



CPT/Inf (2026) 12

## **Response<sup>1</sup>**

### **of the Ukrainian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Ukraine**

**from 26 May to 6 June 2025**

The Government of Ukraine has requested the publication of this response. The CPT's report on the 2025 visit to Ukraine is set out in document CPT/Inf (2026) 11.

Strasbourg, 9 April 2026

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<sup>1</sup> This response has been prepared by the Ministry of Justice of Ukraine together with all interested state authorities of Ukraine, responsible for the fulfilment of the CPT's recommendations (namely: the Ministry of Health of Ukraine, the Ministry of Social Policy, Family and Unity of Ukraine, and the Vinnytsia, Kyiv, Lviv and Odesa Regional Military Administrations).

## ON THE ACTIVITIES OF PSYCHIATRIC ESTABLISHMENTS

### ***To paragraph 8 (regarding legislative initiatives in the field of mental health)***

In 2023, the Ministry of Health of Ukraine (hereinafter - MoH) and the State Institution "Institute of Forensic Psychiatry of the Ministry of Health of Ukraine" (hereinafter - SI "IFP MOH of Ukraine") developed a new version of the law on psychiatric care. The aim of the draft law is to strengthen the protection of the rights and legitimate interests of persons with mental disorders and to improve the organisation of psychiatric care for citizens.

Corresponding amendments have been drafted to a number of laws related to the field of psychiatric care, in particular to the Laws of Ukraine "Fundamentals of Ukrainian Legislation on Health Care," "On Measures to Counteract the Illegal Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse," "On State Financial Guarantees for Medical Care for the Population," and other legislative acts.

### ***To paragraph 9 (training of medical staff, including junior staff, in ethical behaviour towards patients)***

From February 2026, it is planned to introduce the QualityRights model into the practice of psychiatric establishments, which provides for a transition to a person-centred approach to the provision of psychiatric care, focused on supporting the recovery, autonomy and respect for the dignity of those receiving care.

At the Rivne Branch of the "Specialised Psychiatric Care Establishment" of the State Institution "Institute of Forensic Psychiatry of the Ministry of Health of Ukraine" (hereinafter - psychiatric hospital in Orlivka), issue of compliance with the principles of medical deontology, ethical behaviour and patient rights is included in the agenda of weekly working meetings, during which the causes of conflict situations in the Wards are analysed, specific cases of staff interaction with patients are considered, and algorithms for de-escalating tense situations are developed and implemented using exclusively non-violent methods of communication, taking into account the mental state of patients and without the use of humiliating, aggressive or discriminatory language.

In June and November 2025, the Department for Monitoring Human Rights in Psychiatric Care of the SI "IFP MOH of Ukraine" held two two-day master classes and training sessions on the practical implementation of the Safewards model by staff, aimed at reducing the level of conflict behaviour among patients, minimising the use of restraint measures and ensuring a safe treatment environment that respects human rights.

### ***To paragraph 13 (regarding patient living conditions)***

Ruling of the Cabinet of Ministers of Ukraine No. 781 of July 2, 2025 amended the Licensing Conditions for Economic Activity in Medical Practice, according to which a healthcare establishment providing medical care to patients with mental disorders in inpatient settings must, in particular, *ensure free access for patients to premises and wards, taking into account public safety requirements at night; it is prohibited to install bars on the windows of wards used for the provision of psychiatric care in inpatient settings.*

At the Lviv Regional Council's Municipal Non-Profit Institution "Lviv Regional Clinical Psychiatric Hospital" (hereinafter - Kulparkiv Psychiatric Hospital), the phased renovation of wards is continuing, with the modernisation of furniture, lighting systems and sanitary facilities. Three Wards are undergoing major renovations in accordance with all applicable legal requirements. During the renovations, the bars on the windows are being removed.

New Wards have been opened – for primary psychotic episodes, a reception and diagnostic Ward, and a psychosocial rehabilitation Ward. Funds have been allocated from the regional budget to create an "Epilepsy Treatment Centre".

In healthcare establishments in the Lviv region that provide medical services with a package of medical guarantees "Psychiatric care for adults and children in inpatient settings," psychiatric Wards have been opened in accordance with sanitary and hygienic standards – 7 square metres per person and no more than 4 patients per ward.

In 2025, the psychiatric hospital in Orlivka started ongoing repairs and renovation of treatment building No. 1, which provides about 25% of the establishment's total bed capacity.

The new planning solutions provide for the phased abandonment of outdated multi-bed wards in favour of small-capacity premises, in particular single-patient wards, which meet modern requirements for privacy and dignity.

The sun blinds have been installed on the windows of all Wards allowing for the regulation of light levels and providing visual isolation from the outside environment. Based on measurements and technical calculations, preparatory work has begun on replacing door units in the wards.

The plaster coating has been restored and the walls have been repainted in the most damaged areas, and proper lighting has been installed to create a more non-institutional and therapeutic environment.

Liquid soap dispensers, paper towel holders and additional handrails have been installed in the sanitary facilities, and the doors of the individual toilet cubicles have been repaired.

In order to ensure proper temperature control in the Wards, inverter-type air conditioners were purchased.

Due to the detected excess iron content in the water, a multi-stage water purification system has been introduced. Six comprehensive purification stations and a Pallas MO-500 industrial reverse osmosis filter have been installed to meet the needs of the food service, laundry, and direct water consumption by patients.

The planned completion date for the renovation work in the first treatment building is scheduled for the end of 2026.

***To paragraphs 14, 15 (regarding staffing of psychiatric establishments)***

Despite the current staff shortage, the Kyiv Regional Council's Municipal Non-Profit Institution "Regional Psychiatric and Narcological Medical Association" (hereinafter - psychiatric hospital in Hlevakha) ensures the proper and continuous performance of its functions and tasks, and medical care is provided to patients in full accordance with current standards and clinical protocols.

Staffing is under constant control by the management of the establishment, and information about available vacancies is systematically posted on specialised employment resources, in particular on the Work.ua platform.

As of now, some vacancies remain unfilled, but this does not affect the quality of medical care, respect for patients' rights, or compliance with national legislation and Ukraine's international human rights obligations.

The psychiatric hospital in Orlivka has initiated direct communication with relevant higher education institutions and sent official proposals to recruit interns and medical school graduates for employment immediately after graduation. Information about available vacancies is systematically posted on the Unified Vacancy Portal of the MoH, which ensures maximum coverage of potential candidates at the national level.

A psychiatrist and a dentist have been hired, and another psychiatrist is planned to be hired in March 2026. As of February 01, 2026: the total number of full-time doctor positions is 72.75; filled positions – 14.25; vacant positions – 58.5; the staffing level for doctor positions is 19.59%. The administration of the institution recognises the inadequacy of this indicator and identifies it as a priority area for strengthening recruitment efforts.

***To paragraph 16 (regarding the dosage and combination of medicines prescribed to patients in the psychiatric hospital in Orlivka)***

Article 14-1 of the Law of Ukraine "Fundamentals of Ukrainian Legislation on Health Care" stipulates that the system of standards in the field of health care consists of state social norms and sectoral standards.

A sectoral standard is a clinical protocol - a unified document that defines the requirements for diagnostic, therapeutic, and preventive methods of providing medical care and their sequence.

"New Clinical Protocol for the Treatment of People with Schizophrenia and Related Disorders" was implemented by the Order of the SI "IFP MOH of Ukraine" in the activities of the psychiatric hospital in Orlivka. It was developed on the basis of the clinical guidelines of the Royal Australian and New Zealand College of Psychiatrists (RANZCP, 2016).

The protocol provides for: the prioritisation of second-generation antipsychotics with a better tolerability profile; the use of long-acting injectable medications for patients with low compliance; the prescription of only one antipsychotic (monotherapy), except in cases of proven resistance to monotherapy; restriction of dosing within established therapeutic ranges in acute conditions (Olanzapine, Quetiapine, Aripiprazole) to prevent excessive sedation and toxic effects on cognitive function.

At the beginning of hospitalisation, a rule has been introduced in clinical practice to prescribe the minimum dose of antipsychotic sufficient to achieve a therapeutic effect. Doctors are advised to titrate doses gradually according to the "start low, go slow" principle. The prescription of medications is subsequently carried out with mandatory consideration of the patient's somatic condition, their clinical response to therapy, and possible side effects.

***To paragraph 17 (regarding individual treatment plans for patients and the issue of their regular review)***

The system of psychiatric care is undergoing a gradual transformation, shifting the focus to psychosocial rehabilitation and patient involvement in the treatment process. A transition from a purely "medication-based" model to a biopsychosocial one is taking place.

An Individual programme of medical, social and psychological rehabilitation has been introduced, based on the principles of the International Classification of Functioning, Disability and Health.

The programme is developed with the active participation of the patient, in line with the principle of "shared decision-making". Patients are informed about their progress and involved in reviewing their goals.

The plan contains a clear diagnosis, rehabilitation goals (short- and long-term), specific interventions and a list of responsible persons. The programmes are regularly reviewed and adjusted to take into account changes in the patient's functional status, level of involvement and results achieved.

A practice of multidisciplinary meetings has been introduced, in which, in addition to doctors and nurses, necessarily involve psychologists, rehabilitation specialists and social workers. This allows the medication treatment to be synchronised with psychosocial measures. The

functional gap between Wards and general hospital rehabilitation departments is being bridged through joint activities and documentation.

The creation of a rehabilitation environment is actively ongoing: interventions using the Safewards model have been introduced, aimed at in-depth study of individual patient needs, conflict prevention and support for a safe and respectful environment in the Wards.

The psychiatric hospital in Orlivka has developed a garden therapy programme as one of the areas of psychosocial rehabilitation.

The programme involves the use of gardens and green spaces to develop patients' social, cognitive and practical skills, improve their emotional well-being and develop self-regulation skills. The programme includes individual and group sessions focused on practical work in the garden, interaction between patients and the development of social skills, as well as integration with other types of psychosocial rehabilitation (art and music therapy, physical activity, intellectual games).

Most patients are undergoing long-term treatment, so the focus of rehabilitation is shifted to social competence (acquiring skills of self-care and interpersonal interaction) and resocialisation - preparation for returning to the family or community, which is a key factor in preventing relapses (repeated offences).

***To paragraph 18 (regarding patients' access to fresh air and physical exercise)***

In accordance with paragraph 9 of the Procedure for the Provision of Psychiatric Care in Inpatient Settings, approved by Order of the MoH No. 2085 of December 7, 2023, it is prohibited to lock the entrance doors to premises and wards used for the provision of psychiatric care.

Entry and exit from Wards shall be unrestricted, subject to public safety requirements at night.

According to paragraph 22 of the Rules for the Application of Compulsory Medical Measures, approved by Order of the MoH No. 992 of August 31, 2017, patients in special psychiatric care establishments have the right to spend at least two hours a day outdoors. The schedule for walks is specified in the internal rules of each Wards.

As of January 2026, at the Kulparkiv Psychiatric Hospital, as in all other healthcare establishments in the Lviv region that provide psychiatric care, all inpatient Wards have organised opportunities for patients to take walks in the fresh air for at least 2 hours a day.

At the psychiatric hospital in Orlivka, modern sports equipment and exercise machines have been installed in the walking areas to ensure meaningful leisure activities, and regular sports games and internal competitions between patients have been organised, which contributes to the development of patients' physical and psychosocial skills.

***To paragraphs 20, 21, 22 (regarding means of restraint patients' freedom)***

The use of physical restraint in psychiatric establishments is regulated by the Rules for the use of physical restraint and/or isolation in the provision of psychiatric care to persons with mental disorders, approved by Order of the MoH No. 240 of March 24, 2016. The use of means of restraint in the presence of other patients is prohibited, and all cases are recorded in medical documentation.

Ruling of the Cabinet of Ministers of Ukraine No. 781 of July 2, 2025 amended the Licensing Conditions for Economic Activity in Medical Practice, according to which a healthcare establishment providing medical care to patients with mental disorders in inpatient settings must *comply with the rules for the use of physical restraint and/or isolation when providing psychiatric care to persons suffering from mental disorders.*

The debriefing procedure (a conversation after the end of the use of restraint measures) has been officially included in the medical documentation system.

During 2026, it is planned to involve the staff of all Wards of psychiatric establishments in training within the WHO Quality Rights initiative, where documenting conversations with patients is identified as one of the key indicators of human rights compliance.

At the Kulparkiv Psychiatric Hospital, additional training was provided to staff on de-escalation and preventing the involvement of law enforcement officers in the restraint of patients, except in cases of direct threat to life, and relevant instructions for staff were approved. Training of medical staff on the rules for physical restraint is conducted systematically in all healthcare establishments that provide psychiatric care.

Special wards for the isolation and/or restraint of patients have been set up at the psychiatric hospital in Orlivka, which are used only when medically indicated, after verbal de-escalation and in cases of acute necessity.

Mechanical restraint is used only by properly trained medical staff. All cases of physical and chemical restraint are recorded in medical records. Each case is reviewed at medical meetings and is available to supervisory and regulatory authorities.

***To paragraphs 24, 25 (regarding improving the practice of reviewing the use of coercive measures in psychiatric hospitals and the participation of courts in this process)***

Clause 9 of Part 2 of Article 293 of the Civil Procedure Code of Ukraine (hereinafter - CPC) stipulates that the court shall consider, in separate proceedings, in particular, cases concerning the provision of compulsory psychiatric care to a person.

In accordance with Part 3 of Article 294 of the CPC, cases of separate proceedings shall be considered by the court in compliance with the general rules established by this Code, except for the provisions on adversarial proceedings and the limits of judicial review. Other special provisions of the consideration of these cases are established by this section.

According to Part 4 of Article 211 of the CPC, court hearing shall be held in a specially equipped room – the courtroom. At the same time, certain individual procedural actions may be taken outside the courtroom if necessary.

The possibility of performing procedural actions outside the court premises is limited to cases expressly provided for by law, in particular the performance of certain procedural actions, such as the examination of evidence at its location or the participation of parties to the case in a court hearing via videoconference outside the court premises.

According to the Part 3 of Article 341 of the CPC, taking into account the health condition of the person in respect of whom the issue of providing him/her with compulsory psychiatric care is resolved, he/she may participate in the proceedings by videoconference from the psychiatric care establishment where he/she stays, subject to recording by the court in the ruling on opening the proceedings in the case.

The procedural mechanisms ensure a full, direct and effective trial without violating the principles of legality, independence of the court and the procedural rights of the parties to the case. In particular, the participation of a person in respect of whom the issue of compulsory psychiatric care is being resolved may take place via videoconference directly from the psychiatric care establishment, which allows the court to hear the explanations of such person and the doctor directly, assess their positions, ask questions and make a reasoned decision. This format of proceedings ensures the equality of the parties to the proceedings and prevents additional risks to the security and organisation of the court proceedings, without restricting the person's access to justice.

The psychiatric hospital in Orlivka has introduced patient reviews within a period of up to 5 months in order to prevent periods of patient stay in establishments without a valid court ruling (so-called "legal vacuums").

The establishment has switched to a model of preventive submission of documents. The commission's conclusions and relevant motions are sent to the court 1–2 months before the expiry of the current ruling. This gives the court sufficient time to schedule and hold a hearing before the end of the 6-month period.

The psychiatric hospital in Orlivka actively cooperates with regional centres providing free secondary legal aid. Every patient has the right to a free lawyer to represent him/her interests in court. Each Ward has specialised rooms for remote court hearings via videoconference. These rooms are also used to ensure the patient's right to private and confidential communication with a lawyer before or after a court hearing, which is critical for the proper protection of rights.

Information on the relevant draft law is provided above, in the comments to paragraph 8.

***To paragraph 26 (on the issue of informed consent of patients to hospitalisation and treatment)***

Supervisory bodies and external control organisations conduct regular audits of psychiatric establishments to ensure that the legal status of patients is in compliance, taking into account the voluntary nature of consent to treatment.

A draft procedure has been developed that will make it mandatory for psychiatrists to assess a patient's ability to give consent. If, at the time of hospitalisation, the patient is in a state that prevents him/her from freely expressing him/her will, the practice of "persuading" him/her to sign the consent form is strictly prohibited. In such cases, institutions are required to apply the procedure for compulsory hospitalisation in accordance with Article 14 of the Law of Ukraine "On Psychiatric Care", which provides the patient with independent judicial control over the appropriateness of restricting him/her freedom.

The consent to treatment is no longer considered a one-time act. The patient has the right to refuse a specific medication or procedure at any time without losing the right to other medical care. Each case of refusal of treatment is recorded in the medical record, indicating that the patient was explained the consequences of such a decision, but his/her will was taken into account.

It is planned to introduce a requirement for reassessment of consent after the patient's condition has stabilised. If consent was given in an acute condition, after cognitive functions have improved, the doctor must re-explain the patient's rights and confirm the voluntary nature of his/her stay in hospital.

The project has also developed information materials ("Patient Roadmap") written in accessible language without complex legal terminology. They contain explanations of the right to refuse treatment or certain methods of treatment, the right to withdraw consent to hospitalisation at any time, and the possible side effects of prescribed medications.

Mandatory training seminars on "Ethics and Legal Aspects of Informed Consent" are planned for psychiatrists.

Training for medical staff is also planned as part of a WHO initiative based on the QualityRights model, which focuses on supporting patients in their decision-making rather than persuading them. This allows time for reflection, discussion of alternatives and the involvement of trusted persons (at the patient's request).

The Department of Health of the Lviv Regional State Administration has obliged the heads of healthcare establishments providing psychiatric care to strengthen control over the proper

maintenance of medical records, the procedure for hospitalising patients with impartial expression of voluntary consent, mandatory recording of the fact that the patient has been provided with verbal information in a language accessible to him/her, training of staff on ensuring patients' rights, and review and updating of the procedure for submitting and considering patient complaints.

***To paragraph 27 (regarding access of psychiatric hospitals to the database of guardians)***

In accordance with Article 65 of the Civil Code of Ukraine (hereinafter – CC), prior to the establishment of guardianship or care and the appointment of a guardian or caretaker, guardianship or care over a natural person shall be carried out by the relevant body of guardianship and care.

Article 66 of CC stipulates *that if a natural person who is in an educational institution, a health care institution, or a social care establishment has not been placed under guardianship or care, or a guardian or caretaker has not been appointed, the institution/establishment shall exercise guardianship or care over him/her.*

***To paragraph 28 (regarding improving the mechanism for the practical implementation of patients' right to complain)***

The right to appeal against the actions of staff is regulated at the legislative level in accordance with Article 40 of the Constitution of Ukraine, Article 6 of the Law of Ukraine "Fundamentals of Ukrainian Legislation on Health Care", the Law of Ukraine "On Citizens' Appeals" and the Law of Ukraine "On Administrative Procedure".

In accordance with Article 32 of the Law of Ukraine "On Psychiatric Care", decisions, actions or inaction of persons who violate the rights, freedoms and legitimate interests of citizens in the provision of psychiatric care, the implementation of their social care, the provision of social services or their special training may be appealed, at the discretion of such citizens, to the owner of the psychiatric care establishment, the social care establishment for persons suffering from mental disorders, the special educational institution or the body authorised by them, or in accordance with the hierarchy of a higher authority or official, or directly to the court.

In the psychiatric hospital in Orlivka, complaint boxes have been installed in the Wards and are currently checked exclusively by persons who are not involved in the direct care of patients in that Ward (e.g., a representative of the administration, a lawyer of the establishment).

Clear deadlines (up to 7 working days) have been set for providing patients with a written, reasoned response to their complaints. The response must contain information about the measures taken or the reasons for refusing to satisfy the demands.

The approach to analysing complaints was changed: they are no longer seen as a negative indicator, but as an internal audit tool. All complaints are recorded in a hospital-wide register, which is analysed monthly by the medical director. If complaints are systematic in nature (e.g., regarding the quality of food or the behaviour of a specific employee), the establishment's administration is required to take a management decision: from additional staff training to disciplinary action.

Communication access has been updated - information stands have been updated in each Ward. In addition to the administration's contact details, they also display the current hotline numbers of the MoH, the Ukrainian Parliament Commissioner for Human Rights (hereinafter - the Commissioner) and free legal aid centres.

## REGARDING THE FUNCTIONING OF SOCIAL CARE ESTABLISHMENTS

### ***To paragraph 30 (regarding intensifying efforts to develop social care in communities and relieve the burden on social care establishments)***

By the Resolution of the Cabinet of Ministers of Ukraine No. 1315 of December 24, 2024, the Strategy for the Reform of Psycho-Neurological and Other Residential Establishments and for the Deinstitutionalisation of Care for Adults with Disabilities and Elderly Persons until 2034 (hereinafter – the Strategy) was approved the Operational Action Plan for the implementation of the Strategy for the years 2025–2027.

At each stage of the Strategy's implementation, an operational plan of measures for its implementation for the relevant period is to be developed and implemented, defining the phased implementation of tasks aimed at achieving the goals set out in the Strategy and the indicative amount of resources required, in particular, the gradual transition from residential establishments to the provision of social services for supported living, day care in the community through the development of a system for the provision of social, medical, educational and other services at the level of local communities and the provision of necessary support to their families, which will contribute to improving the quality of life of such persons and will comply with international human rights standards.

Regulatory acts have been adopted and relevant amendments have been made to them, regulating the provision of social services, in particular supported living, long-term care, employment and workplace support, etc.

The Law of Ukraine "On Amendments to the Law of Ukraine "On Social Services" Regarding the Improvement of the Procedure for the Provision of Social Services" No. 4332-IX of March 26, 2025 was adopted. The law, in particular, defines the term "social services of national importance" and provides for liability for violations of the requirements of the legislation on social services.

Ruling of the Cabinet of Ministers of Ukraine "Certain Issues of Social Service Provision" No. 64 of January 14, 2026, was adopted, which provides for a mechanism for organising social service provision, case management and determining the number of social managers in accordance with the Law of Ukraine "On Social Services".

Public discussions were held on draft orders of the Ministry of Social Policy, Family and Unity of Ukraine (hereinafter - MoSP) "On the Approval of the State Standard for Social Service for Supported Living for the Elderly and Persons with Disabilities" and "On Approval of the State Standard for Social Service for Temporary Rest for Persons Caring for Persons with Disabilities and Elderly Persons and Amendments to the Classifier of Social Services," as a result of which the draft acts are being finalised for submission to the relevant authorities for approval.

To expand the capacity of communities to provide social care services in small locations directly in communities in the Lviv region, supported living and inpatient care establishments/houses are being created. For these purposes, funding has been allocated in 2025 for:

renovation of the mixed-type municipal rehabilitation premises "Lviv City Rehabilitation Center "Dzherelo" in Lviv – UAH 2 million;

current repairs and improvements to the assisted living Ward of the Stryi City Centre for Social Services in the village of Zaplatyn – UAH 7 million;

major repairs to a non-residential building for the Ward of an inpatient care unit for elderly people and adults with disabilities in the village of Hirske, Stryi district, Lviv region – UAH 967025.

In 2025, a supported living Ward for elderly and disabled persons (9 places) began operating in the village of Zaplatyn, Stryi district.

An inpatient care Ward for elderly people and people with disabilities was opened at the social services centre in the Krasne territorial community (14 places).

***To paragraphs 32, 33, 34, 36 (regarding living conditions of residents, private space, wheelchair accessibility, hygiene products, access to fresh air)***

At the Lviv Regional Council Municipal Establishment "Hrushkivsky Psychoneurological Internat" (hereinafter - Hrushkivskyi Internat) the temperature in rooms and other premises in January 2026 complies with regulatory requirements and is 22°C. The renovation of the food service area and quarantine rooms has been completed. These rooms are now equipped with beds with blunt rounded corners that meet the needs of persons with limited mobility. The problem of privacy in toilet rooms and wheelchair accessibility has been resolved.

At the Baraboy Psychoneurological Boarding House (hereinafter - Baraboy Internat) the residents are accommodated according to their age and gender, level of mobility, health status, behavioural characteristics, and social interests, which helps to create a favourable atmosphere and prevent conflicts.

Each resident is provided with a separate place to store personal belongings. The living rooms are equipped with chests with individually labelled drawers. In addition, each building has corridors equipped with adapted wardrobes for storing residents' clothes.

In 2025, the activities began on renovating the kitchen and bathhouse, taking into account the needs of residents based on accessibility.

To ensure constant access to quality drinking water, water containers are installed in each room.

Televisions are installed in each residential building, providing the opportunity to watch TV programmes together and facilitating the organisation of leisure activities for residents. Wi-Fi is available in the second residential building and in the building where the men live, allowing residents to use the Internet.

Each residential building has toilets with showers.

In all residential buildings, access to toilets and showers is open to residents, and privacy is ensured by curtains between sanitary establishments (residential buildings 2 and 3). In the fourth residential building, the toilets are equipped with partitions.

The establishment regularly organises leisure activities for its residents, taking into consideration their age, physical, and psychological characteristics. The main goal is to ensure active engagement, social interaction and emotional comfort, which contributes to maintaining the mental and physical health of the residents.

For residents living in the 4<sup>th</sup> residential building, two social workers and one psychologist are provided to organise leisure activities for residents.

Residents of the 4<sup>th</sup> residential building have the opportunity to walk around the premises under the constant supervision of staff, ensuring their safety and behaviour control, while helping to relieve emotional tension and maintain overall well-being.

Social workers and a psychologist regularly monitor the condition of the residents and adjust the activity programmes according to their individual needs.

At the Municipal Establishment "Regional Pension for People with Disabilities and Elderly People" (hereinafter - Vinnytsia Pensionat) renovation work on the 4<sup>th</sup> floor has been completed to improve the living conditions of the establishment's residents, from the 2<sup>nd</sup> floor to the 4<sup>th</sup> floor to comfortable rooms equipped with all necessary amenities, consider the "State Building Standards of Ukraine" B.2.2-18:2007 "Social Care Establishments".

To ensure privacy and improve the living conditions of the residents, curtains were purchased and installed in the rooms.

Measures were taken to purchase personal hygiene products, and activity was carried out with charitable organisations to obtain assistance in the form of personal hygiene products for the residents.

***To paragraph 37 (regarding staffing of social care establishments)***

The staffing levels of social care establishments are calculated in accordance with the Order of MoSP "On the Approval of Methodological Recommendations for Determining the Number of Employees of Residential Establishments/Establishments of the Social Care System" No 893 of June 6, 2019.

The MoSP is working on revising these methodological recommendations and developing solutions to increase the number of medical and junior medical staff, as well as social workers, and to involve specialists in psychological, ergonomic and physiotherapeutic support in cooperation with the founders of the establishments and taking into account budgetary constraints.

The Ruling of the Cabinet of Ministers of Ukraine "Certain Issues Concerning the Remuneration of Employees of Social and Rehabilitation Service Providers" No. 1750 of December 26, 2026, was adopted. It stipulates that from January 1, 2026, salaries will be paid to employees of social and rehabilitation service providers, taking into account an additional coefficient of 2.5 for increasing official salaries.

At *Hrushkivskyi Internat* the staffing table for 2026 consists of 95.5 full-time positions. One position for a psychologist (currently filled) and one position for a physical rehabilitation specialist (filled at 0.5 FTE) have been added.

At *Baraboy Internat* nursing positions are filled. The general practitioner/family doctor at the establishment works full-time (position is fully occupied), the psychiatrist is employed at 0.25 FTE, and the psychologist works at 0.5 FTE.

Finding additional specialists in the field of psychiatry is complicated due to the remote location of the Internat (30 km from Odessa, 2 km from the nearest village) and the limited number of specialists in the region.

The establishment's staff includes a position for a rehabilitation specialist (currently vacant), and the issue of obtaining a licence to provide rehabilitation services is being resolved.

Social workers from the establishment are also involved in working with the residents.

At *Vinnytsia Pensionat* has two psychiatrists and one psychologist on staff (these positions are filled).

***To paragraphs 38, 39, 40 (regarding the organisation of treatment for residents, blood tests after the use of psychiatric medicines, the review of individual plans and occupational therapy for residents)***

According to Order of the MoH No. 1638 of September 24, 2024, Clozapine is included in the list of diagnostic and treatment methods and medicinal products that pose an increased risk to the health of persons receiving psychiatric care.

The Order of the MoH No. 147 of August 8, 1995, approved the conditions for mandatory haematological monitoring during treatment with Clozapine.

When drawing up an individual treatment plan, psychiatrists, together with Ward heads, work to change medical prescriptions to include the latest generation of psychiatric medicines, in accordance with current sectoral standards in the field of healthcare. The choice of medicine is

made on the basis of current medical care protocols based on the principles of evidence-based medicine.

Special training has been provided for employees of all inpatient social care establishments (psychiatric care establishments) as part of the Commissioner's National Preventive Mechanism initiative. The main focus is on the legal requirements for treatment safety and the legal aspects of medical supervision.

The Law of Ukraine "On Social Services" No. 2671-VIII of January 17, 2019, stipulates that an individual plan for the provision of social services is an integral part of the contract.

In an individual plan for the provision of social services, in addition to the measures provided for in the state standard for social services, other measures that need to be taken to provide such services are specified, as well as information about the necessary resources, the frequency and timing of the measures, and the responsible executors.

The Law also stipulates that the development of an individual plan for the provision of social services, the assessment of the implementation of the plan and its adjustment shall be carried out by a multidisciplinary team, which includes a social work specialist, a social worker, a social manager, a psychologist, a medical and educational worker, a rehabilitation specialist and an occupational therapist.

The Ruling of the Cabinet of Ministers of Ukraine "Certain Issues of Social Services Provision" No. 64 of January 14, 2026, stipulates that an individual plan shall be drawn up based on the results of an in-depth (special) assessment of the recipient's needs, specifying the measures to be taken within the scope of social service provision, information about the necessary resources, the frequency and timing of the measures, the persons responsible for implementing the measures, and the expected results of the provision of this social service, as well as the timing of the review of the individual plan (if necessary).

The individual plan shall be reviewed and updated at least once every three months or, at the initiative of the recipient, in the event of changes in the recipient's life circumstances or the ineffectiveness of the measures provided for in the individual plan.

At *Hrushkivskiy Internat* residents who receive medication containing the active ingredient Clozapine (Azaleptol) must undergo a complete blood test every month.

Individual rehabilitation plans for each resident are developed by a multidisciplinary commission with the involvement of the resident themselves. These plans are reviewed once a year.

According to the individual plans, some residents may be involved in light work in the form of occupational therapy for 1-2 hours per day. Such work is rewarded symbolically.

At *Baraboy Internat* the treatment of residents is carried out in accordance with individual needs and recommendations of doctors from medical establishments.

Residents receive the necessary medications, including antipsychotics, under the supervision of medical staff and a psychiatrist, in compliance with safety requirements, including regular blood tests.

The declaration is signed with a family doctor for each resident, ensuring regular medical supervision and the provision of primary medical care. An individual plan for the provision of inpatient social services and a medical card are created for each resident.

The administration of the establishment has appealed to the regional specialised medical establishment, where the residents of the Internat are treated, to replace medicines such as Azaleptol with new-generation antipsychotic medicines.

The needs of each resident are assessed by a social worker, with the involvement of specialists from the establishment's multidisciplinary team if necessary, taking into account the needs and

health status of the residents. The scope and content of social service are specified in an individual social service plan, which is an integral part of the social service agreement.

At *Vinnytsia Pensionat*, in addition to expanding psychosocial therapy and various activities for residents, the staff of the Pensionat, with the involvement of residents, reviewed individual rehabilitation plans.

At *Vinnytsia Pensionat*, the individual rehabilitation plans were reviewed by the the staff of the Pensionat with the involvement of residents to expand the psychosocial therapy and various activities for residents.

***To paragraphs 41, 42 (on the use of means of restraint and registers for recording the facts of their use)***

A social care establishment that has a licence to practise medicine is a subject of economic activity in the field of healthcare and is obliged to strictly comply with all regulatory and legal acts of the MoH, including the Licensing Conditions for Economic Activity in Medical Practice approved by Ruling of the Cabinet of Ministers of Ukraine No. 285 of March 2, 2016.

If social care establishment (Internat, Pensionat) has a licence from the MoH to conduct economic activities in medical practice in the specialty of "Psychiatry", it is considered an establishment that provides psychiatric care and, accordingly, has the right to apply physical restraint measures.

The use of physical restraint is regulated by the Rules for the Use of Physical Restraint and/or Isolation in the Provision of Psychiatric Care to Persons with Mental Disorders, approved by Order of the MoH No. 240 of March 24, 2016.

The aforementioned Order approved the Form of Primary Record Documentation No. 066-2/o "Protocol for the Use of Physical Restraint and/or Isolation in the Provision of Psychiatric Care to Persons Suffering from Mental Disorders" and Instructions for its completion, as well as the Form of Primary Record Documentation No. 066-3/o "Register of the Use of Physical Restraint and/or Isolation in the Provision of Psychiatric care to Persons Suffering from Mental Disorders" and Instructions for its completion. The social care establishment is obliged to equip the isolation room properly in accordance with the requirements.

A teamwork model is being introduced in social care establishments, where psychologist and social worker play a key role in preventing conflicts, which significantly reduces the need for medication or physical intervention.

At *Hrushkivskyi Internat* isolation and restraint of residents are not used. In cases where a resident becomes agitated and cannot be calmed down, an ambulance is called to hospitalise the resident at the Kulparkiv Psychiatric Hospital.

At *Vinnytsia Pensionat* the means of restraint are not used, de-escalation techniques are preferred. In some cases, when a resident becomes too agitated and cannot be calmed down, the staff calls an ambulance.

At *Baraboy Internat* the medical supervision of residents is carried out in accordance with Ukrainian legislation on the basis of a licence from the MoH to provide psychiatric care.

In cases of deterioration in the resident's health, increased agitation or aggression, they are hospitalised in a psychiatric hospital, where they receive appropriate treatment and medical supervision.

The establishment does not use physical means of restraint (forced fixation), as there is no suitable free space for this and no permanent psychiatrist on site. The use of physical restraints requires a specially equipped room and constant supervision by a qualified doctor, which must comply with the requirements of the regulatory documents of the MoH and the standards for the provision of psychiatric care.

The medical section has a register for recording the use of physical restraint and/or isolation in the provision of psychiatric care to persons suffering from mental disorders.

Medical staff at the establishment follows the protocol developed by the Establishment, which provides for: immediate notification of a psychiatrist in the event of a deterioration in the condition of a resident; provision of first aid and support to ensure the safety of the resident; performing only those actions that are agreed upon and recommended by the psychiatrist; ensuring the safety of other residents and staff, as well as preserving the rights and dignity of the resident.

***To paragraph 43, 44, 45, 46 (regarding the issue of guardianship over residents, the mechanism for providing copies of social service agreements, and residents' personal appeals to the court to terminate their stay at the establishment)***

The real shortage of candidates for guardianship, especially for persons with severe and complex health impairments who require constant care and significant representation of their interests, significantly complicates the provision of independent guardianship in each case. The situation has been further complicated by the martial law: a significant number of relatives and potential guardians have left their places of living, and residents have been evacuated along with establishments to other territorial communities, which has made it difficult to establish contacts, update data by guardianship and care authorities, and, accordingly, select candidates for guardianship.

Part 4 of Article 300 of the CPC provides for the possibility of filing an application for the cancellation of a court decision on the recognition of a person as incapacitated and the restoration of their civil capacity as a guardian, guardianship and care authority, family members, or the person themselves or their lawyer, which is carried out by a court decision on the basis of the relevant conclusion of a judicial-psychiatric examination appointed and conducted within the framework of the consideration of cases.

When deciding on the restoration of civil capacity, the court assesses the mental state of the person precisely on the basis of the conclusion of a forensic psychiatric examination, and not on the basis of initial medical diagnoses.

According to information from the Unified State Register of Court Decisions, two cases have been identified in which proceedings have been initiated based on applications by the Baraboy Internat for the restoration of the civil capacity of a natural person. At the same time, no cases based on applications by the Hrushkivskiy Internat for the restoration of civil capacity of a natural person, proceedings in which were opened during the period specified in the CPT report, - not found.

Article 66 of the CC "Guardianship or care of an individual who is in a special establishment" stipulates that *if a natural person who is in an educational institution, a health care establishment, or a social care establishment has not been placed under guardianship or care, or a guardian or caretaker has not been appointed, the establishment shall exercise guardianship or care over him.*

Article 22 of the Law of Ukraine "On Social Services" No. 2671-VIII of January 17, 2019, provides for the conclusion of a contract for the provision of social services.

A contract for the provision of social services shall be concluded in writing (in paper or electronic form using software) between the provider and the recipient of social services or their legal representative.

The representation of an incapacitated recipient in court is carried out by a legal representative (establishment) or guardian, to protect the interests of the recipient, the state provides free legal aid services, in particular the services of a lawyer.

After the conclusion of the contract for the provision of social services, a copy of it is provided to the legal representative or guardian of the recipient, or directly to the legally capable recipient, in accordance with the requirements of Ukrainian legislation and taking into account the psycho-emotional state of the recipients.

At *Baraboy Internat*, in 2026, a practice was introduced whereby the content of the agreement is communicated directly to the residents in an accessible and understandable form through social workers and a psychologist, taking into account the psycho-emotional state of each resident.

At *Vinnytsia Pensionat*, contracts between residents (or their guardians) and the director of the establishment are concluded in two identical copies, one of which is kept in the resident's personal file, and the other is given to the resident.

During the period from January 1, 2025 to November 30, 2025, employees of centers providing free legal aid (hereinafter - FLA) within the framework of the work of consultation points for access to FLA ensured the provision of FLA, in particular in the following social care establishments: 2241 requests from 1883 clients in territorial social service centres; 507 requests from 363 clients in geriatric pensions; 438 requests from 370 clients in psychoneurological establishments; 151 requests from 129 clients in residential care homes for the elderly and persons with disabilities/rehabilitation centres; 261 requests from 197 clients in children's residential care homes; 70 requests from 60 clients in social and psychological rehabilitation centres for children.

Most often, individuals requested about: the provision of state assistance, registration actions (property rights, use of property, etc.); compensation payments; military service (including military registration, mobilisation, reservation); pension recalculation; conclusion, execution, termination of contracts, recognition of their invalidity; registration of wills/inheritance agreements; acceptance of inheritance and registration of rights to it; guardianship and care, declaration of a person as legally incapacitated or partially incapacitated.

***To paragraph 47, 48 (regarding the possibility of exercising the right of residents to complain, access to a telephone)***

At the *Baraboy Internat*, residents are provided with the opportunity to freely and unhindered submit complaints regarding living conditions, the provision of social services, and other issues related to their rights and interests.

The establishment employs two social workers and a psychologist on a permanent basis, who communicates regularly with residents, listen to their comments and ensure an appropriate response to any needs or problems identified.

Each residential building has information stands displaying up-to-date information, including the contact details of the hotline of the Commissioner.

The medical centre and the administration of the establishment have telephones for general use, which are available to residents at any time. This allows residents of the Internat to freely file complaints or reports of violations of their rights, while ensuring confidentiality.

Since most residents have severe mental illnesses/severe mental retardation, some do not want to use mobile phones due to their psycho-emotional state or interests. Currently, 22 residents use their own phones.

At *Vinnytsia Pensionat*, there is a "Complaints and Suggestions Box" located in a place accessible to residents.

The establishment runs a "Third Age University" where residents are taught how to use mobile phones and computers, enabling them to communicate freely.

In order to inform employees and persons staying at the establishment, information stands

display information about the rights of persons with disabilities and materials about the Commissioner, hotline numbers and centres providing free secondary legal aid.

When providing social services, special attention is paid to protecting persons from any form of ill-treatment.

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