

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.