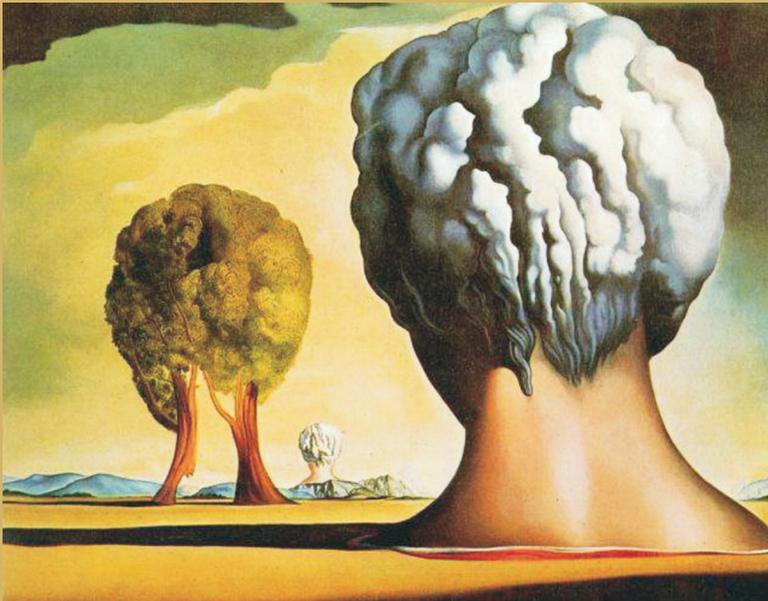




QENDRA KOSOVARE PËR REHABILITIMIN E TË MBIJETUARVE TË TORTURËS
KOSOVA REHABILITATION CENTRE FOR TORTURE VICTIMS



HUMAN RIGHTS SITUATION IN MENTAL HEALTH INSTITUTIONS

January 2010 – February 2011

*Promoting human rights of persons deprived
of their liberty in Mental Health Facilities
in Kosovo, supported by:*



ANNUAL REPORT, FEBRUARY 2011
KRCT, Prishtina



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KOSOVA REHABILITATION CENTRE FOR TORTURE VICTIMS - KRCT

The project Promoting human rights of persons deprived of their liberty in Mental Health facilities in Kosovo, supported by Civil Rights Defenders – CRD.

The content of this publication is the responsibility of Kosova Rehabilitation Center for Torture Victims – KRCT.

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Table of Contents:

List of Abbreviations	4
Introduction	5
Acknowledgements	7
Methodology	7
Organizing and Implementing the Monitory Visits	10
Visits	11
In general about the monitored institutions	13
The current situation the monitored institutions	16
-Legal Issues	18
-Poor Infrastructure	20
-Accommodation	22
-Kitchen and Food	25
-Personal Hygiene	27
-Clothing	30
-Health Care	31
-The management of time and activities	36
-Contacts with the outside world	39
-The relationship between the staff and residents	41
-Private and Family Rights	42
-Cigarettes, alcoholic drinks and drugs	44
-Petitions, Complaints and Disciplinary Procedures	45
-Limited Number of Personnel	45
-Capacity Building of the Personnel	47
Prishtina Psychiatric Unit	48
Improvements within the Mental Health Institutions noticed during the monitoring visits	50
Recommendation	51

List of Abbreviations

MoLSW – Ministry of Labour and Social Welfare

MoH – Ministry of Health

MoJ – Ministry of Justice

SSI – Shtimje Special Institute

CH – Community Houses for Persons with Mental Disabilities

CHH – Children Houses with Mental Disabilities

CIRPCPS – Centre for Integration and Rehabilitation of the Chronic Psychiatric
Cases in Shtime

RCH – Reintegration Community Houses

SWC – Social Work Centre

KCS – Kosovo Correctional Service

CC – Correctional Centre

DC – Detention Centre

PU – Psychiatric Unit

UCCK – University Clinical Centre of Kosovo

PC – Psychiatric Centre of (UCCK)

NPM – National Prevention Mechanism

CDHRF – Council for Defending the Human Rights and Freedom

LPI - Legal Psychiatry Institute

CPT – Committee for Prevention of Torture

Introduction

Kosova Rehabilitation Centre of the Torture Victims (KRCT) is an independent, nongovernmental and non-profitable organization which has been established in 1999 with a mission to provide the rehabilitation treatment for the torture and traumatized victims from the aftermath of Kosovo war. KRCT is committed to build continuously its own capacities of the personnel and also to offer support to the public sector in providing services in issues related to the torture and trauma. KRCT is also engaged in promoting the human right protection for all ethnicities in Kosovo and to prevent and eradication of torture and all other form of inhuman mistreatment.

The Human Rights Protection Sector which works under the KRCT was established in 2009 as part of its prevention strategy. Through its research this KRCT sector was able to advocate about the shortcomings within the legal framework in Kosovo regarding the torture prevention and protection of victim's rights. The KRCT also advocates on raising the awareness of the Kosovo institutions responsible to take the required steps for amending the legislation. Moreover, the KRCT has initiated the discussions with the relevant actors for establishing the National Prevention Mechanisms, by reaching the Memorandum of Understanding (MoU) with the Kosovo Ombudsperson Institution and Council for Defending the Human Rights and Freedom (CDHRF), as part of their joint commitment to fulfil the National Campaign against the torture.

The transparency and independent control of the public administration is based on the development of the institutional

system which is in accordance with the democratic principles and rule of law enforcement. In this context, starting from 2007 KRCT is implementing its monitoring activities of Correctional Centres, Detention Centres and Police Holding Cells.

As a part of its campaign for human rights protection and prevention of torture and other forms of ill-treatment or inhuman behaviours, KRCT starting from the January 2010 has started the implementation of the project "Promotion of Human Rights of Persons Deprived from their Liberty that are placed on the Mental Health Institutions in Kosovo", which is supported by Civil Rights Defenders (CDR). The monitoring team of KRCT¹ which is part of this project has realized monitoring visits in the deferent Mental Health in Institutions and Centres in Kosovo², in which are kept persons with psycho-social problems.

The mains purpose for monitoring of Mental Health Institution and also for monitoring the correctional and detention centres in Kosovo is to evaluate the level of respecting the human rights in these institutions in order to prevent the possible human rights violation and to contribute in raising the transparency and improve the implementation of the internal standard by these actors.

¹ The monitoring team of KRCT is composed by medical experts, psychiatrists, lawyers and human rights activists.

² Part of the project is the monitoring of these institutions: Shtimje Special Institute (SSI); Community Houses (CH) in Shtimje, Ferizaj, Kamenica, Vushtrri, Deçan; Children Houses (CHH) in Shtime and Graçanica – institutions which are managed by MLSW; Centre for Integration and Rehabilitation of the Chronic Psychiatric Cases in Shtime (CIRCPSC), Reintegration in Community Houses (RCH) in Prishtina (Fushë Kosovë), Gjilan, Mitrovica, Gjakova, Peja and Prizren – institutions which are managed by MoH and; and PU which is managed by Kosovo Correctional Service of MoJ which serves for mental expertise of detained and imprisoned persons. With this report we are referring with "institution of the mental health" only to abovementioned institutions and centres which are monitored, not to all of the mental health institutions.

Acknowledgements

Kosova Rehabilitation Centre for Torture Victims (KRCT) wishes to express its gratitude to all the individuals, Kosovo institutions, international organizations, and the professional experts that contributed to the monitoring of the Mental Health Institutions.

In the first place, KRCT wishes to thank and express its deep gratitude to the Civil Rights Defenders (former Swedish Helsinki Committee) for the confidence placed in its expertise and capacities as well as for the support given to such initiatives, crucial to the improvement of the mental health system in Kosovo and MDAC (Mental Disability Advocacy Center) residency in Budapest for the support and expertise for KRCT staff.

Special gratitude should be expressed to the monitors, collaborators, other local and international organizations for their immense contribution and dedication to further improvements in the mental health system in Kosovo.

Methodology

This is the first year of implementation for the monitoring project of Mental Health Centres.

The monitoring team of KRCT have undergone through two preliminarily training in order to increase the monitoring capacities in the field of human rights in the mental health area, organized by Mental Disability Advocacy Centre (MDAC), based in the Budapest.

The monitoring of the mental health institutions have started after the preliminary preparations and approval of the request from the respective ministries (MoH and MoLSW) for allowing us the monitoring visits.

The monitoring visits were conducted in accordance to the specific terms of references designed to implement the best local and international practices of monitoring. The main objectives of these monitoring visits were to:

- *Assess the current state of Mental Health Institutions*
- *Evaluation of treatment and accommodation of the residents³ in the context of respecting the human dignity and human right protection*
- *Analysing the documentations*
- * Implementation of the local and international standards*
- *Drafting and presenting the preliminary recommendation*
There have been different meeting and interviews with the personnel and residents of these institutions regarding the treatment and material conditions within these institutions which included:
 - * Meeting with the management and authorized persons of these institutions;*
 - * Interviews with the residents (which were always private*

³ The term "resident" in this report refers to the persons located in SSI, CH's, CHH's, CIRPCPS and RCH's.

HUMAN RIGHTS SITUATION IN MENTAL HEALTH INSTITUTIONS

and confidential without the presence of the third parties);

** Meeting with the staff of these institutions;*

** Closing meetings with the management (mainly directors) of these institutions, short summary of the preliminary findings and recommendations to prevent the continuity of evidenced shortcomings;*

According to permit issues by Ministry of Labour and Social Welfare (MLSW) for the allowing us the monitoring visits, the management personnel of the mental health institutions and Division for Mental Health (DoMH) need be informed ahead of each visit conducted by KRCT. Based on this methodology imposed by MLSW it is quite difficult to access the information and monitor the real state on the institutions managed by this ministry. Whereas base on the permit issued by the Ministry of Health (MoH) it allows out team to conduct also the unannounced monitoring visits.

In general the monitoring of treatment and accommodation of residents held in RCH is recognizably better than in CIRCPCS, SSI, CH's and CHH's.

The report on "Human Rights in the Mental Health Institutions" is based on the above mentioning standards in the terms of reference, by focusing in the specific points highlighted during the monitoring visits, as follow: the legal framework for placement of the residents; infrastructure and accommodation; kitchen and food; personal hygiene; Clothing; medical healthcare; activities; contacting the outside world; relationship between the residents themselves and also their personal relations with the personnel;

the private and family rights; smoking; rights for redressing the complaint petition and disciplinary procedure; etc.

Considering that this is the first report, the all data's provided in addition are presented in the descriptive form regarding the treatment and living conditions of the mental health institution residents.

In the ending of this paper is fallowed by recommendations regarding the improvement of treatment and living condition of these residents.

KRCT will fallow the process of implementing this recommendation by offering the open dialogue and debate to the relevant authorities and by continuing its monitory visits of the mental health institutions.

Organizing and Implementing the Monitory Visits

In order to guaranty the successful implementation of objectives and activities foreseen by this project, a special attention was paid to the structure of monitoring team responsible to implement the monitoring visits. The KRCT experts have prepared the preliminary reporting structure by incorporating the international principles represented by Torture Prevention Committee through its monitoring visits and recommendations.

Ahead of each visit, each member of the monitoring team will be preliminary introduce with basic information about the institution

which is going to visit. Each of the experts will be appointed with the special task and in most of the cases the monitoring team of experts will reflect the gender balancing.

The information were collected through monitoring visits in respective institutions; confidential interviews with those resident which have been able to be interviewed; discussions/meetings with the management staff of these institutions and also based on the evaluation of the standards which are foreseen by terms of the references.

During the project implementation period, the KRCT experts has monitored 17 institution where they have realized 61 meetings and interviews with the personnel of institutions whereas 58 were confidential interviews with the residents.

Visits

Every visit conducted by KRCT monitoring team has started by meeting the management of the visited institution. These meeting have served for brief presentation of monitoring team experts, the purpose and objective of the visit, and also to gather information directly from them.

The second phase of the visit is mainly focused in consulting the official registers of the current number of residents in the visited institution. The main purpose of this phase is to have clear understanding about the problems which are related to the food, hygiene, medical services and education provided for the residents as well as their reactions towards the personnel such as violent

reaction, disciplinary measures, etc.

The third phase of the monitoring visits is focussed mainly on analysing the functioning of internal routine within the institution building. These include detail monitoring of the: residents rooms; hygiene; showers and toilets; kitchen, environment for the daily activities, first aid and medical treatment. These visits include also the monitoring of the working space of institution's personnel.

The forth phase is dedicated for the meetings and interviews with the residents, which is crucially important for the successful implementation of this project. The KRCT experts have been always provided with the separate room which makes it possible to realize interviews outside the view of the personnel of these institutions, which guaranties the confidentiality and safety of the personnel to avoid any possible consequences from the personnel.

The fifth phase of the monitoring visits consists on meetings and interviews with the personnel of the institution which we are monitoring include also the personnel responsible for the different services provided for the residents included: social workers, doctors, kitchen chiefs, etc. The sixth phase of the monitoring visits represents the closing meeting with the management staff. In general, during these closing meeting the KRCT experts have practiced a short summary of main findings. In addition, the visits have been fallowed with the mission reports elaborating the details about the monitoring process.

In general, the personnel were very cooperative and flexible, allowing our monitoring team to conduct interview with the residents as well as the object under the predetermined conditions.

IN GENERAL ABOUT THE MONITORED INSTITUTIONS

Shtime Special Institute (SSI) has been divided into two parts from 2006, one part for people with intellectual disability, managed by the Ministry of Labour and Social Welfare (MLSW), and the other, for people with psychiatric diagnoses and intellectual disability, managed by the Ministry of Health (MoH). The latter institution (Integrated Mental Health Center) was where the monitoring took place.

Currently there are 58 residents placed in two buildings under the supervision of the SSI. The first building has two floors, and houses residents who are able to walk and do not require continual care, whereas the ground floor of the second building houses those residents who are paralysed or cannot otherwise walk. Starting in 2008, the SSI have built a total of 5 Community Houses (CH)⁴ and 2 Children's Houses (CHH).⁵ CHs are mainly used for people with a higher capability compare to those remaining in the SSI, and are organized based on family-type homes with approximately 10 residents in each. CHs are directly dependent on the SSI both for professional staff support and for financial sustainability. Although CHHs were planned to facilitate residents younger than 18 years of age, some of the residents remain there after reaching 18 years of age.

There are 57 residents under the supervision of this institution, mostly resident from the period before the 1999 war started. Since there is no specific law regulating the functioning of this institution, it is not allowed to instigate new cases. Therefore, after 1999 this

⁴ Shtimje, Ferizaj, Kamenica, Vushtrri and Decan

⁵ Shtimje and Gracanica

institution has accepted only those cases that were transferred from Regional Centres for Social Welfare, Centres/Houses for Elder People and cases which are based on court decisions. Currently, only three residents have been placed based on court decisions.

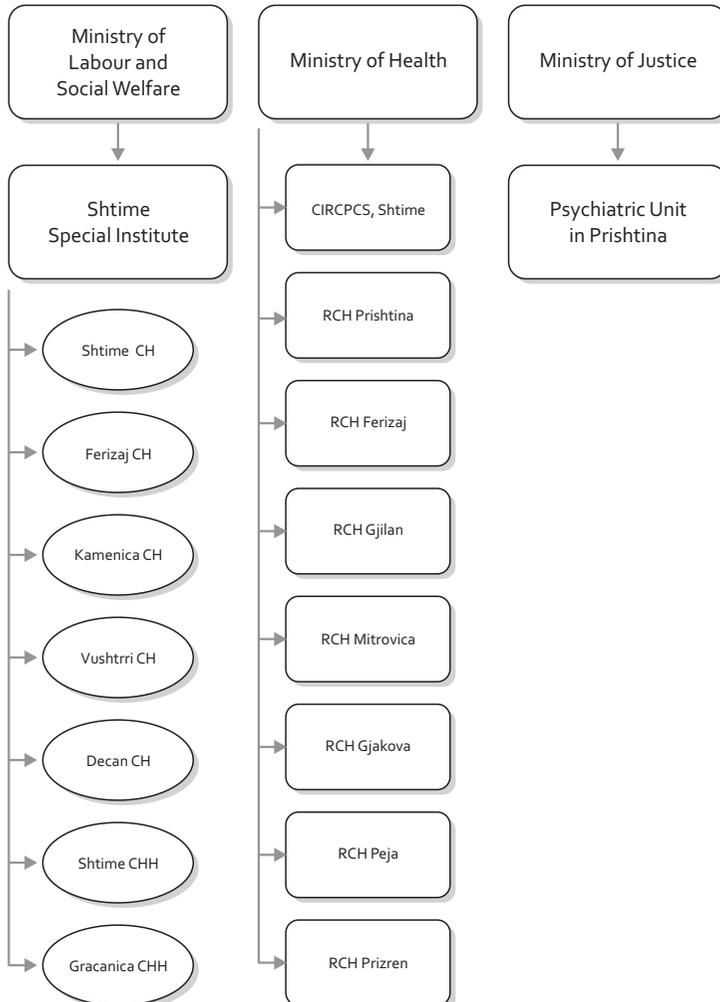
Seven of the largest municipalities in Kosovo ⁶ also provide Integrated Community Homes (ICHs), each of which house about 10 residents chosen by a selection committee. These houses are under the direct supervision of MoH, while professional mental health services are provided by Mental Health Centers (MHC) from their respective municipalities.

As part of the Project for Monitoring the Mental Health Institutions, the monitoring activities included also the Psychiatric Unit - PU which is under the jurisdiction of the Ministry of Justice (MoJ), but is located near the Clinical Center and University of Kosovo - UCCK. The PU mostly houses people from Detention Centres (DC) or Correctional Centres (CC) who require an examination from psychiatric experts.

All services for the residents of these institutions are offered free from charge, covered from the Kosovo consolidated budget, because the residents are not supported by their family members.

⁶ Prishtina, Ferizaj, Gjilan, Mitrovica, Gjakova, Peja and Prizren

The Structure of the Monitored Institutions:



THE CURRENT SITUATION IN THE MONITORED INSTITUTIONS

During the monitoring visits it has been noticed that there was an improvement in infrastructure and services since the report conducted by international mechanisms (CPT), although during the visits conducted by KRCT it has noticed still some deficiencies on the functioning of these institutions, either in the services or infrastructure, which were not compatible with the human rights standards.

** In addition we elaborate some key findings during the monitoring visits:*

** The lack of the legal infrastructure;*

** The lack of capacities to train the personnel on treating the persons with mental disabilities starting from the first contacts with the residents, communication and psycho-education;*

** The working methodology contains a gap of protocols for treating the cases with acute crises/emergency cases;*

** Lack of the professional capacities and the need for organizing more trainings and rehab programmes (starting from the first contacts until the final phase of social reintegration);*

** Poor conditions:*

- Poor maintenance of the Community Houses

- Lack of blankets and cloths for the residents

- Lack of medicaments and treatments of chronicle mental illness

** Lack of medical services and medical personnel (psychiatrists and psychologists)*

** There is an emergency need to administrate the psychiatric cases – Because of the lack of alternatives for the persons above the age of 65 that are diagnosed with the mental illness; there is a serious problem because these categories of people do not have any specific treatment institute. Acknowledging that as a basic criteria for House of Elders is also the psychiatric verification, the accommodation of these categories remains still unresolved;*

** Lack of categorization of residents based on the ages;*

** The legacy rights are not recognized to the residents which are located in these institutions. Their property is usually inherited by their family members and although they inherit their property, they do not show any interest on taking care of them;*

** Although the Centre for Social Work (CPS) is obliged to take care legally for the residents of SSI, CH's and CHH's, they barely conduct any visits therefore this institution could not protect the rights of the residents;*

** The psychiatric treatment of the persons deprived of liberty which are placed in Prishtina PU is inadequate. Due to the lack of the treatment conditions the female persons are kept*

with the tied hand during their entire period staying in this centre.

In this part of the report we will elaborate all the collected dates during the monitoring visits which will be elaborated based on the concrete area. In the beginning we will elaborate the SSI, CH's and CHH's which are managed by MoLSW, whereas in the second paragraph for the ICMTS and RCH's which are managed by MoH. This paper ends with the elaboration of general conclusions.

1. Legal Issues:

Legal Bases: RCH, CH and CHH (Institution for treating residents with mental retardation) functions based on the "Law on Social and Family Services" and also based on the other administrative instructions and regulations for functioning of the SSI issued by the Ministry of Labour and Social Welfare. However the legal provisions under which the SSI, CH and CHH functions are not harmonized with other legal provisions, creating gaps when interpreting their provisions.

One of the criteria of residence in the SSI, CH or CCH is certification of insanity by the competent court. However, despite the fact that all residents of the SSI, CH and CHH have such certification, and the electoral law clearly defines that "No one shall be allowed to vote if that person is declared mentally insane by a decision made by trial",⁷ ISS residents appear to have voted in previous elections, including the elections held in December 2010. However, there are also CHs where the residents did not participate in the election. Where SSI

⁷ Law on the General Elections in Kosovo, Art. 5.2, c

CHs and CHHs did not prevent residents from voting in the election, this could be considered as a breach of law. In an international legal framework, however, the wide ban on residents voting in Kosovan electoral law may be considered discriminatory, and the assumption that mental disorder and/or intellectual disability renders a person incapable of voting is untenable.⁸

The Centre for Social Welfare is obliged to appoint a legal guardian during the period of insanity for any of resident placed in these institutions. According to the legal provision, at least 3-4 times per year legal guardians must visit those for whom they are guardians, to take care for their rights, although so far this has almost never been the case. Up until now there are only rare cases when legal guardians visit residents.

Legacy is another concern for residents of SSI, CH's and CHH's. Although not all clients have families, those who have families which may have even sent them under the custody in the SSI CH or CHH, do not care at all about them and they may have left properties behind. In some cases the property of the persons under the mental custody may be inherit by the distant blood relatives, although they do not offer them any support (e.g. visits, spending holidays together, providing cloths etc.). The only support for the residents is the one provided by state institutions.

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The same problems have been noticed also to the most of the residents in the CIRPCS and in the RCH's. Also these residents are deprived from the legacy right by their family members.

⁸ See, for example, the United Nations Convention on the Rights of Persons with Disabilities, Article 29 (<http://www.un.org/disabilities/convention/conventionfull.shtml>).

According to the Administrative Instruction 07/2009 which regulates the functioning of the mental health institutions which are managed by the MoH, it has been foreseen that in these institutions should stay only persons that are younger than 65 years old, while residents of these institutions who reach the age of 65 years old within these institutions, should be sent to the House of Elders (HoE). But this issue should be further regulated because the HoE's can not accept the mentally retarded persons.

There is a need of harmonization of legal provisions which regulate the operability of those institutions in which are situated persons with mental disabilities, respectively a special law should be drafted to regulate in detail minimal standards for accommodation and treatment within these institutions.

2. Poor Infrastructure

Even though the community houses are relatively new (approximately 4 years old), during our monitoring visits the condition of facilities inside these institutions were extremely poor, with broken installations and the floor in terrible condition. In Ferizaj CH⁹, the major part of the parquet was completely broken as result of humidity; a mildew smell was apparent and electrical installations were also broken so that none of the bedrooms had electric light. Electric lights were out of function even in the bathroom and toilet of residents, while the offices and bathrooms of the staff had electric lights in place. Electric lights were missing also in the CHH Shtime. In this regard, the rooms of the residents

⁹ The presented data were from monitoring visits conducted in 01.10.2010

would be in total darkness from night fall.

In the SSI, some doors were completely missing or greatly damaged (for instance lacking door-handles), which affected the privacy of the residents. This was especially concerning as many of the rooms with the female residents were also affected. Doors were damaged also in Gracanica CHH where one of the resident's rooms was even missing the door. As regarding the floor, the condition was the same also in the Shtime CH and Gracanica CHH where the parquet was spoiled and was swollen from humidity so that doors opened with difficulty.

In both SSI buildings, bathrooms and toilets were significantly damaged, in some cases to the extent that they were unusable.

The lack of maintenance services in these institutions/centres was a clear problem. For maintenance issues (even to intervene in cases of minor repairs) the CHs were directly dependent upon SSI officials. During the monitoring visits on some of the CH' and CHH's the electrical equipments were not working: in Shtime CH the dish-washing machine was not working, the cooker was not working properly. In Vushtrri CH the cooker was also not working properly, the dish-washing machines and the laundry machine¹⁰ were not functioning and also the lights were broken. This difficult situation has come as result of the centralization of the budget.

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Similarly to SSI also in the CIRCPCS the condition of inhabited areas were not in good condition. Although in RCH's the object have good construction and were maintained well, there were houses which

¹⁰ During the our visit brother of one of the clients brought a laundry

lacked the necessary equipments.¹¹

The budget of these institutions should be decentralized in order to make easier the maintaining of their objects, and not as it is now which for small breaking of equipments there are a lot of procedures until they are provided with the budget to recover the eventual damage.

3. Accommodation

Due to the nature of functioning and its capacities the Shtime SSI is larger compared to the CHs which have the same appearance and infrastructure. The CHs and CHHs usually have 4-5 bedrooms, living-room and dining table, bathrooms, a small kitchen and small garden and can accommodate around 10 residents.

Although the SSI has capacities to accommodate the biggest number of the residents, this institution lacks sufficient space for accommodation of all residents. The SSI was working in its full capacities at the time of our visit, with 57 residents accommodated in its buildings. There was an average of 2,3 residents located in each room, and some rooms housed up to 5 persons. In some rooms the distance between beds was about 15 cm, leaving the resident no space for personal effects or privacy.

Males and females were usually placed in separate rooms, with exceptions only being made in some institutions where this reflected the wishes of the residents concerned. For example, at the CH in Decani a male and female were sharing the same room (both were adults)¹², but by their consent. This example should be

¹¹ In one of the bedrooms in Gjakova RCH the electric lamp was missing

¹² This female resident is paralyzed

followed by other institutions too, as there are some other cases where the residents were prevented from sharing a room together despite their interest.¹³ The residents should be provided with the opportunities and to allow them to live their lives as they wish.

Generally, rooms in the SSI, CH and CHH had a small closet and a wardrobe for resident's clothes. In some cases these were, however, empty of belongings. In many cases, the environment inside rooms was barren, and almost none of the rooms possessed any painting or other decoration. In some rooms the carpets had been removed due to the high level of the humidity.¹⁴ Some of the interviewed clients expressed the desire to have a radio in their rooms, and not, as at present, just in the shared lounge. However, the situation at the CH in Gracanica was very different, in that rooms were equipped with photos, paintings, television, computer, and various toys.¹⁵

During the accommodation of the residents special care should be given to the gender balance, especially within the CH's where the number of residents is small (approx. 10 residents). For example, the Vushtrri/Vuçiterna CH was inhabited by 9 female and only 1 male. In these cases care should be taken that the placements are appropriate, and if not alternatives should find, including the possibility of transferring of the male person to another CH.

The CH in Decan is placed in the suburban area far from the city, which is totally separated from social life, respectively is placed in the very high mountains compare to the city in a place which is

¹³ During the interview with one of the residents in SSI expressed its desire to live with a female resident but, according to him, he was not allowed to by the staff.

¹⁴ In the SSI all rooms were without carpets and same was in the Vushtrri CH, etc.

¹⁵ After our first visit in Shtime CH in 01.10.2010 the conditions of rooms where children were located was unfit for use. In the second visit conducted in 16.02.2011, there were obvious improvement, there were better doors, new beds the rooms were painted and there were some decorations and paintings too.

almost inhabitable. They lack official vehicle, respectively the official vehicle is out of use, despite that the officials several times required its repairmen from the SSI and ICMTSH. The vehicle for this CH is necessarily needed.

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There are three wards CIRCPCS is divided in three wards. In two of them males and females residents were placed together. Male residents were usually placed alone in their bedrooms, while female residents were sharing their rooms with two or more female roommates. Beside individual beds and a small closet which were brought lately, there is nothing else on the bedrooms. Rooms have no decoration, even though the interviewed clients admitted that they are allowed to decorate their own rooms. This is due to the lack of interest express by residents, but we felt that staff could do more to encourage personalisation of living spaces. Even though a small closets were brought into the clients rooms (which up until now were completely empty), they were mainly used to put the soap and towels, because the clients did not felt safe to put other personal things due to the fear that they might be taken by other clients.

Currently, the approximate number of residents accommodated in RCHs is around 10 persons. Residents located in those house, have been selected by the respective regional selection committee. The residents are required to fulfil the legal criterias in order to be selected for these centres.

RCHs are usually built in two-storey house and they are equipped

with bedrooms, kitchen with table bread, living-room, bathrooms and a small hall for physical activities. There are two or more beds in each room, and there are separate rooms for male and female. Living-rooms were well-kept and clean, with good furnishings and carpets. The bedrooms have good beds and two closets. In CIH in Gjilan, some of the bedrooms of this house were decorated with paintings and photos, there were various books, there were also TVs and radios in the bedrooms, and compute which was in use by one of the residents. Also in the other CIHs rooms were well maintained, but they were not so attractive.

The residents located in these institutions should be provided with adequate conditions for living by offering human treatment and accommodation. These residents are not voluntarily placed in these institutions and the institutional care is the only opportunity for them to survive.

4. Kitchen and Food

The SSI has a kitchen and a dining hall, which was quite big and clean. Kitchen was equipped with electric stove, deep-fat fryer and dish-washing machine. Food was served three times per day, and according to the residents it was tasty but sometimes insufficient, not in the quantitative aspect but in the sense that it is need an extra ration later in the evening or between the twi rations (e.g. fruits etc), in order for residents to be satisfied. There is sufficient drinking water, the environment where food reserves are placed convenient in the appropriate tables and is a proper lighting, temperature and ventilation. Residents that were in better health

condition¹⁶ ate in the dining hall, while those who did not have good health condition, ate in the lobby of the building in which they were located, where the conditions were not very good, for instance because the tables were small and not appropriate for dining.

CHs and CHHs have a small kitchen with electric stove, refrigerator, and dish-washing machine. Food was prepared by staff working on these centres and was served three times a day. These centres are supplied with the groceries by ISS on a monthly basis. Residents were dining on the lounge, in one of the corners where the dining table were placed. The residents were satisfied with the quality of food and service. One of the residents who suffered from diabetes had been offered a special diet from Shime CH officials.

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CIRCPCS has a kitchen and two dining rooms (one for clients and one for staff), there are three electric stoves, one other was with gas, and a ventilator. The kitchen was under renovation with an aim to use it for cooking food – at the time of the visit food was contracted from outside and served in three meals per day (two warm meals and one cold). The interviewed residents expressed their concern that the food was always the same, especially the breakfasts and dinners, but they reported that they had sufficient quantity of food. The environment where food is served was good, with seats and tables suitable for dining.

The drinking water is sufficient. They are supplied with the drinkable water from the city's water-supplier, but they have their own well too, and about 1500 litres of water reserves which are

¹⁶ Resident in SSI were divided in two objects, in one of them are placed those who can walk alone, whereas in the second object there are placed persons with the more difficult condition

located on the roof of the institution in case of problems in the city water system.

Also the RCHs had kitchens of household type, equipped of electric stoves, refrigerators, washstand, dish washing machine and other associated elements of kitchen. The food was prepared for three meals per day, with residents assisting staff in preparation and cooking of food. The food was generally tasty, but residents wanted to have more dishes and an option of additional fast-food in the evening. In some of RCH's (Mitrovica, Gjilan) one of the meals was brought from outside which included food, pie with yogurt, muffins etc. All RCH's had sufficient drinking water.

The environment in the kitchen where the residents were dining was suitable, equipped with tables, sufficient lightning, appropriate temperature and good ventilation. However it should be noted that RCH in Mitrovica have a very small kitchen and dining and they are inadequate for 10 residents.

These centres should provide the residents with the possibility to obtain food outside of normal mealtimes, and menus should be varied and appropriate to residents' wishes and needs.

5. Personal Hygiene

Residents SSI are allowed to have a shower everyday, and are assisted by the Institute's staff in doing so. There was generally unlimited hot water in the bathrooms, so that residents can shower as often as they want. However, in Shtime CH and CHH the staff told us that hot water can be limited when there is a power cut. The

occasional daily reduction of water is evident also in the other CHs (Ferizaj, Decan, Vushtrri)

Hygiene products such as soap, shampoo, detergents, etc., were generally sufficient, except that in some CH/CHHs (Shtime, Ferizaj) tooth brushes and paste were unavailable for some patients.

In the SSI, dirty clothes were sent to the laundry. Blankets and beddings are cleaned depending on need. Some of the interviewed residents said that most of times beds are without sheets. The bathrooms and toilets were shared by both men and women. Whilst there is a hairdresser at the SSI, at the CHs and CCHs staff members cut and dressed residents' hair. In Kamenica CH the manager of the centre himself cuts the residents hair.

Each of the CHs and CHHs has one bathroom for residents, usually shared by males and females, with staff responsible for the hygiene of residents and facilities in general. Residents can have a shower as often as they need. The centres have their own laundry machine and a drying machine, although very often they do not work and there are difficulties to repair them.

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The CIRCPCS has two large bathrooms for the residents and one for the staffs. They were supplied with hot water 24 hours per day, and were very clean, except for one toilet, which was a bit sunk.

Residents were allowed to have a shower every day and they were helped by the Centre's staff. Clothes were cleaned by staff depending from the needs. Unwashed clothes were sent to the

laundry for cleaning. Blankets and bedding were cleaned every week and depending from the need they were cleaned even more often. At centre there is a hairdresser who cares about the residents hairs, but female residents were complaining about the lack of adequate hairdresser. All residents were shorn in very good standards and were clean.

In the RCH's all residents who are able to get cleaned were allowed to do it by themselves while others are helped by the staff. There were no limitations, which mean that the residents are allowed to get cleaned whenever they want. They have a laundry to wash their cloths. Usually these centres have a laundry and a cloths-drying machine. Replacement and cleaning of linens is usually done every week or every two weeks. Toilet paper, soap, shampoo and other hygienic products were sufficiently available but residents stated that they are not satisfied with quality of these products. In Gjilan RCH occasionally there are water reductions which made it difficulties to maintaining the hygiene.

Bathrooms and toilets are shared by males and females and there are also toilets without doors/keys.

In general all these institutions including the SSI, CHs, CHHs, CIRPCs and also the RCHs need to have additional staff to assist the residents.

The employment of the adequate staff is urgently needed in these institutions, otherwise its functioning in accordance with the required standards would be limited.

6. Clothing

All residents located in these institutions are dressed in civilian clothes, which are provided by SSI, CH or CHHs through donations from different sources such as: Red Cross, KFOR, the Caritas, etc. According to the CH managers, they find hard to secure fund for buying underwear for the residents and they did this mostly through using petty-cash. The residents interviewed in Kamenica CH complaining of missing underwear. Residents of CH-s complained that bed-linen had not been changed once since the opening of the CH and, taking into account that these residents may need clean bed-linen frequently, we therefore are concerned for their comfort and hygiene.

In CH Vushtrri, the manager is responsible for providing clothes for residents. He provides those clothes through support of various external organizations (the mosque of the Hajvalia village donates clothes for the residents every year). The manager has on occasion used his own money to buy clothes for the residents.

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Even clothes for residents CIRCPCS were provided mainly through various humanitarian organizations such as Red Cross, KFOR, Caritas-i etc. Also the RCHs are responsible to provide cloths to the residents, however these residents were not furnished regularly with the underwear and they are complaining for lack of underwear

Cloths should be provided regularly accordingly to the needs of the residents. It is urgent requirement for the SSI, CHs and CHHs

to provide residents with the bed-linen and blankets.

7. Health Care

Primary healthcare and psychiatric services are crucially needed by the SSI. These primary healthcare services are provided by general practitioner who works full time starting from 8:00h to 16:00h, whereas the psychiatrist works part time only one day per week. The Institute also had a clinic which is maintained and furnished. The ambulance had a small pharmacy, sterilising equipments, a working desk, an EKG and a small surgical set. Beside the general practitioner (who is specialist in family medicine), there are also 12 nurses which work on shifts. The nurses are obliged to maintain the protocol of patients visited by doctor and all patients have their dossier which is located in the new files, but they do not have access these files. The SSI and other CHs or CHHs lack any psychologist input. Social workers are based at the SSI, but their contact with CH and CHH residents appears to be very rare.

If the SSI residents need any additional specialist service, they need to use the Family Medicine Centre at Shtime or, for more serious cases, they may be sent to the University Clinical Centre in Prishtina. Residents that we spoke with were generally satisfied with the level of health care and they received the medication regularly from nurses.

Residents of these institutions have more contact with nurses and technical staff than doctors. Some of the residents we spoke with were involved in vocational training and occupational therapy, but

others were not. They expressed interest in sewing, drawing, and other relaxing activities.

In SSI the supply with medication is sufficient and there were no out-of-date drugs still in use. However, we noted a lack of anaphylaxis medication; no protocol for the sterilization of equipment and during our two visits there was a lack of glyceryl trinitrate which is necessary for SSI. In general the pharmacy was clean and organized.

The level of health care in CH/CHHs is considerably less than an acceptable level. Medical services are usually provided by the Family Health Centres on the respective municipalities, despite the fact that based on the organizational structure of these centres, the medical staff from SSI should provide health care services to the residents of those centres. However, considering the distance between the SSI and CH's (Kamenica, Decani, Vushtri etc.) it is almost impossible to benefit health services provided by SSI. In the Decani CH there were some of the residents which needed regular psychiatric treatment, but any regular psychiatrist visit from ISS was impossible in practice. Thus the staff of Decani CH itself organized medical oversight of the residents through the psychiatrist at the local clinic, although the treatment plan did not change anything in the long term perspective from Kamenica CH where the medical visits of the residents were conducted in the nearby family medicine clinic, while for the psychiatric treatment the residents were sent in the city of Gjilan. (Though there is no agreement between the MoLSW and MoH for the treatment of these patients within the public health institutions, based on their good-understanding and close cooperation between these

institutions, the residents were that had health problems conducted medical visits without any problems, whereas psychiatric services have been provided by Centre for Mental Healthcare). These visits are conducted only if it is necessary, and those are not provided regularly. There is an immediate need for a psychiatrist in CHs and CHHs to continuously monitor the condition of the residents, and not only in cases where their condition is deteriorating. Residents have very little information about the treatments that they are taking and they do not therefore have an opportunity to give their valid consent to such treatment. According to the staff working in the institutions, residents are not able to understand the treatment plan and therefore do not reject it.

For those residents that use regular therapy, medication is distributed to them once a month on the ISS, whereas the other residents are usually provided with the medication by public health institution or other institutions where they are visited. If the public health institutions do not possess the medications, those may be bought by using petty cash.

The medical dates and medication of the SSI residents were placed in the object of the SSI clinic which is separated from the object where the residents are accommodated. The therapy was delivered from the clinic and was distributed in the leaving room based on the regular dose given to the each of the residents.

There was no protocol for dealing with violent or aggressive behaviour. Usually such behaviour is responded to with medication recommended by doctors based on the needed. However, the lack of a protocols which could be implement also by the middle rank

staff lead to the possibility of endangering the personnel.

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In CIRCPCS the health services were organized in a very small and insufficient number of medical personnel and there was a lack of general practitioners and medical specialist. The middle-rank personnel was consisted mainly of small number of technicians and technical assistants which was insufficient, especially during the night shifts. For the health care issues in CIRCPCS was taking care the manager himself, which was a doctor by profession. The residents receive their psychiatric services occasionally from a volunteer psychiatrist which comes from Ferizaj. The CIRCPCS lacked psychologists and social workers. The clinic in this institution is equipped with: tension-meter, thermometer, small set for surgery, steriliser of equipments, pharmacy, the manual and a small working table.

Similarly to the SSI, in case if it need any additional specialist intervention also the residents of CIRCPCS sent to the Family Medicine Centre at Shtime, where they are provided with dental services too. The management of this centre had good relationship also with the Psychiatric Clinic of University Clinical Centre of Kosovo and they could possibly send some of the patients there if that is necessary.

The technical staff maintain the protocols for patients that visited the doctor. The protocol books which the medical staff possesses include: evidences for the residents which are sent outside the institution, the protocol of the residents who were using the Akineton, Moditen, etc.. There was no specific protocol for urgent

therapeutic action in case of deterioration of the condition of any of the resident, or management of violent or aggressive behaviour, and yet there were limited opportunities for psychiatrists to intervene urgently in person. There was no protocol to evidence the suicidal cases.

The required therapy usually was distributed mainly during the food ration while the ampulare therapy was given locally. It worth mentioning that CIRCPCS was not regularly supplied with drugs, during the last monitoring visit¹⁷ this centre was left without supplying with the therapy, the drugs were missing starting from the essential list. There were no: analgesic, antipyretic, antibiotic, also the centre was missing drugs which needed to be used regularly due to the nature the disease of patients, including: Haldol, Biperiden, Chlorpromazine, Carbamazepine, Diazepam etc.¹⁸ No expired drugs were found, but we did find some canullae with an expiry date of September 2006, which was significantly out of date. CIRCPCS lacked the auto ambulance.

The RCHs do not have doctors in regular attendance. Directors/leaders of these houses usually come from the Regional Mental Health Centres from the municipalities where those centres are located and they conduct visits to these centres depending from the situation, whereas for regular medical visits and examinations the residents were sent to the Family Health Centres or regional hospitals and some were also sent in the University Clinical Centre in Prishtina.

The residents of these centres most often are visited by nurses but their visits are very short and not private but usually conducted in

¹⁷ The monitoring visit on the CIRCPCS was conducted by KRCT monitoring team on the 16.08.2010

¹⁸ Most of the residents are undergoing through this therapy and under the no circumstances this therapy should be stopped

presence of other residents.

Medication was not always available through the Gjilan RCH and residents were forced to purchase their own drugs, especially Biperidin and Fluphenazine. Similar problems were recorded at Mitrovica RCH. The medication recommended to the residents of these institutions generally belonged in the older, typical class. The pharmacies are old and very poor from the number of products.

Residents did not have regular folders and the monitoring of the patients condition was kept in a simple notebook or periodically in the computer pages. Although treatment plans did mention occupational therapy and educational programs, these were regularly ignored in practice.

The general and individual protocols should be drafted in order to evidence progressively the treatment of the residents in these institutions. Especially the protocols for treating the violent cases should be drafted immediately followed by guidelines on how to treat these cases. All those institutions which are managed by the MoH should be supplied regularly with essential medicaments which are needed to treat the residents Also there should be taken the necessary steps to employ additional professional staff based on the requirements.

8. The management of time and activities

The residents of SSI, CH's and CHH's have no limitations in terms of staying outside of their rooms, however it depends on the weather, and if the weather is good they may be allowed to stay longer on the

yard. Inside the SSI the residents are allowed to have different activities such as: sewing, painting, etc... But the facilities and equipment was very old, and in some cases damaged, and the facilities generally not suitable for these activities. There is little training organized for the residents and, even for those residents who desire this, little opportunity to work either inside or outside the institution. In one exceptional example two residents had been temporarily employed outside the institution and helped by the staff to access these job opportunities.

The children residents of the CHH in Shtime and Gracanica are provided with an opportunity to follow the school education. In Shtime the special school is build nearby the CHH, whereas in Gracanica children residents have in the city school.

They also like listening to music but they cannot because they do not have radios on their rooms¹⁹ and although there are residents interested on reading the newspapers are almost never distributed. There was no organized religious activities and no separate place for exercising religious rites; for prayer; or for religious studies, despite the interest expressed by the residents in engaging in religious activities.

They were missing also the hall for gym and recreation equipments.

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Also the residents of the CIRCPCS had no restrictions in terms of staying outside their rooms, but it depends on the weather condition and their mood too. Within this institution it is only one hall for recreation activities which possessed some musical

¹⁹ They had radio and television only on the living-room

instruments, a sewing machine and small corner for drawing. There was also a ping-pong table, but it was dysfunctional due to the missing of following equipments.

Usually there were no training or educational activities at the centre, and there was no employment policies for the residents. There was no evidence whether any of the residents was trained or qualified for any activity or occupation which they may exercise within or outside the CIRPCS. There were no religious activities organized either and residents are not provided with the separate space where they could pray or engage in religious practices.

The vast majority of time they spend on the bedroom but during the summer season they spent considerable time in the garden. However they mainly spend their time in the lounge where they can watch TV or listen to the radio. Although they have a gym equipments the residents very rarely use them.

The residents located RCHs in spend their free time mostly outside the bedroom. During the summer season they spend their time mostly outside on the yard however usually they stay inside in the living-room where they watch TV and listen to the radio.

The RCH residents can spend their time by playing chess, computer toy games, table tennis, basketball or go to gym (e.g. Gjilan CIH have a small basketball field whereas they don't have space for other activities).

In Gjilan a small greenhouse was build and during the summer they were supplied with vegetables from that it.

In general in these institutions the group therapy is not applicable, there are no vocational therapies and also there are no educational activities and occupational engagement.

Residents of these institutions should be provided with the opportunity to engage in the different group activities and also educational activities should take place. They should be provided with sufficient space for developing of these activities and for engaging in the farming activities during the summer season.

g. Contacts with the outside world

SSI, CHs and CHHs are semi-open type of centres. Visits to residents are not limited and any family member or other relative are allowed to visit. However, such visits are rare because most of the clients lack contact with their family members. This is more typical for the residents that are not Kosovan citizen (those who are from former Yugoslavia) as they have no contact with their family members or do not even recognize them. The local residents have occasional visits which are rare, however there are some of them who go for visit to their home and family members. There is no separate room to spend time with their family members in privacy.

Most of the residents located in SSI are from the non-Albanian communities²⁰, and they are mostly from the regional countries, mainly from Serbia, which were placed in these centres since the pre-war period.²¹ These people have completely lost contacts with their family members, and also the Serbian state has not expressed

²⁰ From 58 residents located in SSI only 14 of them are from Albanian community

²¹ They were placed there before 1999

any interest for its citizens which are residents of the SSI or other centres. It worth mentioning although from 58 residents of SSI 44 of them are from non-Albanian community the treatment of them by the SSI personnel is equal to the Kosovo Albanian residents.

Otherwise the personnel allows residents to have visits if there is an mutual interest from their family members.

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Also in CIRPCPS there is no limitation of visits from the family members of the residents as any of their family members or relatives can visit them, however these visits are very rare considering that also the residents of this centre are from other nationalities which were located in this centre from pre-war period. Whereas some the residents which have their family member in Kosovo are allowed to be visited although rarely. Nevertheless there are residents which had visited their houses and their families. Also some of the residents which are capable of walking can go out for walking under the supervision of the staff, however due to the limited number of the staff those walks can are not regularly organized.

All residents located in the RCH's that have families and want to go and visit their families for weekend or longer, are free to go whenever they want. Most residents in CIH, usually have contact with their families and realize mutual visits from time to time, depending on need. The residents can also go outside for walk without an escort, and there haven't been any problems.

One of the evidenced problems is the lack of separate room for the

reception of the resident's visitors, including separate rooms for spending time with close family members.

Considering that most of the residents accommodated in these institutions are missing contacts with their family members, there should be organizing more excursions for them. The personnel of these centres should organize the visits in theatre and cinema too. The relevant actors should consider seriously the possibility of repatriation the residents which are from the other countries and send them in their countries mental health care institutions.

10. The relationship between the staff and residents

Based on interviews conduct with the residents and conversations with SSI staff, relations between residents and staff are very good without any significant complaint. Also, relations between residents are good, although there are sometimes conflicts between them, mainly verbal and the physical conflicts are very rare. But nevertheless there are cases of conflict between them, especially in the past there were cases of fighting within the institutions, but now those cases are very rare. The personnel of these centres admitted that they have no particular method protection measure to use if such conflicts occur, except for letting residents alone until they calm by themselves.

There is a significant lack of staff in the CHs and, in most of these centres, there are only male personnel during the night shift. In a small number of CHs, such as CH's there are no male employees at

all, so that the night-shift staffs are all female. Both situations pose problems for staff and/or patient security.

During the conducted interviews, there were no reports of the use of force against residents.

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The relations between clients and staff in CIRCPCS and in other RHCs are very good and without any significant complaint. Also the relations between customers are good without any significant conflict that needs to be mentioned. According to the CIRCPCS the staff's significant role for managing the conflicts lies to centre's personnel. They explained a case where one of the residents in CIRCPCS attacked the nurse who was assisting the residents.

Based on our interviews in the RCH's the rapport between residents and staff is very good.

The service personnel need to review their staffing structures to provide adequate protection for staff and resident, particularly at night-time

11. Private and Family Rights

Almost all residents located in these institutions have no spouse in the institution or outside of it. As for intimate relations within the SSI, we were told that they cannot have intimacy relationships with each other, although during the day female and male residents are allowed to stay together , and during the monitoring visits we

noticed that they share the bathrooms and toilets. There are no concrete rules which determine the private rights and intimacy of the residents. Although women are provided with the contraception pills there are still no regulations which determine the pregnancy issues.

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Also residents located in CIRCPCS because of the nature of disorder have no spouse inside or outside institution. Regarding intimate relationships within the centre, they were complaining that while kept on the institution they can not meet women and men from outside the centre, but they acknowledged that there were cases of having intimate relations with the other residents within the centre. According to residents, women are provided with contraceptive pills.

Almost none of the RCH residents have spouses within or outside the institution. Inside the institutions, both male and female residents are allowed to socialize together inside the building and outside on the yard during the day. While the bedrooms are separate for males and females. According to the interviewed residents they are not allowed to have intimate relations within institutions, and females are not provided with contraceptives.

It is necessary to undertake the required measures which could regulate the issues of the intimate relations within these institutions and also to regulate the issues of the pregnancy and the regular use of the contraceptive. There should be training organized to raise the awareness for preventing the

unwillingness pregnancy and sexually transmitted diseases. .

12. Cigarettes, alcoholic drinks and drugs

All residents are cigarette consumers. Alcohol and drugs, according to the personnel and staff, are not problem issues in these institutions. The quantity of cigarettes distributed according to the residents does not respond to their needs. For the purpose of the residents accommodated in the SSI, CHs and CHHs the supply with the tobacco done by giving residents money-coupons. Each of the residents are provided with 10 euro per month for the personal needs which usually are used to buy cigarettes. This petty-cash is managed by centres personnel.

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Any of the residents who consume cigarettes in CIRCPCS will be provided with a packet of cigarettes per day, while we again heard that alcohol and drugs are not consumed in these centres. Cigarettes are smoked by nearly all of the residents.

In the RCHs cigarettes are provided by the residents themselves from the retirement salaries or through family support.

During the all visits that we realized there were dozens of complains for the insufficient quantity of cigarettes distributed to the residents. The distribution of the cigarettes should be conducted in more rational manner in order for residents to feel as much satisfied as possible, and to avoid the creation of an underground economy in tobacco products.

13. Petitions, Complaints and Disciplinary Procedures

Within the SSI there is a disciplinary committee responsible for the redress of breaches of the internal order within these centres.²² However we could not provide any additional information regarding the work of this committee and the nature of cases reviewed so far.

There are no formal procedures over how to proceed with complaints or claims made by the residents in any institution visited. All the claims or complaints were made (and answered) only verbally. All of these institutions were lacking boxes for submitting written complaints to the Ombudsperson institution.

There should be a unified system in order to submit and process the complaints in these institutions. Also the Ombudsperson institution needs to place complain boxes in all these institutions.

14. Limited Number of Personnel

In general in all the above mentioned institutions there is very limited number of the personnel. In none of these institutions there were any regularly working psychologist and there are social workers only in the SSI and CIRCPCS. There is a serious lack of access to full time working psychiatrists, except in the RCHs, which are directly linked with Mental Health Centres so that the psychiatrist from this centre is available when called upon. Also

²² Regulation No. 08/2008 for Internal Organization of Work in SSI, Art.53 and 54

there is a lack of technical staff (nurses and other supporting staff). In SSI where there were 58 residents accommodated at the time of our visit, there were only 22 supporting personnel in three shifts. These staff require special trainings and, as Kosovo has no Logoped Association involvement, there is a lack of mental health specialist for children. There is an insufficient number of guards.

Although there is significant lack of personnel in all of these institutions, the current staff is not provided with fair recompense or additional benefits despite the difficulties in their work. The night shifts are not paid and the also there is no compensation for the risky job that they are doing.

There is a lack of levelling the salaries within the similar institution from the different regions, and almost there are differences even between the employees that work in SSI and CIRPCS, who do practically the same job.

The personnel of these institutions should be encouraged because despite their difficult situation they are doing a crucial job, especially the younger generation of personnel which is engaged in these institutions.

The respective ministries should level the salaries for the staff engaged in these institutions, the night shifts should be paid, and they should be provided with the financial benefits for the level of risk at work. Also more financial sources should be arranged in order to engage the adequate staffers.²³

²³ Whereas the technical staff in SSI are paid 260 euro in CIRPCS the salary is 330. There are similar differentiations also to the other personnel.

15. Capacity Building of the Personnel

The personnel lacks the ongoing trainings, as there are cases that the only training they have follow have been for first aid, but not about the treatment of residents which are special category of people that requires special treatment. Therefore there is a significant lack of the professional capacity in treating the patients with the mental illness starting from the first contacts with patients, communication and psycho-education.

There should be organized a methodology for regular trainings for the staffers of these institutions. As part of the project for monitoring these institutions, KRCT has organized trainings for the personnel of mental health institutions and will organize other training in the future.

PRISHTINA PSYCHIATRIC UNIT

As part of the monitoring agenda of this project we have conducted visits also to the Psychiatric Unit (PU) which is located in Prishtina. This institution houses detained persons which are deprived from their liberty based on court decisions, and serves for the psychiatric examination of the detainees or prisoners, which is required by the court. These patients are kept in the unit for a limited period of approximately 1 month and after the examination from the psychiatric experts, the examined persons will be returned back from where they came.²⁴ The treatment of these person is conducted by the staff of Psychiatric Clinics (PC) of UCCK whereas for the security matters the responsibility lies to the Kosovo Correctional Service (KCS) personnel.

This unit contain 2 rooms where can be placed maximum 8 persons. Only males are placed in the PU, and the lack of the sufficient space and also for the security reasons the staff of these centres has been obliged to sent the females in the PC, where they are kept tied from their beds, and continuously monitored by the guardians from Correctional Centre of Lipjan.²⁵

The accommodation and treatment in the PU is similar to the accommodation in the other correctional institutions. They are continually locked, apart from the short daily walk.

The object of PU does not fulfil minimal condition for their treatment. In the framework of the "Strategy of Ministry of Health 2008" it has been foreseen the construction of building for Legal Psychiatry Institute, although up to date this project has not been

²⁴ Persons are brought for the examination from the Detention Centers and other Correctional Centers

²⁵ The reason why they are kept tied from the bed is because the rooms where they are located in PC is of the opening type and for the security reasons they are kept tied.

implemented.

The psychiatric Examination is conducted by the professional experts from the Psychiatric Clinic (PC), which conduct daily visits and individual interviews with the persons detained in PU.

After detainees are kept shortly into the PU, respectively after the psychiatric examination is over, the respective team composed by professional psychiatrists and psychologists draft the report-psychiatric expertise which will be delivered to the court or the mechanism which has required the examination.

The food is provided three times per day, the lunchtime meal is provided by PC in Prishtina, whereas UCCK provides breakfast, the quality of which was subject to many complaints from detainees.

Bathrooms are not quite adequate and the hygiene is difficult to be kept. The visits from the family members are conducted based on the procedures of the KCS. Any kind of activities are impossible to be realized.

The object for treatment of these persons does not fulfil the minimal standards for treatment and urgently needs to be build a separated institution from PC in order that the treatment and the examination to respond to the category of persons kept in PU. It is very concerning especially the fact that the females that are kept as detainee/prisoners, which are located in same building where are treated the patients with the mental disorders. Keeping the persons with hands tied from the bad is a human right violation and this situation should be prevented as soon as possible.

IMPROVEMENTS WITHIN THE MENTAL HEALTH INSTITUTIONS NOTICED THE DURING MONITORING VISITS

KRCT has gladly noticed some improvements during its monitoring visit. After the first monitoring visit CH in Ferizaj, KRCT had expressed the concern for the living conditions in this house. Floor was broken, there was a high level of humidity in each room, electric installation did not functioned, etc.. But after a relatively short period of time this house is fully renovated and the situation has been massively improved.

In CHH in Shtime, during the first visit KRCT monitoring team have noticed poor conditions of housing and treatment of children in this house. While on the second visit conducted in February 2011, this house was renovated and now the living and environment in this house is in the conform standards. Now the rooms have doors, buffets, cover seating and all electric lights are in place.

KRCT welcomes such improvements in other institutions, and will follow the following recommendations from this report.

RECOMMENDATION

Legal Issues

A special law on Mental Health should be adapted which will regulate the functioning, conditions, criterias for acceptation and treatment of the persons located in the mental health institutions

The legal guards appointed for the residents of the SSI, CHs and CHHs should become more actively involved in protecting their rights in accordance to the lalgal norms. Especially these residents should be represented and protect their rights also in the legacy issues. Beside the residents which have legal guards, this legacy right should be acknowledged also to the others in accordance with the legal framework.

Categorization of the Residents

The solution should be found regarding the over-population of the SSI and the categorization should be made in accordance to the ages and diagnoses of the residents

The deinstitutionalization of SSI and CIRCPCS is required and this could be realized through dislocation of residents into the CH's and RCH's which are much easier to be managed and the treatment of the residents is more adequate;

The establishment of the special institution for sheltering the elder residents which has reached the age of 65 year old is required.

The improvement of the Medical Services

The number of the personnel with the required professional capacities should be sufficient (sufficient number of psychiatrist, general practitioner, nurses, psychologist, therapist, social worker, logoped, hairdresser, etc.) and they should follow professional training regularly;

There should be a levelization of the salaries for the personnel of the mental health institutions and also they should be compensated for the high level of risk at work and the night shift should be compensated too, in order to rise the satisfaction level of the personnel;

KRCT recommends the regular furniture of CIRCPCS and RCH's with the emergency medicaments and specific medicament especially considering the specific nature of disorders manifested by their residents;

The CIRCPCS should be provided with the special box for the distribution of the therapy;

The treatment protocol of each of the residents should be reviewed and also reconsidered depending from the developments of the eventual remission of health condition of residents;

It is in the urgent need to prepare the adequate protocols and guidelines for treatment of cases with aggressive behaviours. These protocols would help the residents in one side to overcome quicker the crises and in the other side to drop the risk level for the medical personnel through quick and adequate reaction during the crises of the residents;

The CHs from the region where there are Mental Health Centres should reach agreements to allow sending of their

residents for the psychiatric treatment to this centre regularly, not only in the moment of crises;

Each of the institutions should provide material conditions, comfortable environment for adequate treatment and psychosocial welfare to the residents by providing multidisciplinary services, including: rehabilitation and therapeutic activities, access to the professional therapy, individual and group therapy, psychotherapy, ect..

General Treatment and Material Conditions

All the residents of these institutions should be provided with the adequate living conditions, considering the fact that the only shelter for them are these institutions and for this reason they should be provided with the adequate accommodation and should be humanly treated;

The maintaining of the object, the furniture with the seating, cover and also the furniture with clothes should be provided regularly by the respective ministries;

The electric lightning in these institutions should be fixed. The closets, doors and windows should be maintained regularly;

The dish machines and laundry as well as the other electronic devices should be maintained regularly;

The working environment should be adapted and maintained in order to enable the realization of more occupational therapies with the residents;

More rehabilitation programmes should be provided to the residents;

Special attention should be paid to the decoration level and creativity in the residents' rooms in order to offer them visual stimulate;

The Psychiatric Unit in Prishtina should have its own buildings separated from the Psychiatric Clinics and persons located on this unit should be treated separately from the patients located in the clinic;

Keeping persons with their hand tied in the Psychiatric Unit, respectively in the Psychiatric Clinic, represents a human right violation and as soon as possible a solution should be found in this matter;

The material and hygiene condition in the PU part should be urgently improved.

Complaints and Appeals

An informative brochure or verbal information which explains the routine within the institution and the rights of the residents, including the detail information for the legal assistance should be drafted and distributed in all these institutions;

Treatment consent and complaint procedures – these should be drafted in all the psychiatric institutions/welfare institutions which have been visited and should be issued to each of the residents during the admission procedure, and those should be given also to their family members;

The Ombudsperson boxes for complaints should be placed in each of the institutions and residents should be informed for the existence and the purpose of these boxes.

