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ТОРТУРА И  
НЕХУМАН  
ТРЕТМАН

# REPORT ON THE CONDITIONS IN PSYCHIATRIC HOSPITALS AND SOCIAL PROTECTION INSTITUTIONS

according to visits to  
PHI Psychiatric Hospital Skopje,  
PHI Psychiatric Hospital Negorci,  
PHI Psychiatric Hospital Demir Hisar,  
PI Special Institute Demir Kapija  
(October - November 2023)

SKOPJE, 2023



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# INTRODUCTION

This report was prepared within the framework of the project "Fight against torture and inhumane treatment", financially supported by the European Union. For the purposes of the project, a Memorandum of Cooperation was concluded between the Helsinki Committee for Human Rights, the Macedonian Young Lawyers Association and the Ministry of Health.

In the period from October to November 2023, 4 visits were carried out, namely - PHI Psychiatric Hospital "Skopje", PHI Psychiatric Hospital Negorci, PHI Psychiatric Hospital Demir Hisar and Special Institute Demir Kapija. These facilities were selected because they hospitalize people who are detained and treated involuntarily, and they also have court departments where patients are kept and treated with security measures determined by the court, i.e. persons deprived of their liberty.

The findings in this report are based on visits conducted by the monitoring team, which during the visits inspected the premises of the institutions, conducted a conversation with the directors of the institutions, as well as with the employed psychiatrists, doctors, psychologists, social workers, nurses, caregivers, paramedics, patients, etc.

In accordance with Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, and in order to prevent such treatment and punishment, it is necessary to monitor all institutions where there are persons deprived of liberty, including psychiatric hospitals and institutions for social protection.

In the latest findings and recommendations of the Committee for the Prevention of Torture during the visit to psychiatric hospitals in the Republic of North Macedonia in 2019, the relevant authorities are encouraged to provide adequate care in the community for patients with chronic mental disorders who do not need hospital treatment and care, but due to lack of proper care in the community, they stay in hospital for years. The Committee also notes that: in some psychiatric wards, toilets, bathrooms and hygiene were at a very low level; some patients were not able to go outside for weeks or even months; the personnel situation was unsatisfactory; there was insufficient psycho-social treatment; mechanical restraint was also done with metal chains, without constant supervision and in front of other patients; many "voluntarily detained patients" were

deprived of their freedom, without benefiting from the protective measures provided by the law for involuntarily detained patients, and the court did not make a decision even for months on forcibly housed patients, and for years not even an annual review of forensic patients by judges. A significant note is that the relevant mental health legislation does not provide for any procedure for involuntary treatment of psychiatric patients, and in practice often no distinction was made between involuntary placement and involuntary treatment of a patient.

During the same visit, and in connection with the Special Institute for Persons with Intellectual Disabilities in Demir Kapija, the Committee expressed concern about the material conditions of the wards for persons with the most severe intellectual disabilities and the inability to go outside for months, and assessed the dental care as almost non-existent. Also, the Committee recommended that the relevant authorities strengthen the legal protection measures by giving the beneficiaries an effective right to initiate a procedure to have the legality of their accommodation.

In order to ensure a comprehensive assessment in these institutions (psychiatric hospitals and social welfare institutions) where there are persons deprived of their liberty, the monitoring team, before the visit, was familiarized with the methodology for assessment of psychiatric and social institutions and made an analysis of the existing legislation, especially the Mental Health Act, art. 16 and Art. 20, paragraph 7; Law on the Protection of Patients' Rights, Art. 11–32 and Art. 44, Law on non-litigation, art. 58–68; Law on prevention and protection from violence against women and domestic violence, art. 58; Criminal Procedure Law, Art. 248; Criminal Law, Art. 63 and Art. 149; Rulebook on the necessary space, equipment and professional staff for establishing, starting work and performing healthcare activities in a healthcare facility (Art. 35-42); Law on Social Protection, Art. 94, Art. 95, Art. 97, Art. 261–263; Law on the general administrative procedure, art. 104 and regulations in hospitals and institutions for social protection (statute of the institution) etc.

# VISITS SCHEDULE

DATE	INSTITUTION	TEAM
16.10.2023	<b>PHI Psychiatric Hospital Skopje</b>	<p><b>Uranija Pirovska</b> Helsinki Committee for Human Rights</p> <p><b>Tona Kareva Taleska</b> Helsinki Committee for Human Rights</p> <p><b>Liliana Ignatova</b> psychiatrist</p> <p><b>Dime Gjorceski</b> lawyer</p> <p><b>Dusica Nofitoska</b> Macedonian Young Lawyers Association</p>
30.10.2023	<b>PHI Psychiatric Hospital Negorci</b>	<p><b>Tona Kareva Taleska</b> Helsinki Committee for Human Rights</p> <p><b>Aleksandra Trajanovska</b> Helsinki Committee for Human Rights</p> <p><b>Liliana Ignatova</b> psychiatrist</p> <p><b>Dusica Nofitoska</b> Macedonian Young Lawyers Association</p>
02.11.2023	<b>PHI Psychiatric Hospital Demir Hisar</b>	<p><b>Tona Kareva Taleska</b> Helsinki Committee for Human Rights</p> <p><b>Liliana Ignatova</b> psychiatrist</p> <p><b>Dusica Nofitoska</b> Macedonian Young Lawyers Association</p>
06.11.2023	<b>PI Special Institute Demir Kapija</b>	<p><b>Tona Kareva Taleska</b> Helsinki Committee for Human Rights</p> <p><b>Liliana Ignatova</b> psychiatrist</p> <p><b>Dusica Nofitoska</b> Macedonian Young Lawyers Association</p>

## ABOUT THE PROJECT

The project "Fight against torture and inhumane treatment" is implemented in partnership with the Macedonian Young Lawyers Association, and is financially supported by the European Union. The main goal is the elimination of torture and inhumane treatment in penitentiaries, correctional institutions and psychiatric hospitals in the Republic of North Macedonia, in accordance with international and European standards.

The specific goals are:

- (1) To strengthen convicted persons, persons deprived of liberty and patients in psychiatric institutions to report and demand compensation for suffered torture and inhumane treatment;
- (2) To increase the responsibility of internal and external mechanisms for investigation and prosecution of cases of torture and inhumane treatment; and
- (3) To strengthen the capacities of the institutions for the recognition and prevention of torture and inhumane treatment.

Target groups within the project are convicted persons, persons deprived of liberty, children in conflict with the law and patients in psychiatric institutions.

Within the framework of the project, several activities are foreseen, namely: provision of legal assistance, preparation of educational materials for persons placed in psychiatric institutions, organization of information sessions on the rights of convicted persons and persons placed in psychiatric institutions, strategic representation, monitoring of penitentiary institutions, correctional institutions and psychiatric institutions, monitoring of the work of the public prosecutor's office for the prosecution of crimes committed by the police and members of the prison police, educational sessions for lawyers and social workers in penitentiary institutions, support for adoption of by-laws.

## VISITS METHODOLOGY

A methodology was developed for the need for monitoring in psychiatric hospitals and social welfare institutions in the Republic of North Macedonia, which is in accordance with the methodology of the Committee for the Prevention of Torture, Inhuman or Degrading Treatment or Punishment (CPT - Committee for the Prevention of Torture). and Inhuman or Degrading Treatment or Punishment, CPT).

According to this methodology, during the visits the monitoring delegation should review and analyze the available documentation in the institutions. During the visit, the delegation should carry out observation, as well as interviews/or target groups with officials, medical staff and patients/beneficiaries. Interviews with patients/beneficiaries should be confidential and conducted without staff present.

A comprehensive assessment of a psychiatric hospital includes: an analysis of the legal basis related to mental health services; initial interview with the director; visiting all facilities of the institution; review of medical records and other documentation; patient interviews; interviews with staff and, finally, speaking again with the director if further information is needed. Questions to be addressed to hospital management are related to: facility capacity; different categories of patients; number of involuntarily admitted patients; hospital structure; staff; external support; financial matters; medical statistics; special treatments; medical documentation; plans for future development; guidelines and protocols; staff training and supervision. Questions to be addressed at the department level are related to: admission procedures; accommodation; observation mode; daily activities; presence of medical and paramedical personnel; treatment plans and teamwork; medicines; psychotherapeutic treatments and psychosocial interventions; violence.

Document review and interviews with patients and staff are conducted on the following issues: use of restraints and isolation; walking and exercising outdoors; patients under special regimes; restrictions on possession and searches; electroconvulsive therapy; vulnerable categories; contacts with the outside world; prevention of suicides; biomedical research. Through observation and interviews with staff and patients, the material conditions are assessed: living conditions in different departments; clothing; food;



toilets and bathrooms. Through review of documentation and interviews with staff and patients, legal issues are assessed: legal status of patients; involuntary detention; consent to treatment; information on rights and access to legal aid; complaints procedure; visits from external monitoring bodies.

When assessing institutions for social protection, general information on the capacity of the institution is collected; staffing and external support; violence data; living conditions; health protection; means of restraint; protective measures in the context of involuntary placement; forced treatment; protective measures regarding persons who are deprived of their business capacity and other issues, such as contact with the outside world, the possibility of appeals, etc.

# PHI PSYCHIATRIC HOSPITAL SKOPJE

The visit to PHI Psychiatric Hospital Skopje began with a conversation with the director of the institution. The total capacity of the hospital is 323 beds, i.e. for 323 patients. The current situation at the time of the visit was 319 patients housed in the facility.

There are a total of 12 wards in the hospital, and the number of patients accommodated by court decisions is 83 patients, who are accommodated in several wards, not only the court ward. But we did not receive an explanation why and according to which criteria they are placed in several departments, except for female users who, due to the lack of a court department for women, are placed in other departments.

In the conversation with the representatives of the hospital, we realized that there is a problem in managing patients as voluntarily and involuntarily detained patients, that is, almost all patients, even though they are involuntarily detained, are managed as voluntarily detained. At the time of the visit, there were only 2 involuntarily detained patients. Also, persons who are voluntarily accommodated, i.e. are managed as voluntarily accommodated and want to leave the hospital, if there are medical reasons for which their release is not appropriate, are detained in the hospital without transforming the detention into involuntary and informing the court, that is, without benefiting from the protective measures provided by law for involuntarily detained patients, which means that they are, in fact, deprived of their liberty. This practice has contributed to a large number of patients who stay in the hospital for years when there is no need for hospital treatment, because no one wants or there is no one to take care of them in the community. A large part of these patients have developed hospitalism (a special form of behavior after a long hospitalization), so their exit from the hospital after 10, 20, or even 30 years spent in a psychiatric hospital is a serious challenge.

Information was received from a patient that he was persuaded to sign that he agreed to voluntary treatment, because it was better for him, even though he was brought forcibly, but when he was released home, he was immediately returned to the hospital by his family. Staff report that families are sometimes taught that they can report domestic violence as a way to

commit patients to a mental hospital, abusing domestic violence protections.

The biggest problem emphasized by the hospital is the large number of patients who do not need hospital treatment, i.e. they can live with support, but due to the insufficient interest in care by the families and the absence of extended care and support in the community by the institutions, left are in the hospital. In this way, it becomes difficult to take care of those patients who have a real indication for hospital treatment, given the large number of patients and the small number of professional staff.

Each ward has a nurse, a ward nurse, a paramedic and a doctor, and some of the wards also have a psychologist and a social worker who offer services to more, that is, to all the wards of the hospital. After 2:00 p.m., when the first shift ends, there is only one nurse and one paramedic in each ward. A problem faced by the hospital is the lack of staff, including professional medical staff; there are a total of 13 psychiatrists in the hospital part of the hospital, which is small in relation to the number of patients, and according to the schedule, two psychiatrists are on duty per shift, a total of 17 psychiatrists from the hospital and from the extra hospital. We received information that the annual budget of the hospital is 256 million denars, and the amount per hospital day per patient is 1,400 denars, which is not enough funds. At the time of the visit, the third women's ward and the reception clinic, i.e. the doctor's duty rooms, were being renovated, and they do not have any other future plans for reconstruction. It was pointed out to us that they have not had any training lately, except for basic employment training. Also, they don't have a training plan. There are no suicide prevention protocols either. There is a protocol for fixation - restraint of an agitated patient.

During the visit we were informed that there is violence between patients and that education adapted to patients is needed. Additionally, we were informed that violent patients, especially those from the **court department**, are separated from other court patients in a separate facility. Regarding the patients from the judicial department who are separated, it must be pointed out that during the visit the door of the facility was opened for us by the patients themselves, and the security appeared later. Also, in relation to these patients and during the conversation with them, the question arises as to whether all of them really should be placed in this institution considering their health condition, the way of communication

and the ability to reason, i.e. whether it might not be necessary reviewing the security measures they have received.

Regarding the use of clamps and isolation, i.e. fixation, there are no separate rooms with a separate mirror for fixed patients in all departments. We were told that patients do not help with fixation and that fixation is done privately, in cases where it is necessary, but in the ward for violent male patients (second male ward) we received information that fixation can also happen in front of other patients. There is a protocol for applying clamps. The persons on whom clamps and isolation are used are monitored most of the time every 15 minutes, and due to a shortage of personnel, there is no possibility of physical presence and constant supervision of the patients on whom these measures are applied. There are no toilets in the rooms where these measures are applied. Data on these procedures are recorded in notebooks.

Regarding walks outside, we were told that not all patients are taken outside, especially those who are immobile or have difficulty moving, but the majority of patients are taken out for walks. Outdoor exercises with patients are not practiced.

Patient visits are carried out regularly. Complaint boxes are available in all departments and can be used by patients. In terms of clothes, some of the patients have their own, but there are those who don't have clothes, so the social workers collect donations, but there are also those who are always in pajamas.

All patients bathe regularly, at least once a week, and more often if necessary. Routine laboratory examinations are done twice a year, and more often if necessary. There are no sharp objects in patients. The staff (according to the respective gender) conducts a search at the reception of patients.

The patients did not have lockers that could be locked, so things did go missing, but valuables were usually kept by a social worker.

Food in the hospital is cooked and procured by the hospital, but families may also deliver additional food to patients.

There is no practice and it has not happened in the hospital that the director receives complaints from patients.

## Condition of the departments

**In the second men's ward**, hygiene was at a low level, and patients smoke everywhere in the ward, so the smell is bad. Also, there is one toilet for everyone, and the material conditions of the toilet are disastrous. Each room accommodates 8 patients. There is a separate canteen room, and the hygiene and conditions in it were satisfactory. There is a separate four-bed fixation room with a window in this ward, which is next to the staff office, but the conditions of the ward are such that the staff cannot always ensure that this does not happen in front of another patient. Some of the rooms have no doors, so they have put blankets for privacy. 14 patients with court decisions are accommodated in this department. This ward is for violent patients, so there are often cases of violence between the patients and the staff.

**The acute ward**, the first mixed ward and the second female ward are located in the same space. The second women's ward has a very small capacity and comprises only 4 rooms. In these departments, hygiene was at a satisfactory level. Patients are placed in a room of 2 or 3, but there is a practice of poor distribution of patients by wards. Specifically, when there is no room, patients are accommodated in any ward. In this department, the toilets in the rooms are in a disastrous condition, although the space itself is relatively new and renovated. It has been observed that some of the patients wash their own hands and dry their clothes in the rooms and toilets. The patients complained that they were cold and that the heating of the ward was inadequate.

**The geriatric department** accommodates patients over 65 years of age, but there are also younger patients. The toilet in the ward is in a disastrous condition, and the hygiene in the rest of the department was satisfactory. There is a separate canteen room. In this ward, we were informed that a 70-year-old patient, who was transferred from the second male ward, according to his state of health, can live in out-of-hospital conditions, because he is a person with a personality disorder, i.e. a "psychopath". according to them, who sexually harassed and harassed a demented patient housed in the same ward. This action was not reported to the competent institutions by the staff. The staff copes with this challenge by locking one of them in a room, that is, when the patient is out of the room,

the patient is locked in the room, and vice versa, which is inappropriate behavior in this part.

**Chronic patients** are housed in **the fourth and fifth male wards**. In these two departments, the staff is faced with 2 categories of patients with whom they have problems, i.e. with patients who are not accepted by their families and can live with support, and with social cases - homeless people who have nowhere to go if they go out and no one to take care of them. And in these departments, the toilet is in a bad condition. They accommodate 6-8 patients in one room, and the material conditions in these parts are bad, that is, old. Some of these patients are employed in maintaining hygiene and helping with cleaning, for which they receive 300 denars a month, with which the social worker provides them with necessary things such as cigarettes, food, juices and the like.

**The third women's ward** was being renovated during the visit, but the patients housed in it were not moved to another ward. On the side where the rooms are not located, the windows were taken out and the rooms were cold. Also, the toilets were being renovated in this facility and were not functional during the visit, so the patients used the toilet from another department or were left on their own to figure out where to go to the toilet.

There is no additional security **in the courtroom**. The people they considered problematic (some of them were also on the videos released to the public this year and who behaved violently) are housed separately from the rest of the patients of the court department in another facility and there is additional security hired by the hospital. It must be emphasized that the material conditions in this part of the facility (renovated facility) where these persons are housed are good and satisfactory, in contrast to the material conditions of the other patients from the court department. The conditions in the court department were bad, the building was old, there was moisture and drafts, and the premises were cold. The blankets, sheets and beds were old. The hygiene and condition in the toilet was very poor and does not meet either basic or international standards. These patients in the separate section informed us that they go out for a walk when and as much as they want. In the part of the court department, where most of the patients are, the walking area is fenced off and very small. Patients from the court ward complained of irregular communication with their families, considering that they do not have a telephone and a payphone available and they depend on the social worker, who, according

to their statements, does not come very often, and when he does come to the ward, he allows them to call. Also, patients complained that the washing machine is broken and not working and they wash all the clothes by hand. Regarding the patients from the court department who are separated, it must be pointed out that during the visit the door of the facility was opened for us by the patients themselves, and the security appeared later.

The hostel houses patients who can take care of themselves and who are left alone for most of the day. They cook and maintain their own hygiene, and in the afternoon they are left completely alone. The condition of the toilet was bad. The other conditions were satisfactory.

The patients of **the 3 male wards, the alcoholic ward and the internal ward** are housed in completely new rooms and the conditions are quite satisfactory. All the equipment is new and these patients live in much better conditions compared to the rest.

Regarding the medical documentation, in the file of a patient with an arm injury that she received in the hospital, it was not noted how she got the injury, only specialist reports about the injury were available in the file.

As for the drugs, all the necessary drugs are not available in the hospital, especially the new drugs and depot preparations that are applied monthly, thus preventing relapses of the disease in case of irregular drinking of the drugs prescribed by the psychiatrist. The same drugs were available only at the Psychiatric Clinic, thus discriminating against patients treated at the Skopje Psychiatric Hospital. The availability of these drugs can prevent relapses and worsening of the disease in case of self-initiated discontinuation of the drugs by the patients, which will ensure better functioning of patients in the community, i.e. outside psychiatric hospitals, thus preventing overcrowding of hospitals, retention of patients for decades in hospitals and developing hospitalism among patients.

**ECT**, neither native nor with anesthesia, has not been used in the hospital for years.

Patients do not have information about their rights and access to legal aid.

Autopsies on patients who died in the hospital are usually not performed, because the families do not want them, unless the death occurs within the first 24 hours of admission to the hospital. We also received an explanation

that the costs of the autopsy are borne by the hospital, which is why the staff usually does not insist on performing an autopsy.

## → **Recommendations:**

### Initial Notes:

- It is necessary for the state, together with the Ministry of Health and the Ministry of Labor and Social Policy, to build capacities for the implementation of reforms in psychiatry, and in accordance with the National Strategy for Mental Health, by removing patients who do not need hospital treatment from mental hospitals. and by placing them in the community, where continued treatment and care for patients after discharge from the hospital will be possible.
- It is necessary for the hospital and the Ministry of Labor and Social Policy to implement psychoeducation of the patients' families and caregivers, related to the return of the patients to the family and the community and continued treatment and care for the patients after leaving the hospital.

### Misconduct:

- It is necessary for the hospital to implement education adapted to the patients, which will be related to violence.
- Living conditions:
- It is necessary for the state to provide the necessary measures and financial resources for the renovation of the facilities in the hospital, which are old, have moisture and drafts, do not have doors between the rooms and corridors, as well as the renovation of the toilets to enable better material conditions in the hospital. Funding is also needed for the ongoing replacement of old blankets, sheets, clothing, beds, mattresses, lockers, washing machines and dishes and other equipment.



- It is necessary to provide facilities in the hospital to accommodate a maximum of 4 patients in one room.
- It is necessary for the hospital to provide outdoor exercise with patients and for all patients to be exposed to air and daylight.
- It is necessary to maintain the temperature in hospital rooms and other rooms not lower than 18 degrees Celsius.
- It is necessary to designate a smoking room for patients, so that they do not smoke in all rooms and bedrooms.

## Staff:

- The state should take measures to increase the team of psychiatrists, nurses, psychologists, social workers and other staff in the hospital.
- The hospital should make a training plan and implement training for staff, including training for:
  - dealing with violence between patients and staff,
  - voluntary/involuntary patients and changing from voluntary to involuntary patients, which will prevent the deprivation of liberty of patients for decades and the development of hospitalization,
  - application of means of restraint and isolation.
- It is necessary for the hospital to create protocols for the prevention of self-harm and suicide, as well as protocols for handling violence against other persons (heteroaggression).

## Treatment:

- The state, i.e. the Ministry of Health and the Health Insurance Fund, to provide financial means to ensure the availability and accessibility of all drugs needed for the treatment of the mentally ill, especially new drugs and depot preparations that are applied monthly, in order to prevent relapses of the disease during irregular drinking of the medicines by the patients. This will ensure better functioning of patients in the community, that is, outside psychiatric hospitals, and will prevent overcrowding of hospitals, retention of patients for decades in hospitals and development of hospitalism.

- To provide psycho-social treatment in each department and to motivate patients for such treatment.

## Means of restraint and isolation:

- It is necessary for the hospital to provide constant supervision and separate rooms with a special mirror for patient monitoring, through which the patient can see the staff that they are here, in all departments where restraints and isolation are applied, and the application of these measures does not happen in front of other patients. The patients to whom these measures are applied should have access to a toilet, and at the end of the isolation, the medical staff should have a conversation with the patient.
- It is necessary to introduce registers for the use of means of restraint and isolation.

## Protective measures/legal status of patients:

- It is necessary for the hospital to review the legal status of all "voluntary" patients admitted to the hospital, in order to make an assessment of the need to resort to the procedure of involuntary placement of those who are unwilling or because of their mental condition are considered not to be in the hospital. opportunity to give consent; as well as for all incapacitated patients and those who due to their health condition cannot be allowed to leave the hospital, regardless of whether they are admitted voluntarily, thus allowing them to benefit from the protective measures provided for by the law on involuntary retained patients.
- It is necessary for the state to provide mechanisms and measures to prevent abuse of the Law on Domestic Violence and the ECP-measures, as well as security measures for forced custody and treatment in a psychiatric hospital (court cases).

## Other questions:

- Ensuring regular and more frequent telephone access for patients is required.
- It is necessary to introduce a telephone booth in the court department.
- Training is required for private security related to working with these categories of patients.
- An autopsy is required whenever a patient dies in a psychiatric hospital, unless a clear fatal diagnosis is established before death.
- It is necessary for the hospital to inform patients and highlight information in visible places about patients' rights, as well as provide access to legal aid.
- It is necessary to establish a practice for the director of the hospital to receive complaints from patients.
- It is necessary to prevent sexual abuse and harassment of patients, but if this happens, to report it to the competent institutions.
- It is necessary to record all patient injuries that occur in the hospital in the medical records and in a separate register.
- It is necessary to review the security measures for the persons placed in the judicial department.

**Table 1.**  
**Distribution of patients by departments in the Psychiatric Hospital "Skopje"**

Department	Beds	Sick on ward total			Trial released			Sick in the ward			Judicial		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Acutely	22	13	9	22				13	9	22	3		3
Second male	46	57		57	15		15	42		42	12		12
Internally	23	17	4	21				17	4	21	3		3
Second female	14		16	16		3	3		13	13		3	3
Alcoholic	32	15	2	17	3		3	12	2	14	7		7
<b>TOTAL</b>	<b>137</b>	<b>102</b>	<b>31</b>	<b>133</b>	<b>18</b>	<b>3</b>	<b>21</b>	<b>84</b>	<b>28</b>	<b>112</b>	<b>25</b>	<b>3</b>	<b>28</b>
Third male	24	27		27		2	2	25		25	4		4
Third female	50		35	35					35	35			
Fourth male	21	33		33				33		33	3		3
Fifth male	13	11		11				11		11	1		1
Judicial	40	41		41				41		41	41		41
Hostel	14	8	6	14				8	6	14	2		2
Geriatrics	24	14	10	24				14	10	24	4		4
<b>TOTAL</b>	<b>186</b>	<b>131</b>	<b>55</b>	<b>186</b>		<b>2</b>	<b>2</b>	<b>131</b>	<b>54</b>	<b>185</b>	<b>55</b>		<b>55</b>

# PHI PSYCHIATRIC HOSPITAL NEGORCI

The visit to PHI Psychiatric Hospital Negorci began with a conversation with the director of the institution. During the visit, 231 patients were accommodated in the hospital, and the capacity is 220 + 15 additional free beds. The hospital has a total of 9 departments. There are only men in the judicial department. Some of the people with ECP are placed in other departments of the hospital. The women are housed in the women's wards of the hospital with a court order, given that there is no separate court ward for women. The hospital accepts patients over 18 years of age.

**Table 2.**  
**Distribution of patients by departments in the Negorci Psychiatric Hospital**

<b>Department</b>	<b>Patients with ECP measures</b>	<b>Criminal patients</b>	<b>Total patients</b>
<b>A - chronic - semi-judicial</b>	<b>7</b>	<b>7</b>	<b>22</b>
<b>B - judicial department</b>	<b>28</b>	<b>3</b>	<b>37</b>
<b>C1 - psychogeriatrics women</b>	<b>/</b>	<b>1</b>	<b>21</b>
<b>C2 - alcoholic</b>	<b>9</b>	<b>6</b>	<b>33</b>
<b>D - psychogeriatrics men</b>	<b>1</b>	<b>1</b>	<b>41</b>
<b>F1 - acute men</b>	<b>3</b>	<b>/</b>	<b>15</b>
<b>F2 - acute female</b>	<b>3</b>	<b>1</b>	<b>14</b>
<b>G1 - chronic men</b>	<b>2</b>	<b>/</b>	<b>24</b>
<b>G2 - chronic women</b>	<b>1</b>	<b>1</b>	<b>24</b>
<b>TOTAL</b>	<b>54</b>	<b>20</b>	<b>231</b>

In the conversation with the representatives of the hospital, we realized that there is a problem in managing the patients as voluntarily and involuntarily detained patients. Almost all patients, although involuntarily detained, are managed as voluntarily detained. If the patient agrees to sign for voluntary hospitalization within 24-48 hours, it is treated as voluntary,

even though he was forcibly brought; otherwise, the court is notified and a judge from Gevgelija comes to the hospital in 24-48 hours. Information is received from the staff that there is a large number of patients who have been in the hospital for longer than 1 year, but there are also those who have been there for much longer than a year. The number of psychotic patients for whom there are no indications for hospital treatment, and who are still in the hospital because there is no one to take them, is about 80, which really complicates the work of the hospital. Some of them are reported to be in a stable condition, but since no one wants to take them, they remain in the hospital, although among them there are people who have been assigned a guardian, without changing the detention to involuntary and notifying the court, that is, without benefiting from the protective measures provided for by law for involuntarily detained patients, which, in fact, deprives them of their freedom. They have no practice for changing voluntary to non-voluntary, in general they treat all patients as voluntary. The reason for this, as they pointed out to us, is that they don't want to leave those patients unattended because of their condition, so it's the simplest way. To our question what happens if such cases ask to leave and are persistent in their request, we were told that if they judge that their health condition is good enough to function outside on their own, they let them go by giving them the appropriate therapy they should receive outside. When forced detention occurs, after the court is notified, judges from the Gevgelija court come to inspect, which is a good practice.

Agitated patients who may harm themselves or others are restrained for up to two hours, in separate rooms with magnetic restraints and with bulletproof glass and insulation through which you can see in two directions, so that the patient can see the staff at all times, and in the same room another person from the staff is physically present with the patient. After the person calms down, he spends some time in another room still under supervision, although he is no longer fixed with clamps, he is talked to, and then he returns to the ward. They have two such rooms in the hospital, one of which is a men's room and the other a women's room. A special record is kept for fixation - signed by doctors who monitor the situation. The rooms are insulated with sponge and sky and are separate from the ward accommodation rooms. They have separate rooms in all departments, with one bed each inside.

Regarding the staff, the hospital has: 4 specialist psychiatrists, 2 who are undergoing specialization, 2 doctors of general medicine, 28 nurses, 12 paramedics + 15 paramedics, 1 social worker, 2 psychologists, 1 hygienist, 9 people working in the kitchen (3 cooks, 3 assistant cooks, 3 maids), 1 lawyer, 1 archivist, 2 economists. It is clear that the number of psychiatrists in the hospital is very low, especially considering the large number of patients, but the shortage of nurses and paramedics was also highlighted as a problem. Hours of operation are from 7:45 a.m. to 2:45 p.m.; psychiatrists are on duty every 4th day, after which they are free for 24 hours. Nurses work in 3 shifts, first, second and third, and then they have 2 days off. The staff on duty - second and third shift - consists of 1 psychiatrist, 5 nurses, 3 paramedics and 2 paramedics.

There are no protocols for suicidal patients and fixation registers, but data on fixed patients are documented in a notebook.

During admission, patients are shaved, trimmed, bathed and dressed in clean clothes, and their valuables are taken, even though they have lockers that can be locked. The hospital has a wardrobe for all seasons, which they keep in separate rooms and use for patients. Almost all patients are in casual clothes, we did not observe patients in pajamas, nor with torn or damaged clothes.

They pointed out that during a new admission, they always check whether the patient's business ability has been taken away, either by the people who carry it or later they ask for information from the CSW. It is also recorded whether they have a guardian. It was emphasized that for patients who have guardians, the CSW shows no interest and takes no action to get them out of the hospital. They only visit them sometimes. They pointed out to us that they do not accept patients only from the region, but also have patients from Tetovo and Skopje, especially because of the better conditions. However, it was pointed out that there are cases of abuse of the ECP measures for protection against violence, with an immobile patient who is 70 years old and reported to have committed domestic violence as an example. Staff report that they have difficulty breaking the measures and are under pressure to keep patients, even under threats of a domestic violence order. They also suffer threats from the patients' guardians, who do not want to take the patients home and threaten to call the television, etc.

Patients bathe 2 times a week, one by one individually, and those who want or need it, bathe several times a week. There is hot water in the bathrooms. Twice a week they can use the phone for 2 hours, but if necessary, their relatives can call the office phone more often. They pointed out that the doctors themselves have communication with the families, they are available to them individually.

There is a laundry in the hospital, in which there are two employees, and 2 patients help. Patients who are engaged in work, in the laundry, but also for other work, such as, for example, in the kitchen, receive 1,500 denars per month compensation.

In the hospital, there is violence between patients, but very rarely. We were given an example of a case that was reported to the police and the person was artificial. It rarely happened that one of the staff was attacked, but it was not reported to the police station.

The patients are taken out for air and a walk, and some of them who are in the C1 male and female sections can freely go out on their own. There are motionless people in gurneys who were also taken out in the hospital yard.

Through personal efforts, the director of the hospital has provided drugs that are only available at the Psychiatry Clinic, so that they can prescribe them to patients who need them, thus not providing the same treatment to the people treated in this hospital, compared to those in the Psychiatry Clinic, which constitutes discrimination. ECT does not apply.

The hospital has an occupational therapy department, in which patients have various creative and other activities, such as painting, drawing, knitting, etc., but it is not used much.

The hospital also has a laboratory where once a month they check blood count and CRP.

There are complaint boxes in every department, but they are not used much by patients.



## Condition of the departments

The condition of the wards in the hospital is at a satisfactory level. Some of them are recently renovated, some are older facilities and it is obvious that the interior is older, but all of them have satisfactory conditions for staying. Hygiene is good in all departments, although the hospital has only one hygienist. The order and organization in the premises is visible. The hospital yard is also maintained, clean and well-arranged. The representatives pointed out that the yard is taken care of by a paramedic, who is additionally engaged with a work contract, and is assisted by patients.

All departments have a hospital section, that is, a nurse's room, which is equipped with office furniture, a computer and a notebook in which a patient report is kept. There are also locked patient medication lockers in the nursing rooms, which were organized by patient's first and last name and for each time of day to drink.

All departments have a space like a corner for daycare with a TV, in some departments there were also cards and other board games, and in others books for the occupation of the patients.

In the isolation rooms, observation windows are made according to European standards, but in fact they are placed very high and make it difficult for someone of shorter or average height to see.

Some of the departments are on two floors, there are toilets on each of the floors, as well as a bathroom for the patients. The rooms have a bed for each patient, although some of the mattresses are quite old and worn. The hospital said that they are currently purchasing new mattresses to replace the old ones. Each patient has his own locker in the room where he lies.

The hospital is equipped with air conditioners in several departments and in several positions, and also, for winter time, we were told that they have a functional heating system and the rooms and departments where the patients are placed are warm.

In some of the departments, it is noted that there are more beds in the rooms in accordance with the size of the room (for example, in the chronic male). The courtroom has a separate fenced yard where the patients can socialize, one part of which is covered with a canopy so they can sit when it rains, and the other part is open and we were told that they sometimes talk to the patients in there. Also, in this section, there are several kittens

that were cared for by a patient who has already left the hospital, and now the other patients are taking care of them, and this, in a way, acted as therapy for them, especially at night.

The hospital has no security and the paramedics and nurses themselves take care of the safety of the patients. They pointed out that judges come to them to check patients, and sometimes without an examination or check the court gives a measure for hospital treatment.

At the time of the visit to the hospital, a person who had already been treated once in Negorci was brought to the hospital by an ambulance and with a police escort by a parent. Since he did not take his medication regularly when he was free, his condition worsened and at that moment his father was asked to admit the patient. The director, who was on duty that day, admitted the patient and said that a judge would be informed about it. A record and report was made of the admission and an inspection was made of his previous medical records, which were neatly kept in a separate folder at the hospital.

## **Recommendations:**

### Initial Notes:

- It is necessary for the state, together with the Ministry of Health and the Ministry of Labor and Social Policy, to build capacities for the implementation of reforms in psychiatry, and in accordance with the National Strategy for Mental Health, by removing patients who do not need hospital treatment from mental hospitals. and by placing them in the community, where continued treatment and care for patients after discharge from the hospital will be possible.
- It is necessary for the hospital and the Ministry of Labor and Social Policy to implement psychoeducation of the patients' families and caregivers, related to the return of the patients to the family and the community and continued treatment and care for the patients after leaving the hospital.

## Staff:

- The state should take measures to increase the team of psychiatrists, nurses, paramedics, psychologists, social workers and other staff in the hospital.
- The hospital should make a training plan and implement training for staff, including training for:
  - dealing with violence between patients and staff,
  - voluntary/involuntary patients and changing from voluntary to involuntary patients, which will prevent the deprivation of liberty of patients for decades and the development of hospitalism.
- It is necessary for the hospital to create protocols for the prevention of self-harm and suicide, as well as protocols for handling violence against other persons (heteroaggression).

## Treatment:

- The state, i.e. the Ministry of Health and the Health Insurance Fund, to provide financial means to ensure the availability and accessibility of all drugs needed for the treatment of the mentally ill, especially new drugs and depot preparations that are applied monthly, in order to prevent relapses of the disease during irregular drinking of the medicines by the patients. This will ensure better functioning of patients in the community, that is, outside psychiatric hospitals, and will prevent overcrowding of hospitals, retention of patients for decades in hospitals and development of hospitalism.
- Patients should be motivated by staff (psychologist, social worker) to participate in psycho-social treatment.

## Means of restraint and isolation:

- It is necessary to introduce registers for the use of means of restraint and isolation.

## Protective measures/legal status of patients:

- It requires the hospital to review the legal status of all "voluntary" patients admitted to the hospital, in order to make an assessment of the need to resort to the procedure of involuntary placement of those who are unwilling or due to their mental condition are considered not to be in the hospital. opportunity to give consent; as well as for all incapacitated patients and those who due to their health condition cannot be allowed to leave the hospital, regardless of whether they are admitted voluntarily, thus allowing them to benefit from the protective measures provided for by the law on involuntary retained patients.
- It is necessary that every patient who is admitted to the hospital on an involuntary basis is heard by the judge and without that no decision on accommodation is made.
- It is necessary for the state to provide mechanisms and measures to prevent abuse of the Law on Domestic Violence and the ECP measures.

## Other questions:

- It is necessary for the hospital to inform patients and highlight information in visible places about patients' rights, as well as provide access to legal aid.

## PHI PSYCHIATRIC HOSPITAL DEMIR HISAR

The visit to PHI Psychiatric Hospital Demir Hisar began with a conversation with the director of the hospital. The total capacity of the hospital is 332 beds, i.e. for 332 patients. The current count at the time of the visit was 269, according to the list shared with us, and according to facility officials, the number is 254 patients housed in appropriate wards. The hospital treats people over 16 years old.

The hospital currently formally has 4 departments, and by 2019. There were 9 departments. However, it is actually about 9 departments in the hospital. There are only men in the alcohol ward, so a woman suffering from alcoholism is placed in the acute ward. It can be concluded that the institutions do not have gender-sensitive programs, that is, programs that are not adapted to the specific needs of women, and in addition, there is no special department for alcoholism for women. The institution has sent a request to open an additional department, i.e. the chronic department, because it is too big to be divided into two departments. Also, within the framework of this hospital there are two CMH - in Prilep and in Demir Hisar, and it is planned to open two more day centers, in Kichevo and in Bitola.

The budget of the hospital is 164 million from the Budget and 36 million denars from the Ministry of Health. They do not receive other funds, and provide additional funds from donations. The hospital does not receive additional funding from the Ministry of Justice for court cases.

After systematization, the hospital has 347 jobs, but the number of employees is 248, of which 22 are part-time. In the hospital, in addition to 8 psychiatrists, there is one internist and one general practitioner. From auxiliary staff, they have 8 security personnel, of which 1 is a woman. It was pointed out that a problem facing the hospital is a lack of staff, including medical staff, i.e. doctors and nurses. The institution has received approval for 30 new hires. There is one doctor in each department, and one shift in each department has a nurse and a paramedic.

The hospital has a patronage service, which once a month, if necessary and more often, visits patients who are at home and applies monthly therapy

(depo-injection) to one of them in order to prevent relapses of the disease and the return of patients to hospital treatment, which it is a good practice.

In the conversation with the representatives of the hospital, we realized that there is a problem in managing patients as voluntarily and involuntarily detained, that is, almost all patients, even though they are involuntarily detained, are managed as voluntarily detained. In 2023, they will have only 7 forcibly detained patients. Likewise, persons who are voluntarily accommodated and want to leave the hospital, if there are medical reasons for which their release is not appropriate, are detained in the hospital, without changing the detention to involuntary and notifying the court, i.e. without having benefit from the protective measures provided by law for involuntarily detained patients, which, in fact, deprives them of their freedom. This practice has contributed to a large number of patients who stay in the hospital for years without needing hospital treatment, because no one wants or has no one to take care of them in the community. A large part of these patients have developed hospitalization, so their discharge from the hospital after 10, 20, or even 30 years spent in a psychiatric hospital is a serious challenge.

Another problem is the large number of patients. About 40 have been observed who do not need hospital treatment, i.e. they can live with support and appropriate therapy, but due to the insufficient interest in care by the families and the absence of institutions for housing and prolonged treatment outside the hospitals, they are left in the hospital. Thus, considering the large number of patients, it becomes difficult to care for those patients in whom there is an indication for hospital treatment.

The staff reports that there is also abuse of measures imposed in a non-litigation procedure, in order to place patients in a psychiatric hospital due to imposed measures for protection against domestic violence. They point to an example of such a measure imposed by CSW Kumanovo without the person being at home at all, without being in the family, that is, he was placed in a psychiatric hospital.

In terms of fixation, magnetic straps are used. We were told that patients do not help with fixation and that it is done personally in cases when it is needed. The persons on whom clamps and isolation are used are monitored usually every 15 minutes, and due to a shortage of personnel there is no possibility of physical presence and constant monitoring of the patients on whom these measures are applied. There are no toilets in the

rooms where such measures are applied. All departments do not have separate rooms for fixation with a window. There are two new fixation rooms in the second and fifth grades. There is a registry for involuntary hospitalizations, a registry for restrictions and a registry for adverse events. From the comments of the employees, we concluded that an employee is not constantly present while fixing is being done, but they check him while running around the department for other things.

A significant problem is that not all drugs are available in the hospital, especially depot preparations for monthly application of the drug. They are available only at the Psychiatric Clinic in Skopje, so people from other cities who are not treated there are discriminated against by patients who are treated at the Psychiatry Clinic.

Patient visits are regularly conducted. Complaint boxes are available in all departments and patients can use them, but they are not often used. The hospital has adopted a new Procedure for reviewing and deciding on complaints and complaints from patients. Regarding the clothes of the patients, some have their own, but there are those who are constantly in pajamas, especially those in the psychogeriatric ward. The hospital itself has a sewing room, so nightgowns and pajamas are sewn for the patients.

All patients bathe regularly, 2-3 times during the week, and more if necessary. Routine laboratory tests are done regularly.

At admission, patients are examined for injuries and their files are checked through My appointment regarding some chronic diseases and therapy. The staff (according to the respective gender) conducts a search at the reception. Also, they receive information about business ability from the family or from the CSW. If they do not have information from the patient's relatives, they request information from the CSW.

Psycho-social therapy is not implemented due to lack of staff for it. Immobile patients are not allowed to go outside, for air or for a walk, and the rest are taken out regularly. There are protocols for some diseases that are available from the Ministry of Health, but not others, for example, a protocol for the prevention of self-harm and suicide.

Personal data and medical histories are kept in the doctor's room and are not accessible to non-medical personnel and other persons.

Renovated on a small scale are the acute male, chronic male and judicial ward. The dental practice is equipped with new equipment, and the kitchen

and toilets in the court department have also been renovated on a small scale. They have also acquired 10 new televisions, fixation equipment, 2 new small washing machines and want to acquire blood pressure and heart rate monitors.

Regarding the training, the employees attended some basic training, and a public procurement is underway in order to organize training for dealing with anxious patients.

There is a rehabilitation center within the hospital, where they prepare them for discharge and provide occupational therapy for patients. Patients visit the rehabilitation center every day, and it is also positive that the herbalist organizes regular walks, outings, excursions and activities outside the hospital, as well as theater and musical performances, as well as other cultural activities.

There are two projects for the construction of new hospital buildings, but although they were prepared in 2016, they have not yet been implemented and no budget funds have been provided for them.

During the visit, some of the staff addressed the patients in a high-pitched tone.

Autopsies are not performed on deceased patients, because the families do not want them to.

## Condition of the departments

The material conditions in the entire hospital are bad and all the facilities are old, hence all attempts at some kind of renovation are imperceptible and insufficient. Dirt was visible in some of the rooms. The toilets in all departments are very bad and below all standards, and in most of them there was no cover on the toilets, no paper and soap. Each ward has a separate dining room. It was seen that new blankets and quilts were provided for the patients.

**In the court department,** patients are accommodated four to a room. Patients can use the phone every day from 18:00 to 19:00. Material conditions in the judicial department were poor. There is smoking in the rooms and the ward smells bad. It was also pointed out that some patients are in the hospital for a long time. There are cases of violence between



patients, but they are not frequent. The categorization of certain patients was also pointed out as a problem, that is, whether the place of these patients is in a psychiatric hospital or in a penitentiary institution.

**In the chronic men's ward**, patients are housed four to a room. The material conditions in this department are very poor. Hygiene is also very poor. Patients and staff smoke everywhere in this ward, so of course it affects hygiene and smell. The windows in this part are old and drafty.

**In the acute women's and men's ward**, the building is visibly old and dilapidated and is not suitable for accommodating patients. Although some attempts have been made to improve the condition of the building, given that it is an old building, those attempts remain invisible. The condition is particularly bad in some rooms where there is damage to the walls themselves and traces of moisture.

**The psychogeriatrics ward** is located in a new building, but the condition, especially the smell, was very bad. This section accommodates both old patients and young patients with severe retardation. Patients smoke in the rooms. The hygiene of these patients is also debatable. Patients are accommodated 2 to 4 in a room.

The facility in which **the women's chronic and acute ward** are located was previously a school and it is obvious that it is improvised and does not have adequate conditions for a hospital. In the chronic female ward, the toilets are in a catastrophic condition. The beds are old, and the patients are placed 6 to a room. There are many old and dilapidated windows and drafts in this building.

In the women's geriatric department, the condition is worse than other departments, that is, the mattresses, bedding, blankets are old and dilapidated. Only in this department there were none of the new blankets. Also, many of the rooms had no doors.

## → **Recommendations:**

### Initial Notes:

- It is necessary for the state, together with the Ministry of Health and the Ministry of Labor and Social Policy, to build capacities for the implementation of reforms in psychiatry, and in accordance with the National Strategy for Mental Health, by removing patients who do not need hospital treatment from mental hospitals. and by placing them in the community, where continued treatment and care for patients after discharge from the hospital will be possible.
- It is necessary for the hospital, the Ministry of Health and the Ministry of Labor and Social Policy to implement psychoeducation of the families and caregivers of the patients related to the return of the patients to the family and the community and continued treatment and care for the patients after leaving the hospital.

### Misconduct:

- Education is needed on the attitude of employees towards patients, on access and sensitization, especially in relation to specific patients. Avoid raising your voice to patients frequently.
- The hospital needs to implement patient-tailored violence-related education.

### Living conditions:

- In this institution, it is especially urgent that the state takes the necessary measures and provides financial resources for the renovation of the facilities in the hospital, which are old, have moisture and drafts, do not have doors between the rooms and corridors, as well as the renovation of the toilets to enable better material conditions in the hospital. Also, financial resources are needed for permanent replacement of old blankets, for bedding, clothes, beds, mattresses and other equipment. In this hospital, some of the facilities are not

even eligible for renovation, due to the age of the buildings, and the construction of new facilities is required.

- It is necessary to improve the hygiene in the hospital and provide access to soap, toilet paper, hand paper, etc. in the toilets.
- It is necessary to provide facilities in the hospital to accommodate no more than 4 patients in one room.
- It is necessary that young patients with mental retardation are not accommodated in the psychogeriatric ward, where patients in an involuntal period are accommodated.
- It is necessary to designate a smoking room, so that patients do not smoke in all rooms of the ward and in the bedrooms.
- It is necessary for patients to dress in clothes during the day and in pajamas at night.
- It is required that the hospital provide outdoor exercise with patients and that all patients, including those who are immobile or require assistance with mobility, should be exposed to fresh air and daylight.

## Staff:

- The state should take measures to increase the team of psychiatrists, nurses, psychologists, social workers and other staff in the hospital.
- The hospital should make a training plan and implement training for staff, including training for:
  - voluntary/involuntary patients and changing from voluntary to involuntary patients, which will prevent the deprivation of liberty of patients for decades and the development of hospitalism.
  - application of means of restraint and isolation.
- It is necessary for the hospital to create protocols for the prevention of self-harm and suicide, as well as protocols for handling violence against other persons (heteroaggression).

## Treatment:

- The state, i.e. the Ministry of Health and the Health Fund, to provide financial resources to ensure the availability and accessibility of all drugs needed for the treatment of the mentally ill, especially new drugs and depot preparations that are applied on a monthly basis, in order to prevent relapses of the disease during irregular drinking of the drugs by the patients. This will ensure better functioning of patients in the community, that is, outside psychiatric hospitals, and will prevent overcrowding of hospitals, retention of patients for decades in hospitals and development of hospitalism.
- It is necessary to provide psycho-social treatment to the patients and to be motivated by the staff to participate in it.

## Means of restraint and isolation:

- It is necessary for the hospital to provide constant supervision and separate rooms with a special mirror for patient monitoring, through which the patient can see the staff that they are here, in all departments where restraints and isolation are applied, and the application of these measures does not happen in front of other patients. The patients to whom these measures are applied should have access to a toilet, and at the end of the isolation the medical staff should talk to the patient.

## Protective measures/legal status of patients:

- The hospital is required to review the legal status of all "voluntary" patients admitted to the hospital in order to assess the need to resort to involuntary placement procedures for those who are unwilling or, due to their mental condition, deemed unable to give consent; as well as for all legally incompetent patients and those who due to their health condition cannot be allowed to leave the hospital, regardless of whether they are admitted voluntarily, thus allowing them to benefit from the protective measures provided by law for involuntary detainees patients.

- It is necessary for the state to provide mechanisms and measures to prevent abuse of the Law on Domestic Violence and the ECP-measures, as well as security measures for forced custody and treatment in a psychiatric hospital (court cases).

## Other questions:

- An autopsy is required whenever a patient dies in a psychiatric hospital, unless a clear fatal diagnosis is established before death.
- It is necessary for the hospital to inform patients and highlight information in visible places about patients' rights, as well as provide access to legal aid.

## PI SPECIAL INSTITUTE DEMIR KAPIJA

The visit started with a conversation with the director of the institution. The head nurse in the institution has been appointed to the position of director recently. We were informed that the new facility which was built and which was partially used during the covid 19 period is currently empty and the aim is to move the users into it by the end of December 2023, given the better conditions and the new premises in it. However, regarding the users from department C, there are reservations about moving to the new facilities by the management of the facility and the Ministry of Health, i.e. there is a fear of quick destruction and ruin of the facility, considering the behavior of those patients so far. We want to emphasize that this would represent unequal treatment in relation to the rest of the patients, so in this section a plan for an appropriate way of relocation should be made. We were also notified that the deinstitutionalization process was completed in March. Users with severe and profound disabilities are accommodated in the facility.

Currently, there are four departments in the institution - department A 1 and department A 2, where 20 patients, chronic adults, are accommodated. Department B houses 14 immobile or semi-mobile patients, and department C houses 23 patients - the most severe cases with severe intellectual disabilities. With the process of deinstitutionalization, residential units were opened that are a continuation of the institute and are under its authority, namely 8 in Demir Kapija, 6 in Negotino and 2 in Skopje. And in these units, patients have 24-hour support and supervision. One user is on dialysis. There is a key in department C and people are locked when there is no caregiver in those departments.

The number of users in the institution is 56, and since 2017, users are not accepted in the institution, only in the residential units. In the residential units there are 76 users in a total of 8 residential units in Demir Kapija, 6 residential units in Negotino and two residential units in Skopje. There are two coordinators in the housing units in Demir Kapija and Negotino, and one in Skopje.

The facility employs 14 caregivers, three social workers, 14 nurses, two of whom have higher education, 3 physiotherapists, 6 special education teachers, and 1 lawyer, treasurer and laboratory technician each. The lack

of staff was pointed out as one of the main problems. From external staff, they have a neuropsychiatrist and a dentist, who are called in as needed, and a family doctor (general practitioner) who comes once a month. They had a problem finding a general practitioner to work at the Institute. The working hours of the employees are 12 hours, and then they have 2 days off. A nurse and carer are always present on duty.

At the time of admission, the patients are given an examination, a blood test and the request from the CSW, from the family or from another institution is considered. It is also checked whether the criterion for severe or profound disability is met, i.e. whether there is a Decision from the Commission for Categorization. There are cases from the distant past when patients have been admitted without having a disability diagnosis or a Categorization Decision and have been present at the Institution for many years. MLSP gave consent even without an appropriate medical diagnosis. At the reception, there is an official person, representatives of the CSW, and if there is a family, also family members. There is a consultation with a neurologist, and consent is signed by the family or guardians.

The problem is that out of 57 beneficiaries placed in the institution, 22 have guardians, and 13 have been deprived of their business capacity. A total of 25 beneficiaries are without guardians, and their business ability has not been taken away, so guardians are appointed for special cases as needed. One of the reasons why they are not deprived of their business capacity, even though they are not capable of reasoning due to their disability, is the cost of the procedure for depriving them of their capacity.

In the event that someone disappears from the facility, the staff engages in finding the patient and searches for him/her in the surrounding area. After the expiration of 24 hours, if they do not find it, they report it to the Ministry of the Interior. In practice, they usually disappear within a short period of a few hours.

Given the condition of the patients, there is violence among them, especially among those with more severe disabilities. Then the staff/caregiver separates them and sends them to the doctor. The register of violence was opened recently, after the notice of the CPT. To calm the patients down, they are often taken out into the yard for a walk. In the past, there have been attacks on employees, and one case has been officially reported.

Patients are taken outside for walks, but not very often. For the immobile, they try with a special education teacher to go out in the yard in a wheelchair in a lying position. They have creative and manipulative activities. When the weather is nice, they are given a ball to run outside, draw, etc. Immobile patients have diapers and pads, but some of them remove and tear the diapers. The mattresses are padded, but it happens that they also tear the mattresses.

We were also informed that women up to the age of 50 receive hormone therapy – a type of contraception that interferes with their bleeding, in order to prevent unwanted pregnancy. There is no specific decision for this practice, but it is a practice.

Patients are dressed in casual clothes. Some of the patients help with activities in the kitchen, maintaining hygiene and maintaining the yard.

The facility has its own heating and air conditioning. They also have a central laundry. Patients' clothes are washed and changed every day. Also, the blankets. There are cases where the family brings clothes, but often they don't stay with the specific patient, so after washing, they are worn by others. Due to the condition of the patients, they often take off their clothes and walk around naked or half-naked.

There is a practice of having patients have a blood count every time they have a worsening condition. Screening is done once a year and everyone has a blood test. 6 anemic patients were registered. Systematic examinations are done once a year, laboratory analyzes once a year, but more often if necessary. Fluorographic recording is done once a year, but it has not been done for the last 2 years. There is no user with an active TBC. Body weight is not measured. A dentist is called in for tooth extraction, because cooperation with the users is difficult for any other intervention. They have medicine and the nurse gives it to them. A large number of them, due to epilepsy, have been prescribed anti-epileptic therapy. The staff reports that it often happens that they have an epileptic seizure, during which the nurse gives them an apurine injection intramuscularly.

Autopsies are not performed, families do not want autopsies to be performed on deceased users. The institution was visited by the state health and sanitary inspector, the ombudsman and the CPT.



In some of the rooms, men and women are mixed. There were no incidents because of it. There are also patients who are alone in a room. Among the users there are also sexual activities.

There is a special room in the institution for visits.

Food is prepared in the kitchen of the establishment, where during the visit cats were found in the entrance in front of the main hall of the kitchen, but the hygiene was satisfactory. They have a fixed menu, and food is also delivered to the residential units. Three or four times a week they have meat on the menu. They pointed out that they pay attention to the diet of people with diabetes.

A person complains about being placed in this facility. He is mentally ill and after leaving a psychiatric hospital, he was placed here, although he does not meet the criteria for admission to such an institution. Although this situation has been reported to the Ministry of the Interior, they have not taken any measures in relation to this case.

## Condition of the departments

The condition in department A is satisfactory. Furniture and inventory are old, but hygiene was satisfactory. According to the condition of that part of the building, it is obvious that it was tidied up, renovated and painted. The hygiene in the toilets was good, and it could be seen that it had been cleaned just before the visit.

The condition in department B is worse compared to department A. A broken glass on a door that has not been replaced was observed. The condition of parts of the walls is bad, and in many of the rooms and corridors the walls are destroyed, cracked. We have been informed that some damage is from the patients themselves. In certain rooms, entire blocks of plywood were missing from the walls, which had not been repaired. Although it was obvious that the vestries had been cleaned just prior to our arrival, there was a strong foul odor from them that spread throughout the department.

The condition in ward C is extremely bad. A strong, bad, almost unbearable smell can be felt even before the stairs leading to the department. Immediately one notices greater ruination of the entire space. The department has two rooms on the left and right side of the stairs. The

rooms themselves are in bad condition, the patients are housed in groups as if in an open space. One part is apparently like a separate room, but the door and window are broken and it is almost merged with the rest of the room, so that all the patients seem to be in one room. The situation in the second room is almost identical in terms of poor condition. One bed is placed in the corridor of this room, in front of the two separate rooms located in the room. We also noticed dirty dishes that these users were eating from.

## → **Recommendations:**

- To carry out the relocation to the new premises of all users from all departments and to continue with the deinstitutionalization.

### Staffing:

- The state should ensure the employment of medical personnel, caregivers, psychologists, special education teachers, social workers, physiotherapists, security guards, etc.

### Bad treatment:

- It is necessary that persons placed in department C are not locked and not left alone without supervision.

### Living conditions:

- To do physical exercises with the users for the sake of the musculature.
- Take immobile patients outside more often.
- To improve hygiene, especially hygiene in the toilets of wards B and C and hygiene with cutlery.
- To provide mattresses for users and repair damaged doors, windows, walls and other objects.

- Monitor when users are fed to ensure food intake and prevent anemia from malnutrition.

## Health protection:

- To revise the medicines taken by the patients from department C - the therapy should be given in accordance with the individual assessment of each of them and the condition should be checked, the dose or medicine should be changed depending on the changes in the patient. It is possible that patients have developed a tolerance to some of the drugs and they are not giving the desired effect.
- Injection therapy to be given by a doctor.
- To carry out regular measurement and checking of the body weight of the users.
- To have visits and examinations by a family doctor (general practitioner) once a week.
- To perform fluorographic imaging of the lungs of all users.
- To undertake other conservative treatments by the dentist and prevention, not only tooth extraction among the beneficiaries. To develop and apply protocols for the prevention of self-harm and suicide, as well as protocols for handling violence against other persons (heteroaggression).
- Autopsies should be performed on deaths unless there is a clear diagnosis of fatal disease.
- Safeguards in the context of involuntary accommodation:
- The state should take measures to remove from the institution persons who do not meet the criteria for placement in this institution, that is, who do not have a solution for categorization for severe and profound mental disability.
- It is necessary to inform users about their rights and to provide legal assistance to involuntarily accommodated persons who do not meet the criteria for admission to this institution.



REPORT ON  
**THE CONDITIONS IN PSYCHIATRIC  
HOSPITALS AND SOCIAL  
PROTECTION INSTITUTIONS**

according to visits to  
PHI Psychiatric Hospital Skopje,  
PHI Psychiatric Hospital Negorci,  
PHI Psychiatric Hospital Demir Hisar,  
PI Special Institute Demir Kapija  
(October - November 2023)