

EXECUTIVE SUMMARY

In the course of the 2022 periodic visit, the CPT's delegation reviewed the treatment and the conditions of detention afforded to male and female prisoners held in four prison establishments. The delegation also examined the treatment and legal safeguards afforded to persons deprived of their liberty by the Croatian Police. In addition, the delegation visited three psychiatric establishments and two social care homes in order to assess the situation of patients and residents accommodated therein.

The delegation received very good co-operation during the visit from the Croatian authorities.

Establishments under the responsibility of the Ministry of Interior

The CPT notes a marked improvement in the treatment of criminal suspects deprived of their liberty by the police since its visit in 2017, which can be attributed to the mandatory audio-video recording of police interviews and the zero-tolerance message of ill-treatment by the Police Directorate. Nevertheless, some allegations of physical ill-treatment were received primarily of Romani ethnicity, which consisted of punches, kicks and slaps.

As regards legal safeguards for persons in police custody, the CPT notes that they have been strengthened by the 2019 amendments to the Code of Criminal Procedure in particular as regards information on rights, access to a lawyer, free legal aid and mandatory audio-video recording of police interviews. That said, there is a need to ensure a more transparent and efficient appointment of *ex officio* lawyers, to guarantee the confidentiality of medical examinations of persons in police custody and improve the modalities around the transport of criminal suspects in police vans.

The material conditions of detention remained generally satisfactory in the Police Detention and Escort Units (*pritvorske jedinice*). However, the deficiencies in ordinary police stations due to the lack of mattresses and bedding and poor sanitary facilities meant that they were adequate for the detention of persons for a few hours only. There is also a need to provide detained persons with adequate and timely food (including one hot meal per day) at regular intervals.

Establishments under the responsibility of the Ministry of Justice

The CPT delegation visited Zagreb and Lepoglava Prisons and, for the first time, examined the conditions of detention of female prisoners in Požega Prison. It also carried out a follow-up visit to the Zagreb Prison Hospital.

The CPT notes the significant increase in the prison population since 2017, and especially of pre-trial detainees. Furthermore, other contingent factors, such as the damage to prison facilities during the earthquake in 2020, have impacted on the capacity of the prison system.

The vast majority of prisoners spoke positively about their treatment by prison staff. A small number of allegations of physical ill-treatment were received, mainly concerning incidents of excessive use of force by staff in dealing with instances of unruly behaviour and agitation. Appropriate measures need to be taken to improve the skills of prison staff in dealing with high-risk situations. With regard to the serious problems of inter-prisoner violence and intimidation, the report notes that prison staff were in principle alert to such incidents, but that they still occurred, indicating the need for a more proactive strategy to prevent them.

The material conditions of detention, in particular at Zagreb Prison, were affected by extremely serious overcrowding (e.g. six prisoners in 18 m² cells). The Committee is particularly critical of the position of the Croatian authorities to apply an assessment of living space based on 3 m² per person even in the absence of important mitigating factors such as generous out-of-cell entitlements and

the offer of a purposeful regime of activities. The CPT reiterates its position that the minimum living space for prisoners should be at least 4 m² per person in multiple occupancy rooms. Vigorous measures should be taken to reduce overcrowding, particularly at Zagreb Prison. In addition, complaints by prisoners should be subjected to more rigorous scrutiny, and steps should be taken to offer better assistance to destitute persons in prison as well as to provide all remand prisoners with adequate cutlery.

Concerning the regime offered to sentenced prisoners, the Committee had a generally positive impression of the diversified range of activities offered at Lepoglava Prison and was also positively impressed by the innovative approach regarding the so-called respect modules. However, further efforts are needed to improve the treatment of prisoners serving long sentences. The range of activities and the regime applicable to remand prisoners remains extremely poor, being limited to two hours of outdoor exercise per day, and the authorities are encouraged to take concrete measures to bring it progressively into line with the CPT's standard of eight hours of out-of-cell time per day.

The provision of health care to prisoners is hampered by chronic understaffing of general practitioners and the inability to attract new staff. The situation was most serious in Lepoglava Prison, where the absence of a full-time general practitioner (GP) for two years required staff having to escort prisoners to the local health facility, even to obtain prescriptions. The Croatian authorities need to offer specific incentives and measures to attract general practitioners to work in prisons. Recommendations are also made to improve the quality of screening on admission, the facilities and equipment in prison infirmaries and the quality of medical care.

As regards prisoners under enhanced supervision in Lepoglava Prison, they should be offered more activities to facilitate their "reintegration into the mainstream population". Steps also need to be taken, to increase the visiting rights of sentenced prisoners and to abolish the systematic screening of prisoners' correspondence.

At Požega Prison, the CPT delegation received some allegations of physical ill-treatment of female prisoners by prison staff, consisting of occasional punches in connection with episodes of disruptive behaviour. In addition, episodes of inter-prisoner violence were high, particularly in the closed regime, aggravated, by the fact that women were accommodated in large dormitories.

The CPT is particularly concerned about the austere, impersonal and cramped nature of the dormitories accommodating female prisoners, particularly in the closed regime building, and the insufficiency of sanitary facilities. The renovation of Požega Prison should address the serious deficiencies raised by the Committee. Further, the restrictions on women's daily life, such as the prohibition of keeping personal belongings, need to be reviewed. The serious overcrowding in Department No. 10 of Zagreb Prison, which accommodates both pre-trial and convicted female prisoners, accompanied by an extremely impoverished regime needs to be addressed urgently.

With regard to the mother and child unit, there is a need to improve the facilities, to provide mothers with a wider range of food and clothing, and to increase the daily entitlements of access to fresh air.

Recommendations are also made with regard to the need to take the cells used for solitary confinement out of service in view of their poor conditions, and to upgrade the cell in use for the enforcement of enhanced supervision. In addition, the number of prison officers in Požega Prison should be increased and they should receive gender-specific training.

At Zagreb Prison Hospital, a number of allegations of physical ill-treatment of patients were received, consisting of slaps, punches and blows with truncheons inflicted by prison staff on patients. The appalling conditions and neglect in which some psychiatric patients were found on the second floor of the facility in dirty pyjamas, with torn mattresses, absence of bed linen, no underwear needs to be remedied urgently.

The living conditions were not conducive to a positive therapeutic environment. The rooms were cramped, in a poor state of hygiene and repair, and the sanitary facilities remained dilapidated. The lack of in-room sanitary facilities forced patients to rely on portable urinals and litter bins to meet their biological needs during the night. A number of concrete measures need to be taken to improve conditions in the Prison Hospital, which as it stands does not meet the minimum standards for a health care facility.

The poor staffing situation in the establishment, notably psychiatrists, resulted in a reliance on pharmacotherapy and a lack of therapeutic activities for forensic patients. A genuine change of paradigm is required to institute a more individualised approach to the treatment of forensic psychiatric patients. The safeguards surrounding the application of mechanical restraints to patients should also be strengthened.

The stay of remand prisoners, who are subject to mandatory assessment by the court, lasted well beyond the court decision declaring them irresponsible as apparently civil psychiatric hospitals were not inclined to admit them to their respective forensic wards. Consequently, there is a need for the Ministries of Health and of Justice to solve the problem of remand prisoners remaining in the hospital for long periods after a court decision declaring these persons not responsible for their crimes. Alternative placement in appropriate facilities in the community must be identified as the prison hospital is not equipped to provide adequate treatment and care.

Establishments under the responsibility of the Ministry of Health

The CPT visited the psychiatric clinics of Split and Rijeka Clinical Hospital Centres (*Klinički Bolnički Centar*, "KBC") and the Psychiatric Hospital of Ugljan to examine the treatment of patients and the safeguards governing their placement and stay in hospital.

Overall, there was a generally calm atmosphere at all three establishments visited, and the vast majority of patients were clearly well-cared for by hospital staff. At KBC Split, no allegations of physical ill-treatment of patients by staff were received. However, at KBC Rijeka, the delegation received a couple of allegations of physical violence by staff of patients as well as some alleged verbal abuse and shouting. In Ugljan Hospital, there were also several allegations of staff shouting at patients. The Croatian authorities should reiterate to all staff working in psychiatric hospitals that any physical ill-treatment and verbal abuse of patients with mental disabilities will not be tolerated. Equally, all staff should be properly trained to manage challenging patients, especially when they become agitated, by using de-escalation techniques as well as safe and effective manual control techniques.

The CPT was deeply concerned by indications of excessive, very frequent and unjustifiably long *use of means of restraint* on psychiatric patients, and often in full view of other patients, in KBC Split and Rijeka, which, it considered may amount to inhuman and degrading treatment. It also appeared that the vast majority of newly admitted patients were subjected to measures of fixation using magnetic belts and many patients were subjected to the practice of phased fixation, in several cases over extended periods of time, which started with five-point fixation and progressively decreased to two (ankle and wrist) or one-point fixation, depending on the patients' behaviour. The CPT recalls that patients should only be restrained as a measure of last resort, and it recommends that the national Rulebook be amended including as regards the abolition of the humiliating practice of phased fixation. In the case of mechanical restraint, a qualified member of staff should be permanently present in the room and regular debriefing of the patient should take place. Also, patients under restraint should be properly dressed and not placed in padded underwear or provided with bedpans. Dedicated registers for the recording of the use of restraints should be established at KBC Split and Rijeka.

At all three hospitals visited, the patients' *living conditions* remained generally austere, with very limited lockable personal space and a lack of privacy and personalisation. The conditions in Ugljan Hospital were particularly dire, with patients afforded as little as 3m² of living space; the state of repair on most wards was appalling and in need of urgent renovation. Access to outside exercise was problematic at all three hospitals, which was all the more concerning given that most patients

were officially “voluntary”. The situation for the majority of the forensic patients in Ugljan was notably poor, and those patients in the formally closed part of the forensic ward remained locked on the ward for the entire duration of their court-mandated sentence. The CPT recommends that all patients should be afforded access to outdoor fresh air within the hospital grounds during the day, unless treatment activities require they be present on their respective ward.

Regarding the staffing situation, the number of nurses and caregivers on duty was, in general, low at the three hospitals visited, but was particularly problematic during the night shift at Ugljan Hospital. Overall, the Croatian authorities should take decisive steps to ensure that the necessary numbers of staff (nurses and caregivers) and multi-disciplinary clinical staff of appropriate quality are deployed on each ward to provide adequate and safe therapeutic input and care for patients in Ugljan Psychiatric Hospital and at KBC Rijeka.

The pharmacotherapy treatment offered at all three establishments was generally of a reasonable standard and there was no evidence of its overuse. However, healthcare was mainly only based on pharmacotherapy and there was a general lack of psycho-therapeutic activities for most of the patients.

Concerning legal safeguards relating to placement in the psychiatric hospitals visited, the CPT noted that patients on the locked wards were evidently *de facto* deprived of their liberty. Persons admitted to psychiatric establishments should, *inter alia*, be provided with full, clear and accurate information on their right to consent to hospitalisation or not. A procedure for involuntary placement should be immediately launched if voluntarily admitted patients indicate at any moment a wish to withdraw their consent to admission. Furthermore, all patients, or where appropriate, their guardian or other legal representative, should be provided systematically with information about their condition and the treatment prescribed for them, and doctors should be instructed that they should always seek the patient’s consent to treatment prior to its commencement. Relevant national legislation should be revised to clearly distinguish between a patient’s consent to hospitalisation and their consent to treatment. It also recommends that all psychiatric institutions clearly register separate written and signed consent forms for placement and treatment, in addition to the psychiatrist’s assessment of the patient’s capacity for discernment.

Establishments under the responsibility of the Ministry of Labour, Pension System, Family and Social Policy

The CPT undertook two follow-up visits to the Mirkovec branch of Zagreb Adult Home and Stančić Rehabilitation Centre, to examine the treatment and care of residents.

The CPT delegation did not receive any allegations of physical ill-treatment of residents by staff; in fact, many residents spoke positively of the staff, and the delegation observed a generally calm atmosphere in both establishments. Inter-resident violence was not a problem at the Stančić Centre. However, at the Mirkovec Home, quarrels and physical conflicts did occur between residents and the Croatian authorities should take action to ensure that residents are effectively protected which always requires not only an adequate staff presence and supervision, but also that staff be properly trained in handling challenging behaviour by residents.

The living conditions were generally reasonable in both establishments with some exceptions; notably, at the Mirkovec Home residents should have personal lockable space for their belongings, as well as more visual stimulation and personalisation in the rooms. Further, the large-capacity dormitories should be renovated to ensure that the rooms accommodate a maximum of four residents in sufficient living space and all residents should have unlimited access to fresh air. In this context, measures should be taken to assist residents with physical impairments, and a ramp or lift installed to help such residents to access the outside courtyard daily.

Turning to treatment, at both establishments appropriate medication was available and adequately administered. However, at the Mirkovec Home, psychiatric and somatic care was problematic. The management of the Mirkovec Home should ensure that all newly arrived residents undergo an initial medical examination, including a psychiatric assessment, upon arrival and that the distinctive needs

of all the residents are fully met throughout their stay. Some residents had not been checked by the psychiatrist since their admission, in some cases more than two years previously. At both establishments, there were almost no individual care plans in the residents' files. The management of both the Stančić and the Mirkovec Homes should ensure that an individual care plan is drawn up for each resident, including the goals of the treatment, the therapeutic means used and the staff members responsible. At both establishments, psychosocial and therapeutic activities were on offer; however, at the Mirkovec Home, the range was limited. In contrast, at Stančić, the range of activities was broader and more accessible on a regular basis for almost all of the residents.

As for staffing, at both Homes there was a notable lack of unit-based nurses, especially at night. The Croatian authorities should ensure that the psychiatric input be significantly increased as a matter of priority at the Stančić and Mirkovec Homes; the overall numbers of staff should also be significantly increased at Mirkovec Home and the number of ward-based staff should be significantly increased during the night shift at both Mirkovec and Stančić Homes, as a priority.

At the Mirkovec Home, it was positive that no means of restraint was being used. At Stančić, it was also positive that recourse to means of mechanical restraints had been reduced over the preceding years and isolation was no longer used. However, the number of immobilisations with strips of cloth had significantly increased (including to both to prevent falling, but also to prevent aggressive behaviour). The authorities should fully review the application of immobilisations and ensure the recommendations outlined in the report are implemented.

As regards legal safeguards, the CPT found that most of the residents were fully or partially deprived of their legal capacity by a court. Procedures existed in law to restore partial capacity, but in practice this resulted in no real impact on residents' daily lives. Moreover, residents appeared unaware of any information related to house rules, or the possibility or methods to complain. The authorities should review the range of current procedural safeguards to ensure that the recommendations outlined in the CPT's report are fully implemented, including establishing accessible and comprehensible complaints systems.