

EXECUTIVE SUMMARY

The objective of the 2023 ad hoc visit was to examine the implementation of the recommendations of the Committee formulated in the report on the periodic visit carried out in 2021 concerning psychiatric institutions and social care homes and of the public statement issued by the CPT in November 2021.

Psychiatric institutions

The delegation visited Tserova Koria State Psychiatric Hospital for the first time, as well as Byala State Psychiatric Hospital, previously visited by the CPT in 2020.

Regarding ill-treatment by staff, in Byala Hospital, the delegation received a number of allegations from patients on three of the four male wards that, apart from staff shouting at patients, orderlies would also slap, punch and kick patients (including in the groin). In Tserova Koria Hospital, staff shouting at patients was allegedly routine on all three wards; moreover, orderlies on two wards would reportedly also occasionally hit patients.

Such findings demonstrate, once again, a continuing serious failure by the Ministry of Health to prevent all forms of ill-treatment of patients, 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 the subject of appropriate sanctions, and to act to eradicate such unacceptable behaviour.

Turning to material conditions, patients' accommodation in the two hospitals was generally bare, with very limited, if any, lockable personal space and a lack of privacy and personalisation. Many rooms were overcrowded, with beds touching. The environment in wards was distinctly carceral, with external bars on the windows and a lack of decoration in rooms as well as in common areas.

The prohibition to smoke inside the hospitals, which was not enforced, resulted, especially in Byala Hospital, in patients spending their days in thick cigarette smoke lingering in the rooms and corridors. Moreover, in Byala Hospital, despite the recommendation of the Committee following the 2020 visit to fully renovate the female chronic and male old-age wards as a matter of priority, this had not occurred, thus leading to a closure of a part of the female chronic ward as unsuitable to accommodate patients, putting further pressure on space.

As during previous visits, the staff numbers found in the two hospitals visited were grossly insufficient to adequately provide the necessary treatment for patients and to ensure a safe environment on the wards; Byala Hospital in particular continued to experience a dire shortage of psychiatrists.

Opportunities for psychological, occupational, and creative therapies continued to be very limited, with most patients just lying on their bed or wandering around idly. The conclusion remains that patients in Bulgarian psychiatric hospitals are not provided with anything even approaching the full range of modern psychosocial treatments which they require, which is neglectful and harmful. Furthermore, as the Committee stated in its report on 2021 visit, the absence of efficient and consistent therapy measures raises issues under both Article 3 and Article 5 (1) of the European Convention on Human Rights.

In Tserova Koria Hospital, a number of patients asked the delegation to provide them with information regarding the clinical trial within which they were participating. The patients told the delegation that once or twice a month they had to do blood and urine tests, "get an injection", and then they would receive 20 Leva (or chocolate). When asked, patients could not explain what this trial was about or what medication they were getting, a number of them were not sure if they had signed any consent forms, and even those who remembered signing something said they were not exactly sure what they had signed.

A psychiatrist member of the delegation did not find any information on the clinical trial in the medical files of the patients concerned. The delegation was refused access to the documents related to the clinical trial, including all the consent forms, allegedly due to the confidentiality rules of the company conducting the trial. Therefore, at the end of the visit, the delegation invoked Article 8, paragraph 5, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and requested that the Bulgarian authorities perform an audit into the clinical trial in line with the requirements of the relevant national legislation and inform the CPT of its results within one month (the results of the audit are described in the report).

Regarding means of restraint, seclusion, mechanical and chemical restraint of patients (including voluntary patients) was practiced in both hospitals visited. However, international guidelines regarding the use of restraint measures were not being adhered to, as found during the CPT's previous visits to the country. Moreover, as in the past, the recording of mechanical restraint measures was formulaic and did not reflect reality – absolutely all cases of such restraint were recorded as lasting exactly two hours (the maximum allowed under the Bulgarian law).

As during previous CPT visits to Bulgaria, a number of patients deemed *de jure* voluntary were not truly consenting to their hospitalisation and stated that they wanted to leave but were de facto deprived of their liberty. The majority of such patients did not seem to be informed of their rights as voluntary patients, including the right to be discharged upon their request.

Social care homes

The CPT delegation carried out first-time visits to the social care homes for persons with learning disabilities in Draganovo and Tri Kladentsi.

As regards ill-treatment by staff, in Tri Kladentsi Home, the delegation received a few complaints that some nurses would occasionally shout at residents, but otherwise the atmosphere appeared generally relaxed, and most residents spoke positively about the staff. In Draganovo Home, the delegation received no allegations of the physical ill-treatment of residents by staff or verbally inappropriate behaviour. On the contrary, all residents who were able to, spoke positively about the staff's kind and warm attitude towards them, which the delegation itself witnessed throughout the institution.

Turning to living conditions, in the two homes visited, residents were accommodated in dormitories which were generally clean, well-lit, and ventilated; however, the state of personalisation in the accommodation blocks varied considerably and many rooms were rather bare and austere, containing only beds and nightstands.

Regarding care staff, as found in other Bulgarian social care institutions in the past, despite the full official staff complements being deployed and there being no vacancies, the numbers of nurses and orderlies were totally inadequate to provide proper individual, personalised, and safe care to residents on a 24-hour basis. Further, although both homes employed staff of other clinical disciplines, such as psychologists, social workers and occupational therapists, their numbers were also insufficient to provide a proper range of psycho-social, occupational, and recreational input to residents.

The CPT notes the recent adoption of the Ordinance on the Quality of Social Services which determines a coefficient of the number of employees in each social service in relation to the number of residents, and that this coefficient has been increased compared to previous requirements, so that social service providers could now employ more staff than the previous minimum requirement. The delegation was pleased to note that the seclusion and mechanical restraint of residents was not practiced in the homes visited, thus respecting the provisions of the Bulgarian legislation.

As regards legal safeguards related to the placement of persons in social care homes, it was clear that the relevant legislation was generally applied at the homes visited, with the documentation kept

by social workers at an acceptable level. That said, several issues remain of concern to the Committee.

First, contrary to the previous recommendations made by the CPT on many occasions, staff of social care homes visited by the CPT delegation (usually its director or other staff members) were still appointed as guardians of residents with no legal capacity and signed agreements on behalf of these residents with the home where those guardians were employed, thereby creating a clear conflict of interest, and compromising the independence and impartiality of the guardian.

Second, it was noted that in both social care homes visited a number of residents with severe learning disabilities were deemed legally competent. In the CPT's view, such a situation is unacceptable as it deprives the residents concerned of the key legal safeguards pertaining to their status.

To conclude, the CPT notes that some progress appears to be being made in social care institutions and, despite delays with the closure of some social care homes, it hopes that genuine deinstitutionalisation will continue, with proper community facilities and care being provided for service users.