



CPT/Inf (2013) 16

Report

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

from 31 January to 6 February 2012

The Slovenian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2013) 17.

Strasbourg, 19 July 2013

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Copy of the letter transmitting the CPT's report

Mr Igor Bele
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of Penal Sanctions
Ministry of Justice
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Slovenia

Strasbourg, 19 July 2012

Dear Mr Bele,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Slovenian Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Slovenia from 31 January to 6 February 2012. The report was adopted by the CPT at its 78th meeting, held from 2 to 6 July 2012.

The recommendations, comments and requests for information formulated by the CPT are listed in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Slovenian authorities to provide within **six months** a response giving a full account of action taken to implement them. The CPT trusts that it will also be possible for the Slovenian authorities to provide, in that response, reactions to the comments formulated in this report as well as replies to the requests for information made.

As regards the information requested in paragraphs 79 and 89, the CPT asks that it be provided **within one month**.

The CPT would ask, in the event of the response being forwarded in Slovenian, that it be accompanied by an English or French translation.

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

Yours sincerely,

Latif Hüseyinov
President of the European Committee for
the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

Copy: Mr Damjan Bergant, Ambassador Extraordinary and Plenipotentiary,
Permanent Representative of Slovenia to the Council of Europe

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a periodic visit to Slovenia from 31 January to 6 February 2012. It was the Committee’s fourth visit to Slovenia.¹

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

- Lətif HÜSEYNOV (President of the CPT and Head of delegation)
- Marija DEFINIS GOJANOVIĆ
- Stefan KRAKOWSKI
- Jørgen Worsaae RASMUSSEN
- Antonius VAN KALMTHOUT.

They were supported by Johan FRIESTEDT and Petr HNÁTÍK of the CPT’s Secretariat and assisted by:

- Olivera VULIĆ, psychiatrist, Health Centre Podgorica, Centre for Mental Health, Montenegro (expert)
- Marta BIBER (interpreter)
- Helena BIFFIO ZORKO (interpreter)
- Branka BOŽIĆ (interpreter)
- Milojka POPOVIĆ (interpreter)
- Veronika PUŠNIK (interpreter)
- Adrijana STEFANČIČ (interpreter).

¹ The CPT has previously carried out three periodic visits (February 1995, September 2001, January/February 2006). The reports on these visits and the responses of the Slovenian authorities are available on the CPT’s website (<http://www.cpt.coe.int/en/states/svn.htm>).

B. Establishments visited

3. The CPT's delegation visited the following places of deprivation of liberty:

Police establishments

Ljubljana Police Directorate

- Domžale Police Station
- Detention Centre at Ljubljana-Moste Police Station

Celje Police Directorate

- Celje Police Station

Kranj Police Directorate

- Škofja Loka Police Station

Maribor Police Directorate

- Maribor I Police Station
- Slovenska Bistrica Police Station

Prison establishments

- Celje Prison and Juvenile Prison
- Dob Prison (closed section)
- Ljubljana Prison (remand section)

Psychiatric establishments

- Psychiatric Department of Maribor University Hospital Centre.

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

4. In the course of the visit, the CPT's delegation held consultations with Mr Aleš ZALAR, Minister of Justice and Acting Minister of the Interior, and Mr Boštjan ŠKRLEC, State Secretary of the Ministry of Justice. It also met senior officials from the Ministries of the Interior, Justice and Health, the Ministry of Labour, Family and Social Affairs as well as the Ministries of Defence and Foreign Affairs.

Further, the delegation had discussions with Ms Zdenka ČEBAŠEK-TRAVNIK, Human Rights Ombudsman, and Mr Ivan ŠELIH, Deputy Ombudsman, together with other representatives of the National Preventive Mechanism (NPM) established under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

The CPT is also pleased to note that Ms ČEBAŠEK-TRAVNIK and Mr ŠELIH were able to take part in the aforementioned meetings with the Slovenian government officials, both at the outset and the end of the visit, and had the opportunity to express their views on the issues under consideration.

Meetings were also held with members of non-governmental organisations active in areas of concern to the CPT.

A list of the authorities as well as non-governmental organisations and persons met by the delegation is set out in Appendix II to this report.

5. The delegation received an excellent level of cooperation throughout the visit, both from the national authorities and from staff at the establishments visited. It enjoyed immediate access to all places it wished to visit (including ones not notified in advance) and was able to interview in private persons deprived of their liberty with whom it wished to speak. The delegation was also granted ready access to all documentation it wished to consult; a slight problem of access to medical files initially encountered at Ljubljana Prison was rapidly solved following the intervention of the CPT's liaison officer.

The CPT wishes to express its appreciation for the assistance provided before and during the visit by the liaison officer, Mr Igor BELE, of the Ministry of Justice.

6. The principle of cooperation under Article 3 of the Convention also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations. In this respect, the CPT notes that positive developments have taken place in a number of areas, such as the construction of two new blocks at Dob Prison (see paragraph 40) and the decrease in the cell occupancy rates at the remand section of Ljubljana Prison (see paragraph 36), the adoption of the Mental Health Act and the move of the Psychiatric Department of Maribor University Hospital Centre to new premises (see paragraphs 77 and 78).

However, the delegation which carried out the 2012 visit found that overcrowding continues to be a problem in some prison establishments (see paragraph 25) and that hardly any improvement has been made to the regime of activities offered to prisoners held under the reinforced security regime (see paragraph 30) and remand prisoners (see paragraph 37). The CPT trusts that resolute steps will be taken by the relevant authorities to implement the recommendations made in the present report.

D. National Preventive Mechanism

7. Slovenia acceded to the OPCAT on 23 January 2007 and designated the Human Rights Ombudsman as the National Preventive Mechanism (NPM). Selected non-governmental organisations registered in Slovenia and organisations that have obtained the status of humanitarian organisations in the country also participate, in agreement with the Human Rights Ombudsman, in the performance of the tasks and competences of the NPM.² In practical terms, the groups carrying out monitoring visits are composed of representatives of the Ombudsman and the selected organisations.

In 2010 and 2011, the NPM carried out numerous visits to various places of deprivation of liberty, such as police stations, holding facilities for irregular migrants, prisons, psychiatric establishments and social care homes. Apart from regular (periodic) visits that are planned in advance, the NPM has also the competence to carry out ad hoc visits if deemed appropriate on the basis of up-to-date information received from various sources.

It is noteworthy that several of the CPT delegation's interlocutors made positive comments about the NPM's contribution to the improvement of the situation of persons deprived of their liberty.

² In 2010, three non-governmental organisations were selected through a public tender to participate in the work of the NPM. For 2012, the number was increased to five.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

8. The legal framework governing detention by the police was described in the previous visit reports³ and remains basically unchanged. In the course of the 2012 visit, as had been the case during previous CPT visits to the country, the delegation did not gather any information which would suggest that the statutory time-limits for police detention were not respected in practice.

The delegation was informed that a new Act on the Tasks and Powers of the Police, which was being prepared at the time of the visit, would replace the existing legal framework, and also the secondary legislation, the relevant provisions of which would be incorporated into the Act itself. It was envisaged, for example, that certain time-limits for detention by the police would be shortened⁴, that the use of coercive means would be better defined and that special attention would be paid to the rights of vulnerable individuals, as well as to the police complaints mechanism. **The CPT would like to receive updated information on the progress concerning the adoption of the above Act, as well as the text of the new Act once adopted.**

2. Ill-treatment

9. Hardly any person interviewed by the visiting delegation who was or who had in the recent past been detained by the police complained about police ill-treatment. On the contrary, many persons with whom the delegation spoke emphasised the professional conduct of police staff, especially criminal police officers.

The few isolated allegations received were of excessive use of force by hooded members of police special units in the context of apprehension, such as blows with the butt of a gun after the apprehended person had been brought under control⁵. The delegation also heard some accounts of threats of physical ill-treatment made against detained persons during police questioning.

The CPT recommends that senior police management continue to deliver a firm message, at regular intervals, that the ill-treatment of detained persons (whether of a physical or verbal nature) is not acceptable and will be punished accordingly. Further, it should be made clear to members of police special units, in particular through ongoing training, that no more force than is strictly necessary should be used when effecting an apprehension and that there can never be any justification for striking apprehended persons once they have been brought under control.

³ See CPT/Inf (2008) 7, paragraph 7, and CPT/Inf (2002) 36, paragraph 9.

⁴ The 48-hour time-limit for detention of criminal suspects would be reduced to 24 hours.

⁵ The persons concerned agreed to share their experiences while in police custody on the condition that their names would not be disclosed. They also indicated that they had refused medical examination, as proposed by criminal police officers to whom they were subsequently handed over, and decided not to lodge an official complaint for fear of negative repercussions concerning their case.

10. The Committee acknowledges that the wearing of hoods by members of police special units may be justified in the context of high-risk operations taking place outside a secure environment (for instance, during dangerous arrests). That said, it should be ensured that subsequent identification of the officers concerned is always possible, through the wearing of not only a clearly distinctive badge, but also a prominent identification number on each uniform. In addition, interventions of this type, which are pre-planned, should be video recorded (e.g. with tactical *cameras* as part of the equipment of the police officers concerned). **The CPT recommends that the necessary steps be taken, in the light of these remarks.**

11. In its previous visit report⁶, the CPT had criticised the use of a hyper-extended position, referred to as the “banana” position, with hand- and ankle-cuffs linked together behind the back. The CPT notes that the use of such a position was explicitly prohibited in the Handbook on the use of means of restraint by the police. During the 2012 visit, the delegation heard no allegations and gathered no other evidence that such a measure had been used. This is a welcome development.

3. Safeguards against ill-treatment

12. The delegation’s findings during the visit indicated that, in general, the practical operation of fundamental safeguards against ill-treatment (in particular, the rights of notification of custody, of access to a lawyer and of access to a doctor) did not pose major difficulties.

13. The vast majority of the persons interviewed by the visiting delegation who were currently or who had in the past been detained by the police confirmed that they had been able to exercise the right of notification of deprivation of liberty at the time of the apprehension or shortly afterwards.

That said, a few persons alleged that they were not allowed to have their relatives or diplomatic/consular representation informed of their situation⁷. **The CPT trusts that the Slovenian authorities will remain vigilant in order to ensure that all detained persons effectively benefit from the right of notification of custody from the very outset of their deprivation of liberty.**

14. Most detained persons met by the delegation indicated that they had been in a position to exercise their right of access to a lawyer shortly after apprehension. However, the delegation heard a few allegations that persons detained by the police had been denied this right for part, if not all, of the period of police custody. **The CPT recommends that the Slovenian authorities take the necessary steps to ensure that, in practice, all detained persons effectively benefit from the right of access to a lawyer from the very outset of their deprivation of liberty.**

⁶ See CPT/Inf (2008) 7, paragraph 11.

⁷ The Slovenian authorities have informed the CPT in the past that there was no provision in the law exceptionally allowing delays in the exercise of the right of notification of custody.

In this connection, the amendments to the Law on Free Legal Aid, adopted in 2008, confirmed the general principle that an *ex officio* lawyer may be appointed “if this is in the interests of justice”. The visiting delegation noted that a list of *ex officio* lawyers was available at all police establishments visited in the course of the 2012 visit. However, the delegation was not able to ascertain what criteria were used by the police to determine whether, in practice, appointment of an *ex officio* lawyer was in the interests of justice. The CPT considers that, in the interest of the prevention of police ill-treatment, anyone detained by the police who requests a lawyer but who is not in a position to pay for one should be granted prompt access to an *ex officio* lawyer. **The CPT would like to receive confirmation from the Slovenian authorities that this is indeed the case.**

15. The findings of the 2012 visit suggest that the right of access to a doctor of persons deprived of their liberty by the police was respected in practice.

That said, the delegation noted that various information material on the rights of detained persons (see paragraph 16) provided inconsistent and potentially misleading information as regards this right. Different language versions of a poster stated either that “a person who has been arrested has the right to be seen by a doctor of their choice at their own cost” (e.g. in English and German) or that “a person who has been arrested has the right to be seen by a doctor, including one of their own choice at their own cost”⁸. The latter version is by far preferable. Indeed, all persons deprived of their liberty should be formally guaranteed the right of access to a doctor as from the very outset of their deprivation of liberty; access to a doctor should not be made dependent on payment by the detained person. Access to a doctor of one’s own choice at one’s own cost is an additional safeguard. **The information provided on the right of access to a doctor should be reviewed in the light of those remarks and, if necessary, revised accordingly.**

16. According to the information provided to the delegation by police officers, persons deprived of their liberty by the police are given information on their rights orally at the moment of apprehension and then in writing upon their arrival at a police station. In this respect, the CPT’s delegation observed that at all the police establishments visited, posters indicating the basic rights of the detained persons in six languages were on display. Further, the police had at their disposal a booklet containing a comprehensive list of rights in 22 languages. And in line with the CPT’s recommendation made in the previous visit report, a specific version of an information sheet was available for juveniles in six languages.

Nevertheless, some persons interviewed by the visiting delegation who were or who had in the recent past been detained by the police alleged that they had not been informed about their rights, either during apprehension or upon their arrival at a police station. It also emerged from interviews with a number of foreign nationals and the examination of the relevant documentation that foreign nationals were not always provided with the services of an interpreter in a language they understood.

⁸ Similar inconsistencies existed in the other information material, including in a specific version of an information sheet for juveniles.

In the CPT's view, verbal information on rights should be given systematically to all persons apprehended by the police, at the very outset of their *de facto* deprivation of liberty. And this should be supplemented by written information to all detained persons as soon as they are brought into a police establishment. That information should be properly explained to them to ensure that they are in a position to understand their rights and to exercise them effectively. **The CPT recommends that appropriate steps be taken to ensure that, in practice, these requirements are met. Further, foreign nationals should receive, when necessary, the assistance of a qualified interpreter.**

17. In the report on the 2006 visit, the CPT noted that electronic (audio and/or video) recording equipment was at the disposal of police officers in many police stations visited. However, it was generally not used during police interviews. In their response, the Slovenian authorities indicated that appropriate guidelines had been forwarded to police officers in charge of conducting interviews. During the 2012 visit, it appeared that such equipment was still rarely used by police staff during interviews. The Committee must recall that resort to such equipment is an important additional safeguard against ill-treatment during police interviews (see, in this respect, paragraph 9). It can provide a complete and authentic record of the questioning process, thereby greatly facilitating the investigation of any forms of alleged ill-treatment. This is in the interest both of persons who have been ill-treated by the police and of police officers confronted with unfounded allegations that they have engaged in ill-treatment. **The CPT reiterates its invitation to the Slovenian authorities to ensure that electronic equipment for recording police interviews is used on a regular basis.**

18. The most significant development in respect of investigation into complaints about police ill-treatment was the establishment on 1 November 2007 of a specialised division of state prosecutors with the task of carrying out investigations into allegations of criminal offences committed by public officials⁹. The specialised division now operates within the Specialised State Prosecutor's Office of the Republic of Slovenia and has exclusive territorial and material jurisdiction over the prosecution of criminal offences committed by police officers.

19. Further, if an individual believes that his/her rights or freedoms have been violated by the action of a police officer, he/she has the right to file a complaint with the police or the Ministry of the Interior. The ensuing procedure was outlined in the CPT's previous visit report and described in more detail in the response of the Slovenian Government¹⁰. The CPT notes in this context that, according to the information provided during the 2012 visit, if a suspicion arises at any stage of this procedure that a criminal offence has been committed by a police officer, the case is referred to the aforementioned Specialised State Prosecutor's Office.

⁹ By an amendment adopted in 2007 to the then State Prosecutor's Act. A new State Prosecutor's Act which came into force on 6 November 2011 renamed the specialised division "the Division for Investigation and Prosecution of Officials with Special Powers".

¹⁰ See CPT/Inf (2008) 7, paragraph 15, and CPT/Inf (2008) 8, paragraph 15, respectively.

20. In order to obtain a nationwide picture of the current situation, **the CPT would like to receive the following information, in respect of the period from 1 January 2010 to 1 July 2012:**

- **the number of complaints of ill-treatment made against police officers;**
- **the number of disciplinary proceedings which have been instituted as a result;**
- **the number of criminal proceedings which have been instituted as a result;**
- **the outcome of the above-mentioned proceedings and an account of any criminal/disciplinary sanctions imposed on police officers in these cases.**

4. Conditions of detention

21. The CPT's delegation was informed by the Slovenian authorities that between 2007 and 2011, 19 police facilities had been newly constructed or refurbished in Slovenia and that the overall police detention capacity had been increased from 200 to 300 places.

22. The findings made during the 2012 visit confirmed that material conditions of detention in police facilities were, on the whole, satisfactory. The cells were clean, of a reasonable size, adequately equipped (including a bed/sleeping platform, a toilet and a call bell)¹¹ and had acceptable ventilation and access to lighting.

However, none of the three cells at Celje Police Station had access to natural light. In the CPT's view, **police cells intended for stays in excess of a few hours should enjoy access to natural light.**

23. The delegation observed that the police stations visited, except for Ljubljana-Moste Police Detention Centre, were not equipped with suitable outdoor exercise areas. Police staff interviewed indicated that they usually offered access to fresh air (e.g. in the establishment's car park). That said, most of the persons interviewed who had been held in police establishments other than Ljubljana-Moste Police Detention Centre indicated that they had not been offered outdoor exercise during the whole duration of police custody. **The CPT recommends that steps be taken to ensure that all persons held in police custody for 24 hours or more are offered outdoor exercise.**

¹¹ It is noteworthy that at Ljubljana-Moste Police Detention Centre, two cells were newly equipped with tap-free washbasins to prevent self-harm and enlarged openings in the cell door to enable safe handcuffing if needed.

B. Prison establishments

1. Preliminary remarks

24. The CPT's delegation carried out follow-up visits to the remand section of Ljubljana Prison¹² and the closed section of Dob Prison¹³. It also visited for the first time Celje Prison and Juvenile Prison.

25. Since the CPT's last visit in 2006, the legal framework for the execution of prison sentences has remained by and large unchanged, the Enforcement of Criminal Sanctions Act (ZIKS¹⁴), adopted in February 2000, being the principal regulatory instrument. In 2009, the Council for the Execution of Penal Sanctions was established as the expert consultative body of the Minister of Justice in respect of programmes and policies concerning the execution of penal sanctions.

At the time of the visit, the country's prison system was accommodating 1,421 inmates for an official capacity of 1,309 places¹⁵. However, the actual occupancy level varied significantly from one penitentiary establishment to another. As had been the case during the CPT's previous visits to the country, the most worrying situation in this respect was observed in the remand section of Ljubljana Prison, where the official capacity was exceeded by some 50% (see paragraph 33).

The CPT notes the efforts made by the Slovenian authorities to increase the capacity of the prison estate, such as the construction of two new blocks at Dob Prison (see paragraph 40). Nevertheless, overcrowding continues to be a problem in some prison establishments.

As regards alternatives to imprisonment, efforts have been made by the Slovenian authorities in recent years. For instance, house arrest had recently been introduced as a possible alternative to remand in custody. However, this measure was apparently used only rarely in practice.

The CPT encourages the Slovenian authorities to pursue their endeavours to combat prison overcrowding, including through increased application of non-custodial measures during the period before any imposition of a sentence. In this respect, the authorities should be guided by Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, Recommendation Rec(2000)22 on improving the implementation of the European rules on community sanctions and measures, Recommendation Rec(2003)22 on conditional release (parole) and Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse.

¹² Ljubljana Prison was previously visited by the CPT in 1995, 2001 and 2006.

¹³ Dob Prison was previously visited by the CPT in 1995 and 2001.

¹⁴ *Zakon o izvrševanju kazenskih sankcij.*

¹⁵ This capacity was calculated on the basis of 7 m² of living space per prisoner in multi-occupancy cells and 9 m² in single-occupancy cells. However, the delegation was informed by the Slovenian authorities that this standard was a technical norm for the construction of new prison facilities and not a statutory entitlement of prisoners.

2. Ill-treatment

26. Most of the inmates interviewed in the establishments visited indicated that they were treated correctly by prison officers. The delegation received no allegations whatsoever of ill-treatment by staff in the remand section of Ljubljana Prison. A few allegations were received of verbal abuse in Dob Prison and of provocative behaviour by staff at Celje. By way of illustration, a prisoner held at Celje claimed that, while being escorted to a solitary confinement cell shortly after an incident, he had been hit in the back by a prison officer, apparently seeking a reaction that would justify the use of force and means of restraint.

The CPT recommends that a clear message be delivered to staff working at Celje and Dob Prisons that all forms of ill-treatment, including verbal abuse or provocative behaviour vis-à-vis prisoners, are not acceptable and will be punished accordingly.

27. The information gathered during the visit indicated that prison staff generally reacted in an appropriate manner when confronted with episodes of inter-prisoner violence. Such cases were reported to the prison management as well as to the Prison Administration and measures were taken, if appropriate, to protect the victim, such as separate accommodation, separate access to the showers and separate outdoor exercise.

At the remand section of Ljubljana Prison, a number of inmates interviewed by the delegation indicated that episodes of inter-prisoner violence, conflicts and tensions could be attributed to the cramped living conditions in the establishment (see paragraph 33).

3. Prisoners held under the reinforced security regime

28. At Celje and Dob Prisons, the delegation examined the conditions in which prisoners were held under the reinforced security regime pursuant to Section 206 of the Enforcement of Criminal Sanctions Act (prisoners presenting a danger to others), Section 89 of the same Act (inmates in respect of whom a reasonable suspicion exists that they have committed a criminal offence while serving their prison sentence) or Section 6 of the Rules on the implementation of prison sentences (PIKZ¹⁶), which supplement the aforementioned Act (inmates who pose a risk of flight, who are under threat by others or who seriously disturb other convicts). These inmates were accommodated separately from the rest of the prison population¹⁷.

¹⁶ *Pravilnik o izvrševanju kazni zapora.*

¹⁷ At Dob Prison, these inmates were accommodated in Block I; at Celje, they were in a special accommodation area.

29. The material conditions offered to these prisoners were, on the whole, adequate. At Dob Prison, they were accommodated in single-occupancy cells of some 7 m² and multi-occupancy cells measuring between 16 and 18 m² (for 2-4 inmates). The cells were adequately equipped (a bed, a table and chairs, a wardrobe and a sanitary annexe with a toilet and a washbasin or a shower) and sufficiently lit and ventilated. At Celje Prison, the prisoners concerned were held in single cells of more than 8 m². The cells were well lit and ventilated, and adequately equipped (bed, table, chairs, cupboard, partitioned toilet and washbasin).

30. However, it is a matter of concern that, despite the clear assurances provided by the Slovenian authorities in their response to the 2001 visit report¹⁸, the delegation could observe no improvement as regards the regime of activities offered to such inmates. Apart from two hours of daily outdoor exercise, which they could take together (albeit, separately from other categories of inmates), the prisoners still spent the vast majority of the day locked up in their cell, with little to occupy their time.

The CPT considers that prisoners held under the reinforced security regime should be provided with tailored programmes of purposeful activities of a varied nature (including work, education, association and targeted rehabilitation programmes). This programme should be drawn up and reviewed on the basis of an individualised needs/risk assessment by a multi-disciplinary team (involving, for example, a psychologist and an educator), in consultation with the inmates concerned. Interaction/association between the prisoners concerned should be the norm; conditions akin to solitary confinement should only be applied when they are absolutely necessary in order to deal with the prisoners concerned and for the shortest possible period.

Consequently, **the Committee calls upon the Slovenian authorities to review the programme of activities applied to the prisoners subjected to a reinforced security regime at Celje and Dob Prisons, in the light of the above considerations.**

31. Particular attention was paid during the visit to procedural safeguards accompanying placement under the reinforced security regime. The relevant decisions were taken by the prison governor (regimes under Section 89 of ZIKS and 6 of PIKZ) or by the Director General of the Prison Administration upon a request by the governor (regime under Section 206 of ZIKS). The prisoner concerned received a written copy of the reasoned decision which also provided information about legal remedies. Decisions taken under Sections 89 and 6 could be appealed against to the Director General of the Prison Administration and those under Section 206 to the Ministry of Justice.

Section 206 decisions were valid for three months after which period they could be repeatedly extended for another three months by the Director General of the Prison Administration. The need for placement under the regime of Section 206 was assessed on a monthly basis at the level of the establishments. It remains somewhat unclear, however, at what intervals the need for the placement under the regime of Section 89 of ZIKS and 6 of PIKZ was reviewed. **The CPT would like to receive clarification from the Slovenian authorities on this issue.**

¹⁸ See CPT/Inf (2002) 37, page 45.

The delegation was informed that prisoners placed under the reinforced security regime were not heard by the authority taking the decision either before the imposition of the regime or before the extension thereof. **The CPT recommends that steps be taken to ensure that every prisoner in respect of whom the imposition of a reinforced security measure or its extension is envisaged is given an opportunity to be heard on the matter by the authority concerned before a formal decision is taken.**

Further, **the CPT would like to be informed whether prisoners placed under the reinforced security regime can appeal against that measure to a court or another independent authority.**

4. Conditions of detention of the general prison population

- a. follow-up visit to the remand section of Ljubljana Prison

32. The primary objective of the 2012 follow-up visit to Ljubljana Prison, as it had been during the previous visit in 2006, was to examine the situation of remand prisoners and the measures taken by the Slovenian authorities to implement CPT's previous recommendations in respect of this category of inmate. The CPT appreciates that some progress has been made. However, it is a matter of concern that certain recommendations made by the Committee, some of them dating back to 1995, remain largely unimplemented.

33. The remand section of Ljubljana Prison ("Ljubljana Remand Prison") is the largest remand facility in Slovenia; at the time of the visit, it was holding 134 male adult remand prisoners and two male juveniles.¹⁹ In view of the high number of remand prisoners, the section's capacity had been increased from 73 places in 2006 to 81 at the time of the 2012 visit. This was mainly achieved by assigning part of the second floor of the prison building, which had previously been used for sentenced prisoners, as an area for accommodating those detained on remand.²⁰

34. The CPT notes that the prison management had offered the two aforementioned juveniles separate accommodation, but that they had expressed their preference to share multi-occupancy cells with adult inmates; in both cases, their placement had been approved by the court.²¹

The CPT considers that when, exceptionally, juveniles are held in an institution for adults, they must always be accommodated separately from adults, in a distinct unit. The Committee acknowledges that there can be arguments in favour of juveniles participating in out-of-cell activities with adults (on the strict condition that there is appropriate supervision by staff). However, the CPT believes that the risks inherent in juvenile offenders sharing accommodation with adult offenders are such that this should not occur. **The CPT recommends that the necessary steps be taken at Ljubljana Remand Prison, in the light of the above remarks.**

¹⁹ The overall capacity of Ljubljana Prison was 135 places; at the time of the visit, the establishment was accommodating 203 inmates (apart from those detained on remand, it was holding 66 sentenced prisoners and one fine defaulter).

²⁰ Sentenced and remand prisoners continue to be held separately.

²¹ According to Section 473 of the Code of Criminal Procedure, juveniles should be accommodated separately from adults; however, the judge may exceptionally decide that a juvenile remand prisoner be held together with adults if this is in his best interest, taking into account the juvenile's personality and other circumstances.

35. Material conditions at Ljubljana Remand Prison were described in the CPT's previous visit reports and remain largely unchanged. The accommodation was generally in an adequate state of cleanliness and repair, the cells were suitably furnished (beds, lockers, a table and stools), and had adequate lighting (including access to natural light) and ventilation. Further, the sanitary annexes (a toilet and a sink) were fully partitioned from the rest of the cell. However, in some of the cells, a call bell was missing; **the CPT recommends that this be remedied.**

36. Of the 20 smaller cells measuring some 8 m² (including the sanitary annexe of 1.8 m²), approximately 10 were accommodating two prisoners; the others were used for single occupancy. Most of the larger cells (18 m² including the sanitary annexe) were accommodating four persons; however, six of them were holding five prisoners. Although this is an improvement compared to the situation observed during the previous visits to the country²², the CPT's long-standing recommendation on cell occupancy rates at Ljubljana Remand Prison has still not been fully implemented.

The CPT's delegation was informed by the Slovenian authorities that the existing premises of Ljubljana Prison could not be extended due to lack of space and that it was envisaged that it would be replaced with a larger facility elsewhere in the vicinity of Ljubljana. For the time being, all the available resources had been used to complete the construction of two new blocks at Dob Prison. **The CPT wishes to receive detailed information about the progress made concerning the construction of the new facility to replace the existing premises of Ljubljana Prison.**

In the meantime, **the CPT recommends that the Slovenian authorities step up their efforts to reduce cell occupancy rates at Ljubljana Remand Prison. As was indicated in previous visit reports, cells measuring 18 m² should not accommodate more than four prisoners, and the 8 m² cells should preferably not accommodate more than one prisoner.** Reference should also be made in this context to the comment made in paragraph 27 of this report.

37. During each of its previous visits to the country, the CPT has observed that Ljubljana Remand Prison did not offer remand prisoners anything which remotely resembled a programme of activities. It is a matter of concern that hardly any progress has been made in this area.

Remand prisoners had access to a fitness room for two one-hour sessions a week and for an hour on Sundays once a month. They could also benefit from outdoor exercise twice a day for a total of two and a half hours (as opposed to two hours during previous visits)²³. Further, for a limited number of inmates, an English language class was available and a theatre workshop had been organised earlier in 2012.

Nevertheless, the fact remains that the majority of remand prisoners still spend some 21 hours a day locked up in their cells, a significant number of them in cramped conditions. This situation was aggravated by the fact that some inmates met by the delegation had spent up to three years in such circumstances. It is also noteworthy that no specific measures were taken to provide an improved regime for the two juveniles present in the establishment.

²² See CPT/Inf (2008) 7, paragraph 49; CPT/Inf (2002) 36, paragraph 59, and CPT/Inf (96) 18, paragraph 66.

²³ It should be noted that the outdoor exercise area available to remand prisoners had been provided with a shelter against inclement weather.

The CPT calls upon the Slovenian authorities to take steps, as a matter of priority, to develop a programme of activities for remand prisoners at Ljubljana Remand Prison. As stressed by the Committee in previous visit reports, the aim should be to ensure that those prisoners are able to spend a reasonable part of the day outside their cells engaged in purposeful activities of a varied nature (work, education, sport, recreation/association). In this context, juvenile prisoners require particular attention and should be offered regimes tailored to their needs.

b. follow-up visit to the closed section of Dob Prison

38. Dob Prison is composed of a closed section in Dob pri Mirni and two detached sections in Slovenska Vas and Puščava, which provide respectively semi-open and open regimes. With an official capacity of 500 places (420 in the closed, 63 in the semi-open and 17 in the open section), the establishment remains the largest prison in Slovenia. At the time of the CPT's visit, the closed section was accommodating 435 male adult prisoners sentenced to a term of imprisonment of between 18 months and 30 years.²⁴

39. Material conditions in the four *older blocks* of Dob Prison have been described in previous visit reports²⁵. The delegation which carried out the 2012 visit found that the 7 m² single occupancy cells and the dormitories of 35 / 60 m² continued to provide clean and basically decent accommodation. That said, the available living space in the single cells was quite restricted, given that the 7 m² included the sanitary annexe; in this connection, the CPT is pleased to note the new technical norm of 9 m² in single occupancy cells. As had been the case during the 2001 visit, the 60 m² dormitories accommodated up to 14 prisoners. Pending their replacement by smaller living units (see below), **the CPT encourages the Slovenian authorities to strive to reduce the occupancy rate of the 60 m² dormitories, having regard to the Slovenian technical norm for prison accommodation of 7 m² of living space per prisoner in multi-occupancy cells.**

In Block II, some of the dormitories had been refurbished in 1995 and turned into smaller cells measuring between 12 and 20 m² which, at the time of the 2012 visit, were each accommodating two or three inmates. Sets of three cells shared a sanitary facility and a recreation/association area. It seemed, however, that since 1995 the refurbishment project had not been pursued. The CPT wishes to reiterate in this context that smaller accommodation units for prisoners are, for a variety of reasons²⁶, far preferable to large dormitories. Consequently, **the Committee encourages the Slovenian authorities to continue the refurbishment of the older blocks of Dob Prison with the aim of replacing all the 60 m² dormitories with smaller living units.**

The delegation also observed that in some of the cells and dormitories, inmates did not have access to a functioning call bell during night hours. **The CPT recommends that this shortcoming be remedied.**

²⁴ The open and semi-open sections, accommodating 15 and 58 inmates respectively, were not visited by the CPT's delegation.

²⁵ See, in particular, CPT/Inf (96) 18, paragraphs 61-64.

²⁶ Reference is made to the CPT's 11th General Report (CPT/Inf (2001) 16, paragraph 29).

40. The CPT noted that the two *new blocks* opened at Dob Prison in October 2011 offered the inmates very good material conditions. Each of the two identical four-storey buildings contained 69 single-occupancy cells of some 9 m², plus six cells designated for three prisoners and measuring approximately 25 m².

The single-occupancy cells were very well equipped (a bed, a table with a chair, several shelves and lockers, a sink, and a refrigerator), had sufficient access to natural light and satisfactory artificial lighting and were well ventilated; further, the sanitary annexe (containing a toilet and a shower) was fully partitioned from the rest of the cell. The larger cells offered equally good material conditions and contained three beds and lockers and two fully partitioned sanitary annexes. Each cell was equipped with a call bell. Association areas were available on each floor and had a fully equipped kitchen and a TV set.

At the time of the visit, the two new blocks were accommodating 131 prisoners for a capacity of 174, prisoners being progressively transferred there from the older blocks.

41. As was the case during the previous visits, the delegation gained a generally positive impression of the activities offered to inmates at Dob Prison. Prisoners, with the exception of those under the reinforced security regime (see paragraph 28), benefited from out-of-cell time of between 6 a.m. and 11 p.m. with access to common areas within their units.

Some 50 % of prisoners had a job, most of which were in the establishment's fire fighting equipment factory, some others in the kitchen, laundry or general maintenance. However, it should be noted that when the CPT first visited the establishment in 1995, all inmates worked. A number of educational and vocational activities were also offered, ranging from basic adult literacy classes to university education.

As had been the case during the 2001 visit, the delegation received several complaints that the availability of both education/vocational training and of work fell short of demand, which meant that inmates were put on waiting lists and were *de facto* deprived of any possibilities to be granted certain privileges (e.g. additional visits, etc.). **The CPT encourages the Slovenian authorities to strive to further develop activity programmes so that all inmates at Dob Prison can benefit from work, training and education.**

42. National legislation²⁷ guarantees sentenced prisoners at least two hours of daily outdoor exercise and the delegation observed that this requirement was respected in practice. The outdoor exercise areas available to inmates were spacious and equipped with shower facilities and, in line with the recommendations made in the CPT's previous visit reports, were provided with a shelter against inclement weather.

²⁷ See Section 43 of the Enforcement of Criminal Sanctions Act.

c. Celje Prison and Juvenile Prison

43. Celje Prison and Juvenile Prison are part of the same prison complex located in the centre of the city of Celje. The buildings belonged to a former monastery before being turned into a prison in 1810. Celje Juvenile Prison was opened in 1964 and is the only prison establishment for male sentenced juveniles in Slovenia.

Celje Prisons now accommodate different categories of inmate. With an official capacity of 96 places, they held 101 prisoners on the first day of the visit. Of these inmates, 52 were male prisoners serving various sentences (ranging from a few months to more than five years of imprisonment)²⁸, including two juveniles, five awaiting for the execution of their sentences, 35 remand prisoners (including 10 women), some of whom had been held in that establishment for up to 20 months, and nine fine defaulters (held at Celje for up to 30 days).

The delegation noted that the two sentenced juveniles were held together with adults in the drug-free unit. **Reference is made in this regard to the recommendation made in paragraph 34.**

44. The material conditions observed in the detention units for *sentenced prisoners* (as well as the two cells for fine defaulters) were generally good, in spite of operational ***constraints imposed by the age and layout of most of the prison buildings***. The cells were sufficiently large²⁹, adequately lit, well-ventilated, suitably equipped and clean. Some renovation work had been made in some cells in order to keep them in a good state of repair. Inmates could take a shower at least twice a week, and hardly any complaints were received about the meals served to the prisoners.

45. The cells for *remand prisoners* (and most of the inmates awaiting for the execution of their sentences) also offered good material conditions in terms of access to natural light, artificial lighting, ventilation and equipment. However, the inmates concerned, both women and men, were held in cramped conditions, i.e. cells measuring approximately 8 m² (including the fully partitioned sanitary annexe) were holding two prisoners; **cells of such a size are more suitable for single occupancy.**

46. Efforts were being made at Celje Prisons to offer recreational opportunities, including cultural events and leisure activities, as well as programmes of structured activities (e.g. work, vocational training and education) to various categories of prisoner. Nevertheless, there is still room for improvement in this area.

²⁸ 22 of these prisoners were in the closed unit/under a closed detention regime, 12 were in the semi-open unit/under a semi-open detention regime, eight in the drug-free unit and another eight in the open unit.

²⁹ By way of illustration, a cell of about 34 m² (including a sanitary annexe) was holding six inmates in the closed unit, a cell measuring some 20.5 m² could accommodate up to four inmates in the open unit. As regards fine defaulters, a cell measuring about 32 m² (including the sanitary annexe) could hold up to six inmates.

More specifically, some 50% of the *sentenced prisoners* (i.e. 27 inmates) were engaged in work activities in the kitchen, in maintenance services and in three workshops (carpentry, metalwork, laundry); nevertheless, 17 prisoners were on waiting lists (seven newly admitted inmates had been waiting for a job for one month or more while ten other prisoners who had lost a first job opportunity because of no show or other breach of the rules had been waiting for a new job for up to nine months). Nine inmates were offered vocational training and four inmates were involved in education programmes (in addition to work for some of them).

The situation of *remand prisoners* was much less favourable. Most of them were confined to their cells for some 21 hours a day, in a state of virtual enforced idleness. Only six inmates, all men, were offered work and none were involved in vocational training/education programmes.

The management of Celje Prisons was aware that further steps were required to involve more prisoners in structured activities and broaden the offer. To this end, it had developed regular foreign language courses, including for remand prisoners, and was working on the setting-up of specific rehabilitation programmes (e.g. violence management). **The CPT recommends that the management of Celje Prisons be strongly supported in its efforts to involve as many prisoners as possible, including female and male remand prisoners, in programmes of purposeful activities tailored to the needs of various categories of inmate, including work, vocational training and education.**

47. All inmates had regular access to well-equipped fitness rooms (three times a week for one hour for most sentenced prisoners and on a daily basis for inmates held in the open unit and the remand units). They also had access to daily outdoor exercise for up to two hours, including at week-ends. Nevertheless, the delegation observed that there was no means of rest and no shelter against inclement weather in the smaller yard (used *inter alia* by women and male remand prisoners subjected to court-ordered restrictions). **The CPT recommends that these shortcomings be remedied.**

5. Health care

48. The CPT notes with great interest that steps had been taken in 2008 to integrate prison health care into general health-care services. One objective was to implement the principle of equivalence of care in prison establishments with that in the outside community.

There had been expectations that the above-mentioned move would help reinforce the presence of health-care staff in prison establishments³⁰. However, the delegation's findings during the 2012 visit revealed that these expectations have not yet been met.

49. With respect to somatic care, at Ljubljana Prison, a team of six to seven *general practitioners* held medical consultations three days per week (amounting to an average of 18 hours a week). This is still far from the 30 hours of attendance recommended by the CPT in previous reports.

³⁰ See, for instance, page 41 of the response of the Slovenian Government to the report on the CPT's 2006 visit (document CPT/Inf (2008) 8).

At Dob Prison, the medical team was composed of at least seven general practitioners who worked on the equivalent of one full-time position. The attendance of doctors was therefore similar to the one noted in 2001 whereas the official capacity of Dob Prison had been significantly increased in the meantime.

At Celje Prisons, a general practitioner visited the establishments two days a week, which appeared to be sufficient at the time of the 2012 visit.

Dental care (generally through regular weekly visits by dentists) did not appear to pose any difficulties in the three establishments visited.

50. *Nursing staff* were sufficient at Celje (two nurses, with the support of a third three days a week). However, they were scarcely adequate at Ljubljana Prison (three nurses) and were clearly insufficient at Dob Prison (four nurses) for the number of inmates. Further, the nurses did not work at weekends and at nights (from 6.30 p.m. at Ljubljana, 8 p.m. at Dob and 9 p.m. at Celje to 7 a.m.).

51. *Transfers to outside local hospital facilities* were generally rapidly organised in case of emergency or for prisoners requiring specialist examination/care. However, it appeared during the 2012 visit that such prisoners were as a rule examined/treated in the presence of prison escort staff. The CPT understands that it may sometimes be necessary to make special arrangements in respect of security. However, the principle of medical confidentiality must also apply at outside local hospital facilities, and requires medical examinations and treatment to be conducted out of the hearing and – unless the doctor expressly requests otherwise in a specific case – out of the sight of prison staff.

52. In the light of the above findings, **the CPT reiterates its recommendation that steps be taken to provide for the presence of general practitioners for at least 30 hours per week at Ljubljana Prison. Further, the Committee recommends that the hours of attendance of general practitioners at Dob Prison be increased to the equivalent of at least 1.5 posts.**

The CPT recommends that nursing staff resources at Dob Prison be reinforced to the equivalent of at least two extra full-time posts, and that one additional nursing post be provided at Ljubljana Prison. Moreover, the Committee calls upon the Slovenian authorities to implement its long-standing recommendation that someone qualified to provide first aid, preferably with a recognised nursing qualification, be always present on the premises at night and weekends at Ljubljana, Dob and Celje Prisons as well as in other prison establishments in Slovenia.

In addition, **the Committee recommends that the Slovenian authorities review the rules governing supervision of prisoners examined/treated in outside hospital facilities. In order to facilitate the preservation of the confidentiality of medical examinations and treatment, it should be ensured that the hospital structures concerned have a room available which provides appropriate security safeguards.**

53. As concerns psychiatric and psychological care, visiting psychiatrists came twice a week to Ljubljana and Dob Prisons (for a total of some six hours at Ljubljana and about eight hours at Dob). At Celje, a psychiatrist visited the establishments once every fortnight for a couple of hours. Prison psychologists also held regular consultations with the inmates who so wished. The delegation did not receive any complaints about access to psychiatric or psychological care in the prisons visited.

However, the organisation of transfers of prisoners with psychiatric disorders requiring hospital care was a real challenge for psychiatrists working at Ljubljana and Dob Prisons. They often had to face extreme reluctance from psychiatric hospital facilities to allow admission. By contrast, no such obstacles were encountered at Celje Prisons when a prisoner needed psychiatric care in a hospital setting. The CPT must point out that prisoners suffering from psychiatric disorders requiring hospital care should be treated in an appropriate facility that is suitably equipped and has sufficient qualified staff to provide the necessary care. The future entry into service of secure hospital facilities for forensic patients in the Psychiatric Department of Maribor University Hospital Centre was considered to be one possible solution to this problem (see Part II.C. of the present report), at least for inmates held at Dob Prison requiring psychiatric hospital care. At the same time, doubts were expressed by health-care professionals whether the new forensic psychiatric facilities at Maribor could meet the needs of all the inmates concerned in Slovenia. **The CPT would like to receive the remarks of the Slovenian authorities on this matter.**

54. The delegation noted with concern that the distribution of medicines to prisoners was carried out by custodial staff at weekends in the prisons visited. At Dob Prison, custodial staff were also involved in the distribution – and monitoring of the taking of – medication during weekdays. In this establishment, nursing staff were aware that such practices were inter alia in breach of medical confidentiality, but they considered that they had no alternative given their limited human resources and the significant number of patients. **The implementation of the recommendations made in paragraph 52 should ensure that the management of medicines is always carried out by health-care staff in Ljubljana, Dob and Celje Prisons.**

55. As concerns medical screening of prisoners on admission or after a violent episode in prison, the information gathered during the 2012 visit indicates that prisoners were generally examined by a health-care professional shortly after admission or the incident. The examination was as a rule carried out in the absence of custodial staff.

56. It also appeared from the findings during the 2012 visit that the recording of medical data had further improved. Particular care was taken to describe in a specific report the injuries observed after a violent episode in prison, together with any statements made by the prisoners concerned. Nevertheless, the injury reports did not assess whether the objective medical findings were consistent with the allegations of the inmates in question. **The CPT recommends that steps be taken so that doctors working in the prisons visited, as well as in other prison establishments, draw a conclusion as to the consistency between the descriptions of injuries observed and any allegations of ill-treatment made by the persons concerned. Further, reports relating to injuries consistent with possible ill-treatment (even in the absence of allegations) should be automatically forwarded to an independent body empowered to conduct investigations into the matter.**

6. Other issues

a. prison staff

57. The cornerstone of a humane prison system will always be properly recruited and trained prison staff who know how to adopt the appropriate attitude in their relations with prisoners and see their work more as a vocation than as a mere job. In this respect, the CPT's delegation observed during the 2012 visit that relations between staff and inmates in the establishments visited appeared to be generally positive. It is noteworthy that prison officers did not openly carry truncheons in the detention areas.

58. At Dob Prison, the delegation noted that approximately 6% of the posts were vacant and was informed by the prison management that they were not authorised to replace retired employees due to budgetary cuts. Moreover, it was brought to the delegation's attention that, although two new blocks become operational (see paragraph 40), the expanded capacity of the establishment³¹ was not accompanied by any increase in the staff complement. **The CPT recommends that the Slovenian authorities take steps to review staffing levels at Dob Prison in order to ensure that they meet the needs of the increased capacity of the establishment.**

59. As far as the CPT's delegation could ascertain, the staffing levels at Celje and Ljubljana Prisons were adequate.

That said, at Celje Prison, there were only four posts for female custodial staff (all occupied). **The management of Celje Prisons should consider hiring more female custodial officers;** apart from the fact that female remand prisoners are regularly accommodated at Celje, the presence of more female custodial staff would have a beneficial effect in terms of both the custodial ethos and in fostering a degree of normality.

b. contact with the outside world

60. Basic visiting entitlements for remand and sentenced prisoners were adequate³². Additionally, sentenced prisoners could benefit from prison leave and, at Dob Prison, from unsupervised (partner) visits. Both categories of prisoner also had regular access to telephones³³ located in the communal areas of the establishments and the visiting delegation received no complaints from the inmates interviewed concerning the possibility to send and receive correspondence.

³¹ Following the opening of the two new blocks and other organisational changes, the capacity of the establishment doubled according to the information provided by the Slovenian authorities.

³² Minimum entitlement of one hour once a week for remand prisoners and of one hour twice a week for sentenced prisoners.

³³ For sentenced prisoners, access was generally not limited; those detained on remand could make six phone calls a week for 10 minutes each.

61. The visiting facilities at Celje and Dob Prisons were of a good standard. However, conditions in the visiting facilities at Ljubljana Prison continued to leave much to be desired. They still offer little privacy to inmates and their visitors, and are insufficient in size for the number of prisoners involved³⁴. **The CPT reiterates its long-standing recommendation that the Slovenian authorities take steps to increase the capacity and improve the layout of the visiting facilities at Ljubljana Prison.**

c. discipline

62. Disciplinary sanctions that can be imposed on sentenced prisoners are provided for in Sections 88 and 118 of the Enforcement of Criminal Sanctions Act. They range between a reprimand and solitary confinement of up to 21 days with the right to work or 14 days without that right as regards adult prisoners and of up to seven days in respect of sentenced juveniles.

The CPT has strong reservations as concerns any form of solitary confinement of juveniles. For this age group, the placement in conditions resembling solitary confinement can easily compromise their physical and/or mental integrity; consequently, resort to such a sanction should be regarded as an exceptional measure and should not last longer than necessary. The Committee has already had the occasion to state its preference for a maximum period not exceeding three days³⁵. In the CPT's view, **it would be preferable to reduce the maximum possible period of disciplinary solitary confinement for sentenced juvenile prisoners.**

Concerning remand prisoners, Section 213c (3) of the Code of Criminal Procedure provides that for disciplinary offences, prohibition or restrictions on visits and correspondence may be imposed³⁶. In this connection, the CPT wishes to stress that disciplinary punishment of prisoners should never involve a total prohibition of family contact and that any restrictions on family contact should be imposed only where the offence relates to such contact³⁷. **The CPT recommends that the rules governing disciplinary sanctions for remand prisoners be revised accordingly.**

³⁴ This was mainly due to the fact that the facilities concerned were designed for closed visits (with glass partition), not for open visits.

³⁵ See paragraph 28 of the CPT's 18th General Report (document CPT/Inf (2008) 25).

³⁶ However, restrictions or prohibition of visits shall not apply to visits by the defence counsel, doctors, the human rights ombudsman and diplomatic and consular representatives of the country of which the remand prisoner is a citizen.

³⁷ See also Rule 60.4 of the European Prison Rules and Rule 95.6 of the European Rules for juvenile offenders subject to sanctions or measures, as well as the Commentary to these Rules.

63. As was the case during previous visits, the disciplinary procedure for sentenced prisoners was accompanied by appropriate safeguards³⁸, which appeared to be respected in practice.

In the report on the 2006 visit, the CPT recommended that remand prisoners be offered the same safeguards as sentenced prisoners during disciplinary procedures, including the right to be heard in person by the deciding authority³⁹. In their response, the Slovenian authorities indicated that they would initiate legislative changes to amend the Code of Criminal Procedure accordingly⁴⁰. However, it would appear that no such amendment has been adopted and the information gathered by the visiting delegation suggests that remand prisoners are still not heard in person by the deciding authority in the course of disciplinary proceedings. **The CPT reiterates its recommendation that remand prisoners be offered the same safeguards as sentenced prisoners during disciplinary procedures, including the right to be heard in person by the deciding authority, prior to the imposition of any sanction.**

64. As had been the case in 2006, the information gathered during the 2012 visit indicated that recourse to formal disciplinary proceedings in the establishments visited was rather rare in practice.⁴¹ In some cases, preference appeared to be given to placement under a reinforced security regime in response to a specific disciplinary offence.

The CPT acknowledges that a prison system may well need a mechanism for administrative segregation, in order to cope with prisoners who *persistently* refuse to comply with the rules. That said, there must be a clear distinction, not only in law but also in practice, between administrative segregation and disciplinary solitary confinement. Administrative segregation should not be used to replace or completely circumvent the formal disciplinary procedures. A segregation measure is imposed in the interest of the institution and its inmates and staff, and thus aims at protection and prevention, while a disciplinary sanction is intended to correct a prisoner's behaviour after a breach of the prison rules, and thus has a certain pedagogical objective. **The CPT reiterates its recommendation that the Slovenian authorities ensure that formal disciplinary procedures are adhered to systematically whenever a disciplinary offence is alleged.**

65. Despite the assurance given by the Slovenian authorities in response to the CPT's previous visit report⁴², medical doctors in the establishments visited were still required to certify the medical fitness of inmates to sustain disciplinary confinement. **The CPT reiterates its recommendation on this matter made in the previous visit report** (see paragraph 84 of CPT/Inf (2008) 7).

66. At Celje and Dob Prisons,⁴³ material conditions in the disciplinary cells were generally adequate and call for no particular comments.

³⁸ See CPT/Inf (2002) 36, paragraph 77.

³⁹ See CPT/Inf (2008) 7, paragraph 83.

⁴⁰ See CPT/Inf (2008) 8, paragraph 83.

⁴¹ By way of example, at Dob Prison (430 inmates), the disciplinary cell was used as follows: 2008 – one case, 2009 – two cases, 2010 – one case, 2011 – two cases, January 2012 – no cases. At Celje Prisons, the sanction of disciplinary solitary confinement was imposed in four cases in 2011.

⁴² In their response, the Slovenian authorities indicated that the role of health-care staff in disciplinary matters would be reviewed and brought into line with the Council of Europe Committee of Ministers' Recommendation Rec (2006) 2 on the European Prison Rules (see CPT/Inf (2008) 8).

⁴³ No disciplinary cell is available at Ljubljana Remand Prison.

d. handling of agitated or violent prisoners

67. Already in the report on the 2006 visit, the CPT expressed its misgivings on the “professional grip of strangulation”, a technique which involved tackling an agitated or violent prisoner from behind and applying a baton across his throat with the aim of bringing him under control. During the 2012 visit, prison staff confirmed to the visiting delegation that they continued to be trained in the use of this technique. **The CPT recommends that the use of techniques involving physical force which may impede airflow through the respiratory tract be prohibited.**

68. Each of the prison establishments visited had a security cell (known as “medicinka” or “calming-down cells”) in which agitated or violent prisoners could be placed⁴⁴. The delegation observed that such placement was properly recorded, the time-limit of 12 hours provided for by the legislation for the placement was generally observed in practice and the cells were provided with CCTV surveillance. However, at Dob Prison, the examination of the documentation revealed that the time-limit of 12 hours was not always observed⁴⁵. **The CPT would like to receive the remarks of the Slovenian authorities on this matter.**

The material conditions in the security cells in terms of size, lighting, heating and ventilation do not call for specific comments. Nevertheless, **where appropriate, fire- and vandal-proof mattresses should be offered to the prisoners placed in such cells.**

69. At Celje and Dob Prisons, any placement in a security cell was brought to the attention of a doctor, who decided whether or not to examine the inmate. However, the delegation was informed at Ljubljana Prison that such placements were not always notified to health-care staff. Further, at Celje Prison, inmates placed in a security cell were sometimes given a disclaimer to sign stating that they did not wish to see a doctor; in such cases, the doctor did not come to see them.

The CPT recommends that whenever an inmate is placed in a security cell, he always be seen as soon as possible by a member of the health-care staff, i.e. a doctor or a nurse reporting to a doctor. The recommendation made in paragraph 52 should facilitate the implementation of this recommendation.

70. The delegation was also informed that in exceptional cases, inmates placed in security cells were handcuffed, sometimes in combination with ankle-cuffs, to control aggression or prevent self-harm. Such use of mechanical means of restraint was recorded in the relevant register. In practice, the means of restraint could be applied for a period of more than one hour and monitoring of the prisoner concerned was carried out by means of a CCTV camera.

⁴⁴ Some of these cells were fully or partly padded while others were bare cells.

⁴⁵ In four cases, the actual stay went beyond the maximum limit of 12 hours - 19 hours and 10 minutes with a break of 15 minutes after 11 hours and 55 minutes, 16 hours and 30 minutes and 15 hours and 30 minutes, with a break of 5 minutes after 12 hours. In one case the stay lasted 23 hours and 40 minutes without any interruption.

While understanding that it can be necessary on rare occasions to resort to means of restraint in a prison setting, the CPT is of the view that means of mechanical restraint in addition to placement in a security cell should rarely need to be applied for more than a few hours, unless there was a medical condition requiring it. However, means of mechanical restraint, in addition to placement in a security cell, should only be used as a last resort to prevent the risk of harm to the individual or others and only when all other reasonable options fail satisfactorily to contain these risks. They should never be used as a punishment or to compensate for a shortage of trained staff. Further, they should not be used in a non-medical setting as an alternative to hospitalisation; and any resort to the use of means of mechanical restraint vis-à-vis such a prisoner should be immediately brought to the attention of a doctor in order for him/her to assess the need for the measure (as opposed to certifying the individual's fitness to undergo such restraint). In addition, every measure of mechanical restraint must involve the use of appropriate restraint equipment designed to reduce the risk of injury which should be properly applied by suitably trained staff.

The CPT recommends that the Slovenian authorities review the use of means of mechanical restraint, in the light of the above remarks.

71. The delegation was informed that before placement in a security cell, the prisoner's clothes were systematically removed and the inmate concerned was obliged to wear suicide-proof clothing.

In this connection, the delegation heard a few allegations at Celje Prison that prisoners were placed in a security cell without any clothes, sometimes even whilst being hand- or ankle-cuffed. In the CPT's view, such a practice would be unacceptable and could well be considered as amounting to degrading treatment. **The Committee recommends that prisoners placed in a security cell always be provided with appropriate clothing.**

e. transport of prisoners

72. The Committee is pleased to note that, in line with its longstanding recommendations, new vehicles for the transport of prisoners, equipped with regular seats fitted with seat belts and with sufficient ventilation and access to light have been brought into service at Dob Prison. **The CPT would like to receive confirmation that such vehicles are now available at all prison establishments in Slovenia.**

73. Virtually every prisoner interviewed by the CPT's delegation during the 2012 visit indicated that handcuffs (always in the front, sometimes in combination with ankle-cuffs) were used when he was transported outside the prison establishment. **The CPT reiterates its recommendation that the Slovenian authorities review the use of means of restraint during the transport of prisoners, so as to ensure that they are applied in a proportionate way on the basis of an individual risk assessment.**

f. complaints and inspection procedures

74. As during the previous CPT's visits to the country, the complaints and inspection mechanisms⁴⁶ appeared on the whole to be operating satisfactorily (see, however, paragraph 75). The delegation received hardly any complaints about delays in satisfying inmates' requests to meet governors of the prisons and the establishments seen by the delegation were regularly visited by the Presidents of the respective district courts who held private interviews with inmates. Reference is also made in this context to the monitoring carried out by the NPM (see paragraph 7).

g. information on rights

75. During the 2012 visit, the delegation noted that various booklets were at the disposal of the inmates in the prisons visited. However, it heard several complaints from prisoners about the insufficient provision of information on rights. It also observed that the booklets (including the house rules) at the disposal of the inmates often provided incomplete information, in particular as regards placement under a reinforced security regime, disciplinary solitary confinement, the rules governing the granting of privileges and outside complaints bodies. **The CPT recommends that further steps be taken to improve the provision of information on rights to all categories of inmate.** Reference is made, in this respect, to Rule 30.1 of the European Prison Rules⁴⁷.

⁴⁶ See CPT/Inf (96) 18, paragraph 86.

⁴⁷ Rule 30.1 of the European Prison Rules reads as follows: "At admission, and as often as necessary afterwards all prisoners shall be informed in writing and orally in a language they understand of the regulations governing prison discipline and of their rights and duties in prison".

C. Psychiatric establishments

1. Preliminary remarks

76. The CPT's delegation carried out a follow-up visit to the Psychiatric Department of Maribor University Hospital Centre, which was first visited by the CPT in 2001⁴⁸. It paid particular attention to the situation of patients, including "forensic" patients, placed in the three, closed, special supervision units (namely the A1 psychiatric intensive care unit for male patients, the A2 psychiatric intensive care unit for female patients and the D1 psychogeriatric unit). It also had the opportunity to see the premises of the Department's new forensic psychiatric units.

77. At the time of the 2001 visit to Maribor Psychiatric Department, the Slovenian authorities were engaged in a reform of mental health legislation. This reform was subsequently abandoned until the Constitutional Court decided in December 2003 that legal provisions on involuntary placement in psychiatric institutions were not consistent with the Constitution⁴⁹. The review of the legislation led to the adoption of a new law, the Mental Health Act, in July 2008⁵⁰. The Act *inter alia* aimed at reinforcing the legal protection of patients in psychiatric/social care institutions and at developing the provision of community care. This development is to be welcomed.

The delegation's official interlocutors pointed out that the new legislation was the legal basis for a national programme on mental health. **The CPT would like to receive up-to-date information on the adoption and implementation of that programme.**

78. Another development since the CPT's 2001 visit was the move, in October 2005, of the Psychiatric Department to new premises on the site of Maribor University Hospital Centre⁵¹. Despite this, unlike the situation eleven years ago, the management of hospital beds has become a challenge for staff. With an official capacity of 150 places at the time of the 2012 visit, Maribor Psychiatric Department was accommodating 160 adult patients suffering from various disorders ranging from depression to schizophrenia, i.e. 147 "civil" psychiatric patients (including 13 male patients and 21 female patients requiring intensive psychiatric care), 11 "forensic" patients and two prisoners requiring hospital care. The average length of stay was 32 days; however, a number of patients (those with addiction problems and forensic patients in particular) had been at Maribor for periods ranging from several months to almost five years.

⁴⁸ See paragraphs 101, 115-134 and 138-143 of the report on the 2001 visit to Slovenia (document [CPT/Inf \(2002\) 36](#)).

⁴⁹ Decision of the Constitutional Court No. U-I 60/03-20 of 3 December 2003 (Official Gazette No. [131/2003](#)).

⁵⁰ The Mental Health Act (Official Gazette No. [77/2008](#)) was adopted on 15 July 2008, shortly after the ratification, by Slovenia, of the [United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol](#) in April 2008. The Act entered into force on 12 August 2008 and its implementation started on 12 August 2009.

⁵¹ During the 2001 visit, the Psychiatric Department was located outside Maribor, some 10 kilometres from the Hospital Centre, on the old premises of a former manor ("Pohorski Dvor").

According to staff, the difficulties encountered in the management of hospital beds were partly due to unmet needs in the community. As a result, available beds were said to be quickly occupied by new patients. The Psychiatric Department had set up a multidisciplinary outpatient community care team which was treating some 40 patients at the time of the visit and planned to develop community care further in the future.

The delegation also noted that some patients (e.g. patients suffering from dementia), including one forensic patient being cared for in the open D2 psychogeriatric unit, did not require continued hospitalisation and only remained in the Psychiatric Department because more appropriate outside structures reportedly refused to provide care for them.

The CPT encourages the Slovenian authorities to step up their efforts to resolve the problem of bed management in the Psychiatric Department of Maribor Hospital Centre, and in any other psychiatric establishment exposed to this problem. These efforts should involve inter alia developing care arrangements outside the hospital and reducing the length of patients' stay to the strict minimum required by their state of health, irrespective of their legal status.

79. At the time of the 2012 visit, the long delay in the entry into service of secure psychiatric hospital facilities for forensic patients at Maribor Psychiatric Department, the only facilities of this type in Slovenia, were of serious concern to many health-care professionals in the country.

The new facilities were seen as an important means of avoiding mixing forensic patients considered to be more challenging⁵² as well as prisoners requiring hospital care together with other patients in psychiatric special supervision or other units, and of responding adequately to the specific needs of each category of patient. Maribor's four forensic psychiatric units, with a total capacity of 66 beds, were inaugurated in August 2011, and the first two units to open (F1 and F2), with an official capacity of 30 beds, had been expected to receive their first patients in the autumn of 2011.

However, as of February 2012, a number of issues had yet to be resolved before the forensic psychiatric units could enter into service, such as determining the staffing levels required and the recruitment and training of all categories of staff. Certain key issues such as the interaction between prison staff and health-care professionals had apparently not yet been addressed. In addition, communication between all the relevant partners appeared to be deficient in some respects. At the end of the visit, the delegation concluded its preliminary remarks by stressing the need for all the relevant national authorities/agencies and the management of Maribor University Hospital Centre, as well as staff of the Psychiatric Department to be involved in a special working group dealing with this matter, in order for the remaining problems to be resolved as effectively as possible. The delegation requested detailed information on the results achieved in this context.

In a letter of 9 May 2012, the Slovenian authorities informed the CPT that the forensic psychiatric units were due to open in late May 2012. **The Committee would like to receive, within one month, confirmation that the forensic psychiatric units have now entered into operation. It also wishes to receive detailed information on staffing levels in these units.**

⁵² At the time of the visit, there were about 30 forensic patients in Slovenia, including the 11 forensic patients accommodated at Maribor Psychiatric Department.

2. Ill-treatment

80. The overwhelming majority of patients interviewed at Maribor Psychiatric Department indicated that hospital staff had a caring attitude towards them. The delegation itself met many motivated staff members concerned to provide the best possible care.

Nevertheless, the delegation received a few allegations of physical ill-treatment of patients by nursing staff (e.g. a punch to the chest) shortly after having been fixated to a bed in the A1 psychiatric intensive care unit. In this connection, the delegation heard accounts from both staff and patients alike that certain members of the nursing staff working in this unit took out on patients their frustrations linked to the mix of forensic and other patients.

The CPT recommends that it be clearly and regularly drawn to the attention of nursing staff working in the A1 psychiatric intensive care unit of Maribor Psychiatric Department that no ill-treatment of any kind against patients will be tolerated. Any staff member who is aware of acts of this kind must report them through the appropriate channels. Further, training in the prevention and management of at-risk situations and in appropriate techniques for restraint of aggressive and/or agitated patients should be intensified for nursing staff allocated to the A1 psychiatric intensive care unit. The Committee trusts that such training will also be organised for staff working in the new forensic psychiatric units.

The CPT also encourages the Slovenian authorities to develop psychological support for staff working with patients considered to be more challenging.

81. Several cases of inter-patient violence apparently took place within the months preceding the visit, in particular in the A1 psychiatric intensive care unit. The delegation received hardly any complaints about the manner in which staff intervened in such cases. According to staff, the often excessive number of patients and the mix of forensic and other patients were major causes of such incidents. Reference is made in this context to paragraphs 78 and 79.

3. Patients' living conditions

82. The CPT is pleased to note that the patients' living conditions at Maribor had considerably improved as compared with those observed by the CPT eleven years ago. In the special supervision units, the double- or triple-occupancy rooms were of an adequate size⁵³, bright, well-equipped, in an excellent state of repair and clean. The patients were allowed to personalise their environment and had some personal belongings at their disposal in lockers/cupboards.

⁵³ By way of illustration, two patients were accommodated in a room measuring some 16 m² and three patients in a room measuring some 21 m², without taking into account the sanitary annexes, in the A1 psychiatric intensive care unit.

Nevertheless, staff stressed that the number of patients was often in excess of the official capacities in the special supervision units as well as in some open units⁵⁴. This state of affairs made it difficult, if not impossible, to accommodate certain patients alone in a room, even when this was medically indicated.

The CPT trusts that the efforts made to resolve the issues mentioned in paragraphs 78 and 79 will make it possible to accommodate a patient in a single-occupancy room whenever this is appropriate.

83. The delegation observed that metal bars had been installed on the windows of the rooms of the psychiatric intensive care units, in order to prevent escape. **Other security arrangements offering equivalent protection are available and should be installed in order to fully preserve a therapeutic environment in these two units.**

84. The delegation noted that individualisation of patients' clothing was generally respected in the care units of the Psychiatric Department, except for the D1 psychogeriatric unit; in the latter unit, patients were usually dressed in pyjamas/night clothes around-the-clock during their often prolonged stays. The CPT must stress that the practice of requiring patients to wear pyjamas/night clothes or a uniform constantly for a long period is not conducive to building a sense of personal identity and self-esteem; individualisation of clothing is part of the therapeutic process. The management of the Psychiatric Department informed the delegation that suitable alternatives were under consideration. **The Committee would like to receive up-to-date information on this subject.**

85. The delegation had an opportunity to visit the premises of the new forensic psychiatric units. The F1 forensic psychiatric unit, for persons under observation and being diagnosed, had a capacity of 12 beds. The F2 forensic psychiatric unit, for patients under treatment, had a capacity of 18 beds⁵⁵. The rooms were of a similar design as in the special supervision units and the conditions offered were globally satisfactory in terms of size⁵⁶, brightness, ventilation and equipment. Unlike in the psychiatric intensive care units, security arrangements installed on windows of the F1 and F2 units (plexiglas screens attached to windows) helped to ensure that a medical, rather than a custodial, ethos prevailed in these units.

However, partly due to a lack of financial means and material constraints, no single-occupancy rooms were planned for in either of these units. In the CPT's view, **consideration should be given to allowing single accommodation for at least some patients in the forensic psychiatric units.**

⁵⁴ For instance, the A1 and A2 psychiatric intensive care units, each with an official capacity of 18 places, were accommodating 20 and 21 patients at the time of the visit.

⁵⁵ The other two forensic psychiatric units (E1 and E2) were intended to be open forensic psychiatric units with a total capacity of 36 beds.

⁵⁶ By way of illustration, a double-occupancy room measured some 20 m² and a triple-occupancy room measured some 25 m².

4. Treatment

86. It clearly appeared from the delegation's findings during the 2012 visit to Maribor Psychiatric Department that the patients' treatments were generally based on individual treatment plans drawn up in consultation with the patients and regularly reviewed by multidisciplinary teams (see, however, paragraph 104 on consent to treatment).

87. As regards pharmacotherapy, the delegation found hardly any signs of overmedication in the special supervision units. Section 8 of the Mental Health Act does provide the possibility for a psychiatrist to prescribe the use of psychotropic drugs in a dosage above the normal level. The delegation was told that this "special method of treatment" can only be proposed with the patient's or, where applicable, his/her guardian's consent, when there is no other effective treatment and when it is absolutely necessary. A commission composed of at least three doctors (two non-treating doctors and one doctor independent of the establishment) should authorise such treatment.

However, psychiatrists sometimes felt that they had no choice but to resort to polypharmacy (a combination of several medications) instead of prescribing one particular psychotropic drug at a dosage above the normal level by using the above-mentioned procedure, as it was perceived as too cumbersome. ***In the CPT's view, this practice may complicate the evaluation of the treatment process and thus put the patients concerned at risk of harm. The Committee would like to receive the remarks of the Slovenian authorities on this point.***

88. The CPT notes with satisfaction that efforts were made at Maribor to provide patients with various therapeutic activities in support of pharmacotherapy: occupational therapy (inside or outside the special supervision units), group therapy, art therapy, access to a fitness room and/or a well-equipped sports hall, etc.

In addition, the majority of patients in the special supervision units were allowed outdoor exercise – unless medically contraindicated – for one hour or more per day.

89. However, the situation of "forensic" patients awaiting a court decision on whether a compulsory psychiatric treatment is needed and of prisoners requiring hospital care was less favourable. These patients were offered a restricted number of therapeutic activities, within the A1 psychiatric intensive care unit, and had no access to outdoor exercise⁵⁷.

Some of the forensic patients to whom the delegation spoke indicated that they had been treated in this manner for up to six months before being heard by the court, receiving a court decision and being authorised by the doctor to have access to a broader range of therapeutic activities and daily outdoor exercise, as required by their state of health. As regards prisoners requiring hospital care, the permanent (and stigmatising) presence of prison escort staff near the patients concerned was not considered sufficient to allow access to therapeutic activities outside the psychiatric intensive care unit or outdoor exercise. This state of affairs is unacceptable and must be radically altered with the opening of the forensic psychiatric units. **The CPT would like to receive confirmation, within one month, that patients awaiting a court decision on whether compulsory psychiatric treatment is needed and prisoners requiring hospital care are now offered a broad range of therapeutic activities and daily access to outdoor exercise.**

⁵⁷ The available outdoor exercise areas were not considered to be secure enough.

5. Staff

90. At the time of the 2012 visit to Maribor Psychiatric Department, there were 15 posts of psychiatrists (two being vacant), nine doctors being trained in psychiatry, 25 posts of senior specialised nurses, 58 posts of specialised nurses, four posts of clinician psychologists (one being vacant), nine posts of occupational therapists and three posts of social workers (one being vacant).

91. As regards the presence of staff in the *special supervision units*, the delegation was informed that the teams were composed of a psychiatrist per unit (for up to some 20 patients), supported by up to five nurses in each unit during the day and two nurses at night⁵⁸. Maribor Psychiatric Department's clinical psychologists and occupational therapists also provided regular care activities to the patients both within and outside the units.

The staffing levels required in the *forensic psychiatric units*, the provision of training in forensic psychiatry and the types of staff working in these units (e.g. staff qualified to provide psychosocial therapeutic activities), as well as the issue of interaction between prison staff and health-care staff, were still open questions at the time of the visit.

92. As regards psychiatrists, the staffing levels in the special supervision units appeared to be generally adequate; however, the nursing presence was rather limited, bearing in mind the categories of patient treated in these units. Staff confirmed that the number of nurses was not fully satisfactory, in particular when taking into account sick leave and holidays. In addition, there were growing fears that the opening of the forensic psychiatric units would involve staff movements, which would negatively impact on their work. **The CPT would like to receive the remarks of the Slovenian authorities on these points.**

93. As regards staffing levels in the new forensic psychiatric units, reference is made to paragraph 79. Further, **the CPT wishes to emphasise that the care of forensic patients must always remain under the responsibility of the hospital staff within the forensic psychiatric units and other care facilities of the Psychiatric Department. Whenever the intervention of prison staff assigned to the units is required, it must take place in accordance with the instructions of hospital staff and under the latter's close supervision so as to ensure the continuity of care. Prison staff allocated to the psychiatric forensic units should also receive appropriate training before taking up their functions.**

⁵⁸ By way of comparison, there was one nurse for up to 20 patients in some open units.

6. Means of restraint

94. In the course of the 2012 visit, the delegation paid particular attention to the manner in which the new legal provisions on “special protection measures”, especially the use of mechanical restraint, were implemented at Maribor Psychiatric Department⁵⁹. Pursuant to Section 29 of the Mental Health Act, resort to mechanical restraint (fixation with belts/straps) is a “special protection measure” which may be applied when no other, less restrictive, means can be used in order to facilitate the treatment of the patient concerned or eliminate or control dangerous behaviour posing a threat to his/her life or that of others, gravely endangering his/her health or that of others, or causing serious damage to his/her property or that of others. The measure should be exceptional and ordered by a doctor. When a health-care professional other than a doctor has recourse to such a measure, a doctor should be immediately notified and take a decision on whether the measure is justified or not. It should last no longer than four hours, after which time a doctor should review whether it is necessary to re-apply the measure. Section 29 of the Act also provides for the supervision of the patient concerned during the entire duration of the measure. In accordance with Sections 29 and 99 of the Mental Health Act, the grounds justifying the measure, its objective, duration and supervision should be recorded in the patient’s medical file. Further, all instances of resort to “special protection measures” should be reported to the competent Ministry on a regular basis.

95. At Maribor Psychiatric Department, the first response to a patient’s acute agitation or violent behaviour was usually dialogue and persuasion, followed if necessary by manual control and/or medication, on the orders of a doctor. In the special supervision units, a patient could be restrained by means of six-point fixation (with a waist belt and limbs held with straps) to his or her bed or to a bed in a “special supervision room”⁶⁰. The measure was ordered by a psychiatrist or authorised without delay by a doctor, who reviewed the need to re-apply the measure at regular intervals. Further, it emerged from the delegation’s findings that the patients concerned were under continuous, direct, supervision by nursing staff for the entire duration of the measure.

96. However, the CPT has serious misgivings in respect of several matters. Firstly, it emerged from the delegation’s examination of the documentation and its interviews with staff and patients that mechanical restraint was not always applied as a measure of last resort, in particular in the A1 psychiatric intensive care unit. In some instances, the measure appeared to have been decided/authorised on the assumption that a particular patient would become challenging and/or as a means of convenience for staff (e.g. because of the patient’s previous “unpredictable” behaviour).

Some patients interviewed also complained about the misconduct of certain members of the nursing staff, shortly after having restrained the patient. Reference is made to paragraph 80 in this context. The delegation also heard accounts of inappropriate behaviour on the part of staff during continuous supervision in the A1 psychiatric intensive care unit (e.g. a nurse eating in front of the patient while the latter was allegedly hungry and had not yet been given food). In addition, the patients concerned had as a rule been restrained in the full view of other patients.

⁵⁹ The delegation was informed by staff that seclusion proper (involuntary placement of a patient alone in a locked room) was not generally resorted to at Maribor due to a lack of appropriate facilities and space.

⁶⁰ The Maribor Psychiatric Department’s special supervision units each had two rooms of this type, both under the permanent monitoring of nursing staff while the rooms were being occupied by a patient. Each of the rooms had three beds and offered similar conditions to the ordinary rooms in terms of size (e.g. some 24 m² in the A1 psychiatric intensive care unit), access to light and equipment (beds, bedside tables, cupboards, table and chairs).

Moreover, in several instances examined in both psychiatric intensive care units, the measure was continuously repeated for prolonged periods (i.e. for days and on occasion up to almost two weeks), with brief interruptions of some 15 minutes after each four-hour period of fixation in order to comply with the legislation. Most patients interviewed who had been fixated for such periods of time perceived the measure as a form of punishment. It should also be noted in this respect that the patients concerned had not usually had a debriefing with staff once the means of restraint had been removed.

Finally, as regards recording and reporting, although a number of detailed forms on “special protection measures” were available, the relevant forms were not always filled in properly (e.g. times missing, incomplete information about the grounds justifying the measure, missing names/signatures of doctors ordering/authorising the measure, documents filled in with undue delays after the application of the measure). The delegation also found that the regular reports sent to the Ministry of Health on the use of “special protection measures” did not fully reflect the real situation. The reports referred to the number of patients who had been subjected to such measures, but not the actual number of instances in which the measures had been applied.

97. For the CPT, resort to mechanical restraint is a measure which may exceptionally be necessary to deal with an imminent risk of injury or to reduce violence. It is essential that all other appropriate means are tried, as provided for by law, before recourse is had to such a measure. Mechanical restraint should only be used for the shortest possible time (usually minutes rather than hours); it should never be used as a punishment or as a means of convenience for staff. The application of mechanical restraint for periods of days on end, even with short interruptions of 15 minutes or even less every four hours, cannot have any justification and, in the Committee’s view, amounts to ill-treatment. It is also essential to conduct an interview with the patient concerned at the end of the measure; this will provide an opportunity to explain the rationale behind the measure, thus reducing the psychological trauma of the experience as well as preserving/restoring the doctor-patient relationship.

Every instance of restraint should be recorded in a specific register established for that purpose, in addition to the patient’s file. The entry should always include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by the patient or staff. This will greatly facilitate the management of such cases, the appropriate reporting of the extent of their occurrence and oversight by the competent authorities.

The CPT recommends that both the policy and practice concerning the use of mechanical restraint at the Psychiatric Department of Maribor Hospital Centre as well as at all other psychiatric establishments be brought into line with the above requirements. Patients should also be duly informed (in writing) of the establishment’s policy on restraint as well as the existing complaints mechanisms in this respect.

The Committee also recommends that the manner in which members of the nursing staff supervise the application of the measure be reviewed in the A1 psychiatric intensive care unit, in order to ensure that they maintain the therapeutic alliance with the patients concerned and provide assistance as necessary.

98. In addition, a patient subjected to mechanical restraint should not be exposed to any other patients (unless he/she explicitly requests otherwise or when the patient is known to have a preference for company). In their letter of 9 May 2012, the Slovenian authorities informed the CPT that additional instructions had been drawn up in this respect. This is a welcome development. **The Committee would like to receive confirmation that these new instructions have been circulated among staff of Maribor Psychiatric Department and other psychiatric establishments. It would also wish to obtain a copy of these instructions.**

99. The delegation was informed by the staff of Maribor Psychiatric Department that voluntary patients could be subjected to mechanical restraint. In this respect, the CPT wishes to stress that **if mechanical restraint is applied in respect of a voluntary patient, his/her legal status should be reviewed.**

7. Safeguards

100. The adoption of the 2008 Mental Health Act constitutes a major development as regards admission to civil involuntary psychiatric care, including in special supervision units⁶¹. The delegation's interlocutors highlighted that, within the framework of both involuntary admission procedures upon recommendation and emergency procedures, particular care was taken to offer appropriate safeguards through a systematic and regular court supervision of the need for involuntary care measures in special supervision units: recommendation for involuntary placement or emergency admission based on a recent medical examination, access to legal assistance (including free legal aid), independence of the medical assessment of the individual concerned (by seeking the opinion of a qualified expert)⁶², hearing of the person in question (provided his or her state of health permits it), prompt court decision after the court hearing. The court should review whether the measure is still required at least every six months⁶³.

101. The delegation's findings during the 2012 visit revealed that serious efforts were being made to implement the above legal provisions. However, the deadlines imposed by the legislation in the context of both ordinary and emergency involuntary admission procedures were not always observed. The attention of the delegation was also brought to situations where two, ordinary and emergency, procedures had been initiated in parallel in respect of the same persons because of undue delays in the assessment process. This may have negative repercussions on the provision of adequate care to the persons concerned and may generate unnecessary legal proceedings. **The CPT would like to receive the remarks of the Slovenian authorities on these points.**

⁶¹ Pursuant to Section 39 of the Act, a patient may be placed in a special supervision unit when he/she has put his/her life or that of others in danger or posed a serious threat to his/her health or that of others or severe damage to property due to psychiatric disorders resulting in a faulty perception of reality and inability to control his/her behaviour and when it is impossible to provide other forms of assistance.

⁶² The court may order a 48-hour observation period in a psychiatric hospital setting upon the request of the court-appointed expert if this is required by the nature of the psychiatric disorder or if the person refuses to be medically assessed and there is no other way to determine whether the conditions in Section 39 of the Mental Health Act are being fulfilled.

⁶³ See in particular Sections 40 to 52 of the Mental Health Act on court-ordered admission to involuntary psychiatric care (ordinary procedure) and Sections 53 to 68 on admission to involuntary psychiatric care in emergency situations (pending a court decision).

102. As regards forensic psychiatric care, the court decides on whether a preventive measure of compulsory psychiatric treatment and care in a health institution is necessary on the basis of a medical opinion by an independent advisory commission⁶⁴. The need to pursue the measure is reviewed by the court once a year. **The CPT invites the Slovenian authorities to consider the possibility to revise the relevant legal provisions so that court reviews take place at least once every six months**, as is now the case for civil involuntary admission to special supervision units.

103. Interviews with patients and staff and a review of patients' files indicated that the above procedure prescribed by law had, on the whole, been followed. Patients interviewed had access to the services of a lawyer, appeared to be well aware of the results of the annual expert assessments and were heard in person by the court. That said, the delegation observed some long delays (of up to several months) before the court reached a final decision on the need for a preventive measure of compulsory psychiatric treatment as well as in the context of annual reviews of such measures. The delegation observed that this negatively affected the provision of care to the patients concerned (see paragraph 89). This may also result in placements lasting longer than necessary. **The Committee would like to receive the remarks of the Slovenian authorities on this matter.**

104. The delegation observed that there did not appear to be procedures to confirm a patient's consent to treatment (e.g. administration of medication), except for "special methods of treatment" (see paragraph 87). In the Committee's view, the admission of a person on an involuntary basis, whether the person concerned be a civil or a forensic patient, should not be construed as authorising any treatment without his/her consent. Every competent patient, whether voluntary or involuntary, should be given the opportunity to refuse treatment or any other medical intervention. If it is considered necessary from a medical standpoint for a patient to receive treatment despite the absence of his/her informed consent, there should be clear criteria for this and procedures by which this can be authorised (which should allow for a second, independent, medical opinion in addition to that of the doctor(s) proposing the treatment). **The CPT recommends that the Slovenian authorities take steps to reflect, in both law and practice, the principle of a patient's free and informed consent to treatment and the above-mentioned requirements as regards treatment without consent.**

105. Patients admitted to special supervision units had adequate contact with the outside world. Many received regular visits and were allowed to make/receive phone calls. The delegation also noted that card phones were installed within the new forensic psychiatric units.

106. As concerns the provision of information, the patients with whom the delegation spoke appeared to be well acquainted with the Psychiatric Department's internal rules, their rights and relevant legal provisions ("special protection measures", for instance) as well as complaints bodies which they may contact in case of need. It appeared that the establishment of patients' advocates⁶⁵ facilitated access to information on rights and staff-patient mutual understanding. This is a welcome development.

107. As regards independent monitoring mechanisms, reference is made to paragraph 7 of the present report on the setting-up of a national preventive mechanism.

⁶⁴ See Section 151 of the Criminal Sanction Enforcement Act.

⁶⁵ Section 24 of the Mental Health Act.

APPENDIX I

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

Police establishments

Preliminary remarks

requests for information

- on the progress concerning the adoption of the new Act on the Tasks and Powers of the Police, as well as the text of the new Act once adopted (paragraph 8).

Ill-treatment

recommendations

- senior police management to continue to deliver a firm message, at regular intervals, that the ill-treatment of detained persons (whether of a physical or verbal nature) is not acceptable and will be punished accordingly. Further, it should be made clear to members of police special units, in particular through ongoing training, that no more force than is strictly necessary should be used when effecting an apprehension and that there can never be any justification for striking apprehended persons once they have been brought under control (paragraph 9);
- the necessary steps to be taken in respect of the identification of members of police special units and the video-recording of pre-planned operations, in the light of the remarks in paragraph 10 (paragraph 10).

Safeguards against ill-treatment

recommendations

- the Slovenian authorities to take the necessary steps to ensure that, in practice, all detained persons effectively benefit from the right of access to a lawyer from the very outset of their deprivation of liberty (paragraph 14);
- appropriate steps to be taken to ensure that the requirements set out in paragraph 16 concerning the provision of information to all persons apprehended by the police are met in practice. Further, foreign nationals should receive, when necessary, the assistance of a qualified interpreter (paragraph 16).

comments

- the CPT trusts that the Slovenian authorities will remain vigilant in order to ensure that all detained persons effectively benefit from the right of notification of custody from the very outset of their deprivation of liberty (paragraph 13);
- the information provided on the right of access to a doctor should be reviewed in the light of the remarks in paragraph 15 and, if necessary, revised accordingly (paragraph 15);
- the Slovenian authorities are invited to ensure that electronic equipment for recording police interviews is used on a regular basis (paragraph 17).

requests for information

- confirmation that anyone detained by the police who requests a lawyer but who is not in a position to pay for one is granted prompt access to an *ex officio* lawyer (paragraph 14);
- in respect of the period from 1 January 2010 to 1 July 2012:
 - the number of complaints of ill-treatment made against police officers;
 - the number of disciplinary proceedings which have been instituted as a result;
 - the number of criminal proceedings which have been instituted as a result;
 - the outcome of the above-mentioned proceedings and an account of any criminal/disciplinary sanctions imposed on police officers in these cases (paragraph 20).

Conditions of detention

recommendations

- steps to be taken to ensure that all persons held in police custody for 24 hours or more are offered outdoor exercise (paragraph 23).

comments

- police cells intended for stays in excess of a few hours should enjoy access to natural light (paragraph 22).

Prison establishments

Preliminary remarks

comments

- the CPT encourages the Slovenian authorities to pursue their endeavours to combat prison overcrowding, including through increased application of non-custodial measures during the period before any imposition of a sentence. In this respect, the authorities should be guided by Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, Recommendation Rec(2000)22 on improving the implementation of the European rules on community sanctions and measures, Recommendation Rec(2003)22 on conditional release (parole) and Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse (paragraph 25).

Ill-treatment

recommendations

- a clear message to be delivered to staff working at Celje and Dob Prisons that all forms of ill-treatment, including verbal abuse or provocative behaviour vis-à-vis prisoners, are not acceptable and will be punished accordingly (paragraph 26).

Prisoners held under the reinforced security regime

recommendations

- the Slovenian authorities to review the programme of activities applied to the prisoners subjected to a reinforced security regime at Celje and Dob Prisons, in the light of the considerations set out in paragraph 30 (paragraph 30);
- steps to be taken to ensure that every prisoner in respect of whom the imposition of a reinforced security measure or its extension is envisaged is given an opportunity to be heard on the matter by the authority concerned before a formal decision is taken (paragraph 31).

requests for information

- the intervals at which the need for the placement under the regime of Section 89 of ZIKS and 6 of PIKZ is reviewed (paragraph 31);
- whether prisoners placed under the reinforced security regime can appeal against that measure to a court or another independent authority (paragraph 31).

Conditions of detention of the general prison population

recommendations

- the necessary steps to be taken at Ljubljana Remand and Celje Prisons to ensure that juveniles held in these establishments are always accommodated separately from adults (paragraphs 34 and 43);
- a call bell to be installed in each cell at Ljubljana Remand Prison (paragraph 35);
- the Slovenian authorities to step up their efforts to reduce cell occupancy rates at Ljubljana Remand Prison. Cells measuring 18 m² should not accommodate more than four prisoners, and the 8 m² cells should preferably not accommodate more than one prisoner (paragraph 36);
- the Slovenian authorities to take steps, as a matter of priority, to develop a programme of activities for remand prisoners at Ljubljana Remand Prison. The aim should be to ensure that those prisoners are able to spend a reasonable part of the day outside their cells engaged in purposeful activities of a varied nature (work, education, sport, recreation/association). In this context, juvenile prisoners require particular attention and should be offered regimes tailored to their needs (paragraph 37);
- steps to be taken to ensure that all prisoners at Dob Prison have access to a call bell, in working order, during night hours (paragraph 39);
- the management of Celje Prisons to be strongly supported in its efforts to involve as many prisoners as possible, including female and male remand prisoners, in programmes of purposeful activities tailored to the needs of various categories of inmate, including work, vocational training and education (paragraph 46);
- the smaller yard at Celje Prisons to be provided with a means of rest and a shelter against inclement weather (paragraph 47).

comments

- the CPT encourages the Slovenian authorities to strive to reduce the occupancy rate of the 60 m² dormitories in the four older blocks of Dob Prison, having regard to the Slovenian technical norm for prison accommodation of 7 m² of living space per prisoner in multi-occupancy cells (paragraph 39);
- the Committee encourages the Slovenian authorities to continue the refurbishment of the older blocks of Dob Prison with the aim of replacing all the 60 m² dormitories with smaller living units (paragraph 39);
- the CPT encourages the Slovenian authorities to strive to further develop activity programmes so that all inmates at Dob Prison can benefit from work, training and education (paragraph 41);
- the cells for remand prisoners at Celje Prisons measuring approximately 8 m² (including the fully partitioned sanitary annexe) are more suitable for single occupancy (paragraph 45).

requests for information

- detailed information about the progress made concerning the construction of a new facility to replace the existing premises of Ljubljana Prison (paragraph 36).

Health care

recommendations

- steps to be taken to provide for the presence of general practitioners for at least 30 hours per week at Ljubljana Prison (paragraph 52);
- the hours of attendance of general practitioners at Dob Prison to be increased to the equivalent of at least 1.5 posts (paragraph 52);
- nursing staff resources at Dob Prison to be reinforced to the equivalent of at least two extra full-time posts, and one additional nursing post to be provided at Ljubljana Prison (paragraph 52);
- the Slovenian authorities to implement the Committee's long-standing recommendation that someone qualified to provide first aid, preferably with a recognised nursing qualification, be always present on the premises at night and weekends at Ljubljana, Dob and Celje Prisons as well as in other prison establishments in Slovenia (paragraph 52);
- the Slovenian authorities to review the rules governing supervision of prisoners examined/treated in outside hospital facilities. In order to facilitate the preservation of the confidentiality of medical examinations and treatment, it should be ensured that the hospital structures concerned have a room available which provides appropriate security safeguards (paragraph 52);
- steps to be taken so that doctors working in the prisons visited, as well as in other prison establishments, draw a conclusion as to the consistency between the descriptions of injuries observed and any allegations of ill-treatment made by the persons concerned. Further, reports relating to injuries consistent with possible ill-treatment (even in the absence of allegations) should be automatically forwarded to an independent body empowered to conduct investigations into the matter (paragraph 56).

comments

- the implementation of the recommendations made in paragraph 52 should ensure that the management of medicines is always carried out by health-care staff in Ljubljana, Dob and Celje Prisons (paragraph 54).

requests for information

- the remarks of the Slovenian authorities in respect of doubts expressed by health-care professionals whether the new forensic psychiatric facilities at Maribor could meet the needs of all the inmates concerned in Slovenia (paragraph 53).

Other issues

recommendations

- the Slovenian authorities to take steps to review staffing levels at Dob Prison in order to ensure that they meet the needs of the increased capacity of the establishment (paragraph 58);
- the Slovenian authorities to take steps to increase the capacity and improve the layout of the visiting facilities at Ljubljana Prison (paragraph 61);
- the rules governing disciplinary sanctions for remand prisoners be revised, in the light of the remarks in paragraph 62 (paragraph 62);
- remand prisoners to be offered the same safeguards as sentenced prisoners during disciplinary procedures, including the right to be heard in person by the deciding authority, prior to the imposition of any sanction (paragraph 63);
- the Slovenian authorities to ensure that formal disciplinary procedures are adhered to systematically whenever a disciplinary offence is alleged (paragraph 64);
- existing legal arrangements and practice concerning the role of prison doctors in relation to disciplinary matters to be reviewed. In so doing, regard should be had to the new version of the European Prison Rules and the comments made by the CPT in paragraph 53 of its 15th Annual Report (CPT/Inf (2005) 17) (paragraph 65);
- the use of techniques involving physical force which may impede airflow through the respiratory tract to be prohibited (paragraph 67);
- whenever an inmate is placed in a security cell, he should always be seen as soon as possible by a member of the health-care staff, i.e. a doctor or a nurse reporting to a doctor (paragraph 69);
- the use of means of mechanical restraint to be reviewed in the light of the remarks in paragraph 70 (paragraph 70);
- prisoners placed in a security cell to be always provided with appropriate clothing (paragraph 71);
- the Slovenian authorities to review the use of means of restraint during the transport of prisoners, so as to ensure that they are applied in a proportionate way on the basis of an individual risk assessment (paragraph 73);

- further steps to be taken to improve the provision of information on rights to all categories of inmate (paragraph 75).

comments

- the management of Celje Prisons should consider hiring more female custodial officers (paragraph 59);
- it would be preferable to reduce the maximum possible period of disciplinary solitary confinement for sentenced juvenile prisoners (paragraph 62);
- where appropriate, fire- and vandal-proof mattresses should be offered to the prisoners placed in the security cells (paragraph 68).

requests for information

- the remarks of the Slovenian authorities on the fact that at Dob Prison, the time-limit of 12 hours for the placement in the security cell was not always observed (paragraph 68);
- confirmation that vehicles for the transport of prisoners of the kind observed at Dob Prison are now available at all prison establishments in Slovenia (paragraph 72).

Psychiatric establishments

Preliminary remarks

comments

- the CPT encourages the Slovenian authorities to step up their efforts to resolve the problem of bed management in the Psychiatric Department of Maribor Hospital Centre, and in any other psychiatric establishment exposed to this problem. These efforts should involve inter alia developing care arrangements outside the hospital and reducing the length of patients' stay to the strict minimum required by their state of health, irrespective of their legal status (paragraph 78).

requests for information

- up-to-date information on the adoption and implementation of the national programme on mental health (paragraph 77);
- confirmation that the forensic psychiatric units have now entered into operation and detailed information on staffing levels in these units (paragraph 79).

Ill-treatment

recommendations

- it should be clearly and regularly drawn to the attention of nursing staff working in the A1 psychiatric intensive care unit of Maribor Psychiatric Department that no ill-treatment of any kind against patients will be tolerated. Any staff member who is aware of acts of this kind must report them through the appropriate channels. Further, training in the prevention and management of at-risk situations and in appropriate techniques for restraint of aggressive and/or agitated patients should be intensified for nursing staff allocated to the A1 psychiatric intensive care unit (paragraph 80).

comments

- the Committee trusts that training in the prevention and management of at-risk situations and in appropriate techniques for restraint of aggressive and/or agitated patients will be organised for staff working in the new forensic psychiatric units (paragraph 80);
- the CPT encourages the Slovenian authorities to develop psychological support for staff working with patients considered to be more challenging (paragraph 80).

Patients' living conditions

comments

- the CPT trusts that the efforts made to resolve the issues mentioned in paragraphs 78 and 79 will make it possible to accommodate a patient in a single-occupancy room whenever this is appropriate (paragraph 82);
- other security arrangements than metal bars on the windows of the rooms and offering equivalent protection are available and should be installed in order to fully preserve a therapeutic environment in the psychiatric intensive care units (paragraph 83);
- consideration should be given to allowing single accommodation for at least some patients in the forensic psychiatric units (paragraph 85).

requests for information

- up-to-date information on the steps taken to ensure the individualisation of patients' clothing at the D1 psychogeriatric unit (paragraph 84).

Treatment

requests for information

- the remarks of the Slovenian authorities on the CPT's observations in paragraph 87 concerning polypharmacy (paragraph 87);

- confirmation that patients awaiting a court decision on whether compulsory psychiatric treatment is needed and prisoners requiring hospital care are now offered a broad range of therapeutic activities and daily access to outdoor exercise (paragraph 89).

Staff

comments

- the CPT wishes to emphasise that the care of forensic patients must always remain under the responsibility of the hospital staff within the forensic psychiatric units and other care facilities of the Psychiatric Department. Whenever the intervention of prison staff assigned to the units is required, it must take place in accordance with the instructions of hospital staff and under the latter's close supervision so as to ensure the continuity of care. Prison staff allocated to the psychiatric forensic units should also receive appropriate training before taking up their functions (paragraph 93).

requests for information

- the remarks of the Slovenian authorities on the points made in paragraph 92 as regards the number of nurses in the special supervision units of the Psychiatric Department and the possible negative impact on their work of the opening of the forensic psychiatric units (paragraph 92).

Means of restraint

recommendations

- the policy and practice concerning the use of mechanical restraint at the Psychiatric Department of Maribor Hospital Centre as well as at all other psychiatric establishments to be brought into line with the requirements set out in paragraph 97 (paragraph 97);
- patients should be duly informed (in writing) of the establishment's policy on restraint as well as the existing complaints mechanisms in this respect (paragraph 97);
- the manner in which members of the nursing staff supervise the application of the measure to be reviewed in the A1 psychiatric intensive care unit, in order to ensure that they maintain the therapeutic alliance with the patients concerned and provide assistance as necessary (paragraph 97).

comments

- if mechanical restraint is applied in respect of a voluntary patient, his/her legal status should be reviewed (paragraph 99).

requests for information

- confirmation that the new instructions regarding patients subjected to mechanical restraint have been circulated among staff of Maribor Psychiatric Department and other psychiatric establishments, as well as a copy of these instructions (paragraph 98).

Safeguards

recommendations

- the Slovenian authorities to take steps to reflect, in both law and practice, the principle of a patient's free and informed consent to treatment and the requirements set out in paragraph 104 as regards treatment without consent (paragraph 104).

comments

- the CPT invites the Slovenian authorities to consider the possibility to revise the relevant legal provisions so that court reviews of preventive measures of compulsory psychiatric treatment and care take place at least once every six months (paragraph 102).

requests for information

- the remarks of the Slovenian authorities on the points set out in paragraph 101 (paragraph 101);
- the remarks of the Slovenian authorities on the long delays observed before a final decision was reached on the need for a preventive measure of compulsory psychiatric treatment as well as in the context of annual reviews of such measures (paragraph 103).

APPENDIX II

**LIST OF THE MINISTERIAL AUTHORITIES, OTHER NATIONAL BODIES
AND NON-GOVERNMENTAL ORGANISATIONS
WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS**

A. Ministerial authorities

Ministry of Justice

Aleš ZALAR	Minister of Justice and Acting Minister of the Interior
Boštjan ŠKRLEC	State Secretary
Igor BELE	Secretary, Sector for Execution of Penal Sanctions
Dušan VALENTINČIČ	Director General, Prison Administration
Slava NOVAK	Secretary, International Relations, Prison Administration

Ministry of the Interior

Zdravko MELE	Secretary, Head of the Complaints Section, Police and Security Directorate
Simon KRAJŠEK	Adviser, Secretariat, Logistics Office

General Police Directorate

Tatjana BOBNAR	LLM, Deputy Director General, Senior Police Superintendent
Srečko JARC	Assistant Head of Service of the Director General, Senior Police Superintendent
Robert FERENC	Head of Police Powers and Prevention Division
Janez RUPNIK	Assistant Director, Police Superintendent, Uniformed Police Directorate
Jože KONEC	Head of Aliens Centre, Police Superintendent, Uniformed Police Directorate
Andrej JANEŽIČ	Boarder Police Section, Senior Police Inspector, Uniformed Police Directorate
Slavko KOROŠ	Assistant Director of Directorate, Senior Criminal Police Superintendent

Marko BEČAN Senior Criminal Police Inspector

Ministry of Health

Dr. Vlasta MOČNIK DRNOVŠEK MD, BA, PhD, Secretary

Nadja ČOBAL BA Secretary

Ministry of Labour, Family and Social Affairs

Katjuša NADIŽAR HABJANIČ Senior Adviser III

Ministry of Foreign Affairs

Jadran HOČEVAR Minister Plenipotentiary, Human Rights Department

Ministry of Defence

Marjan Sirk Lieutenant Colonel, Command of Slovenian Army
for Military Police

Mojca Grašič Secretary in Combined Sector for Cadres

B. Other national bodies

Dr. Zdenka ČEBAŠEK-TRAVNIK Human Rights Ombudsman

Ivan ŠELIH Deputy Ombudsman

Representatives of the National Preventive Mechanism established under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

C. Non-governmental Organisations

Legal Information Centre (PIC)
Primus Institute
Peace Institute
Slovenian Association of Mental Health (ŠENT)