

VISIT REPORT

SERBIA

November | December 2024



CPT

EUROPEAN COMMITTEE
FOR THE PREVENTION OF
TORTURE AND INHUMAN OR
DEGRADING TREATMENT
OR PUNISHMENT

AD HOC VISIT

14 - 22 November & 16 – 18 December 2024

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KEY OBSERVATIONS

PRIORITY TOPICS

■ Prison (Children)

ILL-TREATMENT – Urgent and concrete action to prevent excessive use of force by staff on juveniles and to counter inter-juvenile violence, including sexual abuse, and to ensure proper documentation and formal follow-up (e.g. forensic examination, police investigation, and judicial oversight).

DISCIPLINE – Improvement of the regime of children and young persons held in the Closed Regime section, and of those under disciplinary and enhanced supervision measures.

■ Psychiatry (Prison Hospital)

LIVING CONDITIONS – Urgent measures to address the overcrowding and poor living conditions.

MEANS OF RESTRAINT – Steps to ensure the use of mechanical restraint are in line with national guidelines and CPT standards, which should include the full documentation of every instance of restraint, and strict supervision of its use.

TREATMENT – Improvement of the regime of remand and acute psychiatric patients, including through increased access to outdoor exercise and psycho-social activities.

■ Psychiatry (Civil – adults and child units)

LIVING CONDITIONS – Urgent action to ensure daily access to outdoor fresh air for all adult and child patients.

MEANS OF RESTRAINT – Prioritise non-invasive de-escalation techniques towards patients and address the excessive use of means of restraint (fixation) upon admission to hospital.

TREATMENT – Strengthen the individualised approach towards the treatment of patients, and increase access to therapeutic and recreational activities. Urgent action to ensure daily access to outdoor fresh air for all adult and child patients.

THE CPT AND SERBIA

Serbia ratified the ECPT in 2004, and the Committee's first visit took place in 2004.

Since ratification, the CPT has carried out 9 country visits to Serbia – 5 periodic and 4 ad hoc – including 63 visits to police establishments, 35 to prisons, 11 to psychiatric institutions, 5 social welfare and educational-correctional establishments, 3 to military detention facilities, and one to border and immigration detention facilities.

All the visit reports have been published. Serbia did not accept the automatic publication of the visit reports.

EXECUTIVE SUMMARY

The 2024 ad hoc visit to Serbia by the CPT focused on two specific areas: (i) on the treatment of persons deprived of their liberty in juvenile educational-correctional detention, and (ii) on adult and child psychiatry (forensic and civil).

For this visit, the greatest concerns to the Committee were related to the core issue of physical safety of children and young persons held in the Juvenile Educational-Correctional Facility of Kruševac, as well as the situation of child patients treated in various psychiatric clinics, especially the isolated cases of children held in psychiatric institutions long-term.

Establishments under the authority of the Ministry of Justice

The visit focused on the treatment of children held under educational-correctional measures in the Juvenile Educational-Correctional Facility of Kruševac, and of psychiatric patients of the Special Prison Hospital.

The targeted visit to the Juvenile Educational-Correctional Facility of Kruševac examined the situation of children placed in closed and semi-open regimes, as well as those subject to segregation and disciplinary measures. The CPT found that some aspects of treatment had improved since 2023. These included: the closure of the Intensive Care Unit; some enhancements in material conditions (for example, children now were afforded access to toilets at night); a reduction over the previous year in the recorded use of force on children; and the appointment of a new doctor.

However, the CPT continued to observe a punitive approach in the institution, which appeared to outweigh its educational ethos. It remained seriously concerned about the safety of the children in the facility, most notably, the continued use of batons by custodial staff on children, at times inflicting serious injuries; and the frequency and severity of inter-juvenile violence, including sexual violence.

All these issues had persisted since the CPT's visit in 2023, suggesting that any measure taken by the authorities to prevent use of the baton had not had sufficient effect. As a result, the Committee recommends that the Serbian authorities now prohibit the use of batons as a legitimate means of force in educational-correctional facilities. Also, whenever indications of an alleged sexual abuse emerge, a forensic medical examination should be carried out promptly, and psychological support should be provided to the alleged victims, while the allegations are sent on to the prosecutor and police.

The Committee considers that the culture on the Closed Regime Block remained excessively punitive, marked by a lack of purposeful regime and long lock-up times for the children held there. This constitutes a missed opportunity to work with those children and help tackle their challenging behaviour and support progression. The Committee reiterates its recommendation that the Serbian authorities take further measures to implement a comprehensive programme of purposeful and structured activities for children placed under this regime. Staff should be present in adequate numbers to ensure both a dynamic security approach and adequate control, and should receive regular and ongoing training in de-escalation and manual control techniques.

In the Special Prison Hospital, overall, the delegation found a situation that had not significantly improved since the Committee's visit in 2021. Of particular concern is the severe overcrowding that had reached saturation point.

While it is positive that plans for the construction of an additional site to accommodate forensic patients are underway, the CPT considers that merely building new infrastructure will not, in itself, halt the flow of persons being sentenced by the courts. The Committee therefore recommends that the Serbian authorities adopt a multi-sectorial strategy of forensic treatment, including a meaningful treatment model for forensic psychiatric care, based on the principle of the least restrictive care. It also urges rapid investment in a greater number of step-down facilities for those forensic patients who need this transitional step before being discharged into the community.

The delegation received a couple of allegations of ill-treatment by staff from the patients, including incidents involving the use of force with batons and excessive use of means of restraint. Further, the delegation received several allegations of verbal abuse and noted one recorded disciplinary case in which a staff member punched a patient, resulting in a sanction. Inter-patient violence did occur on a frequent basis, most of which were recorded and investigated. The CPT recommends that the authorities review the existing procedures for the reporting of injuries and ensure that a thorough medical examination is followed after any violent incident.

The CPT found that a frequent use of mechanical restraint (fixation), at times, lasting, for extended periods. The Committee also considers that the routine practice of placing fixated patients in incontinence pads is degrading. It reiterates that the Serbian authorities should ensure that the national legislative guidelines on the use of mechanical restraints are applied in the Prison Hospital, and the use of means of restraint is fully documented and subject to strict supervision by the facility's management.

Since 2021, some premises on the third floor had been refurbished, and in-cell sanitary annexes had been installed. Nevertheless, living conditions on the fourth floor of the Prison Hospital remained appalling for the majority of male patients, including child patients held there. The premises were dilapidated, at times unhygienic, and cigarette smoke was omnipresent in both corridors and rooms. The negative impact of overcrowding had further deteriorated, with 10 to 12 patients crammed into 40 m² rooms.

Despite repeated CPT recommendations over the years to evolve and diversify the treatment of patients, it still consisted mainly of pharmacotherapy. Individual treatment plans were not systematically updated, and occupational therapy was available to some, but not to all, patients (excluding acute, newly-arrived, and remand patients). The CPT calls upon the Serbian authorities to take urgent and immediate measures to develop a range of psycho-social activities for all psychiatric patients held in the Prison Hospital, and to increase the number of healthcare staff (psychologists, occupational therapists, and nurses).

In respect of female patients, the Committee considers that a gender-specific screening should be in place upon admission, including for the detection of any history of sexual abuse and other gender-based violence, as well as increased access to specialist support services for their victims. Lastly, the Committee reiterates that children must never be sent to the Prison Hospital, but should be instead immediately transferred to a civil hospital.

Psychiatric establishments (for adults and children) under the authority of the Ministry of Health

In respect of adult patients, the visit covered two psychiatric facilities: the Laza Lazarević Clinic (its Belgrade and Padinska Skela sites) and the Special Hospital for Psychiatric Diseases in Kovin.

Most patients in the psychiatric facilities visited spoke positively about the staff. However, the delegation received several allegations of ill-treatment by staff of patients at the Intensive Care Unit 1 Ward of the Laza Lazarević Clinic's Belgrade site and the Male Acute Ward of the Kovin Hospital. The CPT regards the situation at the former as particularly concerning, due to the number of reports of ill-treatment received from current and former patients.

The CPT acknowledges certain improvements in living conditions in both establishments. In the Kovin Hospital, the premises visited had been recently renovated and appeared to be in good condition, although the second phase of the hospital's reconstruction remained pending. In the Laza Lazarević Clinic, despite some refurbishments, material conditions were deteriorating, and many premises still required refurbishment or structural renovation.

The absence of access to the outdoors for patients of the Laza Lazarević Clinic's Belgrade site has been a recurring problem since as early as from 2004 and remained unchanged in 2024.

The treatment of psychiatric patients continued to consist largely of pharmacotherapy only. The delegation did not observe any significant changes in the development and regular updating of patients' individual treatment plans, which remained cursory. Non-pharmacological therapy remained insufficient. It was particularly limited in the acute wards of the Laza Lazarević Clinic's Belgrade site. While it is positive that both establishments had increased their capacity for forensic patients, the CPT recommends that the Serbian authorities further strengthen the forensic treatment programme within civil psychiatric hospitals.

The CPT welcomes the overall tendency of increasing staff capacity; however, the majority of its earlier recommendations on staffing remain valid and pertinent. Sufficient staff should be available at all times in psychiatric institutions, particularly nurses and medical associates (such as psychologists, special educators, social workers, etc.).

With regard to seclusion and mechanical means of restraint, the former was not applied in any of the facilities visited. However, mechanical restraint was reportedly used on many occasions, including in the presence and view of other patients. The number of fixations upon admission at the Intensive Care 1 Ward of the Laza Lazarević Clinic was particularly striking. The delegation also came across several accounts of long-term fixation of patients, including in incontinence pads, which were not documented in the restraint registers.

The treatment of children was assessed in two psychiatric facilities: the Adolescent Unit at the Laza Lazarević Clinic and the Clinic for Children and Adolescent in Belgrade.

The delegation did not receive any allegations of ill-treatment of children by staff, and most children spoke positively about staff. There were minor altercations between children, but staff reacted promptly in these cases.

Although the living conditions were generally good, the CPT highlighted the importance of establishing a home-like environment in the facilities, which offers greater visual stimulation and provides for better therapeutic outcomes.

The CPT was particularly concerned by the absence of access to fresh air and outdoor exercise for children placed in both clinics. The Committee recommends that, as a matter of priority, child patients be offered outdoor exercise every day, to the extent that their health allows.

As in the case of adult patients, the treatment of children consisted largely of pharmacotherapy only, and individual plans were non-individualised and rarely updated. Although certain therapeutic and recreational activities were available to children, the CPT recommends that the number of such activities be increased, and be sufficiently varied, age-appropriate, and available daily. The number of staff (specifically nurses and medical associates) should also be increased.

Many children experienced fixation shortly after admission, often applied in the presence and view of other patients. The delegation came across cases of longer-term fixation of children, including overnight, in some instances without a systematic record of actual timing. As a general rule, children should not be subjected to any means of restraint, and alternative de-escalation techniques should be applied instead. In this regard, the Committee recommends that the Serbian authorities revise existing practices and relevant procedures concerning the use of means of restraint on child patients in psychiatric institutions.

The legal framework did not contain appropriate safeguards in the event of a conflict of interest between a child and their parent(s) or legal representative. It does not allow for independent monitoring of involuntary admission and placement to psychiatric institutions, and child patients have no practical means to challenge such decisions.

The CPT has serious misgivings concerning the cases of long-term placement of children in acute psychiatric facilities. In the Committee's view, the placement of children lacked sufficient medical justification, and, inter alia, there was no independent review of the necessity of their continued placement. The children were isolated from other patients and had limited meaningful human contact, they had no direct contact with their families and the outside world, no access to the outdoors and their regime was critically limited. The Committee considers that such treatment may, in its view, be considered as inhuman or degrading.

The individual situation of each child is described in detail in a confidential Supplementary Visit Report. The Serbian authorities should take immediate steps to terminate the placement of these children in psychiatric facilities and to transfer them to an appropriate non-medical setting. Pending these arrangements, the Committee calls for an immediate improvement of their living conditions, regime, and other aspects of their treatment.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out an ad hoc visit to Serbia from 14 to 22 November and continued the visit from 16 to 18 December 2024. The visit was considered by the Committee “to be required in the circumstances” (cf. Article 7, paragraph 1, of the Convention) and its objective was to examine the implementation of the recommendations of the Committee contained in the [2021](#) and [2023](#) visit reports. It was the Committee’s eighth visit to Serbia.¹
2. The visit was carried out by the following members of the CPT:
 - Kristina Pardalos (Head of Delegation)
 - Slavica Dimitrievska
 - Marie Kmecová
3. They were supported by Francesca Gordon and Leila Zhdanova of the CPT Secretariat, and assisted by Birgit Völlm, Professor in Forensic Psychiatry, Germany, and Kate Wood, medical doctor, United Kingdom.
4. The report on the visit was adopted by the CPT at its 116th meeting, held from 10-14 March 2025, and transmitted to the authorities of Serbia on 6 May 2025. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the authorities of Serbia provide within three months a response containing a full account of action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report.

B. Consultations held by the delegation and co-operation encountered

5. In the course of the visit, the delegation held consultations with Tomislav Žigmanov, Minister for Human and Minority Rights and Social Dialogue, and with Zlatibor Lončar, Minister of Health. It also met Aleksandra Rašković, the Chief of Staff of the Ministry of Human and Minority Rights and Social Dialogue, Snežana Trkulja, Assistant Minister of Human and Minority Rights and Social Dialogue, Aleksandar Stefoski, State Secretary of the Ministry of Health, Dragoljub Paunović, Jelena Janković, Vera Stojiljković and Tatjana Rajović, Assistant Ministers of Health, Dejan Carević, Director of the Administration for the Execution of Criminal Sanctions of the Ministry of the Interior, Aleksandra Stepanović, Head of the Department for the Exercise and Protection of the Rights of Persons Deprived of Liberty of the Ministry of the Interior, and Olivera Matijašević, Director of the Special Prison Hospital, as well as with other senior representatives of the Serbian Government.
6. As regards cooperation, it should be recalled that the Committee’s mandate covers all places where persons are deprived of their liberty and the Committee has the right to interview in private any person deprived of their liberty. During the visit in November, the delegation received cooperation that would have been deemed excellent if the delegation had been allowed unhindered access to all persons with whom it wished to speak. However, this was unfortunately not the case, as the CPT was formally denied access to interview one person. This denial of the CPT’s statutory right to visit all persons deprived of their liberty² constituted a serious breach of cooperation under Article 3 of the Convention. Consequently, the CPT decided to return to Serbia to complete its visit, from 16 to 18 December, during which the cooperation it received was excellent.

1. The visit reports and the responses of the Serbian authorities on all previous visits are available on the CPT website: <https://www.coe.int/en/web/cpt>.

2. See Article 8, paragraph 2, of the Convention.

7. The Committee wishes to express its appreciation for the assistance provided to its delegation by the management and staff in the establishments visited as well as for the support offered by its liaison officer, Vladimir Šoć, from the Ministry of Human and Minority Rights and Social Dialogue.

8. In recent years both the Committee of Ministers and the Parliamentary Assembly of the Council of Europe have been encouraging the Organisation's Member States which have not yet done so to request the automatic publication of future CPT visit reports and related government responses.³

The Serbian authorities are invited to consider introducing the automatic publication procedure in respect of all future CPT visit reports concerning Serbia and the related Government responses, subject to the possibility of delaying publication in a given case.

9. Nevertheless, the CPT must recall that the principle of cooperation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in light of the CPT's recommendations.

In this respect, the CPT remains concerned about the lack of concrete change or implementation of its previous recommendations in respect of:

- the Special Prison Hospital, as regards the levels of overcrowding, lack of regime and activities for remand and acute patients, poor conditions, and the continued admission of children patients;
- the Educational and the Correctional Institution in Kruševac, as regards the closed regime, disciplinary and segregation measures and the use of force against children and young persons (14 to 23 years);
- the Clinic for Mental Disorders "Dr Laza Lazarević" (Laza Lazarević Clinic), as regards the absence of access to the outdoors, lack of regime and activities for acute patients, lack of safeguards against involuntary treatment, and the misuse of means of restraint upon admission.

10. While the findings of the 2024 visit set out in this report indicate that the Serbian authorities have taken a number of steps to address the above-mentioned problems, the situations observed in the Prison Hospital and the Laza Lazarević Clinic demonstrate that only partial progress has been made to address the CPT's repeated recommendations. It is clear that substantial investment must now be made in order to finally and fully address these problems. The Serbian authorities must demonstrate concrete and sustained efforts to tackle these challenging issues if they are to persuade the Committee not to resort to opening the procedure enshrined in Article 10, paragraph 2, of the Convention⁴ establishing the CPT.

C. Immediate observations under Article 8, paragraph 5, of the Convention

11. During the presentation of its preliminary observations to the Serbian authorities, on 22 November 2024 and 18 December 2024, the delegation made the following immediate observations under Article 8, paragraph 5, of the Convention. The Serbian authorities, within two months, were requested to ensure that:

- a. in respect of the Educational and Correctional Institution in Kruševac,
 - i. custodial officers are no longer equipped with rubber batons within the facility;
 - ii. all children and young persons placed in the closed regime are offered more time outside and more regular access to purposeful activities;
 - iii. the enhanced supervision security measures and disciplinary measures:
 - be limited to a few days only;

3. See, in particular, Parliamentary Assembly Resolution 2160 (2017) adopted on 26 April 2017, and Committee of Ministers' reply to Recommendation 2100 (2017), adopted at the 1301st meeting of the Ministers' Deputies of 29 November 2017. See also <http://www.coe.int/cpt/automatic-procedure>.

4. Article 10(2) of the Convention: "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

- the necessity of the security measure be reviewed daily; and
 - the children and young persons undergoing these measures be offered the possibility to sit or lie on their beds during the day, have more reading material and be provided with at least three hours of outside exercise (as provided for in Serbian legislation);
- b. in respect of the children held at the Special Prison Hospital in Belgrade, information be provided on the action taken to transfer them to an appropriate environment where they will be afforded the care and support they require;
- c. steps are taken to provide all children held in all Serbian psychiatric establishments (special psychiatric hospitals and clinical units for acute psychiatric patients) with daily access to outdoor exercise; and
- d. all children who have been isolated from others are provided with several hours of meaningful face-to-face human contact every day, including during weekends and holidays.

These observations were confirmed by letters of 16 December 2024 and 8 January 2025 when transmitting the delegation's preliminary observations in writing to the Serbian authorities.

On 19 February 2025, the Serbian authorities informed the CPT of the actions taken in response to these immediate observations and on other matters raised by the delegation at the end-of-visit talks. This response has been taken into account in the relevant sections of the present report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Preliminary remarks & overall key findings

12. This CPT visit had three focus areas, namely: (i) juvenile educational-correctional detention, (ii) adult and child psychiatry (forensic and civil), and (iii) children held long-term in psychiatric establishments.

13. First, the CPT examined the treatment and conditions of children and young persons held in the Juvenile Educational-Correctional Facility of Kruševac, about which the CPT had been highly critical in 2023, to assess any measures taken by the Serbian authorities to implement the CPT's recommendations⁵ (see Part B(i) of this Report).

14. Second, the CPT assessed the treatment of adult and child patients deprived of their liberty in forensic and acute wards of several psychiatric facilities across Serbia. This was an opportunity for the Committee to examine any measures taken to implement the CPT's recommendations made in 2021 and in previous reports⁶ regarding the treatment and living conditions of psychiatric patients (see Parts B(ii) and C of this Report).

15. Third, the CPT reviewed the treatment and living conditions of certain children held long-term in psychiatric establishments (see paragraph 305 of this Report).

16. Overall, as regards the key findings, the CPT found little concrete change since its previous visits in 2023 (on juvenile detention) and 2021 (on psychiatry). Of greatest concern to the Committee was the core issue of physical safety for children and young persons held in educational-correctional detention, and of the situation of child patients treated in various psychiatric clinics, especially those deprived of their liberty for prolonged periods of time.

17. More specifically, while some measures had been taken by the Serbian authorities to implement change in the Kruševac educational-correctional juvenile detention facility, a punitive approach nevertheless continued to be omnipresent throughout the institution which, as before, appeared to outweigh its educational ethos. The lack of safety for residents was indicated by frequent inter-juvenile violence, and also by allegations and recorded incidents of severe and excessive use of force against children held there. Overall, the CPT was not convinced that sufficient change had taken place since 2023 to ensure the safety of all the children held under educational-correctional measures.

18. The Committee also found that many of its long-standing recommendations made in respect of psychiatric establishments in Serbia remained unimplemented, such as those concerning the Prison Hospital and the Laza Lazarević Clinic. Overcrowding continues to be a key challenge facing the Prison Hospital; chronic overcrowding adversely affects the operation of the Prison Hospital, as well as the adequate provision of individualised healthcare and therapeutic care.

19. The regime for acute and long-term adult and child patients in civil psychiatric clinics was inadequate. Fixation of patients to their own beds in multiple-occupancy rooms as a means of restraint was used widely in all the psychiatric institutions visited, and, most notably, often at the Laza Lazarević Clinic upon admission. The use of fixation on children was also problematic at the Clinic of Neurology and Psychiatry for Children and Adolescent "Dr Subotica" No. 6A in Belgrade (Children and Adolescent Clinic), and the Adolescent Unit of the Laza Lazarević Clinic where children could be fixated repeatedly for many hours and occasionally left fixated overnight (albeit less frequently in the latter). Most notable was the fixation of a child of only eight years of age, who had been both mechanically and chemically restrained. The CPT has serious misgivings about such practice.

5. See the [2023 CPT Visit report](#).

6. See the CPT Visit reports of [2021](#), [2015](#), [2011](#), [2007](#) and [2004](#).

B. Establishments under the authority of the Ministry of Justice

(i) Children held under educational-correctional measures

1. Preliminary remarks and context

20. The 2011 Law on Juvenile Offenders in Criminal Matters (LJOCM) provides for two main types of custodial measure: a) placement in an educational-correctional institution for periods ranging from six months to four years, for children and young persons aged from 14 to 23 years⁷ and b) juvenile imprisonment for older children (from 16 to 18 years) who have committed an offence punishable by more than five years' imprisonment. The 2024 visit examined only the first educational-correctional type measure.

21. The delegation was again⁸ informed that a new draft law on juvenile offenders in criminal matters was being prepared by a group of the Ministry of Justice but was still at its consultation phase.

The CPT requests to be sent a copy of the draft law on juvenile offenders and an update on its progress and timeframe.

22. The delegation carried out a targeted visit to the Educational and Correctional Institution in Kruševac (Kruševac VPD), pursuant to the CPT 2023 Visit report. In this report, the CPT had raised concerns about excessive force used against boys in the Intensive Care Unit. On this visit, the CPT examined the situation of children placed in closed and semi-open regimes, with a focus on the closed regimes and those subject to segregation and disciplinary measures. The CPT also examined the use of force, including with batons, by staff against children, and the use of means of restraint.

23. Kruševac VPD is the only educational-correctional institution for juvenile offenders in Serbia, having opened in 1947. Located in the southern part of Kruševac, the establishment was described in detail in the CPT's 2023 visit report, and its layout had not changed significantly, save for the closure of the specific standalone Intensive Care Unit. The children held there had been transferred to a dedicated block in the main part of the establishment but remained under a closed regime with the same custodial staff, poor access to purposeful activities and similar culture as seen before.

24. All children (17 years and younger) and young persons (18 to 23 years) who enter the establishment, pursuant to a court order, are there for an undefined amount of time (up to four years, or until the age of 23). They are often more vulnerable, and many were from deprived backgrounds or had been abandoned by the families (for example, many had never received a single visit from family or friends). In order to be released they must demonstrate progress based on good behaviour and engagement with the system, through the awarding of educational, correctional and behavioural points. The points are awarded or deducted both by educators and custodial staff. Each child is assigned an educator who assesses their progress and ultimately decides when that child or young person is ready to be released (that is, without the involvement of the courts). The maximum time in the establishment was four years and many of the children had been there for at least two. Nonetheless, in practice, many children held on the closed regime blocks alleged that it was practically impossible to prove the engagement necessary to progress when they had limited time allowed outside of their units, and when access to the same activities as available to those on the semi-open regimes was hindered. Many of the children had been held under the closed regime for as long as a year, and some for even longer (see Closed Regime section).

25. During the November 2024 visit, the delegation focused in particular on those children placed in the former, separate Intensive Care Unit, moved and renamed the "Closed Regime Block", as well as on those serving various measures of segregation and disciplinary isolation.

7. Pursuant to Article 21, paragraph 3, of the LJOCM. Further, the renewal of the custodial educational measure is reviewed every six months by the competent juvenile judge.

8. See the 2023 CPT Visit report, paragraph 79.

26. At the time of the visit, Kruševac VPD, with a capacity of 300 places, was holding 180 children and young persons (13 of whom were girls and young women).⁹ The Closed Regime Block, where children were placed for behaviour considered incompatible with the ordinary regime and which had a capacity of 40 places, was accommodating 21 children at the time of the delegation's visit. The disciplinary block (Block A0) was accommodating four boys serving a disciplinary measure in a single room. The "enhanced supervision" rooms were accommodating two boys in one room, who had been segregated from the closed regime children to serve a security measure of enforced supervision (that is, segregation within the already restricted, punitive regime) (see Discipline and security section). Eleven children were held for 30 days on the Admissions Unit, again a closed-type regime, while assessments were made as to where they would be located in the main establishment.

27. During the 2024 visit, the CPT found that some aspects of treatment had improved since 2023. These improvements included the closure of the Intensive Care Unit, some enhanced material conditions (for example, cells now afforded access to toilets at night), a reduction over the previous year in the recorded use of force on children, and the appointment of a new doctor.

28. Nevertheless, overall, the CPT continued to see a deeply punitive approach enforced by the institution, which appeared to outweigh its educational ethos. Serious concerns remained about ill-treatment, including the excessive use of force against children held there. Further, some children were subjected to "deep custody" under extremely restrictive regimes, which were perceived by the children as a punishment within a punishment.

29. In the Committee's view, insufficient measures had been taken in implementing its previous recommendations designed to protect the safety of the children held in Kruševac VPD and to prevent their abuse by staff or other children. The children appeared genuinely scared of the custodial staff (not the educators) and many feared for their own safety from abuse by other children and, sometimes, by custodial staff (see *Ill-treatment section below*).

2. Ill-treatment

30. During this 2024 visit, the CPT remained deeply concerned about the safety of the children held at Kruševac VPD. These concerns, based on the CPT's findings, are threefold, namely:

- (i) the continued use of batons by custodial staff on children and the excessive nature of that means of force;
- (ii) allegations received by the CPT of ill-treatment of children by staff which were not recorded anywhere in the registers or as complaints; and
- (iii) the frequency and severity of inter-juvenile violence that had continued in 2023, after the CPT's previous visit, and during 2024; as well as the insufficiency of measures taken by the management to address and prevent

(i) Use of means of force with batons in an educational-correctional facility

31. First, as concerns the appropriateness of the use of batons at an educational and theoretically child-oriented facility. This issue at Kruševac VPD had been raised by the Committee in 2023, when the Committee recommended that "the use of truncheons by staff working in juvenile establishments should be phased out".¹⁰

32. Serbian legislation foresees that means of coercive restraint, including the use of rubber truncheons, could exceptionally be applied in respect of children in order to prevent both physical attacks against a member of staff or another detained person, as well as to prevent acts of self-harm.¹¹ This provision remained in force, unchanged, in 2024.

9. There were also four women sentenced prisoners, who were also held at the establishment on a semi-open regime.

10. The 2023 CPT Visit report, paragraph 100.

11. Pursuant to Article 89 of the Rulebook on House Rules of Kruševac VPD; Articles 128 and 266, paragraph (a)(1), on the Law on Execution of Criminal Sanctions (Official Gazette 55/14 and 35/19), Article 2 of the Law on Juvenile Perpetrators of Criminal Offences and Article 12, paragraphs 3 and 21, on the Rulebook on Measures to Maintain Order and Security in Institutions for Execution of Criminal Sanctions (Official Gazette of the Republic of Serbia 105/44).

33. In 2024, while it was positive that the recorded use of batons had somewhat decreased since the CPT's previous visit in March 2023,¹² it had by no means been phased out. There remained regular resort to the use of batons, with 14 incidents (11 in 2023 and three in 2024) officially recorded in the 20 months since the CPT's previous visit, in the context of breaking up, or immediately following, inter-juvenile fights.

34. All of these instances of the use of force resulted in physical injury to children, were documented in the medical files.¹³

35. Second, as concerns the severity of the above use of force, from October 2023 to October 2024, there had been two separate recorded cases of custodial staff using batons against children (girl and boy), which had been determined by the establishment's own Discipline Committee to qualify as excessive use of force, beyond lawful limits, resulting in serious physical injuries to the children concerned.

36. The Committee notes that, while it is positive that these cases were documented both in the management and medical files, it is deeply concerned by the severity of the injuries inflicted with batons, by custodial officers on children. The two cases of excessive use of force described below are illustrative of the Committee's concerns.

37. The first case involved a fight between two children, Boys A and B, and the intervention and subsequent use of force by Custodial Officer X.

38. According to the internal investigation records, on the evening of 30 October 2023, Boys A and B were fighting in A Block yard. The fight was violent and Boy B had been injured. Custodial Officer X had run over to break up the fight. Nevertheless, according to Officer X's own testimony, in the subsequent internal investigation, he had continued to use his baton on Boy A, after the fight between the two boys had been stopped and regretfully admitted to striking Boy A repeatedly with the baton. This was despite, by then, the lack of resistance by Boy A. Officer X inflicted blows all over Boy A's body. He admitted that he had used force beyond lawful limits, but it had been undertaken with the aim to protect others from harm inflicted by Boy A.

39. The official injury report on Boy A states: "there is a linear haematoma above the right shoulder blade 5-6 cm long and 3-4 cm wide consistent with being hit with a rubber truncheon. On the left lower back there is a linear haematoma 7-8 cm long and 2-3 cm wide also consistent with the use of a truncheon, and below the left shoulder blade there is barely visible trace of a truncheon measuring around 4x2 cm. On the right shoulder there is a circular wound 3 cm in diameter under which there is a cluster of thin bruises like stripes which extend to the bottom edge of the shoulder. On the right side of the neck above the collarbone there is a haematoma. On the left and right glutei there are linear haematomas extending to the back of the thighs". Similar findings were reported in the medical records, with the addition of a facial injury (which reportedly resulted from the fight). In the CPT medical expert's opinion, the photographic evidence of the injuries strongly suggest that severe force had been used against Boy A. The Disciplinary Committee of the establishment drew the same conclusion from its investigation in the case.

40. The management and the internal Disciplinary Committee decided to suspend the officer from duty for 18 days while the investigation was undertaken. The investigation concluded that a grave violation of staff conduct had been committed, and that the baton usage after the resistance from the victim had stopped was excessive and constituted a disciplinary offence. However, the delegation did not find any reference in the investigation file to a statement from the victim himself or any evidence that

12. In 2022 and up to March 2023 (15 months), there were 43 recorded incidents of the use of batons against children (see the 2023 CPT Visit report, paragraph 99). In contrast, there were 14 recorded incidents of use of force in the 20 months since the Committee's previous visit in March 2023. 11 incidents were recorded for 2023 on nine children.

13. In 2023, for each of the 11 incidents, each medical file had been recorded by the Kruševac VPD doctor with the documented injuries consistent with the use of batons. For example, on the medical files it was stated: "On the buttocks and back of thighs, there are haematomas consistent with the use of a rubber truncheon". Occasionally, there were more details, such as "linear haematomas 5-6 cm long and 3-4 cm wide consistent with the use of rubber baton"; these were mostly "in the area of both glutei" and/or on "one/or both thighs".

such a statement had ever been taken. The Committee passed down the sanction of a financial penalty of 20% of reduced salary for three months, with no suspension, given the prior 18 days. Officer X continues to act in front-line duty with the children.

41. The second illustrative case concerns Girl C. Girl C had been beaten by staff with batons twice in the space of seven months, once on 10 March 2024 and the second time on 31 October 2024. The first incident concerned an escape attempt, undertaken by Girl C, where she told the CPT that she had been caught outside the gate and beaten by staff, with punches to her head and body and truncheon blows to the body. The second incident involved a fight between two girls, Girl C and Girl D, and the intervention and subsequent use of force by Custodial Officer Y.

42. The first incident,¹⁴ although investigated internally, was concluded as not constituting excessive use of force, despite the medical notes documenting multiple physical injuries on Girl C's body.¹⁵ Moreover, there was only a superficial explanation of the need for the use of such force.

43. The second incident was found by the internal Disciplinary Committee to have involved excessive use of force. According to the internal investigation records, on the evening of 31 October 2024, Girl C and D were fighting in the Female Unit recreation room. Custodial Officer Y, a female officer, had intervened to break up the fight. Nevertheless, according to Officer Y's own testimony in the subsequent internal investigation, when manual force had been insufficient to break the girls apart, she had resorted to the use of the baton and had struck Girl C on her buttocks three or four times and continued until she stopped resisting.

44. Girl C's medical files state on 31 October 2024, "at 08:30 [Girl C] was brought to the doctor after use of truncheon. [...] In the area of both glutei there are 4 stripe-like bruises 10x2 cm long which are consistent with the use of rubber truncheon. On the right forearm there is a red stripe-like lesion 4 cm long, and also on the right wrist 2 cm long which are probably the result of a physical altercation with another juvenile; also changes on the right side of the chest 2x1 cm and in the sternal region 2x1 cm." [...] Further entry dated the next day 1 November 2024 – "Haematomas on left and right glutei and a round bruise on the right forearm 2 cm in diameter."

45. The internal Disciplinary Committee conducted an investigation, which again lacked statements in evidence from the victim herself. This concluded that Officer Y had exceeded her powers and had used force excessively when resistance from the victim had stopped, which constituted a disciplinary offence. The Committee passed down the sanction of a financial penalty of 20% of reduced salary for one month, with no suspension. Officer Y continues to act in front-line duty with the female children.

46. While it is positive that these cases were promptly investigated internally, the Committee is concerned by a number of aspects that are apparent with these, and other similar cases of use of force with batons against children at Kruševac VPD.

47. Firstly, it is concerning that these incidents were only dealt with as internal disciplinary cases and not sent to the Public Prosecutor's Office for investigation to determine any criminal offence charges.

48. Moreover, the reports on the application of use of force examined contained a description of facts, the statements of the officials, and medical documentation with a description of injuries, and were reported to the Director and, occasionally, to the Ministry of Justice. However, there remained no reporting directly to the judicial authorities, and it appeared that there was no review of the proportionality of the application of the measure. The explanation of the last resort nature, necessity and proportionality of the application of the measure of use of a rubber truncheon was rarely convincing. This situation had not changed since the CPT's previous visit, despite the Committee's recommendations in this regard.

14. Reference 32/2023, the records state that it involved staff physical force and use of batons on Girl C.

15. Girl C's medical notes on 10 March 2024 state: "[...] In areas of both glutei, linear haematomas 5-6 cm long and 3-4 cm wide consistent with use of rubber baton. [...] 2 x haematomas 5.6 cm long above glutei also consistent with use of truncheon. On both thighs, haematomas 6-7 cm long and 3 cm wide consistent with use of rubber truncheon."

49. Second, there is an apparent lack of thoroughness of the internal investigation, as none of the files seen by the delegation included any statements by the victims or other juvenile witnesses.

50. Third, the Committee was concerned by the apparent leniency of the administrative sanctions imposed for acts which may well, had they been sent to the Public Prosecutor's Office, have constituted serious criminal offences.

51. Fourth, from a child safeguarding and prevention perspective, the CPT was concerned that the officers involved are continuing in front-line operational duty working with the same children.

52. Lastly, the Committee was concerned by the continued pattern (as was found in 2023 by the CPT) of injuries mostly sustained on the buttocks and thighs, which had been perceived by the children involved as a physical chastisement or punishment, and which the CPT had criticised in its 2023 Visit report.¹⁶ As mentioned above, the Committee had recommended that batons should be phased out from use within Kruševac VPD. Batons had clearly not been phased out of use in 2024; indeed, they were still frequently being used as a means of force against children.

53. The CPT recognises that custodial staff may occasionally have to use force to control young persons who are acting violently. However, such force should be exceptional when it concerns children. Despite the permissibility in national law of the use of batons as a means of force, within legal limits, the Committee considers that batons are wholly inappropriate in an educational-correctional setting, yet staff continue to use them, with the result that children continue to be injured, some severely so. Moreover, batons appear to continue to be used as a means of punishment.¹⁷

54. At the end of its visit, the CPTs delegation invoked Article 8(5) of its Convention and requested that the Serbian authorities ensure, within two months, that custodial officers are no longer equipped with, or use, rubber batons within the facility.

55. The Serbian authorities' response, dated 19 February 2025, stated that since 27 December 2024, custodial staff in Kruševac VPD have ceased to be equipped with rubber batons. 15 additional custodial staff members will be appointed to enhance staff presence and focus on preventing inter-juvenile violence. Further, additional training is foreseen on conditions and procedures for the proper use of force and special training for verbal techniques of calming down violent and agitated persons, skills that enable a minimal use of force, through prevention techniques and de-escalation skills. The CPT welcomes these developments.

56. The Committee recommends that the Serbian authorities prohibit the use of batons as a legitimate means of force on children and young persons held in educational-correctional facilities.

57. The CPT reiterates its recommendation that the Serbian authorities review the rules and practice of manual restraint at Kruševac VPD to ensure that every use of manual restraint is fully documented and subject to strict supervision by the facility's management. In particular, it should include clear explanations of the reasons for its use in terms of its last resort nature and proportionality, clearly explaining why de-escalation measures may have failed. In addition, all reports of the use of manual restraint on children and young persons (along with their statements of the respective incidents) should also be brought to the attention of the competent juvenile prosecutor and judge.¹⁸

16. See the 2023 CPT Visit report, paragraph 83.

17. See the 2023 CPT Visit report, paragraph 82.

18. See CPT/Inf(2015)1-part rev1 Juveniles deprived of their liberty under criminal legislation, Extract from the 24th General Report of the CPT, published in 2015, paragraph 119. See also section K, Rules 62 to 64 of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty, General Assembly resolution 45/113, (the "Havana Rules") and most notably Rule 65 "The carrying and use of weapons by personnel should be prohibited in any facility where juveniles are detained."

58. **Staff should firstly prioritise de-escalation techniques and then, if this fails, manual control techniques. Staff should be present in adequate numbers to ensure both a dynamic security approach and adequate control.**

59. **Further, the CPT recommends that the Serbian authorities should ensure that every custodial officer receives regular and ongoing training in de-escalation techniques and manual control techniques to ensure that all interventions with challenging children are managed professionally, given that the primary ethos in this institution should be focus on its educational over its security role. The Committee would appreciate an update on when these training sessions have taken place. Lastly, the Committee encourages a practice whereby custodial staff working in juvenile establishments do not wear prison-like uniforms.**

(ii) Allegations of non-documented abuse

60. The delegation also received several allegations, across different blocks of the establishment, of custodial staff ill-treating juveniles and young persons (including slaps, punches and beating with non-standard items, such as detachable cleaning equipment, for example, broomstick handles). However, these incidents were not recorded.

Some of the children with whom the delegation spoke stated that if they behaved well and did not breach rules, then custodial staff would treat them correctly. Nonetheless, the children appeared genuinely scared of the custodial staff (not the educators) and initially, they were even scared to speak about the use of force with the delegation. These alleged incidents occurred in bedrooms and some offices not covered by CCTV and in rooms near the reception area.

61. Further, not all of these incidents had been reported by the children for fear of reprisals (see *Complaints section*), or officially documented as a use of force incident, by the staff or management, or recorded in the injury register.

62. **The CPT reiterates its recommendations that the Serbian authorities take immediate and concrete action to further institute a change in the culture in the juvenile establishment; one which moves away from one governed by punishment to one based upon a child-oriented educational approach supported by dynamic security, with officers trained in verbal de-escalation techniques and proportionate physical control and restraint methods.**

63. **In addition, the CPT reiterates its recommendation that the Serbian authorities:**

- **deliver a clear message to all custodial staff that the ill-treatment of young persons, in any form, is illegal and that the perpetrators of ill-treatment will be punished accordingly;**
- **ensure that the situations in which custodial officers may use physical force is defined precisely (see recommendation in Section 2(i) above), and that detailed instructions concerning its use are issued as a matter of priority;**
- **ensure that the establishment's management demonstrate increased vigilance in their oversight responsibilities by ensuring the regular presence of managers in the Closed Regime section, and promoting direct contact with the young persons. Consideration should also be given to more extensive CCTV coverage, coupled with secure recordings and an adequate policy of storage of the recorded data;**
- **ensure that any complaints or detection of ill-treatment by staff are reported for investigation to the competent authorities (police and prosecutors); and**
- **address the observed climate of fear, the authorities should put in place active measures to prevent children and young persons being the subject to**



any reprisal for complaining. To this end, it goes without saying that they should be able to make requests and complaints without fear of reprisals (see Complaints section 6(b)).

(iii) Frequency and severity of inter-juvenile violence

64. Lastly, turning to the CPT's third main concern, the frequency and severity of inter-juvenile violence and the apparent lack of measures in place to prevent this.

65. As was the case in 2023 at Kruševac VPD, frequent cases of inter-juvenile violence were in evidence,¹⁹ some very severe, including three recorded allegations of inter-juvenile sexual violence (two accounts of forced sexual intercourse and one of forced oral sex) in the nine months between January and September 2024. These had allegedly occurred in places where no CCTV was present, including the shower room and children's rooms.

66. In two of the rape allegations (concerning forced sexual intercourse), the victims had been sent to the local hospital for examination. However, the examination was conducted not by a sexual assault forensic specialist, but by regular healthcare staff, who performed only a visual inspection and, consequently, did not find any evidence of assault.

67. One of the alleged victims, who had been seen by a child psychiatrist after the incident, had attempted to commit suicide by hanging himself two weeks later. He had been transferred to the Prison Hospital for 10 days, to then be returned to the Closed Regime Block and placed under increased supervision, and did not receive any regular psychological support.

68. Although internal investigations of these cases have been undertaken,²⁰ only one had led to a disciplinary sanction of seven days in the Disciplinary Block. The alleged victims had been placed in protection on an enhanced security and supervision measure for many months (up to six months, in one case) in the Closed Regime Block, and with no ongoing psychological support, which all three victims had perceived as a punishment (locked in Supervision room for 23 hours per day (*see Discipline and Security Supervision measures section*)).

69. These rape and sexual abuse allegations were similar to those received by the CPT in 2023²¹ and may indicate a pattern of sexual violence that has not been properly prevented by the management and staff. The CPT is concerned that the institution appears to continue to fail to discharge their duty of care to protect the children and young persons in their custody and to effectively prevent such violence.



70. The Committee notes with concern that its previous recommendation in this regard has not been implemented and, as a matter of safety and safeguarding the protection of children, it urges the Serbian authorities to immediately address this as a matter of priority.

71. The CPT again underlines its view that each juvenile correctional establishment should have in place a clear anti-violence and bullying policy. To begin with, there is a need to put in place a cell-share risk assessment process, together with a psychological assessment in respect of any juvenile admitted to Kruševac VPD. It is also essential that custodial staff be alert to signs of trouble and are both resolved and properly trained to intervene. Further, staff must take a proactive approach towards ensuring that juvenile offenders, especially vulnerable ones, located in cells under their responsibility, are not abused or otherwise ill-treated by other juvenile offenders. Overall, the CPT considers that placement of the victim in the Closed Regime Block, which could easily be construed as a punishment, is appalling. The Committee considers that a comprehensive change of mentality towards the proper treatment of victims of alleged sexual abuse is required and one that does not include the victims perceiving any follow-up measures as a punishment.

19. In the medical injuries register, it is recorded that some 90 incidents of inter-juvenile violence occurred in 2023, and in the management's registers it is recorded that 290 incidents of inter-juvenile violence took place over a year and a half (May 2023 – November 2024).

20. One of the cases had also been sent to the Public Prosecutor's Office and was pending at the time of the CPT visit.

21. See the 2023 CPT Visit report, paragraph 84.

72. The CPT reiterates its recommendation²² that the Serbian authorities take proactive steps to prevent inter-prisoner violence within the juvenile population at Kruševac VPD in light of the above remarks. Part of the strategy to combat inter-prisoner violence and bullying must include investing far more resources in recruiting additional staff and developing staff professionalism and training, as well as offering children a purposeful regime with a special focus on educational activities and decent conditions. Further, the Committee also recommends that whenever an indication emerges about an allegation of sexual abuse among juvenile offenders, a forensic medical examination be promptly carried out and psychological support given to the alleged victims, and that all three allegations, and these types of allegations, are automatically sent on to the prosecutor and police. Finally, child victims should not be held for multiple days in the Prison Hospital, which is both an inappropriate place for child patients (see below Section B) and can be perceived as a punishment.

73. In addition, the Committee recommends that the Serbian authorities must ensure that a proper risk (and needs) assessment at admission of the juvenile is undertaken and that regular evaluation is conducted so that the individual progress is properly monitored.

3. Conditions of detention & regime

74. Upon admission to Kruševac VPD, after a measure of educational correction has been passed down by the courts, the placement of the juvenile into the establishment's semi-open section (where children could spend most of the day unlocked attending outside activities) or closed regime section (where children were locked on their block for between 20 to 23 hours per day) remained at the discretion of the admission team, made up of management, senior custodial staff and educators.

75. After up to 30 days of assessment in the Admission Block (a closed regime block), the needs of the children were identified, an educator allocated, and a location within the establishment decided upon. The period of time to be served at Kruševac VPD is determined on progress made over four different stages (see above *Preliminary remarks section*), based on behaviour and engagement in the programme set for the children (along with the children's active participation) by their educator and the Head Educator.

76. Most children start off on a basic regime in the semi-open part of the establishment and have to earn points, through good behaviour and positive engagement, to progress and shorten their time there, in order to be released. Non-engagement or bad behaviour means they can regress to the closed section of the establishment where they have a restricted regime, have less time allowed outside of the Block and limited access to activities or sports outside their block, and where they must earn their points to be allowed to rejoin the semi-open regime. Those who are repeatedly badly behaved or threaten the safety of others go into locked segregation cells and undergo an even more restricted regime (see *Discipline and security measures section*).

77. Those children with systemic behavioural problems can stay in the closed section for many months or even years (as seen during the visit). While the authorities informed the CPT that regular revision of the need to keep children on the Closed Regime Block was undertaken every three to six months, many children told the CPT that they found it almost impossible to progress out of the closed section, no matter how hard they tried, and had thus given up hope and were expecting to wait out the maximum term permitted at the establishment (four years) in the closed section. The Committee considers that this is a deeply punitive and military-style approach, and represents a lost opportunity to work constructively with children through a system of positive progression.

22. The 2023 CPT Visit report, paragraph 84.

78. The difference between the conditions and regime in the closed and open sections and their associated regimes was stark (see below).

79. The layout, structures and material conditions of the semi-open blocks of Kruševac VPD, which comprised three of the four main accommodation blocks, remained substantially similar to those described in the CPT's 2023 Visit report.²³ These had been refurbished on a rolling basis and were generally adequate and fit for purpose.

80. The *regime of activities* and time permitted in the grounds for those children held on semi-open measures was generous. The children were encouraged to spend most of the day outside of their rooms involved in education or activities or in the recreation rooms (in fact, they were not allowed in their rooms for most parts of the day during weekdays). Football was played continuously on the lawn of the central grounds, there was a range of diverse activities and sports available²⁴ and there was a relative ease of movement between recreation, the communal dining room (canteen), school and activities. The vast majority of the children in the semi-open regime had school or sport for most of the time on a weekday. They saw their educators on an almost daily basis and no complaints were made about the educators; indeed, most children appeared genuinely appreciative of their work and support. This is positive.

81. Turning to the conditions and regime of the closed section. The Closed Regime Block comprised the former Intensive Care Unit, closed after the CPT's previous visit and moved to the main establishment. However, the staff, culture and regime remained exactly the same. The Admission Block also comprised a closed-type regime, for a limited time (from a week to 30 days) for the admission process. The children held there could only leave the Admission Block for some 30 minutes twice per day. The Discipline Block and cells for enhanced security measure were also closed and will be addressed in the below section on *Discipline and security measures*. The female unit did not have a dedicated closed section, but girls and young women could be held under a more restricted regime within the general female population.

82. The Closed Regime Block was a repurposed three floor-accommodation block with an occupancy, at the time of the delegation's visit, of 21 children, spread over two floors, with the barred enhanced supervision cells on the ground floor.²⁵ The Block was rendered inaccessible by the other blocks by means of high barbed wire fencing. The closed section yard was also fenced off and comprised a bare concrete yard, with some sports equipment and a table tennis table.

83. On a positive note, conditions had somewhat improved with the move from the previous Intensive Care Unit, as the multi-occupancy cells now had access to in-cell sanitary annexes including a wash basin and toilet. Cells, with barred windows, held four beds (two sets of bunk beds), were adequately heated and ventilated and had adequate space. However, they lacked a call bell for attracting the attention of the custodial staff, who were located at the end of the corridor. Rooms were quite dark because of the opaque windows and were non-personalised (religious pictures were visible and not much else).

84. There was one small common room for each of floor, with several chairs, a couple of tables and a television. Given that the boys were not allowed to access their rooms during the day, this is where they spent most of the day. Nevertheless, the chairs and space in the common room were insufficient for the number of boys, and they could not all be there at once, without cramming in and sitting on each other.

85. Moreover, the whole of the first floor of the Closed Regime Block was infested with insects, notably large cockroaches, which came out of every hole and nook in the walls of each room. They nestled in the boys' clothes and appeared constantly on the walls and floors throughout the day and night. The boys were locked up for such long periods – with essentially nothing to do (see below) – that they had grown used to the cockroaches and had even named them.

23. The 2023 CPT Visit report, paragraph 85.

24. Including vocational training, an onsite farm teaching arable farming techniques and animal husbandry; building and tiling qualifications were available, as well as art classes.

25. At the time of the visit the first floor held 12 children and the second floor, seven children, while two children were being held in the enhanced supervision cell on the ground floor.

86. The food, eaten in the common room, was universally despised for its poor quality and lack of variety, and the boys were all hungry.

87. The regime of activities and education offered to the boys in the closed section was poor and was substantially a punitive style regime. They were woken at six o'clock in the morning and had to clean the block until breakfast at eight o'clock. Education was provided (only five of the 21 boys attended) in the block for one hour per day. For the rest of the day, nothing was provided, and the boys were locked on their unit for 22 to 23 hours per day; and they were allowed out for one to two hours to the concrete exercise yard.

88. The boys were bored and frustrated, which often manifested itself in bouts of inter-juvenile violence. Any such incident would be used against them on their progression chart. As such, many of the boys had been in the Closed Regime section for several months, and some for over a year.

89. The Committee considers that the culture on the Closed Regime Block remained excessively punitive. The lack of regime and long lock-up times on their block were aspects that exacerbated the boys' situation and contributed to outbursts of inter-juvenile violence. The Committee considers that this is a missed opportunity to work with the children and help tackle their challenging behaviour and progression, through regular activities and vocational courses.

90. At the end of the visit, the delegation invoked Article 8, paragraph 5, of its Convention and requested that the Serbian authorities provide, within two months, information on the steps taken to ensure that all Closed Regime children and young persons are offered more time outside and more regular access to purposeful activities.

91. In their response, dated 19 February 2025, the Serbia authorities informed the Committee that children placed in the Closed Regime Block are permitted to spend their mornings outdoors. Those under enhanced supervision are allowed to sit or lie on their beds during the day, enjoy outdoor time for a minimum of three hours, and have access to a library. Further, the Committee was informed that the Treatment Service has adopted the Committee's recommendations concerning the regime of activities and education for children held in supervision or disciplinary blocks. The pavilion housing these blocks includes a dedicated room for educational activities aimed at achieving individualised goals, supported by access to a library and educational materials. Educators are required to conduct daily checks and individual interviews with the juveniles and involve them in group activities. Upon cessation of the reason for enhanced supervision, educators must propose the suspension of the measure to the Director without delay.

92. The Committee notes positively these developments and the commitments to implement the CPT's recommendations.

Nonetheless, it recommends that the children held on the Closed Regime section be allowed outside of their block into the main facility to access activities, including vocational courses, and organised sport, for most of the day.

93. It reiterates its recommendation that the Serbian authorities take further measures to ensure that all juvenile offenders in the closed section of the Kruševac VPD are offered a comprehensive programme of education, sports, vocational training, recreation and other purposeful and structured activities. These should be tailored to their individual needs and designed to fulfil the functions of personal and social development, rehabilitation and preparation for release, in light of the European Rules for Juvenile offenders subject to sanctions or measures.

A meaningful behavioural approach can be beneficial in encouraging young persons to abide by the norms of living within a group and pursue constructive paths of self-development. Further, organised sports activities and physical education should be an important part of this programme. In particular, the closed section should provide a targeted regime for juvenile offenders in order to facilitate their reintegration into mainstream society. The unit should also be staffed by a full-time multidisciplinary team of educators, psychologists and social workers, along with a personalised environment to help enable progress in a positive way. Further, increased attention should be paid to the food provided to children, to ensure that it is adequate both in terms of quantity and nutritional value.²⁶ Children and young persons should have access to additional food, available on the ward between main meals, to meet their specific needs (see also *ii) Child patients section of the Part C of the Report*).

4. Discipline and security measures

94. The situation regarding discipline and security had not changed significantly since the CPT's previous visit, other than the transfer of the former Intensive Care Unit to the main facility, and that children from the closed section served their disciplinary sanction (but not the enhanced supervision security measure) in the main Disciplinary Block A0.

95. As seen in 2023, it remained the case that Serbian legislation provides that juvenile offenders may be separated in pairs in a cell of the disciplinary unit in Block A0, to serve a disciplinary sanction of up to 15 days.²⁷ In addition, children could be preventively segregated for a period of seven days, and for up to three months in the case of security threats and serious disturbances to the establishment. In such cases, the management of Kruševac VPD applies an enhanced supervision measure (*Odeljenje pojačanog nadzora* or *OPN*) in accordance with the Law on Enforcement of Criminal Sanctions, which can be applied in such cases as provided for in the Law on Juvenile Offenders.²⁸

96. The law had not been changed, despite the recommendations made by the Committee in its previous visit report.²⁹ Both the disciplinary sanction of segregation and the enhanced supervision measure were imposed on a frequent basis, and mostly lasted for seven or 10 days.³⁰ Further, as these were only undertaken in at least pairs, often children had to wait until another child had committed a disciplinary fraction or had been assessed as needing preventive segregation under enhanced supervision, this could – and often did result in – the fact that swift justice or the immediate need of individual child was delayed. The Committee considers justice requires that a sanction for a disciplinary offence be adjudicated upon, and executed, as soon as possible, not weeks or months later. Equally, if there is a genuine reason for the need for preventive segregation and immediate needs and risk assessment, its delay cannot be justified.

97. At the time of the visit, six children were serving either a disciplinary measure of placement in a separate cell, or an OPN measure in cells located on the ground floor of the Closed Regime Block and Discipline Block.

26. See 30th General Report of the CPT (2020), paragraph 70: <https://rm.coe.int/1680a25e6b>

27. Pursuant to Article 130 of the LJOCM and Article 71 of the Rulebook on House Rules of Kruševac VPD.

28. Article 88 of the Rulebook on House Rules of Kruševac VPD stipulates that the Law on Enforcement of Criminal Sanctions can be applied in respect of all aspects of disciplinary and segregation proceedings of juvenile offenders which are not regulated by the same Rulebook.

29. The 2023 CPT Visit report, paragraph 98.

30. In 2024, there had been 152 cases where boys were placed in segregation, and 36 incidents involving segregation of girls.

98. Turning to the living conditions, the Disciplinary Block had one cell occupied by four children serving a seven-day disciplinary sanction at the time of the visit.³¹ The cell measured approximately 14 m², affording some 3.5 m² of living space per juvenile. The cell was equipped with two sets of bunk beds, a fixed table and a single, two-person long wooden bench fixed to the floor. It also had a separate sanitary annex with a toilet, washbasin and shower. There was a barred gate in addition to a door to enter the cell. The room was bare, with no personal possessions apart from some empty plastic water bottles, and was relatively dark given the single opaque, barred window. A single change of clothes was folded on the end of each boy's bed.

99. At the time of the visit, the boys held there had no books or other possessions with them; two sat on the bench and two stood. They rotated their seat throughout the day. No one was allowed to sit or lie on their beds during the day, according to the boys and the custodial staff on duty.

100. The double-occupancy enhanced supervision cell in the male Closed Regime Block was somewhat larger but was substantially similar in layout to the disciplinary cells, again with barred gates in front of the door and a barred, opaque window. There was also a single two-person wooden bench and fixed table at which the two boys (there at the time of the CPT visit) sat, side by side, with their heads resting on their hands, as they were not allowed to sit or lie on the bed during the day.

101. The enhanced supervision cell on the girls unit had four beds and was substantially similar to those described above, without the table and chairs. It was empty at the time of the delegation's visit, but had been used recently, according to the registers.

102. All the discipline and enhanced supervision cells were covered by CCTV and were constantly monitored by a custodial staff member in the respective blocks' staff room.

103. The regime applied to juvenile offenders in the disciplinary and enhanced supervision cells consisted of only one to two hours allowed outside (for those in enhanced supervision) and three hours (for those serving disciplinary sanctions) to a courtyard per day, segregated from the mainstream population. Segregated juvenile offenders had daily contact with an educator and contact with the Director of Kruševac VPD every few days, but they were not visited by a member of the healthcare staff on a daily basis (despite this being a rule). They were not allowed to attend any activities or school. While a lawyer could call them and they were allowed visits, they were not allowed to make regular phone calls.

104. Disciplinary sanctions and enforced supervision were imposed by the Director, and written decisions were handed over to children. Decisions on enhanced supervision were imposed for a period of three months (renewable) and could be appealed to the relevant court in line with the relevant provisions of the LECS. Although aware of these safeguards, none of the segregated children had complained or appealed.

105. The CPT recognises that while it may be necessary to segregate juvenile offenders for security or safety reasons, nevertheless, measures of this kind should only be ordered in very exceptional circumstances and for as short a time as possible. Supervision measures in such conditions and regime as those described above, lasting for weeks or months, are inappropriate in a child setting meant to be geared around education and progression.

106. Equally, there can be no justification for not allowing children to sit or lie on their beds during the day.

107. Further, the Committee considers that an individual progression plan for each child and young person should be drawn up and reviewed regularly, together with the child concerned, along with the juvenile's placement in a separate supervision (OPN measure) cell, setting out the objectives and goals to be achieved in order to successfully reintegrate them into the general population.

31. There were also three additional cells in operation for the enforcement of disciplinary sanctions and enhanced supervision measures in the A0 Block, which were empty at the time of the visit. They measured 14 m² and 12 m² respectively and were each equipped with three to four beds fixed to the floor, tables, chairs and a fully-partitioned sanitary annex with toilet, sink and shower.

108. At the end of the visit, the delegation invoked Article 8, paragraph 5, of its Convention and requested that the Serbian authorities provide, within two months, information on the steps taken to ensure that the disciplinary measure is limited to a few days only, that the necessity of the enhanced supervision measure is reviewed daily, and that the children and young persons undergoing these measures are offered the possibility to sit or lie on their beds during the day, have more reading material and are given at least three hours outside exercise per day (as provided in Serbia's own legislation).

109. In their response, dated 19 February 2025, the Serbian authorities underlined that in principle children placed under enhanced supervision are allowed to sit and lie in their beds during the day, as well as to spend time outdoors for at least three hours, and they have access to a library. Nonetheless, the Committee saw a difference in practice.

110. **The CPT calls on the Serbian authorities to review the relevant provisions (including the application of elements of the LECS) surrounding the placement of juveniles in pairs in a cell of the Closed Regime Block of Kruševac VPD when serving a disciplinary sanction. Equally, an enhanced supervision OPN measure should last for as short a period as possible, and its necessity should be reviewed daily. Equally, the CPT recommends that the Serbian authorities fundamentally review the operation of the preventive segregation disciplinary procedures, to ensure that if needed on an immediate risk assessment, or as disciplinary sanction, they are executed in a timely manner. Lastly, it recommends that a revised individual progression plan should be drawn up together with the juvenile's placement in a separate cell, setting out the objectives and goals to be achieved in order to successfully reintegrate them into the general population.**

111. **Further, these children and young persons should be offered the possibility to sit or lie on their beds during the measure, be allowed to make phone calls on a regular basis, be offered more reading material and activities to help structure their time, and be offered at least three hours outside exercise per day (as provided in Serbia's own legislation) in practice.**

5. Healthcare services

112. The healthcare staffing was adequate at Kruševac VPD and consisted of one new full-time general practitioner (on call on weekends), and four nurses ensuring a full-time presence.³² However, the one full-time dentist had been on sick leave for many months and patients were now sent to the hospital for emergency dental care.

The CPT recommends that a temporary replacement dentist be found, until the full-time dentist returns.

113. One psychiatrist visited the establishment twice a week. The healthcare centre, located in Pavilion B, consisted of an examination room, a waiting room, and a dentist's room. The premises were in an adequate state of repair and hygiene, and the pharmacy was well-resourced and had sufficient medical equipment, including an ECG and defibrillator. Medical confidentiality appeared to be well respected.

114. The legislation requires that children be medically screened within 24 hours of admission, which was done at Kruševac VPD. The medical screening consisted of a full medical history, including screening for tuberculosis in the form of a thoracic X-ray, and blood tests for the detection of Hepatitis B, Hepatitis C and HIV. Any injuries were noted and described in some detail and photographed. However, the CPT did note that, prior to the arrival of the new general practitioner in August 2024, the former doctor appeared to have been using identical standard terminology, a simple "copy and paste", to describe injuries observed – and these did not always match the accompanying photographs of the injuries in the medical records.

32. The nurses work 12-hour shifts ensuring a 24-hour nursing presence, including at the weekend

Fortunately, this was no longer the case with the recently recruited general practitioner.

115. Regarding blood-borne viruses, at the time of the delegation visit, there were no recorded cases of Hepatitis B or HIV. However, there were 10 cases of Hepatitis C (three female and seven male children). None of these children were on medication for the condition as they had refused the treatment offered. In the medical files of the Hepatitis C positive children, there were generally no referrals to Infectious Diseases specialists, or any comments about the possibility to see one.

The CPT recommends that healthcare staff at Kruševac VPD refer all patients tested positive for Hepatitis C to the Infectious Diseases specialist to ensure that they receive a comprehensive consultation on possible treatment options, their benefits and risks. If a patient refuses the consultation, healthcare staff should ensure that the patient and their parents or legal representatives (where appropriate) are informed that Hepatitis C is treatable, provided with an explanation of different treatment options, and made aware of the possible negative consequences that delayed treatment may have on one's health. The medical file of the patient should contain records of such consultations.

116. While access to healthcare staff and medication was adequate, the storage of medication in a locked cupboard in the healthcare building was disorganised and should be improved. There were no individual medication charts, the medication boxes (labelled with the names of patients) were kept in compartments of a wooden box for each block, and there was no formal way for nurses to record if a patient had refused a medication (the nurse merely informed the doctor orally).

The CPT recommends that the storage of medication and recording of medication refusals be reviewed at Kruševac VPD. Further, every patient who is prescribed medication should have an individual medical chart.

6. Other issues

a. contact with the outside world

117. Serbian legislation foresees that children may receive one visit per week from families and relatives, and from non-family member visits twice a month.³³ Further, children are entitled to one telephone call per day. The legislation also foresees the possibility of extended leave, weekend permits and one-day leave, which appeared to be widely enjoyed by the population but was not a right accorded to children accommodated in the Closed Regime Block. While serving sanctions of discipline or measures of enhanced supervision, the visit allowance remained unchanged. In practice, many of the children did not receive visits, but used the telephone and were occasionally allowed to use Viber on educators' mobile phones.

b. complaints procedures

118. The complaints procedure existed only in theory. Children could lodge their complaints with management by means of a special box, and with the relevant judicial authorities in a second instance procedure. However, only a couple of complaints had been submitted since the introduction of the complaints mechanism two years prior to the visit, and the children interviewed by the delegation expressed their profound distrust of the system and fear of reprisals if they complained. Further, the delegation was not convinced that the children and young persons were aware of any external or independent complaint mechanism.

The Committee recommends that the children and young persons held at Kruševac VPD be informed upon admission about how to lodge complaints, in a manner that instils trust (for example, complaints boxes which may only be opened by certain persons), that their educators explain the process again once they have settled

33. Pursuant to Article 26 of the Rulebook on House Rules of Kruševac VPD.

into the facility, and that management raises awareness about the confidential nature of the complaints process with children and staff alike (for example by organising small group sessions with the children, young persons and their educators to explain the confidential nature of the complaints process).

(ii) Prison Hospital

1. Preliminary remarks

119. The delegation carried out a follow-up visit to the Prison Hospital to assess the treatment of psychiatric patients and to see whether there had been any improvements since the CPT's previous visits,³⁴ notably that of 2021. Overall, the delegation found a situation that had not significantly improved since its last visit in 2021. Indeed, many aspects had deteriorated, for example, the increased levels of overcrowding and the lack of implementation of the CPT's previous recommendation on the need to transfer child patients out of the Prison Hospital.

120. The Prison Hospital layout, which occupies the third and fourth floors and a corridor on the ground floor of the Belgrade District Prison premises, had not changed significantly since the 2021 visit.³⁵

121. On the third floor, Wards C and D were for treatment of patients with substance use disorders, Ward E was for patients with acute psychiatric needs (remand and sentenced persons transferred from other prisons), Ward G for initial psychiatric observation and Ward I for somatic treatment as well as the women's wards. On the fourth floor, Wards A and B were for patients undergoing mandatory psychiatric treatment, and comprised four blocks and several so-called isolation rooms, with barred gates to the rooms, each equipped with 10 beds.³⁶

122. The Prison Hospital's official capacity has been re-evaluated since 2021 (when the capacity was 638 places), to add a further 100 places, but no additional infrastructural works had taken place to provide more space. It is worth noting that the official capacity of the Prison Hospital was 400 beds in 2004, and— since then there has been no increase in the accommodation areas of the hospital, despite the increase of over 400 beds over 20 years.

123. At the time of the visit, 878 patients were being held in the hospital.³⁷ This included 509 forensic psychiatric patients (including 41 women and three minors), including 132 "acute" psychiatric patients (including 27 women), and seven patients in "forensic expertise/ observation" (including two women). Among these psychiatric patients, 154 were under a measure of guardianship (133 of whom were fully deprived of their legal capacity, and 21 partially so). As such, the Prison Hospital was severely overcrowded and had reached saturation point.

124. Plans were underway near the civil psychiatric hospital site of Padinska Skela (see paragraph 212), located some 30 kilometres north of Belgrade, to construct a building designed for the longer-term forensic patients of the Prison Hospital. The aim was to transfer 500 forensic patients to the new building at Padinska Skela, to decongest the Prison Hospital and allow the third and fourth floors to accommodate short-term acute patients, in uncrowded conditions. This would be a positive development.

125. The CPT was provided with details of the feasibility study for the new building. While in general the Committee considers that this is a move in the right direction, it did note a few deficiencies with the envisaged plans, including regarding its material conditions (for example, in the accommodation blocks there was a lack of therapy rooms, no single rooms and no sports room) and the fact that the restraint rooms are planned for multi-occupancy use, which is already the case at the Prison Hospital, and which the CPT has repeatedly criticised (see *Use of force and means of restraint section below*).

34. The CPT visited the Prison Hospital in 2021, 2015, 2011, 2007 and in 2004

35. See the 2021 CPT Visit report.

36. These isolation rooms were used for quarantine and observation purposes, as well as to protect learning disabled patients from others, or separate patients considered a security risk

37. The previous few months had seen occupancy levels rise to as many as 938 patients.

The CPT recommends the Serbian authorities ensure that the deficiencies raised above are taken into account in the design and construction of the new hospital. Further, it would like to receive detailed information on the transfer plans from the Serbian authorities, regarding the timeframe envisaged, the categories and the numbers of patients involved and maximum occupancy of patients envisaged per room.

126. The CPT has visited the Prison Hospital over many years, and it notes that the number of forensic patients (held under the jurisdiction of the Ministry of Justice) sentenced to the security measure of mandatory psychiatric treatment and custody has steadily increased. At the time of the 2024 visit, the occupancy stood at an all-time high of over 500.³⁸ Further, growing numbers of remand patients are being admitted, who typically stay for an increasing amount of time (many staying for over one year, and some for over two years), living under a far more restrictive regime than the sentenced forensic patients (see *Remand* section below).

127. While it is positive that plans for an additional site to accommodate forensic patients are underway, the CPT considers that merely building new infrastructure will not in itself halt the flow of the increasing numbers of persons being sentenced by the courts. At the current rate of growth, the new building will soon also reach capacity and then saturation.

128. Forensic patients on average spent many years, indeed a large portion of their lives, in the Prison Hospital.³⁹ This situation was exacerbated by the fact that placement in the Prison Hospital was, in many cases,⁴⁰ longer than necessary – thus congesting the hospital further with long-term patients. In a number of cases, the patients were not able to continue their treatment in a less restrictive environment given that they had no familial support, community structures in place, or place available in the civil psychiatric hospital (see *Safeguards* section). The CPT considers that this has a devastating impact on those patients' motivation for treatment, as well as on the situation of overcrowding.

129. Some patients had been transferred to civil psychiatric hospitals and in 2024 an increased number of patients (55) were transferred to the Laza Lazarević Clinic. In 2025, another 50 patients were planned to be transferred to the same institution. This ensured that, for the first time, more patients were discharged from⁴¹ than admitted to the Prison Hospital.⁴² Nevertheless, this was an unsustainable trend, given that the civil psychiatric hospitals under the authority of the Ministry of Health themselves had limited capacity or resources to accommodate more forensic patients (see Part C of this Report).

130. Indeed, management and doctors of the civil and prison psychiatric hospitals confirmed that there lacked adequate or sufficient support structures in place to enable the courts to consider alternatives to detention, or to enable them to progress to alternative, external, local psychiatric treatment, and that social welfare establishments were unwilling to accommodate them. This resulted in extremely long periods (up to 35 years) spent in the carceral environment of the Prison Hospital.

131. The CPT considers that the combination of the lack of a clear discharge pathway for male and female patients, and suitable facilities in the community, exacerbated by the practice of imposing greater levels of restrictions on patients than those required by their condition, is highly problematic.

38. In 2015, some 250 patients were undergoing mandatory treatment measures for psychiatric disorders. In March 2021, this had increased to 401 persons; in October 2023, this number had risen to 477; and in November 2024, it was 509.

39. 88 of the 464 forensic male patients (roughly 20%) had spent five years or more in the Prison Hospital; 36 (some 8%) had spent between five and 10 years there, and nine had been there over 20 years, including one male patient who had been there for 35 years.

40. As indicated to the CPT by the management, and as confirmed by a random selection of patient legal files examined by the delegation.

41. In practice, patients can be discharged by the court after agreement between the hospitals, and proposals from the Prison Hospital to the community with supervision, or to civil psychiatric hospitals.

42. In 2022, 284 patients were admitted to the Prison Hospital and 239 were discharged; in 2023, 306 were admitted and 235 were discharged; and in 2024, 162 were admitted and 227 were discharged.

The CPT recommends that the Serbian authorities review the security needs of patients at the Prison Hospital and accordingly allocate them to security-appropriate psychiatric units or facilities, in compliance with the principle of the least restrictive care.

132. Moreover, the Committee recognises that properly resourced step-down facilities and semi-secure local psychiatric settings provide valuable support to all forensic patients (in the Prison Hospital and in civil hospitals), to help with their preparation for eventual reintegration back into their communities. Step-down facilities with sufficient numbers of places to provide adequate access to community-based health, housing, addiction services, and employment bodies are essential at the end of a compulsory hospitalisation and treatment measure. Further, the prospect of accessing such facilities is a crucial support for the mental wellbeing of forensic patients at all stages of their compulsory measure.

The CPT urges the Serbian authorities to rapidly invest in a greater number of local, small, semi-open step-down facilities with sufficient capacity to adequately support all forensic patients who need this transitional step before being discharged into the community.

133. Equally, the Committee notes that there is a lack of effective long-term, multi-sector inter-ministerial cooperation between the Ministries of Justice, Health, and Labour and Social Policy. In this respect, the Programme on Mental Health Protection in the Republic of Serbia for the period 2019–2026 is clearly not implemented (the Programme).⁴³ Moreover, there appears to be no clear strategy or policy on management of forensic treatment.

134. The Programme envisages that civil special psychiatric hospitals and the Laza Lazarević Clinic be reformed to reduce total bed capacity for long-term hospitalisation, and to use the remaining bed capacity for treating patients with acute mental disorders, for forensic psychiatry, addictions and gerontopsychiatry.

Nevertheless, in the Committee's view, the above Programme is currently deficient in a number of aspects. These include that: it does not concretely indicate the envisaged capacities; it does not plan how to ensure appropriate division of beds in various levels of security structures, with placement of patients appropriate to their health and safety needs; and it does not plan for follow-up services. Further, while the Programme acknowledges the problem of disconnection of forensic psychiatry from other psychiatric services, it does not recognise the Prison Hospital as part of the system, nor does it outline any plans of concrete measures on how to connect it.

135. The Committee considers that a holistic overview is necessary for understanding the realities that shape the operation of the forensic treatment systems of the Ministries of Justice and Health. It is required to revise and clarify the treatment model, which should allow for a full assessment of profiles (and security needs) of forensic psychiatric patients under this measure and enable the monitoring of their progression, and to understand the national courts' impetus for applying the measure.

136. Without this holistic overview, the Committee considers that it is nigh on impossible to take informed steps to get the Prison Hospital population numbers under control and to develop and humanise the forensic treatment (that is, to develop less restrictive settings). A strategy is urgently needed, all the more so given the plans (see above) to build an additional facility for the Prison Hospital.

43. The Programme contains a short section on patients who have been imposed security measures of mandatory treatment (page 24): "It is necessary to ensure that psychiatric patients with the safety measures receive treatment that does not significantly differ from the treatment of other patients with mental disorders, and to this end, to form services for forensic psychiatry at all special hospitals for psychiatric diseases, to connect forensic psychiatry services with future territorially organised centres for mental health in community and thus ensure therapeutic continuity in outpatient settings. This includes the establishment of multisectoral cooperation, primarily between the Ministry of Health and the Ministry of Justice."

137. **The CPT recommends that the Serbian authorities:**
- **monitor the numbers of forensic patients in both systems – prison (Ministry of Justice) healthcare and civil (Ministry of Health) healthcare – and disaggregate the information so that the destination of discharged patients is clearly visible, along with the number of patients, and the duration of their stay in each institution; and**
 - **adopt a multi-sectorial strategy of forensic treatment, including a meaningful treatment model for forensic psychiatric care.**

138. Regarding forensic patients ready for discharge from both the Prison Hospital and civil psychiatric hospitals, **the CPT recommends that the Serbian authorities:**
- **take concrete measures to create clear avenues for onward placement of patients, such as the development of an accelerated discharge programme;**
 - **increase the number of places in civil psychiatric hospitals;**
 - **ensure far more investment be put into developing structures of support (accommodation and outpatient treatment) in the local community;**
 - **significantly increase the number of step-down facilities and meaningful support structures in the community;**
 - **provide meaningful support to patients' families to help them to assume such a responsibility for patients when they are ready to be discharged back into the community; and**
 - **develop an effective regulation and policy to clarify the relevant service provider to receive patients who need additional support.**

2. **Ill-treatment**

139. The delegation received a couple of allegations of ill-treatment by staff from the patients in the Prison Hospital, in the context of the use of force and use of means of restraint, and some of verbal abuse. Moreover, the delegation was informed that there had been one recorded case in January 2024 of a custodial staff member punching a patient in the face. This case has been investigated and the staff member administratively disciplined and moved away from front-line contact with the more challenging patients (with the learnings from the case having been incorporated into ongoing training of staff).

140. Inter-patient violence and other incidents did occur on a frequent basis, with 54 instances in 2024 (until November – the date of the visit).⁴⁴ Most of these incidents were recorded and investigated in some depth. Custodial staff generally managed these reactively (by splitting up fighting patients and moving them to different rooms) and the use of force was relatively low. Nevertheless, there was general perception of a lack of safety among psychiatric patients. It was caused by overcrowding and cramped living conditions, as well as certain regimes that kept patients locked in their units (see Regime section below) for long periods without direct supervision by the security staff and in the absence of call bells. Further, there were too few staff deployed on front-line ward duty.

141. The CPT recalls that the duty of care owed by the authorities to patients in their charge includes the responsibility to protect them from other patients who might wish to cause them harm. The authorities must act in a proactive manner to prevent violence by patients against other patients. Addressing the phenomenon of inter-patient violence and intimidation requires that the Prison Hospital staff remain alert to signs of trouble and to be both resolved and properly trained to intervene when necessary. Consequently, the level of staffing must be sufficient (including at night-time) to enable custodial staff and healthcare staff to adequately supervise patients and support each other effectively in the exercise of their tasks. Both initial and ongoing training programmes for staff of all grades must address the issue of managing inter-patient violence (*see also Staff section*).

44. The situation had not improved since 2021. For example, incidents included: inter-patient violence, arson, theft, self-harm, accidents and suicide; there were 201 incidents in 2023 and 212 incidents from January until the time of the delegation's visit in mid-November 2024.

142. The CPT reiterates its recommendation⁴⁵ that efforts be made to prevent inter-patient violence at the Prison Hospital, which should include the establishment of a clear strategy on action needed to concretely address the issue of inter-patient violence. This should include ensuring that staff are present on each ward day and night and will require an increase in staff levels.

3. Use of force and means of restraint

143. The delegation did receive a few allegations, supported by documented medical evidence, during use of force operations, of staff using force with batons, and punching patients.

144. An illustrative example is Patient C, a male forensic patient, who had alleged that he had had force used against him, as well as having been fixated several times, most recently on 3 May 2024. He alleged that the custodial staff *“took me downstairs, kicked me and hit me with their hands and, in one incident, with a baton [...] as I had hit an officer, this was a time when my mental state was worse, they used it on my backside and on my back in the area of my kidneys in the corridor, then they took me to the restraint room.[...]”*

Patient C’s medical records of the incident on 3 May 2024 indicate: “[Patient C] hit the officer with a fist in the area of his right cheekbone. Use of force was applied until he stopped resisting. On examination: there are injuries to his right forearm appearing as several parallel excoriations of around 10 cm long and 0.1 cm wide. There is a 1 cm long abrasion on the lateral side of his right arm. On the right gluteus there are two parallel ribbon-like haematomas, purple in colour, the first measures 5x3 cm and the second 3x3 cm. On the left side of his back, level with the 10th rib there is an excoriation measuring around 1 cm”.

145. In addition, there the Committee notes that is no central trauma register kept at the Prison Hospital. While doctors’ documentation and descriptions of injuries were generally adequate, in the files reviewed by the delegation, there was rarely a comment linking the patient’s narratives about the origins of each injury with the examination findings. This is the case even where the doctor has observed more significant injuries, for example those with appearance typical of the use of a baton. No comment was made about the examination findings of ‘ribbon-like’ haematomas ‘looking like tram tracks’ and the possible mechanism of injury, nor about the patient’s narrative to explain their origin. Equally, injury reports did not indicate whether the custodial staff were present.

146. Turning to the issue of use of means of restraint and notably fixation, patients were no longer fixated to their own beds in the dormitories but were instead fixated in a specific fixation room.⁴⁶

As in seen 2021, patients were fixated in a specific room dedicated to restraint and seclusion. This room was located on the main corridor of the third floor. It contained three beds permanently equipped with mechanical fixation belts, access to natural light, and artificial lighting, and had a sanitary annexe. It was covered by an operational CCTV camera, which the staff used to observe the fixated patients from the nurses’ room along the corridor. If three patients had to be restrained simultaneously, a partition screen would reportedly be put up between the beds.

147. The CPT found that the use of restraint was frequent (for example from August to October 2024, there were 70 incidents of use of means of restraint), and lasted, at times, for extended periods, often overnight and sometimes as long as 19 hours, with theoretical breaks for 30 minutes every two hours. However, doctors interviewed underlined that, if a patient was asleep during the night, they did not wake them up. Patients were routinely put into incontinence pads (adult diapers) during this time. The Committee considers that the routine practice of placing fixated patients in incontinence pads is degrading.

45. The 2021 CPT Visit report, paragraph 108.

46. See the CPT 2021 Visit report, paragraph 124

148. Mechanical belts were used as the means of fixation, and sometimes doctors administered additional chemical restraint in the form of an intra-muscular injection.⁴⁷ Nonetheless, the use of chemical restraint was not recorded as such in the restraint registers (see also *Seclusion and means of restraint* section of the Part C of this Report).

149. Fixation was not always permanently and directly monitored; rather it was supervised through CCTV coverage, with nurses' checks reportedly undertaken from time to time (without a minimal frequency set). The measure was occasionally prolonged due to a lack of onsite psychiatrists to authorise release, especially at night and over weekends.

150. Further, the partition screen between the beds was not systematically put in place when two or more patients were restrained at the same time, including when such a measure took place overnight. Occasionally, women and men were restrained together in this room.

151. Patients interviewed by the delegation were not systematically informed about the reasons for the fixation measure, nor were they provided with a debriefing following its termination, and the application of restraint measures was not systematically mentioned in the individual patient files. Many patients with intellectual disabilities were restrained in the first few days after their arrival at the Prison Hospital, usually for incidents of self-harm, threats of harm to others or for harm prevention.

152. Moreover, custodial staff continued to assist healthcare staff in the application of means of restraints. The CPT considers that custodial staff are not trained to work with psychiatric patients and should not be involved in any means of restraint measures. Indeed, this situation had not changed since 2021, when the CPT recommended that restraints should only be applied by adequately trained healthcare staff and not by custodial staff.

153. The CPT is concerned by a credible allegation of a fixation that was applied excessively tightly, allegedly applied by the custodial staff. The patient⁴⁸ described her experience: "[...] *the pain, it was burning. I told staff to loosen [the restraints] but they did not.*" The delegation's medical expert examined the two scars, one on each wrist, which were consistent with the use of extremely tight restraint belts causing long-term scarring. The Committee considers that such a treatment is unacceptable. Restraints should not be applied by custodial staff and health-care staff must prevent injury to the patient. Moreover, the patient alleged that she was not let to urinate in the in-cell toilet but was left in diaper.

The delegation analysed many cases of the use of fixation applied during 2023 and 2024, and the findings indicated that this had become a *routine response* by the medical team (albeit upon the doctor's decision), in conjunction with assistance from the custody staff, when faced with challenging patients.

154. **The CPT reiterates its recommendation that the Serbian authorities ensure that the Prison Hospital apply its national legislative guidelines in practice regarding the application of the use of mechanical restraints, including the below criteria:**

- **the duration of fixation should be for the shortest possible time (usually minutes rather than hours);**
- **fixation should only be used as a last resort to prevent the risk of harm to the individual or others, and only when all other reasonable options would fail to satisfactorily contain those risks; it should never be used or prolonged to compensate for a shortage of trained staff;**
- **patients subject to fixation should receive full information on the reasons for the intervention and be given the opportunity to discuss their experience,**

47. An anti-psychotic and/or benzodiazepine injection.

48. Patient A, a woman forensic patient, had been restrained three times in 2024, including in February 2024, for running down the Prison Hospital's corridor, trying to escape. She alleged that custodial staff beat her with their hands and fists and put her in the fixation room, where they restrained her legs and hands and placed her in a diaper, in which she had to urinate, as she was not allowed to go to the in-cell toilet.

in a proper debriefing, during and, in any event, as soon as possible after the end of a period of restraint;

- fixation of patients should never take place within the sight of other patients, including if it is another fixated patient, and should be under continuous direct monitoring by staff; and
- restraints should only be applied by adequately trained healthcare staff and not by custodial staff.

Further, fixated patients should not be placed in incontinence pads during fixation but should be assisted to use the toilet.

155. The CPT also recommends that the Serbian authorities review the application of the use of force and means of restraint at the Prison Hospital to ensure that every use of force and means of restraint against a patient is fully documented and subject to strict supervision by the Prison Hospital management, it should be a last resort after other de-escalation techniques have failed and be proportionate. In particular, it should include clear explanations of the reasons for its use in terms of its last resort nature and proportionality, clearly explaining why other de-escalation measures may have failed. Batons are not an appropriate means of force in a psychiatric hospital setting and their use at the Prison Hospital should cease.

156. Further, the CPT recommends that the Serbian authorities ensure that every custodial officer receives regular training in verbal and other non-invasive de-escalation techniques, to ensure that all interventions with challenging patients are managed professionally.

157. In addition, the CPT recommends that the Serbian authorities review the existing procedures regarding the reporting of injuries at the Prison Hospital. A thorough medical examination should be followed after a violent incident within a prison hospital establishment. The record should contain:

- i an account of statements made by the person which are relevant to the medical examination (including the description of their state of health and any allegations of ill-treatment made by them);
- ii a full account of objective medical findings based on a thorough examination;
- iii the healthcare professional's observation in light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

158. Further, the existing procedures should be reviewed in order to ensure that, whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a patient (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.

The healthcare professional should advise the patient concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment. Further, that this report must automatically be forwarded to a clearly specified independent investigative authority, and that such forwarding is not a substitute for the lodging of a complaint in proper form.

The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the patient and to their lawyer.

159. **The CPT recommends that the Serbian authorities offer special training to healthcare professionals on the manner in which medical screening of patients is to be performed, on the recording of any injuries observed and on the reporting procedure.**

4. Patients' living conditions & regime

160. Given that the Prison Hospital comprises several floors of an operational and busy district prison, and that custodial and healthcare staff fall under the jurisdiction of the Ministry of Justice, it is not surprising that the overall environment was inherently carceral. Further the level of security was the same for all categories of patients, and did not differ for those approaching discharge/release. In the Committee's view, insufficient measures had been taken to mitigate this and provide a more therapeutic environment.

161. Some of the living conditions had improved since 2021. These included the refurbishment and transfer of the women patients to a different unit with in-cell sanitary annexes, and that some painting work had been undertaken on the third floor, which was in a reasonable state of repair. Moreover, in-cell sanitary annexes were installed in all cells on the third floor. Due to recent refurbishment work, the wards on this floor were (with the exception of some bathrooms) adequately heated, and had access to natural light and sufficient artificial lighting. Mattresses were generally in a decent state of repair and patients had their own lockable cupboards. These are positive developments.

162. Nevertheless, conditions on the fourth floor of the Prison Hospital remained appalling for the majority of male patients, including children, held there.

163. Here, the rooms, corridors and sanitary annexes (toilet, sink and shower) remained in a poor state of repair and had not changed since 2021. There was very little dedicated space for any communal or recreational activities (as the therapy rooms had been used as dormitories), so patients wandered along, and sat listlessly, in the long, thin corridors which were pervaded by smoke to such an extent that one could not see the end of the corridor (see below). The stench of smoke hung omnipresent in the rooms. The management confirmed that there was no strategy to effectively prevent non-smokers (including children) from being exposed to, and breathing in on a daily basis, the ever-present smoke in the air.

164. The rooms on the fourth floor were dilapidated, and sometimes unhygienic. Further, the communal bathrooms were dysfunctional, dilapidated, filthy and smelly. As an illustration, over 100 male forensic patients in Block 4 (forensic male patients) had to share two bathrooms containing two showers, three small wash basins and two toilets.

The negative impact of overcrowding on the multiple-occupancy rooms found in 2021⁴⁹ had deteriorated further at the time of the 2024 visit, with 10 and sometimes even 12 patients crammed into 40 m2 rooms on the 4th floor, with beds almost touching.

165. Men and women patients again complained that were not provided with sufficient hygiene products, such as toilet paper and soap, to maintain their own hygiene, as well as the hygiene of their room. Reportedly, lice and bedbugs remained pervasive.

166. **The CPT recommends that the Serbian authorities take action to:**

- **refurbish the fourth floor of the Prison Hospital as swiftly as possible, including the sanitary facilities;**
- **build more sanitary facilities in line with actual numbers of patients;**
- **ensure adequate hygiene products are readily available for all patients; and**
- **ensure that there is sufficient space both outside of dormitories and the corridor, for communal and therapeutic purposes.**

49. See the 2021 CPT Visit report, paragraph 109.

Further, a strategy should be urgently developed, and concrete steps taken, to create smoke-free sleeping and living areas for non-smokers and children, to prevent against the serious risks of constant passive smoking.

167. The general regime and time spent unlocked from their rooms differed depending on the category of the patient. The majority of forensic (male) patients located on Wards A and B had a semi-open type regime, in which they were allowed to wander along their Ward corridors and access Ward-based activities and psycho-therapy (see below *Treatment* section), and were unlocked from the Wards to be offered outside exercise in the yard or “park” for two hours per day. In contrast, acute patients on remand were locked in their cells for 23 hours per day.

168. In 2021, access to the outdoor “park”, located next to the prison parking lot, which was an area of grass and plants equipped with benches and protection from the rain and sun, was not, in practice, offered daily to all patients. Rather, access strongly depended on the weather as well as the availability and willingness of staff to offer it. The fact that most of the wards were situated on the third and fourth floors, and the yards on the ground floor, did not facilitate access. Further, when offered, access to the outdoors was of irregular duration, often lasting less than one hour, especially in autumn and winter. Patients were not systematically offered two hours during the same day, as provided by law. Further, bedridden patients were not taken outdoors. Access to the “park” was only possible after the authorisation of healthcare staff, and occurred mostly during spring and summer.

169. In 2024, the situation had not changed. While the outdoor “park” remained a welcome respite and was used for group therapy purposes in the summer for some selected patients, it was still rarely used through the autumn and winter. Patients interviewed stated that they had been once or twice over the last few years (if at all). Instead, patients had access, for one hour a day (remand) and two hours a day (sentenced), to a bare, concrete and extremely austere yard.

170. Access to the outdoors is essential for the wellbeing and the mental health of psychiatric patients and can be considered a key element in their care.

The CPT calls upon the Serbian authorities to take steps to improve access to fresh air at the Prison Hospital. The aim should be to ensure that all psychiatric patients benefit from unrestricted access to outdoor exercise during the day, unless treatment activities require them to be present on the ward. As a bare minimum, all patients at the Prison Hospital should have access to the outdoors, at least daily as well as have access to appropriate clothing and footwear for the weather.

Further, the CPT reiterates its recommendation that the Serbian authorities render the outdoor yard more welcoming through, inter alia painting the walls, planting vegetation if possible, and installing equipment for the patients to use, as well as ensuring that each area of the yard has its own shelter from the rain and sun.

The Committee also encourages the management of the Prison Hospital to make more regular use of the outdoor park through the day and throughout the year by over 900 patients, including those with reduced mobility.

5. Treatment

171. In a forensic psychiatric hospital, the treatment should involve a wide range of therapeutic, rehabilitative and recreational activities – including appropriate medication and medical care, and the possibility of temporary leave as part of the treatment programme – and should be aimed both at controlling the symptoms of the illness and reducing the risk of re-offending.

172. In the Prison Hospital, despite repeated recommendation to evolve the treatment of patients, it remained the case that treatment still consisted mainly of pharmacotherapy.⁵⁰

173. Nevertheless, the overprescribing of medicine from the benzodiazepine group found in 2021 had reduced,⁵¹ which was a positive development.

174. Regrettably, there was still no evidence of the systematic use of regularly updated individual treatment plans for psychiatric patients. Healthcare staff confirmed that, if drafted, individual plans were done on admission only, for administrative purposes, with standardised objectives and without patient involvement or the intention to review it periodically. Psychiatric treatment should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient (taking into account the special needs of acute, long-term and forensic patients including, with respect to the last-mentioned, the need to reduce any risk they may pose), indicating the goals of treatment, the therapeutic means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and of their medication.

The CPT calls upon the Serbian authorities to ensure that an individual treatment plan be drafted for each patient, including the goals of the treatment, the therapeutic means to be used and the staff members responsible. Patients should be involved in the drafting of their treatment plans and the evaluation of their progress, which should be reviewed and updated on a regular basis.

175. Occupational therapy⁵² was available to some but not to all patients; this situation had not changed since 2015.⁵³ In November 2024, 28% of patients (Wards A and B (male) and female forensic sentenced patients)⁵⁴ benefited from access to group activities⁵⁵ run by eight occupational therapists⁵⁶ working in shifts. According to the management, Addictions Wards patients also had access to occupational therapy, but none of them attended it. Some of these patients also had paid work as cleaners.⁵⁷

176. This contrasts with the absence of activities provided to acute, newly-arrived (observation) and remand patients (male and female) who spent their days locked in their room or in their corridor, with only one hour allowed outside for exercise in the concrete yard.

177. The CPT calls on the Serbian authorities to take urgent and immediate measures to develop a range of psycho-social activities for all psychiatric patients held in the Prison Hospital; occupational therapy should be an integral part of the rehabilitation programme.

50. See, for example, the 2021 CPT Visit report, paragraph 115; and the 2004 CPT Visit report, paragraph 161.

51. In 2024, out of 50 prescriptions from the acute ward analysed by the delegation, 22 (44%) patients were prescribed benzodiazepines, at the time of the visit, and only 13 (26%) had been prescribed these for more than four weeks. In 2021, 68 out of 80 (85%) of the Ward E ("acute patients") had a medicine from the benzodiazepine group in their therapeutic protocol for a prolonged period of time.

52. Occupational therapy was provided on long thin tables laid out in the corridor with space from twenty to thirty patients in one group. According to the schedule, occupational therapy for

53. 25% of the patients (see the 2015 CPT Visit report, paragraph 94).

54. According to the Hospital's Head of Occupational Therapy, these activities are not mandatory, and, for instance, only 40% of the Wards A and B forensic patients attended them.

55. Mainly arts and crafts, some music, films or organised sports and table tennis, and exhibitions of their work twice per year in Belgrade. According to the schedule provided by the management of the Prison Hospital, activities for women were organised from 9:00 to 10:30, and activities for men were taking place from 10:30 to 12:30. They were taking place in the corridors of the wards that were equipped with long tables. One group could accommodate up to 30 patients. The occupational therapists mentioned that the actual duration of activities for male patients in Wards A and B were around 1 hour and 15 minutes. Due to the limited space, the group sessions were also organised in the afternoons.

56. Six occupational therapists worked in Wards A and B and two occupational therapists worked with female patients and in the Addictions Ward.

57. Patients from the Addictions, A and B Wards had an opportunity to work at the hospital. At the time of the visit, 34 patients of the Addictions Wards were employed.

6. Remand and acute patients

178. On Wards E and G (male) and the female wards, there were 132 acute patients (some 15% of the total patient population), who were held during the pre-sentencing period, for the sentence of a mandatory psychiatric treatment measure, ordered by the courts to be held at the Prison Hospital due to the severity of their illness, or were prisoners undergoing acute psychiatric treatment or psychiatric evaluation.

179. While most of these patients had been held short-term on remand in the Prison Hospital (for several months), the investigation process, and consequently the potential to be held on remand, in Serbia can take several years. Indeed, one patient had been held at the Prison Hospital on remand for two and a half years (admitted on remand in March 2022), at the time of the delegation's visit.

180. These patients were subject to an impoverished regime. They were locked in their rooms, or at best allowed to wander parts of their locked corridors, for 23 hours per day – only being allowed to leave their ward to exercise in the concrete yard for one hour a day. They were not allowed in the outdoor park. They had no access to any activities, organised sports or any psycho-therapeutic activities or psychological input. Other than to watch television (one per dormitory, which held up to 10 patients), these patients had nothing to do to structure their days.

181. Further, in line with Serbian legislation, all contact with the outside world was subject to permission from the investigatory judge.

182. **In relation to remand and/or acute patients, the CPT reiterates its recommendation that the Serbian authorities take steps to:**

- **improve access to time outside in the fresh air, including to the outdoor park, with due regard to security;**
- **take measures to increase access for these patients to a range of psycho-social activities;**
- **ensure regular, daily access to occupational therapy; and**
- **assist remand patients in contacting their lawyers and/or asking the investigation judge for one-time ongoing permission for (permissible, in line with the investigation) contact on a regular basis, with family and friends, including over the telephone, by correspondence and through visits.**

7. Women patients – specific issues

183. There were 75 women patients⁵⁸ at the Prison Hospital at the time of the visit. Generally, the living conditions had improved for these women patients, and they had refurbished, cleaner and brighter spaces than those seen in 2021.

184. Nevertheless, several women patients interviewed by the delegation complained that they were cold at night and were provided with only a thin blanket, despite the heating being apparently turned off, or at least down, at night.

Thicker blankets should be provided and adequate heating should be provided.

185. Equally, several of these women were obliged by the prison authorities to have their heads shaved, with the reason given as the prevention of lice. This practice, they stated, damaged their sense of dignity, confidence and self-identity.

This prevention method is unacceptable, may amount, in the Committee's view, to degrading treatment, and should be stopped, and alternative lice prevention practices should be adopted.

58. 41 forensic patients, seven patients undergoing substance use addiction treatment, and 27 acute patients.

186. Moreover, the women stated that they were not provided with sanitary hygiene products, and many could not afford to buy these themselves. Some were obliged to tear their pillowcases or sheets to use these as make-shift pads every month during menstruation. This also impacted their sense of dignity and decency.

187. Some of these women had been in abusive relationships, had come from foster homes or social welfare establishments and/or and then been abandoned by their familial and community support systems. Many had learning disabilities as well as psychiatric disorders. They had no one to send them money for canteen or other purchases.

188. The Committee considers that women patients' specific hygiene needs should be adequately addressed. Ready access to sanitary and washing facilities, adequate quantities of essential hygiene products, such as sanitary towels and tampons, and safe disposal arrangements for blood-stained articles, are of particular importance. The failure to provide women in a prison setting with such items can amount, in itself, to degrading treatment. It is essential for the authorities to maintain humane living conditions for patients by applying a minimum decency threshold, which includes decent living conditions and the means to keep oneself clean, including provision of personal hygiene products.⁵⁹

The CPT recommends that immediate steps be taken to ensure that all patients have adequate quantities of essential personal hygiene products free of charge, including sanitary towels.

189. The CPT considers that a gender-specific screening on admission for women should be in place. Such screening should allow, in addition to identification of the responsibilities of newly-admitted women towards their families/children, for the detection of specific needs, including a history of any sexual abuse and other gender-based violence. This information should be duly considered when drawing-up an individual treatment plans for the woman to ensure appropriate care and avoid re-traumatisation.

The CPT requests information on whether the screening process systematically includes gender-specific screening on admission for women by specifically trained staff at the Prison Hospital, and if there is no such gender-specific screen, then this should be put in place.

Equally, the Committee considers that specialist support services should be provided by the Serbian authorities for all patients held in the Prison Hospital who need them. In particular, prompt access should be afforded to women acute or forensic patients, who may be particularly vulnerable, traumatised, or victims of abuse. It is clear that these women were not getting the specialist or one to one psychological support that they required (see above *Treatment* section).

The CPT recommends that the Serbian authorities ensure that resources and investment in specialist support services for victims of abuse is significantly increased to ensure that all patients in need of such services, especially women patients who have been victims of abuse, can have prompt and regular access to them, and that these specialist support services should also be offered in the community.

8. Child patients

190. At the time of the delegation's visit, there were three boys (two of 16 and one of 17 years of age) held at the Prison Hospital. They were placed in large wards, mixed with adult male patients. Two of the boys had been at the Prison Hospital for nearly two years.

191. The Committee underlines that the Prison Hospital is not a suitable place for children. Indeed, the

59. See 30th General Report, CPT/Inf (2021) 5, paragraph 68; the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), Rule 5.

Prison Hospital management, doctors and patients all agreed that this was not a proper environment for children and was in no way conducive to effective treatment for children with mental illnesses.

192. There were no specially trained or child-specialised custodial and healthcare staff employed at the Prison Hospital, and notably no child-specialist psychologists or psychiatrists specially trained to treat children. Their specific care and support needs were clearly not being addressed.

193. The children were subjected to the same poor regime as the adults (see above), with no different treatment, such as the provision of schooling. The children were split up and held in different wards across the Prison Hospital, in dormitories with up to 10 unrelated male adults. They were not encouraged to meet and in fact were subject to different regime times, so could rarely meet each other, even in the exercise yard.

194. They also were subjected to omnipresent smoke, resulting in forced continual passive smoking in the overcrowded dormitories and corridors. This is a particularly deplorable situation for children.

195. The admission of children to the Prison Hospital is regrettably not a new occurrence. Indeed, in 2015 and 2021, the CPT found children being held there, and criticised the fact that they were being held in adult wards and not provided with child specific support or treatment, and requested that they be transferred to more appropriate healthcare settings. The Committee called for an end to any further placement of minors at the Prison Hospital.

196. At the end of the visit, the delegation invoked Article 8, paragraph 5, of the CPT Convention and requested that the Serbian authorities provide, within two months, information on the action taken to transfer the children to an appropriate environment, where they will be afforded the care and support they require.

197. In their Response, dated 19 February 2025, the Serbian authorities informed the Committee on two points.

First, that the three children held at the Prison Hospital at the time of the CPT visit had been moved out of the hospital. All three children had been transferred to outpatient care in their respective families or to the social welfare system.

Second, that the Serbian authorities were envisaging the creation of a specialist child unit for the treatment of children subject to mandatory psychiatric treatment orders within the new forensic ward at the Laza Lazarević Clinic in Padinska Skela. The aim was that the treatment of children who were undergoing the security measure of mandatory inpatient psychiatric treatment would be continued in adequate conditions for the children and under supervision of the professional staff of this clinic, in collaboration with the staff of the Special Prison Hospital.

Until the opening of the forensic ward for juveniles in the Laza Lazarević Clinic in Padinska Skela, the Special Prison Hospital has undertaken to provide separate accommodation, with adequate conditions for reception of juveniles undergoing the security measure; where enhanced psychosocial support would be provided; with regular reviews of the treatment programme; and with a milder measure of mandatory outpatient psychiatric treatment.

198. The Committee considers that these are welcome developments. Nevertheless, it considers that the Prison Hospital is not a suitable or acceptable place for the treatment of any child.

It recommends that children must never be sent to the Prison Hospital but instead are immediately transferred to the Laza Lazarević Clinic (as has been the case with some 50 adult patients in 2024).

199. It recommends that Serbian authorities explicitly provide official guidance or amended regulations that specify that, ongoing, children should not be sent to the Prison Hospital for treatment under mandatory measures. Awareness raising

on this should be undertaken with those persons (prosecutors, lawyers, and judges) responsible for orders of the compulsory measures and their location to be served. Moreover, the Prison Hospital should be empowered to be immediately transfer any child whom it receives to a specialised unit, such as that envisaged in the Laza Lazarević Clinic.

9. Staff

200. At the time of the visit, 10 psychiatrists, three doctors of internal medicine, 12 general practitioners and other specialists,⁶⁰ and 62 nurses were employed to care for almost 900 psychiatric patients. The Prison Hospital had 24 staff “in charge of treatment” (psychologists, work and occupational therapists, special educators and social workers).⁶¹ There were also 116 custodial staff.

201. In the Committee’s view, the number of healthcare staff, which remained roughly around the same as seen in 2021,⁶² was still insufficient to provide appropriate and individualised care to all patients (and also to perform the core frontline, direct contact role, which was left to custodial staff), particularly due to the variety of patients to be treated and the administrative tasks that staff had to fulfil.

The CPT reiterates its recommendation that the Serbian authorities increase the healthcare staff at the Prison Hospital. In particular, psychologists, occupational therapists and nurses.

10. Safeguards

202. Upon admission, patients were not provided with a document, such as a brochure, informing them on the applicable rules, their rights, and the functioning of the Prison Hospital.

The CPT recommends that an information brochure, available in an appropriate range of languages, setting out the facility’s routine and patients’ rights in simple and accessible language – including information on legal assistance, review of placement (and the patient’s right to challenge this), consent to treatment and complaints procedures – be drawn up, and issued to all patients upon admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance to do so including, where necessary, using alternative modes, means and formats of communication.

203. The delegation was informed that the Prison Hospital had a standardised complaint form that can be placed in complaints mailboxes in each ward, seen by the delegation. However, patients interviewed were unaware of the existence of such a form and did not know the purpose of the mailboxes.

The CPT recommends that awareness raising is undertaken with the patients to inform them of the availability of such internal and external procedures in a language and form that they can understand.

204. Turning to judicial reviews, the delegation was informed by Prison Hospital management that they were requested by the court to file reports on patients every six to nine months. The court hearings were only taking place in cases where the hospital requested the discharge of a patient.

205. From the files examined by the delegation,⁶³ it was clear that there were no court decisions on reviews in recent years. Moreover, the courts appear to be refusing to accept the recommendations of the Prison Hospital to release a given forensic patient to less-secure environment to continue treatment, due

60. One ophthalmologist, one dentist, one oral surgeon and one neurologist.

61. Three psychologists and one clinical psychologist; seven occupational therapists, 13 social workers and therapists.

62. See the 2021 CPT Visit report, paragraph 126.

63. Four randomly selected recent files (from 2023 and 2024).

to conditions of (i) the availability of a place in a special psychiatric hospital; or (ii) a next-of-kin who is willing and able to assume such responsibility for the patient; or (iii) the existence of supported accommodation in the community (of which there is still too little in Serbia).⁶⁴ The Committee considers that such a situation is unacceptable, as it runs counter to the principle of least restrictive environment in psychiatric treatment.

206. The Committee wishes to share below an illustrative example of the systemic deficiencies regarding safeguards and the lack of treatment progression for patients held at the Prison Hospital.

Patient D is a male patient who, at the time of the visit, had been ready for at least one year for transfer to a less secure environment, according to the management and doctors, but who instead remained at the Prison Hospital.

The measure of a compulsory psychiatric measure of treatment and hospitalisation had been imposed on Patient D in 2008. He had been diagnosed with paranoid schizophrenia and deprived of legal capacity. There were yearly court reviews 2012 to 2020 on file at the Prison Hospital.⁶⁵ In these, the court's decisions appeared, on analysis, relatively basic. They only cite the Prison Hospital's report about his treatment and the Prison Hospital's opinion that, while the patient's mental condition was better, continued treatment in the hospital was still needed. There had been no external expertise commissioned, or any deeper consideration by the court. From the file, there was no indication that the patient had had legal representation.

207. The Prison Hospital had sent, upon the court's request, reports in March 2021, October 2021, September 2022 and March 2024, but there were no court decisions stored in the file. The report from 2024 stated that recently the patient was calm, no longer displayed any dangerous or threatening behaviour, and that his behaviour was non-aggressive. In the last three years, there had been no fluctuations in his mental state, no florid psychotic symptoms and he controlled his behaviour.

In August 2023, the Prison Hospital had sent a request to the psychiatric hospital in Vršac requesting his transfer, but they refused. In the Prison Hospital management's opinion, the measure could continue in a closed ward of a civil psychiatric hospital; yet at the time of the visit, Patient D remained in the overcrowded Prison Hospital because there was no room for him in the closed sections of any civil psychiatric hospitals.

208. Patient D is one of several cases where patients are ready to be discharged to a less-secure treatment environment, but had nowhere to go, or no other person or institution prepared to take responsibility for them. Thus, they stayed, occupying much-needed bed space, at the Prison Hospital.

209. Linked also to the Committee's recommendations outlined in section 1 above (Preliminary Remarks section), the Committee recommends that the Serbian authorities ensure that an inquiry be conducted into why there were no court decisions on reviews in recent years for many patients held at the Prison Hospital; and, if necessary, an oversight mechanism be established to review this regularly.

64. Six Mental Healthcare Centres were established in local communities across Serbia.

65. June 2020, September 2019, October 2018, December 2017, March 2017, April 2016, July 2015, and October 2012.

C. Psychiatric establishments (for adults and children) under the authority of the Ministry of Health

i. Adult patients

1. Preliminary remarks

210. The visit focused on the treatment of adults (forensic and civil) in two psychiatric facilities under the responsibility of the Ministry of Health: the Laza Lazarević Clinic (its Belgrade and Padinska Skela sites) and the Special Hospital for Psychiatric Diseases in Kovin (Kovin Hospital). This was an opportunity for the CPT to examine measures taken by the Serbian authorities to implement the Committee's previous recommendations following its periodic visit in 2021,⁶⁶ and its earlier recommendations.⁶⁷ The situation of child patients, including the cases of long-term placement of children in psychiatric institutions, is outlined in a separate section (see ii) *Child patients*).

211. Since its 2021 visit, the overall structure of the health system, and the national legal⁶⁸ and policy frameworks⁶⁹ concerning psychiatric care have largely remained unchanged. The new De-institutionalisation Strategy⁷⁰ was adopted in February 2022 but not enacted due to the absence of an Action Plan. Also, reports received from the CPT's counterparts showed minimal progress in implementing other policy documents, resulting in an insufficient number of social housing and community-based services needed to further reduce the number and duration of hospitalisations in psychiatric establishments. The proposed legislative amendments⁷¹ strengthening safeguards against ill-treatment in psychiatric settings, initiated from 2020 onwards, have also seen little progress, as has the adoption of bylaws required for the implementation of the Law on the Rights of Beneficiaries of Temporary Accommodation Services in Social Welfare Institutions (Law No. 126/2021), which was adopted at the end of 2021.

212. It was the CPT's fourth visit⁷² to the Laza Lazarević Clinic. The establishment had two locations, in Belgrade and in Padinska Skela. The Belgrade site comprised a three-storey hospital building with seven wards⁷³ for acute patients (both children and adults), as well as a medical healthcare centre (outpatient clinic) operating at two other locations in the centre of Belgrade. The Padinska Skela site consisted of six two-storey buildings housing two acute wards and two forensic wards (male and female),⁷⁴ a ward for chronic patients (mixed),⁷⁵ a day clinic, as well as a dining facility, a park area, and other technical premises.

66. See the 2021 CPT Visit report.

67. The CPT had also visited the psychiatric establishments in Serbia in 2015, 2011, 2007 and 2004.

68. The Law on Public Health (2016), the Law on Healthcare (2019, amended in 2023), the Law on Patients' Rights (2013, amended in 2019), the Law on Protection of Mental Health Disorders (2013), and relevant provisions of the Family Act (2005, amended in 2015).

69. The Mental Health Protection Programme 2019-2026, the Strategy on the Improvement of Position of Persons with Disabilities 2020-2024 and its Action Plans, and the Strategy for Prevention of Violence Against Children 2020-2023 and its Action Plans.

70. The Strategy for De-institutionalisation and Development of Social Welfare Services in the Community 2022-2026 (De-institutionalisation Strategy).

71. In particular, the Family Act, the Law on Patients' Rights and the Law on Protection of Persons with Mental Disorders.

72. The CPT previously visited the establishment in 2021, 2011 and 2004.

73. Inpatient (acute) wards: Adolescent Unit, Intensive Care 1 Ward, Intensive Care 2 Ward (for patients with somatic care needs), Male "K" Ward, Male "M" Ward, Female "L" Ward and Female "F" Ward.

74. The Male "A" Ward, the Female "B" Ward, the Male Forensic Ward and the Female Forensic Ward.

75. The "S" Ward for chronic patients (mixed genders).

213. The official capacity of the Laza Lazarević Clinic remained at 500 beds, while the operational capacity was 449 beds (155 in Belgrade and 294 in Padinska Skela). The occupancy of the establishment⁷⁶ was approximately 60% of its operational capacity (96 patients in the Belgrade site and 174 patients in the Padinska Skela site) and, according to management, remained consistent.

Since 2021, the Laza Lazarević Clinic has experienced major upheaval, leading to a change of director in July 2023 and significant staff turnover (see also *Staff* section). The new management inherited hefty fines from their predecessors, which significantly affected the Clinic's financial resources. Despite these challenges, the Clinic opened two new wards (male and female forensic wards) in Padinska Skela and re-opened an Adolescent Unit and a day clinic in Belgrade. The last two were fully renovated, as was the female forensic ward. The Clinic was planning to open another male forensic ward in the Padinska Skela site.

214. According to the statistics of the Laza Lazarević Clinic, the average length of hospitalisation was 35 days in the acute adult wards and 78 days in the "S" Ward for chronic patients. However, the actual length of hospitalisation of chronic patients was significantly longer. It was reported that, in many cases, chronic patients stayed in the Clinic for several years, and in a few cases, for over 10 years. The practice of periodic re-admission of these patients has remained since the CPT's 2021 visit,⁷⁷ which continued to distort the actual data on the length of hospitalisation of chronic patients. It is noteworthy that with the efforts of management, the number of chronic patients in the Clinic was decreased. Two chronic wards had already been closed by relocating patients to social welfare institutions, but the remaining 33 patients of the "S" Ward were still to be relocated.

215. The CPT visited the Kovin Hospital in 2007.⁷⁸ In 2024, the delegation paid a targeted visit to two wards: the Acute Male Ward and the Acute Female Ward. The Hospital occupied an extensive territory of around 12 hectares and was located in former military barracks. It had 12 wards⁷⁹ located in one- or two-storey buildings surrounded by a park area. The Kovin Hospital had a day clinic and an admissions unit, located in separate buildings, as well as a mental healthcare centre opened in 2023 in Panchevo (around 30 km away from the Kovin site).

216. In 2021, the Kovin Hospital underwent significant reconstruction. In many wards, former barrack rooms for 10 and 20 beds were rebuilt, and room capacity was reduced, when feasible. The overall capacity of the Kovin Hospital was decreased from 1,000 to 600 beds. During the CPT's November 2024 visit, the delegation was informed that the project for the next phase of reconstruction of the remaining premises was approved by the authorities and should be launched shortly.

By mid-November 2024, the Hospital had 1,814 admissions and, at the time of the visit, its occupancy was 534 patients. Reportedly, the capacity has never been exceeded. The effort of the Hospital's management resulted in around 60 chronic patients being transferred to the social welfare establishments, while another 15 were still waiting for the transfer. According to the management, another 200 patients could be discharged from the Hospital if there was sufficient access to medical care and services in the community. Since 2020, the Hospital accommodated forensic patients, and there were 75 forensic patients at the time of the visit, nine of whom (female forensic patients) were accommodated in the Female Acute Ward.

76. On the first day of the visit, the actual occupancy of the adult wards at the Belgrade site was: five out of 12 beds in the Intensive Care 1 Ward; four out of 12 beds in the Intensive Care 2 Ward (for patients with somatic care needs); 20 out of 25 beds in the Male "K" Ward; 24 out of 26 beds in the Male "M" Ward; 16 out of 25 beds in the Female "L" Ward; 20 out of 30 beds in the Female "F" Ward. At the Padinska Skela site: 22 out of 50 beds were occupied in the Male "A" Ward; 19 out of 60 beds in the Female "B" Ward; 49 out of 50 beds in the Male Forensic Ward; seven out of 18 beds in the Female Forensic Ward; 33 out of 36 beds in the "S" Ward.

77. See the 2021 CPT Visit report, paragraph 136.

78. See the 2007 CPT Visit report.

79. The Kovin Hospital consisted of: two acute wards (male and female); three chronic psychiatric treatment wards (two male and one female); two psycho-geriatric wards (male and female); a ward for patients with dementia; a neurological ward; a ward for treatment of substance-use disorders; a ward for treatment of affective disorders and acute psychiatric conditions; and a male forensic ward with a unit for compulsory treatment of substance-use disorders.

217. Both wards visited by the delegation in the Kovin Hospital were housed in the same building, with the male ward on the ground floor and the female ward on the first floor. The capacity of each ward was 50 beds while, at the time of the visit, there were 48 patients in the Female Acute Ward⁸⁰ and 42 in the Male Acute Ward. The average length of stay was reported to be around one month.⁸¹

218. The CPT acknowledges certain improvements in living conditions in the psychiatric establishments it visited. However, with regard to the Laza Lazarević Clinic, the Committee is concerned to note that the bulk of its long-standing recommendations have remained unaddressed, particularly regarding the restrictive regime, limited therapeutic and rehabilitation activities, insufficient safeguards against involuntary placement, and the continued misuse of means of restraint.

III The CPT calls upon the Serbian authorities to take prompt and effective action to implement the systemic changes addressing these concerns, many of which have been pending for over 20 years since the Committee's first visit to Serbia in 2004.

2. Ill-treatment

219. Most patients in the psychiatric establishments visited spoke positively about the staff. However, the delegation received several allegations of ill-treatment by staff of patients of the Intensive Care Unit 1 Ward at the Laza Lazarević Clinic's Belgrade site, and the Male Acute Ward of the Kovin Hospital.

220. The alleged ill-treatment in the Kovin Hospital consisted of accounts of verbal (offensive speech or mocking) and physical aggression (hitting or slapping), or unprofessional behaviour during fixation on those patients who did not obey staff's instructions, or on agitated patients.

221. In the Laza Lazarević Clinic, the CPT regards the situation⁸² in the Intensive Care 1 Ward as particularly concerning, due to the number of reports of ill-treatment received from the current and former patients placed in this ward upon admission to the establishment. Patients described being traumatised by the ward's coercive atmosphere. Many patients experienced fixation (see also *Seclusion and means of restraint* section of the Part C of this Report), with at least one hand tied to the bed, were left for long periods (hours or overnight) in incontinence pads (diapers), and were mocked or threatened by nurses, while other patients witnessed such fixations. Some of patients reported experiencing physical violence during the application of restraint. Specifically, one patient mentioned feeling suffocated due to the unprofessional technique used, while another stated that she was struck on the head with an object. There was also an account of a patient who wet himself while restrained, as staff did not respond to his calls. One female patient reported being grabbed by a male staff member during fixation, causing her to fear being sexually assaulted. Another female patient who experienced fixation stated that her pyjama top was left open while she slept.

To the Committee's regret, except for increasing the number of nurses on a shift by one female nurse, no other changes had been introduced in this ward since the CPT's 2021 visit.⁸³ The CPT believes that the multiple-occupancy of acute patients in a mixed-gender room, combined with insufficient staff to handle agitated patients, fosters the atmosphere of coercion and complicates the management of the ward.

80. This number included nine female forensic patients.

81. This was two to three weeks in the Male Acute Ward, and up to two months in the Female Acute Ward, with the exception of forensic patients who, on average, were placed in the hospital for over a year. The longest stay observed in the Female Acute Ward was around four years, and around nine months in the Male Acute Ward.

82. Following admission, many agitated or first-time patients were placed in the Intensive Care 1 Ward for a few days, for observation. The ward consisted of a big room accommodating up to 12 patients (both male and female), a nurses' room with an observation window to the patients' room, a dining area and sanitary facilities. There was no separate room that could be used for fixation.

83. See the 2021 CPT Visit report, paragraph 131.

222. On the other hand, the CPT notes positively that inter-patient violence is not a major issue in the establishments visited. In case of incidents, staff appeared to intervene promptly.

223. The CPT notes that its previous recommendations⁸⁴ calling on the Serbian authorities to prevent all forms of ill-treatment of patients, whether physical or verbal, by staff in psychiatric institutions have not been acted upon. Hence, the CPT calls upon the Serbian authorities to:

- ensure staffing levels are sufficient in number, including by increasing the number of nurses in all shifts, to maintain a safe and supportive environment both for patients and staff alike;
- enhance awareness among staff of psychiatric establishments about the prohibition of ill-treatment and its prevention, ensuring adherence to a “zero tolerance” of ill-treatment principle; and
- ensure that all reported incidents of verbal abuse or other unprofessional behaviour are subjected to proper oversight by the management of the institution, with appropriate action taken to ensure accountability.

Further, the CPT recommends that the Serbian authorities reevaluate the structure and setup of the Intensive Care 1 Ward to improve the treatment of patients upon admission and to prevent ill-treatment.

3. Patients’ living conditions

224. At the Laza Lazarević Clinic, the living conditions in acute wards at both sites remained largely unchanged since the CPT’s 2021 visit.⁸⁵ Several premises were recently refurbished (see *Preliminary remarks* section above). However, the material conditions were deteriorating and many other premises still needed refurbishment, while others required comprehensive structural renovation. Generally, the condition of furniture, mattresses, bedding, and patients’ pyjamas was notably deteriorated. A few toilets, showers and sinks were out of order.⁸⁶ Given the establishment’s financial constraints, there is serious concern that, without regular investment in maintenance, the material conditions will decline rapidly.

225. The Intensive Care 2 Ward in the Belgrade site of the Laza Lazarević Clinic appeared to be in the worst condition, with signs of damp on the walls and ceilings. A section of plaster had detached in one of the rooms, and the ceilings in the staff premises, especially in the restroom, exhibited pronounced water stains from leaking pipes on the floor above. Additionally, although the Intensive Care 2 Ward accommodated patients with somatic health conditions (including with reduced mobility), neither the toilets nor the showers in the ward were adapted for persons with reduced mobility.⁸⁷ In the Padinska Skela site, there was a significant crack in the wall of the Female “B” Ward, rendering two ground-floor rooms unusable.

84. See the 2021 CPT Visit report, paragraph 131; the 2015 CPT Visit report, paragraph 153; and the 2007 CPT Visit report, paragraph 114.

85. Rooms and sanitary facilities remained in good condition. In acute and forensic wards, rooms were furnished with beds and bedside tables, while some rooms appeared cramped as furniture occupied the majority of space. In the Ward “S” at the Padinska Skela site, patients had more lockable space for personal belongings. In addition to the bed and the bedside table, there was a wardrobe in each room. Also, each room of the ward had individual sanitary facilities (see also the 2021 CPT Visit report, paragraph 132).

86. One out of two toilets of the Intensive Care 2 Ward (12 beds) and one out of two showers of the Female “F” Ward (30 beds) of the Belgrade site, and three out of six sinks of the first floor of the Female “B” Ward (31 beds) and two out of four toilets of the first floor of the Male “A” Ward (25 beds) of the Padinska Skela site were out of order for some time.

87. The sanitary facilities had two showers and two squat toilets. Both showers and toilets were not wheelchair accessible, did not have hangers, or any other adaptability features. The staff placed a commode chair over one of the toilets for patients with reduced mobility and used another for the shower.

226. Further, except for the Female “L” Ward, patients in the acute wards in the Belgrade site of the Laza Lazarević Clinic, and in the Male Forensic Ward in the Padinska Skela site continued to be deprived of privacy when using the toilet or shower, as these lacked doors. In both male acute wards of the Belgrade site, there were also no doors to the sanitary facilities. In addition, there were no doors in two rooms in the Male “M” Ward of the Belgrade site, and in some rooms of the Male Forensic Ward in the Padinska Skela site. The management of the Clinic justified the lack of doors by the need to ensure supervision of patients. The delegation does not find this argument valid. The lack of doors in the sanitary facilities of the Belgrade site was noticed by the Committee during its first visit in 2004 and criticised again in 2021.⁸⁸ Unfortunately, this issue has remained unresolved for over 20 years.

In the response of the Serbian authorities, dated 19 February 2025, the CPT was informed that the Laza Lazarević Clinic launched two procurements to replace furniture and install doors in the Belgrade site.

227. In the Kovin Hospital, all the premises visited by the delegation were fully renovated in 2021 and appeared in good condition. As was mentioned earlier (see *Preliminary remarks* section above), the second phase of the reconstruction of the remaining premises was expected to start soon.

The admissions unit of the Kovin Hospital occupied a one-storey building composed of a spacious waiting area (a hall) with chairs, and an admissions room. Both rooms had information boards with posters on patients’ rights, complaints procedures, house rules and health advice.

In the premises of the Male and Female Acute Wards, furniture and linen were in good condition. Each ward had a spacious communal area used as a dining and recreational room, with a TV, tables and chairs. All sanitary facilities were partitioned and had doors.

228. The CPT calls upon the Serbian authorities to ensure sufficient financial resources for the maintenance of appropriate material conditions in both establishments. Specifically, it requests that:

- **The reconstruction of the Kovin Hospital is finalised without further delay, providing all patients with decent living conditions.**
- **In the Laza Lazarević Clinic, as a matter of priority, the premises of the Intensive Care 2 Ward (Belgrade site) and the Female “B” Ward (Padinska Skela site) are reconstructed; all patient rooms and sanitary facilities (as well as showers and toilets) of the Clinic are equipped with doors.**
- **Routine refurbishment of wards and replacement of timeworn furniture and bedding are undertaken regularly to prevent the deterioration of material conditions.**

The Committee wishes to be informed about the timeframe for the completion of the renovations in both establishments, as well as the replacement of the timeworn furniture, and the instalment of doors in the Laza Lazarević Clinic.

229. In both establishments (with the exception of the Female Acute Ward of the Kovin Hospital) the delegation noted the persistent cigarette smoke in the communal areas of the wards, where smoking was permitted. The concentration of smoke was particularly high in the male and female acute wards and the male forensic ward of the Laza Lazarević Clinic, including in some patient rooms which had no doors.⁸⁹

Both active and passive smoking pose a serious threat to human health. Therefore, the CPT calls upon the Serbian authorities to provide patients of psychiatric institutions with an environment free from passive smoking by setting up designated and well-ventilated smoking areas in all psychiatric establishments, which should be separated from the living quarters and communal areas. Furthermore, the Committee recommends introducing smoke-reduction

88. See the CPT 2004 Visit report, paragraph 174; and the 2021 CPT Visit report, paragraph 132.

89. The Male Acute “K” Ward of the Belgrade site and the Male Forensic Ward of the Padinska Skela site.

programmes (namely, awareness-raising campaigns, free-of-charge support to quit smoking, and other measures) and encouraging patients and staff to participate in them. (see also Patients' living conditions & regime section, Part B(ii) of the Report).

230. Despite earlier recommendations of the Committee, the environment remained austere in many wards,⁹⁰ and the majority of patients in both establishments were still accommodated in multiple-occupancy rooms of six to 12 beds.⁹¹ The high number of beds in rooms continued to have serious consequences for the comfort and privacy of patients, while the lack of rooms with lower occupancy, and the absence of single-occupancy rooms in most wards visited, lead to coerciveness in the management of agitation or challenging behaviour in psychiatric patients.

231. With only a few exceptions in the "S" Ward of the Laza Lazarević Clinic, in both establishments, the rooms continued to lack any decoration or personalisation. All windows were barred and had no curtains or blinds (except a few rooms in the "S" Ward of the Laza Lazarević Clinic in Padinska Skela, and the Female Acute Ward of the Kovin Hospital). In addition, the delegation noticed that patients in the acute wards of the Laza Lazarević Clinic continued to be transferred from one room to another, which many of them found distressing.⁹²

The CPT recalls its previous recommendations⁹³ and calls upon the Serbian authorities to undertake efforts to create the welcoming atmosphere in psychiatric establishments that is required for better therapeutic outcomes, in particular, by ensuring that:

- **rooms do not accommodate more than four patients and that some rooms in acute wards allow single occupancy;**
- **rooms and communal areas are adequately decorated and personalised, with particular encouragement for participation in this by long-term patients; and**
- **window bars are replaced by other security solution in both residential and communal areas.**

The Committee expresses its reservations about the persistent practice of transferring patients between rooms, which should be avoided.

232. In all the acute wards visited, patients had insufficient space for personal belongings in the rooms.⁹⁴ With the exception of the Female Acute Ward in the Kovin Hospital, patients' personal clothes in acute wards were not laundered, but patients could receive a hospital pyjama, which was changed regularly. Some patients mentioned wearing pyjamas all the time, as they did not have other clean clothes, including underwear. In addition, in the Male Forensic Ward of the Laza Lazarević Clinic some patients stated that they were not going outside as they did not have warm clothes or shoes. Also, each patient, except those who could not afford it, was obliged to provide their own hygienic products, including toilet paper and towels.

90. See the 2021 CPT Visit report, paragraph 134, and the 2004 CPT Visit report, paragraph 176, concerning the Laza Lazarević Clinic; and the 2007 CPT Visit report, paragraph 116, concerning the Kovin Hospital.

91. Except the "S" Ward of the Laza Lazarević Clinic (Padinska Skela site), which had rooms containing one to three beds, with sanitary facilities in the rooms, as well as some rooms in the acute wards of the Kovin Hospital and the Intensive Care 2 Ward of the Laza Lazarević Clinic (Belgrade site), which had three or four beds.

92. Following admission, the majority of patients in the Belgrade site were placed into the Intensive Care 1 Ward and transferred a few days later to the acute wards on the upper floors. They were then further moved to "discharge" rooms in the ward, closer to the end of their hospitalisation. In the Padinska Skela site, patients were first placed on the ground floor, sometimes to the semi-intensive rooms first and then to another room, and then further moved to the second floor, when they were closer to discharge from the hospital.

93. See the 2021 CPT Visit report, paragraph 132, and the 2004 Visit report, paragraph 176, concerning the Laza Lazarević Clinic; and the 2007 Visit report, paragraph 121, concerning the Kovin Hospital.

94. Some patients' belongings were therefore placed in plastic bags and secured in the locked storage rooms, which were thereby accessible only to the staff.

The CPT recalls its earlier recommendations⁹⁵ and calls upon the Serbian authorities to ensure that patients are provided with sufficient lockable storage space for their personal belongings, to which they should have direct access. It also requests that all patients be provided with basic hygienic products, including toilet paper, and laundry services.

The Committee reiterates its recommendation that patients be encouraged to wear regular clothes during the daytime; individualisation of clothing should form part of the therapeutic process. Patients who cannot afford regular clothing should be provided with it.

233. In both establishments, there were no sockets or light switches in rooms in the acute and forensic wards, and the light was operated centrally by the staff. Since the previous visit, in the Kovin Hospital, the CCTV had been removed from sanitary facilities, but remained in all patient rooms, intruding on the privacy of patients. In the Laza Lazarević Clinic, patients mentioned that books with hard covers, pens and some other objects were prohibited. According to management of the establishments, these measures were necessary to reduce the risk that patients pose to themselves and to other patients. The delegation does not find these justifications convincing, as such limitations of patients' privacy, possessions, or autonomy should not be applied universally.

234. The CPT recommends that the Serbian authorities revise the existing restrictions of patients' possessions and autonomy. Any such limitations should be based on individual risk assessments, be proportionate, and aim to create a better therapeutic environment, rather than imposing unnecessary limitations or control.

The Committee also recommends that the Serbian authorities end the blanket use of CCTV cameras within patients' rooms at the Kovin Hospital. If continuous supervision of a patient is considered necessary on the basis of an individual risk assessment, the patient concerned should be preferably placed in a dedicated observation room.

235. In the Kovin Hospital, patients had access to the outdoors if accompanied by a nurse or a visitor.⁹⁶ However, the absence of access to the outdoors for patients of the Laza Lazarević Clinic's Belgrade site has been a recurring problem as early as from 2004,⁹⁷ as well as raised in the immediate observations under Article 8, paragraph 5, of the Convention in 2015⁹⁸ and in 2021.⁹⁹ In 2024, the delegation found an unchanged situation at the Belgrade site of the Clinic. In addition, in the Female "B" Ward at the Padinska Skela site, the delegation received complaints from several patients that the ward's patients were deprived of access to the outdoors, which is a negative development.

The CPT calls upon the Serbian authorities to ensure that all patients in the Laza Lazarević Clinic, both in the Belgrade and Padinska Skela sites, as well as in all other psychiatric establishments in Serbia, have daily access to outdoor exercise in appropriately equipped areas.

4. Treatment

236. Both establishments had sufficiently developed admission protocols. In the Laza Lazarević Clinic, there was a separate guide on the admissions procedure, which largely reflected the provisions of the national legislation. However, the delegation was informed that if the patient was brought to the establishment by the police, healthcare staff occasionally asked the police to accompany aggressive patients to the ward (though this did not happen in the Female Acute Ward of the Kovin Hospital), despite the Committee's earlier recommendations to avoid such practices.¹⁰⁰

95. See the 2021 CPT Visit report, paragraph 134; and the 2007 CPT Visit report, paragraph 121.

96. The Hospital had a large park, which was well maintained.

97. See the 2004 CPT Visit report, paragraph 179.

98. See the 2011 CPT Visit report, paragraph 108.

99. See the 2021 CPT Visit report, paragraph 133.

100. See the 2021 CPT Visit report, paragraph 141.

Hospital staff should be sufficient in number and able to handle violent situations without recourse to the police, including at night.

The CPT recommends that, unless in exceptional situations (i.e. when weapons or hostage taking are involved) in which the assistance of the police may be unavoidable, police should generally not enter hospital premises. Further, the Committee invites the authorities to provide sufficient healthcare staff to deal with agitated patients upon admission.

237. The delegation did not observe any significant changes regarding the development and update of patients' individual treatment plans since its last visits to the establishments.¹⁰¹ As mentioned previously, individual treatment plans were drafted upon admission and remained cursory in both establishments. In the medical files analysed by the delegation, individual plans were not revised substantially, in the rare instances when they were revised at all. Patients were not actively involved in the development of their individual plan, rarely knew its content, and did not have a copy of the plan in their possession, despite having formally signed it.

The CPT recommends that the Serbian authorities put in place a more individualised and multidisciplinary approach to individual treatment plans and encourage the involvement of the patients in their development and update.

238. Treatment still consisted largely of pharmacotherapy. In both establishments, many patients appeared overmedicated (some to the extent that they found it difficult to speak), and the review of medical files revealed that there was a strong prevalence of polypharmacy without clear medical justification. Clozapine was used in a surprisingly low number of cases, and while regular blood tests were conducted according to national guidelines, clear guidance on other aspects of monitoring (blood pressure, temperature, flu-like symptoms, obstipation, etc.) of its use were lacking.

In both establishments, pro re nata medications were rarely used, and were administered only after a doctor's evaluation. However, this information was not consistently added to the patient's medical file, making it impossible to track the number of pro re nata administrations of medication to a specific patient.

The CPT recommends that the Serbian authorities ensure that psychiatric institutions:

- **review prescribing, while taking into account effects and side effects of medication;**
- **ensure a proper record of pro re nata administration of medications in the individual medical files;**
- **follow international guidelines on the use of polypharmacy, ensuring its clinically justified application and minimising unnecessary use;**
- **introduce clear guidelines for the monitoring of clozapine use; and**
- **provide healthcare staff with regular training on safe medication management and prescribing.**

239. Non-pharmacological therapy remained insufficient in both establishments, while especially limited for adult patients in the acute wards of the Laza Lazarević Clinic's Belgrade site. In addition, in the latter, the delegation lacked a clear overview of the activities offered, the extent of patient engagement, and the staff allocated for their implementation.

In the Laza Lazarević Clinic, the work of psychologists with acute patients was largely limited to patient assessments, which were needed for diagnostic purposes. According to information received, in the acute wards, some group therapy sessions (that is, the ward's community meetings) with a psychologist or a special educator were held once or twice a week. However, most of the patients met by the delegation had

101. See the 2021 CPT Visit report, paragraph 137; and the 2007 CPT Visit report, paragraph 125.

never participated in such group activities. In the Belgrade site, only 13 acute ward patients¹⁰² benefited from individual sessions with psychologists. Recreational activities available to all patients were primarily limited to watching television, socialising, smoking, or playing table tennis (in male wards), or board games. In female acute wards, nurses occasionally (when their schedules allowed it) organised certain activities for patients. In the Intensive Care 1 Ward, there were no therapeutic or recreational activities reported, and patients spent the majority of their time in bed.

In the Padinska Skela site, the “S” Ward patients, and some forensic and acute patients benefited from more therapeutic and recreational activities held at the daily clinic.¹⁰³ Further, approximately half of the male forensic patients participated in regular group therapeutic sessions. Once or twice per month, the “S” Ward patients also participated in activities organised outside of the establishment (such as visits to the theatre, excursions, picnics, etc.).

In the Kovin Hospital, patients of the acute wards, including female forensic patients, had an opportunity to participate in the occupational therapy organised at the Occupational Therapy Department of the Hospital. There were also some group sessions and recreational activities held in the mornings and afternoons on the wards. The engagement of a psychologist, as in the Laza Lazarević Clinic, was limited to assessments, and no individual or group sessions were offered in the wards visited.

||| The CPT recommends once again¹⁰⁴ that the Serbian authorities increase all patients’ access to therapeutic and recreational activities in all psychiatric establishments, as an integral part of psychiatric treatment.

240. Access to somatic health care was provided both in the establishments visited and also externally (when necessary) in somatic hospitals. The level and quality of medical care appeared sufficient, and no complaints were received from patients in this regard. The Laza Lazarević Clinic reported that some forensic patients in the Padinska Skela site arrived at the Clinic with a number of somatic health issues, including untreated Hepatitis B and C, which were subsequently treated at the Clinic.

While it is positive that both establishments had increased the capacity for forensic patients,¹⁰⁵ however, more could be done to ensure that these patients have access to a comprehensive forensic psychiatric treatment. Thus far, the nursing staff has not received specialised training in forensic treatment. No forensic scales for regular risk assessment were used, except for internal evaluations conducted by staff in connection with possible release. Additionally, the availability of therapeutic interventions for forensic patients remained limited.

||| The CPT recommends that the Serbian authorities further strengthen the forensic treatment programme in civil psychiatric hospitals and ensure that a sufficient number of therapeutic, rehabilitative and recreational activities are made available to forensic psychiatric patients, which should be aimed both at controlling the symptoms of the illness and reducing the risk of re-offending.

5. Staff

241. The CPT welcomes the overall tendency of increasing staff capacity at the establishments visited. However, the majority of the CPT’s earlier recommendations on staffing remain valid and pertinent.

In the Laza Lazarević Clinic, the appointment of the new management was preceded by major staff strikes which lasted for around nine months. It led to a significant number of transfers and resignations, as well

102. Less than 10% of the patients.

103. Art therapy, pottery classes, the debate club, physical activities, etc.

104. See the 2021 CPT Visit report, paragraph 139, and the 2004 CPT Visit report, paragraphs 180 and 181, concerning the Laza Lazarević Clinic; and the 2007 CPT Visit report, paragraphs 124 and 125, concerning the Kovin Hospital.

105. For instance, in the Laza Lazarević Clinic, the number of nursing staff on the Forensic Male Ward was slightly increased by adding one nurse to the shift. The Clinic also developed a regime programme for the majority of male patients and was planning to arrange secure outdoor areas.

as complaints and court proceedings for mobbing against the previous director. In July 2023, the number of staff was only 493 employees. Certain measures were taken to increase the satisfaction of the staff, including increasing the insurance premium, opening specialised funds for staff on sick leave, providing access to a gym, etc. The establishment filled the majority of the vacant positions and, at the time of the visit, there were 591 staff members employed in the Clinic,¹⁰⁶ including 124 newly hired employees. The delegation was informed that the Ministry of Health approved a further increase of staff units to a total of 620, and the new recruitment drive was expected to start shortly. Most of the staff worked full time. However, many specialists (that is, psychologists, special educators, social workers, etc.) were employed only (or mainly) in the daily clinics and in the mental health centre, while dedicating a few hours per week to work in the wards. The delegation found it difficult to obtain a clear picture of the exact number of such staff and the number of hours they were engaged on the wards.

In Kovin Hospital, there were 484 employees.¹⁰⁷ The Hospital had a number of vacancies, for four doctors, six nurses, as well as other staff.¹⁰⁸ The management had requested an increase of the staff units. However, the approved increase was not significant, and, in the opinion of the Hospital's management, insufficient for the effective operation of the institution.¹⁰⁹

242. The ratio of psychiatrists to patients at the Laza Lazarević Clinic and the Kovin Hospital appeared sufficient. The majority of doctors were working during the daytime, but there was always one on-duty doctor present on the ward in the afternoon and night shifts, as well as weekends and holidays, which generally sufficed patients' needs.

When it comes to nurses, in both establishments, their number remained insufficient to guarantee the efficient functioning of the wards and appropriate care to patients, especially those agitated or with special needs. As evident from the number of restraints applied in certain wards, lack of healthcare staff resulted in extensive use of mechanical and chemical restraint on patients (see *Ill-treatment and Seclusion and means of restraint* sections). The shortage of other healthcare and non-healthcare staff ("medicinski saradnici" (medical associates)), such as psychologists, occupational therapists, special educators, social workers and others, significantly impacted patients' access to non-pharmacological treatment and recreational activities, which for the majority was critically limited (see *Treatment* section).

243. The situation with regard to the training of nursing staff has not changed.¹¹⁰ The CPT previously flagged the lack of specialised psychiatric training and adequate continuous learning for nurses, which was largely limited to on-the-job training and was not systematic.

244. **The CPT calls upon the Serbian authorities to ensure that there are, at all times, sufficient staff available for psychiatric institutions – in terms of numbers, categories of staff, experience and training – to remain safe and secure for patients and staff alike, as well as to provide adequate treatment and care for patients. This particularly concerns the number of nurses, but also medical associates (psychologists, special educators, social workers and other staff) engaged in the organisation of therapeutic and recreational activities.**

106. The staff consisted of the following categories: 90 doctors (including 71 psychiatrists and other doctors); 29 medical associates (11 psychologist, seven occupational therapists, and 11 social workers); 6 special educators; three pharmacists and laboratory staff; 311 nurses; 36 administrative staff; and 122 technical staff, others. There were two vacant positions of nurses and 20 vacant positions of technical staff.

107. 49 psychiatrists and other doctors, 20 medical associates (12 psychologists and eight social workers); six occupational therapists, 230 nurses, two pharmacists, two physiotherapists, one nutrition therapist, one radiologist, two hygiene specialists, 36 administrative and 135 technical staff.

108. Four administrative staff and 21 technical staff.

109. The approved number of staff was lower than requested due to the staff-to-patient ratio set by the Ministry of Health for patients classified as chronic, which was lower than the ratio for acute patient.

110. See the 2021 CPT Visit report, paragraph 142; the CPT 2011 Visit report, paragraph 122; the CPT 2007 Visit report, paragraph 129; and the CPT 2004 Visit report, paragraph 188.

The Committee recommends that the Serbian authorities introduce a comprehensive initial and continuous learning programme for nurses in psychiatric institutions which, among other issues, should cover de-escalation, management of agitated patients, use of means of restraint, etc.

6. Seclusion and means of restraint

245. The legal framework on seclusion and other means of restraint described in the CPT's earlier reports remained unchanged.¹¹¹ Seclusion was not applied in any of the establishments visited, while mechanical restraint was used both on adults and children (see also ii) Child patients section). The national legislation did not recognise chemical restraint, and this was therefore not reflected in the restraint registers.

246. Resort to mechanical restraint was ordered by a doctor. The usual length of mechanical restraint was around two hours. However, not all registers were kept diligently, and the duration of the measure was not always recorded, or did not reflect the actual length of fixation. The circumstances preceding fixation were often described in very general terms ("agitated", "aggressive to oneself or to others", etc.) and generally provided no evidence that other, less coercive, measures had been attempted for de-escalation. According to the registers, healthcare staff appeared to regularly check on patients, recording their vital signs every 15 to 30 minutes. However, there was no continuous supervision of patients by staff, as staff was not present in the room during the entire period of fixation.¹¹²

247. In the majority of the wards visited, fixation was primarily applied in "semi-intensive" or "quarantine" (isolation) rooms which, in almost all wards, were multi-occupancy rooms. Therefore, on many occasions it was reported that fixation was taking place in the presence and view of other patients accommodated in these rooms. Also, in the absence of free beds in these rooms, patients were fixated in their own beds and, again, in the presence and view of other patients.

248. According to the registers of the Kovin Hospital, mechanical restraint was rarely applied,¹¹³ with the exception of the Male Acute Ward, with the largest record of restraint measures, and the Female Acute Ward.¹¹⁴ The delegation came across several accounts of long-term fixation, including overnight and in incontinence products in the Laza Lazarević Clinic, which were not documented in the restraint registers. The CPT is also deeply troubled by the high volume of restraint applications on patients upon admission to the Clinic,¹¹⁵ with the situation in the Intensive Care 1 Ward being particularly striking.¹¹⁶ (see also III-treatment section)

249. Almost all patients stated that they were not given reasons why this measure was applied on them, and there was no formal debriefing of patients. They found this experience traumatising, especially when fixation was used immediately after placement (as was often the case in the Intensive Care 1 Ward of the Laza Lazarević Clinic). Of particular concern was the fact that some of the patients interviewed in the acute wards of the Laza Lazarević Clinic and in the male acute ward of the Kovin Hospital believed that fixation was used as a punishment for disobedient patients, while others thought that it was a normal part of the admissions process.

111. Notably, Chapter X "Use of Physical Restraint and Seclusion" of the Law on Protection of Persons with Mental Disorders, as well as the related bylaw "Rulebook on detailed conditions for the use of physical restraint and seclusion of persons with mental illness who are undergoing treatment in the psychiatric institution", referenced in paragraph 143 of the 2021 Visit report; and paragraph 166 of the 2015 Visit report.

112. See paragraph 50 of the 16th General Report on the CPT's activities (CPT/Inf (2006) 35).

113. On average, less than one application of mechanical restraint per month in each of the Hospital's wards.

114. At the time of the visit, in the Male Acute Ward, 140 measures of restraints had been recorded from March to November 2024 (the older registries were not available), and 39 measures of restraint recorded in the Female Acute Ward from January to November 2024.

115. 37% of patients were restrained upon admission in October 2024, including children.

116. The Intensive Care 1 Ward had an average of 41 fixations per month, with the majority of the patients being fixated upon the admission.

250. In the Laza Lazarević Clinic, staff did not receive any recent training on the use of restraint, while, in the Kovin Hospital, the delegation was informed about training organised for staff on de-escalation in September 2024. Such training for staff (both initial and ongoing) on de-escalation and the use of means of restraint should be continuously available to new and current staff.

251. **The CPT recommends that the Serbian authorities make systematic efforts to prevent the use of fixation and other means of restraint. To this end, it is of paramount importance that management of psychiatric establishments develop a strategy for limiting the use of means of restraint and take a panoply of proactive steps. Such steps should, inter alia, include a risk assessment of patients upon admission to identify individuals who may exhibit challenging behaviours, the development of collaborative preventive care plans with active patient engagement, the provision of a safe and secure material environment, the employment of a sufficient number of health-care staff, the promotion of the development of alternative measures (including de-escalation techniques), and regular training for staff.**

252. **If the use of fixation is exceptionally necessary, the Committee requests the Serbian authorities to act upon the CPT's earlier recommendations,¹¹⁷ ensuring that:**

- **fixation is applied for the shortest possible time, usually minutes rather than hours;**
- **fixation is only used as a last resort, to prevent the risk of harm to the individual or others, and only when all other less coercive measures would fail to satisfactorily contain those risks; it should never be used or prolonged to compensate for a shortage of trained staff or applied as a punishment;**
- **fixation of patients never takes place within the sight of other patients and only under continuous direct monitoring by staff;**
- **patients subject to fixation receive full information on the reasons for the intervention and are given the opportunity to discuss their experience during and, in any event, as soon as possible after the end of a period of restraint, by means of a formal debriefing;**
- **each use of means of restraint is systematically and accurately recorded in a dedicated register as well as in the individual file of the patient; and**
- **incontinence products are not used on patients undergoing restrictive measures without a medical need; and these patients satisfy their needs of nature in a dignified way.**

253. **In relation to the Laza Lazarević Clinic, the Committee further recommends that management of the Clinic takes measures to prevent excessive recourse to fixation in the Belgrade site (specifically in the Intensive Care 1 Ward), respecting that:**

- **restraint records are regularly reviewed and the practice of the use of these measures duly evaluated; patients have access to an effective complaint mechanism;**
- **staffing levels, specifically in Intensive Care 1 Ward, are reassessed to ensure sufficient numbers of healthcare staff for the management of agitated patients; and**
- **staff must be constantly reminded of the need to foster good staff-patient relations and be trained (see also above) on de-escalation and the use of means of restraint.**

117. See the 2021 CPT Visit report, paragraph 144.

254. **The CPT recalls its earlier recommendation on the need to regulate the use of chemical restraint and to guarantee that it is subjected to the same safeguards as mechanical restraint,¹¹⁸ and recommends the Serbian authorities ensure that every recourse to the use of sedatives, antipsychotics, hypnotics or tranquillisers as means of restraint is systematically recorded in a dedicated restraint register (as well as in patients' personal medical files), and that all such registers are comprehensively completed.**

7. Safeguards

255. The legal framework for voluntary and involuntary hospitalisation and treatment, as well as related safeguards, remained unchanged since the CPT's last two visits.¹¹⁹ The practical application of these norms remained similar to the situation observed by the Committee during its previous visits. The majority of the CPT's recommendations given in this respect remained valid since its 2021 and earlier visits.¹²⁰ During the November 2024 visit, the delegation was informed about intentions to introduce changes to the laws regulating the issue of legal capacity, shifting from full deprivation of the latter to assisted decision making. However, the perspective for adoption of such amendments was unclear.

256. Consent to placement was provided separately from consent to treatment,¹²¹ but remained cursory, as was already noted by the CPT during the 2021 visit. In addition to the consent forms, in the Kovin Hospital, patients also signed an information note on their rights. However, patients and their representatives were not provided with a copy either of the consent forms, or the information note which they signed.

257. The majority of patients in both establishments were admitted voluntarily, although many stated that they consented to placement and treatment without understanding the content of the documents they signed, or that they had signed them while being intoxicated due to drugs or alcohol. Other patients said that they consented due to intimidation and in fear that refusal to do so would result in a longer placement or harsher treatment.

258. Adult patients who were deprived of legal capacity and children, including those represented by social welfare establishments, were admitted as voluntary patients based on the decision of their legal representative, and had little or no say in the decision-making process (see also ii) Child patients section). These patients did not benefit from legal safeguards in the context of their possible deprivation of liberty.

259. Despite the majority of patients being formally admitted voluntarily, they were de facto deprived of their liberty. The doors of all wards were locked, and patients (both voluntary and involuntary) could not leave the premises throughout the whole duration of their hospitalisation. The patients interviewed in both establishments believed that they could not leave the establishment until their doctor had decided to discharge them. The healthcare staff mentioned that if one expressed their wish to leave the establishment, it would not be arranged immediately, as obtaining a doctors' permission may take several hours, or even days if this occurred during weekends or holidays.¹²²

260. Many voluntary patients believed that they could not decline treatment as this could prolong the duration of their hospitalisation or result in fixation. Some of the voluntary patients met by the delegation disagreed with the treatment but saw no possibility to challenge the doctor's decision and change it. Many patients did not know which medications they were taking, their effects, side effects or possible alternatives.

118. See the 2015 CPT Visit report, paragraph 171.

119. See the 2021 CPT Visit report, paragraphs 146-147; and the 2015 CPT Visit report, paragraphs 173 and 175.

120. See the 2021 CPT Visit report, paragraphs 146-150; and the 2015 CPT Visit report, paragraphs 174 and 175.

121. The Form No. 1 (hospitalisation) and the Form No. 8 (treatment), in accordance with Article 20 and Article 16 of the Law on Protection of Persons with Mental Disorders, respectively.

122. In such cases, the decision was taken by a treating doctor or a doctor on duty. In some cases, if the doctor determines that the decision cannot be made unilaterally and requires approval by a Concilium of three doctors, the process would be delayed until the first working day if consent was withdrawn over a weekend or holiday.

261. In the Laza Lazarević Clinic, around 10-15% of patients were initially placed involuntary.¹²³ However, only 5% of patients were subsequently referred to the court, while the rest consented to placement and treatment shortly after admission (usually within one, or a few days). The number of involuntary patients in the Kovin Hospital was generally very low, with only nine cases registered in 2024 (0.5% of the total admissions).

262. At the time of the visit, only four patients in the Laza Lazarević Clinic, and one patient¹²⁴ in the Kovin Hospital, were formally recognised as involuntary patients. No consolidated data was available on the actual number of involuntary patients in the establishments, as well as on the number of patients who were initially placed involuntary but later consented to the placement and treatment. There was also no information on the number of court-ordered extensions of involuntary placement. Consequently, the selection of cases provided to the delegation for analysis was limited to those that management and staff could recall, which did not offer a comprehensive picture of how involuntary measures were applied in practice.

263. When it comes to the procedural aspects of involuntary admission,¹²⁵ the time limits for adoption of a decision of a Concilium of the establishment (first working day), as well as a court decision (three days), were respected. Extension of a court-ordered placement appeared to be rare.¹²⁶ However, the studied samples of Concilium decisions and court orders lacked sufficient justification of the necessity of the involuntary hospitalisation and were solely based on the symptoms and diagnosis of the patient at that time.

264. The independence of court experts able to provide opinions remained problematic, as the courts could engage experts from among the staff of the same establishments initiating the involuntary procedure. In addition, the delegation did not come across any files in which the presence of a free legal aid-appointed lawyer¹²⁷ or a private lawyer had been recorded, or in which the court decision had been appealed. Effective access to legal representation was therefore uncertain.

265. The pharmacotherapy of involuntary patients commenced immediately after their hospitalisation, and before the adoption of the court decision. Also, some psychiatrists were not aware of the legal provisions regulating the involuntary treatment of patients (Article 19 of the Law on Protection of Persons with Mental Disorders).

266. The CPT recalls its previous recommendations¹²⁸ and calls upon the Serbian authorities to ensure sufficient safeguards are in place for all psychiatric patients with respect to involuntary hospitalisation, and, more specifically, that:

- **psychiatric patients, and guardians of patients deprived of legal capacity, are provided with full, clear, and accurate information before consenting to hospitalisation or treatment;**
- **an assessment of capacity needs is conducted before consent is given, to ensure that patients have the capacity to give informed consent. Where this is not the case, an alternative procedure (such as, supported decision making, appointment of a guardian, etc.) or procedure for involuntary placement or treatment should be applied;**
- **information about the rules on involuntary placement and treatment procedures is provided to patients concerned, including in writing, and is made available on the wards;**
- **involuntary placements, and the number of patients admitted to establishments as involuntary, but subsequently consented to treatment**

123. From January to mid-November 2024, the Clinic admitted over 1 800 patients.

124. Another patient, who was initially on involuntary placement, consented to placement and treatment shortly before the visit started.

125. Chapter VI of the Law on Protection of Persons with Mental Disorders.

126. Again, no statistics were available. Only in the Laza Lazarević Clinic, staff recalled one case in which the court had extended a placement twice. The case had been archived and was therefore not studied.

127. See the Law on Free Legal Aid, Article 4(3), point 2.

128. See the relevant sections on safeguards of the 2021, 2015, 2011, 2007 and 2004 CPT Visit reports.

- and/or placement, are duly recorded and monitored;
- patients have the effective right, at any time, to withdraw their consent to placement or treatment, and that this withdrawal is enacted without any delay;
- continuation of the initial involuntary placement requires the opinion of an independent psychiatrist – external to the hospital;
- involuntary patients are duly informed of their right to free legal aid in the court proceedings, and of their right to appeal the court decision; and
- national legal frameworks regulating the issue of legal capacity, engagement of persons with limited capacity in decision-making and access to free legal aid are further updated. The updating should ensure sufficient protection of persons with psychosocial and other forms of disability, and safeguards against de facto involuntary placement, based on the decision of the legal representative of such patients.

8. Other issues

a. contact with the outside world

267. National law did not envisage any limitations on visits and allowed for unrestricted telephone calls, while any restrictions on contact with the outside world could only be enforced on the basis of a comprehensive reasoning.¹²⁹ However, in the establishments visited, certain limitations were applied universally to all patients, without any individual risk assessment or proper justification.

Patients had a right to a phone call during a dedicated hour, using the telephones or mobile phones of the ward,¹³⁰ while in the Kovin Hospital they could only receive incoming calls. In the Laza Lazarević Clinic, if a patient needed to access their mobile phone or make a call beyond the established hour, these requests were dealt with by a social worker. In the Kovin Hospital, patients could receive access to their mobile phones in the presence of staff, and make a call outside the set hour if the need was approved by a doctor, but not all patients interviewed were aware of this possibility.

In the Laza Lazarević Clinic, patients had a dedicated hour for visits during working days, and two hours during weekends and holidays. There were no dedicated visitor's rooms in either establishment, while patients had visits in the communal areas in the Laza Lazarević Clinic or, in the Kovin Hospital,¹³¹ also used other common spaces. Patients could receive an unrestricted number of parcels.¹³²

268. The CPT recalls its previous recommendations and calls upon the Serbian authorities to ensure that patients of psychiatric establishments enjoy the widest possible contact with the outside world, including through visits and calls, and that they are provided with a dedicated premises for visits, ensuring sufficient privacy and a welcoming atmosphere. Any limitations on contact with the outside world should be based on an individual risk assessment, be proportionate and reviewed regularly. All patients should be properly informed about the reasons for the application of such limitations.

Mobile phones can often be an integral part of a person's daily life, including for maintaining social and community contact and managing day to day activities, therefore, the Committee recommends that the Serbian authorities ensure that all psychiatric patients are allowed access to their mobile phones on a daily basis, unless limitations of access are based on an individual risk, a lawful and reasoned doctor's assessment, or a court order.

129. See the Law on Protection of Persons with Mental Disorders, Article 38, paragraph 1 (rights), points 9 and 10, as well as paragraph 5 (limitations).

130. Patients were not allowed to have mobile phones or other electronic devices in their possession.

131. Patients accompanied by visitors could go to the Hospital's park. In the Female Acute Ward, patients were also observed chatting with their family members on benches placed at the staircases outside the ward.

132. See Patients' living conditions section above.

b. complaints procedures

269. The complaint mechanism has not changed since the CPT's 2021 visit.¹³³ Patients could address complaints to the management of the departments or the establishments, as well as to the Protector of Patient's Rights, the Health Inspectorate under the Ministry of Health, and the Ombudsperson's Office. They could also challenge a violation of their patient's rights before a court. The management of both establishments mentioned that many complaints from patients and their relatives were received orally (in person or through telephone calls).

270. The delegation found that the information on patient's rights and the complaint mechanism available to patients in both establishments was cursory and inadequate, especially in the Laza Lazarević Clinic. Not all patients were aware of their rights, including the right to complain, and had no access to any brochures or leaflets with information on their rights.

Each ward had an information board which displayed some information on the complaint procedure.¹³⁴ In the Padinska Skela site of the Laza Lazarević Clinic, boxes were still located outside the wards and were thus inaccessible to patients in the acute wards, who had no access to the outdoors. In the Female "F" Ward of the Belgrade site, both the information board and complaint box were mounted too high to be easily accessible. In the Kovin Hospital, the complaint boxes were emptied only once per week (on Mondays) by the ward's staff.

In the Laza Lazarević Clinic, one patient complained to the delegation that their request to call the Protector of Patient's Rights was refused, while nurses confirmed that, in such cases, permission to contact the institution should be given by a doctor.

271. Since complaint boxes were not opened by specially designated persons from outside the wards, and patient's calls were under the control of the staff, there were no effective means to complain confidentially.

272. The CPT recommends that the Serbian authorities further enhance the complaints mechanism in psychiatric establishments. This should ensure that information brochures are available in an appropriate range of languages, setting out the psychiatric facility's routine and patients' rights, including complaints procedures, in simple and accessible language, and issued to all patients upon admission, as well as to their families and/or legal representatives. Patients unable to understand the content of such brochures should receive appropriate assistance to do so, including, where necessary, using alternative modes, means, and formats of communication.

Patients should have the opportunity to lodge their complaints confidentially. Access to complaint boxes and telephone calls should be both effective and uninterrupted; complaint boxes should be emptied by dedicated persons from outside the ward and complaints processed promptly, while patients should receive feedback on the outcome of their complaints in a timely manner. Complaints to management of psychiatric establishments should be recorded in a special register.

133. See the 2021 CPT Visit report, paragraphs 150 and 152, and the 2004 CPT Visit report, paragraph 202, concerning the Laza Lazarević Clinic; and the 2007 Visit report, paragraphs 144 and 145, concerning the Kovin Hospital.

134. In the Laza Lazarević Clinic, each information board displayed a short advisory notice on the right to complain to the Protector of Patients' Rights, and the contacts of the institution. Some boards also featured other information, including brief notes on patients' rights and the house rules, the ward's daily schedule and/or public health advice. In the Kovin Hospital, the boards displayed advice on complaints, explaining the procedure for addressing these both to the management of the department and the establishment and the timeframe, as well as to the Protector of Patient's Rights, along with information on patients' rights.

c. de-institutionalisation

273. The CPT welcomes that de-institutionalisation has remained a stated priority since the 2007 CPT visit.¹³⁵ The new policy and legal frameworks have been further adopted since the Committee's last visit (see Preliminary remarks section above), however, limited progress has been made in scaling up implementation of these frameworks. Despite the efforts noted at both establishments (see *Preliminary remarks* section, and Part B (ii) of the Report) to transfer patients to the community, or limit re-hospitalisations, there were still far too many individuals placed in the psychiatric establishments for years, and sometimes over a decade, due to the absence of social housing, care and healthcare services in the communities.

The CPT once again calls upon the Serbian authorities to take effective measures to set up appropriate structures in the community, to ensure that psychiatric patients who no longer require hospitalisation may be cared for in the community.

The Committee would like to receive further updates on the concrete actions taken and funds allocated by the Serbian authorities to implement its de-institutionalisation efforts set by the Mental Health Protection Programme 2019-2026; the Strategy on the Improvement of Position of Persons with Disabilities 2020-2024 and its Action Plans; and Strategy for De-institutionalisation and Development of Social Welfare Services in the Community 2022-2026, as well as on the status of adoption of the bylaws necessary for the implementation of the Law on the Rights of Beneficiaries of Temporary Accommodation Services in Social Welfare Institutions.

ii. Child patients

1. Preliminary remarks

274. The delegation visited the Adolescent Unit at the Laza Lazarević Clinic, and the Clinic for Children and Adolescent in Belgrade. The CPT visited both clinics twice: in November and in December 2024.

It was the first visit of the CPT to the Children and Adolescent Clinic, which accommodated children from 3 to 17 years old.¹³⁶ The institution occupied a two-storey building situated in Belgrade and hosted a day clinic, diagnostic rooms, an admissions ward, psychiatric and neurological wards, as well as the Center for Mental Protection of Children and Youth with Autism. During its visit, the delegation focused on the psychiatric ward, which had a capacity of 17 beds; in November 2024, the Clinic was accommodating 14 children, while in December 2024 there were 17 children.

275. The Adolescent Unit of the Laza Lazarević Clinic, re-opened in October 2023, accommodated children from 13 to 17 years old. It was located on the ground floor of the Clinic in the Belgrade site, with a separate entrance and an admissions ward. The Unit had a capacity of 12 beds. During the delegation's visits in November and December 2024, the Unit was accommodating seven and eight children, respectively.

276. In both clinics, all children were hospitalised with the consent of their parent(s) or legal representative and were therefore considered voluntary patients.

277. Children were hospitalised in both psychiatric establishments for periods of up to one month, with two weeks the average. However, in November 2024, the delegation met a child in each establishment who had been hospitalised for over a year, and who were still hospitalised at the time of the December visit (see also *Long-term placement of children in psychiatric establishments* section below).

135. See the 2021 CPT Visit report, paragraph 153; the 2015 CPT Visit report, paragraph 176; and the 2007 CPT Visit report, paragraph 1.

136. During the November 2024 visit, the Children and Adolescent Clinic was accommodating a three-year old child, accompanied by his mother.

2. Ill-treatment

278. The delegation did not receive any allegations of ill-treatment by staff of children in the establishments visited. On the contrary, most children spoke positively about staff.

279. The delegation was informed about an allegation of sexual harassment by a male staff member of girls housed at the Children and Adolescent Clinic in March 2023. The next day, the allegation was referred to the police for criminal investigation. In September 2023, the Ministry of Health carried out an investigation at the Clinic. Apparently, none of the investigations confirmed the allegations. The CPT welcomes the prompt investigations into the allegations.

280. The delegation also noticed that there were minor altercations between children, usually consisting of punching, shoving or verbal attacks. In these cases, staff reacted promptly.

3. Patients' living conditions

281. In both clinics, rooms and communal areas were sufficiently lit, well-ventilated, clean and well-maintained. Sanitary facilities were in good condition and partitioned. However, in the Adolescent Unit at the Laza Lazarević Clinic, the premises lacked colour or decoration, featured barred and largely opaque windows and appeared austere. In the Children and Adolescent Clinic, although all windows were also barred, the premises appeared more child-friendly, and efforts were made by its management to engage child patients in the decoration of the space.

In the Children and Adolescent Clinic, patients were accommodated in multi-occupancy (three-, four- or six-bed) rooms holding only hospital beds; the six-bed room appeared cramped. Besides the bedrooms, there was a small living room,¹³⁷ as well as sanitary facilities. The ward's patients also had access to a more spacious living room of the adjacent neurological ward, which functioned as both a dining area and a group therapy room for both wards.

In the Adolescent Unit at the Laza Lazarević Clinic, child patients were accommodated in multi-occupancy (two-, three- or four-bed) rooms with beds and bedside tables. The ward had sanitary facilities, two living rooms,¹³⁸ and a spacious dining area. However, the majority of bedrooms had glass doors and some of them also had large observation windows, making them see-through for staff and other patients, negatively affecting the privacy of the children accommodated therein.

282. The CPT wishes to highlight the importance of establishing a home-like environment for children in psychiatric institutions, which could offer more visual stimulation and provide for better therapeutic outcomes.

The CPT recommends that the bars be removed from windows in residential and communal areas and replaced by other security solution. Rooms and communal areas, especially in the Adolescent Unit of the Laza Lazarević Clinic, should be decorated to create a more child-appropriate environment. Children should be encouraged to contribute to the decoration and individualisation of their living space.

Further, the occupancy of patient rooms in the Children and Adolescent Clinic should be reduced, limiting it to a maximum of four-bed rooms, with sufficient space for a bed, but also an individual wardrobe and lockable space for personal belongings.

In the Adolescent Unit of the Laza Lazarević Clinic, the see-through areas should be reduced to the minimum necessary for observation purposes.

137. There was a TV in the room, as well as some soft furniture and patients' individual lockers.

138. In one living room there was a TV, tables and chairs, while in the other living room there was a table tennis table and one fitness machine.

283. There were no gender- or age-group-specific rooms in either establishment. Patients were usually placed in rooms with children of the same gender, but with limited space available, boys and girls were occasionally accommodated together. During its visit to the Adolescent Unit of the Laza Lazarević Clinic, the delegation observed three children, one boy and two girls, accommodated together in the only semi-intensive room. The boy displayed clear affection and sexual desire towards his roommates.

The CPT recommends that the Serbian authorities take steps to ensure that adolescent boys and girls are not accommodated in the same rooms. This will require increasing the living space in both institutions, enabling the accommodation of children based on individual risk assessments, as well as their gender and age group.

284. The CPT was particularly concerned by the absence of access to fresh air and outdoor exercise for children placed in both establishments. In the Adolescent Unit of the Laza Lazarević Clinic (see also paragraph 235), there was no dedicated outdoor area, while in the Children and Adolescent Clinic, access to the establishment's playground was not allowed, in some cases, on the grounds of poor somatic health of certain children.¹³⁹ The CPT disagrees with the justifications provided. As a general rule, children should be hospitalised in conditions where they have unrestricted access to the outdoors, when not engaged in therapeutic or other structured activities provided to them on the ward.

285. At the end of the visit, the delegation invoked Article 8, paragraph 5, of its Convention and requested that the Serbian authorities, within two months, communicate information on the steps taken to provide all children in psychiatric establishments with daily access to outdoor exercise. In their response, dated 19 February 2025, the Serbian authorities informed the Committee that the implementation of the recommendation in the Laza Lazarević Clinic is not possible. Management of Laza Lazarević Clinic developed a project to reconstruct the Belgrade site and build a new wing, with an estimated budget of 25 million euros. This sum is beyond the Clinic's financial capacity; therefore, the Clinic's management has sought investment from the Ministry of Health. It stated that without this project, patients at the Belgrade site – including children – would not have access to outdoor areas. As regards the Children and Adolescent Clinic, management referred to a request made to competent bodies (not specified) to authorise the use of the outside park area by child patients.

Given the importance of physical activity, fresh air and sunlight for both the physical and mental wellbeing of children, the CPT recommends that the Serbian authorities take active measures to ensure, as a matter of priority, that children in psychiatric establishments are offered outdoor exercise every day, to the extent that their health allows it.

In the Laza Lazarević Clinic, temporary or alternative solutions should be considered to ensure that child patients have access to fresh air and physical activity, pending the reconstruction of the Belgrade site.

286. In the Children and Adolescent Clinic, child patients had daily access to shower facilities, whereas in the Adolescent Unit of the Laza Lazarević Clinic, such access was only offered three times per week.¹⁴⁰

The CPT recommends that the Serbian authorities offer the possibility of a daily shower for children accommodated in the Adolescent Unit of the Laza Lazarević Clinic.

139. It was mentioned to the delegation that some child patients in the neurological ward were on corticosteroids, and, therefore, they were not allowed to access the outdoors. The delegation did not find such an explanation convincing as, at the time of the visit, only a few patients were on corticosteroids and consequently immunosuppressed. These children could also benefit from access to the outdoors, if separated from other patients.

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287. Children hospitalised in both establishments voiced complaints about the low quantity and variety of food they received. Many children relied on food parcels from their families to mitigate against this. Children without family to rely upon, such as children coming from social welfare institutions, complained of feeling hungry. In the delegation's opinion, the amount and variety (including fresh fruits and vegetables) of food available to child patients was inadequate to meet their nutritional needs.

288. The CPT recommends that more attention is paid to the food provided to children in all psychiatric establishments, to ensure that it is sufficient and adequate, both in terms of quality and nutritional value. Children and adolescents should have access to additional food, available on the ward between main meals, to meet their specific needs.

4. Treatment

289. Treatment of children in both psychiatric establishments consisted largely of pharmacotherapy. Individual treatment plans were drawn up in both clinics. However, they were drafted in a general, non-individualised manner, and were rarely updated. While some children in the Children and Adolescent Clinic mentioned having been engaged in the development or update of the individual treatment plans, most children in both clinics appeared to have very limited understanding of their situation and treatment.

The CPT recommends that the Serbian authorities put in place a more individualised and multidisciplinary approach to treatment plans and encourage the involvement of child patients in their development and update.

290. In the Children and Adolescent Clinic, a few group therapy sessions were offered from Monday to Friday, including meetings of the ward's therapeutic community, group sessions with a special educator, and occupational therapy (art therapy). Some patients also benefited from individual sessions with a psychologist, once or twice per week. There were no activities available to children during weekends and holidays.

In the Adolescent Unit of the Laza Lazarević Clinic, from Monday to Friday, for three hours in the mornings, patients benefited from one of several group therapeutic activities, such as occupational therapy, sessions with a special educator, group therapy meetings with a social worker, psychiatrist or psychologist, and the ward's therapeutic community meetings. Although individual sessions with a psychologist were reportedly available, the delegation did not meet any child who had benefited from them. There were no activities available to children during afternoons, weekends and holidays.

In view of the above, the CPT recommends that the Serbian authorities increase the number of therapeutic and recreational activities available to child patients in psychiatric institutions; such activities should be of sufficient variety and age-appropriate, as well as available every day, including weekends and holidays.

291. Access to somatic care appeared sufficient.¹⁴¹ When needed, patients could receive medical assistance in other healthcare institutions located nearby.

141. In the Children and Adolescent Clinic there were two ophthalmologists, one clinical biochemistry specialist, and one specialist in neuropsychiatry, as well as 10 specialists in neurology and two general practitioners who worked for the neurological ward. As for the Adolescent Unit of the Laza Lazarević Clinic, the overall number of staff of the Clinic was described in the Staff section above.

5. Staff

292. While the number of doctors in the two clinics was adequate,¹⁴² the number of nurses¹⁴³ was insufficient to ensure a proper level of care, or their engagement in supervision or calming of agitated patients, to prevent self-harm and to moderate the use of means of restraint.

Also, the number of staff engaged in the organisation of therapeutic and recreation activities (so-called “*medicinski saradnici*” (medical associates): social workers, special educators, speech therapists, psychologists, occupational therapists, etc.),¹⁴⁴ who in both clinics worked for several wards, was insufficient to ensure the necessary number and variety of therapeutic and recreation activities.

293. **With reference to the above recommendation concerning staff in psychiatric institutions (see paragraph 244), the CPT also calls upon the Serbian authorities to increase the number of nurses and medical associates, working in the two child psychiatry establishments visited.**

6. Seclusion and means of restraint

294. The current legal framework does not contain any specific provisions regulating the application of restraint or seclusion on children; therefore, the same legal provisions as for adult patients were applied to children.¹⁴⁵ (see also *Seclusion and means of restraint*, i) Adult patients section) Children were not secluded in either of the two establishments. However, mechanical restraint (four- or five-point fixation with belts) was used frequently¹⁴⁶ and regularly combined with the administration of a chemical restraint. As the chemical restraint was not recognised by the national legislation (see paragraph 245), recourse to it is recorded in the individual files of the patients.

295. Many children experienced fixation shortly after admission as they had arrived in a state of agitation. As was the case for adult patients, the measure was ordered by a psychiatrist, and nurses carried out regular checks of the patient and vital signs every 15 minutes. Fixation was applied in semi-intensive rooms which were often accommodating other patients, or in the patient’s bed in other multi-occupancy rooms, which was considered traumatising both by the children who were fixated and by those who observed the fixation.

296. Usually, fixation lasted for up to two hours but, in both establishments, the delegation came across cases of longer-term fixations of children, including overnight. The actual timing of the measure was not systematically reflected in the restraint registers in all cases of longer-term application of mechanical restraint. This concerned the Children and Adolescent Clinic in particular.

142. In the Children and Adolescent Clinic, there were nine doctors specialised in psychiatry and two general practitioners in the psychiatric ward, while in the Adolescent Unit of the Laza Lazarević Clinic, there were three psychiatrists and one general practitioner, with training in psychiatry. The majority of doctors worked during morning shifts, while there was always one on-duty psychiatrist in the afternoon and evening shifts, weekends and holidays.

143. Nurses in both clinics worked in three shifts. There were two nurses in the Children and Adolescent Clinic, and three nurses in the Adolescent Unit of the Laza Lazarević Clinic (one of whom was directly responsible for the long-term patient). During morning shifts on working days in both institutions there was also a head nurse present on the ward.

144. In the Children and Adolescent Clinic, there were three psychologists, one special educator, two speech therapists, and two social workers, who worked on both the psychiatric and neurological wards. In the Adolescent Unit of the Laza Lazarević Clinic, there was one special educator, with one social worker and one psychologist of the Clinic, who worked for the Adolescent Unit for a few hours per week.

145. See the Law on Protection of Persons with Mental Disorders, Chapter X “Use of physical restraint and seclusion”, and, specifically, the Rulebook on detailed conditions for use of physical restraint and seclusion of persons with mental illness who are undergoing treatment in the psychiatric institution. Both institutions had their own internal policies on application of restraint that largely reflected the provisions of the Rulebook.

146. 145 cases (12 per month on average) of mechanical restraint had been recorded by mid-December 2024 in the Children and Adolescent Clinic, and 83 (7 per month on average) were recorded in the Adolescent Unit of the Laza Lazarević Clinic during the same period.

297. The delegation came across cases of children who had been subjected to a mechanical fixation up to 18 times in one month. In the Children and Adolescent Clinic, the youngest child who was subjected to various episodes of fixation (combined with chemical restraint) was eight years old. From the medical file of this child, the delegation understands that the child was aggressive and posed a danger to themself. However, the file did not contain any information about attempts made to prevent harm using means other than restraint. Many children did not receive a proper debriefing after fixation, and some of them associated the use of restraint with a punishment for their misbehaviour, which is particularly concerning.

298. As a general rule, children should not be subjected to any means of restraint. Instead, de-escalation techniques should be applied and/or a child should be provided with supervision by healthcare staff to avoid harm to self or other patients. This may require separation of the child from other patients in a “calming” room, or the use of other de-escalation methods. In extreme cases, when none of the less coercive methods have proven to be efficient, the only acceptable intervention is the use of manual restraint, that is, with staff holding the child until they calm down.

299. **In this regard, the Committee recommends that the Serbian authorities revise the existing practices and relevant procedures on the use of means of restraint on child patients in psychiatric institutions, which should include:**

- abolishing the use of the measure of mechanically restraining a child to a bed;
- increasing the number of nursing staff available to engage in patient supervision, prevention of aggression and de-escalation, and ensuring that they receive comprehensive training, focused on children, in prevention and management of aggressive behaviour in psychiatric patients, verbal and other non-invasive de-escalation techniques;
- conducting initial and routine assessments of child patients to identify patterns and potential triggers for aggression or self-harm, introducing new non-invasive de-escalation methods (such as calming rooms, breathing and grounding exercises, sensory tools, etc.) and developing individual collaborative crisis plans with the engagement of child patients; and
- recalling the earlier recommendation on the need to regulate the use of chemical restraint, ensuring that every recourse to the use of sedatives, antipsychotics, hypnotics or tranquillisers as means of restraint on child patients is systematically recorded in a dedicated restraint register (as well as in patients’ personal medical files), and that all such registers are comprehensively completed.

7. Safeguards

300. The national legal framework envisaged both voluntary and involuntary placement and treatment of children in psychiatric institutions.¹⁴⁷ During its visit, the delegation did not encounter any child formally hospitalised involuntarily (on the basis of Article 20 or 21 of the Law on Protection of Patients with Mental Disorders) and was not informed of any such involuntary placement in the recent past. However, as in the case of the adults,¹⁴⁸ children of any age, although considered voluntary patients, had no right to leave the premises of the psychiatric establishment, and all doors of the wards were kept locked.

301. The law contains legal provisions which enable children to engage in decisions concerning their health and to consent to treatment as of the age of 15.¹⁴⁹ However, Serbian law does not require the opinion of the child to be given due weight (in accordance with their age and maturity),¹⁵⁰ when the decision on their hospitalisation and/or treatment is taken. If a child refuses the placement or treatment, a parent’s or other legal representative’s consent overrides the child’s will. Such a decision may only be opposed when the healthcare professional considers that a parent or other legal representative is not

147. See the Law on Protection of Persons with Mental Disorders, Article 20 and 21.

148. See also Safeguards section above.

149. See the Law on Patient’s Rights, Article 11 and 19.

150. See the Convention on the Rights of the Child, Article 12(1).

acting in the best interest of the child.¹⁵¹ In such cases, the psychiatric institution should notify the guardianship authority. However, this procedure does not provide an appropriate safeguard in the context of deprivation of liberty, in the event of a conflict of interest between a child and their parent(s) or legal representative, as it does not allow for independent monitoring of involuntary admission to psychiatric institutions and of involuntary placement, particularly when placement may be extended for an unlimited period.

As an illustrative example, two children placed in the Adolescent Unit of the Laza Lazarević Clinic by a foster parent, or a guardian appointed by a social welfare centre, expressed their dissent concerning the decision of their placement and treatment. However, they had no access to an effective remedy to challenge the decision of their legal representatives.

302. **The CPT recommends that the Serbian authorities revise the relevant legal provisions, bringing them in line with Article 12 of the Convention on the Rights of the Child and other human rights standards,¹⁵² allowing protection of children from placement and treatment in psychiatric institutions against their will and providing them with relevant safeguards in the context of deprivation of liberty. This also includes the establishment of a mechanism for child participation in the decision-making process in accordance with their age and maturity.**

Further, the CPT recommends that every child should have effective access to information on their rights, free legal advice, and representation, should they wish to challenge the decision on their placement and treatment in a psychiatric institution, including when based on the decision of their parent(s), guardian or other legal representative.

8. Other issues

303. The delegation found that children in the psychiatric institutions visited were restricted in their contact with the outside world. They could only receive incoming (but not make outgoing) short phone calls,¹⁵³ and have visits¹⁵⁴ only during dedicated hours, which in the case of the Adolescent Unit were further restricted to certain days of the week.¹⁵⁵ During the November 2024 visit, the visits were stopped for a few weeks due to the epidemiological situation¹⁵⁶ at the Clinic but were not compensated by other means. Further, children could not leave the institutions for short walks or visits with their parents or other legal representatives. They were not allowed to have mobile phones or other electronic devices. However, there was no limitation on mail correspondence and parcels.

The CPT recommends that the Serbian authorities review the current rules regulating contact between children and their families, ensuring that it is only restricted when such restriction is in the best interests of the child. To this end, phone calls and visits should be available to them daily. Any limitations on contact with the outside world should be based on an individual risk assessment, be proportionate and reviewed regularly. All patients and their guardians should be properly informed about the reasons for the application of such limitations.

151. See the Law on Patient's Rights, Article 19.

152. See Article 3 and 5 of the European Convention on Human Rights, the European Court of Human Rights [case V.I. v. Republic of Moldova](#), No. 38963/18, 26 March 2024 and the Recommendation Rec(2004)10 of the Council of Europe Committee of Ministers to member States and its Explanatory Memorandum.

153. Every patient had around five minutes for phone calls during the one-hour timeslot allocated for this purpose.

154. Every patient was allowed to receive visits for one hour during weekdays, and two hours during weekends and holidays.

155. The time for visits was set from 14:00 to 15:00 on Tuesdays, Thursdays and Saturdays. Phone calls were allowed on Mondays, Wednesdays and Fridays.

156. At the beginning of November 2024, a few dozen patients at the Laza Lazarević Clinic developed symptoms of either food poisoning or a stomach infection. Until the patients' condition improved and the risk of a potential virus outbreak was eliminated, child patients were not allowed to have visitors.

304. The legal framework guarantees access to education for children at the healthcare establishment if their placement is longer than three weeks.¹⁵⁷ The delegation noticed that in the Children and Adolescent Clinic, children from fifth to seventh grades had access to school classes regardless of the length of their hospitalisation – which is a positive practice – but not the children in higher grades. In the Adolescent Unit of the Laza Lazarević Clinic, access to education was provided only to one long-term patient.

The Serbian authorities should consider additional measures to ensure access to education for all children in psychiatric institutions, both primary and secondary, irrespective of the length of their placement, to the fullest extent allowed by their health.

9. Long-term placement of children in psychiatric establishments

305. The CPT was deeply troubled by the isolated cases of long-term placement of children into acute psychiatric establishments, which had lasted for over a year at the time of the delegation's visits to Serbia in November and December 2024. In the Committee's view, the children's placement had taken on a de facto involuntary nature and had insufficient justification of its medical need. There was no independent review of the necessity of their continued placement, while the situation of these children was aggravated by them being held under a strict isolation regime. These children were isolated from other patients and had limited meaningful human contact, they had no direct contact with their families and the outside world, no access to the outdoors and their regime was critically limited.

The Committee considers that this treatment may, in its view, amount to inhuman or degrading treatment.

These isolated cases, including the situation of each individual child, are described in detail in a Supplementary Visit Report. In accordance with the best interests of the child principle, the Supplementary Visit Report is not intended for public access to protect children's personal data.

The CPT recommends that the Serbian authorities take immediate steps to terminate the placement of these children in psychiatric establishments and to transfer them to an appropriate non-medical setting where they can be afforded the appropriate support and care. Pending these arrangements, the living conditions in the psychiatric clinics in which the children are placed should be immediately improved. They should be provided with meaningful human contact every day, access to age-appropriate activities and education, and fresh air daily, as well as contact with their families and other persons of trust.

157. Law on Patient's Rights, Article 26(3); Law on the Basics of the Education System, Article 14(3); Law on Basic Education, Article 37(1); the Rules on the Method of Organising Classes for Students Undergoing Long-Term Home and Hospital Treatment, Article 3(1); Law on Secondary Education and Upbringing, Article 27.

APPENDIX I – Establishments visited

The delegation visited the following places of detention:

Establishments operating under the authority of the Ministry of Justice

- Special Prison Hospital (Belgrade)
- Educational and Correctional Institution (Kruševac)

Establishments operating under the authority of the Ministry of Health

- Clinic for Mental Disorders "Dr Laza Lazarević" (the Belgrade and Padinska Skela sites)
- Adolescent Unit, Clinic for Mental Disorders "Dr Laza Lazarević" (the Belgrade site)
- Special Hospital for Psychiatric Diseases (Kovin)
- Clinic of Neurology and Psychiatry for Children and Adolescent "Dr Subotica" No. 6A (Belgrade)

APPENDIX II – List of the Authorities met during the visit

National authorities

Ministry of Health

- Zlatibor Lončar, Minister of Health
- Aleksandar Stefoski, State Secretary
- Dragoljub Paunović, Acting Assistant Minister
- Jelena Janković, Acting Assistant Minister
- Vera Stojiljković, Acting Assistant Minister
- Tatjana Rajović, Acting Assistant Minister

Ministry of Interior

- Dejan Carević, Director of the Administration for the Execution of Criminal Sanctions
- Aleksandra Stepanović, Head of the Department for the Exercise and Protection of the Rights of Persons Deprived of Liberty
- Olivera Matijašević, Director of the Special Prison Hospital

Ministry of Human and Minority Rights and Social Dialogue

- Tomislav Žigmanov, Minister for Human and Minority Rights and Social Dialogue
- Aleksandra Rašković, Chief of Staff
- Snežana Trkulja, Assistant Minister
- Vladimir Šoć, Senior Advisor

Office of the Protector of Citizens / National Preventive Mechanism

- Nataša Tanjević, Deputy Ombudsperson and Head of the National Preventive Mechanism
- Zoran Pašalić, Protector of Citizens (Ombudsperson of Serbia)

Non-governmental organisation

- Vladica Ilić & Sanja Radivojević, Belgrade Centre for Human Rights
- Dragiša Čalić, YUCOM

“NO ONE SHALL BE SUBJECTED TO TORTURE OR TO INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT”

Article 3 of the European Convention on Human Rights

Established in 1989 by the Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the CPT's aim is to strengthen the protection of persons deprived of their liberty through the organisation of regular visits to places of detention.

The Committee is an independent, non-judicial preventive mechanism, complementing the work of the European Court of Human Rights. It monitors the treatment of persons deprived of their liberty by visiting places such as prisons, juvenile detention centres, police stations, immigration detention facilities, psychiatric hospitals and social care homes. CPT delegations have unrestricted access to places of detention, and the right to interview, in private, persons deprived of their liberty. They may access all the information necessary to carry out their work, including any administrative and medical documents.

The CPT plays an essential role in promoting decency in detention, through the development of minimum standards and good practice for states parties, as well as through coordination with other international bodies. The implementation of its recommendations has a significant impact on the development of human rights in Council of Europe member states and influences the policies, legislation and practices of national authorities regarding detention.



Secretariat of the CPT

Council of Europe

67 075 STRASBOURG Cedex – FRANCE

+33 (0)3 88 41 23 11

cptdoc@coe.int – www.cpt.coe.int

ENG

www.coe.int

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