



Report

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

from 23 to 26 November 2021

The Government of Albania has requested the publication of this report.

Strasbourg, 26 April 2022

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I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Albania from 23 to 26 November 2021, which was one that appeared to the Committee “to be required in the circumstances”.¹

2. The main objective of the visit was to examine the situation of forensic psychiatric patients and to review the progress made as regards the implementation of the CPT’s long-standing recommendation that all such patients be transferred to a proper forensic psychiatric facility.² To this end, the delegation visited Zaharia Special Institution for Ill Inmates in Kruja where virtually all male forensic psychiatric patients in Albania were held, as well as the Prison Hospital in Tirana which, contrary to previous visits, accommodated all female forensic psychiatric patients in the country. Further, the delegation paid a brief visit to Lezha Prison in order to examine the arrangements made in two separate detention blocks to accommodate and care for male forensic psychiatric patients on a temporary basis, pending the setting-up of a special forensic psychiatric facility under the authority of the Ministry of Health and Social Protection.

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

- Mykola Gnatovskyy, former President of the CPT (Head of Delegation)
- Marie Lukasová
- Vytautas Raškauskas.

They were supported by Michael Neurauter, Deputy Executive Secretary of the CPT, and assisted by two interpreters, Albana Lilaj and Rudina Xhillari.

4. The report on the visit was adopted by the CPT at its 107th meeting, held from 28 February to 4 March 2022, and transmitted to the Albanian authorities on 17 March 2022. The various recommendations, comments and requests for information made by the Committee are set out in bold type in the present report. The CPT requests the Albanian authorities to provide within three months a response containing a full account of action taken by them to implement the Committee’s recommendations and replies to the comments and requests for information formulated in this report.

As regards the recommendations in paragraphs 14, 36 and 37, the CPT would like to receive regular updates thereafter on a three-monthly basis.

¹ The CPT’s reports on all previous visits to Albania and related Government responses are available on the Committee’s website: <http://www.coe.int/en/web/cpt/albania>

² For further details regarding the context of the visit, see paragraphs 8 to 13.

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

5. In the course of the visit, the delegation had a joint meeting with Ulsi Manja, Minister of Justice, representing H.E. Edi Rama, Prime Minister of Albania, and Ogerta Manastirliu, Minister of Health and Social Protection, as well as with Klajd Karameta, Deputy Minister of Justice, Mira Rakacolli, Deputy Minister of Health and Social Protection, and senior officials from the Ministry of Justice, the Ministry of Health and Social Protection and the Ministry for Europe and Foreign Affairs. It also discussed with Stefan Çipa, Director General of Prisons, the modalities of the transfer of patients from the Kruja Special Institution to Lezha Prison.

6. Throughout the visit, the delegation received excellent co-operation from both the national authorities and staff at the establishments visited. It enjoyed rapid access to all the places visited, was provided with the information necessary for carrying out its task and was able to speak in private with involuntary patients/inmates.

7. The CPT wishes to express its appreciation for the assistance provided before, during and after the visit by its liaison officer, Elda Lezaj, from the Ministry for Europe and Foreign Affairs.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. General remarks

8. The situation of forensic psychiatric patients in Albania has been the subject of a long-standing dialogue between the CPT and the Albanian authorities.³ In the report on the February 2017 ad hoc visit, the CPT expressed serious concern that, despite the specific recommendations repeatedly made and contrary to national legislation, forensic psychiatric patients continued to be held in the Prison Hospital in Tirana and Zaharia Special Institution in Kruja and that under unacceptable conditions (poor state of repair, severe overcrowding, totally insufficient psychiatric care, etc.).

9. On 11 December 2017, representatives of the CPT held high-level talks regarding the situation of forensic psychiatric patients with the Secretary General of the Council of Ministers, the Minister of Health and Social Protection, the Minister of Justice and the Director General of Prisons. During these talks, both Ministers indicated that the Government was fully committed to creating a forensic psychiatric facility as a matter of priority and that consultations were ongoing with potential donors regarding the co-financing of its construction in the vicinity of Tirana. They also stated that, once of a large number of prisoners had been transferred from Lezha Prison to a newly-constructed prison in Shkodra, all forensic psychiatric patients from Kruja Special Institution and the Prison Hospital would very soon be temporarily transferred to Lezha, pending the construction of a permanent forensic psychiatric facility.

10. During the November 2018 visit, the delegation visited the Prison Hospital as well as Lezha Prison where two detention blocks were undergoing refurbishment in order to accommodate forensic psychiatric patients from Kruja and the Prison Hospital. In the report on that visit,⁴ the CPT expressed its misgivings about the fact that the opening of the temporary facility at Lezha Prison had been significantly delayed and that there was still a striking lack of clarity regarding the precise role of the Ministry of Health and Social Protection, the future management and staff of the facility. Whilst acknowledging the potential improvement in terms of living conditions, the Committee expressed its reservations regarding the carceral character and other structural deficiencies which were likely to persist.

In their response to the report on the November 2018 visit,⁵ the Albanian authorities indicated that the refurbishment of the accommodation area for forensic psychiatric patients at Lezha Prison (Blocks 4 and 5) had been finalised and that the procurement of furnishings was still pending but was expected to be completed “quickly”.

³ This issue had been raised by the Committee for the first time in 2000 (see paragraphs 57 and 96 of the report on the 2000 periodic visit (CPT/Inf (2003) 9)).

⁴ See paragraph 103 of CPT/Inf (2019) 28.

⁵ See page 4 of CPT/Inf (2020) 7.

11. On 21 January 2020, the European Court of Human Rights delivered a judgement in the case of *Strazimiri v. Albania*,⁶ in which the Court found *inter alia* a violation of Article 3 (inhuman and degrading treatment) of the European Convention on Human Rights (ECHR) “due to the cumulative effect of the deterioration of the living conditions in the Prison Hospital [...] and the insufficient psychiatric and therapeutic treatment administered to the applicant at the Prison Hospital” as well as a violation of Article 5 § 1 (unlawful deprivation of liberty) of the ECHR, due to a number of deficiencies (such as the failure to consider alternative means of placement outside of penal facilities, for example, in a civilian mental health facility; lack of an individualised treatment plan; lack of therapeutic treatment other than pharmacotherapy; lack of a therapeutic environment).

The Court further indicated, under Article 46 of the ECHR, that the Albanian authorities “should expeditiously take the necessary measures of a general character in order to secure appropriate living conditions and the provision of adequate health care services to mentally ill persons who are subject to deprivation of liberty on the basis of a court-ordered compulsory medical treatment” and that they “should create an ‘appropriate institution’ by refurbishing existing facilities or building a new specialised facility for housing persons like the applicant with a view to improving their living conditions. Any such facility must comply with the therapeutic purpose of this form of deprivation of liberty, aimed at curing or alleviating the mental-health condition of the detainees, including, where appropriate, bringing about a reduction in or control over their dangerousness and facilitating their reintegration into society. Pharmacological treatment should be combined with other recognised forms of therapeutic treatment, as part of an individualised treatment plan in respect of each individual. For these purposes, the authorities should also ensure the recruitment of a sufficient number of qualified mental health care workers in such facilities. Furthermore, the authorities should consider, where appropriate, the possibility of outpatient mental health treatment.”⁷

12. In June 2020, a new Law on the Rights and Treatment of Prisoners and Pre-trial Detainees was adopted, which transferred the competence for the treatment of persons with a mental disorder who are subject to court-ordered compulsory treatment, from the Ministry of Justice to the Ministry of Health and Social Protection and provides for their treatment in special medical institutions under the authority of the Ministry of Health and Social Protection. The aforementioned provisions complement the 2012 Mental Health Act⁸ which stipulates that persons with a mental disorder who are subject to court-ordered compulsory treatment shall be placed in a ‘special medical institution’ and that the Ministry of Health and Social Protection shall be responsible for the establishment, organisation and functioning of that institution (which is yet to be established).

13. At the request of the Albanian authorities, two consultants were commissioned by the Council of Europe in July 2018 and June 2021, with a view to providing advice from a medical and management perspective regarding the action to be taken to create a specialised forensic psychiatric facility in Albania.

The report presented by one of the consultants in June 2021 contains a detailed “road map” setting out a catalogue of (1) immediate actions (such as the appointment of a project manager by the Ministry of Health and Social Protection, with the support of the Ministry of Justice; creation of a joint Ministry of Health and Social Protection/Ministry of Justice Project Steering Board; recruitment of additional psychiatrists; completion of the refurbishment of the temporary facility

⁶ Application 34602/16, final on 21 May 2020.

⁷ See paragraphs 148 and 149 of the judgement.

⁸ Section 28.

at Lezha Prison); (2) shorter-term actions (such as the recruitment of additional clinical and other staff; transfer of patients to Lezha Prison; identification of the location and drawing up a plan to set up a permanent facility; securing funding); (3) medium-term actions (such as tendering for the (re-)construction of the permanent facility; training of staff); (4) longer-term (i.e. more than one year) actions (such as the implementation of the (re-)construction of the permanent facility; provision of psycho-social treatment to patients).

14. The CPT finds it striking that, within a period of less than five years (February 2017 to November 2021), the number of male psychiatric patients subjected to court-ordered compulsory treatment under Section 46 of the Criminal Code increased from 153 to 217, which constitutes an increase of more than 40%. One of the reasons for that seems to be the fact that hardly any forensic patients were discharged every year. As was the case at the time of 2017 visit, a number of forensic patients who were no longer in need of inpatient care were reportedly not discharged by the court, due to the lack of adequate outpatient care/accommodation in the outside community. In practice, such patients were only discharged if it was established that family members were able and willing to take of them. However, the majority of patients no longer had any contact with their families.

The CPT recommends that the Albanian authorities take the necessary steps to re-assess the need for inpatient hospital care in respect of all forensic psychiatric patients currently held at Lezha Prison and in the Prison Hospital and explore alternatives for those patients who no longer pose a serious risk of harm (such as placement in a civil psychiatric hospital, creation of structures for community-based long-term care, increased resort to outpatient care, etc.). To this end, it would also be desirable for patients suitable for discharge to be given opportunities to demonstrate their ability and reliability to live in the outside community, by being granted periods of temporary (un)accompanied leave.

B. Ill-treatment

15. The CPT is pleased to note that, as during previous visits, its delegation received no allegations of ill-treatment of forensic psychiatric patients by staff at Kruja Special Institution and the Prison Hospital. On the contrary, many patients interviewed by the delegation indicated that they were treated correctly by health-care and custodial staff.

C. **Situation of male forensic psychiatric patients**

16. At the outset of the visit, the Ministers of Justice and Health and Social Protection indicated that the creation of a temporary facility for forensic psychiatric patients at Lezha Prison had been repeatedly postponed, due to severe infrastructural damage caused by the earthquake in November 2019 and the repercussions of the Covid-19 pandemic. They confirmed that arrangements had been made for all forensic psychiatric patients, as well as prisoners with disabilities, to be transferred from Kruja Special Institution to Lezha Prison on 27 and 28 November 2021.

Further, both Ministers reiterated the Albanian Government's commitment to implement the long-standing recommendation to create a specialised forensic psychiatric facility as a matter of priority, on the basis of the "road map" referred to in paragraph 13. During the meeting, they also signed a Memorandum of Understanding and an attached Joint Action Plan, which specify the respective commitments and roles of the Ministry of Health and Social Policy and the Ministry of Justice.

As regards the temporary facility at Lezha Prison, the Memorandum of Understanding indicates that the Ministry of Justice will be responsible for the provision of the material environment and equipment, security measures and the care for patients and that the Ministry of Health and Social Protection will be responsible for the provision of specialised psychiatric care by engaging psychiatrists. Both Ministries committed themselves to jointly prepare a standard operating procedure for the temporary facility. As regards the planning, setting-up and functioning of the future specialised forensic psychiatric facility, the Ministry of Health and Social Protection will have the exclusive competence (in line with the relevant legislation referred to in paragraph 12).

17. The delegation was informed that a joint ministerial working group had been set up to co-ordinate the planning and setting-up of the permanent psychiatric facility. The Minister of Health and Social Protection further indicated that two locations had been identified in Shkodra (one on existing premises which would need to be refurbished and another one for a new construction) but that no decisions had been taken yet in this regard. Steps were being taken to request financial support from the European Union (IPAIII Programme) and the Council of Europe Development Bank. The Minister also pointed out that ten doctors, who had graduated from the Medical University and who were undergoing specialisation in psychiatry, had been contracted by the Ministry, with a view to creating a pool of psychiatrists (including for the future for forensic psychiatric facility).

18. At the time of the visit, **Kruja Special Institution** was accommodating a total of 314 male forensic psychiatric patients (217 subjected to court-ordered compulsory treatment under Section 46 of the Criminal Code and 97 subjected to a temporary placement⁹). In addition, there were five prisoners with physical disabilities.

19. Given the imminent (temporary) closure of Kruja Special Institution, the CPT will refrain from making detailed remarks regarding the material living conditions (poor state of repair, severe overcrowding) in the establishment. It is noteworthy that patients were usually offered four hours of outdoor exercise per day (and for a longer period in the summer).

⁹ Pursuant to Sections 46 or 239 of the Code of Criminal Procedure (CCP).

20. As regards medical staff, the CPT welcomes the fact that, a few months before the visit, the number of (full-time) psychiatrists had been increased from one to three, which constitutes indeed an important step into the right direction.¹⁰

At the same time, it is a matter of serious concern that the only post of psychologist had been vacant for the past 1½ years. Overall, the number of ward-based staff (eleven nurses and four orderlies) remained clearly insufficient to care for almost 320 patients.

21. Further, as was the case at the time of the 2017 visit, psychiatric treatment provided to patients consisted almost exclusively of pharmacotherapy.¹¹ Whilst acknowledging the efforts made by staff to organise some recreational activities, there continued to be an almost total lack of therapeutic activities (such as psychotherapy or occupational therapy), due to the lack of specialised staff. As a result, there were no individualised multi-disciplinary treatment programmes, nor any activities aimed at reducing the risk of re-offending and preparing patients for a possible discharge.

22. During the visit, the delegation also paid particular attention to the arrangements made to ensure a safe transfer of all patients to Lezha, given the particular challenges any operation of this kind was likely to pose, due to the vulnerability of many patients, and given the hazardous road conditions which had not improved since the last visit.

From consultations with the Director General of Prisons and senior officials of the prison administration, as well as with the management and staff of Kruja Special Institution, the delegation gained the impression that the transfer was being well prepared and that appropriate security and protective measures were being put in place (including with the assistance of the State Police and ambulance services) in order to prevent incidents. It is also noteworthy that all patients interviewed by the delegation indicated that they had been informed several weeks in advance about the upcoming transfer.

23. At the end of the visit, the delegation was informed that no decision had been taken yet regarding the future use of the premises of Kruja Special Institution. **The CPT would like to receive updated information on this matter.**

24. As mentioned above, the delegation paid a brief visit to **Lezha Prison** in order to obtain an overall picture of the conditions under which patients from the Kruja Special Institution were to be held in Blocks 4 and 5, as well as of the arrangements made for the provision of health care to the patients concerned.

Following the completion of an extensive renovation, material living conditions were generally of a good standard in terms of state of repair, access to natural light and artificial lighting and ventilation. It is also noteworthy that all cells comprised a fully-partitioned sanitary annexe.

¹⁰ In addition, there were two general practitioners and one dentist.

¹¹ All necessary psychotropic medication was available (including second generation antipsychotics).

That said, the Committee notes with concern that the entire premises suffered from several fundamental flaws:

Firstly, it became apparent that, from the first day, the temporary facility was going to be severely overcrowded. The delegation was informed that the renovation programme had been based on a construction plan which foresaw for both detention blocks a total capacity of approximately 200 beds (for male and female patients). However, due to the sharp increase in the number of forensic psychiatric patients in recent years (see also paragraph 14), around 320 male patients were about to be accommodated there. Consequently, ad hoc arrangements had been made to cope with the increased number of patients. For instance, additional beds had been added to many cells, and, in each block, several offices, observation rooms and rooms designated for use as kitchens/catering services had been transformed into accommodation areas.

Secondly, it is a matter of serious concern that there was an almost total lack of communal spaces and rooms which could be used for association and psycho-social activities.

Thirdly, although new furniture (beds, tables, stools and shelves) had been provided, no lockable storage space was available for patients.

Fourthly, the outdoor exercise yards were still in a deplorable state (with the surface being unpaved) and they lacked any sports facilities, means of rest and shelter against inclement weather.

25. The CPT acknowledges the significant investments made by the Albanian authorities to refurbish Blocks 4 and 5 at Lezha Prison as temporary facility for forensic psychiatric patients. Comparing the new material environment with the conditions offered to male patients at the Kruja Special Institution and, previously, in the Prison Hospital, is like comparing day and night.

However, despite the improved material environment, both detention blocks did not resemble in any way a health-care establishment. Like the rest of the prison, they had been designed as prison units and they were also equipped as such (with heavy metal doors and metal bars). Given the carceral setting and the total lack of communal spaces, the temporary facility at Lezha Prison does not have the potential to provide a therapeutic environment to patients.

26. As regards staff and treatment, the delegation was informed that virtually all the health-care, specialist and custodial staff working at the Kruja Special Institution would be transferred to Lezha Prison and that the staffing levels at Lezha were still being reviewed.

In this regard, reference is made to the recommendations in paragraphs 36 and 37.

D. Situation of female forensic psychiatric patients in the Prison Hospital

27. During its visit to the Prison Hospital, the delegation exclusively focused on the situation of female forensic psychiatric patients, and it interviewed virtually all of them. At the time of the visit, the Prison Hospital was accommodating a total of 23 female psychiatric patients, including 17 subjected to a court-ordered treatment measure under Section 46 of the Criminal Code, five subjected to a temporary placement order¹² and one female sentenced prisoner with a mental disorder.¹³

28. The CPT welcomes the fact that, due to renovation works (completed in March 2019), material conditions have significantly improved since the previous visit in 2018, in particular, in terms of state of repair, access to natural light and artificial lighting, ventilation, hygiene and living space. Most female patients were accommodated in multiple-occupancy cells (with three beds) measuring some 16 m² (including a sanitary annexe). It is also noteworthy that the long-standing issue of heating had been resolved and that access to showers no longer posed a problem.

That said, a number of deficiencies were observed. All cells were very austere, and several of them were only rudimentarily furnished (either only with beds or with beds and one plastic table and one or two plastic stools), so that patients were compelled to store their personal belongings in boxes under the bed. Further, some patients had only a piece of foam as mattress and incomplete bedding. Several complaints were received that, with the exception of soaps, basic personal hygiene products (such as toilet paper, toothbrush, toothpaste and sanitary towels) had to be purchased by family members. According to staff, only patients without family support would be provided with hygiene products free of charge.

The CPT recommends that the Albanian authorities take immediate steps in the Prison Hospital to ensure that all patients, including female forensic patients, are:

- **provided with a clean mattress and clean and complete bedding;**
- **regularly provided free of charge with basic personal hygiene products.**

Further, steps should be taken to equip cells with a table, chairs and lockable storage space.

29. It is regrettable that the outdoor exercise yard, which was very bleak with a concrete floor surrounded by high walls, did not have any shelter against inclement weather. **Steps should be taken to remedy this shortcoming.**

¹² Pursuant to Sections 46 or 239 of the CCP.

¹³ In addition, there were 25 male remand and 14 male sentenced prisoners as well as three male inmates from the Kruja Special Institution, who were [all] undergoing somatic inpatient treatment. The hospital also comprised a recently-created unit for prisoners from the entire prison system who had been diagnosed with Covid-19 and were in need of hospital treatment. On the day of the visit, five of six Covid-19 patients had been transferred back to prison.

30. As regards activities, the CPT notes with grave concern that the situation has further deteriorated in recent years. First of all, access to fresh air appeared to have become an issue. According to staff, all patients were offered outdoor exercise twice a day for one hour (in accordance with the relevant legislation). However, all female patients interviewed by the delegation indicated that they were able to go to the open air only for one hour per day (while outdoor exercise had been provided for several hours per day during the summer). Further, there were neither sports nor other recreational activities, since the only room available for activities (outside the ward) had become part of the unit for Covid-19 patients and was thus no longer accessible. In addition, patients no longer had access to television or a radio, nor were they provided with any board games. In short, patients usually remained locked up in their cells for up to 23 hours per day, the only occupation being reading books from the hospital's library or reading material provided by families. The situation was further exacerbated for two patients who, due to their mental condition, were accommodated (voluntarily) alone in a cell.

The CPT calls upon the Albanian authorities to take immediate steps to ensure that all female forensic psychiatric patients in the Prison Hospital:

- **benefit from offered outdoor exercise for at least two hours every day;**
- **have access to television and a radio as well as to board games;**
- **are provided with a range of daily out-of-cell activities.**

Further, steps should be taken to ensure that staff provide the two above-mentioned patients with more meaningful contact in a proactive manner.

31. Staffing levels in the ward for female psychiatric patients were generally adequate. The Hospital employed a psychiatrist who was usually present from Mondays to Saturdays from 9 a.m. to 1 p.m. and remained on call on Sundays. At least one medical doctor and four nurses were present in the Prison Hospital on a 24-hour basis. The Prison Hospital also employed two full-time (non-clinical) psychologists. In the ward for female psychiatric patients, two nurses, two prison officers (including one female officer) and at least one orderly were present around the clock.

That said, the CPT has misgivings about the fact that there was no designated nursing staff to care for female psychiatric patients. In practice, nurses constantly rotated among the different wards of the Prison Hospital. **In order to facilitate the maintenance of a therapeutic relationship, it would be preferable for some nurses to work exclusively in the ward for female psychiatric patients.**

32. Treatment plans had been prepared by the psychiatrist and were reviewed on a regular basis. Further, all necessary medication (including second generation antipsychotics) were available.

The CPT acknowledges the efforts made by both psychologists to care for female forensic psychiatric patients by providing psychological counselling (in addition to performing partly the work of a social worker). All female patients interviewed by the delegation confirmed that they were seen by psychologists daily and that they were invited to individual and/or group counselling sessions. The delegation was informed that up to five individual sessions were organised every day and four group sessions every month. Several patients followed specific programmes, such as aggression management or enhancing social skills. Further, every patient had a psycho-social file opened and reviewed every few months by the psychologists on the basis of a template which was also used for prisoner in the entire prison system.

Notwithstanding that, there were hardly any other therapeutic activities (such as occupational therapy), due to the lack of specialised staff.

Further, it is regrettable that there appeared to be a lack of communication and co-operation between health-care staff and the psychologists, in particular when it comes to the preparation of treatment plans and the organisation of activities. Such a state of affairs manifestly hampered the development of a multi-disciplinary approach.

In this regard, reference is made to the recommendations in paragraphs 36 and 37.

33. The CPT welcomes the fact that, as during previous visits to the Prison Hospital, its delegation observed that mechanical restraint was used only infrequently and usually only for short periods.¹⁴ However, it is a matter of concern that, despite specific recommendations repeatedly made after previous visits, agitated and/or violent patients were restrained with inadequate means (i.e. bedsheets) and, contrary to the relevant legislation and existing instructions,¹⁵ the patients concerned were usually not continuously and directly monitored by a member of staff. Further, it remained the case that instances of chemical restraint were not recorded in the restraint register, but only in the patient's medical file.

The CPT recommends that the above-mentioned deficiencies be remedied without further delay.

34. As regards contact with the outside world, it is positive that patients could in principle use a payphone without any restrictions and that, since the beginning of the Covid-19 pandemic, all patients were offered the possibility to communicate with the outside via Voice-over-Internet Protocol calls. That said, the delegation was inundated with complaints from patients that, due to Covid-19-related restrictions and the lack of vaccinations against Covid-19, they had not been allowed to receive visits for more than 1½ years.

¹⁴ In the course of 2021, there had been 20 instances, each time for a duration of ten to 30 minutes.

¹⁵ For further details, see paragraph 44 of the report on the 2017 visit (CPT/Inf (2018) 18).

This issue was raised by the delegation with the Albanian authorities during the end-of-visit talks. Representatives of the Ministry of Health and Social Protection indicated that all female forensic patients were supposed to be offered a Covid-19 vaccination (as it had already been the case for all male forensic psychiatric patients and prisoners) but that there had been a significant delay. Shortly after the visit, the CPT was informed by the Ministry of Health and Social Protection that all female psychiatric patients who had expressed the wish to receive a Covid-19 vaccination had been vaccinated on the day after the visit.

The CPT welcomes the swift action by the Ministry of Health after the visit; **it would like to receive confirmation that all female psychiatric patients are henceforth again able to receive visits on at least a weekly basis.**

35. Finally, the CPT wishes to stress once again that the Prison Hospital suffers from major structural deficiencies. It not only looks like a prison rather than a hospital, but it also lacks the necessary infrastructure (such as communal spaces, facilities for psycho-social activities, etc.) to create an adequate therapeutic environment for long-term psychiatric patients.

The precarious situation of female forensic psychiatric patients, as described above, as well as the structural deficiencies of the Prison Hospital were raised by the delegation during the end-of-visit talks with the Albanian authorities. All interlocutors acknowledged the urgent need to significantly improve the situation of these patients. The delegation was informed that consideration had been given to the idea of transferring all female forensic psychiatric patients on a temporary basis to the former juvenile unit of Lezha Prison. Given the state of repair and the rather cramped conditions of that unit in the light of the severe overcrowding of the detention blocks for male forensic psychiatric patients, the CPT has doubts as to whether such a transfer would substantially improve the situation for female patients. In the CPT's view, the only viable solution is to speedily implement the long-standing plan to create a proper forensic psychiatric facility which will then provide an adequate therapeutic environment for both male and female forensic psychiatric patients.

In this regard, reference is made to the recommendations in paragraphs 36 and 37.

E. Conclusion and proposed action

36. The CPT once again acknowledges the measures taken by the Albanian authorities to transfer – as an interim solution - forensic psychiatric patients from the Kruja Special Institution to Lezha Prison. At the same time, given the structural deficiencies observed by the delegation both at Lezha Prison and the Prison Hospital, the Committee must stress the urgent need to find a permanent solution for the accommodation and treatment of male and female forensic psychiatric patients by creating a specialised forensic psychiatric facility (as is required by the relevant mental health legislation).

The CPT urges the Albanian authorities to redouble their efforts to implement their plan to set up such an institution without further delay, in order to provide all forensic psychiatric patients with a therapeutic environment and a multi-disciplinary treatment programme (in addition to pharmacotherapy), as outlined in the “road map” referred to in paragraph 13.

37. Pending the implementation of the above-mentioned plan, **the Committee recommends that the Albanian authorities take immediate steps to ensure that:**

- **the number of health-care staff and orderlies is increased at the temporary facility in Lezha;**
- **clinically-trained psychologists and occupational therapists are recruited at Lezha Prison and the Prison Hospital;**
- **an individualised multi-disciplinary treatment plan is prepared for every patient – and regularly reviewed – by psychiatrists in consultation with psychologists and other specialist staff;**
- **all male and female forensic psychiatric patients are offered occupational and other psycho-social therapeutic activities. The aim should be that every patient is offered the opportunity to participate in an organised activity every day and is motivated by staff to participate therein;**
- **standard operating procedure (SOPs) are established for the accommodation and (involuntary) treatment of forensic psychiatric patients. These SOPs should *inter alia* make it clear that, given their particular status, forensic psychiatric patients should not be subjected to prison rules (including as regards the provision of outdoor exercise and contact with the outside world);**
- **the conditions of the outdoor exercise yards at Lezha Prison are improved in the light of the remarks made in paragraph 24.**