



CPT/Inf (2010) 10

## **Report**

**to the Government of Bosnia and Herzegovina  
on the visit to Bosnia and Herzegovina  
carried out by the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)**

**from 11 to 15 May 2009**

The Government of Bosnia and Herzegovina has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2010) 11.

Strasbourg, 31 March 2010



**CONTENTS**

<b>Copy of the letter transmitting the CPT's report .....</b>	<b>5</b>
<b>I. INTRODUCTION.....</b>	<b>7</b>
<b>A. Dates of the visit and composition of the delegation .....</b>	<b>7</b>
<b>B. Context of the visit .....</b>	<b>7</b>
<b>C. Establishments visited.....</b>	<b>8</b>
<b>D. Cooperation.....</b>	<b>9</b>
<b>II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED .....</b>	<b>11</b>
<b>A. Prison establishments .....</b>	<b>11</b>
1. Preliminary remarks.....	11
2. Ill-treatment.....	11
3. High-security unit in Zenica Prison .....	13
4. Staff resources at Zenica Prison .....	15
5. Conditions of detention in the prisons visited .....	17
a. material conditions.....	17
b. regime .....	17
6. Health care.....	18
7. Discipline and prison intervention groups .....	21
8. Complaints and inspection procedures .....	22
9. Juveniles.....	22
<b>B. Psychiatric establishments.....</b>	<b>24</b>
1. Preliminary remarks.....	24
2. Sokolac Psychiatric Clinic .....	24
a. living conditions .....	24
b. staff and treatment .....	26
c. use of means of restraint and seclusion .....	27
d. safeguards.....	27
3. Zenica Prison Forensic Psychiatric Annexe.....	29
4. A single forensic psychiatric institution for Bosnia and Herzegovina .....	30

**APPENDIX:**

LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS  
FOR INFORMATION..... 33

**Copy of the letter transmitting the CPT's report**

Mr Zdenko Martinović  
Ambassador Extraordinary and  
Plenipotentiary  
Permanent Representative  
of Bosnia and Herzegovina  
to the Council of Europe  
16 allée Spach  
67000 Strasbourg

Strasbourg, 21 July 2009

Dear Mr Martinović

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Government of Bosnia and Herzegovina drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) following its visit to Bosnia and Herzegovina from 11 to 15 May 2009. The report was adopted by the CPT at its 69<sup>th</sup> meeting, held from 6 to 10 July 2009.

The various recommendations, comments and requests for information formulated by the CPT are listed in the Appendix of the report. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the authorities of Bosnia and Herzegovina to provide within **three months** a response giving a full account of action taken to implement them. The CPT trusts that it will also be possible for the authorities of Bosnia and Herzegovina to provide, in the above-mentioned response, reactions to the comments and requests for information listed in the Appendix.

It would be most helpful if a copy of the response could be provided in a computer-readable form.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Yours faithfully

Mauro Palma  
President of the European Committee for the  
Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment



## **I. INTRODUCTION**

### **A. Dates of the visit and composition of the delegation**

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Bosnia and Herzegovina from 11 to 15 May 2009. The visit was one which appeared to the Committee “to be required in the circumstances” (cf. Article 7, paragraph 1, of the Convention).

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

- Renate KICKER, 1<sup>st</sup> Vice-President of the CPT and Head of delegation
- Wolfgang HEINZ
- Olivera VULIC.

They were supported by Hugh CHETWYND of the CPT’s Secretariat and assisted by Clive MEUX, Consultant forensic psychiatrist, Oxford, United Kingdom (expert), and the following interpreters:

- Ksenija KEIVANZADEH, Interpreter
- Vedad LIHOVAC, Interpreter
- Amira SADIKOVIĆ, Interpreter.

### **B. Context of the visit**

3. In the report on the March/April 2007 periodic visit to Bosnia and Herzegovina, which was transmitted to the national authorities in July 2007, the CPT expressed its serious concern about the fact that the Committee was obliged to reiterate many of its recommendations, in particular in relation to prison and psychiatric issues. Moreover, the CPT highlighted that certain fundamental structural issues were undermining attempts to provide appropriate conditions of detention and treatment for persons deprived of their liberty. For example, in relation to prisons, it pointed to a lack of policy on how to manage complex institutions, an inadequate system of reporting and supervision, and the poor management and performance of staff.

In the above-mentioned report, the CPT urged the authorities of Bosnia and Herzegovina to significantly intensify their efforts to improve the situation in the light of the Committee’s recommendations, having regard to Article 3 of the Convention.

4. The response furnished by the authorities of Bosnia and Herzegovina to the report on the 2007 visit did not address adequately many of the issues identified by the Committee. In particular, the response did not allay the concerns of the Committee in relation to the flaws observed in the prison system. Further, the information received concerning the care afforded to forensic psychiatric patients indicated that there had been little progress in improving the situation; similarly, there were signs of inertia as regards the planned development of a single institution for the whole country.

Therefore, the CPT decided to carry out an ad hoc visit to Bosnia and Herzegovina to examine the steps taken by the authorities to implement recommendations made by the CPT after the March/April 2007 periodic visit and to hold high-level talks with the relevant State and Entity authorities with a view to enhancing their co-operation with the Committee, in the spirit of Article 3 of the Convention.

To this end, the delegation focused on the treatment and conditions of detention of both remand and sentenced prisoners. In this context, it assessed developments in relation to prison health-care services and examined the steps taken to provide a secure and safe environment for inmates and staff in the prisons visited. Particular attention was also paid to the current situation of forensic and acute psychiatric patients. At the end of the visit, the delegation held wide-ranging talks with the relevant authorities to discuss the response to the report on the 2007 periodic visit, and to provide feedback on the findings of the 2009 visit.

### **C. Establishments visited**

5. The delegation visited the following places of detention:

#### **Prison establishments**

##### *Federation of Bosnia and Herzegovina*

- Sarajevo Remand Prison
- Zenica Closed Prison

##### *Republika Srpska*

- Juvenile unit of East Sarajevo Prison

#### **Psychiatric institutions**

##### *Federation of Bosnia and Herzegovina*

- Forensic Psychiatric Unit in Zenica Prison

##### *Republika Srpska*

- Sokolac Psychiatric Clinic



#### **D. Cooperation**

6. In the course of the visit, the delegation held consultations, at State level, with Safet HALILOVIĆ, Minister of Human Rights and Refugees, and Srđjan ARNAUT, Deputy Minister of Justice, as well as with senior officials from these ministries. At Entity level, the delegation met Nedžad BRANKOVIĆ, Prime Minister, Safet OMEROVIĆ, Minister of Health, and Feliks VIDOVIĆ, Minister of Justice, from the Government of the Federation of Bosnia and Herzegovina, as well as senior officials from the Ministry of Health and Social Welfare of the Republika Srpska. Discussions were also held with the State Ombudsmen, Jasminka DŽUMHUR and Ljubomir SANDIĆ, and the High Representative and European Union Special Representative, Valentin INZKO.

7. The degree of cooperation received during the visit from the authorities of Bosnia and Herzegovina was very good at all levels. The delegation noted that the authorities had clearly provided information about the Committee's mandate and powers to all those concerned; consequently, it had rapid access to the establishments it wished to visit, to the documentation it wanted to consult and to individuals with whom it wished to talk. In particular, the delegation would like to thank the CPT liaison officer, Minka Smajević, for the assistance provided during the visit.

8. It goes without saying that the principle of cooperation set out in the Convention implies that the information provided in a State's response must be reliable. However, in the course of the 2009 visit, the CPT's delegation discovered that certain information provided in the response to its report on the 2007 visit was inaccurate.

For example, at the end of the 2007 visit, the CPT made an immediate observation under Article 8, paragraph 5, of the Convention requesting that the authorities take out of use three segregation cells (73b, 77 and 80) in Sarajevo Remand Prison, due to their poor condition. By letter of 31 May 2007, the authorities of Bosnia and Herzegovina informed the Committee that these cells would no longer be used pending their refurbishment. However, the CPT's delegation found the cells were still in use despite being in the same disrepair and unhygienic state as two years previously (see paragraph 33 below). **The CPT trusts that the authorities will ensure the accuracy of the information provided in future responses to the Committee.**

9. Further, as the CPT has emphasised in the past, the principle of cooperation also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations. Unfortunately, the authorities have only adopted certain limited measures in response to the recommendations made by the Committee after previous visits. The CPT welcomes the action that has been taken; however, the fundamental measures required to improve the situation in, for example, the prisons visited have still not been taken. The authorities must make greater efforts to tackle the systemic deficiencies affecting the prison service; this will require *inter alia* better cooperation and coordination among the relevant ministries and government bodies. Given this state of affairs, the Committee has been obliged to reiterate many of its previous recommendations.

Having regard to Article 3 of the Convention, the CPT urges the authorities of Bosnia and Herzegovina to significantly intensify their efforts to improve the situation in the light of the Committee's recommendations.

The CPT must stress that a persistent non-implementation of its recommendations by the national authorities will leave the Committee with no choice but to consider having recourse to the procedure provided for in Article 10, paragraph 2, of the Convention<sup>1</sup>. The Committee trusts that the action taken in the light of this report will render such a step unnecessary. In particular, it will be scrutinising the action taken to implement its recommendations, notably as regards making Zenica Prison safe and secure, improving the regime for remand prisoners, providing suitable conditions of detention for juvenile inmates in the Federation of Bosnia and Herzegovina and improving the care and treatment for forensic psychiatric patients.

---

<sup>1</sup> Article 10, paragraph 2, reads as follows: "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter".

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Prison establishments

#### 1. Preliminary remarks

10. In the report on the 2007 visit, the CPT highlighted a number of serious concerns as regards the situation in the prisons visited, notably; ill-treatment of inmates by prison officers, seemingly unchecked inter-prisoner violence, poor material conditions, the absence of a purposeful regime, the lack of managerial capacity, inadequate provision of health-care and the lack of external supervision. Further, there appeared to be no strategic approach towards mapping out a coherent and comprehensive policy for reforming the prison system of Bosnia and Herzegovina, to enable it to cope with the expected increase in the numbers of inmates and the more challenging profile of prisoners (i.e. persons sentenced for war crimes or linked to organised crime groups).

11. The response of the authorities of Bosnia and Herzegovina to the report on the 2007 visit did not reassure the CPT that effective action was being taken to address the systemic problems in the prison system which it had raised. For this reason the Committee decided to carry out follow-up visits to *Sarajevo Remand* and *Zenica Prisons*<sup>2</sup>, and to visit the recently opened *juvenile detention unit* located within the perimeter of *East Sarajevo Prison*.

#### 2. Ill-treatment

12. The vast majority of prisoners interviewed in the establishments visited in the course of the 2009 visit made no allegations of ill-treatment by prison staff.

Nevertheless, some allegations were received of ill-treatment of prisoners by prison officers at *Sarajevo Remand Prison*. The allegations concerned a group of prisoners who had escaped from the semi-open unit of Ustikolina on 10 March 2009; within a few days of the escape they had been apprehended by the police and brought to Sarajevo Remand Prison. The prisoners stated that they had been kicked and punched by prison officers on the staircase in the prison, which is not covered by video surveillance cameras, as a punishment for having escaped from Ustikolina.

Further, several allegations were received of ill-treatment of inmates by prison officers at *Zenica Prison*. As was the case in 2007, the alleged ill-treatment was said to have taken place during transfer to the disciplinary wing on the second floor of Pavilion II or within it (on the staircase or in one of two special cells). The alleged ill-treatment consisted mainly of kicks, punches and blows with truncheons, and apparently occurred at night when the unit manager was not on duty.

---

<sup>2</sup> See CPT/Inf (2004) 40, paragraphs 40 to 41 and 64 to 68 for a description of these prisons.

That said, it should be clearly acknowledged that prisoners with whom the CPT's delegation spoke at Zenica Prison stated that ill-treatment by staff had decreased significantly since 2007. This was confirmed by certain staff members, who stated that the recently-appointed Director of Zenica Prison had taken action to discipline any abuses that came to light.

**The CPT recommends that the relevant authorities continue to deliver the clear message to staff at Sarajevo Remand and Zenica Prisons that physical ill-treatment of prisoners is not acceptable and will be dealt with severely.**

13. The information gathered by the delegation at *Zenica Prison* during the 2009 visit indicated that a culture continues to reign that is conducive to inter-prisoner intimidation and violence, and that the establishment is still not under the effective control of prison staff. The high number of violent incidents brought to the attention of the delegation, which appeared to be a feature of everyday life in Zenica Prison, lent credence to the sentiment expressed by many inmates and staff that they felt unsafe.

For example, in the week before the delegation's visit, one prisoner was attacked in the admissions department (Pavilion I) by several inmates and ended up in hospital with inter alia a broken nose; another prisoner, who suffered from epilepsy, displayed injuries to his back consistent with having been hit with a long hard object allegedly while he was having a seizure<sup>3</sup>. Other incidents included six prisoners sewing together their lips, two prisoners undertaking a roof-top protest, and one prisoner attempting to hang himself. An examination of the 'Book of Incidents' indicated that such a series of events was relatively typical.

Further, gangs continue to control significant parts of Zenica Prison, rendering life for other prisoners particularly dangerous and disagreeable, through the use of threats of violence, protection rackets and drug dealing.

14. In the report on the 2007 visit, the CPT recommended that the relevant authorities draw up a comprehensive plan to tackle inter-prisoner violence. In particular, it was noted that the cornerstone of such a strategy, if it is to be effective, must be the provision of prison staff in sufficient number so as to be in a position to exercise their authority in an appropriate manner.

The findings from the 2009 visit indicate that, while a few measures have been taken to alleviate the situation, such as the establishment of a high-security unit (Pavilion VI in Zenica Prison), no comprehensive plan has been drawn up. Further, the fundamental weaknesses permitting unchecked inter-prisoner violence to flourish have not been addressed. Notably, the staffing situation remains critical (see Section 4 below); the continued overcrowding (see Section 5 below) does not permit a careful assessment, classification and cell allocation of individual prisoners within the prison population; the persistence of large *kolektives* containing up to 60 prisoners in multiple dormitories with no staff presence and limited surveillance, results in control of these areas being left in the hands of "stronger" prisoners; and the lack of any other high-security prison in the Federation of Bosnia and Herzegovina makes it difficult to transfer inmates from Zenica to other prison establishments.

---

<sup>3</sup> The Director of Zenica Prison informed the delegation of this case and that he was attempting to find out what had happened.

**The CPT reiterates its recommendation that the relevant authorities draw up a comprehensive plan to tackle inter-prisoner violence in Zenica Prison, as detailed in paragraphs 50 and 51 of the report on the 2007 visit.**

15. Further, it is essential that there is a diligent examination by the prison administration of all relevant information regarding alleged inter-prisoner intimidation and violence which may come to its attention and, where appropriate, the instigation of proceedings. The lack of an appropriate reaction by the prison administration can foster a climate in which inmates minded to ill-treat other inmates can quickly come to believe - with very good reason - that they can do so with impunity. In this respect, the new management at Zenica Prison had taken steps to examine cases of inter-prisoner violence. However, it is also important that those cases forwarded to the prosecution services for action by the prison are the subject of an effective investigation.

**The CPT recommends that the prison authorities pursue their efforts to detect and follow-up on cases of inter-prisoner intimidation and violence, and that the Prosecutor's Office act diligently to investigate those cases forwarded to it by the prison service. In particular, the CPT would like to be informed of the investigative steps taken and their outcome, including any disciplinary measures, regarding the injuries suffered by the epileptic prisoner referred to in paragraph 13 above.**

### **3. High-security unit in Zenica Prison**

16. At the time of the visit, eight double-occupancy cells on the first floor of Pavilion VI were being used as a high-security unit for holding prisoners deemed to be disruptive and troublesome as well as for inmates seeking protection from other prisoners. A further 20 prisoners in these categories were to be accommodated in the remaining seven cells on the first floor, following the departure of the forensic psychiatric patients from there to a facility outside the perimeter wall the day before the delegation's visit (see section B.3 below). Further, it is hoped that sufficient funds will be allocated to transform the building which housed the former medical unit and forensic psychiatric annexe into a second high-security unit. The prison management informed the delegation that they already had a list of 50 prisoners who would qualify to be placed in this new unit.

17. The current eight-cell unit, which opened in August 2007, is essentially an exercise of containment to isolate certain inmates from the remainder of the prison population.

The double-occupancy cells (12m<sup>2</sup>), with a partitioned sanitary annexe, were appropriately furnished (two single beds, personal lockers, a table and chair) and in a satisfactory state of repair. However, other than the two hours of outdoor exercise offered every day in small groups (except in case of inclement weather), and the possibility of a daily shower, prisoners are confined to their cells for 22 hours a day. No activities are offered and inmates spend most of their time watching television and DVDs.

18. The CPT considers it important to reiterate that prisoners who have been deemed by the authorities to present a particularly high and long-term security risk should, within the confines of their detention units, enjoy a relatively relaxed regime by way of compensation for their severe custodial situation. In particular, they should be able to meet their fellow prisoners in the unit and be granted a good deal of choice about activities (thus fostering a sense of autonomy and personal responsibility). The activities provided should be as diverse as possible (education, sport, work of a vocational value, etc.) It is clear from the above that this requirement is not being met in the high-security unit at Zenica Prison.

It is also important that prison staff appointed to work in a high-security unit are provided with the necessary skills and knowledge to work in such an environment, and that there is a multi-disciplinary team in place to manage and support the prisoners placed in the unit. The aim should be to build positive relations between staff and prisoners. This is in the interests not only of the humane treatment of the unit's occupants but also of the maintenance of effective control and security and of staff safety. Once again this requirement is not being met at Zenica. The current eight-cell unit has only one prison officer on duty at a time; such a staffing ratio is totally unacceptable given the profile of the inmates and the duties of the prison officer, which involve regularly opening the cell doors in order to deliver food, permit the collection of mail or to escort an inmate for a shower. Further, none of the prison officers assigned to the high-security unit had received any specific training for their tasks in this unit.

**The CPT recommends that the authorities provide the necessary funds to permit the establishment of a second high-security unit, and that in the design and management of this new facility, they take into account the above remarks. Further, as regards the existing unit, appropriate measures should be taken to develop a meaningful regime for all inmates and to reinforce the staffing levels.**

19. According to Article 99 of the Law on the Execution of Criminal Sanctions (LECS) of the Federation of Bosnia and Herzegovina, an inmate who represents a serious threat to security may be placed in segregation for a period of up to three months, at the proposal of the Director of the Prison and upon the approval of the Minister of Justice. A right of appeal within 15 days exists. However, the legal basis as regards placements in the high-security unit at Zenica Prison, which is not covered by Article 99 of LECS, is not clear.

At present, inmates are placed in the high-security unit at Zenica Prison after consultations between the security and treatment departments. Further, there is no appeal procedure in place, and no time limit for the placement; it should be noted that most placements last more than three months. It should also be noted that the monthly assessment of inmates in the unit is made by security and treatment staff without any consultation with prisoners, and no individual sentence plan exists to assist prisoners in improving their behaviour.

The CPT has already stated that there must be a clear legal basis for the placement of a prisoner in a high-security unit, which should be accompanied by appropriate safeguards, in particular:

- a prisoner in respect of whom a placement in a high security department is envisaged or who is placed in a high security department or in respect of whom such placement is extended should be given an opportunity to express his/her views on the matter, after having been informed in writing of the reasons therefor (it being understood that there might be reasonable justification for withholding from the prisoner specific details related to security);
- the placement of a prisoner in a high security department should be fully reviewed at regular intervals (preferably at least on a quarterly basis);
- prisoners should have the right to appeal to an independent authority against the imposition or extension of a placement in a high security department.

**The CPT recommends that the authorities take the necessary steps to provide a clear legal basis, with appropriate safeguards and a defined assessment process, for the placement of prisoners in the high-security unit at Zenica Prison, in the light of the above remarks.**

#### **4. Staff resources at Zenica Prison**

20. In its report on the 2007 visit, the CPT highlighted the importance of each prison having sufficient numbers of well-trained prison officers deployed in an effective and efficient manner. The CPT recommended that staffing levels be reviewed, with a view to ensuring that the number of prison officers employed is sufficient to guarantee staff safety and the physical and mental integrity of inmates.

21. Some additional 50 prison officers have been recruited at Zenica Prison since 2007. However, the posts for a further 40 prison officers are unfilled, and the overall staffing level remains extremely precarious. The number of prison officers on duty at any one time is dangerously low, illustrated by the fact that:

- a mere two prison officers supervise up to 500 prisoners in the outside courtyards every afternoon;
- two prison officers are responsible for supervising some 300 prisoners accommodated on the first and second floors of Pavilion I; it should be recalled that on each floor the prisoners are spread out among three separate *kolektivs*, each one containing multiple dormitories;
- a single prison officer is on duty at any one time in the high-security unit.

**The CPT recommends that the Federation of Bosnia and Herzegovina take the necessary measures to provide funding for the missing complement of 40 prison officers in Zenica Prison and to recruit them immediately and, thereafter, to carry out a review of how many more staff are required to make the prison safe and secure.**

22. In parallel with steps to increase the number of prison officers through a rigorous recruitment procedure, an educational and training programme needs to be devised and implemented, which provides staff with the requisite skills and knowledge. This requires both an initial training programme and regular refresher courses as well as training on new enhanced skills (for example, de-escalation of conflicts and suicide intervention). From the observations of the CPT's delegation, it is clear that many prison officers at Zenica Prison are not properly trained to carry out the difficult tasks entrusted to them and, more particularly, have not received training in basic skills such as control and restraint.

Moreover, it is vital that staff are provided with ongoing support, both in terms of training but also as regards their psychological well-being, to avoid burn-out and an even greater number of staff going on sick-leave<sup>4</sup>. At present, staff at Zenica Prison are not able to attend training courses because the prison cannot afford for staffing levels to fall even lower, and many of them are constantly working overtime. Such a state of affairs is not conducive to the effective management and control of a complex prison.

**The CPT recommends that the authorities put in place a comprehensive human resources policy for prison staff at Zenica Prison, which comprises initial training, regular refresher and specialist courses and ongoing support. Further, the CPT would like to receive information on the approach towards the delivery of training at State and/or Entity level.**

23. The CPT is aware that the Federation of Bosnia and Herzegovina is the subject of an International Monetary Fund stand-by arrangement, which renders increasing the cost of the administration extremely difficult. Nevertheless, the Committee's concern is for the safety and well-being of the prisoners and staff in Zenica Prison, and the State has a duty of care to those in its charge. Making the necessary investment to provide a safe and secure environment in Zenica Prison will be money well spent, bearing in mind what could happen should the staff ever lose control of the establishment.

---

<sup>4</sup> The delegation was told that, on average, some 15 prison officers were on sick-leave every month at Zenica Prison.



## 5. Conditions of detention in the prisons visited

### a. material conditions

24. With an official capacity of 633, *Zenica Prison* was holding 764 inmates at the time of the visit. The Pavilions visited by the delegation were generally in a reasonable state of repair, which given the inevitable wear and tear from the overcrowding is an achievement.

By contrast, many of the cells in *Sarajevo Remand Prison* are in need of refurbishment, with special attention required to improve the sanitation and hygiene, through the partitioning of the in-cell toilet and the provision of cupboard space for the food provided to inmates by their families. Despite a reduction in the remand population to below the official capacity (at the time of the visit, the establishment was holding 95 inmates for a capacity of 110) many of the prisoners were being held in cramped conditions, which combined with the dilapidated and unhygienic state of the cells resulted in poor conditions.

**The CPT recommends that the relevant authorities embark upon a programme of cell renovation in Sarajevo Remand Prison. Further, efforts should be made in both establishments visited to ensure that the minimum requirement of 4m<sup>2</sup> per prisoner in multi-occupancy cells is met.**

### b. regime

25. No steps have been taken to improve the regime for remand prisoners since the CPT's previous visit in 2007. In *Sarajevo Remand Prison*, inmates continued to be deprived of any opportunities for work or recreation, and were only offered a maximum of 45 minutes of outdoor exercise every day. The situation was even worse for two juveniles, whose activities consisted merely of some 30 minutes of daily exercise; further, each of them was held separately in a cell with an adult inmate. Such a state of affairs is unacceptable, and once again demonstrates that **Sarajevo Remand Prison is not suitable for holding juvenile inmates**<sup>5</sup>. Lack of staff and the exposure of the yards to the offices of the Sarajevo Court (which took over part of the prison some 20 years ago) are no longer valid excuses some six years after the CPT first raised this matter.

At *Zenica Prison* too, the regime has not evolved; remand prisoners remain locked up in single-occupancy cells for 23 hours or more per day, with the possibility to associate with other inmates only during the daily one hour or less of outdoor exercise.

---

<sup>5</sup> The absence of appropriate conditions of detention for juveniles has been raised by the CPT ever since its first visit in April/May 2003 (see CPT/ Inf (2004) 40, paragraphs 105 and 106).

In other words, not even the basic legislative requirements set out in Article 157 of the Criminal Procedure Code of the Federation of Bosnia and Herzegovina (i.e. two hours of daily outdoor exercise) were being adhered to, without speaking of any steps to develop a purposeful regime. The lack of a regime is all the more worrying considering that inmates may be kept in Sarajevo Remand Prison for more than two years; for example, the delegation met two women, each in separate cells, who had spent respectively 27 and 28 months on remand in Sarajevo Prison.

26. **The CPT calls upon the relevant authorities to take steps as a matter of urgency to radically improve activities for remand prisoners. The aim should be to ensure that all prisoners are able to spend a reasonable part of the day outside their cells, engaged in purposeful activities of a varied nature (group association activities; work, preferably with vocational value; education; sport).**

**Further, immediate steps should be taken to ensure that all persons on remand are offered two hours of outdoor exercise every day, in conformity with the provisions of the Criminal Procedure Code of the Federation of Bosnia and Herzegovina.**

**The Committee also calls upon the relevant authorities ensure that all juveniles held in institutions for adults are accommodated separately from adults (see also paragraph 40 below), and are offered educational and recreational activities which take into account the specific needs of their age group. Physical education should form a major part of that programme.**

27. In contrast, the CPT noted the ongoing efforts to offer a meaningful regime to sentenced prisoners at *Zenica Prison* (such as metal work and various educational courses), and would **encourage the authorities to further increase the range of educational, work and vocational activities on offer**. As well as being a fundamental element of attempts to prepare prisoners for their re-integration into society, purposeful activities contribute to a positive atmosphere in prison and assist in minimising inter-prisoner violence.

## **6. Health care**

28. There would appear to have been little progress made in promoting greater coordination between the Federation Ministries of Health and Justice in relation to health-care issues in prisons since the 2007 visit. Further, at the level of policy development and inspection, no uniform set of standards has been adopted concerning inter alia training of health-care staff, personal and environmental hygiene, prevention of communicable diseases, the role of doctors with respect to disciplinary procedures and the development of a prison drugs policy.

**The CPT reiterates its recommendation that the Federation of Bosnia and Herzegovina Ministries of Health and Justice jointly take the necessary steps to improve prison health-care services, based upon the guidelines laid down in the 2004 assessment report by the Council of Europe<sup>6</sup> and the recommendations contained in the CPT's reports on previous visits to the country.**

29. In terms of health-care provision, the CPT's delegation noted that, in both prisons visited, all inmates were seen by a doctor or a medical technician (male nurse) within 24 hours of arrival.

Health-care staffing levels in *Zenica Prison* have improved since 2007 with the appointment of the former Director, a psychiatrist, as head of health-care, which means that there are now two full-time doctors for some 770 prisoners. In *Sarajevo Remand Prison*, health-care staffing levels had remained at the satisfactory levels observed in 2007; however, with the imminent departure of the general practitioner there was concern as to the future provision of medical cover to inmates in the prison.

**The CPT would like to receive confirmation that a replacement doctor has been appointed at Sarajevo Remand Prison.**

30. The CPT's delegation observed that, at *Zenica Prison*, a record is drawn up following a medical examination of a prisoner who displays an injury (whether on arrival or at a later stage), which contains an account of the medical findings (including photographs of every injury) and an account of any allegations made by the person concerned. The doctor's conclusions are also recorded, and every prisoner has a right to obtain a copy of their medical file. Further, where allegations of ill-treatment are made, the director of the prison is informed. This is a positive development.

By contrast, at *Sarajevo Remand Prison* while injuries are registered in the inmate's medical file, no follow-up action is taken to inform the director of the prison and/or the public prosecutor. Further, inmates themselves are refused access to their own medical file unless given permission by a judge.

**The CPT reiterates its recommendation that steps be taken to ensure that the practice in all prisons in Bosnia and Herzegovina conforms with the three-step approach advocated by the Committee in previous reports<sup>7</sup>. Further, in the event of allegations of ill-treatment being supported by objective medical findings, the health-care service should bring the matter to the attention of the relevant authority for further action. In addition, all inmates should be granted access to their own medical records and be provided with a copy if they so request.**

---

<sup>6</sup> "An assessment of health care in the prisons of Bosnia and Herzegovina"; Joint CoE-EC Programme for BiH – implementation of post-accession commitments (2004).

<sup>7</sup> See paragraph 69 of the report on the 2007 visit to Bosnia and Herzegovina [CPT (2007) 33], in which the CPT states that the record drawn up following a medical examination of a prisoner should contain:

- i) an account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment),
- ii) an account of objective medical findings based on a thorough examination, and
- iii) the doctor's conclusions in the light of i) and ii) indicating the degree of consistency between any allegations made and the objective medical findings.

31. The CPT's delegation observed that there was still no coherent and comprehensive drugs policy, despite the continued prevalence of drug addiction in the two prisons visited. In fact, it would appear that each prison has its own approach towards drug addicts; in *Sarajevo Remand Prison*, inmates who are on methadone maintenance in the community are able to continue their treatment in prison; however, at *Zenica Prison* this is not the case as the health-care director believes that any maintenance programme is ineffective unless accompanied by multi-disciplinary teams which can provide psycho social support. Further, at Sarajevo Prison the medication tramadol is used for relieving inmates undergoing heroin withdrawal, whereas at Zenica Prison this medication is forbidden for treating opioid withdrawal symptoms.

The CPT considers that the practice of stopping methadone maintenance from one day to another is neither humane nor best medical practice. Ideally, a well-organised and integrated drug treatment programme adapted to individual needs, including counselling, should be established. However, pending the development of such a programme persons sent to prison should be able to continue with the carefully supervised methadone maintenance started in the community. At a minimum, there should be a gradual decrease in the provision of methadone to avoid the painful symptoms associated with an abrupt cessation of the treatment.

In the light of the above remarks, **the CPT reiterates its recommendation that a comprehensive strategy be drawn up for the provision of assistance to all prisoners with drug-related problems, as one aspect of a national drugs strategy. Further, it recommends that a methadone maintenance programme with psycho-social support be introduced in Sarajevo Remand and Zenica Prisons, and that these programme form an integral part of the above-mentioned comprehensive strategy. Under no circumstances should there be an abrupt cessation of treatment already started.**

32. The CPT has certain concerns relating to the use of the two padded cells in Pavilion II of *Zenica Prison*. These cells were purportedly used for holding disturbed prisoners for short periods of time (a few hours), subject to express authorisation by the medical doctor, until the individual concerned had calmed down. In practice, the records showed that not all placements were made with the prior authorisation of the doctor and that the length of placement was always much longer than a few hours; one prisoner spent 6 days and 18 hours in a padded cell and another 5 days. Placement of disturbed prisoners in medical isolation should be for the shortest period possible.

**The CPT recommends that the relevant authorities take the necessary steps to ensure and all placements in the padded cells receive prior authorisation from the doctor or are immediately brought to the attention of the doctor with a view to obtaining his approval, and that no prisoner is kept in a padded cell for more than a few hours, except in very exceptional circumstances.**

## 7. Discipline and prison intervention groups

33. The disciplinary cells on the first floor of Pavilion II in *Zenica Prison* were in the process of being refurbished at the time of the 2009 visit, and call for no particular comment.

However, as referred to in paragraph 8 above, the three cells (73b, 77 and 80) used at *Sarajevo Remand Prison* for disciplinary purposes remained in the same state of disrepair as at the time of the 2007 visit, except that the metal shutters had been removed from the windows thus permitting access to natural light. The hygienic conditions were also poor, and prisoners should not have to sleep on the floor on a mattress next to an unpartitioned floor-level toilet.

**The CPT calls upon the authorities of Bosnia and Herzegovina to refurbish the segregation cells in Sarajevo Remand Prison, and to refrain from using them pending their renovation.**

34. The CPT's delegation found that prisoners placed in a disciplinary cell are not permitted to sit or lie down on their bed during most of the day; indeed, the bed is attached to the wall so it cannot be used. Under such circumstances it is essential that the disciplinary cell be equipped with a proper means of rest enabling the prisoner concerned to sit down in a comfortable position during the day. The CPT's delegation observed that the disciplinary cells in *Sarajevo Remand and Zenica Prisons* did not possess such a means of rest; the small fixed stool was totally inadequate.

It should also be noted that the delegation met an inmate in a disciplinary cell in Sarajevo Remand Prison who had thrombosis in his legs, and who possessed a medical certificate stating that he had to keep his legs raised, and yet he was not permitted to lie on his bed (or the floor) during the day.

**The CPT recommends that the disciplinary cells at Sarajevo Remand and Zenica Prisons be equipped with a proper means of rest, as described above, for use by a prisoner during the day. Further, the relevant rules should be amended so as to make it possible for prisoners placed in a disciplinary cell to lie down on the bed during the day, if this is required by their medical condition. In addition, the CPT considers that there is no justification for attaching the beds in disciplinary cells to the wall during the day.**

35. The CPT's delegation was informed about the existence of a rapid intervention group of prison officers in *Sarajevo Remand Prison*, who could be called upon to deal with agitated inmates. The group was kitted out in black uniforms with no identification tags, and apparently wore face masks when carrying out interventions. As far as the delegation could ascertain there were no regulations governing the group's activities and no register recording its interventions; nor had any members of the group received any specific training on how to carry out the interventions.

The CPT does not question the need for special units capable of intervening in penitentiary establishments, as a measure of last resort. However, the Committee has strong misgivings whenever it encounters the practice of members of special intervention groups who are unidentifiable and wearing masks when conducting operations in a custodial setting; this can clearly hamper the identification of potential suspects if and when allegations of ill-treatment arise.

Consequently, **the CPT recommends that members of detachments intervening in prisons should be clearly identifiable and be prohibited from wearing masks on any occasion while exercising their duties. The CPT also recommends that the authorities adopt clear rules and procedures for the establishment and operation of any intervention group in the prisons of Bosnia and Herzegovina. Further, the members of any intervention groups should receive specific training on the tasks they will carry out.**

## **8. Complaints and inspection procedures**

36. There has been little evolution in the complaints system since the CPT's visit in 2007. Inmates in Sarajevo Remand and Zenica Prisons were still not provided with information on how to lodge complaints. For instance, inmates did not appear to be aware that correspondence addressed to the Ombudsman Institution or to the Federation Ministry of Justice could be handed over to prison staff in sealed envelopes. Nor were closed complaints boxes available to prisoners. **The CPT recommends that information on the possibilities for lodging complaints be provided to every inmate, including on the right to correspond on a confidential basis with outside judicial and complaints' bodies, and that closed complaints boxes be installed in the prisons.**

37. The CPT attaches particular importance to regular visits to all prisons establishments by an independent body with the authority to receive – and if necessary, take action on – prisoners' complaints, and to visit the premises. The newly merged State Ombudsman Office is mandated to carry out on-site inspections and, at the time of visit, was in the process of establishing a dedicated unit specialising in prison matters. The two Ombudspersons told the CPT's delegation that they intended to visit every prison in Bosnia and Herzegovina in the course of 2009 as a first step towards analysing the situation in the country. **The CPT encourages the Ombudsman Office to develop its capacity to monitor prisons especially in the absence of an independent prisons inspectorate.**

## **9. Juveniles**

38. The CPT's delegation visited the new *stand-alone juvenile unit on the grounds of East Sarajevo Prison*, which was opened in September 2008. The unit is a two-storey house in a spacious open area, which includes a mini football pitch, surrounded by a high fence. The ground floor contains staff offices, a classroom, a dining area and a telephone callbox. On the first floor, there were three dormitories and an activities room as well as a communal shower and toilet facility, and an office for prison staff.

With an official capacity of 20, the unit was holding four inmates at the time of the visit. They were accommodated in one dormitory (28m<sup>2</sup>), which was in a good state of repair, clean and with access to natural light and ventilation; each inmate possessed his own lockable space. The other two dormitories, containing four and six beds, were unused.

The delegation was told that the staffing complement consisted of two educators, one sports educator, two pedagogues, one psychologist and one social worker as well as a complement of at least three prison officers at all times.

The regime was diversified with up to five hours of outdoor activities and two and half hours of classroom every day. For the rest of the day, the inmates could move around the unit but were expected to be in their room by 11 p.m. and were woken every morning at 6.30 a.m.

39. The four inmates were all over 18 years old but had been sentenced when they were still juveniles and were eligible to remain in the unit until they turned 23 years. All of them had previously been in an adult prison and appreciated the much better conditions of detention in the juvenile unit; the relaxed atmosphere of the unit was tangible.

That said, the Committee has certain concerns. To begin with, the official capacity of 20 is too high for the current premises; at full capacity, the activities room on the first floor would have to be transformed into a dormitory, which would clearly hamper the ability of the unit to provide the range of activities required for this category of inmate. Further, there were no spare rooms that could be used for calming down inmates after an incident. These are challenges for the future but need to be considered now, especially given the resources invested in the unit.

**The CPT would appreciate the comments of the relevant authorities on these matters.**

40. More generally, the CPT considers that inter-Entity boundary lines in Bosnia and Herzegovina should not represent an obstacle towards ensuring that juvenile inmates are held in suitable conditions of detention. In this context, it is striking to observe that, whereas the *juvenile unit at East Sarajevo Prison* has spare capacity, the regime offered to juveniles on remand in *Sarajevo Remand Prison* was totally inappropriate, as was observed once again by the CPT's delegation during the 2009 visit, and the situation of the nine juveniles/young persons accommodated on a partitioned corridor in Pavilion V of *Zenica Prison* remained a far from ideal temporary solution.

The CPT's basic position is that juveniles who have to be deprived of their liberty should not be held in institutions for adults, but instead in facilities specially designed for persons of this age, offering regimes tailored to their needs and staffed by persons trained in dealing with young persons. When, exceptionally, they are held in an institution for adults, juveniles should always be accommodated separately from adults, in a distinct unit – as is the case at East Sarajevo Prison. The Committee acknowledges that there can be arguments in favour of juveniles participating in out-of-cell activities with adults (on the strict condition that there is appropriate supervision by staff). However, the CPT believes that the risks inherent in juveniles sharing cells with adults are such that this should not occur.

**The CPT recommends that the relevant authorities of Bosnia and Herzegovina take the necessary steps to ensure that all juvenile inmates are detained in appropriate conditions, in the light of the above remarks.**

## **B. Psychiatric establishments**

### **1. Preliminary remarks**

41. The CPT's delegation undertook a follow-up visit to *Sokolac Psychiatric Clinic*, focusing on the Forensic Psychiatric Unit (FPU) and on the Male and Female Acute Wards. On 11 May 2009, there were 73 patients in the FPU (23 of whom were placed on the locked ward) and, respectively, 24 and 17 patients registered on the Male and Female Acute Wards.

A follow-up visit was also carried out to *Zenica Prison Forensic Psychiatric Annexe (FPA)*, which accommodated 23 patients within a newly refurbished facility outside the perimeter wall of the prison.

42. The delegation received no allegations of ill-treatment of patients by staff at Sokolac Psychiatric Clinic or at Zenica Prison FPA ; nor did the delegation hear of any recent incidents of inter-patient violence at either institution.

### **2. Sokolac Psychiatric Clinic**

#### **a. living conditions**

43. The delegation noted that the living conditions on the locked ward of the *Forensic Psychiatric Unit* had slightly improved since the 2007 visit, but overall the environment remained oppressive<sup>8</sup>. On the positive side, the former admissions room had been transformed into a dedicated day-room, which forensic patients could access directly and where they could sit, smoke and watch television. Further, the overcrowding was less acute with 23 patients accommodated in the three dormitories and there had been no bed-sharing for at least six months. However, the three dormitories remained cramped, with beds touching each other and no accessible personal lockable space available; patients need to be provided with such space in order to encourage autonomy and to keep personal possessions safe.

Regrettably, patients continued to be offered outdoor exercise in a small caged area with insufficient space for them to walk around properly, and which provided no shelter from inclement weather.

---

<sup>8</sup> See CPT (2007) 33, paragraph 88, for a description of the locked ward of the Forensic Psychiatric Unit.



44. The *Male Acute Ward* was in the process of being refurbished at the time of the visit following a fire caused by a patient setting alight his mattress. Nevertheless, the delegation was able to observe that little in the way of improvement has been made since the 2007 visit; notably, overcrowding persisted, the mattresses were in an even more deplorable state, with many having large chunks of foam missing or even a big hole in them, and poor lighting and broken window panes were still in evidence in the sanitary facilities. Further, there was still no usable secure outdoor exercise yard<sup>9</sup>, which meant that patients assessed as presenting a greater risk of absconding were deprived of outdoor exercise possibilities.

The *Female Acute Ward* was in a satisfactory state of repair and clean, but the three dormitories remained cramped, with some of the beds touching and no personal lockable space for patients. Further, the ward was austere with no personalisation of the dormitories or day-room. The small fenced area attached to the ward were totally inappropriate for the provision of daily outdoor exercise; alternative arrangements should be made.

**45. The CPT reiterates its recommendation that the authorities of Bosnia and Herzegovina take the necessary steps to improve the living conditions in the FPU and the Male and Female Acute Wards, notably:**

- **to ensure in the dormitories occupancy numbers of an acceptable level (at least 4 m<sup>2</sup> of living space to be provided for each patient);**
- **to offer better conditions as regards equipment and decoration, in the day-rooms and dormitories of the respective locked units;**
- **to replace all defective mattresses and missing window panes, and to invest in plastic mattress covers for incontinent patients;**
- **to provide all patients with personal lockable space in which they can keep their belongings;**
- **to review the arrangements for outdoor exercise for patients on the locked ward of the FPU and on the Male and Female Acute Wards, in order that all patients may benefit from such exercise in a reasonably spacious setting, which should also provide shelter from inclement weather.**

46. The CPT is pleased to note that after many years a new building has been constructed to house the hospital refectory and to provide space for staff training. **It would like to be informed of the date when patients started taking their meals in the new building.**

---

<sup>9</sup> See CPT/Inf (2004) 40, paragraph 126 regarding the report on the 2003 visit.

b. staff and treatment

47. Staffing levels on the FPU had improved since the 2007 visit, with the appointment of a third psychiatrist to support the treatment for patients on the open ward and there were now three nurses on duty day and night on each of the open and locked wards. The number of security officers had been slightly reduced to one at all times, and a second on occasion, following the introduction of CCTV and a new legal provision which stated that such staff were not permitted to enter the locked ward of the FPU. The result was that health-care staff felt slightly vulnerable being on that ward, especially as there were few male nurses, and no in-service training had been provided on how to manage violent incidents.

The staffing levels on the Male Acute Ward have not changed; the nursing complement could still be reinforced and a second psychiatrist should be appointed to this ward. For the Female Acute Ward, the single psychiatrist and 11 nurses were adequate for the number and profile of patients.

The current staffing levels were not sufficient to allow for the establishment of a fully fledged therapeutic environment, consisting of a wide range of physical, psychological, social and occupational activities.

**The CPT recommends that the authorities review the staffing levels at Sokolac Psychiatric Clinic, in the light of the above remarks.**

48. More generally, the CPT's delegation noted that staff morale at Sokolac Psychiatric Clinic was particularly low at the time of the 2009 visit, which was in part linked to uncertainty surrounding the future direction of the Clinic and the care to be provided to patients. **In a time of institutional transition, it is all the more important for the management of the Clinic to engage with staff and to develop jointly a clear vision for the future of the establishment.**

49. The delegation noted that there had been little in the way of development of the treatment and care of patients in the locked wards at Sokolac Psychiatric Clinic. No individual treatment plans were in evidence in the records examined. For patients on the locked FPU and Female and Male Acute Wards, pharmacotherapy continued to be the sole form of treatment applied. Further, patients regularly spent 22 hours a day inside the locked ward of the FPU and, when outdoor exercise was not offered, they remained on the ward around the clock. In the absence of any structured treatment programme, the main diversion for patients was watching television in the day-area.

By contrast, some commendable efforts had been made on the open FPU to formulate individualised written treatment plans for patients, with a multi-disciplinary approach (including case reviews), endeavours to offer group therapy and some notable success in actively discharging patients. Such basic approaches to individualised treatment should be occurring in relation to all patients at Sokolac Psychiatric Clinic.

**The CPT recommends once again that individual treatment plans be established for each patient in the units visited and that increased efforts be made urgently to develop psycho-social rehabilitation, including programmes on the prevention of re-offending for patients in the FPU.**

c. use of means of restraint and seclusion

50. The delegation noted that there was no excessive resort to restraint and that leather straps have totally replaced metal handcuffs as the means of manual restraint applied; further, there was a separate restraints register. However, certain shortcomings remain in practice; for example, patients continued to be strapped to their own beds in full view of other patients and with no direct personal supervision by staff. Moreover, there was still no written policy on the restraint of violent or agitated patients at Sokolac Psychiatric Clinic. The involvement and support of both staff and management in elaborating a restraint policy is essential. Such a policy should make clear which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated.

The policy should also contain sections on other important issues such as: staff training; internal and external reporting mechanisms; and debriefing. In the CPT's opinion, such a comprehensive policy is not only a major support for staff, but is also helpful in ensuring that patients and their guardians or proxies understand the rationale behind a measure of restraint that may be imposed.

**The CPT reiterates its recommendation that such a policy on restraint be drawn up without further delay, taking into consideration the above remarks.**

51. The delegation noted that a seclusion room for difficult patients had recently been brought into service on the Male Acute Ward. **The CPT would like to receive a copy of the policy for the use of the seclusion room.**

d. safeguards

52. In respect of involuntary placement on a civil basis in the Republika Srpska, it appeared that the Commission for Protection of Persons with Mental Disorders was still not operational, despite its clear responsibility under the 2004 Law for supervising issues such as consent to treatment, the effectiveness of the right to appeal against involuntary placement, information pertaining to patients' rights and the nature and side effects of the treatment proposed, etc. In addition, the Commission is empowered to receive complaints from patients, among others, and to act upon them. **The CPT reiterates its recommendation that urgent steps be taken to ensure the Commission becomes operational in the immediate future.**

53. The CPT continues to be concerned by the practice it identified in the report on its 2007 visit, whereby nearly all patients were admitted to the Male Acute Ward of Sokolac Psychiatric Clinic on the basis of voluntary hospitalisation, as they were told that an involuntary placement would result in their spending three months instead of three weeks in the clinic. Not surprisingly none of the 24 patients on the locked Male Acute Ward at the time of the 2009 visit had been admitted on an involuntary basis; however, in reality the vast majority of patients were not free to leave the clinic and, consequently, should have been categorised as involuntary and the relevant safeguards afforded to them. **The CPT reiterates its recommendation that the procedures for admission to the Male Acute Ward be reviewed and that all persons be admitted to this ward in accordance with the law.**

54. As regards forensic psychiatric patients who are placed in Sokolac Psychiatric Clinic on the basis of a court order, the delegation received allegations that patients were not permitted to challenge their placement and that only the treating psychiatrist was entitled to make a proposal to the court for an extension or discharge. **The CPT would like to be informed of the avenues which exist in practice for forensic psychiatric patients to challenge their placement.**

55. The delegation also noted that treatment could still be administered at the Clinic without the patient's consent. In the CPT's view, patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis, whether the person concerned be a civil or a forensic patient, should not be construed as authorising treatment without his consent. It follows that every competent patient, whether voluntary or involuntary, should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances. Of course, consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition and the treatment proposed. Consequently, all patients should be provided systematically with relevant information about their condition and the treatment which it is proposed to prescribe for them. Relevant information (results, etc.) should also be provided following treatment.

**The CPT reiterates its recommendation that procedures be established to entrench the principle of consent to treatment for all patients, including those admitted on an involuntary basis.**

56. The CPT has noted favourably the installation of locked complaints boxes for patients that are processed by an internal staff committee once a month. However, **this internal complaints mechanism should be complemented by an external supervisory and complaints body.**

Regrettably, an introductory brochure was still not being issued to patients and their families on admission, setting out the establishment's routine and patients' rights. **The CPT reiterates its recommendation that such a brochure be provided to patients and their families. Any patient unable to understand this brochure should receive appropriate assistance.**

### 3. Zenica Prison Forensic Psychiatric Annexe<sup>10</sup>

57. The day before the delegation's visit, the 23 forensic psychiatric patients were moved from the high-security unit (Pavilion VI) to a recently renovated facility outside of the main prison perimeter wall. The new unit comprises six dormitories, a dining room, a dispensary, a washroom and a two-bed isolation room; there is also a large secure outdoor exercise area, which requires a sheltered area to provide shade and protection from inclement weather.

58. The new living conditions are certainly an improvement on those the patients had to endure for nearly ten years in Pavilion IV, and during the temporary placement within the high-security unit. The new facility provides accommodation based on smaller groups, which is a crucial factor in preserving/restoring a patient's dignity, and is also essential for the psychological and social rehabilitation of patients. Nevertheless, the new facility does not provide an appropriate health care environment for the current number of patients: the living rooms are crowded, accommodating four patients in 12m<sup>2</sup>, and there is no day room or other place for group therapy.

Regrettably, there has been no development as regards treatment, with the emphasis still on pharmacotherapy. The overall approach remains one of containment, with little individual autonomy, no individual treatment plans and no opportunities for psychological and occupational therapy. The main changes as compared to the previous situation are related to the fact that patients now have access to a good-sized courtyard throughout the day and each room has been provided with a television.

The lack of qualified staff for the forensic psychiatric unit remains a serious concern. Staffing is still limited to one head nurse working weekday shifts supported by two part-time visiting psychiatrists, which means that for the majority of the week the patients are supervised only by one prison officer. The nursing complement should be urgently reinforced with properly trained staff in order that prison officers no longer have to be present within the Annexe. Further, efforts should be made to ensure that there is input from multidisciplinary clinical staff (for example, a social worker, an occupational therapist, a psychologist).

**The CPT calls upon the authorities of the Federation of Bosnia and Herzegovina (Ministries of Health, Justice and Social Welfare) to take the necessary steps to improve the conditions, treatment and staffing levels in the Annexe, in the light of the above remarks.**

59. The CPT considers that conditions and care for the patients could be further improved if the number of patients was reduced. In this respect, the delegation notes that staff believe that over a third of the current 23 patients could be cared for in the community with many others deemed manageable in alternative facilities such as social care homes; for example, there is no justification for an infirm patient of 84 years old to be kept in such a secure facility.

---

<sup>10</sup> The CPT first visited the Forensic Psychiatric Annexe in 2003 (see CPT/Inf (2004) 40, paragraphs 84 to 100).

**The CPT recommends that the authorities of the Federation of Bosnia and Herzegovina ask the relevant social welfare centres and courts (who have responsibility for the patients) to make a formal request for the clinical needs of all the patients to be fully reviewed, to ensure that those who could be safely managed elsewhere are not left in the forensic psychiatric annexe longer than absolutely necessary. The CPT would like to receive information on the outcome of the review, detailing how many patients will remain in the forensic psychiatric annexe, how many will be transferred to a social care home and how many will be released into the community, and the envisaged timescale.**

#### **4. A single forensic psychiatric institution for Bosnia and Herzegovina**

60. There has been widespread agreement for many years now that the living conditions and treatment of psychiatric patients in Zenica Prison Forensic Psychiatric Annexe was totally inappropriate. Regrettably, although the transfer of the patients to a new facility has resulted in some positive changes, much remains to be improved.

As regards the Forensic Psychiatric Unit at Sokolac Clinic, the CPT has been critical of the conditions and treatment afforded patients in this unit in its previous visit reports. The findings of the 2009 visit indicate that the conditions are not much better today and that the current facility is not at all appropriate for holding this category of patient.

61. In the report on the 2007 visit, the CPT noted that Bosnia and Herzegovina does not currently possess either the financial resources or the expertise to operate two distinct secure forensic psychiatric units, capable of providing appropriate care and treatment for the category of patients likely to be accommodated in such units. Consequently, it welcomed the apparent agreement to replace the existing forensic psychiatric facilities with a single, State-level, facility for the whole country. At the same time, it urged the adoption of a multi-professional strategic planning process to guide the implementation of such a complex and important project.

62. In the course of the 2009 visit, the CPT's delegation was informed that the project would no longer be a State-level institution but a Republika Srpska institution designed to provide care and treatment for forensic psychiatric patients from all over the country. The concept and design of the institution, on the premises of the former military hospital in Sokolac, remained the same. A Memorandum of Understanding (MoU) had been drawn up and submitted to the governments of the Republika Srpska and Federation of Bosnia and Herzegovina, and to the Council of Ministers of the State of Bosnia and Herzegovina for approval. The MoU regulates inter alia the fact that the costs of placement in the new institution will be borne by the relevant social welfare centre and that it will be up to each centre to decide whether a patient should be sent to the new forensic psychiatric institution.

The adoption of the MoU by the three parties will enable the 2.7 million Swiss franc donation to be unblocked for the construction of the new institution. However, the CPT remains concerned that there is still no multi-professional strategic planning process in place, involving all relevant stakeholders, in order to ensure that the proposed new facility provides appropriate and safe conditions, is adequately staffed and properly resourced. As regards the staffing of the future facility, it will be important for the health authorities in the Republika Srpska to make concerted efforts to attract qualified staff from throughout the country.

**The CPT would like to be provided with detailed information on the multi-professional strategic planning process in place, as regards both the renovation work and the proposed staffing and recruitment plans.**





**APPENDIX**

**LIST OF THE CPT'S RECOMMENDATIONS,  
COMMENTS AND REQUESTS FOR INFORMATION**

**Cooperation**

comments

- the CPT trusts that the authorities will ensure the accuracy of the information provided in future responses to the Committee (paragraph 8).

**Prison establishments**

**Ill-treatment**

recommendations

- the relevant authorities to continue to deliver the clear message to staff at Sarajevo Remand and Zenica Prisons that physical ill-treatment of prisoners is not acceptable and will be dealt with severely (paragraph 12);
- the relevant authorities to draw up a comprehensive plan to tackle inter-prisoner violence in Zenica Prison, as detailed in paragraphs 50 and 51 of the report on the 2007 visit (paragraph 14);
- the prison authorities to pursue their efforts to detect and follow-up on cases of inter-prisoner intimidation and violence (paragraph 15);
- the Prosecutor's Office to act diligently to investigate those cases forwarded to it by the prison service (paragraph 15).

requests for information

- on the investigative steps taken and their outcome, including any disciplinary measures, regarding the injuries suffered by the epileptic prisoner referred to in paragraph 13 (paragraph 15).

**High-security unit in Zenica Prison**

recommendations

- the authorities to provide the necessary funds to permit the establishment of a second high-security unit at Zenica Prison and, in the design and management of this new facility, to take into account the remarks made in paragraph 18 (paragraph 18);

- appropriate measures to be taken to develop a meaningful regime for all inmates and to reinforce the staffing levels in the existing high-security unit at Zenica Prison (paragraph 18);
- the authorities to take the necessary steps to provide a clear legal basis, with appropriate safeguards and a defined assessment process, for the placement of prisoners in the high-security unit at Zenica Prison, in the light of the remarks in paragraph 19 (paragraph 19).

### **Staff resources at Zenica Prison**

#### recommendations

- the Federation of Bosnia and Herzegovina to take the necessary measures to provide funding for the missing complement of 40 prison officers in Zenica Prison and to recruit them immediately and, thereafter, to carry out a review of how many more staff are required to make the prison safe and secure (paragraph 21);
- the authorities to put in place a comprehensive human resources policy for prison staff at Zenica Prison, which comprises initial training, regular refresher and specialist courses and ongoing support (paragraph 22).

#### requests for information

- on the approach towards the delivery of training at State and/or Entity level (paragraph 22).

### **Conditions of detention in the prisons visited**

#### recommendations

- the relevant authorities to embark upon a programme of cell renovation in Sarajevo Remand Prison (paragraph 24);
- efforts to be made in both Sarajevo Remand and Zenica Prisons to ensure that the minimum requirement of 4m<sup>2</sup> per prisoner in multi-occupancy cells is met (paragraph 24).
- the relevant authorities to take steps as a matter of urgency to radically improve activities for remand prisoners. The aim should be to ensure that all prisoners are able to spend a reasonable part of the day outside their cells, engaged in purposeful activities of a varied nature (group association activities; work, preferably with vocational value; education; sport) (paragraph 26);
- immediate steps to be taken to ensure that all persons on remand are offered two hours of outdoor exercise every day, in conformity with the provisions of the Criminal Procedure Code of the Federation of Bosnia and Herzegovina (paragraph 26);
- the relevant authorities to ensure that all juveniles held in institutions for adults are accommodated separately from adults, and are offered educational and recreational activities which take into account the specific needs of their age group. Physical education should form a major part of that programme (paragraph 26).

comments

- Sarajevo Remand Prison is not suitable for holding juvenile inmates (paragraph 25);
- the authorities are encouraged to further increase the range of educational, work and vocational activities on offer at Zenica Prison (paragraph 27).

**Health care**

recommendations

- the Federation of Bosnia and Herzegovina Ministries of Health and Justice jointly to take the necessary steps to improve prison health-care services, based upon the guidelines laid down in the 2004 assessment report by the Council of Europe and the recommendations contained in the CPT's reports on previous visits to the country (paragraph 28);
- steps to be taken to ensure that the practice in all prisons in Bosnia and Herzegovina conforms with the three-step approach advocated by the Committee in previous reports concerning the record drawn up following a medical examination of a prisoner. Further, in the event of allegations of ill-treatment being supported by objective medical findings, the health-care service to bring the matter to the attention of the relevant authority for further action (paragraph 30);
- all inmates to be granted access to their own medical records and to be provided with a copy if they so request (paragraph 30);
- a comprehensive strategy to be drawn up for the provision of assistance to all prisoners with drug-related problems, as one aspect of a national drugs strategy (paragraph 31);
- a methadone maintenance programme with psycho-social support to be introduced in Sarajevo Remand and Zenica Prisons, and these programmes to form an integral part of the comprehensive national drugs strategy. Under no circumstances should there be an abrupt cessation of treatment already started (paragraph 31);
- the relevant authorities to take the necessary steps to ensure that all placements in the padded cells in Zenica Prison receive prior authorisation from the doctor or are immediately brought to the attention of the doctor with a view to obtaining his approval, and that no prisoner is kept in a padded cell for more than a few hours, except in very exceptional circumstances (paragraph 32).

requests for information

- confirmation that a replacement doctor has been appointed at Sarajevo Remand Prison (paragraph 29).

## **Discipline and prison intervention groups**

### recommendations

- the authorities of Bosnia and Herzegovina to refurbish the segregation cells in Sarajevo Remand Prison, and to refrain from using them pending their renovation (paragraph 33);
- the disciplinary cells at Sarajevo Remand and Zenica Prisons to be equipped with a proper means of rest, as described in paragraph 34, for use by a prisoner during the day. Further, the relevant rules should be amended so as to make it possible for prisoners placed in a disciplinary cell to lie down on the bed during the day, if this is required by their medical condition (paragraph 34);
- members of detachments intervening in prisons to be clearly identifiable and to be prohibited from wearing masks on any occasion while exercising their duties (paragraph 35);
- the authorities to adopt clear rules and procedures for the establishment and operation of any intervention group in the prisons of Bosnia and Herzegovina. Further, the members of any intervention groups should receive specific training on the tasks they will carry out (paragraph 35).

### comments

- the CPT considers that there is no justification for attaching the beds in disciplinary cells to the wall during the day (paragraph 34).

## **Complaints and inspection procedures**

### recommendations

- information on the possibilities for lodging complaints to be provided to every inmate, including on the right to correspond on a confidential basis with outside judicial and complaints' bodies, and closed complaints boxes to be installed in the prisons (paragraph 36).

### comments

- the CPT encourages the Ombudsman Office to develop its capacity to monitor prisons, especially in the absence of an independent prisons inspectorate (paragraph 37).

## **Juveniles**

### recommendations

- the relevant authorities of Bosnia and Herzegovina to take the necessary steps to ensure that all juvenile inmates are detained in appropriate conditions, in the light of the remarks made in paragraph 40 (paragraph 40).

requests for information

- comments of the relevant authorities on the matters raised in paragraph 39 in respect of the stand-alone juvenile unit on the grounds of East Sarajevo Prison (paragraph 39).

**Psychiatric establishments**

**Sokolac Psychiatric Clinic**

recommendations

- the authorities of Bosnia and Herzegovina to take the necessary steps to improve the living conditions in the FPU and the Male and Female Acute Wards, notably:
  - to ensure in the dormitories occupancy numbers of an acceptable level (at least 4 m<sup>2</sup> of living space to be provided for each patient);
  - to offer better conditions as regards equipment and decoration, in the day rooms and dormitories of the respective locked units;
  - to replace all defective mattresses and missing window panes, and to invest in plastic mattress covers for incontinent patients;
  - to provide all patients with personal lockable space in which they can keep their belongings;
  - to review the arrangements for outdoor exercise for patients on the locked ward of the FPU and on the Male and Female Acute Wards, in order that all patients may benefit from such exercise in a reasonably spacious setting, which should also provide shelter from inclement weather (paragraph 45);
- the authorities to review the staffing levels at Sokolac Psychiatric Clinic, to allow for the establishment of a fully-fledged therapeutic environment, consisting of a wide range of physical, psychological, social and occupational activities (paragraph 47);
- individual treatment plans to be established for each patient in the units visited and increased efforts to be made urgently to develop psycho-social rehabilitation, including programmes on the prevention of re-offending for patients in the FPU (paragraph 49);
- a policy on restraint of violent or agitated patients to be drawn up without further delay, taking into consideration the remarks in paragraph 50 (paragraph 50);
- urgent steps to be taken to ensure that the Commission for the Protection of Persons with Mental Disorders becomes operational in the immediate future (paragraph 52);
- procedures for admission to the Male Acute Ward to be reviewed and all persons to be admitted to this ward in accordance with the law (paragraph 53);
- procedures to be established to entrench the principle of consent to treatment for all patients, including those admitted on an involuntary basis (paragraph 55);

- a brochure setting out the establishment's routine and patients' rights to be provided to patients and their families. Any patients unable to understand this brochure should receive appropriate assistance (paragraph 56).

#### comments

- in a time of institutional transition, it is all the more important for the management of Sokolac Psychiatric Clinic to engage with staff and to develop jointly a clear vision for the future of the establishment (paragraph 48);
- the internal complaints mechanism at Sokolac Psychiatric Clinic should be complemented by an external supervisory and complaints body (paragraph 56).

#### requests for information

- the date on which patients started taking their meals in the new building housing the refectory (paragraph 46);
- a copy of the policy for the use of the seclusion room on the Male Acute Ward of Sokolac Psychiatric Clinic (paragraph 51);
- the avenues which exist in practice for forensic psychiatric patients to challenge their placement in Sokolac Psychiatric Clinic (paragraph 54).

### **Zenica Prison Forensic Psychiatric Annexe**

#### recommendations

- the authorities of the Federation of Bosnia and Herzegovina (Ministries of Health, Justice and Social Welfare) to take the necessary steps to improve the conditions, treatment and staffing levels in the Forensic Psychiatric Annexe, in the light of the remarks in paragraph 58 (paragraph 58);
- the authorities of the Federation of Bosnia and Herzegovina to ask the relevant social welfare centres and courts (who have responsibility for the patients) to make a formal request for the clinical needs of all the patients in Forensic Psychiatric Annexe to be fully reviewed, to ensure that those who could be safely managed elsewhere are not left in the annexe longer than absolutely necessary (paragraph 59).

#### requests for information

- on the outcome of the review recommended in paragraph 59, detailing how many patients will remain in the Forensic Psychiatric Annexe, how many will be transferred to a social care home and how many will be released into the community, and the envisaged timescale (paragraph 59).

**A single forensic psychiatric institution for Bosnia and Herzegovina**

requests for information

- on the multi-professional strategic planning process in place, as regards both the renovation work and the proposed staffing and recruitment plans for the new forensic psychiatric institution for Bosnia and Herzegovina (paragraph 62).