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**European Committee for the Prevention of Torture
and Inhuman or Degrading Treatment or Punishment (CPT)**

Public statement concerning Bulgaria

This public statement is made under Article 10, paragraph 2, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

Strasbourg, 4 November 2021

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(made on 4 November 2021)

Introduction

1. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has carried out 14 visits to Bulgaria since 1995. In the course of those visits, delegations of the Committee have visited 10 out of 12 state psychiatric hospitals (some more than once), and 16 social care institutions for persons with psychiatric disorders and learning disabilities.
2. For more than 25 years now, the CPT has consistently expressed its deep concern regarding a number of issues concerning the treatment, conditions and legal safeguards offered to patients with psychiatric disorders and residents of social care institutions.

In its reports, the Committee has many times drawn the Bulgarian authorities' attention to the fact that the principle of co-operation between State Parties and the CPT, as set out in Article 3 of the Convention establishing the Committee, requires that decisive action be taken to improve the situation in the light of the CPT's recommendations.

Unfortunately, in the course of the Committee's most recent visits to Bulgaria in 2017, 2020, and 2021, the CPT's delegations have witnessed a continuing lack of such action, with the vast majority of the recommendations that were made previously remaining unimplemented, or only partially implemented.¹

3. In the report on its 2017 visit, the CPT raised a number of major shortcomings in respect of the treatment of persons placed in psychiatric hospitals and social care homes and reiterated its recommendations given to the Bulgarian authorities throughout the years. However, the response from the Bulgarian Ministry of Health and Ministry of Labour and Social Policy had not satisfied the Committee that the situation in psychiatric hospitals and social care institutions was being addressed with the urgency and comprehensiveness it required. Many serious concerns raised by the Committee were dismissed or not given appropriate consideration and action. Thus, in January 2019 the Committee held high-level talks with the Bulgarian authorities in order to reiterate the CPT's concerns and to urge the Ministry of Health and the Ministry of Labour and Social Policy to take the necessary and immediate measures to improve the situation.

4. In August 2020 the Committee carried out an ad hoc visit to Bulgaria focusing on the treatment of persons in psychiatric hospitals and social care institutions. The findings of the 2020 ad hoc visit further demonstrated a persistent failure by the Bulgarian authorities to address many fundamental shortcomings in the treatment and living conditions of patients with psychiatric disorders and social care residents, including, *inter alia*, physical ill-treatment, environments that do not provide for dignity and privacy nor allow individualised care, low numbers of staff who lack the requisite skills to provide the breadth of care and treatment required, and illegal and informal isolation and restraint of social care residents.

¹ These visit reports and the corresponding government responses are available on the CPT's website: <https://www.coe.int/en/web/cpt/bulgaria>.

In November 2020, following the visit, the CPT decided to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention establishing the Committee,² in respect of the persistent lack of implementation of long-standing recommendations of the CPT concerning the situation of persons placed in psychiatric hospitals and social care institutions in Bulgaria.

5. The response of the Bulgarian authorities to the report on the CPT's 2020 visit and to the letter by which the Committee had informed the authorities of the opening of the procedure set out in Article 10, paragraph 2, of the Convention did not alleviate the CPT's concerns. Indeed, many of the concerns raised in the CPT's report concerning physical ill-treatment of patients with psychiatric disorders and social care residents by staff as well as inappropriate (or even illegal in social care institutions) use of restraint³ were downplayed or not addressed holistically in a way that would ensure improvements for users across services. The response repeatedly referred to plans to close some social care institutions, strategies for de-institutionalisation and intentions to improve the standards of care, whilst explaining that the actual lack of action was due to budgetary constraints and shortage of specialists (doctors, nurses, psychologists, and other associated health professionals), issues that would not seemingly be resolved within acceptable timescales.

The 2021 periodic visit was therefore an opportunity for the Committee to assess the progress in the implementation of its long-standing recommendations regarding the treatment and living conditions of persons placed in psychiatric hospitals and social care institutions.

Regrettably, the findings made during this visit (and summarised below, in paragraphs 6 to 17) demonstrate that little or no effective progress has been achieved in the implementation of key recommendations repeatedly made by the CPT.

For these reasons, the Committee has decided to make a public statement, pursuant to Article 10, paragraph 2, of the Convention; it took this decision at its 106th plenary meeting in October 2021.

Social care institutions

6. The phenomenon of physical ill-treatment of residents by staff in Bulgarian social care homes is a matter of long-standing concern for the Committee. During the 2021 visit, the CPT's delegation once again received allegations of orderlies slapping residents, as well as a guard hitting residents, including, occasionally, with a stick.

Indeed, throughout the years, the Committee's delegations have recorded many complaints of residents being threatened and/or hit with sticks and have found such objects as described by residents in the staff offices of the vast majority of social care institutions visited in Bulgaria. Such findings appear to reflect a wider deeply rooted tradition in the Bulgarian social care institutions of attempting to maintain discipline and achieve residents' obedience by often deploying strict regimes and coercive measures and frequently reminding them of possible punishment. This is clearly unacceptable in a social care environment. Unfortunately, the Committee must conclude that the Bulgarian authorities have not taken the necessary measures to eradicate this totally unacceptable practice, despite repeated and detailed recommendations on the matter.

² "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."

³ In one of the hospitals visited in 2020, the CPT delegation found that, despite the availability of properly designed padded restraint belts, patients on acute wards were nearly exclusively restrained with metal chains with padlocks. In the report, the Committee expressed its view that such practice was totally unacceptable and could be considered inhuman and degrading.

7. Another long-standing concern of the Committee is the often rather bleak living conditions in Bulgarian social care institutions, and the hygiene conditions in particular. The CPT has repeatedly criticised appalling level of hygiene in some social care homes visited by its delegations, and during the 2021 visit, once again, the Committee's delegation found that hygiene conditions in one of the homes did not befit a care institution and could only be described as inhuman and degrading. Indeed, the residents in one of the blocks at Banya social care home for persons with learning disabilities were lying without dignity in dirty dormitories, on rusted beds, upon dirty foam mattresses, some directly on plastic covers with no sheets or pillows. Without staff to comfort them, they were talking to themselves or shouting, surrounded by an all-pervading nauseating stench of urine, with large numbers of flies crawling on them, their beds, and all nearby surfaces.⁴

8. Regarding the persistent deplorable shortage of care staff in Bulgarian social care institutions, the Committee can only reiterate its conclusion made after previous visits, namely that social care residents in Bulgaria have *de facto* been abandoned by the State, which has manifestly totally failed to provide those vulnerable persons with the human contact, comfort, care, and assistance they require, as well as the dignity they deserve. It is equally regrettable that staff (and the management) of these establishments have been left to struggle from day to day with totally insufficient human resources, without adequate funding and without any attention or support from the Bulgarian authorities.

Furthermore, the out-dated practice where institutional social care is often limited to providing persons with learning disabilities and psychiatric disorders with food three times a day and a roof over their head, with almost no occupational and recreational activities, is grossly insufficient and clearly needs to be urgently revised.

9. Regarding the use of seclusion and mechanical restraint, although such measures remain illegal in social care institutions under Bulgarian law, as found by the CPT during its visits in 2017 and 2020, such restrictive practices were once again found to be occurring in two of the three homes visited. Being not regulated by the national legislation, these restraint measures were illegal and informal, had no medical oversight nor recording, and no surrounding legal safeguards. Despite repeated Committee's recommendations, the Bulgarian authorities have not taken action to introduce alternative methods to manage agitated residents (those being within the current law, acceptable clinical practice, and international guidelines).

10. Finally, the Committee wishes to address the de-institutionalisation reform in social care in Bulgaria. Having observed its progress during the last few years, the Committee, unfortunately, is of an opinion that the construction of "family-type" accommodation, often in the grounds of the same remote social care homes, which are then to be occupied by the same residents and supervised by the same staff, is at best trans-institutionalisation rather than any meaningful attempt at true de-institutionalisation. As emphasised by the CPT repeatedly, for persons without family support, social care accommodation in the community should consist of more personal, small group home living units, in areas where all the relevant facilities are 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. The current relabelling social care homes as "family-type homes" is at variance with the true re-integration of service users into the community with a concomitant improvement in their wellbeing and quality of life.

⁴ The Committee recalls a similar finding during the 2017 periodic visit. In Radovets social care home for persons with psychiatric disorders, the unit accommodating the most disabled residents contained only two large dormitories and no sanitary facilities. Residents there were found lying on their beds, completely covered in flies, with the floor flooded with urine and littered with faeces. This place was known to the residents of the home as the "pissy room".

Psychiatric hospitals

11. In the course of the 2021 visit, the CPT delegation once again received a number of consistent and credible allegations of the physical ill-treatment of patients by staff, including pushing, slapping, and occasionally hitting or kicking a patient. This demonstrates a continuing lack of determination of the Bulgarian authorities to act to prevent any form of ill-treatment, and to convey a clear and unambiguous message to the staff of psychiatric hospitals that the ill-treatment of patients will not be tolerated and will be subject of appropriate sanctions.

12. The CPT notes some ongoing renovations in the psychiatric hospitals; however, it must conclude that patients' accommodation in small multiple-occupancy dormitories remains generally bare, lacks personalisation and privacy, allows for few personal belongings, and offers no personal lockable space; some areas are also considerably dilapidated and require further general material improvement. Despite repeated recommendations of the Committee, living conditions in psychiatric hospitals in Bulgaria continue to not be conducive to the treatment and welfare of patients; in psychiatric terms, they do not provide the sort of positive therapeutic environment needed to accelerate improvements in the health of patients.

13. As regards staffing, yet again, the numbers of ward-based staff, i.e. nurses and orderlies, found by the CPT's delegation during the 2021 visit, 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-treatment and neglectful treatment, as well as an overuse of strict, oppressive regimes and also excess resort to measures of both mechanical and chemical restraint.

Multi-disciplinary clinical staff, including psychologists, social workers and occupational therapists, also remain totally insufficient in number to meet the many psycho-social treatment and rehabilitation needs of patients, which greatly hampers their effective therapeutic improvement.

14. Indeed, no progress was observed as regards the range of treatment opportunities available to patients which still mainly consisted of pharmacotherapy within a regime of containment. The 2021 visit once again confirmed the impression that patients with psychiatric disorders in Bulgaria are not provided with a range of modern psychiatric treatments, which is in itself neglectful and harmful. Many patients are not fully aware of their diagnosis and/or their medications and their side effects, nor engaged with staff in their treatment. The precepts of patient centred care – enhancing patient autonomy by providing them with better and transparent information, engaging patients more effectively and collaboratively in consultations, empowering patients to participate more actively in their treatment and properly considering their viewpoints – are simply not applied.

Furthermore, as in the past, the CPT's delegation found many patients who had no, or only very limited, access to daily outdoor exercise for weeks, or even months.

15. Moreover, the CPT is gravely concerned about the lack of progress regarding the use of seclusion and mechanical restraint. Despite years of recommendations made by the Committee, the use of means of restraint does not conform with international guidelines and is often recorded fraudulently or not at all. During the 2021 visit, the CPT delegation once again received allegations regarding the use of restraint measures that could easily be considered as inhuman and degrading. Indeed, some patients were still giving consistent and credible accounts of being placed alone, without staff present, in 4 or 5-point belt fixation to beds in seclusion rooms for days, in incontinence pads throughout, into which they had to urinate and defecate. Some patients also reported that their hands were fixed above their head, causing pain, swelling and loss of sensation in their upper limbs, which could be described as ill-treatment.

16. Additionally, similar to the findings of previous visits, during the 2021 visit, the delegation interviewed many patients who had initially signed consent to hospitalisation forms and were still deemed voluntary, but who were nevertheless not truly consenting to their hospitalisation, stating that they wanted to leave but were not allowed to do so, and had no way to effectively appeal their *de facto* detention. Contrary to all the principles of voluntary hospitalisation, a number of these formally voluntary patients did not have access to outdoor exercise for weeks on end, had been forcibly restrained in belts (sometimes for days on end), and were not permitted to self-discharge. The CPT has been criticising such a deplorable affront to patients' rights for years; unfortunately, the situation has not changed.

17. Finally, as found during previous visits, significant numbers of patients had been identified by the Directors in all the psychiatric hospitals visited as no longer requiring in-patient treatment. However, due to the continuing lack of effective community based mental health support services, patients were remaining in inappropriate institutional environments, seemingly endlessly, with greatly adverse effects upon their wellbeing. The lack of mental health care and support for patients in the community in Bulgaria is causing widespread suffering to those held without hope in hospitals and promoting premature admission for others. This primitive situation adds further to the impression that Bulgaria remains decades behind expectations regarding a modern states' provision of mental healthcare and continues to demonstrate a lack of regard and priority for the mental health of its citizens.

Concluding remarks

18. In its previous reports, the Committee has taken due note of the repeated assurances given by the Bulgarian authorities that action would be taken to improve the treatment of persons in psychiatric hospitals and social care institutions. However, the findings of the 2021 visit have once again demonstrated the grave long-standing problems that have not been addressed systemically. This situation highlights a persistent failure by the Bulgarian authorities to address most of the fundamental shortcomings and to implement the specific recommendations repeatedly made by the Committee for many years. The CPT is of the view that action in this respect is long overdue and that the approach to the whole issue of mental health care and institutional social care in Bulgaria should radically change.

19. The Committee fully acknowledges the political and economic challenges that the Bulgarian authorities are facing. However, after being neglected for decades, mental health care and institutional social care must finally be given the priority they deserve. Urgent action is needed in all areas – legislation, infrastructure, human resources and training, and the development of bio-psycho-social treatments in line with modern practices across Europe. And it must include fundamentals – fighting the stigma around mental health, changing the paternalistic, controlling attitude towards patients with psychiatric disorders and social care residents, involving them in their treatment and care, and making genuine efforts to integrate persons with psychiatric disorders and learning disabilities into communities instead of shamefully hiding them in remote locations as has been done for so long. The continuing ill-treatment and neglect of such vulnerable service users in Bulgaria cannot continue and must be eradicated without delay.

The Committee's aim in making this public statement is to motivate and assist the Bulgarian authorities, and in particular the Ministries of Health and Labour and Social Policy, to take decisive action in line with the fundamental values to which Bulgaria, as a member state of the Council of Europe and the European Union, has subscribed. In this context, the CPT's long-standing recommendations should be seen as a tool that helps the Bulgarian authorities to identify shortcomings and make the necessary changes. In furtherance of its mandate, the Committee is fully committed to continuing its dialogue with the Bulgarian authorities to this end.