



**REPUBLIC OF SERBIA  
PROTECTOR OF CITIZENS**

281 – 102/16  
Belgrade



Заштитник грађана  
Zaštitnik građana

Покрајински заштитник грађана Аутономне Покрајине Војводине  
**Омбудсман**



International Aid Network

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## **NATIONAL PREVENTIVE MECHANISM**

**MONITORING OF INSTITUTIONS FOR PLACEMENT OF  
PERSONS DEPRIVED OF THEIR LIBERTY**

# **Report**

on the visit to the  
**Special Hospital for Psychiatric Diseases “Dr.  
Slavoljub Bakalovic”-Vrsac**

**Monitoring of implementation of the recommendations  
from the Report on the CPT Visit to the Republic of  
Serbia in 2015**

## **1. INTRODUCTION**

### **1.1. Mandate of the National Prevention Mechanism against Torture**

Under the Act Ratifying the Optional Protocol to the Convention against Torture and Other Cruel, Degrading or Humiliating Treatment or Punishment<sup>1</sup>, the National Preventive Mechanism (NPM) shall visit institutions where persons are or may be deprived of their liberty with a view to deterring any form of torture or other form of ill-treatment by the state authorities or public officials and to providing guidance to state authorities on putting in place accommodation and other living conditions in institutions where persons are deprived of liberty in accordance with the valid regulations and standards.

The NPM is entitled to unimpeded and unannounced access to all institutions where persons are or may be deprived of liberty at all times; to hold private interviews with such persons, with public officials, who are under the obligation to cooperate with it, and with any other persons who may have information of relevance to the treatment of persons deprived of liberty; to access all documentation regarding those persons; to issue recommendations to the competent authorities with a view to improving the treatment of persons deprived of liberty and the conditions in which they are held or detained.

Under Article 2a of the Act, the Protector of Citizens shall perform NPM duties and, in performing these duties, cooperate with the Ombudspersons of the autonomous provinces and with associations, the Statutes of which include the goal of improving human rights and freedoms in accordance with the law.

The Protector of Citizens has formed a separate unit, the “National Preventive Mechanism Secretariat”, which performs NPM professional duties, pursuant to the NPM’s remit defined in Article 4 of the Optional Protocol to the Convention against Torture. The Secretariat is managed by the NPM Secretary, who operates in accordance with the guidelines issued by the Deputy Protector of Citizens charged with the rights of persons deprived of liberty.

The Protector of Citizens and the AP of Vojvodina Provincial Ombudsperson signed a Memorandum on Cooperation in Performing NPM Duties<sup>2</sup>, under which the Provincial Ombudsperson shall actively partake in the visits by the NPM Monitoring Team to institutions in the territory of the AP of Vojvodina where persons are deprived of liberty.

Pursuant to the procedure implemented after the publication of the Public Call<sup>3</sup>, the Protector of Citizens selected the following associations with which it will cooperate in performing NPM duties: the Belgrade Centre for Human Rights (BCHR), the Victimology Society of Serbia, Group 484, the Mental Disability Rights Initiative - Serbia (MDRI-S), the Committee of Human Rights Lawyers (YUCOM), the International Aid Network (IAN), the Human Rights Committee - Valjevo, the Helsinki Committee for Human Rights in Serbia and the Human Rights Centre - Niš.

After its visits, the NPM prepares reports, which it forwards to the visited institutions. Thereinafter, the NPM maintains continuous dialogue with the visited institutions and the authorities within which they operate, with a view to eliminating the identified deficiencies that may lead to torture or inhuman or humiliating treatment.

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1 Official Journal of Serbia and Montenegro - International Treaties Nos. 16/2005 and 2/2006 and Official Gazette of the Republic of Serbia - International Treaties No. 7/2011.

2 Signed on 12 December 2011.

3 Published in the Official Gazette of the Republic of Serbia on 29 January 2016.

## 2. GENERAL INFORMATION ABOUT THE VISIT

VISITED INSTITUTION	Special Hospital for Psychiatric Diseases "Dr. Slavoljub Bakalovic"-Vrsac
REASON OF THE VISIT	Performing the tasks of the National Preventive Mechanism in accordance with Article 2a of the Law on Ratification of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ( <i>Official Journal of SaM - International treaties</i> , nos. 16/2005 and 2/2006 and <i>Official Gazette of RS - International treaties</i> , no. 7/2011).
AIM OF THE VISIT	Monitoring of implementation of the recommendations from the Report on the Visit of the European Committee for the Prevention of Torture (CPT) to the Republic of Serbia in 2015
VISIT CONDUCTED BY	Protector of Citizens, in cooperation with the Protector of Citizens of the Autonomous Province and association of citizens International Aid Network (IAN)
DATE OF THE VISIT	15 December, 2016
ANNOUNCEMENT OF THE VISIT	Visit was announced.
VISITING TEAM	<p><b>Team leader:</b> Miloš Janković, <i>Deputy Protector of Citizens</i></p> <p><b>Team members:</b> Aniko Širkova <i>Deputy Protector of Citizens of the Autonomous Province</i> Jablanka Tabaš, <i>Professional department of the Protector of Citizens</i> Radomira Samardžić <i>Psychiatrist</i> Violeta Anđelković, <i>Psychologist</i> Biljana Petrović, <i>Pedagogue</i></p>

**ACTIONS BASED ON THE RECOMMENDATIONS FROM THE REPORT ON THE  
VISIT OF THE EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE (CPT)  
TO THE REPUBLIC OF SERBIA IN 2015**

1.

**RECOMMENDATION CPT:**

*In this respect, the Committee recommends that the authorities deliver a clear reminder to all staff that the ill-treatment of patients, in any form including verbal abuse, is unacceptable and illegal and that the perpetrators of ill-treatment will be punished accordingly.*

**FINDINGS OF NPM:**

No information was received, during conversations with the patients in several wards, which would indicate existence of interpersonal abuse or violence among patients, or any such occurrences by the staff towards the patients. The patients also had affirmative opinions and appraisals about the behaviour of the staff and doctors towards them.

The NPM team was informed by the Hospital management that the behaviour towards patients was also regulated by the "Code" which defines the doctor-patient relationship. The process of continuous medial educations covers the topics such as prevention of interpersonal violence, doctor-patient relationship and behaviour towards aggressive patients.

2.

**RECOMMENDATION CPT:**

*The CPT recommends that routine "preventive" fixation at night of persons with disabilities can have no justification and should be ceased.*

**FINDINGS OF NPM:**

On the basis of conversation with the staff and current patients, NPM concludes that the Hospital ceased with routine night fixation of the patients. Numerous circumstances indicate that fixation is done solely in a separate room, that a medical professional is always present with fixated patients, that other patients do not have access to a fixated patient, and that this measure is used depending on concrete, but not routine needs, and particularly that physical restraining does not have the character of preventive tying.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**The Hospital will use the measure of physical restraining through mechanical limitation, so called fixation, entirely in accordance with the regulations and established standards of actions towards persons with mental disabilities, and particularly:**

1. **measure of mechanical limitation of a patient will be used in exceptional situations, when that is the only way to prevent a patient from seriously threatening his/her own life and safety or life and safety of other persons by his/her on behaviour;**
2. **before applying the measure of mechanical restraint, less restrictive measures will be considered and applied;**
3. **measure of mechanical restraint of the beneficiaries will be implemented with application of medical measures in order to enable the shortest possible duration of the applied measure;**
4. **measure of mechanical restraint of a patient will be implemented at a safe location and in a way to provide the least level of threat for the life and health of the patient;**
5. **measure of mechanical restraint of a patient will be done using designated means**

(belts etc.) suitable in order to enable restraining which will provide the least level of threat for the life and health of the patient;

6. the decision of the use of the measure of mechanical restraint and its duration will be made by a psychiatrist, keeping in mind that the period of application of the measure should be as short as possible, pursuant to relevant standards and rules of the medical profession;
7. in case, in absence of a psychiatrist, another medical professional needed to perform mechanical restraint of a patient, which is considered required and cannot be delayed at a given moment, he/she is under obligation to immediately inform the closest psychiatrist, who is under obligation to approach the patient without delay and evaluate justification of the applied mechanical restraint, as well as whether it is still necessary, and render suitable decision in that respect;
8. the psychiatrist who rendered the decision on application of the measure of mechanical restraint is under obligation to, while application of that measure lasts, as well as during suitable period after suspension of the measure, periodically visit the patient towards whom that measure was applied and monitor his/her health condition with due care;
9. once, during implementation of the measure of mechanical restraint, a psychiatrist determines that the patient towards whom the measure is applied no longer presents the threat for himself/herself or other persons, the patient will be immediately freed from application of that measure;
10. directly after expiration of the deadline until which the application of the measure of mechanical restraint was set, the psychiatrist re-examines the necessity of the measure in the upcoming period and renders the relevant decision, and in case further use of the measure is no longer required, the psychiatrist will order immediate release of mechanically restrained patients;
11. during application of the measure of mechanical restraint, medical staff will provide higher level of care and will be directly present with the patient who is mechanically restrained as much as possible, in order to prevent the situation where this measure would also present his/her seclusion (isolation);
12. measure of mechanical restraint will not be implemented in a room where the patients towards whom the measure of mechanical restraint is not implemented are located, nor will other patients be enabled access to that room;
13. the psychiatrist who rendered the decision on implementation of the measure of mechanical restraint is under obligation to inform, without delay, the director of the Hospital or other persons designated by the director, who then inform the legal representative of the patient towards whom the measure was applied, i.e. member of immediate family of the patient towards whom the measure was applied;
14. special book will be kept of use of the measure of mechanical restraint, and it is mandatory to enter all relevant data on the application of the measure as follows:
  - reasons for application of the measure of mechanical restraint;
  - description of measures applied before mechanical restraint;
  - type of means used for mechanical restraint;
  - information about the location (room) where the measure of mechanical restraint was applied;
  - exact time (day/hour/minute) of initiation of the measure of mechanical restraint;
  - name of the psychiatrist who rendered the decision on application of the measure of mechanical restraint;
  - name of the healthcare professional who, in absence of the psychiatrist, for the reason of necessity for urgent action, performed mechanical restraint of

an agitated patient before rendering of the decision by the psychiatrist; time when the psychiatrist was informed of mechanical restraint; opinion of the psychiatrist about the justification of performed mechanical restraint;

- description of medical measures applied during mechanical restraint;
- description of all possible injuries of the beneficiary towards whom the measure of mechanical restraint was applied (inflicted before and during application of the measure), as well as possible injuries of other beneficiaries and healthcare professionals (which occurred during the event preceding mechanical restraint);
- information of periodical visits of the beneficiary towards whom the measure of mechanic restraining was applied and monitoring of his/her medical condition by the psychiatrist (number of visits, exact time and duration of visits, implemented activities);
- information about the time the director of the home or other person authorized by the director were informed about the applied measure of mechanical restraint, as well as the information whether and when legal representative, i.e. member the patient's immediate family towards whom the measure was applied was informed;
- statements and comments of the beneficiary during and directly after measure of mechanical restraint was applied towards him/her;
- exact time (day/hour /minute) of termination of the measure of mechanical restraint.

3.

#### **RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities take steps to ensure that the level of staffing is sufficient (including at night-time) in all wards at the Special Psychiatric Hospital to enable staff to adequately care for, supervise and protect the patients. It also recommends that training programmes for staff of all grades are undertaken to address the issue of managing inter-patient violence.*

#### **FINDINGS OF NPM:**

The Hospital is still experiencing the issue of lack of professional staff in all the areas. Healthcare service employs 45 doctors, out of which some are completing their specialization, as well as 215 medical technicians. On the day of the visit to the Hospital there were 790 patients, which means that one doctor is in charge of average of 17 patients, so it can be concluded that the doctors do not have enough time to dedicate to each patient. Every day, there are two on-call doctors in the Hospital, and after their on-call shift they are entitled to one day off. At the same time, General hospital "Vrsac" relies to consultative psychiatric service of the doctors of the Special Hospital for Psychiatric Diseases in Vrsac, which additionally decreases the time dedicated to the patients in the Hospital.

#### **RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

The Hospital will prepare written analysis of the required number and professional profile of employees, particularly specialists of psychiatry and occupational/work therapists, suitable in order to provide healthcare for all the patients of the Hospital, pursuant to current regulations and standards.

The Hospital will deliver above mentioned analysis to the Ministry of Health and the Protector of Citizens.

The Ministry of Health will undertake the measures and, in accordance with previously prepared analysis, engage additionally required number of employees, and particularly

specialists in psychiatry and occupational/work therapists.

4.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities take concrete measures at the Special Psychiatric Hospital in order to:*

- *remedy the deficiencies in the living conditions identified in the O-Ward;*
- *reduce the occupancy levels in the dormitories;*
- *address the privacy issues identified above, by installing curtains or blinds in the wards; and*
- *offer a more congenial and personalised environment to all the patients, in particular by providing them with lockable space for personal items and allowing a reasonable number of personal belongings and decoration.*

**FINDINGS OF NPM:**

Based on the statements of the staff, the O-Ward where elderly patients experiencing severe dementia were accommodated was dissolved during last year, and the patients were allocated in the institutions of social protection or homes for the elderly. This ward has been renovated and it is now used to treat the patients undergoing mandatory treatment for alcoholism. During the visit of the ward, certain improvement was noticed compared to the situation when the European Committee had visited. The rooms are light, clean and freshly painted. Each patient has own locker and wardrobe. Common areas have been humanized, the walls are coloured in bright colours, and the windows have curtains. The impression is that the patients have more freedom in decorating the rooms compared to the other wards in the Hospital. However, in certain wards, in most of the rooms the atmosphere is still impersonal, without decoration, pictures of personal items. Also, there are still rooms which are overcrowded (ten beds or more), which disturbs the privacy. The conditions in respect of hygiene in the wards visited by the NPM team are similar: the wards are clean and tidy, there are no odours and the rooms are aired.

The conclusion of the NPM is that the living conditions in the O-Ward have been improved to a certain extent, pursuant to the recommendations of the European Committee, but that there is still room for improvement, particularly in respect of privacy of patients and use of personal items.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**It is necessary to apply the same principles and practice of decorating common areas and rooms used in the ward for treatment of addictions to other wards as well, and enable greater participation of patients in decoration of the rooms in the wards.**

**Remove noticed insufficiencies in living conditions in the wards such as overcrowding in dormitories and creating of the conditions for more personal environment, decoration and more pleasant atmosphere.**

5.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities ensure that patients have regular access to suitably-equipped recreation rooms and have the possibility to take outdoor exercise on a daily basis, as well as ensuring the general upkeep of the grounds. The CPT also recommends that the authorities take measures to proactively encourage the patients to use the gardens and outside areas.*

**FINDINGS OF NPM:**

In respect of recreational activities, all the wards offer the possibility for the patients to exercise, both in special indoor area, and in the yard, when permitted by weather conditions. During the conversations with the staff, it was stated that certain patients were eager to exercise, while the others were entirely not interested in sports activities. Sports activities are organized and led by a pedagogue for sports activities and are usually held in the mornings. During the visit, majority of the patients were in the rooms or common areas where they watched TV programme, smoked or had conversations with each other. Such condition was explained by weather conditions, since it was very cold outside. However, several patients complained that they did not have adequate shoes, so they could have not spent part of their time outside walking.

In the ward for the patients undergoing treatment for alcoholism, social life is more active and patients were found talking in the dining room, preparing food or reading books.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**The Hospital will provide conditions and enable the patients to spend part of their time outside regardless of the weather conditions.**

6.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities invest the necessary resources to increase the number of patients who can benefit from psycho-social rehabilitative activities.*

**FINDINGS OF NPM:**

Treatment and therapy in the Hospital is based on the principles of integrated model which includes pharmacotherapy, psychotherapy and psychosocial rehabilitation. The Hospital fulfils the conditions for psychotherapy and implementation of occupational and group therapy. These methods are, however, not equally used in all wards. These methods are mostly used in daily hospital "Z" for treatment of patients for addiction and those receiving the substitute of methadone. The patients in daily hospital and in the ward for treatment of addiction are provided group therapy and a pedagogue works with them organizing and completing trainings based on the wishes of the patients and they prepare them for life outside of the institutions.

The NPM team has not recorded progress in the sense of psychosocial rehabilitation offered to the patients in the Hospital compared to the visit of the European Committee. Work therapy and recreation of the patients is available at the rehabilitation ward, while the patients are engaged in psychosocial activities pursuant to personal interests and needs. In the conversations, the staff stated lack of work therapists.

Activities of psychosocial rehabilitation are done more or less independently from therapy with medications, and psychosocial rehabilitation is still regarded as the activity which should fill the time of the patients while in the Hospital, rather than as integral part of the therapy and learning of life skills which should prepare them for independent life. Based on the statements of the staff, they "have exhausted all their abilities to offer something to the patients, because the patients are mostly not interested". Certain members of the staff said that "it is not easy to fill a day for the beneficiaries" and that there was a general passivity and lower mood.

The patients mostly get engaged in the psychological and social activities offered by the Hospital, while the patients do not take active part in planning of these activities. It is obvious that more independent patients more frequently take part in the offered activities of psychosocial rehabilitation than the patients of lower psychological status, so the number of

patients which take part in these activities is still low compared to the total number of patients

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**In the future, the Hospital will offer the activities of psychosocial rehabilitation to all the patients in accordance with their individual needs and abilities and enable the patients to select their activities of psychosocial rehabilitation.**

**The Hospital will particularly focus on introduction of psychosocial rehabilitation for the patients whose access to the activities of psychosocial rehabilitation is difficult, mostly due to lack of individual support for taking part in these activities.**

**The Hospital will undertake appropriate activities in order to educate the Hospital staff about the benefits of psychosocial rehabilitation and different types of it, as well as about significance of acquiring the skills of independent life for prevention and improvement of socialization of patients after they leave the hospital.**

7.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities ensure that a more individualized approach is taken to the patients' treatment plans, in line with the above remarks.*

**FINDINGS OF NPM:**

The anamnesis of each patient contains list of individual treatment plan and they are all the same for all the patients. This indicates that there is no adequate application of the approach based on individual differences and specific needs of each individual patient. Based on the statement of the Hospital staff and access to individual treatment plans, it has been established that as of the time of the visit of the European Committee, nothing has been done in order to improve the situation in respect of individual approach in treatment plans. The impression is that the treatment plan is regarded as a formality, which needs to be met and that the staff i.e. doctor does that in order to provide required documentation, rather than really entering information necessary for individual treatment planning. The same lists are used as at the time of the visit of the European Committee, and in the same way and with the same practice: without inclusion of the patients and provision of information on their progress.

It has been observed that pharmacotherapy is applied in accordance with "Therapeutic Guidelines of Good Clinical Practice" for psychiatric disorders such as schizophrenia and depression defined by the Ministry of Health of the Republic of Serbia. There is also a significant polypharmacy of psychopharmacs, particularly antipsychotics, which may be a detrimental factor for psychosocial rehabilitation due to sedation as an unwanted therapeutic effect.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**Psychiatric treatment must be based on individualized approach, which includes preparation of an individual treatment plan for each patient. Such treatment should include wide range of rehabilitation and therapeutic activities, including access to occupational therapy, group therapy, individual psychotherapy, art, music and sports.**

**It is necessary to respect the principles of Good Clinical Practice and pharmacotherapy must be applied in accordance with adopted Therapeutic guides for individual psychiatric disorders.**

**Avoid polypharmacy as the standard for treatment of psychotic disorders, because that can decrease the capacities for psychosocial rehabilitation due to sedation as an unwanted therapeutic effect of antipsychotics.**

8.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities take steps to establish a more robust suicide prevention policy in the Special Psychiatric Hospital, which can effectively identify those patients at risk of suicide and subsequently put in place a special observation scheme with appropriate psychological support for such patients.*

**FINDINGS OF NPM:**

In the year preceding the visit of NPM there were no cases of suicide in the Hospital. The only case of suicide in the last ten years occurred in 2014.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**In it is necessary to apply regular practice of prevention of suicide through analysis of the risk factors for each patient, and particularly those who were, for whatever reason, rejected the request for release of the patient.**

9.

**RECOMMENDATION CPT:**

*The CPT recommends that whenever there is a death of a psychiatric patient there should be an independent inquiry carried out in addition to an autopsy. Further, the institution should take appropriate steps to implement any recommendations resulting from the inquiry to ensure that, as far as possible, similar incidents do not recur and whether there are lessons to be learned.*

*The CPT wishes to be informed about the measures taken pursuant to the abovementioned internal inquiry.*

**FINDINGS OF NPM:**

In 2015, there were 49 cases of death of psychiatric patients. Autopsy was not performed in any of those cases. In the period between 2012 and 2015, only one autopsy was performed. Mortality rate in the Hospital has been significantly burdened by the death cases occurring at the Neurology Department where most of the treated patients suffer from vascular cerebral diseases.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**The NPM recommends that, in addition to autopsy, an independent inquiry should also be carried out any time a death of a psychiatric patient occurs.**

10.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities take steps at the Special Psychiatric Hospital to increase the number of doctors and psychiatrists, as well as to ensure a greater presence of nurses and auxiliary staff on the wards at night.*

**FINDINGS OF NPM:**

The finding described in the recommendation number 3.

11.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities amend the policy that requires a doctor's authorisation to release a patient from a measure of mechanical restraint.*

**FINDINGS OF NPM:**

Procedure for mechanical restraint and immobilization of agitated patients is implemented in line with the Law on Protection of Persons with Mental Disabilities.<sup>4</sup> Decision on application of physical restraint is made by a psychiatrist who also monitors its implementation within a clearly defined timeframe. Application of the measure of physical restraint is recorded in a standardized form prescribed by a professional body of the Serbian Ministry of Health. The form contains the reason for restraint, start and end time of the restraint and signature of the doctor who ordered this measure. In our review of the above mentioned forms, we have not detected any practice of extended consecutive restraint or violation of the restraint time frame.

Having in mind the above mentioned circumstances and practice, the NPM believes that the doctor, as the only person authorized to order application of the measure of physical restraint, is also the only person authorized to order its termination. As per this recommendation, the NPM will initiate a dialogue with the CPT in order to eliminate any existing dilemmas.

12.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities ensure that the above-mentioned precepts are applied in practice. Further, there must be continuous, direct and personal supervision by staff during the restraint measure. Special vigilance should be exercised when applying mechanical restraints to physically ill patients because of the much higher risk of complications (e.g. pulmonary embolism).*

**FINDINGS OF NPM:**

Based on the conversations with the medical staff, it has been determined that there is a continuous and direct presence of the medical staff near the restrained patient, and the patients who are not restrained do not have access to the room where restrained patients are placed. The NPM has not found any information showing that special vigilance is exercised when restraining physically ill patients with the purpose of preventing additional complications.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**In its future operations, the Hospital needs to exercise special vigilance when it comes to fixated patients.**

13.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities regulate the use of chemical restraints, taking into account the above remarks.*

*Further, every recourse to the use of sedatives, antipsychotics, hypnotics and tranquillisers should be systematically recorded.*

**FINDINGS OF NPM:**

<sup>4</sup> "Official Gazette of the RS", No. 45/2013

After review of therapy lists of the patients who underwent measures of mechanical restraint, we have not detected routine application of, or overmedication with sedatives and psychopharmacs for the purpose of additional chemical restraint, but such application was rather symptomatically oriented.

14.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities take steps to ensure that the measure of seclusion be properly regulated and subject to the same safeguards as other means of use of restraint; and:*

- *a systematic recording system should be established for every use of seclusion;*
- *patients held in seclusion rooms should have ready access to a toilet without undue delay at all times;*
- *ensure the existence of appropriate human contact for, and individualised staff supervision of, those patients placed in seclusion; and*
- *the place where a patient is secluded should be specially designed for that specific purpose. It should be safe and promote a calming environment for the patient.*

**FINDINGS OF NPM:**

Even though the Law on Protection of Persons with Mental Disabilities envisions the use of seclusion as a measure, according to the statements of staff and the current patients, the NPM has come to a conclusion that the Hospital stopped using seclusion as a measure. There are designated one-bed rooms in the Hospital, but they are not the seclusion rooms since they are used exclusively for application of the measure of mechanical restraint, and during application of these measures medical staff is constantly present in that room, so this cannot be interpreted as seclusion.

The NPM supports the practice of not adhering to the legally stipulated measure of seclusion for persons with mental disabilities, which is, at the same time, the practice in accordance with recent recommendations of the NPM.

The NPM will initiate a dialogue with the CPT regarding implementation of the above mentioned recommendation that was given to the Hospital.

15.

**RECOMMENDATION CPT:**

*The CPT recommends that the Serbian authorities undertake measures to review the systematic extension of mandatory hospitalisation and treatment measures.*

*The CPT also reiterates its recommendation that continuation of the initial involuntary placement requires the opinion of an independent psychiatrist - external to the hospital.*

*Further, every patient who is the subject of an involuntary placement measure should be systematically informed of the recommendations of the psychiatric/medical consiliums and of the court decisions (and be given copies of these documents), as well as of the legal remedies available to challenge them.*

**FINDINGS OF NPM:**

The Hospital still has a problem of significant number of patients being under the measure of extension of mandatory hospitalization and treatment just because their family would not accept them, or because there is no efficient alternative in the local community.

16.

**RECOMMENDATION CPT:**

*In the CPT's view, consent to hospitalisation and consent to treatment are two distinct issues and patients should be requested to express their position on both of these issues separately.*

*Further, although consent was sought on admission by use of consent forms, the text of the forms was such that many patients were unable to understand the meaning and consequences of their signing such forms. It was also the case that a number of patients interviewed by the delegation were unaware of their diagnosis and the treatment they were receiving. Generally, patients met by the delegation were unaware of their right to withdraw their consent at any time.*

*The CPT reiterates its recommendation that steps be taken to ensure that psychiatric patients (and if they are legally incompetent, also their guardians) are provided with full, clear and accurate information before consenting to treatment (including on the possibility to withdraw their consent), both at the time of hospitalisation and prior to any treatment in the course of hospitalisation. Relevant information should also be provided to patients (and their guardians) during and following the treatment.*

**FINDINGS OF NPM:**

The Hospital still has a problem of not making sufficient distinction between formal consent to hospitalization and consent to medical measures, that is, treatment, even though there are separate forms for both of these measures. After talking with several patients, we have got the impression that they are not informed about the nature of their disease, diagnosis and medication given to them.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**It is necessary for the patients to be adequately informed about all the medical measures they undergo and a clear distinction should be made between consent to hospitalization and consent to treatment.**

17.

**RECOMMENDATION CPT:**

*The CPT calls upon the Serbian authorities to speed up the concrete implementation of their strategy for de-institutionalisation, which should include establishing sustainable effective services in the community.*

*Further, the CPT would like to be provided details of the measures taken in this respect, including information on the number of places that have been created in the community for independent or semi-independent living and a projection of the number of places available for January 2017.*

**FINDINGS OF NPM:**

The process of de-institutionalization has been initiated, but without any significant progress. In the summer of 2015, the Mental Health Centre opened in Vrsac. The Centre offers the activities of self-help, psychodrama workshops and psychotherapy, occupational therapy, family conferences, and there is also a Club for Treated Psychoses and Treated Alcoholics which meets once a week. There is also a visiting-nurse service provided by the Centre where medical technicians visit patients at their houses after their release. The Centre was opened by the Hospital and it offered to the hospital patients, as well as to outpatients and other citizens, various activities focused on the learning of life skills and prevention of mental disorders. The Centre works on destigmatizing in the community, organizing professional meetings and

conferences, as well as improving cooperation with other services, including also the non-governmental sector. It is open on work days in the morning hours, and some days even in the afternoons, and on weekends, service users may contact doctors at the Centre by phone. Only 30-40 patients from the Hospital visit the Mental Health Centre in the community. Criteria for the patients to use the community Centre's services are the following: after a month or two of hospitalization, based on individual assessment, patients are released and they go to an open ward, and after that to a day-care hospital, if they are from Vrsac or its surrounding areas. If they are not, they are sent to the "E" ward, staffed with doctors from the Mental Health Centre who monitor them afterwards. Even though the Mental Health Centre has improved its psychosocial rehabilitation activities, the services are not offered to all patients on equal basis, and relatively small number of patients benefits from this Centre. The good thing is that the Centre includes family members and patient care, which can significantly contribute to their socialization after they leave hospital, as well as to prevention of hospitalization.

The NPM team appreciates the efforts made with opening of the Mental Health Centre and with broadening the range of psychosocial rehabilitation activities in the Hospital, which is seen as a certain progress in psychosocial rehabilitation and a sign that the European Committee's recommendations have been seriously taken into consideration. However, the NPM team recommends continuation of such efforts.

**RECOMMENDATION OF NPM FOR FURTHER IMPROVEMENT OF THE SITUATION:**

**In cooperation with the Ministry of Health, Special Hospital for Psychiatric Diseases "Dr Slavoljub Bakalovic" will undertake measures to expand human resource capacities of the established Mental Health Centre, in order to strengthen their deinstitutionalization efforts.**