EXECUTIVE SUMMARY

During the 2023 visit, the delegation focused on the treatment of persons in police custody, in several prisons, those placed in the Judicial Observation and Psychiatric Institute (IMEI) and involuntary patients in two civil psychiatric facilities.

Generally, the cooperation received throughout the visit, both from the national authorities and staff at the establishments visited, was excellent.

At the beginning of the visit, the delegation discussed several immigration issues with the authorities. It is regrettable that there is still no legal procedure capable of offering effective protection against forced removal and/or refoulement, including chain refoulement. The delegation was also informed that no concrete steps were taken following the 2018 visit to ensure that all police officers are given a clear message, emanating from the highest political level, that any form of ill treatment of detained persons is unacceptable. The CPT is therefore obliged to reiterate its previous recommendations on these subjects.

Persons in police custody

Whilst the majority of persons interviewed by the delegation made no complaints about their treatment by police officers, the delegation still received a number of credible allegations of physical ill-treatment of detained persons. The delegation also heard several allegations of excessively tight handcuffing, sexual harassment of female detainees by male police officers, verbal abuse, including remarks of a racist nature, of detained persons by police officers, and of mocking remarks in respect of transgender persons and persons who were being strip-searched. The CPT once again recommends that police officers receive a firm message that any form of ill-treatment of detained persons, including demeaning treatment and verbal abuse, is unlawful, unprofessional and unacceptable, and will be sanctioned accordingly.

As regards the practical operation of fundamental safeguards against ill-treatment, *notification of custody* to a third person was usually done within a relatively short time after arrival in a police station. It is also positive that *lawyers* were usually promptly contacted on behalf of detained persons. However, it appeared, from the delegation's interviews, that *ex officio* appointed lawyers did not always see their clients before their first police interview and often appeared only at the first court hearing. Further, the delegation received allegations that a 16-year-old *child* had been interviewed by the police without the presence of a lawyer and a trusted adult person. The CPT recalls that children should not make any statements or sign any documents related to the offence of which they are suspected without the benefit of a lawyer and, in principle, of a trusted adult being present and assisting them.

Although persons detained by the police were systematically given a *medical examination* prior to their placement in a police detention facility, the delegation heard a few isolated allegations that requests made by detained persons to be examined by a doctor during the initial period of their deprivation of liberty by the police were rejected by police officers. Moreover, police officers remained systematically present during medical examinations of detained persons and medical examinations of detained persons did not systematically include physical examination to detect injuries.

Finally, the findings of the visit indicate that information on rights was usually not provided to detained persons in writing.

In general, material conditions in police detention facilities were adequate for short periods of police custody (of up to 72 hours). Nevertheless, according to the relevant legislation, persons remanded in custody may still be held in such facilities for longer periods (up to 60 days). Although it would appear that this rarely happens in practice, the conditions of detention in police holding facilities remain unsuitable for extended stays.

Prison establishments

The CPT visited the prisons of *Székesfehérvár, Nyíregyháza and Tiszalök.* The delegation received no allegations of physical ill-treatment by staff at *Székesfehérvár Prison* and a few isolated allegations of physical ill-treatment by staff at *Nyíregyháza Prison*. In contrast, at *Tiszalök Prison*, numerous credible allegations of physical ill-treatment by staff were received. The alleged ill-treatment consisted of slaps, punches, kicks and truncheon blows to the head and body, in some instances while the prisoner was handcuffed and ankle cuffed. The alleged ill-treatment took place in areas not covered by CCTV cameras, notably in the storage room on the disciplinary/security block, in the medical consultation room, in communal showers and in cells.

The CPT findings were no surprise to *Tiszalök* prison management, which itself had either forwarded various allegations of prisoners by staff to the public prosecutor or had undertaken investigations. In this context, the CPT is concerned that some of the basic preconditions of combatting ill treatment of prisoners by staff, such as the proper recording of injuries by the prison's medical service were not in place in *Tiszalök* prison. Further, the delegation noted that various allegations had been under investigation for over a year.

At *Székesfehérvár and Nyíregyháza Prisons*, inter-prisoner violence was not uncommon and usually consisted of verbal altercations and physical fights. Inter-prisoner violence appeared to be particularly serious at *Tiszalök Prison*. Not only do the findings of the visit suggest that staff did not always intervene promptly, but the delegation also heard credible allegations that certain prisoners were allowed or even instructed by staff to ill-treat their cellmates.

As to material conditions, the CPT welcomes ongoing efforts by the Hungarian authorities to improve the detention conditions across the prison estate. Overall, the material conditions in *Tiszalök Prison* remained satisfactory. Improvements to the general state of repair and hygiene were necessary in both *Székesfehérvár Prison* and *Nyíregyháza Prison.*

Given the steady increase in occupancy levels, however, efforts of the Hungarian authorities to alleviate prison overcrowding, fall short of the goal of providing all prisoners with appropriate living conditions. Overcrowding and limited resources continued to affect the prison regime adversely, with most prisoners, in particular remand and high security prisoners, having no or limited access to work, education or other out-of-cell activities. The delegation received several complaints of the high costs of the daily subsistence fee (including maintenance costs and daily allowance for food), phone calls and products purchased at the canteen. Most prisoners had no source of revenue and this could lead to particularly difficult situations where those unemployed and without supportive contacts outside. The CPT considers that all prisoners should be provided, without cost, with three adequately nutritious and sufficiently calorific meals a day, a least one of which is hot. Further, the Committee also considers that all persons deprived of their liberty in prisons should be provided with ready access to sufficient clean drinking water as well as decent sleeping and living conditions and the means to keep clean.

Further, a seven-day quarantine was applied systematically across the establishments to newly admitted prisoners, based on Covid-19 sanitary rules still in force. The CPT sees no justification for any mandatory, systematic quarantine on admission to prison without a proper individual medical assessment of the necessity for such a measure.

Given the potentially very damaging effects of solitary confinement, the CPT feels compelled to reiterate its longstanding recommendation that action be taken to ensure that the grounds for taking such a measure are strictly limited to security concerns. Administrative segregation should not be used to replace or completely circumvent the formal disciplinary procedures. Placement in security isolation should be reviewed regularly on the basis of a thorough risk assessment.

As for the use of means of restraint, high-risk prisoners were systematically handcuffed when moved around inside the three prisons, including during medical examinations. When moved outside the establishments (to a court, a prosecutor's office or a hospital), hand- and ankle cuffs were used on a systematic basis on all prisoners as a "mobility limiting instrument" and their use was unrecorded.

Judicial Observation and Psychiatric Institute (IMEI)

Persons held at IMEI who were interviewed by the delegation made no allegations of recent physical ill-treatment by staff.

As regards material conditions, the facility was generally clean and in an acceptable state of repair, and the delegation noted some refurbishment and ongoing repair works. Nevertheless, with the exception of the communal areas in Building I (which had some decoration), the premises remained austere and impersonal. This concerned in particular Building II, which provided a very carceral environment. Moreover, it continued to be the case that dormitories in all three buildings accommodated up to 16 persons.

Ever since its first visit to IMEI in 2005, the CPT considered that it would be highly desirable for the IMEI to be re-located; this would help to ensure that a medical, rather than a penal, ethos prevails. The Committee further considers that IMEI is particularly unsuitable for holding child patients and recommends that urgent steps be taken to end the policy of placing this age category of patient in the establishment.

It is positive that treatment of patients was provided by multidisciplinary teams and that, in addition to pharmacotherapy, a range of individual and group therapeutic sessions and activities was offered. However, there were still a number of patients who were not involved in any organised activity. It is of particular concern that there were no staff to provide psychosocial activities tailored to the specific needs of patients with intellectual disabilities.

As for the use of means of restraint, patients were strapped to their beds in view of other patients and there was no continuous supervision by staff. Moreover, patients were provided with adult nappies to comply with the needs of nature.

Legal safeguards surrounding the court-imposed measure of compulsory psychiatric treatment and its review were generally followed in practice. However, it is a matter of particular concern that patients placed in the IMEI under this measure who no longer required psychiatric treatment could not be discharged as they were unable to cater for their own needs and there was no place for them in social welfare establishments.

Patients at IMEI who had the formal status of prisoner (that is, those accommodated in Building II) were requested to provide consent to treatment; staff also made efforts to provide patients held under the measure of compulsory medical treatment with information on their diagnosis and the psychiatric treatment proposed. However, the fact remains that according to the relevant legislation, patients subjected to the measure of compulsory medical treatment cannot refuse treatment. The CPT underlines that, as a general principle, all categories of psychiatric patient, be they voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment.

Psychiatric establishments

In the two civil psychiatric establishments visited, the delegation received no allegations of physical ill-treatment of patients by staff.

As regards material conditions, patients' rooms were clean, in a reasonable state of repair and well-lit and ventilated. However, the premises were generally austere, impersonal and unwelcoming, and lacked colours and decoration. Further, patients' rooms at Gróf Tisza István Hospital in

Berettyóújfalu were accommodating up to nine patients, which compromised their privacy and prevented the creation of a therapeutic and caring environment. In both establishments, patients accommodated on closed wards had in practice virtually no access to outdoor areas; this is unacceptable. The CPT underlines that the aim should be to ensure that all patients benefit from unrestricted access to outdoor exercise during the day unless scheduled activities require them to be present on the ward.

Patients accommodated on the open ward of Flór Ferenc Hospital were provided, in addition to pharmacotherapy, with a wide range of therapeutic and psychosocial rehabilitative activities. However, despite the efforts made by staff, the majority of patients from the open wards at Gróf Tisza István Hospital did not participate in any organised activity. The situation was even more problematic on closed wards in both establishments, where treatment was in principle limited to pharmacotherapy and patients spent their days in idleness and sleeping, with TV watching and walking along the corridors being their only activity.

The CPT considers that treatment of psychiatric patients should involve, in addition to appropriate medication and medical care, a wide range of therapeutic, rehabilitative and recreational activities. It should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient.

The CPT considers that in particular the number of various categories of nursing staff was low in both establishments, which negatively impacted on several areas of their functioning, most notably the staff's inability to intervene in all episodes of inter-patient violence, the lack of access to outdoor exercise, the involvement of patients in the provision of care to other patients, and the frequent use of means of restraint. This was particularly true for Gróf Tisza István Hospital due to the number of patients confined to their bed and patients who needed to be provided mealtime assistance by nurses.

In the two establishments visited, there was no central register of the use of means of restraint, which would provide a complete and reliable overview of resort to these measures. Nevertheless, the information gathered during the visit indicates that resort to means of restraint was relatively frequent in both establishments, an issue closely linked to the low staffing levels of nursing staff. Moreover, patients in both establishments visited were routinely mechanically restrained in view of other patients and there was no direct continuous supervision and assistance by staff.

As regards safeguards, the relevant legal provisions concerning involuntary placement of patients in psychiatric establishments were in principle complied with at Flór Ferenc Hospital. However, at Gróf Tisza István Hospital, formally voluntary patients were routinely placed on closed wards and even when they wanted to leave the establishment, were prevented by staff from doing so if staff considered that their condition required hospitalisation. If patients "escaped", staff notified the police, who searched for the patient and brought them back, and the patients were placed back on the closed wards, without the involuntary placement procedure being initiated. Moreover, formally voluntary patients were subjected to restraint measures if considered necessary due to their mental state. The CPT considers that these patients were *de facto* deprived of their liberty, without benefiting from the legal safeguards accompanying involuntary admission into a psychiatric establishment and its regular review. The CPT recommends that the authorities take steps to ensure that if the provision of in-patient care to a voluntary patient who wishes to leave the psychiatric establishment is considered necessary, the appropriate involuntary placement procedure provided by the relevant legislation is fully applied.