrading; it should cease immediately.

79. As already mentioned in paragraph 11 above, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention and requested the Bulgarian authorities to confirm, within one month, that the use of chains as means of restraint had ceased in Kudelin (and all such chains had been removed), that the use of seclusion facility had ceased in Govezhda (and the bars had been removed from the room), and that all informal restraint measures (seclusion, mechanical restraint, and chemical restraint) had ceased in the three social care homes visited, as well as in all other social care institutions in Bulgaria.

In their letter dated 30 September 2020, the Bulgarian authorities informed the CPT that the bars had been removed from the room in Bungalow No. 12 in Govezhda. However, no confirmation was provided regarding the other two immediate observations. On the contrary, the response seems to indicate that the seclusion rooms continue to exist in Kudelin Home.

The CPT requests that the Bulgarian authorities confirm, within one month, that the use of chains as a means of restraint has ceased in Kudelin (and that all such chains have been removed).

⁶⁴ In Kudelin, there were two rooms on the second floor that appeared to be used as locked seclusion rooms, they had grilles on the windows (the only rooms that did); one had a padlock hanging off a metal ring on the doorframe.

⁶⁵ In Kudelin, the Head Nurse confirmed that authorisation of the doctor was not necessary, the use of the seclusion room was based on the decision of the staff on duty.

Further, the CPT again requests that the Bulgarian authorities confirm that all illegal, informal restraint measures (seclusion, mechanical restraint, and chemical restraint) have ceased in the three social care homes visited, as well as in all other social care institutions in Bulgaria and that protocols are in place to allow alternative methods to be deployed in order to manage disturbed residents (those being within the current law, acceptable clinical practice and international guidelines).

6. Safeguards

80. It should be recalled that in 2016 the Social Assistance Act and the Regulations on Implementation of the Social Assistance Act were amended to exclude involuntary placement in a social care establishment and to introduce different procedures for voluntary placement in a social home or in a “residential service” in the community depending on whether the person is under partial or full guardianship.⁶⁶ The duration of the placement in a social care establishment cannot exceed three years. It can be prolonged only if no other care arrangement is available. These changes were confirmed and further developed in the 2020 Social Services Act (see paragraph 57 above).

The Committee notes that in light of the above-mentioned changes, legal review of placement of all residents in the three establishments visited has been carried out as of the end of 2017, but mostly in 2018. The hearings were conducted pursuant to the request filed by the Social Support Department of the relevant municipality in the presence of the individual concerned, his/her guardian and a representative of the social care home. Having ascertained the existence of the conditions required by the Social Assistance Act and having heard the opinions of the parties, the court grants a ‘social protection measure’ consisting of the placement of the individual concerned for residential care at the social care home for the next three years, following which term, according to the legislation, the next review will have to be carried out.

Despite the recent legislative changes, all social care homes visited in 2020, as was the case with similar establishments seen during previous visits of the CPT to Bulgaria, remained closed institutions, the residents of which were not allowed to leave the premises without prior permission, and, if they absconded, they would be searched for and forcibly returned to the institution. Further, several residents told the delegation that they wanted to leave the institution.

The CPT would like to receive the comments of the Bulgarian authorities on this matter.

⁶⁶ See paragraph 170 of CPT/Inf (2018) 15.

81. From the examination of residents' personal files, it transpired that, once again, the vast majority of residents deprived of their legal capacity were placed under their own establishments' guardianship. In these cases, the duties of a guardian were carried out by various staff members of the relevant institution, including its director, social workers, kitchen employees or even drivers. While the existing guardianship arrangements, which involve the local municipality's guardianship authority as well as courts (when there is a need to spend personal monies of a resident), appear to offer generally sufficient safeguards against financial abuse, the CPT remains of the opinion that entrusting guardianship to staff of the very same establishment may easily lead to a conflict of interest and compromise the independence and impartiality of the guardian.⁶⁷ This is relevant inter alia in the context of the procedure for termination, at the initiative of the person concerned, of placement to a social care home envisaged in Section 100 of the Social Services Act, for which the guardian's opinion is sought.

The Committee calls upon the Bulgarian authorities once again to search for alternative solutions which would better guarantee the independence and impartiality of guardians. It would also like to be informed of any plans to change the regulation of full and partial legal guardianship in Bulgaria.

82. The existing arrangements for contact with the outside world were generally satisfactory at the social care homes visited. The delegation noted that only a few residents had families who visited or contacted them by phone. There did not appear to be major difficulties having contact for those who did (notwithstanding the Covid-19 pandemic).

83. There were no specific arrangements for providing residents with information concerning their stay at the establishment and complaints mechanisms appeared to be lacking.

In the Committee's view, although some residents have comprehension and communication difficulties, whenever possible, they should be informed of their rights, if necessary, using repeated, simplified, individualised, verbal formats. Similarly, accessible and comprehensible complaints systems should be in place.

The Committee recommends that the Bulgarian authorities ensure that the above-mentioned precepts are effectively implemented in practice.

* * *

84. Summarising the findings of this visit, the Committee can only conclude that the continuation of the existence of such social care establishments in Bulgaria is not viable. It strongly supports the Bulgarian authorities' plan to close a number of social care establishments by 2022 and develop appropriate community care facilities. Moreover, the Committee strongly urges the Bulgarian authorities to rapidly accelerate their closure programme of the remaining old-style, outdated social care establishments, eradicating the need for them as soon as possible.

⁶⁷ See paragraph 174 of CPT/Inf (2018) 15.

For persons without family support, social care accommodation in the community should consist of more personal, small group home living units, ideally in urban areas, with all the relevant facilities close at hand. Such accommodation should be appropriately intensively staffed with well trained personnel who can entirely fulfil the care needs of their clients in a decent environment. Trans-institutionalisation of residents from social care homes into “family homes” situated in the grounds of existing institutions or in other remote locations, is not true de-institutionalisation, nor does that allow for the appropriate re-integration of service users into the community.

In advance of the closure of all these outdated establishments, the CPT calls upon the Bulgarian authorities to take concrete and urgent measures (including the implementation of the recommendations contained in this report) aimed at upholding the human dignity of all persons placed in the existing social care homes, prior to their closure and without any further delay.

APPENDIX I:

List of the establishments visited by the CPT's delegation

Establishments under the authority of the Ministry of Health

- Byala State Psychiatric Hospital
- St Ivan Rilski State Psychiatric Hospital
- Tsarev Brod State Psychiatric Hospital

Establishments under the authority of the Ministry of Labour and Social Policy

- Home for persons with psychiatric disorders in Govezhda
- Home for persons with learning disabilities in Kudelin
- Home for persons with learning disabilities in Samuil

APPENDIX II:

**List of the national authorities
with which the CPT's delegation held consultations**

A. National authorities

Ministry of Labour and Social Policy

Zornitsa Roussinova

Deputy Minister

Maya Vasileva

Deputy Executive Director, Social Assistance Agency

Nikolina Ivanova

Head of the Department for Social Services for Adults,
Social Assistance Agency

Elena Velkova

Acting Director, European Affairs and International
Relations Directorate

Ministry of Health

Jeny Nacheva

Deputy Minister