VISIT REPORT

ALBANIA

January - February 2026

CPT

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

AD HOC VISIT

26 January - 2 February 2026

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COUNCIL OF EUROPE

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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 a visit to Albania from 26 January to 2 February 2026. 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 assess the treatment of forensic psychiatric patients held in the temporary facility for male forensic psychiatric patients at Shënkoll Prison, Lezha and in the Prison Hospital, Tirana (unit for female forensic psychiatric patients). In particular, the Committee wished to see what progress had been made in the implementation of its recommendations following the 2023 visit, and as regards the commitments outlined by the Albanian authorities during the January 2024 high-level talks in Tirana. It was the Committee's 16th visit to Albania.[1]

1. The visit was carried out by the following members of the CPT:

- Karin Rowhani - Wimmer (Head of delegation)
- Lise-Lotte Carlsson

They were supported by Marco Leidekker (Head of division) of the CPT Secretariat, and assisted by an expert, Vytautas Raskauskas, psychiatrist, Lithuania.

2. The report on the visit was adopted by the CPT at its 120th meeting, held from 6 to 10 July 2026, and transmitted to the authorities of Albania on 28 July 2026. 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 Albania provide within three months a response containing a full account of the 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 cooperation encountered

3. In the course of the visit, the delegation met Elona Hoxha, Deputy Minister at the Ministry of Justice and Eugena Tomini, Deputy Minister at the Ministry of Health and Social Protection, as well as senior officials at these Ministries working in areas relevant to forensic psychiatry.

4. On the whole, the CPT delegation received excellent cooperation during the visit from the Albanian authorities at all levels. The delegation had rapid access to the two places of detention it wished to visit, was able to meet in private with those persons with whom it wanted to speak and was provided with access to the information required to carry out its task.

The Committee wishes to express its appreciation for the assistance provided to its delegation during the visit by the management and staff in the establishments visited, as well as for the support offered by Fioralba Laska, CPT liaison officer from the Ministry of Foreign Affairs.

Nevertheless, the CPT must recall that the principle of cooperation between Parties to the Convention and the Committee, as set out in Article 3 of the Convention, is not limited to facilitating the work of a visiting delegation. It also requires that decisive action be taken to ensure that recommendations made by the Committee are effectively implemented in practice. The CPT has repeatedly recommended that the Albanian authorities take action to provide dignified living conditions and adequate treatment for forensic psychiatric patients. However, no concerted action to improve their treatment has been taken and the Committee considers that Albania has not complied with its obligations as a state party to the Convention.

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

5. Over the past 25 years, the CPT has repeatedly expressed its grave concerns as to the detention conditions and treatment of persons in detention on whom either a court-ordered medical measure (Article 46 of the Criminal Code), or temporary placement in a psychiatric institution (Article 239 of the Code of Criminal Procedure) is imposed. The Committee has carried out multiple visits to the establishments in which these forensic psychiatric patients are held: the Prison Hospital in Tirana, the Zaharia Special Institution for Mentally Ill Inmates in Kruja, and Shënkoll Prison in Lezha. Further, it has held high-level talks on this matter with the Albanian authorities twice, in 2017 and 2024, to stress the importance of developing and implementing a strategic reform of forensic psychiatry as a necessity for improving the treatment of forensic psychiatric patients.

6. Article 28 of Law No. 44/2012 "On Mental Health" obliges the Albanian authorities to set up a dedicated facility ("Special Medical Institution") for those sentenced in compliance with Article 46 of the Criminal Code or Article 239 of the Code of Criminal Procedure. The buildings 4 and 5 on the site of Shënkoll Prison in Lezha (the "temporary facility") to which male forensic patients were transferred from the Zaharia Special Institution for Mentally Ill Inmates in Kruja, on 27 and 28 November 2021, has consistently been found unfit for the accommodation and treatment of forensic psychiatric patients, owing to its carceral layout and the absence of adequate space for therapeutic activities, as documented in the reports on the CPT's 2021 and 2023 visits.

The unsuitability of the premises has been acknowledged by the Albanian authorities on several occasions, including in a 2023 letter to the CPT.[2] [3]

7. The 2021 "Cooperation agreement for the treatment of persons with mental disorders under a medical measure" concluded by the Ministers of Justice and of Health and Social Protection,[4] designates the Ministry of Health and Social Protection (MoH) as the responsible entity for the construction, planning and management of this Special Medical Institution. To this end, this Ministry has launched several unsuccessful applications for funding under the European Union's Instrument for Pre-accession Assistance (IPA) III. During the 2024 high-level talks, the Albanian authorities reassured the CPT that they would continue their efforts to set up this Special Medical Institution.

The 2021 cooperation agreement also defines the responsibilities of the Ministry of Health and Social Protection in respect of patients deprived of their liberty at the temporary facility. This includes the delivery of specialised psychiatric support services. However, at the time of the 2023 visit, the Ministry of Justice (MoJ) was still responsible for the provision of psychiatric care at the temporary facility. During the high-level talks in January 2024, the CPT was assured that the transfer of responsibility for care to the Ministry of Health and Social Protection would take place in March 2024, upon agreement from the Albanian Council of Ministers, which was presented at the time as being a mere formality.

8. Further, despite repeated assurances that female forensic psychiatric patients would be transferred imminently to Shkodra Psychiatric Hospital, once refurbished, including during the January 2024 high-level talks, at the time of the 2026 ad hoc visit, they remained accommodated at Tirana Prison Hospital, a facility deemed by the CPT[5] as unfit for the accommodation of forensic patients.

Apparently, following the 2024 high-level talks, the Minister of Health and Social Protection had been advised by a group of experts to draw up a strategy on forensic psychiatry before making a decision as to the future location of female psychiatric patients. The 2026 visiting delegation was told that the 2026-2030 Mental Health Strategy, which included the question of accommodation of female psychiatric patients, was scheduled for adoption by parliament in March 2026. Pending adoption of the Strategy, the representatives from the Ministry of Health and Social Protection stated that they were not in a position to divulge its contents to the delegation; such an approach is contrary to the principle of cooperation which underlies the Convention.

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2. See CPT/Inf (2024) 01; paragraph 175.
3. In its judgement in Strazimiri v Albania (application no. 34602/16), the European Court on Human Rights came to a similar conclusion.
4. This agreement is not applicable to female forensic patients accommodated at the Prison Hospital.
5. CPT/Inf (2022) 08; paragraph 25.

9. Two years after the 2024 high-level talks in Tirana, no progress whatsoever has been made as regards any of the issues discussed during those talks, most notably the living conditions of both male and female forensic patients. Instead, there appeared to be competing plans for providing suitable accommodation, with each of the two ministries – Health and Social Protection and the Ministry of Justice – presenting the CPT delegation with their own plan for a Special Medical Institution. The Ministry of Justice had commissioned, on 22 January 2026, the drawing up of a plan to replace the empty buildings Nos. 1, 2 and 3 on the premises of Lezha Prison with a new facility.

For its part, the Ministry of Health and Social Protection announced that the Albanian authorities had included the construction of the Special Medical Institution on the list of infrastructural priorities coordinated by the State Agency for Strategic Programming and Assistance Coordination (SASPAC).[6]

10. It transpired that there had been no coordination between the two ministries for some time, possibly due to the inactivity of the relevant joint MoJ and MoH working group on forensic psychiatry, and that the ministries were unaware of each other's plans. Further, it was not clear whether sufficient funding had been secured to finance either of the plans. Although the Ministry of Justice expressed confidence about finding the necessary finances, as far the CPT understands, it had only reserved the equivalent of €190 000 for 2026 and had made plans to reserve a similar amount for 2027. This is clearly not sufficient for the construction of a new building, let alone its transformation into a proper forensic psychiatric facility. As for the Special Medical Institution's inclusion on the list of infrastructural priorities, it is the CPT's understanding that the SASPAC list contains projects for which the Albanian state seeks external donors. At the same time, representatives of the European Commission based in Tirana made the CPT aware of the European Union's Reform and Growth Facility, which according to the delegation's interlocutors at the EU delegation could be accessed to fund the construction of the Special Medical Institution, if the Albanian authorities should wish to do so.

11. In May 2026, the CPT was informed that the European Union had decided to include the satisfactory implementation of the CPT recommendations as a criterion for meeting the interim benchmarks on Chapter 23 in the EU accession process.[7]

12. On 15 June 2026, the Minister of Justice, Toni Gogu, met the Executive Secretary of the CPT in Strasbourg to inform the Committee about the steps being taken by the Albanian authorities to construct a new facility. The minister explained that construction would take place in two phases, with the second phase to be completed by 2030. The CPT understands that the new facility will eventually accommodate 430 male and female forensic patients.

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6. The Communications by the Albanian authorities to the Council of Europe's Committee of Ministers (CM) reflect a similar confusion. On 6 January 2026, the Albanian authorities informed the CM that the construction of the Special Medical Institution had been placed on the list of infrastructural priorities coordinated by the State Agency for Strategic Programming and Assistance Coordination ("SASPAC"). Then, in another Communication dated 10 February 2026, "Addendum to an Action Plan (09/02/2026) Communication from Albania concerning the case of *Strazimiri v. Albania* (Application No. 34602/16), DH-DD(2026)222," the Albanian authorities inform the CM about the plans of the Ministry of Justice to construct a new facility at the site of Shënkoll Prison in Lezha. The communication makes no reference to the SASPAC list.

7. "Albania protects fundamental rights both in law and in practice and is fully prepared to implement the European Charter of Fundamental Rights and other relevant EU acquis and relevant international and European standards. In particular, Albania will meet this closing benchmark once it:

• Ensures the effective implementation and enforcement of human rights by increasing the capacity of independent fundamental rights bodies, the application of the human rights and fundamental freedoms set out in the European Convention on Human Rights, its protocols, and the jurisprudence of the European Court of Human Rights. Achieves satisfactory implementation of the recommendations of international human rights monitoring bodies, including the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment." Conference on accession to the European Union – Albania, Brussels, 22 May 2026 (OR. en) AD 13/26 Limite Conf-Alb 3 Accession Document; page 31.

13. A few days later, on 22 June 2026, the CPT received a rudimentary planning, a provisional budget and sketches of the new facility. An updated version was sent on 25 June 2026. From the information received the CPT understands that the construction costs of facility will be approximately 24 million euros, which will come from the budget of the Ministry of Justice and the European Union's Reform and Growth Facility.

14. While the Albanian authorities finally appear to develop plans for the construction of a new facility, the 2026 visit found that the structural issues identified by the CPT during previous visits to Albania remained unaddressed: persistent staff shortages, the absence of a therapeutic environment, and the lack of a systemic interdisciplinary approach to treatment. Adequate outpatient alternatives within the community continued to be almost non-existent, leading to a considerable number of patients unnecessarily being deprived of their liberty. This was one of the reasons the temporary facility was operating at 235% of its intended occupancy, resulting in a deterioration of the patient's living conditions as compared with 2023.

15. In short, despite assurances to the contrary received from the Albanian authorities on several occasions, at the time of the February 2026 visit the development of appropriate living conditions and treatment options for forensic psychiatric patients in Albania remained undignified. In the case of the temporary facility, in 2023 the Committee noted that if the number of patients placed in buildings 4 and 5 continued to increase, the living conditions at the temporary facility could easily degrade even further, to the point of amounting to inhuman and degrading treatment.[8] The CPT's findings during this 2026 visit demonstrate that for the vast majority of male forensic psychiatric patients the living conditions in the temporary facility may now amount to inhuman and degrading treatment, in particularly for those patients accommodated in dormitory style cells with less than 4m^2 of living space, and for patients with serious physical and sensory disabilities (see paragraph 115 below).

16. The CPT acknowledges the incremental progress made at the institutional level and wishes to recognise the commitment on the part of local management to improve conditions within the means available to them. However, without proper support at the level of the central government in the form of policy, legislation and financing, these steps, although meaningful at local level, will not result in the proper treatment and improved living conditions required by forensic psychiatric patients in Albania.

For these reasons, the CPT decided in the course of its 120th plenary meeting in July 2026, to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention.[9] The Albanian authorities must demonstrate concrete and sustained efforts to provide adequate treatment and living conditions for forensic psychiatric patients in Albania if they are to persuade the Committee not to resort to a public statement under the procedure enshrined in Article 10, paragraph 2, of the Convention establishing the CPT. In this context, the CPT has taken good note of the construction plans presented to the CPT secretariat by the Minister of Justice on 15 June 2026.

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

17. During the end-of-visit talks with the Albanian authorities, on 2 February 2026, the CPT delegation made two immediate observations under Article 8, paragraph 5, of the Convention.[10] The Albanian authorities were requested to ensure that two patients with disabilities held at the temporary facility receive the appropriate care, either within the temporary facility or in another more suitable place. This concerned:

- A wheelchair user who shares a dormitory with 11 other patients and requires assistance to get in and out of bed. The overcrowding left him no space to manoeuvre his wheelchair and due to a lack

8. See CPT/Inf (2024) 01; paragraph 175.
9. Article 10.2 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment states: "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".
10. Under Article 8 (5) the Convention, CPT is authorised to immediately communicate observations to the competent authorities.

of staff this man is fully dependent on the assistance of the other patients every time he needs to go to the toilet, have a shower, or engage in any other activity. The staff shortages also meant that he must change his own diapers, which he is obliged to do while lying on his own bed, without the benefit of assistance and in full view of the other patients.

- A blind patient who, due to a lack of assistance by healthcare staff and prohibited to use appropriate support devices such as a white cane to navigate, is fully dependent on the carer-patient appointed by the facility to maintain his personal hygiene and even to protect his personal belongings. Such a system of care provision is totally inappropriate and, at the time of the visit, was clearly not functioning as the delegation found that this patient had essentially been abandoned and stayed in his bed for several months.

18. These observations were confirmed by letter of 19 February 2026 when transmitting the delegation's preliminary observations to the Albanian authorities. On 3 June 2026, the CPT's liaison officer informed the CPT that "persons with disabilities in Lezha have been re-accommodated on the [ground] floor, and caregivers from the staff have been assigned to them". This response does not allow the Committee to assess whether any of the issues mentioned in its immediate observations have improved in practice and is for that reason unsatisfactory.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

1. Introduction

19. The Committee visited the two establishments in Albania accommodating forensic patients: the temporary facility on the site of Shënkoll Prison in Lezha for male adult forensic psychiatric patients, and the Prison Hospital in Tirana, where adult female forensic patients are held. It was the Committee's second visit to the temporary facility.[11] Since 1997, the Committee has carried out multiple visits to the Prison Hospital, inter alia, for the purposes to assess the conditions of forensic patients.[12]

20. To recall, both facilities accommodate persons in detention on whom either a court-ordered medical measure under Article 46 of the Criminal Code (CC), or temporary placement in a psychiatric institution under Article 239 of the Code of Criminal Procedure (CCP) is imposed.

Under Article 46 CC, a court may impose a medical measure (compulsory outpatient medical treatment, or compulsory medical treatment in a healthcare institution) on persons deemed to be not mentally responsible at the time of having committed the criminal offences. The court may revoke its decision at any time if the circumstances under which they were imposed have ceased to exist but is obliged in any case to reconsider its decision after one year from the date of its entry into force.

A temporary placement in a psychiatric institution by a court under Article 239 CCP concerns remand prisoners who are accommodated in a mental health institution rather than a prison establishment. Such placement is subject to review every three months.

21. In its report on the 2023 visit, the CPT highlighted several systemic deficiencies as to the treatment of forensic patients. These included, *inter alia,* the lack of follow-up services, such as step-down facilities in the community, legal safeguards, legal reform and the recruitment of qualified staff. From the findings of the 2026 visit, it transpired that none of these issues had been addressed meaningfully.

22. Matters related to step-down facilities in the community, legal safeguards, and the recruitment of qualified staff will be addressed in dedicated chapters of this report. Regarding legal reform, at the time of the 2023 visit, the CPT was told about the planned review of Article 46 of the CC, to introduce the requirement for a crime to have a certain level of severity before a medical measure may be imposed.[13] So far, such a review has not taken place and, for reasons unknown to the CPT, it is not foreseen during the ongoing criminal law reform process. During the visit, the CPT met with patients who had had a medical measure imposed after having committed minor offences, as had been the case during the 2023 visit. From the perspective of the CPT, many of these patients could have been treated in a civil psychiatry setting, in certain cases even as outpatients, if a proper infrastructure existed in Albania.

The CPT recommends that the Albanian authorities review Article 46 of the Criminal Code, to introduce the requirement for an offence to have a certain level of severity before a medical measure may be imposed.

23. Since 2024, two ministerial orders concerning forensic psychiatric patients have been drawn up:

- The Ministry of Health and Social Protection's ministerial order 327 on "Diagnostic and Therapeutic Care Protocol for Agitated Patients", dated 19 June 2024, which describes in some detail the manner in which health care staff should intervene in order to 'manage and sedate an agitated patient';

- The Ministry of Health and Social Protection's ministerial order 391 on "Treatment Plan for Forensic Psychiatric Patients", dated 17 July 2024. This ministerial order obliges an

11. Besides in 2023, the CPT visited the facility in 2018 and 2021, although it was not in operation at the time.
12. The CPT visited the Prison Hospital in 1997, 1998, 2000, 2005, 2010, 2014, 2017, 2018, 2021, 2023 and 2026.
13. CPT/Inf (2024) 01; paragraph 110.

establishment that accommodates a patient under a compulsory treatment order (Article 46 of the CC) to draw up an individual treatment plan and describes in some detail what a treatment plan should consist of as well as its objectives. Patients subjected to Article 239 of the CCP fall outside the scope of this ministerial order.

Further, in contrast with 2023, both institutions visited now have internal rules, approved by the Ministry of Justice. The internal rules of the temporary facility contain sections on assessment, means of restraints, involuntary treatment of patients, in line with the Mental Health Act (see paragraph 96 below). However, the rules do not cover the patients' living conditions, such as access to outdoor exercise. In this respect, as the temporary facility formally remains a prison, patients continue to be subjected to a prison regime.

In contrast, the Prison Hospital's internal rules do not contain one single reference to forensic patients and do not regulate specific elements relevant to their treatment, including safeguards as to the application of means of restraint. From exchanges with its interlocutors within the Albanian Prison Service, the CPT understands that redrafting of the internal rules is ongoing.

The CPT would like to receive a copy of the latest version of the Prison Hospital internal rules as soon as these become available.

24. The CPT welcomes the efforts made by the Albanian authorities to develop a legal framework for the treatment of forensic patients in Albania. However, the delegation found that in neither of the two facilities visited the ministerial orders were fully implemented.

The CPT recommends that the Albanian authorities take steps to ensure the ministerial orders 327 and 391 are applied in practice. Further, as to the ministerial order 391, the Committee recommends that patients placed in the temporary facility, the Prison Hospital or any other facility under the terms of Article 239 of the CCP be included under its scope.

temporary facility

25. Since 2021, male forensic patients are temporarily accommodated in buildings 4 and 5 on the site of Shënkoll Prison in Lezha, awaiting the opening of a dedicated Special Medical Institution. To recall, buildings 4 and 5 are inter-connected, three-storey buildings of similar layout. The first and second floors of both buildings contained a total of 24 dormitory style cells, occupied with five to seven patients each, with in-built sanitary facilities for almost all of them, as well as a communal bathroom per floor with four showers. Both ground floors had dormitory style cells occupied with up to 12 patients and a common room. The medical facilities, consisting of two rooms, and a room for psychosocial counselling were situated on the ground floor in building 5, while a segregation cell was located on the ground floor of building 4.

26. As compared to the 2023 visit, the facility had been extended by two small, ground floor annexes. One of the annexes was attached to the ground floor of building 5, while the other annex was a standalone building some 50 meters away from the main premises. The annexes had mainly smaller cells of different sizes, suitable for one to three patients. Each of the annexes had its own outdoor exercise yard. The delegation was told that the standalone annex mainly accommodates patients who had requested to be separated from other patients.

27. With the removal of remand prisoners and the unit for paraplegic prisoners to Reç Prison in Shkodra in 2023, the only persons in detention remaining in Shënkoll Prison are the patients accommodated in the temporary facility. The facility had been through a turbulent management period, with the delegation meeting the fourth director in place since May 2023.

28. At the time of the visit in January 2026, the number of patients at the Lezha temporary facility stood at 469 (301 patients on Article 46 of the CC, and 168 patients on Article 239 of the CPC), representing a total population growth of over 15% in under three years (with a growth of 36% in patients having a medical measure imposed).[14] With an official capacity of 200 beds[15], the facility was severely overcrowded and operating at 235% of its intended occupancy.[16]

29. As compared with its previous visit, the CPT observed a growing diversity amongst the patients, including as regards their security needs. For instance, observations by the delegation, confirmed by staff, suggested that several prisoners sent to the temporary facility presented little need for psychiatric care but required a high level of security due to the nature of the crimes committed (including contract killing) or their association with organised crime. In this context, several of the CPT's interlocutors told the delegation that placement decisions could be influenced by family members through their contacts with a judge.

Further, unlike the 2023 visit, in 2026, the establishment was accommodating several patients with sensory and physical disabilities, and there was a substantial group of patients with intellectual disabilities.

Clearly, the presence in the temporary facility of patients with such a diversity in, often contrasting, needs, has a bearing on the treatment and regime possible, especially in the context of persistent overcrowding and the inadequate premisses.

The CPT would like to receive the comments of the Albanian authorities on the growing diversity of patients with often contrasting needs. Further, the Committee recommends that any future construction of a Special Medical Institution takes into account the wide diversity of needs patients may have, including those related to age and disability, as well as regards security.

Prison hospital

30. During this 2026 visit, the Prison Hospital was accommodating 32 female patients, five patients more than in 2023. As had been the case during previous visits, the patients were accommodated in a dedicated part of the hospital. As before, most patients were accommodated in multiple-occupancy cells of different sizes). The opening of a second wing with four cells ensured that the patients had sufficient living space, despite the increase in population from 27 to 32. Reportedly, this second wing was used for the accommodation of patients in a better mental condition than those placed in the first wing.

31. At the time of the visit, seven patients were under court-ordered medical treatment, and the remaining patients had been placed in the Prison Hospital under the terms of Article 239 of the CCP.

14. In May 2023, the facility was accommodating 226 patients under Article 46 of the CC, and 178 patients under Article 239 of the CPC.
15. During the visit, the delegation received various numbers as to the official capacity. By email of 3 June 2026, the Albanian authorities informed the CPT that the official capacity of the temporary facility is 200 beds.
16. Ten years evolution of the total number of adult men sentenced in compliance with Article 46 of the Criminal Code:

Year of CPT visit	Total number of adult men sentenced in compliance with Article 46 of the Criminal Code
2017	153
2021	217
2023	226
2026	301

temporary facility

32. As during its 2023 visit to the temporary facility, the delegation received a few credible allegations of physical ill-treatment of patients by custodial staff, mainly but not only during operations of the special intervention team, following an altercation between patients or a patient resisting a staff order. The allegations of ill-treatment concerned mainly slaps. Sporadic allegations concerning physical ill-treatment of patients by health care staff were also received. Further, several patients complained of having been subjected to verbal abuse by custodial officers, including disparaging remarks about their illness.

33. For 2024 and 2025, a total of ten custodial staff members had received a disciplinary punishment, including dismissal from the Prison Service, mostly for neglect of duty following an (attempted) escape. As to health care staff, for 2024 and 2025, data provided by the Albanian authorities indicates that a total of five staff members received a disciplinary punishment also for neglect of duty. Further, in 2025, several custodial staff had reportedly been moved from working inside the building to working on the perimeter, and three custodial staff members been transferred to other facilities.

34. In contrast with the 2023 visit, the Albanian authorities denied any correlation between the imposed disciplinary measures, or transfers, and allegations of ill-treatment.[17] Due to the absence of the disciplinary files in the facility, the CPT could not confirm the absence of ill-treatment in these cases. However, staff members interviewed indicated that at least a few of these measures had been due to misbehaviour or a demonstrated unsuitability for working with patients.

35. In the CPT's view, given the specific nature of their work, all staff members at the temporary facility should be carefully selected for their tasks and undergo appropriate training (including in verbal de-escalation techniques), both before starting work and as part of their ongoing professional development.

36. Records, including medical records, examined by the CPT during the visit, as well as interviews with staff, suggest a high incidence of both verbal and physical inter-patient violence. At the time of the visit, only one month into 2026, there had already been 21 physical altercations, an unspecified number of them also targeted staff. Given the conditions of detention and regime in the temporary facility at the time of the visit (overcrowding, lack of activities and limited out of cell time), the frequent incidents of inter-patient violence were not surprising. The characteristics of the current patient population, with its broad diversity of security needs, physical and intellectual abilities, and psychiatric diagnoses (see paragraph 29 above) further exacerbated the risk of conflict amongst patients.

It is incumbent on the Albanian authorities to take appropriate measures to protect patients from other patients who might harm them. The CPT acknowledges that staff, as in 2023, usually reacted swiftly when incidents occurred, and that the custodial staff dynamically identify patients who pose an increased risk of aggression. However, current levels of overcrowding, combined with a lack of structured therapeutic engagement and consistent de-escalation approaches, render illusionary any attempt at the individual management of patients with challenging behaviour.

37. The CPT's findings indicate that the Albanian authorities must remain vigilant to signs of ill-treatment, including inter-patient violence, and follow up meaningfully on such indications by means of an effective investigation. At present, as far as the CPT is informed the latter is not the case. For example, on 27 May 2025, family members of a patient complained to the institution's management by letter that, during a videocall, they had observed bruises on the patient's face. The complaint was never investigated.

38. The CPT reiterates its recommendation that the management of the temporary facility repeat to all staff that any form of ill-treatment of patients, including verbal abuse, is unprofessional, illegal and will be sanctioned accordingly. Further, the CPT recommends once again that the Albanian authorities ensure that staff working with patients at the temporary facility are carefully selected and

17. CPT/Inf (2024) 01; paragraph 123.

provided with the appropriate initial and regular ongoing training, notably in the prevention and management of aggressive behaviour in patients with psychiatric disorders, including the use of de-escalation techniques, a trauma-informed approach and an understanding of the application of means of restraints as a measure of last resort. Also, the CPT recommends that data on violence within the temporary facility collected by the Albanian authorities clearly distinguish between inter-patient violence and violence against staff. In addition, the CPT recommends that in the event of any complaint of ill-treatment, an independent and in-depth investigation is carried out promptly.

39. During this 2026 visit, the CPT encountered several patients with physical and sensory disabilities. The CPT wishes to highlight the conditions of detention of two of these patients:

- The first patient has paraparesis and uses a wheelchair. He has been given a bed in a dormitory with 11 other patients. The overcrowding left him no space to manoeuvre his wheelchair. As he thus requires assistance to leave his bed, he is fully dependent on the other patients to go the toilet, have a shower, and undertake any other activities. As there is not always assistance available to take him to the toilet, he wears diapers, which he needs to change while lying on his bed, in full view of the other patients and staff.

- The second patient is blind and has been assigned another patient as a carer to assist him with his daily needs. Due to a lack of assistance from healthcare staff and a prohibition to use appropriate support devices, such as a white cane, he is fully dependent on his carer to maintain his personal hygiene and protect his personal belongings. At the time of the visit, the delegation found that this patient had essentially been abandoned, staying in bed for months as the carer arrangement was apparently not working.

40. The social- and therapeutical staff was aware of the situation of both patients, but no effective action was undertaken. In respect of these two patients, the delegation invoked Article 8, paragraph 5 of the Convention establishing the CPT. The delegation considered that they were both subjected to a level of neglect, leading to conditions that could be considered inhuman and degrading.

41. As no meaningful information was received from the Albanian authorities (see paragraph 18 above), the CPT is not in a position to assess whether the living conditions of these patients have improved since its visit early 2026. In this context, the CPT notes that in case these patients continue to be subjected to living conditions amounting to inhuman and degrading treatment, the Albanian authorities have violated the duty of cooperation that rests upon state parties to the Convention.

The CPT wishes to receive a detailed account of the living conditions of the patients mentioned in paragraph 39 above within one month after the reception of this report by the Albanian authorities, including the modalities of assistance assigned to these patients.

42. Further, the Committee considers that if the Albanian authorities deem it necessary to place persons with physical and sensory disabilities in this facility, they have a duty of care to ensure that their specific needs are identified and met, and that they can live in dignified conditions.

The CPT recommends that the Albanian authorities take immediate action to provide living conditions and care appropriate to the patients' physical and sensory disabilities, either within the temporary facility or in another, more suitable place.

43. The CPT received no allegations of ill-treatment of patients by staff in respect of the Prison Hospital nor where there any indications of ill-treatment found in the registers consulted by the delegation. Indeed, many patients spoke favourably about staff. On occasion, there were physical altercations between patients, but staff appeared to intervene promptly.

2. Patients' living conditions

44. In the CPT's view, the Albanian authorities should seek to create living conditions that are beneficial to the treatment and well-being of patients. To this end, it is essential to ensure sufficient living space and adequate lighting, heating and ventilation, and to maintain the facilities in a satisfactory general condition. Special attention should be paid to the design of patients' rooms and common areas, to provide adequate visual stimulation. The provision of nightstands and wardrobes is highly desirable, and patients should be permitted to keep certain personal items (photos, books, etc.). The importance of providing patients with lockable spaces in which to store their belongings cannot be overstated. Meals must not only be sufficient in terms of quantity and quality but must also be served under appropriate conditions. Further, a therapeutic milieu requires adequate space and opportunities for privacy, a non-carceral environment and a regime that promotes well-being and recovery.

temporary facility

45. The living conditions at the temporary facility remained far from what is to be expected in a forensic psychiatric hospital and have, moreover, deteriorated since 2023 due to the facility's overpopulation. The state of repair of buildings 4 and 5, including the annexes, was poor, with damp and mouldy walls and non-functioning showers. At the time of the visit, obvious efforts had been made to mop the corridors, common rooms and cells. However, from various sources, including the Albanian authorities themselves, the delegation heard that this was not how the temporary facility was usually kept and that only a few days before the visit began, the facility had been dirty with rubbish strewn throughout the premises.

The CPT recommends that the Albanian authorities take steps to ensure that the premises of the temporary facility are maintained in a clean and hygienic state at all times.

46. In buildings 4 and 5, most patients were accommodated in rooms which offered them no more than 2 to 3.5 m^2 of living space per person. For instance, in one ground floor cell, the 12 patients shared approximately 28 m^2 (3.4m x 8.3m) between them, resulting in a mere 2.1 m^2 of living space per person, when excluding the 2m^2 sanitary annex. The increased overcrowding since 2023 meant that there were even fewer chairs, tables or lockers, and more sets of bunkbeds in the cells. Consequently, patients had to eat on their beds, with barely any space to move around, and had to store their personal belongings in boxes or plastic bags underneath the beds. Such a situation undermines any type of therapeutic treatment that might be offered to the patients. In addition to ensuring that patients are provided with adequate living space, patients should be accommodated in rooms with no more than four beds.

47. The cells remained austere, with bare walls and floors. Smoking was permitted in the cells which, besides being a health-hazard, was disturbing, especially for non-smokers. Management should provide an environment free from passive smoking to all patients, particularly those vulnerable to passive smoking (such as patients with respiratory illnesses), without prejudice to their access to appropriate living conditions and out-of-cell areas. This should include the designation of smoke-free accommodation and the prohibition or restriction of smoking in commonly used indoor areas. Further, programmes should be offered free of charge to assist patients who smoke in ending their nicotine dependence.

48. Surprisingly, as this had not previously been the case, lights remained on in the cells at night, a practise which has been abolished in Albanian prisons. As scientific evidence shows that artificial light at night can disrupt circadian rhythms and sleep, which in psychiatric settings may worsen mental health symptoms and interfere with recovery, in the CPT's view, lights should only be left switched on at night if there is a proven need to do so, and never as a standard practice.

49. The CPT reiterates it recommendation that the Albanian authorities make efforts:

- **to provide more congenial and personalised surroundings for patients;**
- **to provide areas free from passive smoking to all patients and free-of-charge programmes to be offered to assist patients in ending nicotine dependence.**

Further, once the overcrowding has been reduced, steps be taken to equip patients' cells with tables and stools commensurate with the number of patients accommodated in the cell, with lockable storage space in which they can store their personal belongings, and to replace the bunkbeds with single beds. Also, the CPT recommends that cell lights be switched off at night, unless the outcome of an individual risk assessment suggests that there exist clear contraindications.

50. Two incidents in the first months of 2025 had reportedly led to a decision to tighten the regime afforded to patients. The first incident concerned the absconding of a patient who had managed to remain at large for approximately two months. The second incident concerned a suicide in one of the showers.

In response, the Albanian authorities prohibited patients' unaccompanied movements through the facility, reduced the time allocated to watching television, limited the possibility of showering from daily to twice a week, and significantly restricted their out-of-cell time. At the time of the visit, the cell doors were open from 09:00 to 12:00, and from 14:00 to 15:00, which apparently was one hour longer than even three days prior to the visit. However, even when the cell doors were open, not all patients were allowed to leave the cells, in a bid by custodial staff to avoid large numbers of patients walking the corridors.

The CPT recommends that the Albanian authorities take adequate measures to allow for a significant increase in out of cell time for patients.

51. The outdoor exercise yards were accessible from 9:00 to 11:00 and for one hour after lunch.

52. The apparently daily quality control of food provided to patients by the medical staff notwithstanding, contrary to the 2023 visit, the CPT received many complaints about the poor quality and lack of variety in the food provided by the facility. The daily menu had very limited amounts of fruit, dairy and vegetables, and many patients were dependent on donations of fresh fruit and vegetables from their families as the prison shop was considered too expensive by most patients. The facility was not equipped to serve meals adapted for patients with different dietary requirements.

The CPT recommends that steps be taken to review the quality and quantity of the food distributed at the temporary facility. Further, the Committee recommends that the Albanian authorities make efforts to address the different dietary requirements of the patients.

53. On a positive note, in contrast with the 2023 visit, the patients had been given pillows (a few days before the visit), and many patients had bed sheets. The sheets were washed regularly. Further, shelters and benches had been installed in four of the five outdoor yards; only the yard beyond the annex attached to building 5 lacked seating and a shelter against inclement weather. However, this yard was equipped with a basketball hoop. Also, as only bars of soap were provided by the institution, despite charitable donations, not all patients had toothbrushes and toothpaste. The provision of products for maintaining basic personal hygiene (such as toothpaste, toothbrush and soap) is a basic responsibility for a detention institution as the temporary facility, and such supply should not be dependent on charitable donations.

The CPT recommends that the Albanian authorities take the responsibility for providing all patients deprived of their liberty at the temporary facility with a pillow and bed sheets as well as with products for maintaining personal hygiene (such as toothpaste, toothbrush and soap). Further, the Committee recommends the installation of benches and a shelter in the yard attached to the building 5 annex.

Prison Hospital

54. The state of the Prison Hospital building had not improved since the 2023 visit. Despite having been painted a few months before the visit, the building was dilapidated, with damp walls and visible mould in several areas. The Prison Hospital building remains unsuitable for the accommodation and treatment of forensic psychiatric patients due to its carceral layout, without common spaces and therapy rooms.[18]

55. The cells remained austere, without any decoration, and were poorly equipped. Many cells lacked sufficient stools to sit on, and not all patients had a bedside table. Without lockable, personal cabinets, many patients kept their personal belongings in a plastic bag or under their mattress. Nevertheless, the management and staff had taken initiatives to improve the living conditions for patients, including ensuring all the women were provided with pillows, bed sheets, and blankets, repainting the cells, offering access to the pleasant garden in front of the building and installing shelters in the interior yards.

56. The patients could access the yards twice a day for one hour, although, reportedly, some prison officers made the women stay inside when the weather was poor. Once or twice a week, the women were allowed in the front garden, which also had some free-ranging rabbits.

57. As was the case for the temporary facility, the food also lacked variety in the Prison Hospital, and hygiene products were mainly provided by charity organisations. Although no shortages of hygiene products were reported to the delegation, the CPT maintains that it is the responsibility of the Prison Hospital to ensure the availability of products for personal hygiene.

The CPT recommends that the Albanian authorities take responsibility for ensuring the availability for products for personal hygiene for persons deprived of their liberty in the Prison Hospital.

3. Staff

temporary facility

58. Staffing resources should be adequate in terms of numbers, professional groups (psychiatrists, general practitioners, mental health nurses, psychologists, occupational therapists, social workers, etc.), experience, and training. It is also important that the various categories of staff meet regularly and form a team under the responsibility of a senior health care professional.

59. In 2021 and 2023, the CPT was critical of both the insufficient staffing numbers and their inadequate qualifications given that the purpose of the facility was to provide a proper therapeutic environment. Consequently, the Committee recommended, *inter alia,* the presence of a psychiatrist around the clock, 10 clinical psychologists, and an adequate number of occupational and educational therapists, as well as, in the longer term, the replacement of custodial staff with properly trained orderlies.[19]

60. According to information provided by the Albanian authorities[20], at the time of the visit there were 180 posts in total at the temporary facility, comprising, *inter alia,* 85 custodial officers, six social workers (one more than in 2023) and three psychologists (one more than in 2023). Amongst these 180 posts, the medical service had been allocated 43 posts (both full- and part-time) and included, *inter alia,* a dentist, a pharmacist, several medical specialists, 19 nurses, and 10 nursing assistants (*kujdestar*). Formally, ten cleaners also belonged to the medical service, bringing the total number of posts of the medical service at 53. There were nine vacancies, including three psychiatrists, a nurse, a social worker, a psychologist and two custodial officers.

18. See CPT/Inf (2022) 08; paragraph 35.
19. See CPT/Inf (2024) 01; paragraph 137.
20. However, the list provided to the CPT on 26 January 2026 appeared to be slightly outdated as the vacancies included one for a head nurse, who had been appointed a few weeks before the delegation's visit.

61. At the time of the visit, there were three psychiatrists working in the temporary facility and six general practitioners (five more than in 2023). As the institution continues to face difficulties recruiting psychiatrists, some of the general practitioners reviewed psychiatric treatment as well, making minor adjustments as needed.

The three psychiatrists had different working hours, with one psychiatrist on a 24-hour shift, and the other two on shifts of eight hours. However, as a rule there would be a daily presence of a psychiatrist and always at least one doctor on duty at night, although not necessarily a psychiatrist. Nurses worked 24-hour shifts, with three to four nurses on duty per shift.

62. According to the Albanian authorities, the facility is fully staffed, except for the nine vacancies. However, the management of the temporary facility disagrees with this assertion. On 21 January 2026, its director sent a detailed request for additional staff to the director of the Albanian Prison Service. In the letter, the temporary facility director expressed the need for, amongst others, an additional 13 nurses, 20 nursing assistants, five social workers, five psychologists and 134 custodial staff.

The CPT would like to be informed of the response of the Albanian authorities to the letter of the director of the temporary facility.

63. The CPT acknowledges that the Albanian authorities have made some steps as regards the recruitment of specialised staff at the temporary facility. However, the delegation observed that various functions essential for the treatment of forensic psychiatric patients are currently either not included in the facility's organisational chart (such as occupational and educational therapists) or haven't been included in adequate numbers (such as psychologists). In their absence, the treatment options available to patients remain too limited.[21]

Further, the number of three psychiatrists currently employed by the facility is grossly inadequate for the level of occupation (469 patients), and the six psychiatrists foreseen in the organisational chart would still be insufficient, even if certain tasks were delegated to other doctors. In the CPT's view, general practitioners may play a supportive role in the delivery of psychiatric treatment, but the proper provision of continuous, individualised psychiatric treatment demands the services of a much greater number of psychiatrists. The CPT remains of the opinion that the presence of a psychiatrist around the clock would be appropriate.

64. Since its inception, the temporary facility has employed insufficient numbers of staff, in particular in social and healthcare. This is due to the scarcity of certain professions on the labour market and recruitment difficulties as well as the omission to include certain professions in the organigram. Irrespective of the reason, the recruitment and retention of sufficient staff of appropriate professional backgrounds to meet the needs of the patients remains the exclusive responsibility of the Albanian authorities. Failure to fully discharge this responsibility could lead to the deterioration of the mental health of the patients. Such dereliction of duty may also constitute a violation of the statutory obligation on the Albanian authorities to provide adequate treatment to patients placed in the temporary facility, in particular for those under court-ordered medical treatment.

65. In its report on the 2023 visit, the CPT expressed some understanding for the difficulty in recruiting highly sought-after medical professionals for facilities located in relatively remote places such as Lezha, especially with the prospect of lower pay than in the private sector, or even in other parts of the public sector.[22] The delegation was pleased to learn from representatives of the Ministry of Health and Social Protection about planned measures amounting to an increase in salaries for medical staff working in the public sector, including those working in the Albanian prison estate. It remains to be seen whether this measure alone will be enough to attract psychiatrists in sufficient number to meet the needs of the patients accommodated in the temporary facility or whether a more comprehensive approach will be necessary.

21. At present, it appears that the role of occupational therapist is carried out by the social workers, but unsatisfactorily. As the facility does not provide formal education, there are no educational therapists foreseen in the organisational chart.
22. See CPT/Inf (2024) 01; paragraph 144.

66. The CPT reiterates its recommendations to the Albanian authorities that immediate steps be taken to ensure that:

- **the number of healthcare staff is increased at the temporary facility, including assuring the around-the-clock presence of a psychiatrist;**
- **occupational therapists and additional clinically trained psychologists are recruited at the temporary facility, and that the organisational chart is amended to include these professions in sufficient number.**

Further, the CPT would like to be informed of the precise nature, the timeline for implementation and, in due course, the effect of the measures taken to increase salaries of medical staff working in the public sector, including those working in the Albanian prison estate. Also, in the longer term, the CPT reiterates that the Albanian authorities strive to replace custodial staff with properly trained health care staff.

67. During interviews with the delegation, several members of the social and healthcare team expressed feelings of fear in dealing with certain patients. They mentioned that there were numerous incidents of aggression by patients against staff. However, the perception of numerous attacks on staff could not be verified as assaults on staff were not separately recorded (see paragraph 36 above).

Clearly, fear of patients seriously undermines the quality of treatment offered to them, and may have various negative consequences, including an excessive reliance on the services of custodial agents, exclusion of certain patients from treatment and activities, and difficulties in retaining staff. In the view of the CPT, the authorities should systematically record and analyse incidents of violence by patients in order to be able to take adequate measures in support of staff, but also to dispel a possibly false perception of general unsafety. To this end, a register documenting violence against staff should be established.

The CPT recommends that a formal register be established documenting incidents of patient violence against staff. This register should include, date, time, names of persons involved, a description of the incident, medical consequences for the staff member, if any, as well as whether the assault was followed up by a disciplinary punishment or a notification to the police.

Prison Hospital

68. The staff complement at Tirana Prison Hospital had not changed since the CPT's visit in 2023.

69. There were 17 nurses in total, including a head nurse, working in the hospital. None of the nurses was specialised in psychiatry. The nurses operated in two shifts (from 07:00 to 15:00 and from 15:00 to 07:00), with three nurses per shift.

70. The hospital's 10 orderlies worked in three eight-hour shifts, with two orderlies per shift. Besides cleaning, they provided assistance to patients. There were a further two nursing assistants per 24-hour shift. There was also one psychologist, a physiotherapist, and one social worker. The female patients had access to various specialist doctors, including a cardiologist, a specialist in internal medicine and a pneumologist.

71. The CPT was pleased to observe that a full-time psychiatrist was now present in the hospital on weekdays between 07:30 to 15:30 and reachable by phone at other times. Medical specialists working for other departments of the hospital or for the adjacent Mother Theresa University Hospital could be contacted if needed.

Training

72. In the report of the CPT's 2023 visit to the temporary facility, the Committee recommended that the Albanian authorities make efforts to enhance custodial staff's understanding of issues related to mental health.[23] From the 2026 visit, it transpired that except for the psychiatrists, none of the staff working in either facility had received specific training on working with forensic psychiatric patients.

73. At the temporary facility, the Italian NGO Sant' Egidio provided some training to the nurses, and at the Prison Hospital staff received training in trauma-informed care, consisting of four, two-day training sessions. However, in general, in both institutions, the more experienced nurses provided on the job training to their lesser experienced colleagues.

The CPT recommends, once again, increased efforts by the Albanian authorities to enhance custodial staff's and, where appropriate, health care staff understanding of issues related to mental health.

4. Treatment

74. In the CPT's view, psychiatric treatment should be provided by a multidisciplinary team consisting of a psychiatrist, a clinical psychologist, a mental health nurse, a social worker and where necessary other professional groups such as occupational therapists. The treatment should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient designed to reduce any risk they may pose by modifying the patient's thoughts and behaviours according to their specific needs, 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 their medication. Patients should be involved in the drafting and subsequent modifications of their individual treatment plans and be informed of their therapeutic progress.

Further, when addressing the risk and needs of forensic patients it should be considered that adverse childhood experiences and trauma are prevalent in a high rate of forensic patients and that these not only may have shaped their pathway to deprivation of liberty in forensic psychiatry but also may have shaped their coping strategies. Other related issues concern high prevalence rates of substance use and/or drug or alcohol dependency and attachment disorders.

temporary facility

75. Since 2023, additional therapy rooms had been created, bringing their total to nine. As had been the case in 2023, for most patients, treatment in the temporary facility consisted of pharmacotherapy only.

76. Despite ministerial order No 381 "On the approval of the treatment plan for persons with mental health disorders with the medical measure Compulsory Treatment" (see paragraph 20 above), the patients still had no comprehensive, integrated individual treatment plan.

Instead, as before, the patients' medical file contained the initial psychiatric assessment, a list of medication and a somatic assessment, while psychosocial files contained psychological risk assessments and a list of activities in which the patient participated. None of the files seen by the delegation contained updates as to progress made by the patient. Frequently, it was not clear from the files what the objectives of treatment had been.

77. The notes in the medical files were cursory, with gaps of up to four months between the entries. It was clear that the lack of psychiatric staff had led to such a high case load that the psychiatrists could not know their patients sufficiently well to observe the evolution in their treatment and moreover lacked the time to meet regularly with them. That the three psychiatrists had not divided the patients amongst themselves, but treated patients according to urgency had further enlarged their caseload.

23. See CPT/Inf (2024) 01; paragraph 145.

78. The psychosocial files were kept by the psychosocial team, which consisted of the psychologists and social workers. As in 2023, patients did not participate in preparation of their treatment plan and were not aware of its content.

79. In its report on the 2021 ad hoc visit to Albania[24], the CPT stressed the need to establish multidisciplinary teams for the treatment of forensic patients, in which the various professions (psychiatrist, psychologist, social worker etc.) work together towards the release of a patient. By letter of 12 April 2023, the Albanian authorities indicated that, in the temporary facility, the treatment of patients is the result of a "multidisciplinary effort by psychiatrist, psychologist, and social worker".

During the 2023 visit, the CPT delegation observed that representatives of these professions are indeed actively involved in the treatment of patients, but that their cooperation and coordination required improvement. The absence of standardised, regular contact between the psychiatrist and the psychosocial team, as well as the absence of a single treatment plan, meant that an integrated, multidisciplinary treatment was not actually taking place. [25]

This demonstrably remained the case during the 2026 visit. There was still no structured multi-disciplinary cooperation between the different professions involved in the care, treatment and reintegration of patients, and this clearly has a detrimental effect on the treatment process.

The CPT reiterates its recommendation that an individualised multi-disciplinary treatment plan, drawn up according to the principles of trauma informed care, be prepared for every patient – and regularly reviewed – by psychiatrists in consultation with psychologists and other specialist staff with the involvement of patients.

80. In the CPT's view, every patient should be offered the opportunity to participate in an organised activity every day. This is not the case at present. There remained to be little for patients to do besides playing chess or cards or reading a book. Up to 30 patients at one time could watch television in one of the two common rooms on the ground floor, and books could be borrowed from the library. Apart from an occasional football, ping pong or volleyball match and the monthly book club meeting, which were organised by the social workers, the temporary facility continued to be dependent on outside initiatives for activities. For instance, the Italian NGO Sant'Egidio visited the temporary facility three times per year on a three-year programme. When present, this NGO organised art and theatre courses. It had also set up a greenhouse, where some gardening could be done. The classes in the Italian and English languages provided by Sant'Egidio was the only education available at the temporary facility.

The CPT recommends that the Albanian authorities take immediate action to ensure that patients are provided with a range of meaningful daily out-of-cell activities and that patients are given the opportunity to participate in an organised activity every day.

81. Further, each week there were approximately 50 to 60 individual therapeutic sessions. There were a further six group sessions daily, with each group usually having 8 to 12 participants. According to data provided by the Albanian authorities, approximately 60 to 80 patients participate in therapeutic sessions every day. Over the course of a week, taken all together, there are approximately 500 participations in therapy sessions. From the data available to the CPT, on any given day, overall, an estimated 80 to 120 patients participated in some form of therapeutic activity. The remaining 350 patients had nothing to do. A part of this group (an estimated 50 to 60 patients) refused to participate in any activity, including therapy, and would not leave their cells. The CPT noted that staff tended to leave this group to their own devices and made little effort to encourage them to become active. In the CPT's view, staff could do more to motivate these patients.

24. See CPT/Inf (2022) 08; paragraph 32.
25. See CPT/Inf (2024) 01; paragraph 150.

The CPT recommends that staff makes greater efforts to motivate patients to participate in therapeutic sessions.

82. As mentioned in paragraph 29 above, in contrast with the 2023 visit, the CPT encountered several patients with physical and sensory disabilities, as well as eight patients with dementia. The temporary facility failed to address the specific needs of people with disabilities, whatever their nature. This was also true of older patients. Given the current demographic of the temporary facility, with 219 patients over 50 years of age (including an estimated 50 patients who are over 60 years of age), their general level of infirmity due to age-related disabilities is very likely to become more significant in the years to come.

Given the persistent difficulties of placement of forensic psychiatric patients in external care facilities more generally, which in particular concerns those with disabilities, age-related or otherwise, the Albanian authorities must prepare to cater for the needs of a growing group of patients with serious health issues and incapacities. This will necessitate the installation of ramps, lifts, accessible toilets and showers, and adequate space for wheelchair users, as well as training staff to support people with disabilities or older persons, and ensuring access to communication tools such as sign language, interpretation or alternative communication support.

To this end, the CPT recommends that the Albanian authorities develop a policy on supporting patients with physical and sensory disabilities, age-related or otherwise. Amongst other things, such policy should include support for: personal hygiene; access to exercise yards; participation in appropriate, meaningful daily activities. Further, it should also indicate that if an institution is unable to provide reasonable accommodation or suitable, dignified conditions, the patients concerned will be transferred to a specialised (external) place.

83. The CPT has concerns about the reliability of the recording of injuries. In the case of one patient, who during an interview said to have cut his wrists on one occasion, the medical file read that his wrist was merely scratched. However, the records seen by the delegation as well as the circumstance that this patient had been transported to the hospital where the wound was stitched confirm that the injury was considerably more serious than a mere scratch.

The CPT recommends that the Albanian authorities ensure that all patient injuries are diligently recorded, including on body maps.

Prison Hospital

84. In the Prison Hospital there were also separate medical and psychosocial files.

85. The medical files contained the results of the health assessment upon arrival and other somatic tests, as well as the twice a month observation made by the psychiatrist concerning the results of the treatment.

86. The patient's psychosocial file contained a treatment plan, which was prepared by the psychosocial team at the beginning of each calendar year, broken down into weekly and monthly therapeutic interventions. Depending on staff availability, patients generally received four individual therapy sessions per month, which were focused on psychological support and problem-solving. When occasionally a specific need arises, patients are taken aside by staff for so-called motivational interviews.

There were also group sessions, which focused on personal hygiene and interpersonal skills. Data provided to the CPT suggests that there were 28 such group therapeutic sessions in 2025, with 64 participants in total.

87. Although there was still no multi-disciplinary approach to treatment, cooperation amongst non-custodial staff appeared to have improved as compared with 2023. For example, there were now joint consultations during which the psychiatrist and psychologist meet the patient together, and also ad-hoc clinical meetings among staff as required.

88. In the CPT's experience, female forensic patients are often marginalised and economically disadvantaged, with limited education. Often, they come from households with domestic violence and problems of substance use. Their high rates of trauma are often the result of their histories of childhood abuse, domestic violence, intimate partner violence and sexual violence. Moreover, their mental health needs are linked to gender-specific, socially and culturally shaped coping strategies to the trauma and strain they have experienced.

Other important considerations include a raised prevalence of substance use and/or drug or alcohol dependency, the high likelihood of abandonment by their families and post-release victimisation. These factors are likely to have a direct correlation with a woman's behaviour and even offending behaviour.

89. Such factors should be considered when addressing the risks and needs of female forensic patients. In particular, the therapies offered should be trauma sensitive and trauma informed and focused on building trust and respect. Further, the living space should be safe and offer the opportunity to build stable relationships with staff.

90. From interviews with staff and patients, the delegation gained the impression that the treatment offered may not be sufficiently adapted to the needs of this particular group. For instance, there was little attention for dealing with self-harm, anxiety, and relationship disorders. Further, while patients said to feel safe in the hospital, in principle, nursing staff would rotate over the hospital's various departments, which complicated building and maintaining a therapeutic relationship between staff and patients.

91. The CPT recommends that the Albanian authorities ensure that:

- **all patients have a single, individual treatment plan;**
- **individual treatment plans are drafted according to the principles of trauma informed care;**
- **a fixed team of nursing staff, having received adequate training in issues related to female mental health, to care for the female psychiatric patients.**

92. The lack of activities, resulting in boredom and institutionalisation, was also evident at the Prison Hospital. The patients were locked in their cells for most of the day, with only a (library) book to read and chess, cards or dominoes board to play. A few patients had been given a radio to listen to. This allowed them to remain abreast of events outside the Prison Hospital.

The CPT considers that access to outside news sources may reduce the level of institutionalisation, and the Committee recommends that the Albanian authorities enhance access to media, including a radio, for patients who would wish so.

93. Due to the absence of dedicated rooms, there were few common activities. Patients could listen to music twice a week, which on occasion took place outside in the front garden. They could also participate in art classes (29 sessions in 2025 with a total of 72 participations), play games (28 sessions with 64 participations), and be part of a book club (14 sessions with 31 participations). All birthdays were celebrated with cake, donated by a bakery close to the hospital. Contrary to the male patients at the temporary facility, the female patients had no occasion to watch television.

The CPT recommends that the Albanian authorities take immediate action to ensure that patients are provided with a range of meaningful daily out-of-cell activities.

94. The hospital director informed the delegation of his wish to open a common social space for the patients in one of the two wings. This common space would provide the opportunity for patients to eat together and have common activities, including watching television. The CPT would like to be informed of their progress.

5. Means of restraint and discipline

95. In both institutions, mechanical means of restraint (mostly fixation with straps), as well as chemical restraint and seclusion could be applied to patients. As to the mechanical means of restraint apart from straps, the CPT understands that in both establishments the straitjacket would be used on occasion. This is a new development, as during the CPT's previous visit to the two forensic psychiatric facilities in 2023, the straitjacket was reportedly no longer in use. In the CPT's view, straitjacket should be considered a relic of the past.

The CPT recommends that both institutions replace straitjacket with other, less degrading means of restraint.

96. Although the internal rules of the temporary facility contain a detailed section on the application of means of restraint, the existence of these rules appeared unknown to the health care staff and the 2013 ministerial decree on means of restraint was used instead. While the principles behind the two legal instruments are similar, as well as the issues covered by both regulations the internal regulations are considerably more detailed, in particular as concerns the process of authorisation of means of restraint and the obligations of staff during their application.

The CPT recommends the Albanian authorities to remind staff at the temporary facility to rely on the safeguards included in the institution's internal rules when resort to means of restraint is had.

97. At the *temporary facility*, the restraint register showed that in 2025, there were 12 cases of application of means of restraint (10 cases of fixation in the segregation cell on the ground floor of building 4, and two cases of segregation without fixation). At the time of the visit, there had been only one case of fixation for 2026. From the register the CPT understands that in approximately 90% of cases the duration of the fixation or segregation is exactly two hours. Further, the CPT welcomes that, contrary to 2023, any restrictive measures applied to a patient were always approved in advance by a psychiatrist.

98. As in 2023, the terms of the Mental Health Act and the 2013 ministerial decree were broadly respected within the 'temporary facility'. However, by their own admission, staff did not always ensure continuous observation of mechanically restrained patients; did not notify the patient's family and did not hold a debriefing with the patient.

The CPT recommends that every patient who is subjected to mechanical restraint is under continuous supervision by a qualified member of healthcare staff who should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide them with assistance. Further, every patient who is subjected to seclusion is under continuous supervision by a qualified member of healthcare staff. Also, once the means of restraint have been removed, a debriefing of the patient takes place, to explain the reasons for the restraint, reduce the psychological trauma of the experience and restore the doctor-patient relationship.

99. In contrast, at the Prison Hospital, the restraint register was opened in April 2023 and at the time of the visit there were no entries. Interviews with patients and staff confirmed that mechanical restraints had not been used in recent years.

100. As already observed during its 2023 visit,[26] the application of chemical restraint is unregulated in either institution, and its use is not recorded in the restraint register. However, as administrated medication was duly registered in the patient's medical file or nursing logbook, the delegation noted a considerable number of entries in which additional medication could be considered chemical restraint.

26. See CPT/Inf (2024) 01; paragraph 160.

The CPT recommends, once again, that the Albanian authorities take steps, both at the temporary facility and at Prison Hospital, to ensure that all instances of recourse to chemical restraint are recorded in the restraints register, in addition to the records contained in the patients' personal medical files.

101. In line with both the internal rules of the temporary facility and the Mental Health Act, the delegation was told that means of restraint were not applied to patients as punishment. In fact, patients were not punished at all for misbehaviour, as such behaviour was seen as related to their disorder. Nevertheless, the delegation found some indications that, in the absence of legitimate disciplinary measures, staff resorted to measures which could be considered punitive. For instance, one of the patients said that after an altercation he had been placed in an empty cell in the standalone annex for seven days, under conditions amounting to segregation.

The CPT agrees with the prohibition of use of disciplinary measures, including through the application of means of restraint, vis-à-vis psychiatric patients

The CPT recommends that the Albanian authorities remain vigilant that this policy is applied in practise.

6. Safeguards

102. In both facilities, extracts of the internal rules relevant to patients' rights were displayed on the walls. As regards the application in practice of the institutions' internal rules, an introductory brochure in a language and format that patients can understand, explaining the facility's operating procedures and patients' rights, should be provided to each patient upon admission, as well as to their family. All patients who are unable to understand the brochure should receive appropriate assistance to remedy this.

The CPT recommends that an information brochure, available in an appropriate range of languages, setting out the facility's routine and patients' rights in a 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 on admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance including where necessary, using alternative modes, means and formats of communication.

103. In its 2023 report, the CPT highlighted three safeguard-related issues:

- The legally defined timelines for review by a court to reconsider its decision to impose a medical measure under Article 46 CC were not always respected.
- A court-imposed medical measure under Article 46 CC or a temporary placement in a psychiatric hospital under Article 239 CCP was considered a mandate to treat a patient against their will.
- The lack of adequate outpatient care/accommodation in the outside community was considered as a valid reason for not releasing a patient.

104. Only in respect of the timelines for the obligatory review by a court has any progress been made since 2023. During the 2023 visit, the CPT noted that the court's review could be subject to delays up to four years. In their communication to the Council of Europe's Committee of Ministers in the case of *Strazimiri v. Albania* dated 19 December 2025, the Albanian authorities give an account of the efforts made to encourage the courts to carry out the reviews in a timely manner.

These include a letter by the High Judicial Council (HJC) addressed to the relevant courts emphasising their legal obligation to conduct periodic judicial reviews within the one-year statutory period for all decisions

on compulsory medical treatment.[27] During its visit, the delegation was assured by the staff at both institutions that the delays in respect of patients under a court-imposed medical measure under Article 46 CC had been reduced to under two years. However, data to support these statements could not be produced.

The CPT recognises the positive steps taken. However, the statutory one-year period is still not being met for judicial reviews.

The CPT reiterates that the Albanian authorities take the necessary action to ensure that the courts meet their statutory deadlines for the review of the medical measure under Article 46 CC.

105. Contrary to the terms of the Albanian Mental Health Act,[28] the Albanian authorities continue to interpret a court-imposed medical measure under Article 46 CC or a temporary placement under Article 239 CCP, as a mandate to treat the patient against their will. If a patient refuses to take the prescribed medication, it is forcibly administered by healthcare staff.

106. The CPT reiterates its position that, as a general principle, all categories of patient with mental disorder, voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis, be that in the context of civil or criminal proceedings, should not preclude seeking informed consent to treatment.

Consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition, the treatment which is proposed, its possible side effects and alternatives, as well as about the possibility to withdraw consent, and if the patient concerned has the capacity to give valid consent at the moment when it is sought. If necessary, the patient should be provided with support to understand the treatment proposed and its implications; obtaining consent may be the end result of a process in which the patient may also express their concerns and needs. In addition, every patient capable of discernment should be entitled to refuse a particular treatment or any other medical intervention.

Further, it is essential that all patients who have given their consent to treatment are continuously informed of their condition and the treatment applied to them, and that they are placed in a position to withdraw their consent at any time.

107. Any derogation from this fundamental principle of treatment with consent should be based upon law and only relate to clearly and strictly defined exceptional circumstances and should be accompanied by appropriate safeguards. In particular, the relevant legislation should require a second psychiatric opinion (that is, from a psychiatrist not involved in the treatment of the patient concerned) in any case where a patient does not agree with the treatment proposed by the establishment's doctors (even if their guardian consents to the treatment) and it is considered necessary for such treatment to be administered in order to prevent danger to the patient or to others; further, patients should be able to challenge a compulsory treatment decision before an independent outside authority and must be informed of this right in a comprehensible written format.

108. The CPT recommends once again that the Albanian authorities take steps to ensure that these precepts are effectively implemented in practice. The legal practice and, if necessary, the relevant legislation, should be changed accordingly.

27. Communication from Albania concerning the case of *Strazimiri v. Albania* (Application No. 34602/16), DH-DD(2026)2; page 6.
28. Article 20 Law 44/2012 on Mental Health.

109. As was the case during previous visits to Albania, at the time of the 2026 visit, a number of patients who were no longer in need of inpatient care, were reportedly not discharged by the court due to their social situation; they had been abandoned by their families (or had no family) and there are no other appropriate community care facilities. According to the Albanian authorities it concerns 51 male patients and nine female patients.

The CPT reiterates that the lack of family support should not result in patients having to remain in a forensic psychiatric hospital and that alternative support mechanisms in the community should be offered so that persons can be discharged as soon as it is established that they no longer pose a danger to themselves or to others requiring accommodation in a secure setting.

However, as to community care facilities there had been no meaningful improvement since the CPT's previous visit in 2023. The information provided by the Albanian authorities to the CoE Committee of Ministers in December 2025 in the case of *Strazimiri v. Albania*, makes reference to the existence of Community Mental Health Centres (CMHCs) and 14 Supported Houses, and other outpatient services "particularly for individuals transitioning from specialised institutions or compulsory treatment".[29] Despite the establishment of a CMHC in Lezha, at the time of the visit, there was no cooperation between the Lezha CMHC or any other CMHC or Support House, and the temporary facility. The same applied to the Prison Hospital. According to information provided by the temporary facility management, in 2025 there was one transfer of a patient to a social care facility.

The CPT recommends once again that the Albanian authorities take the necessary steps to re-assess the need for accommodation in a secure setting in respect of all forensic psychiatric patients currently held at the temporary facility and in the Prison Hospital and explore alternatives for those patients who no longer pose a serious risk of harm (such as placement in a civil psychiatric hospital, community-based care, or outpatient care). Further, the Committee would like to be informed about the exact number of patients that have been transferred from either the temporary facility or the Prison Hospital to Community Mental Health Centres, Supported Houses or other community care facilities between 2023 and June 2026, as well as the number of transfers planned to take place for the remainder of 2026.

7. Conclusions

110. Since 2023, when the CPT carried out its last visit to the two forensic psychiatric facilities in Albania, the temporary facility in Lezha and the Prison Hospital in Tirana, the progress made in respect of the treatment and living conditions for forensic psychiatric patients has been negligible.

111. The CPT acknowledges the commitment of local management to improve conditions within the means available to them, for instance by the creation of more rooms for therapy at the temporary facility and providing access to the front garden at the Prison Hospital.

However, it is overwhelmingly clear that their capacity to effectively make progress in respect of the treatment and living conditions of forensic psychiatric patients is severely limited by the absence of meaningful support from the central authorities, in the form of policy, legislation and financing.

112. At central level, the treatment and living conditions for forensic psychiatric patients have not been a priority, despite the promises the CPT received during its meetings with the Minister of Health and the Minister of Justice in early 2024. Whilst the CPT acknowledges that two ministerial orders have been drafted as well as internal rules for both establishments, the structural deficiencies identified by the CPT during its visits to Albania remain unaddressed:

- patients remain in inadequate housing;

29. Communication from Albania concerning the case of Strazimiri v. Albania (Application No. 34602/16), DH-DD(2026)2, 08/01/2026; page 5

- courts persist in their failure to carry out statutory annual reviews of medical measures in a timely manner;
- due to the chronic shortage of qualified staff, in particular psychiatrists, psychologists and occupational therapists, the treatment offered to forensic patients is insufficient, in terms of quality, quantity and diversity.

Further, forensic psychiatry in Albania remains the sole responsibility of the Ministry of Justice. There are no functional links with regular care, including civil psychiatric hospitals or community-based care structures. Consequently, patients remain in a secure institutional setting long after the clinical need for their detention has ceased to exist and some patients have no prospect of ever leaving the institution.[30]

113. It is discouraging that the 2021 cooperation agreement between the Ministry of Health and Social Protection and the Ministry of Justice has mostly remained a dead letter and that the joint ministerial working group on forensic psychiatry has been defunct for some time already. This suggests the absence of a sense of urgency at the level of the central authorities.

114. This inertia at the central level has adverse consequences on the ground. While the living conditions in the Prison Hospital continue to be unsuitable for the treatment of forensic patients, they have further deteriorated in the temporary facility. In its 2023 report, the CPT wrote that "if the number of patients placed in buildings 4 and 5 continues to increase, the living conditions at the temporary facility could easily degrade even further, to the point of amounting to inhuman and degrading treatment".[31]

115. During this 2026 visit, the CPT found that the living conditions in the temporary facility remain undignified for all patients, but that, inter alia, due to the number of patients having increased from 404 to 469, for the vast majority of male forensic psychiatric patients they may now amount to inhuman and degrading treatment, in particularly for those patients accommodated in dormitory style cells with less than 4m^2 of living space, and for patients with serious physical and sensory disabilities.

116. Once again, the CPT calls upon the Albanian authorities to treat the situation of forensic psychiatric patients as a matter of priority and to take concrete, verifiable steps to implement the CPT recommendations listed in this report.

30. According to the patient's list, the temporary facility accommodated patients who had been imposed a medical measure as far back as in 1992.
31. See CPT/Inf (2024) 01; paragraph 174.

"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.

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